

## **Alameda County Supervisor Gail Steele Reports on the State of Children's Mental Health Services**

*Summarized by Thomas T. Thomas*

**Gail Steele** has been an Alameda County supervisor since 1992. Before that, she served on the Hayward City Council for eight years and was director of the Eden Youth Center. She is an advocate for children's mental health services and now serves as liaison between the Mental Health Advisory Board of Alameda County and the Board of Supervisors.

"Children's mental health services have been inadequate for a very long time," Steele told the American Schizophrenia Association membership at its March 23 meeting. "In the last few years there has been improvement through increased services, specifically in day treatment. The Board of Supervisors is certainly supportive of mental health issues in general."

Steele recounted her own long history of involvement in children's issues, going back to the early 1970s and programs by the League of Women Voters to push community involvement. Steele continues to feel that community participation, and especially knowledgeable involvement by parents, are the keys to enhancing the mental health services available for children.

Conditions are slowly improving in Alameda County. In the recent past, there were no mental hospital facilities for children under six in the county, and nothing for teenagers other than through the criminal justice system, which had to send them out of the county. Herrick Hospital provides some of these services, and Alameda County is now building a new facility for subacute care and three group homes on the Fairmont campus in a joint venture with Contra Costa County.

Alameda is also one of nine counties in California that have formed the Policy Academy. One of its goals is to blend various funding sources for children so that the money follows the child, not the program.

Even with a few measures like this Alameda County could be on the cutting edge of children's mental health services. Twenty-five years ago, there were some scattered providers of children's services but no system of care. Now the county has the beginnings of a system, including special classes and treatment programs in schools, out-of-home care, and day treatment services.

But the state's recent budget problems, especially the tax squeeze on school districts, are threatening to reverse these gains. Some schools are now wanting to bring children who have identified mental health needs back home and back into the mainstream classroom.

"The reality is that the state has taken \$97 million out of the county budget," Steele said, "and our kids are getting sicker."

She cited 300 children per day in emergency foster care and 300 in a Juvenile Hall so crowded that children have to sleep on the floor. In mental health services, case management is skimpy at best. Statistics are kept by hand, if at all. And the county served about the same number of children in 1993 as it did in 1988.

Now a new state law, with the best of intentions, mandates a fixed percentage of available money to treat learning-handicapped children. "That leaves even less money for suicidal and psychotic children," Steele said. "What do you do about a bright senior, a straight-A student, who wants to kill himself? He needs help, too."

Alameda County currently budgets about \$14 million for children's mental health services. The total number of children in the county is 304,000, but of that number only 43 children are in residential care; 195 are receiving day treatment; 1,912 get out-patient services; and only 432 are under case management.

"We're not serving that many kids for \$14 million," she said, explaining that care for the sickest children tends to be the most expensive. "Instead of delivering a system of preventive care, we're letting them fail and then go into the most restrictive care. Right now, we have no programs before a kid gets into Juvenile Hall, and nothing for him when he gets back out on the street. The more you can do at the front end, the less you have to do later on."

Steele openly expressed her frustrations with the situation. "We're not getting parents involved in planning—and we need them. We can't get volunteers as we could 30 years ago; everyone is too stressed and busy. And corporate contributions are not available as they once were."

She observed that a great deal of money is being spent, but not always in the right ways. "When I went to get my MBA, I discovered the university's archives. There I saw hundreds of studies, masses of data, but these academic findings aren't being translated to the street, where the problems are."

Steele noted that getting adequate hospital treatment is difficult enough for adults with mental health needs. "For children, it's even worse. They can't articulate their feelings and ideas. And they get caught up in horrendous confidentiality issues that, while well-meaning, obscure patterns of parental neglect and abuse."

Of the total spent in the county on mental health services, the supervisor noted that 18 percent goes to children. "The law says that should be about 25 percent," she said, "but where does the funding come from? Are you going to close all the adult halfway houses?"

"The county doesn't have the technical systems. It doesn't have the leadership. And it doesn't have a method of tracking children's needs from preschool all the way up to adulthood."

The good news, as noted above, is that the county Board of Supervisors does care. Most of its members have had personal experience with the system and are sympathetic to the plight of the mentally ill.

What Gail Steele sees as necessary, and is working toward, to begin correcting conditions in Alameda County, are:

- A breakdown of the county budget to show how much is being spent per child, and how much each school district is spending.
- A database of children on a city-by-city basis, showing numbers in the ethnic mix, numbers living at the poverty level, numbers receiving special education, and so forth.
- A series of meetings with representatives from every school district and with community-based organizations. A first target of these discussions would be out-of-home placement needs for children.
- A unified vision—involving input from county staff, schools, community advocates, and parents—to plan on how to structure services that will better meet children's needs. "And I'm not talking about meaningless 'Mission Statements' and 'Goals and Objectives,' which can get really tiring."

Steele allowed that she is beginning to see some rise in profile for children's services. "But we have so far to go," she said. "I'll be happy when the county chambers have 200 hundred people crowding into them—and the issue will be for kids."