SPEAKER NOTES

Update on Programs Submitted by Three Agencies Under the Mental Health Services Act, Proposition 63

Summarized by Thomas T. Thomas

After many planning meetings and a lot of hard work by NAMI East Bay members to make their priorities known, the Alameda County Behavioral Health, Berkeley-Albany Mental Health, and Contra Costa Mental Health service agencies have submitted their plans recommending new programs under Proposition 63, the Mental Health Services Act, which passed last fall. At our November 16 meeting, we heard about these plans. We also got the latest update on the Medicare Part D drug insurance program that takes effect January 1.

Representing the City of Berkeley's Health and Human Services Department was **Kathy Kramer,** Mental Health Program Supervisor. Other representatives from Alameda County and Contra Costa County were unavailable, but NAMI East Bay Co-Presidents **Vivian Jackson** and **Liz Rebensdorf** reported on the planning process as they had participated in and observed it, and NAMI member **Margot Dashiell** reported on her efforts as a volunteer with the Alameda County Family Coalition, which was formed to advise on planning for the Proposition 63 programs.

SPEAKERS AT THE NOVEMBER 16 MEETING INCLUDED (FROM LEFT) MARGOT DASHIELL, LIZ REBENSDORF, KATHY CRAMER FROM BERKELEY-ALBANY MENTAL HEALTH, AND VIVIAN JACKSON.

Rebensdorf opened by saying that since Proposition 63, which taxes people with incomes of more than $1 million to provide additional mental health services, passed last November, $11 million has been earmarked for Alameda County, and various county stakeholder groups have been meeting intensively to identify needs and programs. The result is a 240-page draft proposal that will go to public hearings on December 12 and 13 in Livermore, San Leandro, Oakland, and Fremont. After the hearings, the Alameda County proposal will be presented to the state, along with proposals from the 57 other California counties and the two cities—one of them Berkeley—that have their own public mental health services. These plans all focus on community services and support; other uses of the Prop 63 funds include capital facilities, workforce development, and similar functions.

Kathy Cramer said that each county and each of the two cities was initially allocated $250,000 for services, and then considerations of size and population were applied to apportion the remaining funds fairly. In the unique situation involving Berkeley in Alameda County, this led to a disagreement. From Berkeley's point of view, to take care of its share of the population within the county, it deserved $850,000 in addition to the $250,000, for a total allocation of $1.1 million. From the county's viewpoint, Berkeley deserved only the basic $250,000, and the county would be responsible for the rest. This led to the Berkeley plan proposing two sets of recommendations: one with a $250,000 budget, and the other with $1.1 million.

The Berkeley programs address as priority issues homelessness, lack of access to services or insufficient services, frequent hospitalization, incarceration, inability to manage independence, isolation, school failure, and lack of ethnic staff or staff with language ability. It identifies as unserved populations Asians and Latinos of all ages, transition age youth (TAY, defined as patients age 16 to 25), and adults over 65. The accompanying table identifies Berkeley's proposed programs under both the $1.1 million and $250,000 plans.

Berkeley/Albany MHSA Program Recommendations

Program Description	Under $1.1 Million Plan	Under $250,000 Plan
Full Service Partnership Programs		
Children's Wrap Around Services	$150,000	Not Included
Expansion of AB 2034[1] Program	$400,000	Not Included
System Development & Outreach and Engagement		
Multicultural Outreach Coordination	$165,043	$64,141
TAY[2] Resource Specialist	$123,347	$62,516
Wellness, Recovery, and Resilience Program	$261,541	$123,343

1. Assembly Bill 2034 provides integrated services for the homeless mentally ill.
2. Transition age youth.

The planning process in Berkeley was conducted by a steering committee and included 67 different meetings inviting input from various groups and collaboratives, including mental health consumers and their families. The city also sent out surveys that were translated into Spanish and Chinese.

"The state's requirements for the planning process were contained in a 62-page document," Cramer said. "To some extent, this was planning while doing. The weakness in our process was that we had less family representation than in the rest of Alameda County, but we had strong consumer involvement and strong advocacy for children and transition age youth."

Berkeley's first category of recommended programs was "full service partnerships," which are designed to offer the individual consumer a full range of services based on Assembly Bill 2034, which requires integrated services for the homeless mentally ill on a "do whatever it takes" basis. That means meeting the consumers wherever they are and offering them food, a night in a motel, clean laundry, or whatever else is required to build a relationship that will encourage them to join the program. "These are costly programs," Cramer said. "They might accommodate 20 to 30 or up to 100 consumers a year, and the least expensive

might cost $12,000 per client up to $30,000. But they are also effective programs for the people who need them."

Full service partnerships also take up half of Alameda County's planned allocation, or $5.5 million, while the other half is for broader services.

Cramer said that the State of California would like to see full service partnerships become the way mental health services are offered. However, in order to expand this model to accommodate family members, they must focus not only on the homeless but also on people who are at risk of becoming homeless, including people who would be homeless if it were not for their families.

The city decided not to include full service partnerships in the lesser budget, based on the $250,000 allocation, because these programs require staffing on a 24/7 basis, and it is not practical to provide that kind of support at this lower funding level.

Berkeley also wanted to provide more services for children. The state has assumed that 8.6% of the population is living at 200% of the poverty level and that children in this situation may have mental problems. Berkeley's data show that all of these children are being served, but advocates in the school system say that children are falling through the cracks, especially children in non-English-speaking families. This is despite the provisions of Assembly Bill 3632, the Special Education Pupils Program. In this situation, the city chose to focus on services to transition age youth as being practical to provide at either funding level.

The city also recommended increasing the number of counselors and liaison support for wellness and recovery programs at both funding levels. This included $11,000 for stipends that would help people get to meetings by paying for their bus fare, child care, and other costs that might be keeping them from being more involved in the system.

Cramer noted that the types of service generally provided by Berkeley and Alameda County differed. The city provides outpatient services through two clinics—one for children, the other for adults—and a Mobile Crisis Center. Meanwhile, the county provides inpatient services such as hospitalization, out-of-home care, and fee-for-service programs like Medi-Cal.

Margot Dashiell said that the Mental Health Services Act specifically provided for input from families and consumers but established no mechanism to promote this. So the Alameda County Family Coalition came together from different cities in the county to discuss issues relevant to them, like crisis management, housing and board-and-care facilities, and treatment as an alternative to jail. "Our strength was that we had each other, and the state supported our involvement," Dashiell said.

Liz Rebensdorf noted that, among consumers represented in the planning discussions, few understood the importance of a good board-and-care facility. And so the family members were able to raise this issue.

Dashiell said that both the stakeholders and the county endorsed:

- A family education center, budgeted at $100,000, with a team of caseworkers who could guide people with questions such as "What do we do if a family member is about to be released but is not yet stable?"

- Someone in the criminal justice system who can identify people in court who have mental health issues and work to provide them with treatment instead of sentencing. "Although we couldn't get approval of a release program or an advice hotline," Dashiell said.
- Approaches to supported housing, including improvements in the board-and-care system, with outreach to residents to provide them with activities, working with owners to improve their facilities, and working on the nutrition of residents, so that their diet was not all starch.
- Trying to get mental health practitioners to use family members as a resource.

Rebensdorf said that in one of the housing meetings, the president of the board-and-care association had said he felt isolated. He said they needed continuing education of board-and-care workers and incentives for owners to make physical improvements.

Other recommendations were to provide more mental health services in the southern part of Alameda County—in cities like Union City and Fremont—which were poorly represented; and to provide more services for non-English-speaking people.

Vivian Jackson reported on her contact with Contra Costa County. There, the recommendations focused on mental illness among the homeless and transition age youth. The homeless programs start in the western part of the county, because 47% of the county's homeless are in Richmond, whereas programs for children start in the eastern part, Brentwood and Oakley, where many families live at 300% of the poverty level. Housing was number one on the Contra Costa County priority list, including transitional housing, emergency housing, and long-term options.

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On the topic of the Medicare Part D drug program, which is now mandatory for all mental health patients who qualify for dual eligibility under Medicare and Medi-Cal, no official spokesperson from either the Social Security Administration, which manages Medicare eligibility, or the California Department of Health Services, which manages Medi-Cal eligibility, was available to address us.

One member said that, when asked about eligibility and plan assignments, Social Security was referring people to the State, as Medi-Cal eligibility appears to be the controlling factor. Another member said that people being treated in the Berkeley Mental Health programs had already been assigned to their privatized drug plans.

A third member said that mental health advocates have filed a California lawsuit challenging the appropriateness of imposing so complicated and arbitrary a program change on mental health consumers. However, the plan assignments will still go ahead and patients will be served under their new plans as of January 1.

It was generally considered a good idea to stock up with at least three months' worth of necessary medications to carry patients over the transitional period.