

## Specialized Services for Specific Age Groups in Alameda County

*Summarized by Thomas T. Thomas*

Young people and transitional age youth (TAY) as well as older people present special concerns in the treatment of mental illness. At our September 24 meeting, we heard about the programs in our community from **Michelle Burns**, Director, Transitional Age Youth Programs, for people ages 16 to 24 in Alameda County; and from **Clint Nix**, Director, Older Adult Programs. Both positions were created under, and their programs are funded by, the Mental Health Services Act that was established by Proposition 63 in 2004.

### Older Adult Programs

Clint Nix said that he was a licensed clinical social worker who has been involved with mental health services for 20 years, “since I was three months out of high school.” He has worked in Alameda County Behavioral Health Care Services as a clinician helping families in crisis, then on the criminal justice mental health team at Santa Rita Jail, and in the emergency room at John George Psychiatric Pavilion, and now as a program administrator working with older adults.



CLINT NIX

At John George, Nix said, he found older adults who were not thriving, not getting what they needed, but could not articulate for themselves, perhaps because of mental impairments and dementia, and needed a fuller assessment. “I had to look for creative ways to engage those who were part of the establishment and look for alternatives to get these people the treatment they needed. When Proposition 63 came up, I tried to educate people about it and why we needed it. I had no idea it would lead to positions like Michelle’s and mine, but I knew it was important.”

Since being promoted to his position, Nix has started a group of coordinators for older adult services in other counties. Although Alameda County’s services for older adults appear to be limited, many counties have nothing at all. Alameda County has a single point of intake called ACCESS (800-491-9099) that leads to Level 3 service providers including community-based doctors, psychologists, and licensed clinicians who take referrals to get people the services they need. One of Nix’s roles is to work with ACCESS to identify members of the network who have competency around older adult issues.

“In a perfect world,” he said, “we would be going out and assessing people in their homes, because it’s difficult for everyone to get to a clinic and keep an appointment and jump through all the hoops. People at sixty, seventy, eighty may have mobility issues, cognitive impairments, maybe don’t drive, and it becomes

even more difficult. I'm hoping to develop the capacity to meet with older adults where they're at, whether that's a senior center, a care facility, or their homes."

Nix said that our society is moving away from institutionalization towards community-based treatment. "But we still do need institutions, and we need them to work in a responsive way for older adults who have specific issues." Alameda County has acute mental health hospitals at Fremont Hospital in Fremont, John George in San Leandro, and Herrick Hospital in Berkeley, which also has some geriatric expertise within the acute setting. He said the elderly often have multiple existing medical conditions apart from psychiatric symptoms. "We're never going to do good treatment until we start treating the whole person," he said.

Alameda County also has sub-acute facilities, run by the Telecare Corporation, at Villa Fairmont on the Fairmont Hospital campus in San Leandro and Gladman Mental Health in Oakland. These are locked facilities for adults. The Morton Baker facility in Hayward is for older adults who may not need that level of continuing care but still may not be ready to return home. Other counties do not have this type of facility.

At the next level of service are multiple-service teams in the county, as well as county-run centers and community-based organizations. Nix is looking to help equip these services to meet the needs of older adults.

"There's a myth in our time," he said, "that certain deficits come with age. But mental health, mental acuity, and the ability to feel well—not be less active or become depressed—should not decline just because we are aging. People should not give themselves permission to decline."

In addition to the service teams, Nix said, the county runs a program called STAGES which provides case management to 30 to 40 clients, allowing them to stay in their homes for extended periods of time and avoid institutionalization. This is better for the individual and less costly for the taxpayer.

New programs for seniors provided under the Mental Health Services Act include funding for Bay Area Community Services (BACS) to provide home-delivered meals, money management services, and services at senior centers. BACS is also under contract to run a program that has 30 slots to work with hard-core homeless older adults. "This is for people who have been under the radar and are resistant to services," he said. "BACS populated this contract in less than a year just from the northern part of the county. So I now wonder if 30 slots are enough.

"If we don't provide services to these people, they're going to die. Research indicates that people with severe and persistent mental illness die on average 25 years before someone who doesn't. That really brings the urgency of the situation to life."

The City of Fremont has also been provided money to supply in-home health care services in the southern part of the county.

In the area of prevention and early intervention, Nix is forming a small team, including a nurse practitioner or physician's assistant, to work with licensed clinicians on older adult psychiatric and mental health issues. The primary focus will be emergency rooms to assess older adults admitted for medical problems and provide social support and short-term treatment for them. The team will also identify skilled nursing facilities willing to work with older adults who have psychiatric conditions and establish solid relationships with them.

Another goal is to place mental health consultants in primary care sites. They will help the staff learn to recognize mental health conditions, use simple diagnostic tools, and make referrals. “There’s a big push now on the federal level to integrate mental health care and screening into primary care facilities,” he said.

“We need to get people working together. Care needs to include the consumer and the family members. Avoiding institutionalization and improving the quality of life are two of our primary goals. I’m trying to put older adult issues on the radar in all of these initiatives.”

### **Transitional Age Youth Programs**

Michelle Burns said that she had been a nurse practitioner working with adolescents and young adults for a long time. “It’s the age that I most connect with.” She started working in a medical facility in Massachusetts treating young women who were HIV infected from contact with Georges Bank fishermen who had lost their livelihood when the banks were fished out and turned to smuggling and using drugs. That introduced Burns to working with young people and funding adolescent health services. She later worked at a clinic on Boston Common providing primary care and mental health services to young people, and then she came to California.



*MICHELLE BURNS*

Burns directed the Berkeley High School health center and from there she transitioned to a job with the county to increase funding for children’s mental health. At the time, children’s funding represented only 17% of the budget while children represented 40% of the clients. She worked through a program under Medi-Cal to provide mental health care for any problems that could be prevented or ameliorated—which avoided issues of diagnosis in adolescence—for clients up to age 21.

The Mental Health Services Act tries to define appropriate services for transition age youth ages 16 to 24. “The most important thing that Prop 63 did,” she said, “was require that services be appropriate and meaningful to the client. We were able to plan what services would be respectful of young people. They are extremely sharp and critical about what they need. We have a chance to develop services for them over the next five years—now what should they look like?”

One of the most important needs is for housing, Burns said. For young people with mental illness it is almost impossible to find rental housing. However, there are also a lot of young people who are not ready to live alone in an apartment without supervision.

Right now, to obtain treatment, a young person must be severely mentally ill or emotionally disturbed—a diagnosis of severe depression, schizophrenia, or bipolar disease—and Burns would like to see the development of a broader continuum of treatment.

“Most people have their first psychotic break in their teens,” she said. “Programs in places like Norway and Australia have shown that if you can identify young people who begin to have psychotic symptoms early and get them into

treatment, you can prevent subsequent psychotic breaks. For each subsequent break, it becomes harder and harder for that young person to come up to their original potential. If you can prevent a second break, they have a much better chance of going on and living an independent life. This is the most hopeful thing I've heard in a long time."

The Transition Age Youth program that Burns heads will have two parts. One is a family psycho-educational component that will work with parents to thoroughly understand the illness their son or daughter has, so they can recognize it early. Another is a community component to educate teachers, coaches, ministers, and others who work with young people, so that they can hear and understand when a young person admits to having mental problems. "A lot of time young people keep it to themselves," she said, "because of stigma and fear that the condition will last for their lifetime."

Next there will be a rigorous treatment component, with family peer support groups and understanding of the psychotic process, so that they can work with the young person and avoid hospitalization and outpatient treatment for life.

"Diagnosis is not destiny," Burns said. "There are young people who can reach an independent potential. It may not be everything you hoped for, but they can develop some independence and a life of their own with meaningful occupation to earn a living."

She noted that Chabot and Laney colleges in Alameda County had developed programs for young people with disabilities. The Transition Independent Program (TIP), contracted through the City of Berkeley, works with young people to provide case management, develop a trusting relationship, and plan for future career opportunities by taking small steps. Another program, STARS in San Leandro, is developing various therapies—cognitive, behavioral, dialectical, mediation, and yoga therapies—for young people. A third program, STAY, provides support for children in foster care that stays with them through the adolescent years.

"There are lots of services for youth in the county that are not connected. We have just begun to map these programs," Michelle Burns said. She noted that she was starting a parent advisory group and was interested in working with people who wanted to change the system. "This is the first time I have known that we can start programs for young people without having to fight tooth and nail. We need to expand that to all transition age youth who are having problems, and the only way to do that is through advocacy."