

Marin County Mental Health Services  
Consulting Report  
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On October 27 and 28, I had the opportunity to visit Marin County Mental Health Services programs and meet many of the individuals who staff these programs. I had been provided materials ahead of time to help me understand the design and scope of these programs. Those were very useful in trying to understand how things connect and how clients might end up in one place or another.

***Identifying system strengths was not difficult to do. I think you are to be commended for a number of reasons:***

- Marin CMHS moved away from many traditional type services and does not offer only clinic-based services. This already puts it ahead of many counties in California.
- CMHS is able to summon the political will to close programs that, while appreciated by some consumers and families, are known to be considered in the literature as poor treatment venues. This indicates to me that there is a basic trust between the political and service communities that provides an atmosphere where best practices can happen, despite obvious pressures on the system to maintain the status quo.

Parenthetically, when the Mental Health Association in Los Angeles proposed to its consumer group, Project Return, that all leadership and facilitation of social clubs be handed over to consumers instead of the volunteers and students who had been in charge, these consumers were angry and accused MHA of abandoning them. There was initial difficulty in finding good leadership, but this problem was eventually solved, and the organization has multiplied to over 100 clubs and now runs Wellness Centers, does extensive training for both professionals and paraprofessionals on a variety of topics and has an increasingly important role in the County provision of services. It is clear that today few, if any, consumers would go back to the old organization if given the chance. Similarly, the closure of the day treatment program will soon fade into the background as more consumers recognize their own strengths and power to positively affect their own lives.

- CMHS mental health leaders also have the ability and courage to propose solutions that may have significant opposition both from within and without the system in the interest of assuring evidence-based practices. Leaders also appear to support potentially unpopular decisions in the interest of program improvement, and that quality is respected by staff.

- Residents of Marin County who have a mental illness appear to have an array of services that address many of their life needs, such as housing, employment, etc., with emphasis on far more than symptom reduction. These services actively support recovery.
- CMHS staff has an understanding of the importance of working collaboratively with other organizations or County departments. Department leaders are currently in the process of working on an older adult program that uses services and staff from a variety of departments, allowing leverage of all those resources to accomplish a service that truly addresses the needs of older adults. This is particularly sensible because older adults often require a variety of mental and physical services that need to be integrated and will not be efficient if not delivered in an integrated fashion.
- Virtually all staff expressed approval about the valuable help supplied by nurse practitioners, some of which were recently hired. They are seen as highly skilled and very valuable in assisting other staff to accomplish their jobs.
- The family group held regularly provides an excellent forum for family concerns as well as support for those going through difficult times. I attended this group on the first evening of my visit. As I continued to accompany Diane Slager on our rounds of programs the next day, I saw her actively inquiring with various groups about concerns that had been brought up at the family group. Senior staff regularly rotates attendance at this family group, thus assuring that they are exposed to problems that come up. This real world experience is an excellent quality check on how well the system is working for families and often for clients.
- CMHS contracts with a number of excellent agencies, including Buckelew and Community Action Marin. Buckelew provides a wonderful array of housing and employment options, operating with a philosophy of recovery and empowerment. CAM operates an active and attractive drop-in center that provides significant support to clients. My sense was that CMHS management understands and values the important input from consumer staff and the positive effects of self-help.

*System elements that seem problematic appear at different points:*

- The concern expressed almost universally was about communication or the lack thereof between programs or functions of the system. Probably the most common was the difficulty getting information from Psychiatric Emergency Services to other programs that might be treating the client. PES staff mentioned their understanding of the need to notify at least one organization, but did not have the same sense of requirement to report to others.
- Communication of hospital information relating to medication changes, for example, is haphazard. Notification to PES about important information regarding clients that PES is or will be serving is also problematic.
- It was interesting that consumers mentioned that the groups that served them did not seem to be connected to each other.

- Another area that appears to need more attention is that of dual diagnosis. Groups that address both addiction and mental illness seem to be a rare commodity. Several different groups identified the need for more such groups in the system. They commented positively about two dual diagnosis groups that are being conducted, and it turned out that the same person was offering them in two different locations. The lack of detoxification programs was also described as a problem. Opportunities for training in Motivational Interviewing appeared to have been offered to staff. I felt that given the high percentage of dually diagnosed clients, there was surprisingly little mention of the needs of this group among staff.
- Consumers also expressed strong concerns about the Psychiatric Emergency Services. Some also said that a specific staff person was rude. They complained that their previous history seems to dictate their treatment in the hospital, and they also were unhappy that if they had consumed alcohol before coming to the hospital, they were turned away. They said the environment could be more welcoming, but when asked to be more specific, they acknowledged that food was available there, juice and milk offered. They were not able to pinpoint exactly how they could be made more comfortable. Consumers were pleased to hear of the new inpatient psychiatrist that will follow all MediCal patients. They are hoping that this will mean fewer referrals out of the system to Sutter and other hospitals.

***Discussion:***

Marin County Mental Health Services have an excellent system of mental health care for its citizens. The Department services are coordinated but not integrated.

Because the system is progressive and generally serves clients well, this is not a crippling problem. There are, however, difficulties that result, namely the communication concerns that were mentioned again and again. It is the responsibility of the adult system of care to pay special attention to these system linkages and to design ways to ensure that each part of the system talks to the other, giving and receiving the appropriate information that results in the best possible treatment for clients. A drop in quality is generally recognized to happen at times of hand-off, and clients are frequently “handed off” due to the design of the system. I believe that this is the reason for many of the several concerns regarding Psychiatric Emergency Services. That service is generally transitory and requires interaction both on the front and the back end. I am certain that with the challenge defined, members of this team and users of the system (both other program representatives and consumer and family representatives) can work together to improve these transitions so that they are useful to the user of services and further the goals of the system.

Another danger that accompanies this organizational pattern is that staff members that are clinically trained will not see it as their job to focus on quality of life goals as opposed to stability. Significant efforts need to be made to market employment and community life to all staff as necessary ingredients of recovery that are the responsibility of every worker in the system. I saw nothing that made me think that this situation exists, but I do regard the current system organization as naturally pushing in that direction.

It seemed that many staff members do not feel themselves equipped to deal with dually diagnosed clients. Beyond additional training, I also suggest assertive efforts to ally with the substance abuse provider community. I understand that many are strongly allied with the twelve step program philosophy, but in LA we have seen this attitude change over time. Keep on trying to engage this group. Sober Living homes can also be extremely helpful as part of a menu of housing and treatment options. Whatever treatment or living arrangement for the client, case management needs to continue whether or not the client is in active treatment, and whether or not the client is successful in reducing the use of addictive substances. If no such programs exist, efforts should be made to originate them. We do not endorse one philosophy over the other, although harm reduction does seem to be generally more useful and from my perspective, can include twelve step treatments. Different methods work for different people, so I am not recommending the abandonment of anything that has been successful for some. In our area, early morning "Attitude Adjustment" groups have proved to be extremely helpful in attracting members of the homeless population. It may be that you have to try to partner with other providers and employ a regional solution in order to best serve your clients. In any case, a step-up in training seems required to help staff feel that this is not necessarily another program's responsibility.

Some peer staff expressed their opinion that they are being denied significant benefits by not being County employees. This concern may be at least partially caused by the existing differences between private, non-profit contractors and County employees.

Marin County is very fortunate in having excellent housing and employment programs. Buckelew offers a menu of opportunities to the county and its citizens with mental health diagnoses. I suggest that job notices be presented in a regular flier or newsletter. Additionally, posters and other encouraging literature might be posted in Buckelew Houses, in staff offices and at the CAM drop-in center. A culture of employment should always be emphasized throughout the system, and since employment services are separate from treatment centers, this is even more important. One person suggested that there be a place on every treatment plan within the system for employment goals. I am enclosing a sample of the treatment plan that we are piloting in our Service Area that does include employment. Another helpful strategy is to train all non-employment staff on the skills of finding employment and supporting it. Clinical staff often feels this is the responsibility of employment services only, and that idea does not forward a culture of maximizing employment and thus providing roles other than patient for system clients.

Incidentally, I promised that I would provide a reference for the Institute Of Medicine publication, Crossing The Quality Chasm: A New Health System for the 21<sup>st</sup> Century, 2001. The web site is <http://www.nap.edu/catalog/11470.html>. One of the themes in this publication has to do with organizational "silos" and the need to shed this mentality. I recommend that effort be made to hold your individual programs responsible for ensuring that each client receives services of as seamless system of care as possible.

Also, the latest publication of the IOM is Improving the Quality of Mental and Substance-Use Conditions; Quality Chasm Series. This may be of particular interest because of the electronic health record emphasis.

Thank you for the opportunity to learn about Marin County Department of Mental Health and its array of services. You are providing many outstanding programs for the residents of your County and are employing many cutting edge practices to enhance the mental health of people with psychiatric disabilities.