

Currently Available Mental Health Services and How to Access Them

Summarized by Thomas T. Thomas

Tight budgets and funding shortages at the state and county level are causing local health departments to rearrange their treatment patterns and reconsider the levels of service they can offer residents. At our July 24 meeting **Stan Taubman**, Director of Management Services, Alameda County Behavioral Health Care Services, and **Manuel Velasco**, Adult Services Director, Berkeley Mental Health, described the programs that their agencies make available.

Taubman noted that the county organization recently changed its name when the Department of Mental Health and the Department of Alcohol and Drug Abuse were combined. This collaboration between the two programs is appropriate, he said, because many mental health clients are also substance abusers, and drug or alcohol use is often a cause of destabilization in their lives. The program works to place these clients in substance abuse programs, where appropriate. This has been difficult in the past because many treatment providers failed to distinguish between street drugs and psychotropic medications, banning all substance use.

Both the county's and the city's public programs are funded to serve people who do not have other resources to provide for their mental health care. Alameda County serves about 15,000 people per year, of whom 12,000 are adults. Berkeley serves about 1,600 clients, including 900 adults. There is, of course, overlap in patient population between the two, depending on the type of service received.

Alameda County's care programs have undergone a major realignment in the past year. Here are some of the new features:

- **Centralized access** began last March with an "intake unit" which screens all persons seeking service. The goal is to provide access on a priority basis to clients who need it most; to refer people accurately, so that substance abusers are not inadvertently treated as mental health admissions; and to assign every client to an outpatient service team.
- **Service teams** provide 24-hour, seven-day-a-week, over-the-phone crisis counseling. This arrangement, begun in May of this year, changes past practice in which staff members saw clients individually—and occasionally were unavailable because of workload demands or vacations. Although the client still has a primary contact, the teams provide backup and after-hours support. The teams are monitored for their effectiveness in reducing the frequency of client crises and increasing the stability of clients' living situations.
- **Pharmacy monitoring** will track where and how clients receive their medications. This system will avoid over- and undermedication and allow clients to obtain service at several locations in the county.

- **Managed care collaborations** among county services, the Alameda Medical Alliance, and Blue Cross of Alameda County will better define who has responsibility for which clients. The benefits should be better service for clients who may require special treatment. The county is also seeking to provide better *physical* care for its mental health clients.
- **Payment authorization** began in January and creates a single system of psychiatric hospitalization, paid for at the county level. The program reviews each hospitalization and creates a “quality profile,” so that the services offered will meet state requirements. Formerly separate private hospitals in Alameda County are now part of this system. One benefit is that the county’s service teams can begin working with the client from the day of admission to plan for his or her living situation upon discharge.

Because the county now handles all psychiatric hospitalizations, Manuel Velasco said, Berkeley Mental Health is responsible for outpatient services only. However, 56 percent of the city’s clients have been hospitalized within the past year; so one of the local program’s goals is to integrate the client back into the community.

Berkeley maintains a staff of 22 people, including four psychiatrists, who are integrated into two service teams with the city’s psychiatric social workers and counselors. If a client needs service, anyone on the team can provide it.

“Service teams is a concept that was piloted in Michigan,” Velasco said. “They have now been tried by many public agencies around the country.

“The arrangement does, however, require an active response from the client. He or she will not have the luxury of dealing with a single professional contact person.” Some clients are made uneasy, he said, if they have to communicate with more than one person. A single point of contact and understanding is more comfortable for them.

Like the county, the city has centralized its intake and disposition as a link to its new service teams. The program is still evaluating this function in terms of making speedier contact between the client and the mental health care provider and in gaining client access to medications and hospitalization, if necessary.

The big change in Berkeley Mental Health’s adult services is in the day treatment program. It is designed to serve mental health clients who are supported by many city agencies, not just those on MediCal. The program focuses on rehabilitation: the living, social, and interpersonal skills that will allow the client to stay in the community. It also tries to get clients in touch with support systems and identify the kinds of activities they want to participate in: volunteer service, full- or part-time work, or vocational training.

Also like the county, the city works collaboratively with managed care programs to provide better links to physical health services for its clients.

In addition to its adult programs, Berkeley Mental Health offers other types of services:

- **Court Program** works with adults who are referred for mental health treatment from the criminal justice system. The program offers counseling in domestic violence and substance abuse.
- **Family Services** works with families, young children, and the schools.

- **Mobile Crisis Team** responds to mental health crises in homes, on the streets, and in other public places seven days a week from 10:30 a.m. to 11 p.m.
- **Homeless Outreach Team** works with adolescent runaways to get them connected with services. It provides counseling for physical and sexual abuse.

After describing their programs, Taubman and Velasco answered questions from the audience on a variety of topics ranging from clarification of program details to the individual situations of our members and their families.