

Free Services for Alameda County Mental Health Clients

Summarized by Thomas T. Thomas

Alameda County offers many services for its mental health clients. At our March 22 meeting, we heard from **Francesca Tenenbaum**, Director of Patients' Rights Advocacy Program for Alameda County, and **Tina Coker**, Director of the Mental Health Advocates Program for Alameda County.

Mental Health Advocates Program

"Our program has two parts," said Tina Coker of the Mental Health Advocates. "First is information referral for callers with questions about housing, emergency food, child custody, landlord-tenant disputes, and other legal problems. We have five advocates on staff who will answer the call, troubleshoot to make sure they understand the situation, and then make a referral for the client.



TINA COKER

"The second part is individual advocacy, with the goal of alleviating the stress clients can face when applying for benefits like Social Security, Supplemental Security Income [SSI], Medicare, Medi-Cal, and general assistance. We handle these clients on a drop-in basis weekdays from 10 to 4."

At the point of intake, Mental Health Advocates will determine whether the person is in the initial stages of application, is appealing a denial of benefits, or has progressed to the hearing stage. An advocate will be assigned to the client within one week of intake. "This is a representative who does an in-depth interview with the client and then can make appointments with Social Security, which also administers SSI and Medicare. The advocate can help with the application form and paperwork, help the client understand the process, and speak for the client," Coker said. Since many applications take six months or more and are sometimes turned down when first submitted, the advocate can help the client understand what happens next.

An important part of advocacy is helping the client establish a work record, which is important for Social Security, and reviewing medical records to establish the onset of a disabling illness, which is important for SSI and Medicare, and to help determine the level of impairment. The advocate does not, however, make the actual case for impairment—that's left up to the state analyst. "We have two advocates who have retired from the Social Security Administration," Coker said, "so they know the requirements."

The advocate can also arrange one-on-one interviews with the Alameda County eligibility analyst to help the client apply for general assistance. "General assistance is a loan that must be paid back," she explained. "SSI and Social Security

benefits are retroactive and are paid from the onset of illness or the date of application. Those benefits can be used to pay back the general assistance.”

The advocate will also follow through on every level of appeal until the individual case is closed and benefits are either provided or denied. Some cases also involve clients who are already receiving benefits but are trying to correct an under- or overpayment. Coker said the caseload varies in the Mental Health Advocates Program, because the nature of the individual clients’ situations can vary, but the average among the advocates is 25 to 35 cases at a time.

Mental Health Advocates can be reached at 510-835-5532. Their offices are at 954 60th Street, Suite 10, Oakland, California 94608.

Patients’ Rights Advocacy Program

“Patients’ rights advocacy is state mandated for every county in California under the Lanterman-Petris-Short [LPS] Act of 1967,” said Francesca Tenenbaum. LPS is part of the state Welfare and Institutions Code. “Our premise starts with the basic constitutional civil rights of every mental health patient to be treated the same as any other person. Everyone has a right to personal freedom except through due process.” Patients’ rights advocates monitor the due process involved with mental health treatment when people are put under an involuntary hold or given involuntary treatment.

The work of the Patients’ Rights Advocacy Program is to educate treatment staff and patients about these rights and to represent patients in hearings before a judge appointed by the superior court. These hearings are called when the hospital staff wants to extend the 72-hour hold under Section 5150 of the code to a 14-day hold under Section 5250. “Under these provisions,” she said, “people can only be held or given treatment involuntarily if they are judged a danger to themselves or others or are gravely disabled. Gravely disabled means they are unable to provide for their food, shelter, and clothing or keep alive in the community.”



FRANCESCA TENENBAUM

Tenenbaum explained that she and the eight other advocates in her program are there to represent the expressed interest of the patient. Doctors and the mental health treatment team are concerned with providing for the “best interests” of the patient. Tenenbaum noted that the advocate does not make an assessment of the patient’s need for treatment, which is up to the hearing officer to decide based on the criteria for an involuntary hold. The advocate merely represents what the patient says he or she wants. “It’s hard for people with a mental illness to be heard,” she said.

She explained that advocates in Alameda County are not trying to talk patients out of treatment. If the patient is released from the hold but still needs treatment, the advocate will discuss options for obtaining care. The advocate will explain the doctor’s treatment plan and ask, “How do you feel about that?” If the patient decides to stay for treatment, the advocate will work with the doctor to arrange it.

While the advocate cannot directly ask for family input, he or she can ask the patient if there's a family member and does the patient want that person involved. If not, there is a legal way for families to contact the hospital staff through California Assembly Bill 1424, which became effective in 2002 and provides a form for family members to present the patient's history and symptoms.

The advocate will read the patient's medical chart and history and help present information that may show the patient can take care of him- or herself. In the hearing before a judge, the hospital and medical team present their findings, and then the patient and advocate present their side. "We do not try to determine the need for treatment," Tenenbaum said, "only whether or not the patient meets the criteria for involuntary restraint and treatment."

She said that the advocates had found cases of neglect and abuse in the system. In one case, a trusting young man was involuntarily held because his roommate had called the police and then lied about the man's condition. The police believed the lie; the doctors did not take an adequate history; and no one contacted the family. The man was held without any condition of mental illness at all. "We've found three cases like this since January," Tenenbaum said.

The Patients' Rights Advocacy Program tracks both doctors and hospitals for trends in the use of involuntary hold and treatment. They can also help patients who want treatment but are being released before they are ready because of insurance policies, which is happening more often. "We can't stop it," she said, "but we know the people who have authority to stop it. We know who to call."

The Patients' Rights Advocacy Program has a toll-free number which answers with a taped message after office hours: 800-734-2504. This number is placed on a large-type sticker next to every pay phone in the county hospitals. "We use large type because people taken in on a 5150 often don't have their glasses with them," Tenenbaum said. The regular office number is 510-835-2505 and the program shares the office at 954 60th Street, Suite 10, in Oakland with the Mental Health Advocates.