

The Spectrum of Services Available to Consumers in Alameda County

Summarized by Thomas T. Thomas

Alameda County offers a variety of services and support to people with mental disorders, but how do you find them? On July 24 we heard from two speakers who specialize in helping people make the most of the opportunities that are available.

Manuel Galindez is Consumer Assistance Specialist with Alameda County Behavioral Health Care Services (BHCS). As a recovered consumer himself, he helps others address their complaints and problems with services, and advises BHCS on planning for consumer needs. **Suzanne Gorham, MFT**, is Director of Case Management Services and the Supported Independent Living Program for Bay Area Community Services (BACS) and advises consumers on professional case management, housing, and support issues.



SUZANNE GORHAM, MFT



MANUEL GALINDEZ

Bay Area Community Services is a large, nonprofit group, Suzanne Gorham explained, and her program represents just one aspect of its services.

“Right now we have five case managers and a psychiatrist,” she said, “as well as eight supported living houses around the county—in Oakland, Castro Valley, Hayward, Union City, Pleasanton, and Livermore. We also have clients in other supported living situations.”

BACS also runs five Creative Living Centers (CLCs), which are day programs on the clubhouse model, where consumers can get a sense of home, belonging, and mutual support. These facilities are Towne House in Oakland, Four Bridges in Alameda, Hedco House in Hayward, South County in Fremont, and Valley CLC in Pleasanton.

Each of the four to six residents in the supported living houses, she explained, has his or her own bedroom and a set of keys. They share kitchen, bath, laundry facilities, and common living areas. They do their own shopping, cooking, and cleaning. A case manager comes in once a week to advise the resident individually on life and community skills and can help with meal planning, money management, and other aspects of independent living. The case manager is also on call with a pager in the event of a crisis.

In order to qualify for these facilities, a consumer must:

- Be diagnosed with a major mental illness, such a schizophrenia or bipolar disorder.
- Want to live independently and look forward to being in the community.
- Be taking his or her medications with a minimum of supervision.
- Be able to get to doctor and medical appointments and go shopping on his or her own.
- Stay clean and sober, with no drugs or alcohol. If a person has a history of substance abuse, that's not a disqualification, but he or she will have to sign a contract to obtain treatment.
- Get along with others in the house, with no violence.
- Be in some kind of structured activity at least 20 hours a week. This can be school, work, or volunteering. The case manager will help plan and set up this activity. The idea is that the residents should not be sitting in the house all day.

“Because the case manager is not there every minute,” Gorham said, “we don't handle or dispense the consumer's medications. But we will help the client establish a medication log, and often other residents will volunteer to observe and note when medications are taken. They also look out for each other. For example, if someone hasn't come out of the room for a few days, the other residents will try to help him or her get back on track.”

Four of BACS's supported living houses are transitional, where the residents stay 18 to 24 months before moving to other, perhaps less structured environments. The other four houses are permanent, where the resident can stay indefinitely. Regardless of the person's situation, BACS provides case management services for as long as they are required. The only other program like this in the county is Bonita House, and that's for people with dual diagnosis and has a two-year transitional time limit.

Gorham announced that her program recently received a grant under the Supported Housing Initiative Act (SHIA), which will enable them to expand into other subsidized living situations and provide more beds in the county.

At this point, she accepted questions from our members.

What is your priority system for taking new residents?

First, they must live in Alameda County and be 18 years or older. They must have a referral from a licensed social worker, therapist, or psychiatrist. And they should be a Medi-Cal client, because that is our billing procedure.

Client referrals come from several sources, such as Berkeley Mental Health or Alameda County Access, which is the gatekeeper of Medi-Cal dollars for the county and makes referrals based on the consumer's service level. BACS is a Level 1 service team, which means we are assertive, take on high-priority clients, and are willing to serve the indigent.

Are all your residents on Supplemental Security Income (SSI)? And can they have other health insurance?

About 95% are supported through SSI, and about a third of the consumer's monthly \$730 payment goes for rent. Different houses have different supplemental funding sources as well, such as the U.S. Department of Housing

and Urban Development or Section 8. The subsidized housing cost, with utilities, is \$380.

As noted above, most clients are on Medi-Cal, but they may have other health insurance, too. BACS has also learned that people with no insurance can sometimes get their medications free of charge from some pharmaceutical companies through their own community support programs.

What is your screening process for potential residents?

Gorham keeps a waiting list, which may be several years long—although recently an opening in Livermore went unfilled for three months. When an opening does occur, she calls the client and his or her referral service. As a first step, the case manager interviews the person to determine what he or she is looking for, what the person can do, and what he or she wants to do. Next, the case manager talks to the referral source and sometimes with family members, if appropriate. Then, if the situation looks good, the client comes to a house meeting to get a feel for the other residents.

Have you experienced the NIMBY (“not in my back yard”) effect in setting up these houses?

There were some difficulties when we first moved into certain neighborhoods. BACS addressed them with door-to-door canvassing and personal contact. But there have been no problems or complaints once the houses were established.

Can you obtain employment for consumers?

Yes, but not directly as part of the Supported Independent Living Program. Through its other programs, BACS has an employment service that can help consumers get jobs.

* * *

Manuel Galindez opened by speaking in favor of programs like Gorham’s. “I am a diagnosed paranoid schizophrenic,” he said. “It’s important to recovery to have a community, a single room for yourself, nice furniture, a garden area, a feeling of safety and that you can live well.”

He said that he had good experiences at BACS’s Towne House in Oakland. “We had work to do—accounting, ground work, things that support the program, not just busywork.

“When you look at your family member, you may think this is what he or she will be like for the rest of his or her life. But that’s not true. I was the sickest person at Gladman, but that did not mean I wasn’t going to get better.”

In his work as a Consumer Assistance Specialist, Galindez now monitors medical information requests, prepares reports for the county, meets with clients to receive their complaints, and gets the client together with the service provider to try to find solutions.

Consumer complaints can range from simple dissatisfaction—“I don’t like so-and-so. He doesn’t treat me right.”—to issues about treatment outcomes, confidentiality, abuse, and patient and legal rights. It is a principle of service, Galindez said, that the client has a right to choice in his or her treatment.

“Right now, we’re going through a crisis with Medi-Cal,” he said, “because Alameda County Access is changing the provider list. That means consumers may have to change from someone they trust and feel comfortable with to a new

provider.” This sort of thing happens every couple of years, Galindez said; most recently with Kaiser dropping the Alliance for Mental Health.

One of the major complaints he hears is the difficulty in getting a case manager. To qualify, Galindez said, you must have a severe mental illness, have been recently hospitalized and be at risk for going back, and you need to have cost the county at least \$20,000 in services.

It’s generally true, he said, that the most ill clients get the most services. As an aside, he observed that paranoid schizophrenia is the worst illness, but people with that diagnosis have the greatest chance of improvement and future employment.

When asked about the notorious difficulty in getting patients to take their medications, Galindez offered this insight: “Eventually, you get sick and tired of being sick and tired. When you’re ready to be helped, then you’ll accept your medications.”