
2001-2002 MARIN COUNTY GRAND JURY

**TITLE OF REPORT: Acute Psychiatric Care in Marin County –
A Plan Fails for Lack of Leadership**

Date of Report: June 14, 2002

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person, or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Civil Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.

One Juror recused himself from voting on this report because of the possibility of a perceived conflict of interest due to his past affiliation with a local medical center.

ACUTE PSYCHIATRIC CARE IN MARIN COUNTY – A PLAN FAILS FOR LACK OF LEADERSHIP

SUMMARY

In June of 2000 the Marin County Board of Supervisors approved in concept a Strategic Plan to enhance emergency and acute care services for mentally ill patients in crisis, and to establish a permanent County-owned space for a detox center. The County Mental Health Board had already endorsed The Plan in January of that year.

An increasing level of concern in the mental health community had developed around the adequacy and effectiveness of the system then in place, given the high number of psychiatric hospital admissions, and the length of patient stays. Also a factor was the significant number of patients transported to other counties for acute hospitalization. Called Strategic Plan Phase 1: Acute Care Services, the study cost \$80,000 and resulted in sixteen recommendations.

The Grand Jury decided to assess the status of four of the recommendations. The four chosen centered on the use of space on the Marin General Hospital campus, and are central to providing essential treatment for the mentally ill of Marin County. They are: 1) A single point of entry system for Psychiatric Emergency Services at the Marin General Hospital Emergency Department; 2) Creation of a sub-acute Crisis Residential Facility run by the County Community Mental Health Services; 3) Expansion of the Marin General Hospital locked psychiatric unit by at least five beds to reduce out-of-county patient transfers to a minimum; 4) Transfer of the Helen Vine Detox Center to the Mental Health Center Building on the Marin General Hospital campus.

Unfortunately, there is little, if any, progress to show for this \$80,000 investment, and not one of the recommendations examined by the Grand Jury is in place and working. The Grand Jury has found, instead, foot-dragging and resistance to the Strategic Plan by those who should be active, constructive participants—allies, not antagonists.

The County Mental Health Board, mandated by the State of California to oversee such activities, failed to do so, nor did it report to the Board of Supervisors. And, the Board of Supervisors, either uninformed or misinformed by officials of the Department of Health & Human Services, did nothing. Although many contributed to the failure, the ultimate, essential fault rests firmly with the Board of Supervisors, which failed in its oversight and leadership responsibilities.

The Grand Jury urges the immediate renewal of negotiations between the Marin County Department of Health & Human Services and Marin General Hospital on the recommendations of the Strategic Plan addressed in this report, with direct involvement

of the Board of Supervisors and the Marin General Hospital Board as necessary. The Grand Jury further recommends that the Board of Supervisors instruct the County Mental Health Board to properly discharge its state-mandated duty, as the watchdog advisory agent of the Board of Supervisors, to advocate for the mentally ill of Marin.

BACKGROUND

In response to a rising level of concern in the mental health community, on June 6, 2000 the Board of Supervisors approved in concept Strategic Plan Phase 1: Acute Care Services (The Plan), the focus of which is the development of effective and efficient emergency, urgent and acute care for Marin residents in need of psychiatric help. The County Mental Health Board had previously endorsed The Plan in January of that year.

In view of the important needs of, and services for, the mentally ill described in The Plan, and the substantial amounts of valuable citizen time, talent and taxpayer money invested in the report, the Grand Jury decided to track the progress of four of the sixteen recommendations of The Plan (Appendix A).

METHODOLOGY

Interviews Conducted

- Sixteen Marin General Hospital officials
- Eight Marin County officials. Members of: the Board of Supervisors; the Department of Health & Human Services; Community Mental Health Services; the Alcohol & Tax Division; and the Marin County Real Estate Division.
- Five officials of Community Action Marin/Helen Vine Detox Center
- Some interviews were supplemented by followup questions requiring a written response.

Sites Visited

- The Mental Health Center Building at Marin General Hospital, which houses the following: Acute In-Patient Services; Adult and Elder Partial Care; County Community Mental Health Services Outpatient and Administrative Offices; and a Psychiatric Emergency Services facility.
- The Helen Vine Detox Center at the Silveira Ranch.

Meetings Attended

- Marin Healthcare District Board
- Executive and regular meetings of the County Mental Health Board
- The Marin General Hospital Board.
- The Steering Committee of the Strategic Plan (Appendix B)

Documents Read

- Strategic Plan Phase 1: Acute Care Services. January 7, 2000, prepared by Resource Development Associates.
- Helen Vine Detox Center, Summary Report, Contract Year, July 1, 2000 to June 30, 2001 - Community Action Marin.
- Annual Reports for 1998 and 2000 of the County Mental Health Board.
- The minutes of the Marin Healthcare District Board, 1995-2002.
- The minutes of the County Mental Health Board, 1999-2002.
- Operating Agreement for the Marin Community Mental Health Center, years 1981 through 2002, between Marin County and the Marin Healthcare District.
- Lease Agreement—Marin Hospital District and Marin General Hospital.—November 12, 1985.
- Various documents provided by Marin General Hospital and Community Mental Health Services.

DISCUSSION

Commissioned by Community Mental Health Services (CMHS), a Division of the Marin County Department of Health and Human Service (H&HS), at a cost of \$80,000, The Plan is well documented and comprehensive, using a broad base of sources in a collaborative effort to assess Marin's existing system of psychiatric acute care, its strengths and weakness. It should be noted that those who contributed to this plan were key county officials, medical personnel and hospital executives in Marin and other Bay Area counties. Other participants were the men and women who serve the mentally ill on an everyday basis, the people who make the system run. And, then, there were fifty-eight men and women, patients who used the system, interviewed for their experiences

as consumers of mental health services in Marin. This was no superficial, off-the-cuff undertaking.

Four of the sixteen recommendations involve the reconfiguration of physical space and the enhancement and realignment of services on the Marin General Hospital campus.

Because the four recommendations were of critical and crucial importance for emergency and in-hospital care of the mentally ill of Marin, the Grand Jury determined that those vital aspects of The Plan needed to be examined in depth. A parallel Grand Jury concern was the most effective and efficient use of a valuable community resource, the Mental Health Center Building on the MGH campus.

As noted in the Plan, the four recommendations are:

1. Create a single point of entry for psychiatric emergency services located in the Marin General Hospital Emergency Department.
2. Create a Crisis Residential Facility with dual diagnosis¹ capability.
3. Maintain in-patient clients in the County whenever possible.
4. Transfer the Marin County Detox Facility² to the Mental Health Building on the MGH campus.

What follows is a report on the status of each of these recommendations.

Single Point of Entry for Psychiatric Emergency Services

Since 1992 when CMHS established a Psychiatric Emergency Service at the Mental Health Center Building on the MGH campus, there has been a parallel system of providing emergency psychiatric care, with the hospital's Emergency Department as the other facility. As stated in The Plan, the result has been "a great deal of confusion, unnecessary duplication of services, [and] over-utilization of critical resources..." And again from The Plan: "Nurses and social workers have a hard time figuring out where clients have been seen. The police often do not know where to take clients."

During the years 1999 through 2001 the CMHS Psychiatric Emergency Service treated an average of 125 psychiatric patients a month. The MGH Emergency Department recorded about 89 psychiatric patients per month. These numbers are somewhat misleading, since patients were sometimes sent from the County facility to the MGH Emergency Department for medical evaluation and vice versa. Because of this shuttling back and forth the actual number of patients was certainly less.

¹ Mental illness and alcohol/drug abuse.

² Marin County contracts with Community Action Marin to run the Helen Vine Detox Center. In fiscal 2001 the fee was \$390,000.

According to The Plan, the cost of maintaining a separate County Psychiatric Emergency Service unit “exceeds \$1.5 million per year. This results in a per-client cost of nearly \$250 per hour,” for a daily average of four patients. And again, according to The Plan, this expense was incurred just “200 yards away from a second 24 hour-per-day Psychiatric Emergency Service in the Marin General Emergency Department.” What a waste!

And a waste it continues to be, for both units continue to operate independently. Unfortunately, the situation is only being made worse; MGH is enlarging its Emergency Department with no special provision for crisis psychiatric care, and CMHS continues on its solo way with a proposal to continue to operate its Psychiatric Emergency Service facility in the Mental Health Center Building.

A major stumbling block to consolidation appears to be the hospital’s insistence that only Licensed Clinical Social Workers staff the psychiatric facility, while CMHS wants to use other professionals, such as RN’s with Masters Degrees, psychologists and other licensed therapists. A survey of the ten Bay Area Counties by the Marin County Department of Health and Human Services determined that all of these counties use other licensed staff in addition to Licensed Clinical Social Workers in the evaluation of the mentally ill in their emergency departments.

Moreover, as far as the Grand Jury can determine, neither MGH nor CMHS has currently explored the possibility of CMHS contracting with MGH for the hospital to provide these essential emergency services. In addition, the Grand Jury investigation reveals a peculiar resistance on the part of CMHS to relinquish its Psychiatric Emergency Service facility. According to MGH, however, it had “presented a proposal to the county for a Psychiatric Emergency Service single point of entry in the Emergency Department as early as 1996. It was rejected.”

Finally, in spite of the fact that The Plan states “the most fundamental element to managing in-patient care is having a single point of assessment and authorization through which all patients must proceed,” and that “not one person interviewed voiced the opinion that there should be two systems conducting Psychiatric Emergency Services,” nothing has changed for the better. Or rather, almost two years after the approval of the Strategic Plan, the only action visible is no action!

Crisis Residential Facility

A Crisis Residential Facility is a halfway house in a hospital setting. Admission is voluntary and the facility is unlocked. It is an important way station on the return to everyday life. The length of stay can be as long as 14 days.

Until early 1992 CMHS operated a Crisis Residential Facility, on the second floor of the Mental Health Center Building on the MGH campus, in a space owned, operated and controlled by CMHS. It had served about three hundred patients a year who stayed an average of five days as they moved from acute care to discharge or other treatment

facilities. Budget cuts in 1992 of \$250,000 forced the closing of this sorely missed treatment center. The money was used instead to fund state-mandated children's services.

As pointed out in The Plan, the obvious result is that some recovering acute care patients who could safely be moved to a sub-acute facility, such as a Crisis Residential Facility, remain in acute care beds. Others, when entering the system, and not in need of acute care, could then go directly to a Crisis Residential Facility. Instead they are hospitalized in an acute bed, although their condition does not call for that level of hospitalization.

During the course of its investigation, the Grand Jury visited the area occupied by the Crisis Residential Facility before 1992. It now holds a three-bed CMHS Psychiatric Emergency Services unit, outpatient services and medical records. But, much of the space (over 10,000 sq. ft.) is both unused and misused, serving as a catch-as-catch-can storage and filing area, with enormous room to spare; all this, in spite of the consensus of those who contributed to The Plan that a Crisis Residential Facility was, and is, badly needed, certainly more than poorly used storage space

Maintaining Acute In-Patient Clients in Marin

When Ross Hospital closed in late 1999, MGH remained as the only adult, acute in-patient psychiatric facility in Marin. According to The Plan, what had been an oversupply of beds became a modest shortage. At present the County contracts with nine out-of-county hospitals for acute adult beds for rates ranging from \$550 to \$795 per day.

The Plan called for MGH to add five additional beds to the existing seventeen, for in-patient care in that part of the Mental Health Center Building owned, operated and controlled by CMHS --- in the section now being used as a convenient all-purpose storage and filing area. Specifically, the Plan declares that "MGH and CMHS have agreed that as part of the reorganization of the Mental Health Facility, facility renovations will be carried out that will allow MGH to add five beds to its in-patient facility by expanding into the CMHS portion of that building." Two years later, nothing has happened, and an area that should contain much needed beds, holds, instead, filing cabinets.

The stakes are high here. As The Plan points out: 1) the more beds, the more spreading of overhead; 2) those hospitalized will be closer to friends and family (last year 47% of County-responsible patients were sent out of Marin); 3) discharge planning and comprehensive aftercare services planning are difficult to administer at a distance; 4) additional beds will ease potential overcrowding in the MGH Emergency Department.

In interviews with MGH officials, they confirmed the need for not five, but seven to ten additional acute beds, and, in fact, said they would pay for whatever remodeling and renovation was necessary. On the other hand, although the Grand Jury found gross misuse and underuse of the County owned space needed for the additional beds,

CMHS has recently declared, “ the space is currently being fully used for Psychiatric Emergency Service Outpatient/Urgent Care and STAR³ functions for CMHS. We are not certain that more acute beds would be the best use of that resource.”

The Grand Jury is surprised, or perhaps “incredulous” is the better word, at the CMHS characterization of this critical space, and the Grand Jury wonders if CMHS and the Grand Jury have the same space in mind.

The Helen Vine Detox Center

A detox center is a facility designed to take in and care for alcohol and substance abusers who are presently under the influence of alcohol and/or drugs, and are in a crisis condition. Police, relatives and social workers among others, frequently bring such men and women to a center, but their stays are voluntary; some are there for only a few hours, while others remain several days.

For twenty years, until 1996, Center Point Inc. of San Rafael ran a detox center under a contract with the County. There followed three years in which the County leased four beds in a Sonoma County detox facility. And, then, in 1999, the County made an arrangement to locate the Center on the old Honor Farm, part of the Silveira family ranch. It was at that time that the Center was named for Helen Vine, the daughter of a Marin County family, who suffered from alcohol and drug abuse. Community Action Marin runs the Center under contract with the county.

The fate of the Helen Vine Detox Center is uncertain. The Strategic Plan states “the facility will be unable to remain in its current location for longer than the next several years.” Several years are about here, and until the new Director of Health and Human Services appeared on the scene in September 2001 there was—and still is—little evidence of any compelling initiative to find a more suitable home for the Center. Two days after his arrival, the new Director created a Helen Vine Relocation Team that has since met at least fifteen times, has hired architects and has consulted with various experts in its attempt to relocate the Center to the Mental Health Center Building on the MGH campus.

Veto power over changes in physical space and services in the Mental Health Center Building is guaranteed to both the County and MGH by the Operating Agreement between the Marin Healthcare District and the County and by the lease between the Marin Healthcare District and MGH/Sutter.

Unfortunately, no one at CMHS or the Department of Health & Human Services officially consulted with MGH until late December 2001. At that point the County was informed that the “site model and detox plans must be presented to the Sutter/MGH Board for approval...” Then, in late January 2002 the County was informed by MGH that “the

³ STAR (Support Treatment After Release) is a program for recently released prison inmates with mental health problems.

move of the detox program at MGH/Sutter is not consistent with medical staff or Board's priorities.”

The Board of Supervisors approved The Plan in June of 2000. Because the veto powers contained in both the Agreement and Lease were apparently overlooked by CMHS, almost two years went by before CMHS became aware of the reluctance of MGH to house the Helen Vine Detox Center on its campus. During those two years, CMHS could have actively sought, and found, another suitable site.

The Center needs to move very badly. To describe it as being just short of a disgrace is to be kind. Three ancient converted tractor- trailers arranged in a U shape make up the facility. One trailer appears to have been used by the United States Post Office to carry the mail. The interiors are crowded and depressing and could drive some poor souls to drink, rather than save them from it. The Grand Jury wonders how the Center has met County health and safety standards.

As always, people make the difference. The strength and promise of the Center is in its personnel, who are dedicated and effective in their work in a very difficult environment, facing a very difficult group of alcohol and substance abusers. They, and those they serve, deserve better---much better.

A sound and permanent solution is necessary, and soon. But the County has made only lackluster efforts to find another suitable location. And, let it be noted, money is not a controlling issue here; through the good offices of State Senator John Burton there is \$500,000 in trust designated for relocation of the Center.

Why Has the Strategic Plan Stalled?

In spite of rigorous, direct questioning of County and MGH officials, the Grand Jury can find no one big reason for the delay in putting The Plan to work. The Grand Jury does know, however, that:

- Not one of the key executives who were with MGH or the County at the time of the approval of The Plan remains to carry it forward, or defend it.
- Three of the four Plan recommendations discussed here were never officially presented to the MGH Board.
- As early as May 2000, there were disagreements over credential requirements for the single entry Psychiatric Emergency Services staff, and neither MGH nor CMHS moved to resolve them.
- Neither MGH nor CMHS is inclined to discuss a contract arrangement in which the hospital would provide all psychiatric emergency services, thus freeing up space for a Crisis Residential Facility and additional acute beds.

- The County Mental Health Board is mandated by the State of California to: “review and evaluate the community’s mental health needs, services, facilities and special problems...and to advise the governing body and the local health director as to any aspect of the local mental health program.”⁴ The County Mental Health Board should have actively overseen and monitored the progress of The Plan. It did not. It should have informed the Board of Supervisors of difficulties, disagreements and delays. It did not.
- Although declaring it wants to place seven to ten acute beds in the section of the Mental Health Center Building now controlled by the County, MGH has made no overture to the Board of Supervisors to advance that notion, despite the operating agreement that entitles it to do so.
- The Board of Supervisors was unaware of the true status of The Plan for almost a year and a half, although it held the ultimate responsibility for the success or failure of the enterprise.

Perhaps no reason-by-reason analysis will reveal why The Plan recommendations are in various stages of disarray. Perhaps the answer lies not in lists of reasons, but in the lack of apparent commitment by all concerned: the Board of Supervisors; the Department of Health & Human Services; County Community Mental Health Services; the County Mental Health Board; and Marin General Hospital/Sutter.

FINDINGS

1. The average number of mentally ill patients seen by both facilities, Marin General Hospital (MGH) Emergency Department and Community Mental Health Services (CMHS) Psychiatric Emergency Services is about seven a day, far too few to warrant two psychiatric emergency facilities. A reported yearly cost of \$1.5 million to maintain the CMHS Psychiatric Emergency Service cannot be justified when it serves on average just four patients a day.
2. MGH is alone among Bay Area county hospitals in requiring only Licensed Clinical Social Workers for crisis intervention and assessment of mentally ill patients. This gives the appearance of an artificial barrier designed to thwart a merger of the two facilities.
3. The creation of a single emergency facility is in dire jeopardy. Neither MGH nor CMHS seems interested in finding a solution to this impasse. And, neither has renewed discussions that could lead to CMHS contracting with MGH for emergency services. Both seem more committed to maintaining the *status quo* than to exploring viable alternatives.

⁴ Welfare and Institutions Code Section 5604.2.

4. CMHS use of space in the Mental Health Center Building is a disgrace, poorly used or not used at all, while the acknowledged need for a Crisis Residential Facility in that area goes unanswered. Using valuable hospital space for outpatient services better located elsewhere seems irresponsible.
5. Initial agreement by MGH and CMHS to install at least five additional beds in the CMHS controlled area has bogged down. CMHS seems determined to hold on to the space for its own use, without regard for the public good.
6. The present location and condition of the Helen Vine Detox Center is vastly inadequate and inappropriate for a facility devoted to recovery from alcohol and substance abuse. It may even be unsafe.
7. The staff is the vital element in the success of the Helen Vine Detox Center, overcoming the obstacles of the clearly inadequate facility.
8. The implementation of the Strategic Plan has failed because of: 1) turnover of key personnel in both MGH and CMHS; 2) uncertainty, because of the turnover, and a lack of initiative in the County's Health & Human Services Department; 3) a "maintain the *status quo*" attitude of key officials; and 4) the failure of the County Mental Health Board to properly monitor progress of The Plan and advise the Board of Supervisors.
9. The Board of Supervisors has failed in its oversight and leadership responsibilities, as described in this report.

RECOMMENDATIONS

1. As recommended in the Strategic Plan, Marin General Hospital (MGH) and Community Mental Health Services (CMHS) should end plans for each to go it alone in psychiatric emergency treatment. They should begin immediately to negotiate the creation of a single point of entry for mentally ill patients in crisis.
2. As recommended in the Strategic Plan, CMHS should begin immediately to plan for a Crisis Residential Facility.
3. As recommended in the Strategic Plan, MGH and CMHS should begin immediately to negotiate the number of acute beds to be added to what is now County space in the Mental Health Center Building.
4. MGH and CMHS should re-examine placement of the Detox Center to the Mental Health Center Building on the MGH campus. Whatever the conclusion, the County should make all speed to relocate the Helen Vine Detox Center to a modern, appropriate site, deserving of the dedication and skills of its staff.

5. The Board of Supervisors should instruct the County Mental Health Board to fulfill its oversight, advisory and reporting responsibilities.
6. Last, but most important, the Grand Jury urges the Board of Supervisors to ensure that the vital emergency, acute, and crisis residential programs and services recommended in the Strategic Plan be carried out as soon as possible and that a proper permanent facility be found for the Helen Vine Detox Center. The mental health needs of Marin's citizens should be better served, -- and, the \$80,000 investment of taxpayer money, along with the recommendations of many talented, caring citizens of Marin, should not go to waste, as they have thus far.

REQUEST FOR RESPONSES

Pursuant to California Penal Code Section 933.05, the Grand Jury respectfully requests responses as follows:

- From the Board of Supervisors to all Findings and Recommendations.
- From the Marin Healthcare District to all Findings except 7 and 9, and all Recommendations except 5.

Although not legally required the Grand Jury also invites responses from:

- The County Mental Health Board to Finding 8 and Recommendation 5.
- The Board of Directors of Marin General Hospital Corporation to Findings 1 through 7 and Recommendations 1 through 4.
- The Director of the Marin County Department of Health and Human Services to all findings and Recommendations.
- Community Action Marin to Findings 6 and 7 and Recommendation 4.

Appendix A

The Sixteen Recommendations as they appear in the Strategic Plan

I. Programmatic Restructuring

* Recommendation 1: Create a single point of entry for psychiatric emergency services located in the Marin General Hospital Emergency Department.

Recommendation 2: Create a mobile crisis stabilization capacity.

* Recommendation 3: Create a Crisis Residential Facility with dual diagnosis capability.

* Recommendation 4: Maintain In-patient clients in the County whenever possible.

Recommendation 5: Establish a Concurrent Utilization Review Team.

Recommendation 6: Reconfigure psychiatric services for acute care clients.

Recommendation 7: Increase mental health capacity of Helen Vine Detox Facility.

* Recommendation 8: Transfer the Helen Vine Detox Facility to the Mental Health Building on the MGH campus.

II. Supporting Client Stabilization in Community

Recommendation 9: Ensure Aggressive Discharge Planning for hospitalized clients.

Recommendation 10: Establish Assertive Community Treatment Teams.

Recommendation 11: Strengthen capacity to serve clients in non-clinical environments.

Recommendation 12: Begin developing a more systematic approach to serving older adults.

III. Infrastructure Enhancements

Recommendation 13: Strengthen Communication Systems among providers.

Recommendation 14: Create Integrated Data-Sharing System

Recommendation 15: Establish and monitor outcome objectives and performance benchmarks for Community Mental Health Services.

Recommendation 16: Establish a Community Advisory Committee.

* Recommendations examined in this report. The entire Strategic Plan is available from CMHS.

Appendix B

Members of the Steering Committee

The Strategic Plan lists seventeen officials representing six government entities and three private sector organizations who serve on the Steering Committee.

Buckelew Programs Community Mental Health Services County Mental Health Board
Enterprise (a non-profit serving the mentally ill) Marin County Sheriff's Department
Marin General Hospital National Alliance for the Mentally Ill
Office of the County Administrator Office of Drug and Alcohol Services