



An Association of
Non-Profit Service Providers

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A Better Way

Ann Martin Children's Center

*Asian Community
Mental Health*

*Asian Pacific
Psychological Services*

Bay Area Community Services

Bay Area Youth Centers

*Building Opportunities
for Self Sufficiency*

Berkeley Place

Bonita House Inc.

Center for Independent Living

*Crisis Support Services
of Alameda County*

East Bay Agency for Children

*East Bay Community
Recovery Project*

Fred Finch Youth Center

*Jewish Family & Children's
Services of the East Bay*

La Clinica de la Raza

La Familia Counseling Service

Lincoln Child Center

*Mental Health Association
of Alameda County*

*Native American
Health Center*

Parental Stress Service Inc.

*Peers Envisioning and
Engaging in Recovery Service*

Seneca Center

Thunder Road

Xanthos

Executive Summary

March 2005

ACCMHA Position Paper on the Mental Health Services Act

The commitment to *transform* the California public mental health care delivery system is a key element of the recently passed Mental Health Services Act. The Council is prepared to facilitate this change in Alameda County by offering the input and expertise of its 24 member agencies. The following recommendations collectively represent a long history of community-based mental health care in Alameda County as well as a broad spectrum of mental health concerns.

The County's Department of Behavioral Health Care Services has historically benefited from collaborating with both the provider and the client community to carry out its mission. The Council wishes to build upon this strong relationship as we approach the implementation of the MHSA in the Alameda County.

The Council views the Prevention and Early Intervention component of the MHSA - to which twenty percent of the Act's resources will be allocated - as a significant opportunity to build a system that focuses on early identification of mental illness. Accordingly, the Council urges the County to also start planning for this important aspect of the legislation in addition to the initial focus on service delivery for seriously emotionally disturbed (SED) children and severely mentally ill (SMI) adults.

System-wide Recommendations

The Council proposes that MHSA stakeholders work towards creating a system that provides:

- **Services for clients in their own homes and communities** (consistent with the values and goals of the *Olmstead* decision) that promote self-determination for all age groups.
- **Ready access to voluntary, non-institutional services** that incorporate consumers and family members as full partners.
- **A continuum of care that will contribute towards recovery** (in lieu of clients recycling through the system when they "fail") and includes services that address short, intermediate, and long-term mental health needs.

These recommendations should be implemented drawing on pooled funding sources, rather than the current practice of looking at services in the context of "siloed" funding streams.

Cultural Competency and Workforce Development

The increasingly diverse communities of Alameda County face considerable barriers to the provision of competency mental health care services, including the lack of access and an insufficiently diverse workforce. Recommendations to overcome these barriers include:

- **Strengthen and expand culturally appropriate services** offered by specialized providers.

- **Integrate primary care sites into the mental health care delivery system**, particularly as a way to reach underserved communities.
- **Develop admissions criteria that allow for cultural differences** in the expression of signs and symptoms of illness and distress.
- **Expand the definition of cultural competence beyond ethnic references** to include specialized services for the developmentally and physically disabled (including the deaf and blind), and gay, lesbian and transgender communities.
- **Develop a mental health-training institute** with an emphasis on recruiting from local underserved communities.
- **Collaborate with DMH to allow provider agencies to hire paraprofessional practitioners** drawn from client communities. These paraprofessional staff could be credentialed by agencies with specialties in serving particular populations.
- **Provide an allocation to non-profit contracted providers for required training.**

Community Services and Support – Children and Transition Age Youth

With the support of MHSA funding, the Council envisions a transformation of the children’s system to offer assessment and treatment services “on demand” to those in need, without involving consumers and families in complex funding arrangements for those services. Recommendations in this area include:

- **Provide a single phone number that professionals** (teachers, law enforcement, et al.) could use to request a screening, and distinct phone numbers with special linguistic capacity for different populations and communities.
- **Train teachers how to identify students at risk** of suicide and other serious emotional issues.
- **Train law enforcement and probation officers** how to improve outcomes for youth via enhanced screening and referral protocols.
- **Include Early Periodic Screening, Diagnosis, and Treatment funding** for adult residential treatment/social rehabilitation facilities designed to address the service needs of 18- to 24-year-olds.
- **Introduce programs that provide a place to live up to age 21**, along with a broad array of treatment and support services.
- **Make transitional mental health services available to older SED youth** who are not reclassified as SMI after they turn 18.
- **Address the needs of teens and young adults with co-occurring mental health and substance abuse disorders.**

Community Support and Services – Adults

The mental health system for adults does not currently have the capacity to provide the range of services typically required for the duration of a mental health crisis. There are few, if any, crisis intervention services offered outside of institutional settings (i.e., in community based settings) and a dearth of alternatives to institutional care. The MHSA provides Alameda County with an once-in-a-lifetime opportunity to address these gaps

and transform its adult system with the following recommendations:

- **Prompt implementation of the AB 34/2034 program** model and development of community based treatment services needed once people are enrolled.
- **Crisis services that provide on-site, culturally/linguistically competent assessment** and stabilization services (including transportation) and are available to all residents of Alameda County.
- **Service team resources to stabilize adults discharged from acute inpatient settings** who may not reach the \$20,000/year hospital cost threshold (but typically become high-frequency users of psychiatric emergency services).
- **Specialized mental health services for SMI adults** with developmental and physical disabilities, including hearing and vision impairment.
- **Partnerships with non-profit housing developers** to provide on-site voluntary supportive services for adults with psychiatric disabilities.

Community Support and Services – Older Adults

Currently there is no system of care for older adults in Alameda County. As a place to start, the Council urges BHCS to adopt the *Older Adult System of Care Framework* developed by the California Mental Health Directors Association (CMHDA) in 2001. In addition, we recommend:

- **Integration of the adult and older adult systems** so there is no “aging out” of services and support.
- **Community outreach and education to increase awareness** of the symptoms of mental illness in older adults.
- **Integrated mental health and substance abuse treatment services.**

Capital and Technology

- **Link the County’s information technology systems** with contracted providers’ existing databases to eliminate duplicative entries of client data and to achieve other benefits of coordinated IT systems.

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