

September 2009

mhsoac Update

newsletter

Commissioners



A Farewell Poem
By Sheri Whitt

Summer
Childtime memories
skinned knees,
popsicles,
running through the sprinklers,
sand in my shoes,
wrinkled hot dogs plucked from the
Weber-
sweating-sweating-sweating

today's Summer
yearning for popsicles,
sprinklers,
sand in my shoes,
wrinkled hot dogs from the Weber-

and so goes life's transitions.
Gratitude for this time with all of
you. Best wishes for what comes
next for you.

...and now I have times for popsicles,
sprinklers, sand in my shoes,
wrinkled hot dogs...and all in the
cool fog of Humboldt.

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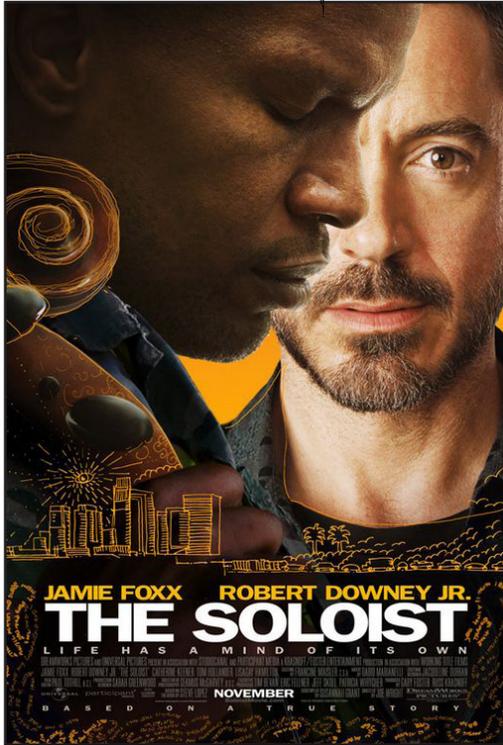
Richard Van Horn

Eduardo Vega

Check out the Logo and Slogan Contest on the back page!



A Review of *The Soloist*



By Amy Shearer

While many unlikely-friendship-turned-dynamic-duo movies have been made over the years, few have the feeling of authenticity that makes *The Soloist* so remarkable.

Granted, this isn't the average Hollywood setup. Based on a true story, *The Soloist* is a touching, often humorous, and always thought-provoking movie that raises deeper questions about universal compassion and respect.

The title ostensibly refers to Nathaniel Anthony Ayers, the homeless ex-Julliard musician who spends his time playing a two-stringed guitar on the streets of Los Angeles. However, it could be argued that the real "soloist" is Steve

Lopez, the jaded LA Times reporter who discovers Ayers in the shadow of Beethoven's statue. Divorced from his wife and estranged from his son, Lopez seems to put all his effort into searching for his next big story. And that is just what Ayers is to him – at least at first.

Amused by Ayers' eccentric appearance, captivated by his haunting music, and intrigued by his claim of having studied at Julliard, Lopez senses the makings of a brilliant human-interest piece. He sets to work tracking down Ayers' past, imagining he will be able to restore Ayers to his pre-schizophrenia musical potential. What follows is more so an account of how Lopez himself is transformed by their friendship.

Perhaps the most profound moment of all comes near the end of the film when Lopez, for the first time, calls his friend "Mr. Ayers objects that there is no need to call him "Mister" and Lopez responds that he should have been calling him that all along. Lopez recognizes that his friend deserves the same respect as anyone else, regardless of his living situation or mental health.

Robert Downey Jr's performance is exceptional, and he seems well-suited to play Lopez's dry wit, occasional immaturity, and brusque-yet-well-meaning mien. Jamie Foxx is believable as Ayers, and together the two create a combination that is captivating to watch.

The Soloist is a feel-good movie that doesn't patronize. You won't find the traditional happily-ever-after ending, but you'll find something much better – a real story about real people. You'll laugh, you might cry, and you'll definitely be entertained. This is one movie you shouldn't miss!



Update Staff

EDITOR

Matthew Lieberman
Communications

STAFF WRITERS

Amy Shearer
Communications

Christina Call
Communications

Disability Capitol Action Day



the *Olmstead* decision, Lois Curtis, speak of the implications this historic ruling had on her life. Ruth Shelton, a resident of Sacramento, also shared her own story of 50 years of being institutionalized before living in the community.



By Christina Call

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The Disability Action Coalition held its 6th Annual Disability Capitol Action Day on May 27th, 2009. The purpose of this annual event is to give advocates from all over California the chance to offer resources to consumers and caregivers and to rally together for a common cause.

This year's theme was the 10th anniversary of the U.S. Supreme Court *Olmstead* decision. In the *Olmstead* decision of 1999, two women with disabilities, Lois Curtis and Elaine Wilson of Georgia, asked to be moved from nursing homes into their own homes. When the State turned them down, a lawsuit was filed on their behalf and the Supreme Court held that the Americans with Disabilities Act forbade the unnecessary institutionalization of individuals with disabilities. The ruling required that services for these individuals be provided "in the most integrated setting possible." This ruling challenged the government on a national and local level to provide community placement in place of institutionalization.

The day's activities included a march to the Capitol, an educational rally, musical entertainment, lunch and visits to the Legislature. Consumers and advocates were also invited to speak and the sidewalks were lined with organizations offering information and resources. The MHSOAC was among the organizations in attendance. We were given the opportunity to share with people from all over California what the Commission is all about as well as ways they can get involved with the MHSOAC and with MHS services in their communities. This was the first year the MHSOAC has hosted a booth at Disability Capitol Action Day and we look forward to attending again in the future.



Come visit our booth at the Disability Awareness Event on October 6, 2009 on O Street between 12th and 13th Streets from 11 AM to 1:30 PM. The event is being hosted by the California Department of Food and Agriculture and the California Department of Veteran's Affairs.

Come join us!

Over 3,000 people gathered at the State Capitol to hear the surviving plaintiff of

Join us for some food and live music as we celebrate National Disability Month!

Sheriff William B. Kolender Retires



During his career, the Sheriff served on many boards and participated in multiple organizations. In 1991, he was appointed by Governor Pete Wilson as Director of the California Youth Authority, which is the “largest youth correctional agency in the nation” (www.sdsheriff.net). He was also appointed to the California Board of Corrections and has been a president of several associations, councils, and boards including: the Major City Police Chief’s Association, the San Diego Police Officer’s Association, the California Council on Criminal Justice, and the California Community Colleges Board.

areas of law enforcement and mental health, he responded, “Having law enforcement personnel respond appropriately with compassion and understanding when they contact a mentally ill person. Also having appropriate and effective services in our communities that cops can help clients get to. [And], I think having mental health counseling services for law enforcement personnel is very important. They are subject to some awful situations during their careers, and I’ve always believed that no one should be stigmatized by seeking needed mental health support. I have provided for those supports for the men and women of every department I’ve led during my career.”

By Christina Call

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Sheriff William B. Kolender retired from his position as Sheriff of San Diego County at age 73 on July 2, 2009 after over 50 years of service in law enforcement.

The Sheriff began his career in 1956 as a San Diego police officer at age 21 as a way to pay for college and found out that he liked it. Just 19 years later, at age 40, he was appointed Chief of Police for the San Diego Police Department and became known as the youngest Chief of Police of a major city. “The older Chiefs that I worked with helped me to learn the job and inspired me to continue to improve myself and my work,” said Kolender. In 1991, he was elected Sheriff of San Diego County, and was subsequently re-elected three times. His last term would have ended in January 2011.

The Sheriff has also been a member of a number of charitable organizations and has received numerous honors, including the Diogenes Award for Truth and Honesty in government in 1978, the Courageous Leadership Award by the San Diego Regional Chamber of Commerce in 2004, and the Lifetime Achievement Award by the San Diego Police Historical Association in 2006. When asked what he is most proud of, Kolender replied, “During my 50 years in law enforcement service, working for three major agencies, I am proud and feel very good about making a positive difference in the lives of others.”

Kolender agreed to sit on the MHSOAC to help connect the law enforcement and mental health communities more effectively. “When I first began working on the OAC, I was struck by the lack of understanding between the mental health and law enforcement communities. It is vitally important that we work together...I will miss the opportunity to see that partnership continue to strengthen as the MHSA is implemented,” said Kolender.

Aside from law enforcement, Sheriff Kolender has also made an impact on the mental health system in California as a Commissioner for the MHSOAC. When asked what he is most passionate about in the

The MHSOAC recognizes William Kolender as an influential and vital part of both the law enforcement community and the mental health community. While his retirement means he will no longer serve on the Commission, his ideas and all that he has worked for will continue to help transform the mental health and criminal justice systems.

Housing Progress Report

County	FY	Development Name	Loan Commitment	Total Units	MHSA Units	Total Development Costs	MHSA Funds Requested	Capital Costs	Operating Subsidies
Alameda	08/09	Fairmount	<input checked="" type="checkbox"/>	31	5	\$12,104,000	\$1,000,000	\$500,000	\$500,000
Alameda	08/09	Hamon Gardens	<input type="checkbox"/>	16	10	\$6,506,145	\$500,000	\$500,000	\$0
Alameda	08/09	Main Street Village Apts.	<input type="checkbox"/>	64	10	\$30,000,000	\$2,000,000	\$1,000,000	\$1,000,000
Fresno	08/09	Alta Monte	<input type="checkbox"/>	28	27	\$3,022,772	\$950,000	\$950,000	\$0
Kern	08/09	Haven Cottages	<input type="checkbox"/>	24	24	\$4,298,298	\$1,418,438	\$1,418,438	\$0
Kern	08/09	Residences at West Columbus	<input checked="" type="checkbox"/>	56	20	\$12,909,526	\$2,871,600	\$2,096,600	\$775,000
Los Angeles	08/09	Caroline Severance Manor	<input type="checkbox"/>	85	48	\$32,862,599	\$9,548,640	\$5,031,840	\$4,516,800
Los Angeles	08/09	Courtyards in Long Beach	<input checked="" type="checkbox"/>	46	23	\$12,680,036	\$4,494,403	\$2,194,403	\$2,300,000
Los Angeles	08/09	Daniel's Village	<input checked="" type="checkbox"/>	8	7	\$2,651,172	\$1,461,810	\$733,810	\$728,000
Los Angeles	08/09	Figueroa Apartments	<input type="checkbox"/>	19	11	\$3,733,026	\$1,153,130	\$1,153,130	\$0
Los Angeles	08/09	Ford Apartments	<input type="checkbox"/>	151	90	\$28,525,890	\$18,794,700	\$9,434,700	\$9,360,000
Los Angeles	08/09	Glenoaks Gardens	<input checked="" type="checkbox"/>	60	45	\$21,055,684	\$9,000,000	\$4,500,000	\$4,500,000
Los Angeles	08/09	Nehemiah Court Apartments	<input checked="" type="checkbox"/>	7	6	\$5,079,759	\$1,377,120	\$777,120	\$600,000
Los Angeles	08/09	Progress Place I and II	<input type="checkbox"/>	16	14	\$3,580,752	\$2,800,000	\$1,400,000	\$1,400,000
Los Angeles	08/09	The Villas at Gower	<input type="checkbox"/>	70	35	\$27,314,255	\$7,000,000	\$3,500,000	\$3,500,000
Los Angeles	08/09	Young Burlington	<input checked="" type="checkbox"/>	21	14	\$9,151,376	\$2,800,000	\$1,400,000	\$1,400,000
Marin	08/09	Fireside	<input checked="" type="checkbox"/>	50	5	\$26,248,768	\$950,000	\$475,000	\$475,000
Merced	08/09	Gateway Terrace	<input type="checkbox"/>	66	10	\$14,607,581	\$1,242,500	\$1,000,000	\$242,500
Monterey	07/08	Sunflower	<input checked="" type="checkbox"/>	18	15	\$5,845,602	\$3,187,480	\$1,649,000	\$1,538,480
Monterey	08/09	Wesley Oaks TAY Home	<input type="checkbox"/>	10	4	--	\$270,987	\$400,000	--

Housing Progress Report

County	FY	Development Name	Loan Commitment	Total Units	MHSA Units	Total Development Costs	MHSA Funds Requested	Capital Costs	Operating Subsidies
Placer	08/09	Timberline Project	<input checked="" type="checkbox"/>	5	5	\$874,300	\$874,300	\$524,300	\$350,000
Riverside	07/08	Rancho Dorado	<input checked="" type="checkbox"/>	71	15	\$21,694,179	\$2,810,000	\$1,500,000	\$1,310,000
Riverside	08/09	The Vineyards at Menifee	<input type="checkbox"/>	81	15	\$20,540,864	\$1,500,000	\$1,500,000	\$0
Sacramento	07/08	Mutual Housing at the Highlands	<input checked="" type="checkbox"/>	90	33	\$24,069,024	\$4,771,945	\$2,971,945	\$1,800,000
Sacramento	08/09	Boulevard Court	<input checked="" type="checkbox"/>	74	25	\$23,320,736	\$4,500,000	\$2,500,000	\$2,000,000
Sacramento	08/09	Folsom Oaks	<input checked="" type="checkbox"/>	19	5	\$6,110,000	\$500,000	\$500,000	\$0
San Diego	08/09	15th and Commercial Project	<input type="checkbox"/>	140	25	\$61,757,916	\$5,273,071	\$2,773,071	\$2,500,000
San Diego	08/09	Cedar Gateway	<input checked="" type="checkbox"/>	65	23	\$29,799,234	\$5,052,000	\$2,752,000	\$2,300,000
San Diego	08/09	The 34th Street Project	<input type="checkbox"/>	34	5	\$7,893,180	\$383,051	\$370,610	\$500,000
San Francisco	07/08	Polk Senior Housing	<input checked="" type="checkbox"/>	110	10	\$33,091,000	\$1,000,000	\$1,000,000	\$0
San Francisco	08/09	220 Golden Gate Avenue	<input type="checkbox"/>	174	17	\$82,997,866	\$3,400,000	\$1,700,000	\$1,700,000
San Francisco		Parcel G	<input checked="" type="checkbox"/>	120	12	\$35,971,996	\$2,400,000	\$1,200,000	\$1,200,000
Santa Barbara		Garden Street	<input checked="" type="checkbox"/>	51	10	\$22,006,131	\$1,500,000	\$1,000,000	\$500,000
Santa Barbara		Homebase on G	<input type="checkbox"/>	39	26	\$9,115,168	\$799,998	\$600,000	\$199,998
Santa Clara		Belovida	<input checked="" type="checkbox"/>	28	3	\$11,317,337	\$550,000	\$300,000	\$250,000
Santa Clara		Kings Crossing	<input checked="" type="checkbox"/>	94	10	\$46,663,233	\$2,150,000	\$1,200,000	\$950,000
Santa Clara		90 Archer Street Apts.	<input type="checkbox"/>	42	6	\$15,346,259	\$1,200,000	\$600,000	\$600,000
Santa Clara		Fair Oaks II	<input type="checkbox"/>	124	18	\$17,069,820	\$1,800,000	\$1,800,000	\$0
Santa Cruz		Bay Avenue Senior Apartments	<input type="checkbox"/>	109	5	\$28,809,024	\$860,000	\$425,000	\$435,000
Sonoma		Fife Creek Commons	<input type="checkbox"/>	48	8	\$18,670,961	\$1,000,000	\$1,000,000	\$0
Sonoma		Vida Nueva	<input checked="" type="checkbox"/>	24	6	\$1,200,000	\$1,200,000	\$600,000	\$600,000
Sonoma		Windsor Redwoods	<input type="checkbox"/>	65	8	\$25,031,547	\$1,000,000	\$1,000,000	\$0
Ventura		La Rahada	<input checked="" type="checkbox"/>	8	8	\$2,363,603	\$1,618,653	\$786,653	\$832,000
Ventura		Paseo de Luz Apts.	<input type="checkbox"/>	25	24	\$9,682,683	\$2,297,465	\$1,497,465	\$800,000



Housing Progress Report

TOTALS

Total Units	MHSA Units	Total Development Costs	MHSA Funds Requested	Capital Costs	Operating Subsidies
2486	745	\$817,573,302	\$121,261,291	\$70,215,085	\$51,662,778

ABOUT THE MHSA HOUSING PROGRAM

As of August 6, 2009

\$400 million of MHSA funds have been allocated for financing permanent supportive housing for mental health consumers and their families through a program called the MHSA Housing Program. The monies fund development, acquisition, and construction costs as well as provide operating subsidies for those units set aside for MHSA Housing Program applicants.

You can find this information and more regarding the MHSA Housing Program at http://www.dmh.ca.gov/Prop_63/MHSA/Housing/default.asp. The information in the Housing Progress Report and Summary was taken directly from the Department of Mental Health's MHSA Housing Program Application Overview for the month of August, 2009.

Progress of Sunflower Gardens



In the last issue of *Update*, Monterey County's housing project, Sunflower Gardens, had just celebrated its groundbreaking on April 30, 2009. Scheduled to be completed April 2010, Sunflower Gardens will be a two-story, 18-unit apartment building and will be home to 23 adults with psychiatric disabilities who are at risk for homelessness. Monterey received a total of \$1,649,000 in MHSA Housing Program funds for this project.

So far, progress on Sunflower Gardens is moving swiftly. According to Susan Alnes, the Acting Development Director of Interim Inc., the site work has largely been completed. Security cameras have been installed throughout, footings have been poured for the perimeter fence, all underground utilities have been installed, foundations have been poured for all four buildings, framing on the three residential buildings is about 80 percent complete, and the concrete tile roof, including almost 15KW of solar electric and solar hot water capacity, will be finished by the end of September.

You can view the progress of Sunflower Gardens at www.interiminc.org and at <http://picasaweb.google.com/interimincphotos>.

All above photos are courtesy of Interim Inc.

PEI Progress Report

County	Date Approved	Amount Approved
Alameda	11/20/08	\$4,891,876
Alpine	07/23/09	\$278,500
Berkeley	04/24/09	\$966,700
Butte	06/26/09	\$1,823,300
Calaveras	04/24/09	\$291,000
Colusa	02/27/09	\$150,000
Contra Costa	03/26/09	\$5,553,000
Fresno	08/27/09	\$6,537,258
Glenn	09/25/08	\$155,300
Imperial	07/23/09	\$1,835,124
Humboldt	02/03/09	\$613,853
Inyo	05/28/09	\$150,000
Lassen	04/24/09	\$156,600
Los Angeles	03/26/09	\$5,739,200
	08/27/09	\$121,661,559
Madera	03/26/09	\$1,247,900
Marin	03/26/09	\$1,338,927
Mariposa	03/26/09	\$150,000
Merced	11/20/08	\$1,903,000
Modoc	09/25/08	\$125,000
Mono	07/24/08	\$125,000
Monterey	07/24/08	\$3,357,700
Nevada	05/28/09	\$1,454,500

County	Date Approved	Amount Approved
Orange	03/26/09	\$31,146,234
Placer	02/27/09	\$1,433,374
Plumas	03/26/09	\$225,000
San Benito	05/28/09	\$467,900
San Bernardino	09/25/08	\$14,239,611
San Diego	02/03/09	\$25,193,145
San Joaquin	05/28/09	\$10,337,900
San Francisco	04/24/09	\$6,436,374
San Luis Obispo	02/27/09	\$1,979,500
San Mateo	12/16/08	\$2,071,177
Santa Cruz	05/28/09	\$3,800,242
Shasta	05/28/09	\$2,789,500
Solano	09/25/08	\$1,890,633
Sonoma	03/26/09	\$1,117,500
Stanislaus	05/28/09	\$7,845,800
Sutter-Yuba	08/27/09	\$1,350,300
Trinity	02/27/09	\$125,000
Tulare	05/28/09	\$7,682,776
Tuolumne	02/27/09	\$378,200
Yolo	04/24/09	\$1,439,700

Total PEI Plans Approved	43
Total Expenditures Approved	\$282,455,163

As of the August 2009 Commission meeting, the MHSOAC has approved over \$282 million for Prevention and Early Intervention plans. **Of the 48 submitted plans, 43 have been approved.**

For more information on PEI plans, check out: http://www.dmh.ca.gov/MHSOAC/Prevention_and_Early_Intervention.asp

Innovation

In July 2009, the MHSOAC approved its first county Innovation plan! Kern County was approved for \$2,254,600. As of August 2009, Riverside County's Innovation plan requesting \$224,949 is under review.

Keep up-to-date on everything Innovation at <http://www.dm.ca.gov/MHSOAC/Innovation.asp>

The County Planning Process

By Amy Shearer

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Since the Mental Health Services Act passed in 2004, counties have submitted dozens of Prevention and Early Intervention (PEI), Community Services and Supports (CSS), and Innovation (INN) plans requesting funds to improve mental health services in their communities. The planning process requires a great deal of thought, energy, and community participation, and counties face various challenges along the way. MHSA coordinators from Madera and Santa Clara counties shared with us what worked for them, and how they handled the different issues in the planning process.

Madera County

Location: Central California

Population: 148,333

Madera, situated exactly at the center of California, is largely an agricultural county. Grapes, milk, and almonds make up most of what they produce, and the agricultural industry accounts for 30% of employment. Madera County has two cities, Madera and Chowchilla, and eleven unincorporated communities (madera-county.com). Because so much of the county is rural, Madera faces challenges in serving its communities that differ from those of more populated counties. As MHSA Coordinator David Weikel, MSW, pointed out, “There is one large metropolitan area and the rest of the county is very rural and is underserved by everything, [including] transportation.” Therefore, even getting interested people to come to planning meetings became a challenge, and the county had to get creative. “When we wanted people to come to our planning... we built vans into our budget... for outreach. You can’t expect to post a flyer for people to come to you and have a flood of people,” recalled Weikel. “We learned we had to actually go out to people.”

Because of the limited usefulness of technology in contacting people in the rural communities, even gathering preliminary data took some extra effort. When the county was preparing for CSS planning they literally went door to door and handed out over 15,000 surveys, said Weikel. And it worked – they got several hundred surveys

back. “In this region... email, internet, computers, TV [don’t] work; It’s too rural. Word of mouth is the most effective,” stated Weikel.

For Madera, Native American communities were the most difficult to reach. After several unsuccessful attempts to invite them to planning meetings, Weikel realized he needed to take a more proactive approach. “I just showed up on their doorstep and said, ‘I really want to meet with you guys,’” he recalled. Weikel achieved Native American involvement in the planning process by sitting in on a tribal counsel meeting and asking them specific questions that he had prepared. He said he learned that the county planners needed to fit their process to the community’s time frame, and that they had to be prepared to ask, “When are you having a meeting, and can I just sit in and add on, because a crowd is already there?”

Originally Madera tried to have stakeholder committee and subcommittee meetings for the planning process, but they switched to focus groups when attendance waned. “[We were] asking them to come for months, but they don’t have the ability to do that. The government can’t pay for them to come, and then they just fall off. You’ll have that big group that will fall off over time,” observed Weikel. Focus groups turned out to be a much better fit for their stakeholders. “Instead of having a separate meeting for each component, we put all the components together and asked them questions for each. They felt they got valuable information,” said Weikel.

Madera’s resourcefulness is a great example of how the planning process can require counties to use nontraditional means to achieve desired results. For Weikel it was a learning process; “Government and mental health is a learning process... we had to try different strategies.”

Santa Clara County

“Silicon Valley”

Location: South of San Francisco/Bay Area

Population: 1,764,499

In contrast to Madera County, Santa Clara

County is one of the largest counties in the state. It encompasses 15 cities, the largest of which, San Jose, has a population of almost 900,000. 92% of the population lives in cities, and Santa Clara County provides about 25% of all the jobs in the Bay Area. Santa Clara has one of the highest median incomes in the country (SCCGov.org). Because Santa Clara is the “Silicon Valley” – so-called because of the silicon used by the many high-tech companies located in Santa Clara County – they did not face the same problems as Madera in contacting interested parties through technological means. According to Ky Le, the MHSA Coordinator for Santa Clara County, community involvement was solicited through the use of an email ListServ, focus groups, peer mentors, contract agencies, and their website.

The challenge for Santa Clara was to ensure that its many and varied cultural and ethnic groups were reached and that mental health services reflected the needs of those groups. “We really relied on our nine ethnic and cultural community advisory committees to represent the voices of all underserved communities,” explained Le. Like Madera, they found focus groups to be very constructive when drafting their PEI plan, and assembled groups in all their threshold languages – Spanish, Vietnamese, Chinese, Cantonese, and Mandarin.

While Madera needed to reach people on an individual basis, Santa Clara had to go in the opposite direction. Because of the large numbers of interested people, stakeholders, and focus groups, Santa Clara decided to use, “consultants and contractors [who] were able to rapidly churn out reports [and] handle focus group coordinators,” said Le. This allowed them to work with a large amount of people in a relatively short amount of time.

From the planning process, Santa Clara was able to determine who their high risk communities were. “Our plan focuses a lot of resources in three high risk areas, and the idea behind that is to really saturate these communities with more PEI services rather than sprinkling it everywhere,” explained Le. For a county as large as Santa Clara, it made more sense to target specific unserved

Our Visit to Calaveras and Tuolumne Counties



ABOVE: Calaveras County's MSHA Coordinator, Christa Thompson (left) and Mental Health Director, Rita Downs (right)

MHSA Policy Director at CMHDA, Stephanie Welch, made introductions. The first topic of discussion was around Calaveras County's Drop-In Day that the department hosts every other Friday. On these Fridays, consumers and family members meet with staff to socialize and enjoy some food, music, and activities. Rita Downs, the Mental Health Director of Calaveras County said of the staff involvement, "The requirement is that our staff people have to be part of this process also, not as staff, but as people." Christa Thompson, Calaveras County's MSHA Coordinator added, "It's really made a huge difference for our consumers, it's really become a grounding place for them and they know that every other Friday, that's where they're going to be." Drop-In Day began before the County received MSHA funding and has evolved into something that is stigma-busting and allows for consumers to get to know the department's clinicians and staff in a non-clinical atmosphere.

with accompanying poems, brochures and training. Suicide prevention "has spread like wildfire," explained Thompson. You can now find baskets of the bracelets and poems at the local hospital, in the ER, and other places where one might find themselves in crisis. Downs added that the department is really just responding to their energetic Suicide Prevention Advisory Committee. They have been so passionate about suicide prevention, that the department is helping the committee form their own non-profit.

Next, we visited the Children's System of Care (CSOC) Playroom to talk with the CSOC Coordinator, Susan Rezin, and the CSOC team about their first Wraparound program. With MSHA funds, the Children's

By Christina Call



Calaveras and Tuolumne Counties hosted a site visit for the MHSOAC on Wednesday, July 29th to showcase the exciting programs and facilities that are up and running with MSHA monies. Both Calaveras and Tuolumne were very welcoming and eager to share what's new in their communities.

The day began with a visit to Calaveras County's Behavioral Health Services department where MHSOAC staff and

With Prevention and Early Intervention (PEI) funds, Calaveras County has been able to fund three components: suicide prevention, a support program for positive parenting, and a grandparents' support project for those raising children. Of these PEI programs, Calaveras was very excited about the positive things happening with suicide prevention. At one of their Suicide Prevention Advisory Committee meetings, Committee members developed a suicide prevention community outreach initiative called "Live On!" This initiative seeks to inform the community about suicide prevention; i.e. what signs to look for, how to support others, and where to get help. One of the ways this is done is with silicon bracelets that share the message *Live On!* and the number for their local suicide prevention hotline.



ABOVE: Christa explains how their own small garden feeds families in need

After hiring a part-time Community Service Liaison with MSHA funds, Calaveras was able to send someone out into the community and to the schools with these bracelets. Because there were already peer support groups in the schools, the Community Service Liaison has been able to work with them and make them Champions for Suicide Prevention. Each group was given 100 bracelets

System of Care was resurrected this year and has begun doing many exciting things in the community. Since most of the children they serve need a wide variety of services, the majority of the services are community-based. Rezin explained, "Most families have a hard time coming in for traditional services, so we'll assess what the need is. [We look at] what will work best. Should we go to their home? Should we meet their mom at school? A lot of creative [things are] going on in bringing kids into the system." Some of the services that the CSOC team provides include going to a child's school, particularly if the child is in a behavioral structure class, and coaching the teachers by offering intervention strategies that might be helpful. Because Calaveras is such a rural county, the team makes it a



ABOVE: Calavares County's MSHA Coordinator, Christa Thompson (left) and Tuolumne's Anne Robin (right) are happy to see each other

Our Visit to Calaveras and Tuolumne Counties

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priority to work around the schedules of those in need of services. “We find ways to get to them,” said Rezin.

At the moment, there is one family in their Wraparound Program and there are two slots open. Rezin said the family that is in the program has just blossomed and they were able to get their boy into a summer program this year, which was a difficult task, but very exciting. “We knew that field trips, and activities and swimming were going to do a lot for this child,” Rezin explained. They were able to work with the program’s director and hired an aide to sit with the child during the program as well as brought in a case manager to provide specific training. The Children’s System of Care team is really making an effort to reach out to children and their families using creative methods, including an annual potluck called Fun Day in the Park. At this annual event, the community is invited to share free food, participate in activities, and win prizes while giving the department a chance to share with the community what services they offer.

Following the visit to the CSOC Playroom, we made our way to the Calaveras County Behavioral Health Services Annex where we met with Kathleen Gast, a case manager. Gast talked about a program called Garden to Families. Garden to Families began at the end of February with the planting of over 1,000 seeds in a piece of vacant land and has become a unique opportunity for consumers to gain job experience. The produce that is grown there goes to families in need and the program has donated over 50 pounds

of vegetables to the food bank. “We’ve also worked in conjunction with Calaveras High School Agricultural Program...which was wonderful because the high school students were working with mental health clients; there was no stigma, nobody knew anything other than it was just a...bunch of adults getting together and doing something nice for the community,” said Gast.

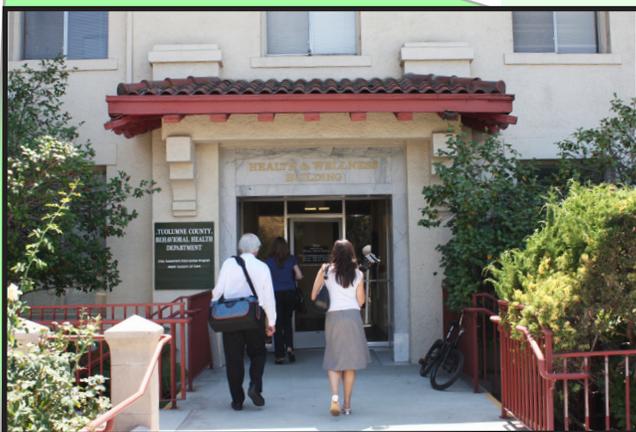
Next we met with the consumer leadership team of the MHSA Advocacy Committee, Debbie Bailey, John Chelosi, and Bob Burkett. We heard about a few of their ideas on how to improve MHSA services. They all expressed the need for affordable housing in the County. Burkett said, “Homelessness, well, I’ve been out there myself, and I have very good credentials behind me. But, I have mental illnesses and I have physical illnesses... When I was on the streets, I had no access to anything... housing is a big factor.” Burkett also expressed the important role the Annex’s Clubhouse plays in providing information to clients and directing them to services. Chelosi spoke about how important it is for consumers to realize that they have a voice and that without speaking up, they will not get the help they need. “This is the only mental health situation that has helped me. I was always too proud...too off-the-wall to even think my voice could be heard, but my mouth was opened when I came here, I



ABOVE: Site Visit participants in front of Calaveras County’s Behavioral Health Services Annex

spoke, and they’ve helped.” said Chelosi. Because of the stigma surrounding mental health, the leadership team explained how important it was to reach out to the community and to people in need of help. That is exactly what the members of the Clubhouse do.

Following the Annex and the meeting with the leaders of the MHSA Advocacy Committee, our group reconvened at Calaveras County’s Behavioral Health Services department. There, we discussed the collaboration of Calaveras with Tuolumne and other small counties that led to the creation of a Master of Social Work program at CSUS and two 12-unit Achievement Programs at their local college, Columbia. Both are funded by MHSA Workforce, Education, and Training (WET) funds, following research that illustrated a shortage in small counties of master’s-level clinicians and qualified applicants who are culturally and linguistically proficient. In Calaveras alone, there was a 50% clinician vacancy rate in 2008 which is twice the statewide average, according to their research. The 12-unit Achievement Programs consist of a Peer Support program and a psychosocial rehabilitation program. Discussion of these programs began in April of 2007



ABOVE: Tuolumne County’s Behavioral Health Building

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Our Visit to Calaveras and Tuolumne Counties

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ABOVE: Discussion at Tuolumne County's Behavioral Health Department

health for clients in a rural setting. This is important because mental health providers face different challenges in rural areas when compared to urban settings. Transportation, communication, and stigma are a few areas that differ. The MSW program also works around work schedules, as classes are held once a month on weekends for three years. Christa Thompson said about the MSW Program, "It is very unique in that it's the first time a collaborative program has been done strictly for small counties with a rural mental health focus."

We next traveled to Tuolumne County's Behavioral Health Department where we met with the members of the Suicide Prevention Task Force Core Oversight Committee. Bea Readel, Tuolumne County's Mental Health Director, started the discussion with how their suicide prevention efforts began as well as the development of their Suicide Prevention Strategic Plan in January of this year. In the 1980s Tuolumne County, for a brief time, had the highest suicide rate in the country. In 2006, the suicide rate doubled and was thirty-five per hundred-thousand in comparison to the national average of a little over ten per hundred-thousand. "The whole community rose up and said, what are we going to do about this? The teachers, the non-profits, the Agency, parents...all of those groups were saying 'help us become a changing force,'" said Readel. This was the driving force for Tuolumne's suicide prevention efforts.

Dr. Todd Stolp, a Tuolumne County Health Officer and member of the Oversight Committee explained how the Suicide Prevention Strategic Plan developed. In August 2007, representatives from all over the county came together for a needs

with the then MHSA Coordinator of Tuolumne County, Anne Robin. A year ago, in September, the classes started. The coursework for these classes is taken from curriculum generated by the California Association of Social Rehabilitation Agencies (CASRA). This particular curriculum was created in response to the shortage of staff that have been trained in psychosocial rehabilitation and recovery-oriented practice and is built from the knowledge and experience of consumers, professionals, and family members. For consumers who would like to take part in the Achievement Programs but may not feel prepared, there are work and school preparation programs where they can complete their GED and take a recovery course.

Both Calaveras and Tuolumne Counties also fund community college reimbursement programs and master's-level loan assumption programs for those who go through the MSW program at California State University, Sacramento. The MSW program at CSUS will focus on mental

BELOW: Participants of the Tuolumne Site Visit



assessment to figure out where the gaps were in suicide prevention. This group of sixty became the Tuolumne County Suicide Prevention Task Force and in September of

2008, they met to create a formal strategic plan using the *California Strategic Plan on Suicide Prevention* as its framework. Because it was the work of sixty people from various committees and areas of expertise, the strategic plan is a collection of specialized pieces and specific programs that are evidence-based and proven successful. To get the programs moving, a non-profit agency was put in charge of implementing the plan and \$40,000 of PEI funds are set aside each year to help with training costs. PEI funds make available a number of training workshops.

We ended the day with a tour of the old



ABOVE: One of the rooms at Tuolumne County's Behavioral Health Department to receive MHSA funding for remodeling

Tuolumne hospital that is being remodeled with MHSA funding to facilitate the Crisis Assessment Intervention Program (CAIP). The program provides assessment and crisis interventions to people suffering from behavioral health or emotional crisis on a daily, 24-hour basis.

The visit to Calaveras and Tuolumne Counties was both informative and encouraging. It is exciting to see what these counties are doing with MHSA funds and how they have been able to work together to set an example for other rural counties in California.

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Colusa County Clients Provide a Safe Haven



Courtesy of Safe Haven

By Christina Call

Just nearly a year and a half ago, room 101 at the Behavioral Health building in Colusa County was a meager conference room that was hardly utilized. Now, room 101 is full of activity as Colusa County’s first client-run drop-in center, Safe Haven.

Safe Haven came to fruition after many requests from consumers and board members for a place clients could come together in a non-clinical environment and socialize. Steffany Ritchie, Colusa County’s Program Development Chief for the MHSA said Safe Haven is unique in that, “it’s exactly what [consumers] want. They came

Planning Process; Continued from page 9

or underserved communities, rather than try to fix mental health services everywhere with one PEI plan.

For Santa Clara County, committees, contract agencies, and focus groups were tools that were vital to their planning process. When asked what he would do differently if given the chance to redo the process, Le said he would like, “more time in work planning [and] project development.”

Community Planning: A Rewarding Challenge

While it’s clear that community planning is a process that varies greatly from county to county, there is a common theme that drives each county: improved mental health care

up with it, they named it... and they made the rules and hours of operation.” Clients also organize a variety of activities including Movie Matinee Days on Wednesdays at which they pick out a movie and provide popcorn. The Department also pays career pathway incentives for what they call Safe Haven Greeters. These are consumers who are paid through a stipend to assist with meetings and the many scheduled activities at Safe Haven,

such as arts and crafts and gardening.

Most of Safe Haven’s furnishings have been donations, including a small refrigerator, a couch, a table, and a bookcase filled with books and magazines. Refreshments like coffee, creamer, and donuts are also donated from local bakeries. Clients are now working on obtaining a picnic table donation to furnish the outdoor patio. A more recent addition

to Safe Haven is the computer that was purchased with MHSA Workforce Education and Training (WET) funding. “Now they can [use the computer to] go on the Network of Care... [Consumers] have also worked on pages for our newsletter on it,” explains Ritchie.

The sense of purpose and inviting atmosphere that the center offers has made a noticeable change in many of the clients who come in to Colusa County Behavioral Health center. “We’ve noticed that it’s stabilized people and gotten them out of crisis mode,” said Ritchie.



Safe Haven
Courtesy of Safe Haven

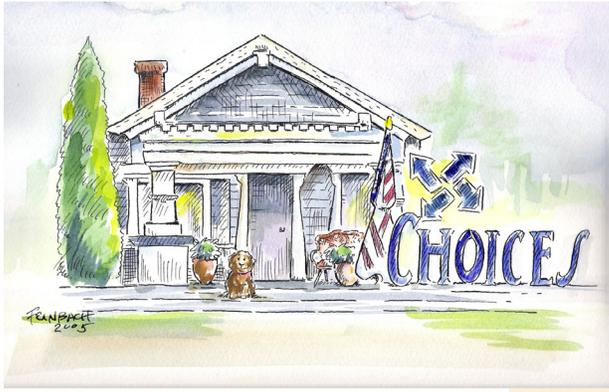
for Californians. Deborah Lee, consulting psychologist for the MHSOAC, has seen county planning efforts firsthand, and has a unique perspective on the process. “It’s like trying to create a quilt,” smiled Lee, “where everyone is coming together, not to argue ...but to move to the next level. [You say] ‘This is the piece of information I have about needs and resources in my community,’ bringing your square of the quilt to the conversation. The goal is to put all the pieces together.”

All counties face their own challenges in putting together plans that will best serve their county’s needs. California’s 58 counties range from spread out rural areas to high density urban areas, so naturally the planning process must be unique for each

county. As Lee said, “Planning is challenging because it’s time consuming, and there are a lot of different people who want different things. When you think of the concept of clients and family members, that’s a big group, potentially a really large group.” Despite these challenges, Lee felt that for the counties, “The rewards are very, very great.” Counties are working toward making a real and lasting difference in the mental health care services that they offer, and the planning process is the start of that lasting change.

Says Lee, “Everyone who engaged in this - the counties, etc - ...are all heroes. [We have] tremendous respect and appreciation for them.”

Choices Recovery Services



Janice Harris, the art program director, explained that the process of creating art is an important therapy tool because it allows individuals a physical release for internal stress. “They can move their hands to relate to what they’re thinking,” she said, something that other forms of therapy often do not include. Harris herself is a practicing artist, and creates “junk art” – sculptures created from discarded and found objects.

cheerful place.”

Participants have access to supplies for photography, tie-dyeing clothing, making dream catchers and beaded jewelry, watercolor and acrylic painting, sketching, and ink and pastel drawings.

As yet, most of the artwork created at the Annex is not for sale to the public, but the participants and coordinators are very generous with donations. The participants do sell greeting cards and postcards to the Choices Café, an on site resident-run

The Choice House Logo

Courtesy of Choices Recovery Services, Long Beach

By Amy Shearer

For many people recovering from co-occurring mental illness and substance abuse recovery challenges, the hardest part of the process can be learning to restructure their lives to avoid future relapses. Residents at Choices Recovery Services in Long Beach, Santa Ana, and Atwater Village are assisted by a recovery model that uses multiple approaches to ensure that each individual can create the treatment plan that works best for them.

For Sean Zullo, the founder and Executive Director of Choices Recovery Services, a successful recovery consists of, “realizing personal potential and then [developing] recovery-oriented beliefs, followed by action.”

Residents are encouraged to participate in life-skills classes, group therapy sessions, gardening projects, computer classes, journaling, volunteer work, internships, vocational training, and an art therapy program that encourages creativity and freedom of expression.

The Art Room and the new Art Annex, where residents and program participants gather, started out in a two-car garage connected to the Choices Art Room in Long Beach. As the program grew and the room became filled with art supplies, easels, and projects of various kinds, the program coordinators felt the need to expand. Zullo set to work pushing out the walls and creating an ADA approved ramp. Today the Art Annex is more than twice its original size, and is stocked full of art supplies of virtually every kind. Residents painted designs on the walls, and previous projects decorate the room. As Harris said, they want the Art Annex to be a, “Bright, creative, colorful place, because many of the people that come in are dealing with depression, and it helps to be in a



Client Artwork

Courtesy of Choices Recovery Services Long Beach



The Choices Alley Mural

Courtesy of Choices Recovery Services, Long Beach

National Alzheimer's Disease Awareness Month

By Amy Shearer

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This November, millions of people across America will unite to raise awareness about a disease that affects 1 in 20 seniors age 65 or older. Alzheimer's disease is the most common form of dementia, and involves memory loss, changes in behavior, confusion, difficulty performing day-to-day activities like grocery shopping or getting dressed, and even difficulty with basic functions such as speaking, walking, and swallowing.

When President Reagan first proclaimed November to be National Alzheimer's Disease Month in 1983, the estimated number of American seniors living with Alzheimer's was between 1.5 and 2.5 million. That number is now about 5.3 million, and is expected to reach 16 million by the year 2030, states Beth Kallmeyer, MSW, Director of Family and Information Services at the national office of the Alzheimer's Association.

According to a study from Johns Hopkins Bloomberg School of Public Health, Alzheimer's affects more than 26 million people worldwide, and this number is projected to grow to over 100 million by 2050 (Brookmeyer, Johnson, Ziegler-Graham, and Arrighi, 2007). Part of the

reason for this increase is that the number of people living over the age of 65 – the typical age-range of onset - is increasing.

If you or someone you know is having difficulty remembering important details or performing day-to-day activities, you should consider contacting your healthcare provider for Alzheimer's screening. Early detection can help you plan for the future, and to prepare a support system for you and your loved ones. It will also keep you up-to-date with new procedures and treatments that are being developed. For a helpful list of 10 signs of Alzheimer's, check out the box on the right. The full list can be found at www.alz.org. Kallmeyer urges people diagnosed with Alzheimer's to, "Take advantage of available services, including support groups and online message boards, and to participate in clinical trials." The Alzheimer's Association also has a support line that is available 24 hours a day, 365 days a year (1-800-272-3900).

As yet, there is no cure for Alzheimer's, and there are no universally effective medications to slow the progression of the disease. The purpose of National Alzheimer's Disease Awareness Month is to promote change and awareness. Advocates hope that by bringing attention to the cause they will be able to generate enough interest and funding

to promote prevention and treatment, and eventually, to find a cure.

Throughout the month, organizations like the Alzheimer's Association will be holding educational meetings and fundraising events. Kallmeyer encourages people to, "get involved, write a letter to Congress, or start a Memory Walk team." To learn more about how you can take part, visit their website at www.alz.org.

10 SIGNS OF ALZHEIMER'S

1. Memory changes that disrupt daily life
 2. Challenges in planning or solving problems
 3. Difficulty completing familiar tasks at home, at work or at leisure
 4. Confusion with time or place
 5. Trouble understanding visual images and spatial relationships
 6. New problems with words in speaking or writing
 7. Misplacing things and losing the ability to retrace steps
 8. Decreased or poor judgment
 9. Withdrawal from work or social activities
 10. Changes in mood and personality
- http://www.alz.org/alzheimers_disease_10_signs_of_alzheimers.asp, (Aug 3, 2009)

Choices; Continued from page 14

café, for \$1 each.

Residents at Choices were also encouraged to participate in their Urban Art Project, which involves painting murals and designs on telephone switchboxes for the city of Long Beach. This project of 28 boxes covering 25 square miles around Choices was completed in mid-July of 2009.



Client Artwork
Courtesy of Choices Recovery Services, Long Beach

Choices also receives MHSA funds for a Transition-Age Youth shelter

and an adult shelter for those with co-occurring disorders.

For more information about Choices, visit their website at www.choicesoflongbeach.com

CONTACT US

MHSOAC

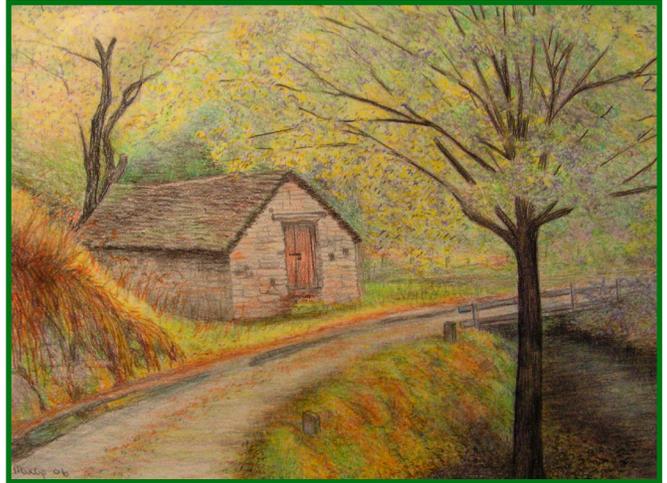
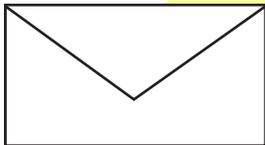
Mental Health Services
Oversight and Accountability Commission

1300 17th Street, Suite 1000
Sacramento, CA 95811

Tel 916.445.8696

Fax 916.445.4927

Email: MHSOAC@dmh.ca.gov



Road to Calmness
Margo Gunderson

We Want to Hear From YOU!

What would you like to see in our next edition of Update?

More facts and numbers? More personal stories? More on housing? Or maybe PEI?

We want your feedback!

Please send your thoughts and suggestions to MHSOAC@dmh.ca.gov

Logo and Slogan Contest

To commemorate the Five-Year Anniversary of the Mental Health Services Act, we are asking the public to design a creative logo and slogan that will be used on all documents that will be developed for this event. The logo and slogan should include a message about the ongoing implementation success of the MHSA as the mental health community commemorates the 5th Anniversary of the Act. Entries should be roughly 2" x 2" and should be submitted electronically in both black and white and in color. Please submit your entry, with your consent form, to MHSOAC@dmh.ca.gov no later than September 30, 2009. Further details and a copy of the consent form can be found at <http://www.dmh.ca.gov/MHSOAC/default.asp>. Participants with winning entries will be notified no later than October 7, 2009.

MARK YOUR CALENDAR

UPCOMING COMMISSION MEETINGS

September 24, 2009 -- Santa Ana

October 22, 2009 -- Oakland

November 19, 2009 -- Sacramento

Visit us on the web for the most current meeting information:

<http://www.dmh.ca.gov/MHSOAC/default.asp>

