

**TO CENTRALIZE OR REGIONALIZE SERVICES,
THAT IS THE QUESTION:
A CASE STUDY OF THE WEST MARIN SERVICES CENTER**

Kathy Young*

EXECUTIVE SUMMARY

To centralize or regionalize services is a continuing question among agencies facing budget cuts and the increased need for services in outlying areas. The County of Marin has successfully established and maintained a multi-service center in West Marin. This case study reviews the West Marin Services Center (WMSC). It is an integrated team approach for Social Services, Public Health Service, Child Protective Services, Adult Protective Services, In Home Support Services, Drug and Alcohol Services, and Mental Health Services.

CASE STUDY – WMSC

The participating agencies pay a pro-rated amount for the on-site manager, clerical support, building, and maintenance. A Social Services Program Manager I is the on-site manager and liaison to all the other co-located departments.

The Center does not provide a complete array of services. General Assistance, Employment Services, CalWORKs orientations, and District Attorney Child Support Services are not available. Some services it does provide are: Information and Referral; Food Stamps, Medi-Cal, CMSP and CalWORKs; Public Health Nursing – WIC, home health counseling, health assessments and education; Child Welfare and Adult Protective Services; psychotherapy, medications and consultation; Drug

and Alcohol Services – intervention, prevention, treatment.

WMSC is set up as a community center. When the staff room is not being used for a staff meeting or a break room, it is used for AA meetings, NA meetings, mental health group sessions, or other community meetings.

OBSERVATIONS

There are many reasons to establish regional centers, especially to make services accessible to the community. A concern is that it does not offer a full array of services. The WMSC is successful because of the sustained commitment and leadership from the top levels of county government.

RECOMMENDATIONS

Sonoma County residents in the remote areas of the county could benefit from having a regionalized service center. With the proper funding and partnerships, it is possible to establish regional centers. The recommendation would be to assign one person to liaise information. Until such a time as a physical center can be established, other avenues for serving remote areas should be considered, including electronic connections.

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BASSC Executive Development Training Program

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INTRODUCTION

To centralize or regionalize services is a continuing question among agencies facing budget cuts and the increased need for services in outlying areas.

Regionalized service delivery poses a number of fiscal and logistical challenges. Some of these challenges include cost, response time, location, client base, and efficiency. The County of Marin Department of Health and Human Services has successfully established and maintained a multi-service center in West Marin.

This case study is a review of the West Marin Services Center (WMSC). WMSC provides services to a rural, isolated stretch of communities in the western region of Marin County. It is an integrated team approach for Social Services, Public Health Service, Child Protective Services, Adult Protective Services, In Home Support Services, Drug and Alcohol Services, and Mental Health Services. Working together, these separate agencies are able to join together to better serve the needs of this diverse rural community. The center has become an integral part of the West Marin region it serves.

BACKGROUND

Currently, Sonoma County Human Services Department provides services to the community in a centralized environment, as all of the services and programs are located in the greater Santa Rosa area. It is difficult for clients living in the outlying areas to access services and comply with all of the

regulations and guidelines to meet program, eligibility, and participation criteria.

Providing services in a centralized environment is typically more cost-effective due to economies of scale in not having to duplicate staff or facilities. In today's current budget and political environment, it is difficult to consider a regional approach to service delivery. However it is prudent to keep re-evaluating mitigating factors such as the population, the changing environment, changes in the culture of the organization and new technologies.

Sonoma County is 1,575 square miles in area with a total population of 472,000. The population is concentrated along the Highway 101 corridor. The largest city and the county seat is Santa Rosa. Smaller but significant population centers include Healdsburg, Cotati, Rohnert Park, Petaluma, and Sonoma. Sonoma County contains very rural areas and isolated small towns and communities.

Marin County is 828 square miles in area and has a population of 247,289. The county seat is San Rafael, its major city, with other major population areas of Novato, Corte Madera, and Sausalito along the 101 corridor. Marin County contains large rural areas and isolated small towns and communities. In this way it is similar to Sonoma County.

Investigating WMSC's successful regional program is valuable because of the proximity and similarity of Sonoma and Marin Counties.

Marin is a liberal, affluent county with pockets of poverty, such as Marin City, parts of San Rafael, and the rural West County. Environmental issues and health issues are important to Marin County residents. The Health and Human Services Department has a good working relationship with their Board of Supervisors. The majority of Marin's workforce commutes because it is too expensive to live in the area. Child welfare caseloads are smaller here than in most California counties because of the size of Marin and the high cost of living.

CASE STUDY – WEST MARIN SERVICES CENTER

History

WMSC was established in 1972 when two mental health workers were assigned to meet with clients in this rural area. Since then the center has expanded to include: Information and Referral Services, Economic Assistance, Social Services, Drug and Alcohol Services, Public Health Nursing Services and Mental Health Services.

WMSC covers a population of 15,000 in the largest rural area of Marin County. Communities include Pt. Reyes Station, Woodacre, Dillon Beach, Tomales, Bolinas, and Stinson Beach. Approximately 20% of the population is Spanish-speaking. The atmosphere in the WMSC is relaxed, warm and friendly.

Marin County at one time had four regional centers. Three were closed because of budget cuts with WMSC being the only regional center still in operation. The primary reason WMSC survived is due to a member of the Board of Supervisors who listened to the community and fought to keep the center

open. This regional center is located in Pt. Reyes Station.

In considering out-stationing of staff, one factor is what the needs may be in the area. Although it is possible to track who is using services in the area, it is difficult to know who might use the service if it was available. The manager of WMSC previously worked in the San Rafael Canal District out-station. The San Rafael Canal District regional facility closed. However, when in operation, it received many referrals. For example, before opening the Canal center, an average of two referrals to Child Protective Services was made each month. When in full operation the referrals increased to 83 per month. When the center closed, referrals were reduced to four a month and now only an occasional referral is made. The manager stated that it makes a difference when you are a visible presence in the community. People came to trust the workers at the center and it became a part of the community.

Program Infrastructure

Marin County has found that several agencies can work together successfully when presented with a common goal and a structure for delivering services to the same clients in this community. The participating agencies pay a pro-rated amount for the on-site manager, clerical support, building, and maintenance. The pro-rated amount is based on the number of staff assigned to the center.

A Social Services Program Manager I is the on-site manager. This manager reports to a Program Manager II who resides at the main social services facility in San Rafael. However, this Program Manager I also is the liaison to all the other co-located departments. So, although he has a solid line on the organizational chart reporting to the

Social Services Department, he has many “dotted lines” reporting to other agencies. The line staff at WMSC report to the on-site manager for daily operations and to their parent agency for program direction. The on-site manager attends regular social services manager meetings.

The WMSC staff have created their own working culture in their Pt. Reyes Station regional office. One term that was consistently used was “over the hill.” “Over the hill” does not refer to one’s age, but to the main services facility that is “over the hill” in San Rafael. Center staff have a strong community identity. The on-site manager states that it took him ten years to be accepted as a “local.” He is in the local Kiwanis Club and chair of the Pt. Reyes Parade.

WMSC has enjoyed five years of steady funding, but the manager feels they are at a bare minimum operation now. Any further cuts would have a dramatic effect on their presence in the community and their ability to serve West Marin. The mental health staff at the facility are at a 90% production rate as most of their time is spent in direct client service. They are a training facility for mental health interns. Three to five interns are training at the center at any given time.

The manager and staff at WMSC had to form a common approach to clients and their needs. They established weekly meetings to compare names of clients to see if there was an overlap of services. The confidentiality issue is addressed in several ways. First, there are memoranda of understandings with the co-located agencies. Each worker signs an oath of confidentiality. And not all information is exchanged, especially mental health diagnoses. They do exchange mailing addresses, as well as basic and need-to-know information. Only

professional staff engage in a dialogue about individual services. Everyone is cognizant of confidentiality issues, especially in this small community.

The WMSC staff often re-assess and modify service delivery and center operations in order to address changes in work flow. Recently they changed the format of the weekly staff meetings to provide more information and increase professional interaction in providing client service. There is a respect for each others’ work. All staff meetings compare client names so they can provide the best service for the client. The 22 staff members work well with each other. Communication is easier with integrated staff.

The staff follow the policies and procedures of their respective departments. The clerical staff have created a desk manual for clerical positions. The center is renewing its medical records certification under HIPPA guidelines. They maintain double-locked files behind a locked door. There is limited access to these files. Mental Health clients have access to some medications because a licensed psychiatrist is at facility six hours each week.

Marin County eligibility staff conduct eligibility for Food Stamps, Non-Assistance Food Stamps, Medi-Cal, CalWORKS and CMSP. The center has SFIS (Statewide Fingerprint Imaging Services) and EBT (Electronic Benefit Transfer) capability, but cannot print paper Medi-Cal cards. Clients must go to the main facility for Medi-Cal cards.

The center does not provide a full array of services. General Assistance, Employment Services, CalWORKs orientations, and District Attorney - Child Support Services are not available in West Marin. The center is geographically deferred for Food Stamp Employment and Training (FSET).

Physical Layout

- Reception area
- Community room
- 3 Interview/therapy rooms – 1 with EBT/SFIS machine
- Office for Manager
- Office for Eligibility Worker III
- Storage area with double lock for HIPPA files
- Elevator
- Supply room
- A large U-shaped room with 11 staff desks (no clients are allowed upstairs)
- Central electrical equipment for computers and phone box is located in the staff bathroom

Staffing

- On-site Manager
- 2 Eligibility Workers (EW III and II, II is bilingual)
- Adult Protective Services Social Worker and IHSS
- 2 CPS Social Workers, one is bilingual, one does emergency response
- Mental Health provider 2 days a week
- Half time Psychologist
- Psychiatrist – 6 hours per week (for meds)
- 3-5 Interns to help with mental health case load
- 2 Public Health Nurses - one half time, one is bilingual – half-time public health, half-time with the Healthy Start Program
- Half-time Public Health Social Worker, who is bilingual
- Therapist two days a week from Catholic Charities who is bilingual
- Half-time Family Institute Alcohol and Drug Counselor
- Part-time Drug and Alcohol Counselor
- 1 Full-time Clerical support

- 1 Half-time bilingual Clerical support

Services

- Information and Referral
- Economic Assistance – Food Stamps, Medi-Cal, CMSP and CalWORKs
- Public Health Nursing – WIC, home health counseling, health assessments and education
- Social Services – Child Welfare and Adult Protective Services
- Mental Health Services – psychotherapy, medications and consultation
- Catholic Charities – bilingual (Spanish) therapist
- Drug and Alcohol Services – intervention, prevention, treatment

Key Elements

The primary element of this facility is an on-site manager that coordinates the center. He signs all worker requests for vacation and sick leave; he signs time sheets and time studies; and he completes yearly evaluations of the staff. He reviews all cases before assignment, and, if it is a difficult case, he works with the staff member and agencies that provide the most appropriate services for the client.

Strong leadership is required in this position. Adapting to community work involves patience, determination, and relationship-building. The leader must function as a cheerleader (creating and providing incentives), as an educator, motivator, negotiator, and sales person for both the staff and the center. He must practice persistence, perseverance, and patience.

Most importantly, the leader must clearly and constantly communicate with staff, agency managers, and the community. He maintains the partnerships between county divisions and creates links with local businesses, civic organizations, and community-based organizations (CBOs). He keeps an eye on the big picture and bridges gaps as necessary. The manager is responsible for staff development, facilitating consensus, and ensuring appropriate skills and competencies exist in an out-stationed environment.

Another key element is how the center fits into the community it serves. Workers believe they are making a difference in the lives of their clients. All staff does what it takes to serve the community, including providing back up at the front desk when necessary.

The staff culture is one of a more “laid back” and slower pace. There is a connection with the local Fire Department, Sheriff’s Department, West Marin Senior Service and all of the school services. Communication is easier when there is integrated staff.

Eligibility staff does both intake and continuing cases. This is one of the toughest assignments. The EW III has been at WMSC for many years and when she leaves there will be a big knowledge gap. She does Food Stamps, NAFS, CMSP, Medi-Cal, and CalWORKs.

Community Involvement

WMSC is set up as a community center. When the staff room is not being used for a staff meeting or a break room, it is used for 12-step (Alcoholics Anonymous or Narcotics Anonymous) group meetings, mental health group sessions, or other commu-

nity meetings. The on-site manager is on the Board of Directors for the Resource Center and Thrift Store. He is chair of the local parade and community barbeque. Staff are members of the local Chamber of Commerce, Kiwanis, and other community service organizations. They have worked hard to build trust with the community and support neighborhood leadership.

The Resource Center

Initially the Resource Center was started as part of the WMSC and staffed by the Volunteer Center. In the late 1980’s the Health and Human Services Department staffed the Resource Center and moved it to a separate location in the center of town. Lack of funding threatened to close the Resource Center. This resource is valuable to the regional center and local residents. The community came together to open a thrift store to fund the Resource Center.

The Resource Center has emergency food, volunteer recruitment, some clothes or vouchers for clothes, USDA food, and food programs for older members of the community, referral information, and helps to coordinate community events. Some community events include a Thanksgiving dinner, Christmas baskets of food and gifts, and even swimming lessons. It also has applications for the Lion’s Club Vision Care program.

The Resource Center and the Thrift store share a director. The director is also responsible for applying for appropriate grants.

The Thrift Store

Proceeds from the Thrift Store fund the Resource Center, one full time manager, and small contributions to the community such as materials for the

day care center and senior services. A voucher system has been established to provide clothing to low income individuals. It is staffed by volunteers. Requests for funds are taken to the Board of Directors of the Thrift Store.

OBSERVATIONS

As the site manager says, “It costs more money and provides better service.” The people make a difference in the success of the center and in improving the community. Some clients like using WMSC because of the convenience; others do not because they do not want people knowing their business.

Positive points for a regional center

- Entrenched in local culture and viewed as a local resource
- Easy access – local customer service
- Immediate service for certain programs
- Dedicated staff sensitive to the background and struggles of clients
- Community identity
- Relaxed non-bureaucratic environment
- Convenience for clients by housing many services in one location
- Culturally competent services and staffing
- Multi-agency commitment
- Slower pace, slower to change
- Increases community awareness and support
- Enhanced collaborative efforts
- Less drive time for clients
- Increased knowledge of the community by workers and better understanding of community service needs

Concerns

- Full array of services not available
- No employment services
- Staff can feel isolated from the main facility and programs
- Perceived as “outsider” to some main facility personnel or programs
- Phone system not up to date – no voice mail
- Cannot get EBT PIN number if anyone in the building is on the phone
- Computer systems not connected and old technology exists
- Slower pace – slower to change
- Consistency of information from main facility

CONCLUSIONS

The WMSC is successful because of the sustained commitment and leadership from the top levels of Marin County government. The on-site manager’s leadership in keeping the system responsive to community needs, and his ability to mobilize local participation is also vital to the center’s continued success. The staff, participants, and the community are active in supporting and promoting the center.

RECOMMENDATIONS

Sonoma County residents in the outlying areas of the county could benefit from having a regionalized service center. One needs the proper funding and resources available to set up a regional center. If Sonoma County moves forward to establish a regional center, the recommendation would be for one person to be assigned to liaise information. Until such a time as a physical center with co-located partners can be established, other avenues for serving remote areas should be considered, including electronic connections.

In order to establish a regional service center, a county should:

- Examine other regional centers such as West Marin to identify more comprehensively what works and what does not.
- Involve the community in designing the system.
- Partner with other departments, agencies, and CBOs to provide many services.
- Clearly define the leadership and organizational structure through memoranda of understanding.
- Examine confidentiality issues early and address in memoranda of understanding.
- Determine what measures will be used to evaluate outcomes of services provided and develop an easy method to obtain the information.
- Develop community resources and encourage local leadership to become an integral part of the community.
- Investigate and choose phone and computer systems that provide optimal integration of services between agencies and CBOs.
- Engage the local business community to become involved – provide employment services for resident job seekers and local businesses.
- Incorporate creative, innovative ideas in serving outlying areas, including automation alternatives or expanding web-based services.

New ways of thinking about government, communities, and service provision, along with an understanding of technical information and systems, is needed to improve programs and provide services in outlying regions.

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