INTEGRATED SERVICES IN WEST MARIN COUNTY: A CASE STUDY

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It never occurred to me that my interest in learning more about integrated services and collaboratives would lead to an internship in one of California's most beautiful counties, Marin. A commuter is blessed with magnificent views whether heading north or south on the Golden Gate Bridge. This county has the gifts of nature from Mt. Tamalpais to the Pacific Ocean, the bay view and beautiful hillsides brushed with every shade of green possible. Its as if nature with its gifts of beauty and nurturance has inspired humans. For even, the man-made skyline is a marvelous sight. One might be wondering how this relates to integrated services. Perhaps it is because of this Zen-like environment, that humans can "be" instead of "do." For the most important factor in integrated services are the human beings who provide the services and the quality of their relationships.

Marin County has a population of about 230,000. At the time of my internship, The Department of Health and Human Services was transitioning from three into four divisions: (1) Health Services (2) Mental Health Services (3) Social Services and (4) Aging. This structure allows for greater collaboration and integration of services as health, social and mental health are ultimately under the same Director, Dr. Tom Peters. Although these services are under one organizational structure, they are not in one location except for the integrated services at the West Marin Human Services Center.

HISTORY OF WEST MARIN HUMAN SERVICES CENTER

If Darwin's theory of survival of the fittest is applied to collaborative and integrated community service centers, then the community service center that has survived Prop. 13, SB14 , managed care and a number of administrators and all the politics that comes with over twenty years of existence is West Marin Human Services Center in Pt. Reyes Station of Marin County. At one time Marin County had three main service centers: East San Rafael(Canal). Ross Valley and West Marin in Pt. Reyes Station. There were also three smaller sites not fully integrated. The lone survivor is the West Marin Human Services Center.

The Center dates prior to 1974 under the leadership of Diane Fabric. At that time, the center was at a rented home funded by Community Mental Health and refurbished by the staff and West Marin residents. There was a close relationship among mental health, social services. public health and Volunteer Bureau next door. Each of the eight team members were responsible to their parent agency. Staff met as a team and were involved in the decision making process for service delivery and administrative matters. Diane Myers was the team leader in the mid '70's. In 1983, the Center peaked with 26 staff under the directorship of Dennis Scremin. In 1987, Dave Sexton became the Center's Director/ Program Manager. The impact of Prop. 13 was to down-size the number of staff.

To understand the failure of some of the community multi-service centers, I reviewed a study prepared by the Family and Children's Services Advisory Committee which provided the following: "We visited the Ross Valley Center at a time when the difference of opinion between

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the Director of Health and Human Services, Mr. Usher, and the Mental Health director had just come to the attention of the public ...the troubled atmosphere at the Ross Valley Center, arising from the uncomfortable relationship between the mental health professionals and those in social work and administration, was so clear to us that we must conclude that the irritated ambiance surrounding the delivery of services can scarcely benefit the clients who have many, many troubles of their own ...."[1]

KEY ELEMENTS OF WEST MARIN HUMAN SERVICES CENTER

West Marin Human Services Center serves an area that covers approximately 400 square miles. It includes Forest Knolls, Woodacre, Lagunitas, Inverness, Inverness Park, Tomales, Dillon Beach, Marshall, Fallon, Bolinas, Stinson Beach, Muir Beach, Olema, San Geronimo and Pt. Reyes Station. The Center is located in Pt. Reyes Station, which is 25 miles off highway 101. The sign as you enter Pt. Reyes Station states the population to be 350 but the sign may be a little outdated. Even so, the area is a dairy ranch community. There is a significant Spanish-speaking clientele. The work on the ranch has drawn some immigrants from Mexico.

Staff

The staff includes: one program manager, one psychiatrist, one psychologist, one community mental health social worker, four Ph.D. interns, two drug and alcohol case managers, two eligibility workers, one senior services case manager, one children's services case manager, one public health nurse. one support services nursing staff, one counselor from Catholic Charities and two receptionist/office managers. It also involves lot of collaborative efforts , such as, the West Marin Collaborative for Healthy Children. I will share a brief description of the role of each staff.

The *Program Manager,* Dave Sexton, is responsible for the Center. Staff meetings are held weekly. Because of the complexity in programs and their policies and mandates, staff consults with their program manager of the parent program. For example, eligibility workers consult with the Income Maintenance program manager for mandates and policies. The personnel issues and day to day issues are dealt with by the site program manager. The Program Manager has to have a good working relationship with the Community Mental Health Program Manager, the Social Services Director, Catholic Charities Director and the Health and Human Services Director (just to name a few). I think Dave Sexton's management style is reflected in Sam Kaner's book, *Facilitator's Guide to Participatory Decision-Making.*

> "Those who work with and lead organizations today have learned two lasting lessons in the last twenty-five years of concerted action research in this field of organization development and change. Lesson one: if people don't participate in and "own" the solution to the problems or agree to the decision, implementation will be half-hearted at best, probably misunderstood, and more likely than not, fail. The second lesson is that the key differentiating factor in the success of an organization is not just the products and services, not just its technology or market share, but the organization's ability to elicit, harness, and focus the vast

[1] "A Study on the Decentralization and Integration of Human Services in Mann County." February 1978 prepared by the FamilN_and Children's Services Advisory Committee

> intellectual capital and goodwill resident in their members, employees and stakeholders. When that intellectual capital and goodwill get energized and focused. the organization becomes a powerful force for positive change in today's business and societal environments. Applying these two lessons has become a key element of what we have begun to think of as the learning organization.[2]

The recommendation is to create a psychologically safe and involving group environments where people can identify and solve problems, plan together, make collaborative decisions, resolve their own conflicts, trouble-shoot and self-manage as responsible adults. The side benefits of facilitated or selffacilitated groups are terrific; a sense of empowerment, a deepening of personal commitment to decisions and plans, increased organizational loyalty and the building of esprit de corps.

The primary responsibility of the *Community, Mental Health Services* staff is to provide services to severely emotionally disturbed children and seriously mentally ill adults with major mental health disorders and acute, emergency and long-term (chronic) disturbances and dysfunction. It should

be noted that the first manifestations of mental illness do not always show up in the mental health delivery system, thus necessitating coordination with the other services at the center including eligibility, APS, CPS, PHN, Catholic Charities, drug and alcohol and schools.

The mental health services staff consists of a Psychiatrist (6 hours per week), a psychologist (20 hours per week), an LCSW casemanager (16 hours per week including a half day at Tomales schools) and four to five Ph.D. interns which also spend time at Bolinas School and San Gerommo School. Every Tuesday morning there is a case staffing to assign J mental health cases to mental health staff. It was impressive to see staff volunteer for cases after particulars where shared.

Since the Community Mental Health Services staff is not bilingual, Spanish-Speaking, there is also a Spanish-speaking LCSW counselor from Catholic Charities (20 hours per week). This is a demonstration of the collaborative work done with non-profits. This worker is involved with prevention and intervention of domestic violence, maternity services and CPS/VFM type cases. All of the mental health staff work well together and with the other Center staff as about one-third of their cases may involve the services of the other staff.

The Public *Health Nursing* staff consists of one nurse (20 hours per week) and one Spanish-speaking Senior Support Services worker (20 hours per week). The nurse provides assessment and health education, targeted case management and is the only district nurse left in Marin County. The Senior Support Services worker also provides case monitoring and education, assessment and referrals for special needs and education.

There are two *Drug and Alcohol* counselors who provide services 20-23 hours per week each. One is Spanish-speaking. One counselor also spends one day per week at Tomales High School.

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[2] *Facilitator's Guide to Participatory Decision-Making.* Sam Kaner, New Society Publishers. Philadelphia. PA.1996

These services are part of a collaborative effort and provided by the West Marin Community Outreach which is a program of Ecumenical Community Services of Marin.

One of the indicators of staff satisfaction is their long-term commitment to working at the Center and living in the area they serve. This is especially true of the *Senior Services Case Manager* who provides full-time Adult Protective Services and In-Home Supportive Services. Angelo has lived in the community and worked at the Center for twenty years. He also works out of class as acting Program Manager/Director in Dave's absence. This worker collaborates closely with the public health nursing staff and is on the Senior Services Advisory Committee. There is also an Older Adult Team that does case staff reviews once per month.

There is only one full-time *Child Welfare/CPS Social Worker.* This is one of the newest members of the team having been there since June'96. The previous CPS/CW social worker was there for about ten years then transferred to Adoptions. This position covers Emergency Response, Dependency Investigation, Family Maintenance and Family Reunification. I interviewed both workers who held this position. They felt that it was particularly demanding because they covered so many child welfare programs and a vast geographical area. In addition to serving the Ply. Marin area, their foster care placements also took them out of the area. The position required knowledge and expertise in all child welfare programs as well as availability for emergency response and dependency investigation cases. This was the one position that offered the least job satisfaction.

To complete the integration of services at the Center, there are two full-time *Eligibility Workers* of which one is Spanish-speaking. The Eligibility Workers are generic and provide both intake and continuing of all the categorical aids. Their computer system(SAWS) is connected to the main office. There was discussion at the time of my internship that Marin County would pilot lap-tops for the SAWS system.

No office would be complete without the assistance of *Administrative Supportive Staff/Clerical.* The Center has one full-time staff and one half-time Spanish-speaking staff. This function includes receptionist, facilitating intakes. doing the billings and ordering for supplies and general running of an office.

Service Delivery

The key to the West Marin Human Services Center model is that staff are committed to the community in which they work. This is demonstrated by their involvement in community boards and councils, such as. Pt Reyes Business Association, the Point Reyes Clinic, the Dance Palace Community Center and the Thrift Store and Resources board. This commitment to the community is further demonstrated by the fact that most staff lives in the community it serves. In fact, this is how the Thrift Store and its board developed in the mid `$0's. Staff and residents working together to help meet the unmet needs of its community. A more recent example of this is when funds from the Thrift Store were used to pay for the part-time Volunteer Bureau coordinator position when no other funds were available. This position serves as the Food Bank in W Marin and due to its remoteness is a crucial function.

Collaboratives and Interest-Based Relationships

The success of the Center lies in the health of its relationships. The relationship between staff and the community it serves working together to meet the needs of the community is crucial. The efforts put into collaboratives, such as, West Marin Collaborative for Healthy Children, Servicios Apoyo Latinos Unidos de Marin (S.A.L.U.D.) are the only way communities are going to define and address their unmet needs.

The key relationship that has assured the Center's continual existence is the interest-based relationship with the Board Supervisor who represents West Marin. It started with the Supervisor in the `70's and that relationship prevailed many terms. Upon that Supervisor's retirement. the staff gained the commitment of his successor and successfully worked on his campaign. This is also how the Center has been able to exist without a budget of its own. Its expenses are paid for by the parent program that provides the staff. (for example, mental health gets billed 41.8%) Thus, with the Board Supervisor's commitment, the Agency Director's commitment and the Program Managers commitment, an individual program budget isn't necessary.

Marin County is also blessed monetarily with the Marin Community Foundation (AKA Leonard and Beryl Buck Foundation). The Foundation donates about $20 million dollars per year (10% of its assets). The Foundation hired a consultant, John Ott, to provide consultation to the cluster collaboratives for successful funding of proposals. There are clusters for planning for geographical areas. Each cluster area, such as, W. Marin Collaborative for

Healthy Children has a cluster coordinator. The cluster committee includes the District Superintendent, the school Principals and a representative from each of the member agencies to i dentify needs, develop a strategic plan for integrating school-linked services, set policy, secure funding and provides fiscal oversight. The cluster planning involves geographical area not agency or organizational territory. It does involve government, non-profits, and school districts to leverage their resources and work together to write a proposal collaboratively in order to get funded. The consultant was emphasizing (1) the need to increase parent involvement in the planning collaboratives and (2) implementation of data systems to track results.

SUCCESS OF INTEGRATED SERVICES

Below are some of the positive aspects of integrated services:

1. Co-housing is convenient for clients. It is less confusing -user-friendly one-stop center.
2. Better access to other staff-improved commu nication.
3. More informal system
4. Staffs flexibility to help clients. Puts meeting the client's needs first.
5. Morale higher
6. Overall cooperation and coordination is better.
7. Informed front-line/intake person to direct clients to appropriate service provider.
8. Convenient and regular case staffings scheduled or availability.
9. More client-centered as clients are actually known by staff and administrator.

10. Clients keep the same worker for a particular service. For example, if they have to re-open services a few months later they don't have to tell their circumstances all over to a new person
11. Staff work closely together and are able to fill in for one another because of their knowledge of the others schedule and work.
12. One professional or service can draw the client into another service need such as Drug and Alcohol because the fear of the unknown or unapproachable has been eliminated by personal introduction.
13. Appointments with staff can be coordinated so run.
client can make only one trip.
14. Client's have multi-faceted problems and feel overwhelmed. One-stop service helps eliminates frustration to finding solutions.
15. Focus is to meet the needs of the client
instead of the client meeting requirements of
program.
16. Fewer management layers and more resources into line staff. Staff may consult with parent program manager but feel more autonomous and responsible-trusted and respected.

Lessons learned to insure the success of integrated
services are:

1. Support from all, Board and top administrators and management to line staff must have an attitude of "what can we do to make it work?"
2. West Marin began its history as a mental health facility and included a Volunteer Bureau next door.
3. Joint case conferences began informally over lunch.
4. Staff has a history of living in the area it serves.
5. Goal setting is particularly successful due to Participatory Decision-Making management.
6. Staff are active in community as board mem bers, fund raisers. Greater opportunity for staff and community interaction(schools, ser vice clubs, providers, etc.)
7. Trust and cooperation develop among professionals as they get to know one another and become familiar with the other's skills.
8. Politically, it has served to sustain some of the programs that have been under attack in the budget.
9. Integrated services may cost more in the short run but are more cost effective in the long
10. Team approach which tends to make specialist more adaptable.
11. MOU and agreements needs to done prior to implementation and flexible to revisions as need arises.
12. As staff and community become aware of unmet needs, they act as catalyst in developing resources. such as, the Thrift Store and Resources.

The only obstacle that I think the Center needs to overcome is the need for data tracking that is results-oriented. There is no central file on each workers caseload. Although integrated services may be the best practice there isn't any documentation collected which supports this. However, this is further complicated by the fact that Synergy Inc. did not get the mufti-user computer product for which it had contracted with McDonald Associates. The Coordinated Youth Services

Council was to be a test site but the alpha and beta testing never took place as there was no mufti-user product developed.

CONCLUSION

As a firm believer of integrated and collaborative services, I have three recommendations for Santa Clara County. The first recommendation is to define a geographical area with a sense of community and to include all and establish a relationship with those that have an interest in that area. The socio-political leaders need to be identified and interest-based relationships developed. This process affects county Board of Supervisors, department heads, line staff, community-based organizations, non-profits, private industry, community service providers and community service consumers. The establishment of interest-based relationships is key to the success of meeting the goals of integrated services.

The second recommendation is for the implementation of Participatory Decision-Making. The process of building a sustainable agreement has four stages: gathering diverse points of view; building shared framework or understanding; developing inclusive solutions; and reaching closure. The four participatory decision-making core values: full participation. mutual understanding and acceptance of the other's needs and goals, inclusive solutions and shared responsibility. (The Interest-Based Problem Solving/Negotiating training that our management and union learned recently is excellent preparation for this.)

The third recommendation is to develop true collaboratives to plan for school-linked services in each community as our agency moves to regionalize. I think its important not to have a School-linked Services entity but rather a collaborative composed of those invested, such as, District Superintendent, County office of Education, School Principals, par-ents, and service providers to develop a strategic plan for providing services linked to schools. This plan would include a budget for the services and funds would be distributed directly to the agency that provides the service thus be reimbursed for their services. Marin Community Foundation doesn't fund one entity but allows for costs incurred by the organization or agency that provides the service. While Santa Clara County doesn't have a Marin Community Foundation, we do have a Board of Supervisors, C.O.E. School District Superintendents and department heads to collaborate on a budget for providing services that are linked to schools and their community.

It is very difficult to condense my three week internship in Marin to just seven pages. Let me just add that I am truly grateful for my experiences and the people I met in Marin County.