

**COUNTY OF MARIN  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF COMMUNITY MENTAL HEALTH SERVICES**

**POLICY/PROCEDURE**

**NUMBER:** 206-07

**APPROVAL:** \_\_\_\_\_



**DATE FIRST ISSUED:** October 9, 2006

**EFFECTIVE DATE OF CURRENT REVISION:**

**TITLE:** **FAMILY PARTNERSHIP POLICY**

**Policy:**

It is the policy of Marin County Community Mental Health Services (CMHS) to include family member participation in the design, operations and governance of Marin's public mental health services and in the development and implementation of their family members' treatment services where permitted by law and the client or the client's legal representative (parent/legal guardian/conservator.)

**Purpose:**

The purpose of this policy is to:

- Encourage mental health staff to work inclusively with families in the care and treatment of their family member who is recovering from a mental illness
- Promote active partnership with the family, the client and the clinical staff
- Acknowledge that family includes support people, friends, partners and significant others
- Enable family inclusion and active partnership at all levels of mental health services, including design, operations and governance

**Background:**

*"People with serious mental illnesses are not ill in isolation. Their families and significant others, whatever they think about the illness, cannot escape being affected by it. The lives of people with serious mental illness are inextricably involved with the lives of those they love and care for, and the lives of those who love and care about them.*

*Beyond the immediate family are other relatives, friends, neighbors, and work-mates who may have a role in the life of the person and need, therefore, to be a part of the healing and maintenance programs" (Blueprint for Mental Health Services in New Zealand, Mental Health Commission, 1998, p. 9).*

*"Family strength can buffer the impact of illness on clients, and thus lessen the need for services" (Blueprint for Mental Health Services in New Zealand, Mental Health Commission, 1998, p. 10).*

*"Extensive research demonstrates that implementing family psycho-education in routine mental health settings dramatically improves the lives of people with severe mental illness" (Family Psycho education Evidence-Based Practices Implementation Resource Toolkit, Center for Mental Health Services, 2003).*

Recovery happens when: 1) people with mental illness and/or substance use issues take an active role in improving their lives, 2) when communities include people with mental illness and/or substance use issues, and 3) when treatment services can enable clients, their communities, and families to interact with each other.

Time spent as a user of mental health and/or substance use services is only a portion of a person's life and relates to the current need for treatment. In most cases, the majority of care and support for clients comes from those people in the community with whom they have close and lasting ties.

The mental health of clients and that of their family may be interdependent, in that the family is integral to the wellness of each family member and the health of the family depends on the wellness of its members.

Family may contribute a wealth of knowledge and experience for the treatment team to consider and utilize. Without this family input, staff may have limited resources for their decision-making processes and recovery could be less than optimal. Staff will discuss with clients the benefits of including family members in a client's care. The goal of these discussions should be the appropriate and, when possible, full involvement of family members in the client's care.

The extent to which family members are involved in adult client treatment and support is ultimately the decision of each client and subject to client authorization and consent. Staff must respect those wishes and otherwise comply with the relevant state and federal confidentiality statutes. However, should an adult client deny consent for release of information, family members, friends and community members are still encouraged to provide input to staff at any time.

#### **Family Partnership Standards:**

- Staff and family will endeavor to develop and maintain a positive, respectful and professional relationship with each other, based on open and honest communication.
- Staff will endeavor to value each family's specific cultural, emotional, physical, social and spiritual experience and needs.

- Staff will be available to listen to the concerns and issues which family have about their family member

#### **Procedures:**

##### **1. Client Privacy and Confidentiality**

- Staff will adhere to all state, federal and local confidentiality and privilege mandates that relate to individual client health care information and consent.
- Staff will respect and comply with clients' /client representatives' rights to withhold consent for staff to provide information about them to their family.
- Staff will encourage clients to involve family in their treatment and educate clients on the benefits of family collaboration with the treatment team.
- During each intake contact, staff will routinely ask clients/client representatives for written authorization/consent to include family in their treatment and notification in case of emergency.
- Staff will document the contact information of family members identified and approved by the client/client representative for contact.
- If a client authorizes a release of information for family member collaboration, staff will inform the family member that a copy of the release is available, should they want one.
- Staff will provide involved family members with information regarding the rules and regulations regarding HIPAA, client confidentiality and its impact on family involvement.
- If a client is adamant that no information is to be shared with family, this situation is revisited often. Staff will approach the client to reconsider whenever a family makes contact with the service and document those efforts in the client's medical record. If there are strong clinical considerations, which make it inappropriate for staff to approach clients to reconsider, staff will document those reasons.
- Staff will continue to provide family with support and general information about mental illness and/or substance abuse or dependence, its treatment and available resources even when clients refuse permission to disclose their protected health information.

##### **2. Family Privacy and Confidentiality**

- Staff will respect family privacy and confidentiality.
- Family may volunteer information to staff at any time without client consent. Such information should be clearly, respectfully and accurately recorded in the client's clinical record.
- Information expressly provided by family "in confidence" or of a nature that could pose a potential health or safety danger to either family or the client if disclosed to the client is to be highlighted and labeled **CONFIDENTIAL**. As provided by law, such information will be withheld if the client requests access to the record.

- Provide Constructive feedback on CMHS services and family partnership Practices

### **3. Family Support and Education**

- Staff will explain the CMHS partnership approach to family members.
- Staff will provide family with information about:
  - Mental health, illness and recovery.
  - Substance use disorders and recovery,
  - Treatment of mental illness including available treatment resources and the role of medication,
  - The role family can play in the path to recovery,
  - Family support and education services available from CMHS and other community providers.
- Staff will refer adult client family members to a Family Partner when indicated.

### **4. Family Involvement in Treatment and Recovery**

- With the consent of the client/client representative, staff will:
  - Orient family to the services their family member is using.
  - Consult family as appropriate and no less than four times per year throughout the treatment and recovery process, preferably on a face-to-face basis and wherever possible in planned meetings designed for this purpose.
- Where the client is a minor without consent capacity, parents/legal guardians of minor children shall be full participants in all aspects of their child's mental health service planning and delivery.

### **5. Family Involvement in Program Development and Governance**

- Family perspectives will be considered during mental health and substance use staff interview processes and, whenever possible, recruitment interview panels for staff will include a family member and/or family representative.
- Family representation will be obtained in any mental health or substance use project teams, advisory boards and committees, which generally relate to service delivery or program development/governance.

### **6. Training**

- Every CMHS new employee orientation will include an overview of the family partnership philosophy.
- All CMHS treatment staff will be required to participate on an annual basis in trainings in the philosophy and techniques of family partnership, which aim to educate staff on the benefits of family collaboration with the treatment team. Such

trainings are available from CMHS, Family Partners, and other community providers.

- All treatment staff will be required to attend the Thursday Night Family Support Meeting a minimum of two times/year.
- Youth and Family clinical co-located in offices with Family Partners. Family Partners regularly attend staff meetings and case conferences and work together daily. Additionally, YFS staff will be required to attend one formal presentation by Family Partners once a year.
- CMHS welcomes and encourages family representatives to:
  - Present information about their experience as a family impacted by a member with a mental disorder.
  - Provide constructive feedback on CMHS services and family partnership practices.

#### **7. Oversight and Accountability**

- The CMHS Quality Improvement Committee (QIC) is responsible for monitoring implementation of the Family Partnership policy and procedures and will biannually report findings to the Mental Health Director.
- Family partnership practices are considered essential and necessary skills of CMHS treatment staff.

Adapted from: *Blueprint for Mental Health Services in New Zealand. Mental Health Commission, 1998*