

**NAMI San Mateo County (NAMI-SMC) White (Position) Paper on  
Implementation of MHSA(Mental Health Service Act, Prop 63) in San Mateo  
County January 2005  
Statement on Adult Mental Health System**

**Population to be Served**

As we collectively evaluate the San Mateo County Mental Health System in anticipation of implementing the Mental Health Services Act (MHSA), we feel it is important to recognize that there are two primary groups of mentally ill citizens who are often distinctly different in their needs and advocacy. NAMI members and other advocates frequently speak on behalf of the seriously mentally ill, who, in many cases, cannot speak for themselves. Mental health consumer advocates, who are typically further along in the recovery process, speak in support of regaining personal control, placing a higher priority on rights and opportunities to improve quality of life [ref 6]. NAMI-SMC advocates both for those who are more seriously disabled while also supporting those farther along in their recovery.

The seriously mentally ill adult population includes citizens of San Mateo County regardless of where they are residing, which may be in institutions, community residential settings, with families, in the criminal justice system, or, in the case of homeless persons, with no fixed place of residence. Individuals who have a dual diagnosis of serious mental illness and substance abuse or developmental disabilities are included [ref 1]. In addition, NAMI-SMC would like to see an effort on the part of San Mateo County to negotiate with private health care plans to include in the system of care people who have private health care. This is critical for transition age youth or individuals having an initial break of serious mental illness in order to prevent long term serious disabilities.

**Priorities for Programs and Services**

No one with serious mental illness who seeks and/or needs care should be denied access to high quality, tailored mental health services at the time they are seeking services [ref 2]. It is more humane and cost effective to provide access to the mental health system and administer preventative treatment so individuals may avoid becoming seriously disabled by their illness.

For persons who are so seriously impaired in their decision-making capacity that they are unable to understand that they are ill, an externally reasoned treatment approach may be appropriate and necessary for their well-being [ref 4]. Available services should include, but not be limited to, hospitalization and assertive and compassionate outpatient treatment.

For all other seriously mentally ill persons and those cited above who are further along in their recovery, services should be consumer-centered and based on the client's rehabilitation goals (Wellness and Recovery Action Plan or WRAP) rather than the needs of the service delivery system [ref 1, 4].

The involvement of consumers and family members is a priority in all aspects of planning, organizing, supporting, advocating, educating and evaluating the delivery system. In addition, the entire community has a stake in ensuring all mental health consumers receive quality care and should be educated and invited to participate in program development.

The system of care for adults in the San Mateo County mental health system should include, but not be limited to, the following areas:

#### Treatment of the psychiatric illness

- Comprehensive diagnosis and assessment is essential for the development of an individualized treatment plan including appropriate medications [ref 1].
- Access to all effective and medically necessary medications, including the latest available medications.
- Ongoing medication management is a very essential component of treatment.
- Integrated treatment programs should be a priority for co-occurring mental illness and substance abuse (dual-diagnosis).

#### Assertive Community Supportive Services [ref 1] (Also known as Assertive Community Treatment)

- There should be assertive community support services available for all seriously mentally ill consumers who need these services. The assertive community support agents are helpers, service brokers, and advocates for the client, and need to function in a manner that is client directed and client-empowering.
- Support services should be provided by a fixed point of responsibility – a person or team of persons – responsible for maintaining a long-term, supportive relationship with consumers regardless of where the client is and regardless of the number of agencies involved.
- Services should be flexible to accommodate those who are not responsive to any specific mode of treatment. Caution should be taken when following exclusively *Evidence Based Practice* theory as it may not allow for a broad range of service options to meet all individuals' needs.
- Services should be available whenever and for as long as needed. They should also be provided in a variety of ways, with individuals able to choose services and to move in and out of the system as needed while modifying the programs as needs change.

#### Housing [ref 1]

- There should be permanent, affordable, acceptable housing available for the all consumers in the community.
- There should be a range of stable housing options, including long-term supervised, structured settings for extremely dysfunctional individuals as needed.
- Clients should not have to move as service needs change, or as dictated by funding criteria, which is often the case in San Mateo County.

#### Criminal Justice System

- Too often, the criminal justice system unnecessarily becomes a primary source for mental health care [ref 7].

- The County’s criminal justice system in San Mateo County is inadequate in meeting the treatment and rehabilitation needs of the incarcerated seriously mentally ill individual. It should be fully researched and action taken to provide care and a safe environment for all incarcerated seriously mentally ill individuals.
- San Mateo County should replicate other Mental Health Court Systems proven to be effective in diversion of seriously mentally ill persons. Cost studies suggest that taxpayers can save money by placing people into mental health and substance abuse treatment programs instead of in jails and prisons [ref 7].
- A solid discharge planning program should be created and implemented to serve the seriously mentally ill departing jails and prisons. This should include effective links to community mental health services, SSI benefits, employment and housing.

### Outreach

- The county should ensure adequately staffed and trained outreach teams to cover all outreach needs, on a 24 hour, 7 day a week basis, with a stable, continuous source of funding.
- San Mateo County should expand mobile support outreach teams to serve the homeless, and those unable to maintain a connection with outpatient and community services.
- An adequately educated and staffed crisis response team is a priority for NAMI-SMC members because of the experience their family members have had when confronted by inadequately trained crisis intervention professionals.

### Crisis/Acute Services

- The County should fully fund compassionate psychiatric emergency services staffing on a 24-hour, 7-day a week basis. No one coming to seek emergency services should be turned away.
- San Mateo County should immediately improve the acute psychiatric inpatient hospitalization services to ensure it adequately meets treatment needs of all patients. In addition, the County should investigate staffing services to make certain inadequate staffing and/or poorly trained staff do not result in further deterioration of any seriously mentally ill individual’s illness and circumstances.
- Services must be coordinated among all inpatient and community treating agencies.

### Physical and Dental Health Care

- Mental health clinicians should ensure that clients entering the mental health system receive thorough physical examinations on a regular basis and receive necessary medical care for physical conditions by health care professionals [ref 6].
- Dental services should be available as needed.

### Quality of Life

- Recreation, socialization and rehabilitation services are the core of a quality of life for all consumers. San Mateo County should take the lead in advocating for and ensuring these services are provided.
- Consumers should have a choice of rehabilitation models, employment options as well as recreation and socialization opportunities.

- Consumers should continue to have access to education as currently provided by the San Mateo County Community College System.

In closing, NAMI San Mateo County will continue to advocate for humane and respectful treatment of all mentally ill individuals and their families.

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## References

1. *San Mateo Plan for the Seriously Mentally Ill Adult*, developed by Jack Peuler, Manager, Adult Services, June 26, 1989
2. *Being There, Making a Commitment to Mental Health*, Little Hoover Commission, Nov. 2000
3. *California Mental Health Master Plan*, CA Mental Health Planning Council, January 2001
4. *Integrating Evidence-Based Practices and the Recovery Model*, Frese, Stanley, Kress, Vogel-Scibilia, PSYCHIATRIC SERVICES, Nov. 2001, vol.52 No. 11
5. *Omnibus Mental Illness Recovery Act*, NAMI National
6. *CA Mental Health Master Plan: A Vision for California*, Chp.5: The Planned System of Care for Adults, p. 65-88 , Prepared by the CA M.H. Planning Council, March 2003  
[Go to [www.dmh.ca.gov/mhpc](http://www.dmh.ca.gov/mhpc) to download this document]
7. *Achieving the Promise: Transforming Mental Health Care in America*, The President's New Freedom Commission on Mental Health, Final Report July 200