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addenda to exhibits.

STANISLAUS COUNTY MENTAL HEALTH SERVICES

COUNTY MENTAL HEALTH PLAN

1971--1972

PROGRAM PLAN

I. Goals and Philosophy

II. Treatment Plan

A. Overview

B. Program Elements

III. Budget

GOALS AND PHILOSOPHY

Recent mental health legislation in the State of California, as found in Division 5 of the Welfare and Institutions Code, is in two parts: Part I is The Lanterman-Petris-Short Act formerly known as California Mental Health Act of 1967. Part 2 is The Short-Doyle Act. The Lanterman-Petris-Short Act is to be construed to promote the legislative intent as follows:

a) To end the inappropriate, indefinite, and involuntary commitment of mentally disordered persons and persons impaired by chronic alcoholism, and to eliminate legal disabilities;

b) To provide prompt evaluation and treatment of persons with serious mental disorders or impaired by chronic alcoholism;

c) To guarantee and protect public safety;

d) To safeguard individual rights through judicial review;

e) To provide individualized treatment, supervision, and placement services by a conservatorship program for gravely disabled persons;

f) To encourage the full use of all existing agencies, professional personnel and public funds to accomplish these objectives and to prevent duplication of services and unnecessary expenditures.

The Short-Doyle Act has as its intent to organize and finance community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. It is further-

more intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state-operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in such mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources; to establish a uniform ratio of local and state government responsibility for financing mental health services; and to provide a means of allocating state mental health funds according to community needs. It is furthermore intended to provide a means of reimbursing local governments for certain services to the mentally retarded and persons afflicted with alcoholism which counties may elect to provide.

The above legislation is designed to bring the treatment of the mentally disordered up to standards now widely accepted and to protect the rights of individual citizens. It is a further step in moving from the age of custody to meaningful efforts to restore the mentally ill to ordinary life.

The Stanislaus County Mental Health Services takes its charge and its mandate from Division 5 of the Welfare and Institutions Code. Every effort is directed toward providing immediately available, appropriate psychiatric services to those residents of Stanislaus County who cannot get their mental health needs met elsewhere. Whenever possible treatment is provided locally and on a voluntary basis. Full use is made of local resources by providing back up for community care givers and by supporting their efforts where it is evident that they are capable of meeting the needs of a given person. In addition, the Stanislaus County Mental Health Services is responsive to expressed community needs and plays an

active role in furthering a process here in the County out of which will come a greater awareness of the potential role of mental health services in the community. A study now underway, and supported by Department of Mental Hygiene 314 (d) funds should prove useful in regard not only to delineating mental health and mental retardation needs and resources, but also in furthering community process toward a firm base for the development of a mental health and mental retardation delivery system.

The ultimate achievement of this program is a reduction in the incidence of mental illness in Stanislaus County. The immediate effort is to save life, reduce pain and suffering and to preserve and restore function. Commonly these purposes are subsumed, in the concepts of community psychiatry, as secondary and tertiary prevention. The primary prevention of mental illness, with the exception of genetic, infectious, toxic and traumatic catastrophes, does not fit the previously introduced medical model. It is the philosophy of the leadership in this program that, given an intact brain, an individual will stand up to stress according to his competence as a human being, his sense of identity, and his level of morale related to his self-esteem. We think that something can be done to influence those parts of each individual's make-up, and it is our intention that the Stanislaus County Mental Health Services shall play a major role in this county in the prevention of mental illness. Accordingly, the focus in this program will be on child and family services. It is intended that children who are having emotional and behavioral problems be seen early and that their parents be helped in their nurturing role. It is planned that the Stanislaus County Mental Health Services relate itself closely with the schools, with Public Health, with the Department of Welfare, with Probation and with the Community Action Commission. Efforts to establish strong working relationships with all these agencies are well underway. Part of the strategy involved is to have the opportunity to work with people who are recognized to have diminished competence, identity and self-esteem

in order to improve their ability to provide effective parenting for their own children. It is almost certain that reducing stress and providing emotional support for parents will improve the interaction between parents and their children and favorably influence the personality growth of those children. In addition, it is possible to teach parents to be more effective in the parent role.

Only by improving the fabric of society can the quality of life be changed. A logical place to start is with those who are already in trouble as people. Not on a mental illness model but on a mental health model. The battlefield triage which is going on in the mental health arena must need to continue. This program, of necessity, will address itself to the needs of the mentally ill, the mentally retarded, the demented, the alcoholic, the addicted. Those needs will be met as appropriate. But where it is at at this point, if psychiatry and the mental health movement is to have any relevance to the problems faced by the community today, is with small children and their parents. The question is not "Am I my brother's keeper." It has to do with whether each adult is to nurture each child. The Stanislaus County Mental Health Services is going to try to make a very real contribution in that area. In doing so it will be answering a call that has repeatedly been sounded in Stanislaus County. That was the charge of the Gaff Report! That is the mandate of the Stanislaus County Grand Jury of 1969!

TREATMENT PLAN

OVERVIEW

The Stanislaus County Mental Health Services in 1969-1970 had ten budgeted positions, including clerical staff. It was a Short-Doyle Clinic offering outpatient services, rehabilitation and consultation. It operated with a waiting list and emergency services were not offered. The mental health needs of residents of Stanislaus County were met by Modesto State Hospital. The admission rate to Modesto State Hospital was as high as one hundred admissions each month. With the closing of Modesto State Hospital in April 1970, the Board of Supervisors made two important decisions. It was agreed to develop a comprehensive mental health delivery system for Stanislaus County within the Short-Doyle funding mechanism, and to approve additional staff positions for 1970-1971 which would double the size of the Stanislaus County Mental Health Services. It was also approved that Stanislaus County would go ahead with plans to build a twenty-four bed community mental health center at Scenic General Hospital where the Stanislaus County Mental Health Services would then be based. Earlier in the year the Board of Supervisors had indicated its intention that the Stanislaus County Mental Health Services would contract with the about-to-be completed NIMH community mental health center at Emanuel Hospital in Turlock for mental health services for residents of Stanislaus County residing in catchment area fifty-four, which includes the southern part of Stanislaus County and all of Tuolumne County. That mental health center is known as the Ben H. & Gladys Arkelian Mental Health Wing at Emanuel Hospital.

Planning for the 1970-1971 mental health program for Stanislaus

County to incorporate the positions for the Stanislaus County Mental Health Services which had been approved by the Board of Supervisors, and to make full use of the Ben H. & Gladys Arkelian Mental Health Wing at Emanuel Hospital, had gone forward with members of the Department of Mental Hygiene staff based in the regional office of the Division of Local Programs at Fresno. Early in August, it became evident that those plans were jeopardized due to a lack of funds for new and expanded programs in the Department of Mental Hygiene budget. At that point, the Stanislaus County Mental Health Services annual plan for 1970-1971, which is here attached as an addendum, was revised. Basic to that revision was an even greater use of Emanuel Hospital than had originally been the case. This was necessary in order to reduce expenditures at the Stockton State Hospital sufficiently so that funds that would have been spent at Stockton State Hospital to provide services for Stanislaus County residents could be reallocated to be spent by the Stanislaus County Mental Health Services in Stanislaus County. Were this not done, it would not have been possible to carry out the State Plan for the delivery of mental health services in Stanislaus County, which is that each geographic catchment area, catchment area fifty-four and catchment area fifty-five, develop a comprehensive community mental health center to serve the mental health needs of those individuals residing in that particular geographic area.

It is the purpose of the 1971-1972 program plan that the unfolding of the comprehensive mental health delivery system for the entire county be further advanced. There are considered to be five essential services. They are: inpatient, outpatient, 24-hour emergency, partial hospitalization, and consultation and education. In addition, there are five desirable services: diagnostic, rehabilitation, precare and aftercare, research and program evaluation, and training. It is intended that all these services exist in both

the community mental health centers serving Stanislaus County. Emphasis initially will naturally go into the development of the essential services. Presently, all five of the essential services are provided by the Ben H. & Gladys Arkelian Mental Health Wing at Emanuel Hospital. Three of the essential services are provided by the Stanislaus County Mental Health Services proper. Those services are outpatient, 24-hour emergency, and consultation and education. Even though the comprehensive community mental health center which is going to be built at Scenic General Hospital will not be completed prior to the summer of 1972, there is no reason why all five essential services should not be provided by the Stanislaus County Mental Health Services now. It will be perfectly possible to hospitalize individuals carrying a mental illness diagnosis in general hospital beds at Scenic General Hospital. Treatment for patients so hospitalized could be closely integrated with partial hospitalization provided seven days a week in an already existing building which is within 150 yards of Scenic General Hospital. The advantage is obvious. In the present plan as it is now being carried out, the full responsibility for acute psychiatric admissions falls on the staff of the Ben H. & Gladys Arkelian Mental Health Wing. That load is disproportionate and that way of operating results in a disruption of continuity of care for residents of Stanislaus County who live north of the Tuolumne River. If the proposed plan for 1971-1972 is approved by the Board of Supervisors of Stanislaus County and so funded by the Department of Mental Hygiene, all those services considered both essential and desirable will be available to citizens of Stanislaus County regardless of where they live. The desirable services will either exist as program elements in and of themselves or will be available within the essential services. This plan will make full use of the regional mental health center which is developing at Stockton State Hospital and which will provide high quality back-up programs which are closely interlocked with county mental health services in the northern part of the San Joaquin Valley.

What will exist for Stanislaus County will be an effective mental health delivery system even prior to the completion of the comprehensive mental health center and twenty-four bed psychiatric unit which is to be included at Scenic General Hospital.

Basic to an understanding of the Stanislaus County Mental Health Services program plan is knowledge about the generic mental health team concept* and how that team operates. The generic mental health team is a multidisciplinary team with representatives of each of the orthopsychiatric disciplines as team members. Those disciplines include psychiatry, clinical psychology, psychiatric social work and psychiatric nursing. Each individual representing one of these disciplines brings to the team his own unique background, including his training and experience. There is, of course, already an overlap in regard to areas of competence and in regard to skills in interacting in a helping way with human beings. A psychiatrist has a medical background and a special alertness to neurological and physical illnesses which can manifest psychiatric symptoms. The clinical psychologist is apt to have a wide perspective in regard to psychotherapeutic strategies. He has valuable diagnostic skills which become available to the team. The psychiatric social worker has an understanding of community resources and an ability to mobilize needed services for patients. The psychiatric nurse has had a wide exposure to major pathology and seriously disturbed psychiatric patients. She increases the ability of the team to effectively use psychotropic medications. She also provides effective liaison with public health nursing and visiting nurse services. Most important of all is the recognition that the whole is greater than the sum of its parts. The interaction of team members does away with faulty value systems and provides stimulation for personal growth beyond that which the individual has obtained in ascribing to the tenants of his own professional reference group. Role expansion occurs as each team member acquires much in the way of new knowledge and skills from

other team members and learns how to bring all the resources of the team to bear on his efforts to help those patients he is seeing as a team member. While much of the effort of the team is directed toward providing a triage operation, toward mobilizing community resources, and toward environmental manipulation in behalf of patients being served, nonetheless, a significant part of the team's effort and of the effort of individual team members is in the area of psychotherapy, psychotherapy designed to move patients away from self-destructive positions toward increased competence as human beings. In this regard the generic mental health team concept is invaluable. All members take part in group therapy as co-therapists and in conjoint family therapy as co-therapists. All individual cases are discussed at team meetings. The responsibility for patients rests not with the individual therapist but with the team itself. When workable and appropriate, transference is encouraged to the team and not to the team member. The end result is one in which each team member is clearly seen by each other team member, in which a team member cannot do "his thing" as he learned it in his professional training and as he established it in his previous work experience. He cannot, for example, see six patients a day for fifty minutes each, attend one staff meeting, and dictate case notes for another hour and consider that he has put in a full working day. He cannot do that because the team is responsible for meeting the mental health needs of all individuals living in its geographic catchment area who cannot get their needs met elsewhere. That includes all target groups. Emphasis as has been indicated above is on child and family services. If one has not worked with children previously, one will learn to work with children, and so on. Another aspect of this concept is that each team member is responsible for his fair share of services delivered to patients. That means that each team member must so manage his caseload as to be able to go on accepting new patients. A further ramification is that team members are responsible for their patients and the team is responsible for its

patients regardless of where those patients may be. Team members continue to follow their patients whether they are in hospital or being treated in the partial hospitalization program. The result is that in a program where indirect services are stressed, where crisis intervention and time-limited therapy are the treatments of choice and where patients cannot be sent elsewhere and gotten rid of when they prove unsatisfactory or difficult, that each individual team member is going to so manage the treatment of those patients assigned to him as to provide the most appropriate treatment. No set formula will settle the problem of having a continuing intake of patients and a limited amount of time in which to provide services for them. Finally, the generic mental health team concept is advanced for clinical reasons. It is felt that it makes for appropriate treatment. It derives from the Mental Health Services for the City and County of Denver. It is being utilized in the Sacramento County program. It has been described by the Joint Information Service of the American Psychiatric Association and the National Association of Mental Health in its publication, The Community Mental Health Center-An Interim Appraisal. Again, the generic mental health team concept is advanced for clinical reasons. Its significance from the point of view of the economics of providing mental health services through publicly financed programs ought, however, to be recognized. What it does is to get around the entire business of providing an ever-expanding mental health delivery system as individual programs increase the units of direct service provided for patients. Somebody somewhere is going to have to decide whether or not programs for the delivery of mental health services are simply to be allowed to "grow like Topsy" wherever and whenever there are sufficiently strong entrepreneur types available to head up such programs. What the Stanislaus County Mental Health Services is proposing is a program sufficiently large to get the job done and to rely on

the generic mental health team concept to have the flexibility to do what needs to be done without setting up separate programs for each target group as that target group is reached on the list of priorities.

The generic mental health concept needs to be grasped in order to appreciate the significance of the plan which is being proposed for Stanislaus County. Equally important is the emphasis on indirect services which exists in the program. There is no intention of supplanting the services which exist. The purpose of the program is to supplement existing services. There is no intention to underwrite financially with Short-Doyle money services that exist. The intent is to provide psychiatric back up for those services. That back up is provided in two ways. One is to make access to the Stanislaus County Mental Health Services immediately available on a 24-hour basis to all care givers and to all agencies for those individuals with whom they are working. When necessary the mental health services will take those individuals into its mental health delivery system. As soon as possible, the original care giver* or the referring agency is reinvolved. This really represents a mix of direct and indirect services, but the direction of effort is toward getting all community care givers to function at an optimal level. Indirect services are also provided by on-going consultation to community agencies and to community care givers using the full array of consultative strategies. The consultation and education element of the 1971-1972 program plan receives first priority. This is not because the one-and-a-quarter positions indicated in that element represent the total consultative effort. In fact, they do not. Each generic mental health team is expected to expend half of its available time and energy providing indirect services. However positions requested in the consultation and education element will serve to maximize the effectiveness of the generic mental health teams in providing consultation. The consultation and education

element is shown as having first priority to underline the extreme importance of having a child psychiatrist as a member of the Stanislaus County Mental Health Services staff. Outside providing necessary clinical services which cannot be provided elsewhere, the entire thrust of the Stanislaus County Mental Health Services is toward increasing the mental health of that generation which is now being born. The presence of a highly competent child psychiatrist committed to using his knowledge and his skills in getting the maximum leverage to improve early life experiences for children is crucial.

STANISLAUS COUNTY MENTAL HEALTH SERVICES

PROGRAM ELEMENTS 1971-72

1. Consultation and Education –
2. Partial Hospitalization –
3. Inpatient Hospitalization –
4. Program Evaluation and Training + 2
5. 24-Hour Emergency Services –
6. Outpatient Services –
7. Patient Placement Team
8. Ben H. and Gladys Arkelian Mental Health Wing
   Emanuel Hospital at Turlock
9. State Hospital Services
10. Vocational Rehabilitation Contract + 1
11. Administration –

CONSULTATION AND EDUCATION

This is the first priority in the budget for new and expanded program. The child psychiatrist is budgeted for one-quarter time in this element. He is an essential addition to the Stanislaus County Mental Health Services if its goal of influencing positively the growth and development of personal competence in young children is to be carried forward. Not only is such an additional staff person necessary because of what he can accomplish personally in consultation to other caregivers in community agencies, but also because of what he will be able to do within the mental health services to increase the effectiveness of each staff member with children and their families. This is a pivotal position which must be budgeted, funded and filled. The half-time psychiatrist is to provide a staff member with advanced training in forensic psychiatry who will serve as a consultant and educator to Probation and to peace officers. The other half of his time will be available to the courts for court-ordered psychiatric evaluations, and that part of his salary will be paid out of funds set aside for that purpose in the County budget. It is expected that he will not need to spend as much as fifty percent of his available time doing psychiatric evaluations for the courts. The additional time that is available will be spent with the mental health services making it possible to trade the time of other staff psychiatrists on the mental health services staff so as to provide the courts with two psychiatric evaluations for a given individual when necessary. This is a key position both in regard to filling compelling needs and in further enhancing the good and mutually understanding relationship which is developing between the Stanislaus County Mental Health Services and the courts, Probation, and law enforcement offices in Stanislaus County. The half-time clinical psychologist will work closely with the child psychiatrist and forensic psychiatrist in their consultative and educative

efforts. He will also relate with Welfare and will have a major commitment of his time and energy there helping to solve problems related to the evaluation of children for the various programs in that large and complex social service agency. The commitment to Welfare is in keeping with the entire stance of the mental health services, but is also in direct response to an expressed need by Welfare. This is another key position in this first priority element.

PARTIAL HOSPITALIZATION

Except for the imperative need to strengthen the consultation capability of the mental health services, partial hospitalization would be the first priority element rather than the second. In the summer of 1972 the National Institute of Mental Health community mental health center to be constructed at Scenic General Hospital will be completed. The necessity exists now to plan for the staffing of a twenty-four bed inpatient service. To provide partial hospitalization in 1971-1972 will make it possible to bring on board, train and integrate into the Stanislaus County Mental Health Services a significant part of the staff for the inpatient services. Partial hospitalization has always been regarded in the overall planning for the mental health services as an alternative to hospitalization rather than some kind of day care center. On completion of the mental health center, the partial hospitalization program will relate directly to the program for the in-patient services. Partial hospital patients will be served by the same staff and engage in the same activities as the twenty-four hour patients. In short, all patients will be pooled into the same program. Whether a patient is a twenty-four hour patient or is only present during the day will depend on his treatment needs and his ability to function at home, during the evening and at night. Partial hospitalization is one of the essential services. It is possible to integrate it into the program at this point in time. Doing so will make the transition to the community mental health center, delivering the five essential services, a relatively facile task rather than the horror it is likely to become with suddenly expanded, untrained staff. The nine new positions budgeted in this element seem hardly sufficient for the partial hospitalization program. It is planned that twenty patients participate in an eight to twelve hour program seven days a week. The likelihood that this kind of effort can be mounted with this thin staffing pattern

is based on the concept that each generic mental health team continues to be responsible for its patients. Generic mental health team members will continue to relate to their patients while they are in the partial hospital program, and will actively participate in that program augmenting available staff time. Actually, as becomes evident in the description of the next element, partial hospitalization will make it possible to provide inpatient services at Scenic General Hospital even before the completion of the community mental health center.

INPATIENT HOSPITALIZATION

A close working relationship has developed between the staff of the County hospital, Scenic General Hospital, and the Stanislaus County Mental Health Services. Partly this is because it is logical that such effective collaboration should exist. Partly it is due to the firm intentions of both the hospital Director and the Program Chief for the Stanislaus County Mental Health Services. Largely it is due to the leadership and direction of Robert S. Westphal, M.D., who is both Director of Health and Director of Mental Health Services for Stanislaus County. This relationship has been furthered by the arrangement for twenty-four hour emergency psychiatric services which came into existence in August 1970. Twenty-four hour emergency psychiatric services are provided by mental health services staff who are on call as consultants to Scenic General Hospital house staff, both for patients who present in the Emergency Room and for those present on the hospital wards. In 1971-1972 there will be a sharp increase in the number of family practice residents in the physician residency training program at Scenic General Hospital. It is planned that one resident will be assigned at all times to the mental health services. At the same time, the remodeling of Scenic General Hospital will be completed providing attractive two and four bedroom accomodations for patients. Gerald Maguire, M.D., Director of Mental Health Services for Butte County, has demonstrated that it is possible to effectively use general hospital beds for psychiatric patients. The development of the partial hospitalization program, in which inpatients will be expected to participate during the daytime, will greatly aid the inpatient psychiatric service and will simplify the problems of convincing Scenic General Hospital nursing staff that, in fact, psychiatric patients can be hospitalized in regular hospital beds when the need for twenty-four hour hospitalization exists. In addition to the position for the general practice

resident, the already budgeted physician will spend one-fourth of his time on the inpatient service. It is planned that eight to ten patients be so served at a time. The approval and funding of this program element,as well as that for partial hospitalization, will have converted the Stanislaus County Mental Health Services from an outpatient psychiatric clinic to a comprehensive community mental health service in just twelve months.

PROGRAM EVALUATION AND TRAINING

The necessity for on-going program evaluation and for effective in-service training is so well recognized and so universally emphasized that an explanation could logically be demanded as to why this element does not have first priority for new and expanded programs. It is simply a fact that without constant evaluation of what one is doing and without continuing efforts to grow and to learn that in the mental health field one is very quickly in the position of not doing anyone one is serving any good. As a matter of fact, the failure to provide for monitoring and feedback will quickly create a situation in which considerable harm can be done. Here, if anywhere, one cannot stand still. The unshakeable policy of the Stanislaus County Mental Health Services is that this program be second to none in quality. The personal growth and the increase in professional skills of every staff member is the first priority for this program. The position taken is that no one, regardless of his background, training and experience, comes fully prepared to participate according to his maximum capability in this comprehensive mental health service. Given a high level of initial competence, maintaining that competence and increasing it is a constant building process. A climate is going to exist in which those who won't learn their craft won't want to stay. It won't be necessary to ask them to leave; they just won't want to be around. There are two reasons why the program evaluation and training element was not given first priority as a program element. One is that evaluation and training is already an integral part of the Stanislaus County Mental Health Services. The other is that there are essential services which are not yet being offered by the Stanislaus County Mental Health Services, and it was felt important to indicate their importance by putting them at the top of the list in regard to priority for funding of program elements. The

leadership in the Stanislaus County Mental Health Services recognizes that it can be criticized for moving too quickly in regard to developing a comprehensive program. Since this program began to evolve in the spring of 1970 several very important happenings have taken place. The waiting list has been abolished. Alcoholics are no longer excluded from treatment in the mental health delivery system. Drop-in clinics have been established by both generic mental health teams making it possible for individuals who are in crisis to be seen immediately. 24-hour emergency psychiatric service has been arranged for and instituted. Inappropriate admission to state hospital has been abolished. Already, the Stanislaus County Mental Health Services is having an impact on mental health problems far in excess of its narrow budget. In order to continue to achieve that kind of success the very best in program evaluation and in inservice training is an absolute must. The clinical psychologist will divide his time between Consultation and Education and Program Evaluation and Training. He will carry the major responsibility for organizing systematic program evaluation. The child psychiatrist will spent one-fourth of his time planning and providing for in-service training in the area of child and family treatment.

TWENTY-FOUR HOUR EMERGENCY SERVICES

Twenty-four hour emergency services are presently provided in the Stanislaus County Mental Health Services comprehensive program. During regular working hours, patients can be seen immediately if necessary at the Stanislaus County Mental Health Services where each generic mental health team mans the Drop-In Clinic. Individual staff members who are assigned to Drop-In Clinic can also leave the Stanislaus County Mental Health Services during the day to see patients in consultation in hospital emergency rooms, on hospital wards, at the community agencies, at the County Jail, and at the Modesto City Police Department. Outside of regular working hours, emergency services are provided by the Psychiatric Emergency Team. All male members of the Stanislaus County Mental Health Services are members of this team. There are always two team members on standby at night and on weekends, one a non-physician staff member, and the other a staff psychiatrist. The team opeates in this manner. Anyone in need of immediate psychiatric intervention is referred to the emergency room at Scenic General Hospital the County hospital located in Modesto. The patient is then evaluated medically by the Scenic General Hospital house staff, and a determination is made as to whether or not there are medical problems which are responsible for mental disorder. The emergency room physician then determines whether or not a psychiatric consultation is indicated and, if so, requests such consultation from the mental health services Psychiatric Emergency Team. The non-physician staff member makes the initial evaluation and then discusses the case with the psychiatrist who is on call. A decision is made as to whether or not the psychiatrist needs to see the patient also. Appropriate treatment and disposition is made usually involving crisis intervention and referral into the Stanislaus County Mental Health Services mental health delivery system. The cost

of this approach to delivering mental health services outside of regular working hours is modest in terms of dollars spent. The non-physician staff members are paid five dollars ($5.00) for each eight hour period that they are on call. They are also paid one and one-half times their usual hourly salary when actually delivering mental health services. The psychiatrists are on call every other night and every other weekend. For this, they receive no additional income. Each psychiatrist is entitled take one day of compensatory time off during the week following the weekend that he has been on call. There are some definite short-comings to this system. For one thing, a positive effort has to be made on the part of on-call staff <u>not</u> to be available to patients or their relatives on the telephone. All telephone calls are referred to Scenic General Hospital, and the caller is informed that psychiatric emergency services are available at Scenic General Hospital. Nonetheless, on given nights, staff members may spend almost the entire night at Scenic General Hospital seeing patients. Quite obviously the effectiveness of staff members on the succeeding day is decreased. That is no small matter when one considers the Stanislaus County Mental Health Services staff is extremely busy and that each staff member finds himself constantly in demanding and taxing situations. The Drop-In Clinic has great advantages and undoubtedly should be continued for patients who present with acute anxiety or with acute situational disturbances who are capable of being worked with as out-patients. The seriously disturbed individual for whom hospitalization will likely be a necessity does present great difficulties when screened by the Drop-In Clinic. The amount of time and energy necessary to deal with such a problem is extremely disruptive to any kind of routine in the delivery of mental health services to patients who are already being treated in the mental health delivery system. Therefore, it is recommended that a Psychiatric Emergency Team as such be brought

into existence and that it be stationed in the emergency room at Scenic General Hospital. This will make it possible to have a clearing station for all psychiatric emergencies in the County which is continuously staffed. It will further enhance the close working relationship with the Scenic General Hospital physician and nursing staff. It will relieve the generic mental health team, and the staff members for those teams, of activities and duties which necessarily interfere with smooth team functioning. In this regard, it is particularly important to keep in mind that a major commitment on the part of each generic mental health team is in the area of establishing and maintaining effective consultative relationships with community agencies. The psychiatric R.N. is chosen as the basic team member for this team because the psychiatric R.N. is well equiped by training and experience to deal effectively with the major psychiatric disorders. The psychiatric R.N. is also well qualified to establish an effective relationship with nurses and doctors in the hospital setting. The Ph.D. clinical psychologist coordinator will be responsible for the administrative organization of the Psychiatric Emergency Team and will also be involved in an on going in-service training program designed to maximize the effectiveness of the psychiatric R.N. on the team in psychiatric diagnosis, in mobilization of community resources, and in psychotherapeutic skills used in crisis intervention. The amount of clerical work which will be produced by this kind of immediately available community resource will necessitate a full time clerk-typist.

OUTPATIENT SERVICES

Outpatient services are provided by the two generic mental health teams. The generic mental health teams are multidisciplinary orthopsychiatric teams made up of all of the mental health disciplines. Each team has a psychiatrist, a Ph.D. clinical psychologist, a psychiatric R.N., a psychiatric M.S.W., two mental health workers and a clerk typist. In addition, there is a one-quarter time physician available to the team for medical evaluations for patients seen by the team and to evaluate the effectiveness of psychotropic medications. It is proposed in the 1971-1972 program plan and program budget that a child psychiatrist be available to each team on a quarter-time basis for a total of one-half time. The need for this is based on the emphasis in the Stanislaus County Mental Health Services on providing child and family services. Positions for a student for each team are also budgeted. Not only does one have an obligation to help in the training of mental health professionals but there is a direct measurable gain by having students present in terms of the stimulation which they provide and the general challenging, questioning attitude which they bring with them.

PATIENT PLACEMENT TEAM

The patient placement team has the responsibility for developing suitable placements in the community in Department of Mental Hygiene licensed homes or in family care homes for Stanislaus County residents now in state hospitals who are receiving only custodial care. It has the responsibility for screening such patients in hospital, referring such patients for public assistance funds when indicated, and arranging for movement of these patients out of hospital into suitable placements. It has the responnsibility for servicing these patients in the facilities in which they are placed here in Stanislaus County. The patient placement team will be expected to make full and coordinated use of the generic mental health teams in order to provide the best possible service for patients in placement. The patient placement coordinator will be a full time Stanislaus County Mental Health Services staff member. A psychiatric social worker will serve on this team as a representative of the Ben H. and Gladys Arkelian Mental Health Wing of Emanuel Hospital in Turlock, California. The effective strength of this team will rest with six psychiatric social workers from the Community Services Division of the Department of Social Welfare. This team will make possible close collaboration between the Stanislaus County Mental Health Services and the Community Services Division in Stanislaus County for the first time. It will make it possible for the Community Services Division psychiatric social workers to carry out those tasks for which they have ordinarily taken responsibility in close collaboration with the Stanislaus County Mental Health Services. Not only will this make for better patient care, but it will also provide a richer professional experience for members of this team than has previously been available to them. It will make possible adherence to the principle spelled out in the Lanterman-Petris-Short Act that state hospital and local programs

are one system, and that all patients are to be treated within that system. At the same time it will make it possible for the Stanislaus County Mental Health Services to enter into an agreement with the Community Services Division to allow an optimal degree of collaboration to take place as has been provided for by recent legislation. The patient placement coordinator will be just that. It will be his responsibility to keep track of all patients wherever they may be and to see to it that they are appropriately placed and are receiving the services they require. In no way is he to be regarded as a supervisor for members of this team who are sharing in a common effort. Each parent organization will continue to have full responsibility for the supervision of its own staff members. On the other hand, on the basis of the agreement which will exist with Community Services Division all Community Services Division psychiatric social workers serving on this team will be regarded by the Stanislaus County Mental Health Services as being Stanislaus County Mental Health Services staff. This will not be for the purpose of administrative control, but rather to make available to Community Services Division members assigned to the patient placement team ready access to patients records on a need-to-know basis as well as free participation in all case conferences, seminars and training exercises conducted by the Stanislaus County Mental Health Services. This team, and the patient placement coordinator, will have additional responsibilities in the area of prepetition screening and conservatorship investigation.

BEN H. AND GLADYS ARKELIAN MENTAL HEALTH WING

EMANUEL HOSPITAL IN TURLOCK

The Ben H. and Gladys Arkelian Mental Health Wing of Emanuel Hospital in Turlock, California is a N.I.M.H. comprehensive community mental health center serving catchment area #54. The program plan for fiscal year 1971-1972 calls for a contract with Emanuel Hospital to provide the five essential mental health services for all those residents of Stanislaus County living south of the Tuolumne River and west of the San Joaquin River. On the inpatient services an average of twelve beds of a twenty-five bed inpatient short-term intensive therapeutic community psychiatric hospital will be used for Short-Doyle patients. Outpatient individual and group psychotherapy will be provided with an emphasis on brief therapy, crisis intervention, and where appropriate and indicated long term therapy. Approximately ninety hours of outpatient therapy per week will be provided. A total of ten full time Short-Doyle patients can be provided service each day in the partial hospitalization program. An anticipated one thousand units of emergency service, including triage and crisis intervention, will be provided within the Stanislaus County Mental Health Services contract. Consultation to community agencies and community care givers, as well as an active educational program, will be financed within the Short-Doyle contract to the extent of underwriting 1,300 hours of such consultation and education. Should funds for the N.I.M.H. staffing grant for Emanuel Hospital not be forthcoming, it will be the commitment of the Stanislaus County Mental Health Services to provide available funds for units of service delivered up to the same level as was planned for the total twelve months of the 1970-1971 fiscal year in the revised budget.

VOCATIONAL REHABILITATION CONTRACT

This element consists of a contemplated contract with the Department of Vocational Rehabilitation for a cooperative rehabilitation program. This would be on the basis of federal money being available on a matching basis. In a county with a high unemployment rate, and with a population which has considerable disability, there can well be reservations in regard to a program which addresses itself not to rehabilitation but to vocational rehabilitation. In the mental health area money spent for rehabilitation so that individuals could learn to live independently or to succeed in minimally structured sheltered living situations would prove very valuable. Nonetheless, were one to expend $14,000 of Short-Doyle funds to match for $56,000 in federal funds it probably would be worthwhile. This would pay for a vocational rehabilitation counselor, a part time clerk-typist, and would provide $35,000 in case service funds. These funds could be used to purchase a wide variety of services, including medical evaluation and treatment, training, tools, and equipment. It may even be that the cooperative agreement can be worked out in such a way as to better meet the needs of the patients being served at Stanislaus County Mental Health Services that up to now has appeared to be the case. At any rate, by July 1971 the Stanislaus County Mental Health Services will be sufficiently developed so that rehabilitation services, including vocational rehabilitation services, can be effectively integrated.

STATE HOSPITAL SERVICES

The state hospitals which the Stanislaus County Mental Health Services expects to rely on are Mendocino State Hospital, Napa State Hospital, and Stockton State Hospital. The programs at Mendocino State Hospital for adolescents, alcoholism, drug addiction, geriatric patients, and mentally ill retarded are considered to be highly valuable resources. The considerable distance between Mendocino State Hospital and Stanislaus County can in many cases prove advantageous. If, for example, family interaction is so adverse and so unmanageable as far as treatment is concerned that a patient must be in hospital it might be best that he were far enough away from family members that the pathological interaction could not be readily continued. This has been a particular problem with patients from this county at Stockton State Hospital who may stay at the hospital for weeks and months but spend their weekends at home in the same destructive interaction with parents and spouses that led to hospitalization in the first place. Napa State Hospital offers the only childrens program in state hospital that is available. It is intended to make very little use of this program. A time when one might want to use state hospital for children would be in an acute, desperate situation. The difficulty of obtaining prompt admission to Napa State Hospital precludes getting that kind of help there. This is not to say there is not a place for a child treatment program in state hospital. Stockton State Hospital will no longer serve as a 72-hour evaluation and treatment facility for Stanislaus County. As a result, no acute admissions will be admitted to Stockton State Hospital either on a voluntary or involuntary basis. There are patients who do not respond to short term hospital treatment but who do respond to treatment in hospital over a period of several months. These are challenging patients. They fully justify a well

staffed, carefully worked out, long term inpatient program. The expectation is that there will be very few admissions to Stockton State Hospital, or to state hospital in general, from Stanislaus County. However, it is hoped that Stockton State Hospital will develop into a regional mental health center with back-up programs which it doesn't really make sense for each county to develop for itself.

ADMINISTRATION

One could look at the table of organization for the Stanislaus County Mental Health Services and regard the Director of Mental Health Services and the staff assigned to Program Evaluation and Training, Consultation and Education, and Administration as all representing headquarters of staff. In fact, administration is set up as a separate element. Administration includes, of course, a share of the time and effort of the Director of Mental Health Services. One could consider the Director of Mental Health Services as totally within the administration element. For budgetary purposes perhaps that's the way it should be done. Actually the Director of Mental Health Services is very much a part of every element and serves not only as an executive for the mental health services, but also as a clinician and as a consultant and educator. The administrative assistant has the responsibility for establishing and maintaining an effective business operation. He is responsible for supervision of secretarial staff, for the accurate keeping of records, for the billing system, for data collection, and for budget preparation. With a business background, it will be his role to increase and maintain the efficiency of the entire organization. At the same time it is expected that he have, and further develop, a meaningful understanding of the mental health field in order that he can be of real assistance to the Director of Mental Health Services in program planning and program budgeting. The administrative assistant will also play a major role in providing communication and liaison with the County administration. From its inception the Stanislaus County Mental Health Services has had great difficulty working with the County administration. The administrative assistant will have a role to play in helping the Director of Mental Health Services to make sense to the County administration. The entire future of

the Stanislaus County Mental Health Services obviously rests on the Director of Mental Health Services being able to provide information in the mental health field to the Board of Supervisors which is intelligible and which will make it possible for the Board to make logical and reasonable decisions in regard to development of the mental health services. The secretarial staff will exist within a secretarial pool which will make it possible to distribute the work load. With the development of partial hospitalization and inpatient hospital services the time has arrived when a medical records librarian is essential.

The increased work which will be generated by the program evaluation and training element and the consultation and education element creates the need for two additional medical stenographers. Considerable additional secretarial work will also be generated by the patient placement team. A look at the organizational chart is misleading in regard to the patient placement team as there are seven other members on that team. The patient placement coordinator will have much of the responsibility for record keeping and correspondence in relation to the total team effort. The secretarial pool not only permits members of that pool to alternate with each other when necessary, but also provides back-up for the clerk-typists assigned to the clinical elements in their absence due to illness or vacation.

STANISLAUS COUNTY MENTAL HEALTH SERVICE

New and Expanded Programs 1971-72

(By Priority)

1. Consultation and Education (1¼ new positions)

   Psychiatrist (½)
   Child Psychiatrist (¼)
   Ph.D. Clinical Psychologist (½)

2. Partial Hospitalization (9 new positions)

   Psychiatric Resident
   Psychiatric R.N. (2)
   Psychiatric M.S.W.
   Psychiatric Technician (2)
   Psychiatric Occupational Therapist
   Recreational Therapist
   Clerk-typist
   (Physician (¼) reassigned to Partial Hospitalization from Mental Health Team 1970-71 Budget)

3. Inpatient Hospitalization (1 new position)

   (Physician (¼) reassigned to Inpatient Hospitalization from Mental Health Team 1970-71 Budget)
   General Practice Resident

4. Program Evaluation and Training (3/4 new positions)

   Ph.D. Clinical Psychologist (½)
   Child Psychiatrist (¼)

5. 24-Hour Emergency Services (8 new positions)

   Ph.D. Clinical Psychologist Coordinator
   Psychiatric R.N. (6)
   Clerk-typist

6. Outpatient Services (2½ new positions)

   Child Psychiatrist (½)
   Students (2)
   (Physician reduced to one-half time)

7. Patient Placement Team (1 new position)

   Patient Placement Coordinator

8. Vocational Rehabilitation Contract

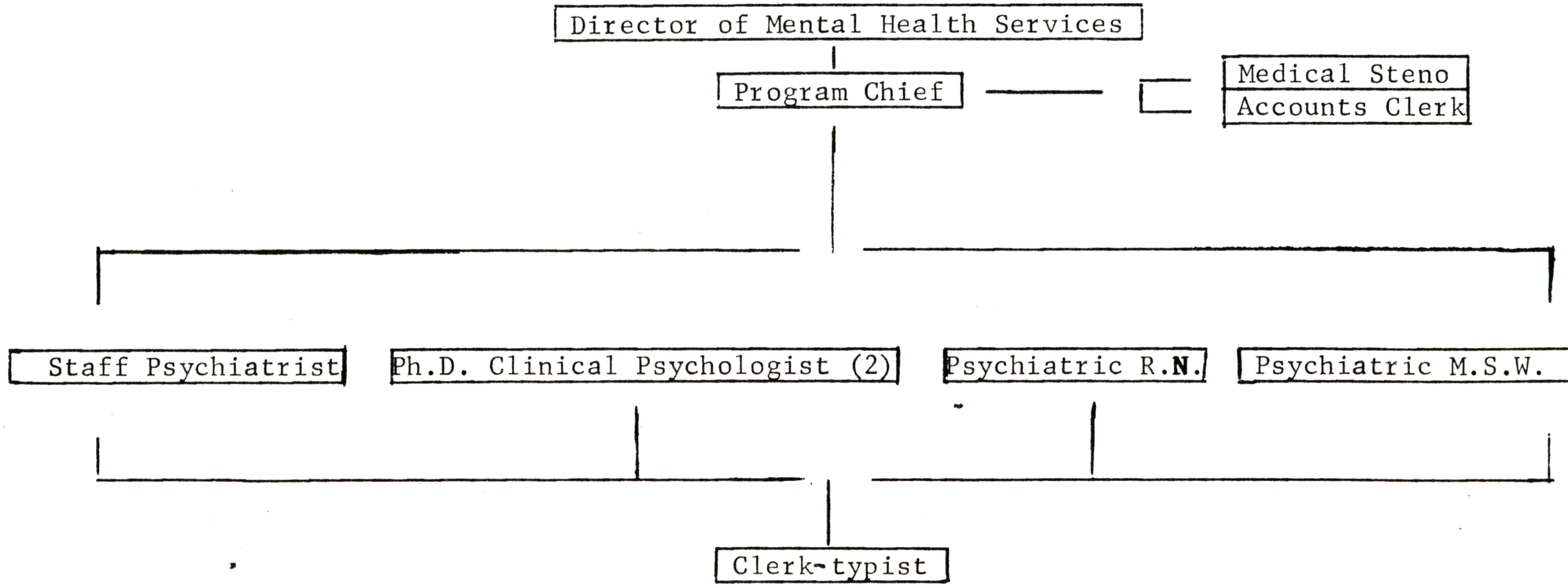
   $14,000 Short-Doyle to match $56,000 Federal

9. Administration (3 new positions)

   Medical Stenographers (2)
   Medical Records Librarian

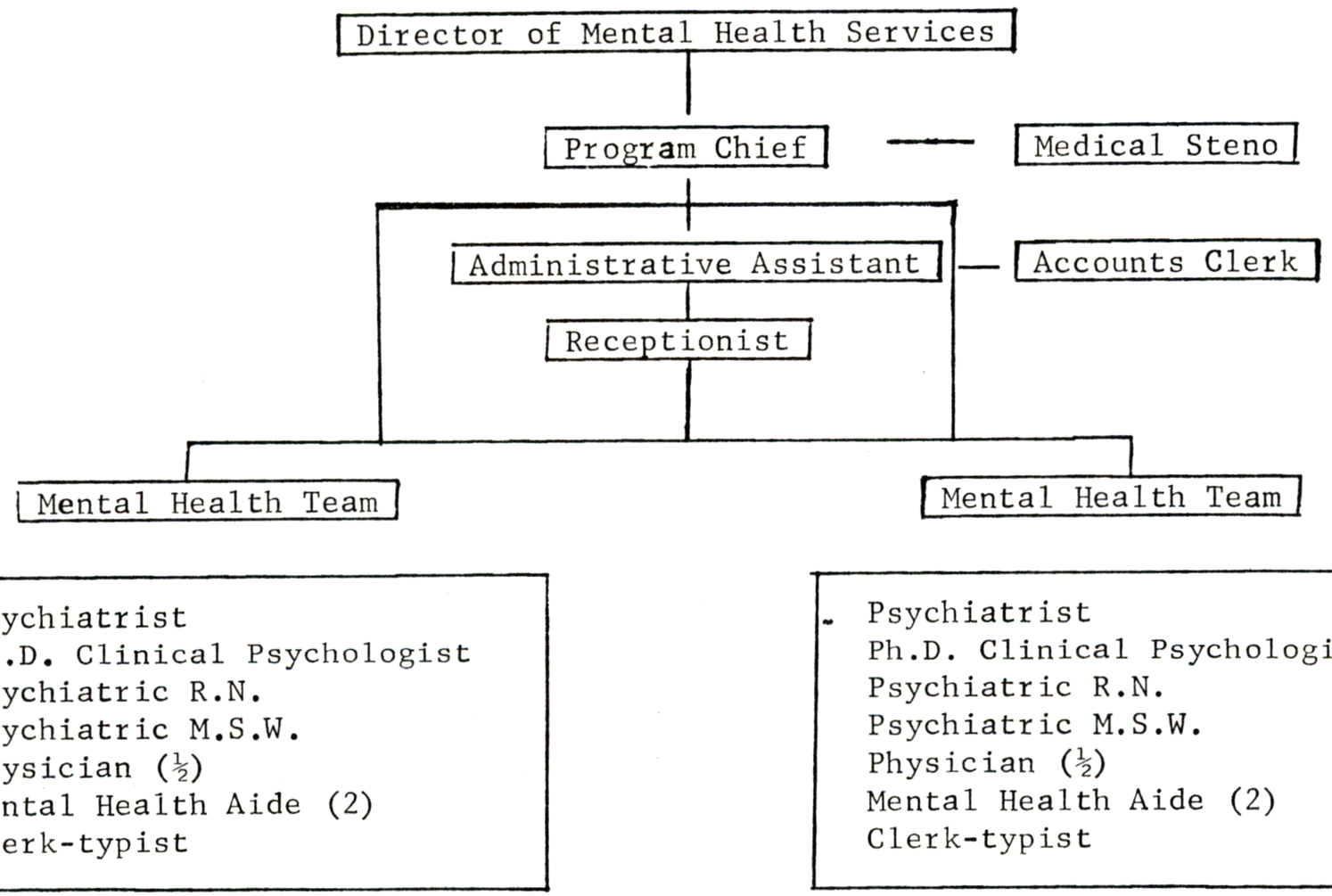
STANISLAUS COUNTY MENTAL HEALTH SERVICES

STAFF POSITIONS 1969-70



STANISLAUS COUNTY MENTAL HEALTH SERVICES

STAFF POSITIONS 1970-71



STANISLAUS COUNTY MENTAL HEALTH SERVICES

STAFF POSITIONS 1971-72

Director of Mental Health Services

Program Evaluation & Training

- Ph.D. Clinical Psychologist (½)
- Child Psychiatrist (¼)

Consultation & Education

- Psychiatrist (½)
- Child Psychiatrist (¼)
- Ph.D. Clinical Psychologist (½)

Administration

- Administrative Assistant
- Secretarial Pool
  - Medical Steno (3)
  - Accounts Clerk
  - Medical Records Librarian
  - Receptionist

Outpatient Services

Modesto City Mental Health Team

- Psychiatrist
- Child Psychiatrist (¼)
- Ph.D. Clinical Psychologist
- Psychiatric R.N.
- Psychiatric M.S.W.
- Physician (¼)
- Mental Health Worker (2)
- Student
- Clerk-typist

North County Mental Health Team

- Psychiatrist
- Child Psychiatrist (¼)
- Ph.D. Clinical Psychologist
- Psychiatric R.N.
- Psychiatric M.S.W.
- Physician (¼)
- Mental Health Worker (2)
- Student
- Clerk-typist

Inpatient Hospitalization Services

- Physician (¼)
- General Practice Resident

Partial Hospitalization

- Physician (¼)
- Psychiatric Resident
- Psychiatric R.N. (2)
- Psychiatric M.S.W.
- Psychiatric Tech. (2)
- Psychiatric O.T.
- Recreational Therap.
- Clerk-typist

24-Hour Emergency Services

- Ph.D. Clinical Psychologist Coordinator
- Psychiatric R.N. (6)
- Clerk-typist

Patient Placement Team

- Patient Placement Coordinator

STANISLAUS COUNTY MENTAL HEALTH SERVICES

Full time Staff Positions 1969-70

Psychiatrists (2)
Ph.D. Clinical Psychologists (2)
Psychiatric Social Workers (2)
Psychiatric Registered Nurse
Clerk-typists (3)

Full time Staff Positions 1970-71

Psychiatrists (3)
Ph.D. Clinical Psychologists (2)
Psychiatric Social Workers (2)
Psychiatric Registered Nurses (2)
Physician
Mental Health Aides (4)
Administrative Assistant
Clerk-typists (5)

Full time Staff Positions 1971-72

Psychiatrists (3½)
Child Psychiatrist
Ph.D. Clinical Psychologists (4)
Psychiatric Social Workers (3)
Psychiatric Registered Nurses (10)
Psychiatric Technicians (2)
Mental Health Workers (4)
Physician
GP Resident Physician-in-Training
Psychiatric Resident
Psychiatric Occupational Therapist
Recreational Therapist
Patient Placement Coordinator
Students (2)
Administrative Assistant
Medical Records Librarian
Medical Stenographer (3)
Accounts Clerk
Clerk-typists (4)
Receptionist

STANISLAUS COUNTY MENTAL HEALTH SERVICES

New Staff Positions 1971-72

Psychiatrist (½)
Child Psychiatrist
Ph.D. Clinical Psychologists (2)
Psychiatric Registered Nurses (8)
Psychiatric Social Worker
Psychiatric Technician (2)
Students (2)
General Practice Resident
Psychiatric Resident
Psychiatric Occupational Therapist
Recreational Therapist
Patient Placement Coordinator
Medical Stenographer (2)
Medical Records Librarian
Clerk-typists (2)

MENTAL HEALTH SERVICES

ESTIMATED SALARIES 1971-72

Program Chief (1)	$ 36,800.00
Psychiatrist (2 1/2)	77,625.00
Psychologist (4)	70,325.00
Psychiatric Social Worker (3)	47,817.00
Psychiatric Registered Nurse (10)	115,920.00
Psychiatric Technician (2)	19,320.00
Mental Health Worker (4)	21,804.00
Physician (1)	28,635.00
General Practice Resident Training (1)	16,560.00
Psychiatrist Resident Training (1)	16,560.00
Occupational Therapist (1)	10,350.00
Recreational Therapist (1)	10,350.00
Placement Coordinator (1)	11,316.00
Students (2)	13,800.00
Administrative Assistant (1)	11,895.00
Records Librarian (1)	9,108.00
Medical Steno (3)	22,425.00
Accounts Clerk (1)	6,095.00
Clerk-Typist (4)	22,908.00
Receptionist (1)	4,945.00
Child Psychiatrist (1)	34,500.00
Total	$594,108.00

Includes 15% Employees benefits

STANISLAUS COUNTY MENTAL HEALTH SERVICES

1971-72 SHORT-DOYLE PROGRAM

Stanislaus County Mental Health Services
at Scenic General Hospital, Modesto

Inpatient
Outpatient
Partial Hospitalization
24-Hour Emergency Services
Consultation and Education
Diagnostic
Rehabilitation
Precare and Aftercare
Program Evaluation and Research
Training

Ben H. and Gladys Arkelian Mental Health
Wing at Emanuel Hospital, Turlock

Inpatient
Outpatient
Partial Hospitalization
24-Hour Emergency Services
Consultation and Education
Diagnostic
Rehabilitation
Precare and Aftercare
Program Evaluation and Research
Training

MENDOCINO STATE HOSPITAL

Adolescent
Adolescent Drug
Alcoholism
Drug Addicition
Geriatrics
Mentally Ill Mentally Retarded

NAPA STATE HOSPITAL

Child and Adolescent

STOCKTON STATE HOSPITAL

Alcoholism
Drug Addiction
Geriatrics
Mental Illness

ADDENDUM A

STANISLAUS COUNTY MENTAL HEALTH SERVICES COUNTY MENTAL HEALTH PLAN

1971--1972

STANISLAUS COUNTY MENTAL HEALTH PLAN

1970 - 1971

Until the present time the Stanislaus County Mental Health Services consisted of a Short-Doyle outpatient clinic with additional commitments to educational and rehabilitative services. In fact, Stanislaus County relied on the Modesto State Hospital to provide for the mental health needs of the citizens of the county. Due to the presence of Modesto State Hospital and due to the extraordinary burden to the County of Welfare costs, there has been continuing and longstanding reluctance on the part of the County administration to make a major commitment to the development of a comprehensive program for the delivery of mental health and mental retardation services within the Stanislaus County Mental Health Services.

In April of this year Modesto State Hospital closed. On August 17, 1970, the Ben H. and Gladys Arkelian Mental Health Wing at Emanuel Hospital in Turlock opened. Emanuel Hospital was given an allocation of $346,743 in 1968 of Federal funds, and an equal amount of State funds under Public Law 88-164 for the construction of the community mental health center. Its companion staffing grant was approved but has not been funded.

In the spring of 1970 the Stanislaus County Board of Supervisors reevaluated the need for mental health services in Stanislaus County, and made a commitment to carry out the State of California plan for the delivery of mental health services in Stanislaus County which called for the development of two comprehensive community mental health centers. The one based in Turlock at Emanuel Hospital has now begun operation. An interim contract for Short-Doyle services up to $20,000 has been in effect since

August 18, 1970, and when funding is available Stanislaus County will contract with Emanuel Hospital for the delivery of comprehensive mental health services for the 50,000 Stanislaus County citizens residing in that center's catchment area. Emanuel Hospital will undertake the responsibility to provide comprehensive services, including both those that are considered essential and those that are considered desirable. The contract for such services will reflect this kind of comprehensiveness and include inpatient, outpatient, emergency, partial hospitalization, and consultation to community care givers including the schools and the police. Emanuel Hospital will be designated by Stanislaus County as a 72-hour treatment and evaluation facility for all individuals who reside in the hospital's catchment area. The approval of the Director of Mental Health Services will not be necessary for either voluntary or involuntary admission to Emanuel Hospital of patients residing in the hospital's catchment area treatment services for whom are reimbursible within the Short-Doyle program.

It had been planned that necessary psychiatric hospitalization for individuals living in the other catchment area, which includes Modesto, would be either at Scenic General Hospital or at Stockton State Hospital. Stockton State Hospital had been asked to provide a 30-bed open door coeducational intensive treatment unit utilizing therapeutic community principles. This Stanislaus County intensive treatment unit is presently in operation, and is serving as the principle receiving and treatment facility for the comprehensive community mental health center based in Modesto. This unit not only provides a short stay intensive treatment for newly admitted patients, but also serves as a staging area for patients who are presently at Stockton State Hospital who can be mobilized to leave the hospital. It is intended that no individual be admitted to Stockton State Hospital, regardless of which catchment area he lives in, without the prior authorization of the Director of Mental Health Services for Stanislaus County. This restriction on admission to Stockton State Hospital includes patients hospitalized under the umbrella of the Stanislaus County Mental Health Services in the comprehensive community mental health center at Emanuel Hospital as well as patients hospitalized

privately, either there or in other hospitals. In order to reallocate funds from Stockton State Hospital to the Stanislaus County Mental Health Services, it has now been decided to rely totally on Emanuel Hospital for short term psychiatric hospitalization until Scenic General Hospital can begin to accept psychiatric patients.

Immediate plans to effect the transition from reliance on Modesto State Hospital to the existence of comprehensive mental health services for Stanislaus County were formulated in May of 1970. These plans were approved by the County Board of Supervisors and positions were budgeted for two generic mental health teams. Each team will consist of a board certified psychiatrist, a senior psychiatric social worker, a masters level psychiatric registered nurse, a Ph.D. clinical psychologist, a student professional assistant, a mental health aide, and a clerk-typist. One such team will be primarily responsible for providing direct and indirect services for the population of Modesto and the area immediately adjacent to it. The other team will provide direct and indirect services for the population living in and near the communities in the remainder of the county which lies within the catchment area assigned to the Stanislaus County Mental Health Services. The term generic mental health team implies that the team will provide a service much as a general practitioner does. The team will be expected to provide immediate direct services where indicated for children and adults. It will be the responsibility of the team to so manage its caseload as to be able to provide for immediate intake into the treatment system of any individual in need of direct services. At the same time it is expected that each team member will spend approximately half of his time in indirect services to community care givers assisting them to increase their own effectiveness. For fiscal year 1970-71 one-fifth of total staff effort will be for consultation, one-fifth for emergency services, and three-fifths for outpatient treatment.

The plan for the mental health program, staffed by Stanislaus County and serving Modesto and the Stanislaus County Mental Health Services catchmented part of the county, is that for the present a cadre of highly qualified individuals provide direct care for psychiatric patients only when such direct care is necessary, and that a major effort go into assisting other individuals in care giving situations in such a way as to reduce the incidence of mental illness by means of improved support for those they serve who are experiencing life crises. Such indirect services will also lead to the early recognition of psychiatric crises which call for direct services. The program is treatment oriented and designed to provide for immediate and appropriate services for all mentally ill individuals while attempting to influence the mental health of the total community. There is no intention of supplanting already existing services, but only of supplementing them. It is not intended that where agencies have previously contracted for psychiatric evaluations, which are necessary in order to achieve agency goals, that these evaluations will be transferred into the mental health services. It is appropriate that these services should be contracted for on a private basis by agencies as previously done. The small size of the mental health services' staff necessitates that the entire community take it upon itself to provide the necessary and sufficient conditions for the effective, imaginative and innovative delivery of direct and indirect mental health services through this program. At the outset there are two priorities for the mental health program. One is to provide immediate psychiatric services for both children and adults where such services are clearly indicated. This necessitates a crisis oriented approach and a commitment to an emphasis on short term treatment and environmental manipulation. The second priority is to drastically reduce the state hospital population of Stanislaus County citizens both by reducing the admission rate to Stockton State Hospital, and by bringing out of that hospital most of some 300 patients who are presently there.

Interaction between the Stanislaus County Mental Health Services and the Stockton State Hospital will be designed to produce the maximum leverage possible toward encouraging Stockton State Hospital to develop into a regional mental health center with high quality back up programs which will be available to Stanislaus County citizens. It is quite desirable that Stockton State Hospital develop hospital programs for children and adolescents. These services do not presently exist at that hospital. It is also considered of utmost importance that the present treatment programs for alcoholism and drug addiction are closely linked with the Stanislaus County Mental Health Services and mesh with expressed community needs. Effective communication has already been established in this regard. Efforts will also be made to influence the geriatric program at Stockton State Hospital so that it will be available to provide meaningful rehabilitative programs for older individuals who are experiencing temporary and reversible disabilities related to the aging process. It is not intended that nursing home care take place at the Stockton State Hospital.

Eventually, it is expected that there will be a comprehensive coordinated mental health program for Stanislaus County in which all community care givers will share. It is to be desired that this program be of such high quality and that services be so readily accessible and acceptable that almost all individuals will voluntarily seek services at an appropriate level when they are having difficulty coping or experiencing crises with which they need help.

The proposed budget is an extremely lean one. That part of the budget designated for state hospital treatment is less than half of what it previously has been. Emanuel Hospital is being asked to organize and provide comprehensive mental health services for its catchment area, and to serve as the 72-hour evaluation and treatment facility and intensive treatment facility for the entire county. The Stanislaus County Mental Health Services proper with a total staff of twenty individuals, including secretarial staff, has a commitment to provide for the mental health needs for both children and

adults in a population of upwards of 150,000 individuals. This commitment includes providing immediate, accessible, appropriate and acceptable services in the area of mental retardation and mental illness. There is a dedication to basic principles: to the idea of early case finding, to the idea of continuity of care and to the idea of follow-up and follow-through. All of this can be done. But above all else, one must recognize that what is proposed is a system. Were any part of this proposed budget not to be funded and funded in keeping with this proposal the system would not work, the program would not be effective, promises would not be kept and demoralization would set in. In view of the closing of Modesto State Hospital, in keeping with the opening of the comprehensive mental health center at Emanuel Hospital, and in consideration of the pledge made to new leadership in the Stanislaus County Mental Health Services one cannot give credit to the thought that anything except full and complete backing by the Department of Mental Hygiene will be forthcoming. A unique situation exists. Never before has a state hospital been closed. What happens now will be noted and remembered for a long time by those interested in delivery systems for mental health services.

ADDENDUM TO STANISLAUS COUNTY MENTAL HEALTH PLAN

Stanislaus County has 1,500 square miles. Of this, over 90 percent is privately owned. The average density of population is 114.7 persons per square mile. Elevations range from 80 to 3,801 feet in the western section. Agriculture is the most important economic activity of the county. Poultry raising of all types is important to the economy. Manufacturing activities are related to agricultural products in that food processing constitutes the largest single industry. U.S. Highway 99 and State Highway 33 provide the major north and south transportation arteries while State Routes 108, 120 and 132, connected with many county roads, provide east and west transportation services. Sante Fe, Southern Pacific and Tidewater Southern provide railroad service. The Tuolumne River serves as a geographic dividing line bisecting the county from east to west. North of the Tuolumne River are Modesto--with a population of 57,040, Oakdale--with 6,575, Riverbank--with 4,430, and Waterford--with 3,000. South of the Tuolumne River are Turlock--with 13,400 persons, Ceres--with 5,900, Patterson--with 3,275, and Newman--with 2,275. Assessed evaluation of the county for the fiscal year 1969 to 1970 was determined to be some $351,553,000.00.

Noteworthy in regard to demographic data are figures which indicate that approximately 40 percent of the population earns less than $5,000 a year. In addition, some 40 percent of the population has had eight years of schooling or less. Some 29,000 people are now receiving some type of aid from the Welfare Department. Due to the seasonal nature of much of the agricultural work, unemployment may vary as much as 20 percent during the year. A considerable part of the labor force is migrant. There is now a Spanish-named indigenous minority group which represents some 15 percent of the population.

recruits ?

ADDENDUM B

STANISLAUS COUNTY MENTAL HEALTH SERVICE COUNTY MENTAL HEALTH PLAN

1971--1972

Definition of"Community Psychiatry"as derived from Hinsie and Campbell, Psychiatric Dictionary.

"Community psychiatry is that branch of psychiatry concerned with the provision and delivery of a co-ordinated program of mental health care to a specified population. While following the medical model in general, with the methods and techniques of clinical psychiatry as its cornerstone, community psychiatry in addition uses public health methods to assess the psychiatric needs of any specified population, to identify the various environmental factors that contribute to or otherwise modify psychosocial disorder, and to evaluate the effects of therapeutic intervention on the identified patient and the social units of which he is a part.

The techniques of community psychiatry are not new, but their fusion into a coordinated, comprehensive program designed to ensure equal care of high quality and ready accessibility for all is a departure from the usual clinical emphasis on the individual patient or patient-therapist dyad. It carries with it the acceptance of continuing responsibility for the mental health needs of a community. Although the importance of intrapsychic conflict in the production of some kinds of emotional disorder is not ignored, the emphasis in community psychiatry is on extrapsychic, interpersonal, environmental, and cultural forces that engender, precipitate, intensify, prolong, or otherwise complicate maladaptive patterns and their response to treatment. The earlier psychoanalytic therory, that mental health is threatened by over-control or excessive restriction of drive,

has been modified to include the finding that optimal control of drive depends upon a combination of ego mastery and social organization.

Despite the fact that much psychosocial pathology reflects chronic illness rather than acute, self-limited disorder, experience has suggested that intensive, definitive, short-term care can often restore the patient who might otherwise languish indefinitely in a custodial-care institution to some degree of contented functioning in his usual environment. Currently, the Community Mental Health Center is the executive locus for the application of community psychiatry's concepts. Such centers include in-patient (24-hour) facilities, partial hospitalization (such as day, night, and weekend hospitals), out-patient departments, emergency services, and consultation and education units.

The foregoing are considered essential elements by the various Federal, State, and local agencies that provide economic support for Community Mental Health Centers; the following auxiliary elements are usually incorporated organizationally within those essential elements and/or are structured as equally essential divisions: diagnostic services, rehabilitation services, pre-care and after-care services, training sections (with educational programs for each discipline involved in the delivery of mental health services), and research and evaluation units.

The core concept of the Community Mental Health Center is that it will function as the nucleus for mental health services of the community it serves--usually defined geographically and termed the "catchment area". Depending upon the number, quality, and effectiveness of pre-existing health (general as well as mental), education, and welfare agencies in the catchment area, the Center may house, staff, or directly implement all the services necessary to meet the mental health needs of the community. More typically, however, a major function of the Center is to achieve integration of already existing agencies, to supplement rather

than supplant services, and to maintain liaison with each of them, with adjoining Centers, and with comprehensive medical or general health centers that service the community (hence the aphorism, the Community Mental Health Center is a concept, not a building).

An essential element in the delivery of such services is <u>continuity of care</u>--often misinterpreted to mean that the patient has the same therapist throughout every phase of his treatment and rehabilitation program, although more properly it refers to the provision of an organizational structure that will guarantee that the patient receive whatever kind of care he needs at the time he needs it. The therapy program is thus flexible, and tailored to the shifting needs of the patient, his pathology, and his community, rather than limited to the one or two techniques that may comprise the total armamentarium of a particular therapist.

Quite clearly, the mere existence of mental health services does not ensure their optimal utilization, for those who do come to the attention of established psychiatric agencies may not even constitute a majority of those who need psychiatric help. Furthermore, psychiatry as traditionally practiced may not be the best approach for many patients. As Lindeman and others have pointed out, it is a fiction that schizophrenia, to take one example, resides only in the patient. And it has long been known that the mentally ill who are placed in such settings as the Gheel colony or the Scottish boarding out system do not show the <u>social breakdown syndrome</u> so common in institutionalized patients. The conclusion to be drawn is obvious--that providing health services, particularly for that non-participant, voiceless segment of the population currently labeled the <u>disadvantaged</u>, is not enough. Truly comprehensive health centers must in addition function as agents in effecting social change that will promote mental health and

prevent mental disease. Certainly they will continue to focus on early treatment and quick return to functioning, by providing the broadest possible range of therapies, somatic and psychologic, that have been developed to date. But they will be equally committed to **prevention**, in all its forms: tertiary prevention (rehabilitation)---the return of the identified patient to his peak potential of functioning, by concentrating on his assets and recoverable functions rather than on the liabilities of his psychopathology, by focusing on complications of disuse (such as the social breakdown syndrome) that have often been mistaken as part of the basic disease process; secondary prevention--early case-finding; and primary prevention--promotion of mental health, and prevention of psychosocial disorder."