North and South County
Outpatient Psychiatric Services

Overview

The Outpatient Psychiatric Services (OPS) is comprised of several clinical programs within the Department of Psychiatry and Behavioral Health of Alameda Health System (AHS), an affiliated hospital of UCSF School of Medicine. We are located at the Highland Hospital and Fairmont Hospital campuses. For the past Fourteen years, partial hospitalization and intensive outpatient services have been provided to the residents of Alameda County. These two programs provide services for 200-250 severely ill patients each week. In addition, OPS has a family program which offers family therapy, a family/caregiver support group and multifamily therapy groups for those getting services at the PHP and IOP programs.

In 2010, services have been expanded to provide medication management and full adult outpatient clinic services to meet the growing need for psychiatric care in Alameda County. In addition to services for persons suffering from chronic mental illnesses, we offer a variety of programs, eg, mood disorders, thought disorders, anxiety disorders, substance abuse, geriatric and aging, family problems, sleep disorders and medical/psychiatric disorders. Psychological/neuropsychological assessments are also available.

Philosophy

AHS recognizes that mental illness can have a devastating effect upon an individual’s life and family. Illnesses such as major depression, bipolar disorder, substance abuse and schizophrenia can significantly impair a person’s ability to function at home, at work and in social/family relationships. AHS OPS is dedicated to providing compassionate, comprehensive psychiatric care to individuals suffering from mental illness with the goal to reduce hospitalization, stabilize symptoms, improve coping, avoid relapse and promote recovery. We believe that each individual can improve and attain independence and well-being with the right support.

Mission Statement

Our mission is to provide the highest quality psychiatric outpatient services to the residents of Alameda County experiencing emotional/psychological distress with the goal to rehabilitate, maintain and improve public mental health through the delivery of a variety of compassionate, therapeutic and educational services sensitive to the diverse
cultural needs in our community. Alameda Health System is dedicated to providing a complete continuum of psychiatric care to the community.

**Staff**

The staff of OPS is comprised of a variety of doctors and licensed professionals, such as, internists, psychiatrists, psychologists, social workers, therapists, nurses and other program facilitators and personnel who work together as a treatment team to provide the latest evidenced-based therapeutic and clinical interventions. In addition to the regular staff, because AHS is a training institution affiliated with UCSF School of Medicine, there are a number of nursing and medical students, medical/psychiatry residents, psychology and social work interns who assist with the delivery of psychiatric services that come from regional institutions such as Stanford, UC Berkeley, UC San Francisco, UC Davis, Cal State East Bay, Cal State San Francisco, John F Kennedy University, Samuel Merritt University, The Wright Institute and Alliant International University.

**Services**

1) **Partial Hospitalization and Intensive Outpatient Programs**

**Partial Hospitalization Program (PHP)**

PHP services are designed to be a “step-down” program for people newly discharged from a psychiatric hospital who are ready for a lower level of care, as well as an alternative to psychiatric hospitalization for individuals experiencing severe emotional distress. The goal of this program is to assist people in successfully functioning in the community. PHP provides comprehensive short-term structured outpatient treatment for adults living at home. The program is offered five days a week for five hours per day. Individual/group therapy, psychiatric evaluation, psychological/social assessment and medication management services are provided as well as transportation, lunch and a morning snack. The goal of the program is to (1) stabilize symptoms either after a hospitalization or to prevent a hospitalization, (2) develop positive coping skills and modify problematic behaviors in a structured and supportive outpatient setting and (3) prepare for a lower level of care.

**Benefits:**

- Reduce/avoid hospital stays by providing “step down” PHP care
- Attend treatment while living at home
- Weekly medication supervision and management
- Reduce acute symptoms and improve functioning
- Learn positive symptom management/functional skills
- Improve understanding of mental illness and its management
- Coordinate re-entry into the community after hospitalization
- Prevent decompensation and/or re-hospitalization
- Decreases social isolation
- Learn relapse prevention skills
- Maintain important links to family and community
- Promotes safe and effective recovery from an episode of psychiatric illness
An individualized treatment plan is developed for each participant to address the medical, psychiatric, psychological and social/family needs of the person. The comprehensive treatment program includes:

- Complete medical, psychiatric, psychological and social/family evaluation
- Weekly psychiatric assessment by attending psychiatrist
- Daily group psychotherapy
- Weekly individual psychotherapy
- Evaluation and management of psychiatric medications
- Community/family resource needs assessment and coordination
- Activities to promote socialization

**Intensive Outpatient Program (IOP)**

IOP service is designed to be a “step-down” program for individuals completing the PHP or similar program or when more structured care is needed when psychiatric symptoms worsen but daily treatment is unnecessary. IOP provides comprehensive outpatient services for adults experiencing psychiatric problems that can be managed by attending three or less days a week of structured supportive treatment that is four hours in duration. Individual/group therapy, psychiatric evaluation, psychological/social assessment and medication management services are provided as well as transportation, lunch and snacks. The goal of the program is to assist participants to (1) avoid decompensation related to an exacerbation of psychiatric symptoms that would otherwise require PHP-level or higher services by stabilizing current presenting symptoms, (2) continue to develop positive coping skills and modify troublesome behaviors in a structured and supportive outpatient setting after completion of PHP services and (3) establish and maintain a plan for ongoing recovery and independent functioning in the community.

**Benefits:**

- Avoid need for PHP or hospital services through early intervention
- Attend treatment while living at home
- Develop coping skills for maintaining in the community
- Understanding and accepting your diagnosis
- Management of side effects of medications
- Learn problem solving and conflict management skills
- Improve life skills and activities of daily living
- Decrease social isolation

Individualized treatment plan is developed for each participant to address the medical, psychiatric, psychological and social needs of the individual at their level of care. The comprehensive treatment program includes:

- Complete medical, psychiatric, psychological and social/family evaluation
- Bi-monthly psychiatric assessment by attending psychiatrist
- Bi-monthly individual psychotherapy
- Daily group psychotherapy
- Evaluation and management of psychiatric medications
- Community/family resources need assessment and coordination
- Activities to promote socialization
Specialized PHP and IOP Programs

The Outpatient Psychiatric Services partial hospitalization and intensive outpatient program has a number of specialized programs to address specific areas important to the stabilization and recover process for persons with chronic mental illness. These programs are: Milieu Therapy, Dialectical Behavior Therapy, Solutions for Wellness Program, Mentally Ill Chemically Abusing (MICA) Program, Rehabilitation Program, Cognitive Training Program, Geriatric Expertise, Young Adult Expertise, Wrap Program, Forensic Expertise, Trauma/PTSD Expertise and the Family Program.

Milieu Therapy

The therapeutic milieu has long been considered an important healing tool in the treatment of individuals with serious mental illness in day treatment settings. This treatment format focuses on the specific therapeutic factors in the environment that contribute to the success of treatment. Specifically, the milieu is the physical environment, the culture that is created and maintained by the attitudes and behaviors of the staff and clients, the policies and procedures of the program, the rituals and daily programmatic structure and the rules for promoting safety and healing. The combination of these factors results in a “milieu experience” that has a primary goal of both supporting and educating clients about specific treatment issues, coping skills and encouraging participation through a safe, stable, predictable, consistent positive and caring environment.

Dialectical Behavior Therapy

Dialectical Behavior Therapy (DBT) is a form of group psychotherapy that helps clients learn skills in order to overcome patterns of emotional misery and distress in their lives. Specifically, clients work to decrease behaviors characterized by interpersonal chaos, labile emotions, impulsiveness and cognitive disregulation. Clients also learn to increase interpersonal effectiveness skills, emotional regulation skills, distress tolerance skills and core mindfulness skills that combine to help them lead safer and more successful lives.

Solutions for Wellness Program

The Solutions for Wellness program is a system of empowering and inspiring clients through our group psychotherapy format to choose a healthier lifestyle, optimize their overall health and wellness, understand and manage their psychiatric disorder, and make choices that reduce relapse and facilitate recovery. The program places an emphasis on healthier eating and physical activity as well as focusing attention on other key modifiable lifestyle behaviors, such as, access to regular healthcare check ups, smoking cessation, sleep hygiene and stress management. All clients’ metabolic indicators are tracked by the nursing staff and regular labs and doctor appointments are facilitated to promote optimal health while in the program.
MICA Program

According to the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) at least 50 percent of the 2.5 to 3 million Americans with severe mental illness abuse illicit drugs or alcohol, compared to 15 percent of the general population. This finding is consistent with earlier epidemiological studies reporting that 25 to 50 percent of newly admitted psychiatric patients have concomitant drug and/or alcohol abuse problems.

Untreated substance abuse problems can derail primary treatment of psychiatric illness and lead to decompensation and/or hospitalization. Specialized psychotherapy groups and individual counseling are provided that help clients stop harmful abuse of illicit drugs and alcohol.

The MICA treatment process begins by engaging the client to relate to the area of substance abuse, using interventions that precede traditional substance abuse treatment readiness. Interventions include a nonconfrontational approach to denial that assists clients through the process of attaining traditional readiness by emphasizing engagement through education rather than confrontation and consequences.

Rehabilitation Program

The rehabilitation program within the partial hospitalization and intensive outpatient program represents a treatment philosophy that each client has the capacity to reach their full potential in terms of independence, productivity and life satisfaction in spite of suffering from a chronic mental illness. Many of the treatment activities in the program, eg, music, theater, dance, yoga and holiday celebrations, are geared to promote these themes. The treatment program emphasizes knowledge and skills that can help clients understand their illness, enhance illness management, improve coping, strengthen resilience and promote independence.

Specific activities are organized to accomplish these goals, such as, the Training Opportunities Program Series (TOPS). The TOPS program is intended to help the clients build skills, have an increased sense of purpose and belonging, and learn to manage symptoms while attending to clinic tasks or jobs, thus acting as a bridge to enter the community with more self confidence to become a volunteer or vocational rehab participant. This program helps clients learn to succeed with handling sustained regular responsibilities in the clinic while learning to control and cope with symptoms.

Cognitive Training

There are significant cognitive and thought processing problems associated with schizophrenia and schizoaffective disorder. Bipolar disorder and major depression also have been show to have some similar cognitive problems. New research now shows that exercising the brain can produce positive effects where cognitive functions improve.

Cognitive skills training groups, computer-based exercises and neurocognitive exercises are employed to improve attention, concentration, planning, memory and other cognitive skills. These interventions teach cognitive awareness and cognitive skills that improve self-esteem, motivation and level of functioning in the community.
Geriatric Expertise/Generations

For clients with severe mental illness, aging occurs about 15 to 20 years earlier than the general population and can have a destabilizing and negative impact on the ability to manage a serious mental illness and maintain oneself in the community.

Supportive and therapeutic intervention services are provided for the psychological and emotional consequences of disorders related to the process of aging for clients with primary psychiatric illness getting day treatment services in the PHP or IOP programs. Geriatric services involve psychological and health assessment of the neuropsychiatric, adjustment, mental and nervous disorders associated with senior years.

Group and individual therapy sessions are geared to address the special needs of this population which may involve assessment and or treatment of memory and neuropsychological dysfunctions, competency, depression, anxiety, or adjustment difficulties related to aging. Our geriatric psychiatrists evaluate and prescribe the most beneficial medications for this client population.

Young Adult Expertise

When severe psychiatric illness occurs in young adults 18 to 28 it can be especially devastating to the activities of this developmental phase. Unique challenges arise as a result of the stages of emotional, cognitive, physical, academic and occupational development typical to this age group. OPS provides specific age appropriate medication and clinical interventions to help quickly stabilize symptoms, develop positive coping skills and help minimize the impact of their illness on academic, occupational and relationship goals.

WRAP Program

The WRAP Program is a system for assisting clients in the development of self-care skills such as a wellness toolbox, daily maintenance plan and action plan for potential triggers. The goal being is to be more self-sufficient, independent and self-reliant. The WRAP Program is based on the work of Dr. Mary Ellen Copeland, PhD. Greater stability is achieved by clients writing or expanding their Wellness Recovery Action Plan with a special focus on balancing their wellness toolbox, identifying their triggers and early warning signs, and building support into their life. Specialized groups are set up to get the mind and body moving, eg, yoga, tai chi, art activities, journaling, mediation, discussions on sex and intimacy, facilitating WRAP, and much more. Each activity is followed by a chance to deeply reflect on how these things could fit fully into their own life.

Forensic Expertise

OPS has contracts to provide day treatment services for patients on probation through the Alameda County Court Advocacy Program and on parole through the State of California Condition Release Program. These are incarcerated psychiatric patients who have committed non-violent or substance abuse related crimes and clearly would benefit from therapeutic services and structure rather than being in jail or state hospital
**Trauma/PTSD Expertise**

Many clients who attend the day treatment services of OPS have experienced traumatic events in their life and currently suffer from PTSD (Post-Traumatic Stress Disorder) symptoms. These symptoms, left untreated, can make it difficult to make progress in treatment and can lead to decompensation and/or re-hospitalization. Typical symptoms include: recurrent and intrusive negative memories, feeling detached from others, constricted emotions, hyper-alertness, sleep problems, problems with concentration and memory, depression and anxiety. Specialized individual and group therapy interventions are offered to assist clients with the challenges of working through these feelings and experiences so they can fully participate in the treatment and recovery process.

**Family Program**

Alameda Health System recognizes that family members of chronically mentally ill patients are affected in specific ways as a result of living with and/or caring for their children, siblings, parents or other relatives who are disabled because of a mental illness. Often, following a course of hospital treatment, psychiatrically disabled persons either return home or are cared for in some way by family members. Family members frequently provide much of the support for assisting with transportation, housing, financial, medical and psychiatric needs.

As a result of their important role in their disabled person’s life, family members form a significant part of the services available to help people maintain in the community, rehabilitate and avoid decompensation and/or hospitalization. In order to perform their crucial function, families need additional information, skills and support to improve their own coping and effectiveness in dealing with their disabled family member.

The family/caregiver support program at Outpatient Psychiatric Services seeks to meet these family needs in several ways:

1. Weekly Family Support Group
2. Monthly Multifamily Therapy Group
3. Periodic Family Therapy Sessions
4. Information and Referral Services

**The Family/Caregiver Support Group**

This is a weekly support group for family members and caregivers of mentally disabled persons. The group is held on Wednesday evenings from 6pm to 7pm on a drop-in basis at Outpatient Psychiatric Services. The group is primarily for family members who have a relative currently receiving treatment at AHS OPS but is open to family members of non-AHS OPS patients as well. The goal of the group is to provide information, support and referral to family members and caregivers in order to maximize strengths and improve confidence and effectiveness. Information is provided on mental illness, psychiatric medications, admission and treatment procedures, discharge and aftercare planning, referral resources in the community and coping skills. The group is facilitated by staff members of OPS. If you are unsure if this group is right for you, please call and a staff member would be happy to discuss this with you.
Multifamily Therapy Group

This is a monthly therapy group for family/caregivers and current clients of OPS. The group is held on the last Monday of each month from 6pm to 7pm on drop-in basis at Outpatient Psychiatric Services. This group combines the principals of family therapy and group therapy. Everyone lives within a system either with family, friends or caregivers and as such is affected by them. This can be negative or positive in terms of the patterns and habits of relating that develop over time. The therapist, as well as other group members, can observe these patterns of relating in the group therapy process and intervene in a gentle way that can improve communication, problem solving, symptom management, medication compliance, satisfaction, self-care and functional skills. The goal of the group is to clarify these unproductive ways of relating and make positive achievable and realistic goals for the change. Group members learn that they are not alone, are accepted and supported, can have hope and a sense of competence.

Family Therapy

Family therapy sessions for family members and caregivers of current patients in the OPS can be scheduled on a periodic basis. These sessions are held at OPS and facilitated by one of the staff therapists. Family therapy sessions can be very helpful for both the staff, patient and family member by providing an opportunity to identify, clarify and resolve treatment issues, discuss problems at home, make positive goals and communicate about aftercare plans.

2) Adult Outpatient Clinic Programs (AOC)

Overview

The Adult Outpatient Clinic Program is designed for people 18 years of age and older with mild to moderate mental health problems in at least one area of daily life resulting from psychological/psychiatric symptoms that interfere with social, vocational, familial, occupational and/or emotional functioning. People receiving these services are able to safely maintain themselves in the community with once or twice a week contact and support from a mental health professional and are motivated to attend, engage and use treatment. AOC level of care is for people who are not a danger to themselves or others.

The AOC program acts as the first line of evaluation, intervention and support for persons first experiencing mental illness symptoms, e.g., thought disorder or mood disorder, having a re-occurrence of mental illness or needing a lower level of care after a course of day-treatment or an episode of hospitalization. Our staffs of licensed professionals and doctors provide a supportive and compassionate environment where the latest advances in evidence-based mental health outpatient treatment helps clients develop the tools to cope successfully and avoid a hospitalization.
Services

The AOC program focuses on assisting people at improving symptom management, coping and problem solving skills that will allow them to continue to be successful in the community, i.e., at home, at work, at school and with family. Services are in the form of 1) individual psychotherapy that occurs once or twice a week, 2) weekly group psychotherapy and psycho-education, if indicated 3) ongoing psychiatric evaluation, psychological/social assessment and medication evaluation/management.

The goals of the programs are to 1) Keep symptoms under control while maintaining continued independent participation in daily life 2) Stabilize symptoms after an exacerbation so that a higher level of care is not needed 3) Provide ongoing evaluation, support and structure to prevent symptoms from interfering with life goals and 4) Assist with ongoing links to community services, health care, financial and transportation resources.

Benefits:

- Attend treatment while living at home
- Improved understanding of mental illness and its management
- Access to the latest information and education on mental health
- Learn positive symptom management, coping and self-care skills
- Keep problems and symptoms from becoming overwhelming
- Prevent interruption to work or school or family life
- Have monthly medication supervision and management (if needed)

An individualized treatment plan is developed for each participant to address the medical, psychiatric, psychological and social/family needs of the person. The comprehensive treatment program includes:

- Complete medication, psychiatric, psychological, social/family evaluation
- Weekly individual psychotherapy
- Weekly group psychotherapy (if needed)
- Monthly family therapy (if needed)
- Monthly medication management (if needed)
- Community resource needs assessment and coordination

Information and Referral Sources

Family members, caregivers and the public can call to speak to a staff member who can provide information on AHS psychiatric services, the county mental health system, answer questions about treatment options and suggest resources in the community. Please call us at 510-895-4369 if you live in South County or 510-535-7476 for North County for more details.
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