Prop 63 at Work

Press Clippings
April 2013 – July 2013

Mental Health Services

Oversight and Accountability

Commission

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Times-Standard

Friendship Line offers support to seniors

The Times-Standard Eureka Times Standard
Page 1 of 1 Jul 10, 2013 12:18:51PM MDT
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The Department of Health and Human Services, in partnership with the California Mental Health Services Authority, is announcing a new support service available to local seniors in need.

The Friendship Line is a program of the Institute on Aging. At-risk adults 60 and older, as well as their family members and caregivers, can call toll free at 1-800-971-0016 to receive telephone counseling, support and reassurance, medication reminders, well-being checks and information and referral. Crisis intervention and elder abuse prevention services are also available. There is no charge to use the Friendship Line, which is available 24 hours a day, 365 days per year.

”Emotional support is essential for adults experiencing the physical and psychological effects of aging,” said DHHS Mental Health Director Asha George.

”Older adults often face a multitude of changes and stresses, including health concerns, physical limitations, financial problems and loss of loved ones. Knowing there is someone available 24 hours a day out there who cares can make a difference.”

Friendship Line staff members and trained volunteers offer an ongoing connection for seniors who may be lonely, depressed, mentally ill, bereaved or suicidal.

Based out of San Francisco, IOA is a nonprofit organization that works to enhance the quality of life for adults as they age by enabling them to maintain their health, well-being, independence and participation in the community. The IOA Friendship Line received national accreditation in 2012 for crisis intervention for the elderly from the American Association of Suicidology.

The Friendship Line is part of the Mental Health Services Act statewide prevention and early intervention program. MHSA levies a tax of 1 percent on personal income in excess of $1 million a year, with funds used to support a broad range of prevention, early intervention and other service needs, along with the infrastructure, technology and training necessary to sustain them.

For more information about the Institute on Aging, visit www.ioaging.org. For more information about localresources, contact DHHS' Suicide Prevention Program at 268-2132.

http://www.times-standard.com/lifestyle/ci_23533285/friendship-line-offers-support-seniors

THE DAVIS enterprise

Supervisors to consider Laura's Law pilot project

By Anne Ternus-Bellamy
From page A3 | June 23, 2013

Yolo County supervisors on Tuesday will consider creating a pilot project that would allow for court-ordered involuntary outpatient treatment for certain individuals with serious mental illnesses.

The yearlong pilot project would implement Laura's Law, a measure passed by the state in 2003 in the wake of a killing spree by a Nevada County man with a long history of mental illness who had resisted treatment.

The law allows a court to order involuntary outpatient treatment (also known as assisted outpatient treatment) for individuals with serious mental illnesses who have a recent history of hospitalization or violent behavior, as well as non-compliance with a voluntary treatment plan indicating that the person is likely to become dangerous or gravely disabled.

In the 10 years since Laura's Law was passed, only Nevada County has fully implemented the law. However, former Yolo County Supervisor Helen Thomson, who authored the bill when she was in the state Assembly, urged county supervisors in March to embrace it locally, saying, "it is time to take care of those who need it so much.

"I think it's really important that the mentally ill get the most appropriate care in the least restrictive setting," Thomson said.

In order for an individual to be placed in involuntary treatment, a request would have to be made to the county's mental health director by the person's spouse, parent, sibling, adult child or roommate, or a treating doctor or peace officer. The county then would investigate and choose whether to file a petition with the court for assisted outpatient treatment.

Under the terms of the pilot project, up to four patient slots would be made available through the county's existing assertive community treatment program (Turning Point Yolo ACT), which currently provides up to 50 seriously mentally ill individuals with medical and support services, housing assistance, recreational and employment opportunities and independent living skills. The four slots would be in addition to the 50 existing slots.

Mental health experts who spoke before the Board of Supervisors in March said a number of individuals suffering from severe mental illnesses, including one-third of those with schizophrenia, resist treatment because they don't believe they need it. However, many end up hospitalized or in jail because of that lack of treatment.

Kim Suderman, director of alcohol, drug and mental health services for Yolo County, told supervisors the number of county residents who might fall in that category would be small.

“Definitely no more than 20, probably less,” she told supervisors in March.

And while treatment could be involuntary under Laura’s Law, Suderman said, medication would not be.

“This does not allow for literally strapping someone down and doing an injection against their will,” she said. “Forced medication is rarely done in any outpatient setting because it … is a civil rights issue.”

Cost is also an issue, because the state law did not provide additional funding for assisted outpatient treatment. But legislation pending in the state Assembly would clarify that revenue from Proposition 63 — the Mental Health Services Act — can be used for assisted outpatient services.

Additionally, Nevada County has shown an overall cost savings since implementing Laura’s Law.

According to the Nevada County Grand Jury, 17 individuals entered that county’s assisted outpatient treatment program for an extended period of time between April 2008 and December 2010. The total cost to the county for their treatment during that time was $482,443.

But in the one year preceding their entry into treatment, those 17 individuals had incurred a combined $425,100 in hospitalizations and incarcerations, the grand jury said. Had they not spent that time in assisted outpatient treatment, the projected cost of hospitalizations and incarcerations over that 2 1/2-year period would have topped $1 million, the grand jury reported.

In a report to Yolo County supervisors, Suderman said that while creating a program can be expensive, “there is also a cost for not operating such a program.

“Those eligible for (assisted outpatient treatment) are regularly using resources today through the criminal justice system and psychiatric inpatient services with a high cost,” she said. “(F)or example, Woodland Memorial Hospital’s psychiatric inpatient rate for fiscal year 2012-2013 (is) $1,447 a day. These same resources could be better spent on proactive treatment, rather than reactive intervention.”

The proposed pilot project would take place during the 2013-14 fiscal year, after which supervisors would have to decide whether to make the program permanent the following year.

Laura's Law is not without its opponents, many of whom are troubled by the idea of forcing mentally ill individuals into treatment. That concern, in addition to concerns about costs, are cited as the reasons why Nevada County is the only county in the state to fully implement the law. However, Los Angeles, San Diego and Orange counties have all implemented pilot programs or alternatives to assisted outpatient treatment.

Supervisors are scheduled to take up the issue at 10:30 a.m. Tuesday in their chambers at the County Administration Building, 625 Court St., in Woodland.

Marin Independent Journal
marinij.com

Novato high-schooler wins statewide award for mental illness video

By Janis Mara
Marin Independent Journal

Posted: 06/21/2013 03:39:14 PM PDT

Novato High student Spencer Wilson, 17, watches his prize-winning video at home in Novato, Calif. on Friday, June 14, 2013. Wilson won first prize statewide in the Eliminating Stigma category of a statewide video contest called Directing Change. (Alan Dep/Marin Independent Journal) Alan Dep

The camera pans on a young man sitting alone in a darkened classroom. "My ADD makes it impossible to focus. Don't they get it?" says the voiceover. Swiftly, the camera moves to another young man. "I get depressed about everything. No one feels like I do."

The 60-second video, "Circling Stigma," was made by Spencer Wilson, a 17-year-old 11th-grade student at Novato High School. It captured first place statewide in the "Eliminating Stigma" category of the Directing Change contest, a program produced by the California Mental Health Services Authority and funded through the state's Mental Health Services Act.

The contest was part of statewide efforts to prevent suicide, reduce stigma and discrimination related to

mental illness and promote the mental health and wellness of students. Wilson's video was up against 371 other public service announcements created by high school students across the state. The winners were honored at a gala ceremony at Sacramento's Crest Theater last month.

"I wanted to show the isolation of young people affected by mental illness, and what a difference it makes if they can talk to each other," Wilson said.

In the video, the camera pans between eight troubled young people — all student actors — seated in the dark classroom. Then the room, and the mood, lighten and the six are shown sitting in a circle sharing their feelings.

One of the young people in the circle says, "I know what you mean."

"Thanks for having my back," a young woman replies.

"Spencer's video takes a creative approach to bringing the message of the importance of peers accepting and supporting each other," said Stephanie Welch, a senior program manager at the Mental Health Services Authority. "It gives a message that people with mental health challenges are no different from others."

When he planned his video, "I'd seen other public service announcements that were heavy on facts and statistics and some of them get pretty long and by the time you finish watching it's difficult to remember all the information that is given to you," Wilson said.

"For this project I was trying to make it concise but impactful and use meaningful phrases from the point of view of a person with the condition," Wilson said. The video covers attention deficit disorder, depression, bipolarity, anorexia, anxiety, obsessive-compulsive disorder, suicidal thoughts and autism.

Peter Ornstein, Wilson's film teacher at the high school, suggested he make the video, which was shot with a Canon DSLR digital camera belonging to a friend. Three friends shot the video while Wilson directed.

Wilson offered free pizza to all who would participate in his project and shot it in two periods in a classroom at the high school. The only cost of the project was the pizza, he said.

"We are strategizing on how to use the PSAs," Welch said. "We will give copies to the schools and to local mental health departments.

"Mental illness is treatable. Between 70 and 90 percent of people diagnosed with mental illness have significant reduction of symptoms and improvement of quality of life when they receive support and treatment," Welch said.

"Spencer's video shows the importance of reaching out to find others to help you."

CAPITOL WEEKLY
COVERING CALIFORNIA GOVERNMENT AND POLITICS

Finally, a dialogue about mental illness

By Wayne Clark | 06/20/13 2:00 PM PST

Tragically, suicide is the second leading cause of death of young people in the United States, and yet only now are national leaders initiating a conversation about the problem of mental illness.

President Obama singled out the issue in a summit earlier this month, with A-list stars, health providers and academics spotlighting the need for education, intervention and prevention while calling for an end to the widespread stigma attached to mental illness.

I'm heartened to see this dialogue about mental illness. It is about time we come together as a nation to tackle diseases that shatter families, cost lives of the young and old, and put an enormous strain on taxpayer-funded services. More importantly, I'm proud that California is uniquely poised to help chart a course for these efforts.

Voters nearly a decade ago approved Proposition 63, an investment in building a continuum of care in the public community mental health system. With that, California broke ground in approving and implementing Proposition 63's wholesale changes to a fragmented and inadequate mental health system.

In addition to providing improved comprehensive services to our state's very ill, voters mandated that 20 percent of the funding be used for prevention, education, and early intervention. Since 2004, the California Mental Health Services Act has delivered exactly what voters demanded: a community-based mental health system that has created a game-changing roadmap for the prevention and treatment of mental illness.

To be sure, housing, job training, medical services and ongoing care are essential to create cost savings and quality care. Yet voters were deliberate in choosing to transform California's mental health system by reaching out to individuals in need of mental health services before they reach the crisis point.

California is delivering on that promise to voters. We are helping to quell the social difficulties for children who have suffered trauma or loss. We are easing depression that often sets in the elderly. And we are helping mothers and fathers whose homes have been torn apart by mental illness.

Research shows that the majority of adult mental illness begins early in life. More than half of mental health issues begin by age 14. Yet most children and youth don't receive help during this critical period.

If mental health issues go unaddressed, the social and fiscal costs skyrocket. Unaddressed mental illness results in sufferers dropping out of school, going to jail, and becoming homeless.

Suicide is epidemic in California that affects all age groups. In 2009, nearly 3,800 Californians died by suicide and nine out of 10 people who die by suicide have a diagnosable mental illness at the time of their death. Early intervention is not an optional part of tackling mental illness; it is essential to saving lives.

I like to compare our prevention efforts to public health smoking cessation campaigns. Preventing young people before they ever even start to smoke, educating people about the health consequences of smoking, rather than waiting to treat late-stage complications of smoking, saves lives and money.

Proposition 63 is built around a transparent and robust process of community involvement and local-decision making. We have equipped our communities to deploy prevention and early intervention strategies, allowing each county to determine their own local needs and the best approaches to meet them.

We are seeing success in every corner of our state.

In San Bernardino, preschool children participating in the prevention and early intervention program who had recently experienced a significant trauma or loss made significant social and emotional gains and even outperforming their peers in some cases. In Los Angeles, programs for children and parents with traumatic stress, anxiety and depression have shown measureable improvement in their ability to effectively parent and in their children's disruptive behavior.

Butte County has sharply reduced its six-month readmission rates to its psychiatric health facilities since implementing a program in 2011 that helps individuals and families connect with outpatient care and community resources. About 11 percent of individuals discharged in December, 2010, were readmitted within six months. In just a year after implementing the program, the rate of those readmitted within six months fell to 5.5 percent.

In California, we aren't sitting back and waiting. Our conversation started years ago, and we now are witnessing the positive results.

With effective prevention and early intervention strategies, California is leading the way in saving lives and dollars by reaching youth at risk of mental health challenges, breaking down the barriers that prevent people from accessing life-saving services, and reducing suicides that shatter families.

Through Prop 63, California counties are working together with the state to deliver the best value for our dollars and to reduce the severe impact untreated mental illness has on our emergency rooms, jails, and homelessness in our communities.

Hopefully, President Obama and others will take notice.

Early intervention and prevention is where our national discussion must begin, and we must find ways to reduce the fear and discrimination against people with mental illness across our nation. The result will be stronger families, more productive members of society and, most importantly, saved lives.

Those at the national level need look no further than California for the tools to begin.

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Ed's Note: Clark is Board President of the California Mental Health Services Authority and Mental Health Director of Monterey County.

MEETING THE CHALLENGE: SAN JOAQUIN COUNTY'S MEASURE AND MIX — A MENTAL HEALTH RECIPE

Local Governments - Exclusive — 19 June 2013

This blog posting and video are part of a series being produced by CSAC to highlight county best practices through our annual Challenge Awards. These awards recognize the innovative and creative spirit of California county governments as they find new and effective ways of providing programs and services to their citizens. The Challenge Awards provide California's 58 counties an opportunity to share their best practices with counties around the state and nation. The programs being highlighted are recipients of the 2012 awards. The Call for Entries for the ***2013 CSAC Challenge Awards*** *has been distributed; the entry deadline is June 28, 2013.*

Mental illness! For some reason, we are perfectly happy discussing other chronic problems, from diabetes to the heartbreak of psoriasis, but mental illness? Let's not talk about that right now. And because we don't want to talk about it many people who suffer from it suffer alone. Mental illness can manifest itself in behavior that is unpleasant at best so many people who have it are estranged from their families and friends. They often rely on county mental health services for help.

In San Joaquin County, they have developed a new model for providing that help, a new way of treating some people with mental illness and supporting them as they get treatment. In the past, the County operated a large locked-down mental health facility. It typically housed people who had been picked up by law enforcement for illegal or potentially dangerous behavior. They stayed in that facility for three days or more—and it was often full. That costs a lot of money, and, it really doesn't provide any long term help for the mentally ill person either.

This model was not sustainable in the long run, but help came from Proposition 63, the Mental Health Services Act, which provides more money for outpatient services. "Proposition 63

allowed us to expand the outpatient continuum so folks stayed better maintained and more stable in or system," said Vic Singh, San Joaquin County Director of Mental Health. "When they become isolated, that's often when they become more acutely ill, and need more intensive and more expensive inpatient services."

Proposition 63 funding allows them to stay closer to more patients, so they don't reach that acutely ill stage. By spending money up front, they actually save money down the line—and they make a lasting difference for more of their patients. They've been able to close the larger locked facility and the smaller one they use has open beds. The savings are plowed back into more out-patient services. So this is a financial benefit for the county—but the dramatic improvement among some clients is the real benefit. People who had been outcasts are getting the treatment and services they need to function on their own and contribute to society.

http://www.publicceo.com/2013/06/meeting-the-challenge-san-joaquin-countys-measure-and-mix-a-mental-health-recipe/

Times-Standard

Understanding of our mental health a work in progress

Asha George/My Word
Posted: 06/15/2013 02:40:38 AM PDT
Updated: 06/15/2013 02:40:38 AM PDT

U.S. Department of Health and Human Services Secretary Kathleen Sebelius recently wrote an opinion piece for USA Today titled "Bring mental illness out of the shadows." She states that in the past 50 years we've made great progress in the U.S. when it comes to attitudes about mental health, but there still remains much to do.

The sentence, "The truth is that while America has come a long way, we are still a country that frequently confines conversations about mental health to the far edges of our discourse," especially caught my attention.

There are several parts to this as I see it: the discourse, the discoursed and the will to listen.

Sometimes, discourse happens as a reaction to an event, often with fear and blame associated with it. This judgmental rhetorical din blots out the real suffering of those diagnosed with mental illness -- those who are grappling with their illness, their relationships, their work, their place in society and their wish to make a meaningful contribution with their lives. Sometimes our youth who are struggling with the onset of mental illness, standing at the edge between light and darkness, fall back into the shadows, not seeking help or treatment, not wanting to carry the stigma that this type of rhetoric brings.

The recovery movement came as a response to the "discoursed," who were often relegated to the edges of society and left without hope.

In years past when we heard the word "recovery," it was often related to substance disorders treatment, acknowledging that it took time and consistent effort to change the behaviors that led to substance abuse, as well as the need for support from others who had overcome their addictions, in order to heal and return to a life that was meaningful.

With the advent of the recovery movement in mental health, the focus started to address the multiple needs that stood between a consumer and his or her return to a meaningful life. The emphasis was no longer focused on the illness, but on the strengths, support and resilience that each consumer could bring to bear on their road of recovery.

Over the last three decades, this movement has changed the trajectory of both our social and medical understandings of the course of illness and what it takes to be well. It has offered a much broader look at the whole person and brought to light that a person with mental illness can recover, find supportive relationships and employment as well as live a meaningful life. The recovery movement has enabled clients to see service providers as partners on their road of recovery and made it possible for clients to be active participants in their own care.

Because of the will to listen, there has been increased dialogue and coming to terms with issues brought forward by the Affordable Care Act (ACA), which will expand access to prevention, treatment and recovery support services. The ACA also shone light on the inequities of access, the lack of coverage and the lack of parity mental health care had with medical care. Even before the ACA, the Mental Health Services Act (MHSA) targeted how to best avert mental illness through prevention and early intervention strategies. MHSA levies a tax of 1 percent on personal income in excess of $1 million a year. These funds are used to support a broad range of prevention, early intervention and other service needs.

According to the National Institute of Mental Health, roughly one in four U.S. adults experience a diagnosable mental disorder in any given year. We need to shed the medieval attitudes regarding mental illness and see that more effective services are available to bring our discourse full circle to one of hope and resilience, not only for individuals and their families, but for our entire community.

Asha George is the director of Mental Health for Humboldt County's Department of Health and Human Services.

The Bay Area Reporter
Serving the gay, lesbian, bisexual and transgender communities since 1971

News Briefs: Pink triangle helpers needed

Published 06/13/2013

compiled by Cynthia Laird

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House Minority Leader Nancy Pelosi, left, shared a laugh with pink triangle organizer Patrick Carney, state Senator Mark Leno, and Assemblyman Tom Ammiano at last year's installation ceremony.
(Photo: Bill Wilson)

during Pride weekend. But to make that happen, Friends of the Pink Triangle needs about 100 volunteers and have put out the call for help.

This will be the 18th year of the display.

Patrick Carney, a local architect who helped form the friends group some 17 years ago, said that people should consider signing up now to help install the tarps Saturday, June 29 from 7 to 10 a.m. After that, the dedication ceremony will take place at 10:30. It is an emotional event where tribute is paid to those lost and calls are

made to remember history. Speakers include political leaders, Pride Parade grand marshals, and community members.

The pink triangle was used by the Nazis in concentration camps to identify and shame homosexuals. The pink triangle has since been reclaimed by the LGBT community and is now used as a symbol of pride. Carney noted that in recent years, the Taliban in Afghanistan required non-Muslims to wear identifying badges on their clothing; in Iran, young gay men were hanged in public squares.

"This is why the Twin Peaks display is so important," Carney wrote in a history of the triangle. "We must remind people of the hate and prejudice of the past to help educate others and prevent it from happening again. What happened in the Holocaust must not be forgotten and must not be repeated."

Volunteers are asked to bring a hammer and gloves and wear closed-toe shoes. People should wear sunscreen. Carney said "fashionable pink triangle T-shirts will be provided to all who help."

To sign up, visit http://www.thepinktriangle.org or call Carney at (415) 726-4914. The website has detailed driving directions. Additionally, volunteers are needed the evening of June 30 to help take down the installation, for one hour or more from 5 to 8 p.m.

Gay vets to mark Flag Day

The predominately gay Alexander Hamilton Post 448 of the American Legion will dedicate a flagpole at the Eureka Valley/Harvey Milk Memorial branch of the public library in honor of Flag Day, Friday, June 14.

The public is welcome to attend the ceremony, which will be held at noon at the library, 1 Jose Sarria Court.

Post Commander Mario Benfield said the effort is in conjunction with other flag dedications that day by various legion posts.

LGBT Pride in San Mateo

The San Mateo County Pride Initiative will present its inaugural LGBTQQI Pride Celebration Saturday, June 15 from noon to 4 p.m. at the recreation center at San Mateo Central Park, 50 E. 5th Avenue.

The pride initiative is led by the behavioral health and recovery services staff of the San Mateo County Health System and is funded through the Mental Health Services Act. The Pride initiative is committed to foster a welcoming environment for the LGBTQQI communities living and working in San Mateo County through an interdisciplinary and inclusive approach.

The afternoon will include films, music, food, raffles, informational panels, a resource fair, and much more. The Pride party is a clean and sober event.

HIV and nutrition event

The AIDS Healthcare Foundation pharmacy and Under One Roof will present a free seminar on HIV and nutrition Thursday, June 20 from 6 to 8 p.m. at the pharmacy, 4071 18th Street (formerly Mom's).

The speaker will be Emily Tsuchida, a nurse practitioner and nutrition counselor. Light refreshments will be served. Seating is limited. To RSVP, visit http://uorcommunityfyi-june2013.eventbrite.com.

New Sylvester album to help AIDS groups

A new posthumous album from Sylvester, *Mighty Real Greatest Dance Hits*, will be released later this month for Pride but people can pre-order it now.

When Sylvester James, better known as the disco hit-maker Sylvester, died of AIDS-related complications in 1988, he bequeathed his royalties to local AIDS organizations. One was AIDS Emergency Fund and the probate court later designated Project Open Hand, as the food program that Sylvester had initially chosen had ended.

At the time of his death, Sylvester's estate was in debt and the two organizations didn't know if they would ever receive anything. As the *Bay Area Reporter* reported three years ago, the debt was eventually paid down and then AEF and Open Hand began receiving royalty checks. The advent of iTunes had resulted in new generations of fans for his music. His hits have also been used in films and television over the years, providing a steady stream of revenue.

Now, a new album of Sylvester's hits is being released, and purchasing the music directly helps the two organizations, noted Mike Smith, executive director of AEF.

The album can be pre-ordered on iTunes or Amazon.

Nominations sought for SF HRC Hero Awards

The San Francisco Human Rights Commission will commemorate the 50th anniversary of the March on Washington for Jobs and Freedom by recognizing the contributions of courageous individuals and organizations who embody the spirit of the march with this year's Hero Awards.

Nominations are now being accepted and the awards will recognize honorees in three categories: economic equity that has helped ensure that everyone in San Francisco has access to high quality schools, housing stability, and living wage jobs; students who have demonstrated a commitment to human rights issues; and individuals whose contributions have enhanced quality of life for their respective communities.

Applications and nomination forms will be accepted until 5 p.m. July 31, and will then be reviewed by a selection committee. Submission instructions and eligibility information can be found on the applications, http://www.sf-hrc.org. For more information, contact Zoe Polk at zoe.polk@sfgov.org.

The Mercury News
MercuryNews.com

Mental health care: Steinberg's innovative plan will improve services in California

By Nancy Pena, Paul Taylor and Anna Krieger

Special to the Mercury News

Posted: 06/11/2013 08:56:49 AM PDT
Updated: 06/12/2013 03:31:15 PM PDT

Every day in California, someone experiencing an overwhelming psychotic episode comes to a hospital emergency room because she knows of nowhere else to get help. Other times, untreated mental health symptoms result in a low-level criminal offense, with officers booking the person in jail because there is no alternative.

These individuals pay the human costs from gaps in crisis mental health care through a loss of dignity and denial of needed treatment. The financial costs are borne by all of us.

Santa Clara County spends $40 million a year on involuntary hospitalization of individuals experiencing a mental health crisis, many of whom could be served through less expensive community-based services. This system is not in the best interest of county residents.

Senate President Pro Tempore Darrell Steinberg has proposed increased funding for innovative, cost-effective crisis mental health services throughout California. The funding has been included in the state's proposed budget agreement. We urge Gov. Jerry Brown sign a state budget that funds Steinberg's proposal for two important reasons: Investing in community crisis services will save money, and more important, save lives.

Crisis mental health services have far-reaching effects: They reduce the need for expensive hospitalizations, shorten hospital stays, prevent emergency room visits and divert individuals from the criminal justice system. Santa Clara County offers a variety of crisis mental health services, including mobile crisis services for youth. However, due to reduced funding and increased demand for treatment, there remains significant unmet need.

Steinberg's proposal would fund 2,000 additional beds in unlocked crisis residential treatment programs across the state. An alternative to expensive psychiatric hospitalizations, these programs provide 24-hour care in a therapeutic community-based setting. In these programs, individuals have a safe, homelike environment to recover, build support systems, and learn crisis coping strategies.

Santa Clara County provides crisis residential services for up to 45 people at a time through Momentum for Mental Health. However, limited funding means there is nearly always a waiting list. As a result, patients who could be diverted from locked inpatient care, or who are stabilized and ready for discharge, spend unnecessary days hospitalized. Investing in crisis residential programs would save money while providing effective services.

Additionally, Steinberg's proposal would fund 25 mobile crisis support teams in California. These teams of mental health professionals support law enforcement in the field by providing services to individuals experiencing a mental health crisis. Mobile teams provide services such as assistance with medication and assessments regarding the need for hospitalization. Law enforcement is overburdened with mental health crisis calls, and mobile crisis teams provide officers with critical support.

These mental health services, along with others Steinberg's proposal would fund, have been effective in Santa Clara County. We know these services work, save money, and are vital tools for people in recovery. Steinberg's proposal would combine an investment of state general fund money with private foundation support to leverage significant federal funds. This is an opportunity for our state to invest in community mental health so that Californians get the best and most appropriate care when in crisis.

We urge the governor to sign a budget for California that includes Steinberg's innovative proposal for community mental health.

Nancy Peña is the director of Santa Clara County's Department of Mental Health. Paul Taylor is president of the Association of Mental Health Contract Agencies of Santa Clara County and president and CEO of Momentum for Mental Health. Anna Krieger is a senior patients' rights attorney for the Mental Health Advocacy Project of the Law Foundation of Silicon Valley. They wrote this for this newspaper.

The Reporter
VACAVILLE, CALIFORNIA

Fairfield woman appointed by governor

Published by The Reporter
Posted: 06/06/2013 01:03:39 AM PDT

Khatera Aslami-Tamplen, 34, of Fairfield, has been appointed to the California Mental Health Services Oversight and Accountability Commission, Gov. Jerry Brown's office announced this week.

Aslami-Tamplen has been consumer relations manager at Alameda County Behavioral Health Care Services since 2012. She was executive director at Peers Envisioning and Engaging in Recovery Services from 2007 to 2012 and served in multiple positions at the Telecare Corporation Villa Fairmont Mental Health Rehabilitation Center from 2002 to 2007, including as director of rehabilitation.

Aslami-Tamplen is a member of the Client and Family Leadership Committee of the California Mental Health Services Oversight and Accountability Commission and a founding member of the California Association of Mental Health Peer Run Organizations.

This position does not require Senate confirmation and there is no compensation.

SN&R
Sacramento News & Review

Q-and-A: State Senate President Pro Tem Darrell Steinberg breaks down California's budget

'Jerry Brown is the major adult in the room, but not the only one.'

By Jeff vonKaenel
jeffv@newsreview.com
This article was published on 06.06.13.

For the first time during his tenure as Senate president pro tem, Darrell Steinberg's working with a budget surplus. On the eve of meetings with fellow legislators and Gov. Jerry Brown to hash out a deal, SN&R sat down with the senator to discuss worthwhile expenditures, and who the real adult in the room is.

State Senate President Pro Tem Darrell Steinberg (top right) meets at the Capitol on Monday. The next couple weeks will be replete with budget negotiations; the deadline is June 15.
PHOTO BY LARRY DALTON

Jeff vonKaenel is the CEO of News & Review.

Advertisement

We finally have a surplus in California. Tell me your ideas.

First of all, I think it's important to say I don't see us far apart from the governor. We have the same basic goals. None of us want to go back to 2009 or 2011. The era of massive deficits. Those deficits have real impact on people, obviously, and on our economy and on the confidence, or the lack thereof … that people have in the state. …

If you look at the four legislative leaders and the governor, I'm one of four left; I'm the only one left from 2009. I think I have a very real appreciation for why we never want to go back to an era of huge deficits. A lot of that is not California-made. A lot of it is a result of the national and international recession.

It is true that in the late '90s and early 2000s that we did not prepare or have a large enough rainy-day fund for the inevitable down times. Having said that, there is another part of what has occurred over the last five years that must be addressed. The impact of some of the cuts on the most vulnerable in California.

There are cuts, and then there are cuts. The cuts that really keep me up at night are the cuts that affect the poor, the elderly and the disabled, the most vulnerable, because they don't have the same vocal constituencies in most instances.

Education took a huge hit, but it's coming back. And [Proposition 98] has done the formula that requires not only about half of every year's budget to go education, but requires the payback of any additional money for cuts that were made in previous years. Education still has a ways to go, but it's coming back. … Higher education, there are built-in increases in the governor's budget for higher education.

It's health and human services. The so-called safety net, the services for the most needy that don't have constitutional protection, and they don't have that built-in vocal constituency. …

While I recognize that we cannot make up for all that has been lost over the last five years in these areas, that if we are committed to three things—paying down debt as aggressively or even more aggressively than what the governor suggests, having a reserve as large or even larger than what the governor proposes and making targeted investments in a couple of discreet areas where people were hurt the most—we can have a 2013-14 budget that we're all be proud of.

And so, from the very beginning of this year, I have asked my colleagues to engage with me in the Senate in a series of caucuses and in one very noted road trip to Long Beach and the Long Beach Unified School District. To engage in a process of prioritizing, recognizing that we must help as many people as possible, but we can't make up for all that has been lost. And we focused on several priorities—one: dental care for low-income people, the majority of whom are working people.

What are those priorities?

Three main priorities. No. 1 is dental care for the poor and many of whom are working poor. In 2009, at the height of the economic crisis, we faced a $42 billion deficit with a base budget of about a $100 billion. We made a necessary but heart-breaking not-just cut, but decision to eliminate adult Denti-Cal. We maintain dental care for low-income kids in California but we cut it for adults. And I've told this story many times, including the opening of the Legislature session in 2013, where I gave my opening speech about what we want to accomplish this year. I talked about my experience in October of 2012 in one of those regular Saturday-morning coffee klatches at the California Dental Association volunteer fair at Cal Expo and went up there not knowing what to expect, but saw something that had a profound effect on me. And it's since been repeated in San Jose two weeks ago. You literally had thousands of people waiting in line, not to get their teeth cleaned or get a dental checkup, but instead, to take advantage of one Saturday in the Sacramento area to have major dental surgery, to deal with abscessed teeth, to deal with untreated root canals, people who actually had teeth replaced, because they had lost all of their teeth because of the lack of dental preventative care.

It shocked me and upset me. And I decided that you hold this mantle of power for a temporary period of time and I always ask myself, “What are you going to do with it?” I decided that I was going to make this a priority, because in a state rich in resources, rich in technology, rich and proud in its history, we can't have what I saw in Sac and what the people in San Jose saw several weeks ago.

We've got to provide basic dental care to people in need, again, many of whom are working people.

No. 2 is not a new theme for me, but mental health. I've been dealing [with it] for several years with this sort of unspoken, and in many instances, articulated frustration.

Why didn't Proposition 63 fix all of the problems in the mental-health system?

I think it's always important to say that Prop. 63 is doing remarkable work saving thousands of lives.

[Some] 27,000 people currently in “whatever it takes” services for those who are most seriously ill.

[There is] an array of prevention, early intervention, innovation, stigma reduction and suicide-reduction programs throughout the state that are off the charts.

The New York Times just wrote on Sunday, I believe on their front page, just wrote of the Hmong gardens in Fresno and how Fresno County is using Prop. 63 money to build community gardens. “Why?” you say. Because that is where the Hmong population and the Russian population and other distinct populations are comfortable [going] and

talking about their issues. And they won't walk into a clinic that you just open on a storefront. It doesn't work that way.

We've got to be culturally competent; Prop. 63 is doing that and a whole lot more.

At the same time, there's this great frustration that people are not readily accessing services. And so, when we looked at the numbers, here's what we saw: Prop. 63 is generating a billion dollars a year, [plus] a little more. During that same period, that the billion dollars has grown and continued, … we have lost $700 million a year in pre-existing funding. If you remember, Prop. 63 was supposed to be on top of an insufficient level of funding. Instead, we've lost about $750 million at the bottom.

What does that mean? It means that people are showing up in emergency rooms, they are showing up at jails, they're on the streets, they're showing up at social-service facilities.

There is not capacity within the system to help people who are in the midst of a severe mental-health or mental-illness episode to one, get stable then two, be linked to the right level of long-term services.

We said this year, rather than focus on building more permanent services, which are needed—no question about it—instead, I decided that the best thing we could [do] with a limited amount of money was focus on the infrastructure and linkage. We've talked to the counties, we've talked to providers and we've talked to the clients. We saw the frustration that the governor has with, understandably, dealing with the three-judge panel in the federal court that says, "Release more people out of state prison."

While the counties are saying, "Are you kidding me? We're already doing our fair share and more when it comes to realignment." We all witnessed the terrible story of the Nevada mental-health system, where they bussed a guy to California and told him to call the police when he got off the bus. He ended up at Loaves & Fishes, God love them. They do God's work, and they do so much for so many. But the system is so broken, they didn't have the capacity to refer this guy and ended putting him on a bus to [UC Davis Medical Center].

All of that combined leads to a proposal, which calls for one-time expenditure of general-fund dollars of $142 million to build capacity for 2,000 crisis-residential and crisis-stabilization beds in California. What does that mean? There are great models throughout the state. Places outside of emergency rooms, outside of hospitals, outside of jails; places that have 24-hour care, where people in the midst of an intense psychotic episode or a severe mental-health episode can get the care they need outside of institutional settings [and] can get stable. Once they're stable, they then can be case managed and referred to the right level of treatment or services. It could be a full-service partnership under Prop. 63. It could be peer support, or it could be permanent supportive housing. It could be a whole host of things, depending on their history and what they need. The second part of the proposal is to provide the capacity of what I call "600 triage personnel."

What are "triage personnel"? People with the training and the expertise to be able to assess somebody that comes into contact with the police, that comes into contact with the emergency room, that comes into contact in the jail setting, that comes into contact at Loaves & Fishes, or other similar places.

[They] can assess that person, refer them to a crisis bed, and then, ultimately, can case manage them to the right level of service.

I want 200 people that are stationed at emergency rooms throughout California, 200 people that are stationed at jails and 200 people that are at large social-service facilities throughout the state. To be able to be the point of contact for people with severe mental illness who come into contact with these systems. …

[I want] to get to people who might otherwise be hard to get to. We believe with this proposal, which only requires a one-time general-fund investment.

The rest can be done through a small tweak in the way we look at the state funding under Prop. 63 and matching it with federal funds. …

These 200 beds, of course, people will come in, but they will go, which will leave capacity for more people.

We want to help thousands of people and think that by investing in infrastructure and linkage that we can make Prop. 63 even more successful, because there will be a system to get people from the streets, from jail, from emergency rooms, from social-services facilities to the services. That's essentially the proposal.

You said that there were three things. What is the third?

The third is on the educational side, to bring back vocational education or career technical education to California high schools. The dropout rate has dropped, but it is still unacceptable, especially for Latinos and African-Americans. We seem to have this false choice in our education system where you're either for high standards or you're for vocational education. We need both. Again, in a state with the technology and expertise like California, there's no reason why algebra, geometry, sciences, English and history cannot be taught in multiple applied ways that relate to the leading and emerging industries where the job potential for young people is the greatest.

We took the entire Senate down to Long Beach in February, where we looked at what they call "link learning." They actually teach these core courses in ways that are relevant to the leading growth industries in and around the Long Beach area. About a third of California kids have access to what we call "link learning" or "partnership academies." But that leaves two-thirds who don't have access to this kind of approach.

It addresses a couple things. It addresses the fact that too many kids are not engaged, because they don't see the relationship between what is being taught and what they might actually do with their lives. It is relevant to the complaint we hear too often from business leaders that we aren't educating and graduating skilled and trained workers. It addresses the civil-rights issue around disproportionately high dropout rates for African-Americans and Latinos. It deals with, obviously in the broader sense, beyond the needs of individual businesses, with what ought to be our lead economic development strategy for the 21st century. How to educate and train young people to become relevant in the high-wage workforce.

What we're calling for is a one-time infusion of $250 million under the Prop. 98 budget to allow local districts and regional collaborations like we have in Sacramento—NextEd, for example—to be able to apply for major grants to be able to invest directly in California high schools. Even though the bill is changing a little bit, what I've said that I want to at least pilot the notion that if a business invests in a California high school to establish a career academy and that career academy is successful.

Lower dropout rates. More young people employed in the summer and after school. More young people going on to college or apprentice program ultimately working in the high-wage workforce—if it's successful, we ought to give business their money, their principal, plus a rate of return higher than what if they put that same money in a Wall Street hedge fund. That's the principal. What is it going to take to make it worthwhile for leading California industries to invest directly in California's high schools?

So, the total price tag of these three initiatives, in terms of your budget and comparing to Brown's budget, how many dollars are we talking about?

Well, again, the mental-health one is a one-time general fund; I won't even count that, because there's no ongoing obligation.

The dental is about $130 million annually. The career-tech ed is one time within Prop. 98. Now, it's not that we don't have a few other priorities; we also want to do some augmentation of the beleaguered courts in California have taken huge hits. I also to work to make sure that coin of the realm applied behavioral therapy that is available for autistic kids, whose parents have private health insurance, also applies to autistic kids under Medi-Cal.

What about Medi-Cal—aren't there changes in the reimbursement rate?

The whole issue of implementing Obamacare is absolutely essential, but it's all part of the core budget mix, as opposed to something that is considered additional. In terms of rate increases, which is what I think you're asking about.

The reimbursement rate for doctors and hospitals?

Our budget provides some augmentation for senior-care facilities. For example, it got double hit as a result of the way it was done back several years ago. But we do not provide in our budget, unfortunately, an across-the-board rate increase for doctors or hospitals. We don't because the price tag there would be about $600 million a year.

So, the total package, if you take all of the things you are advocating, how much difference is there from the Brown budget?

Well, we also have some offsets; there are some savings that we use that the governor doesn't have embedded in. But it would be about $300 million to $400 million a year above the governor's budget. … Let me give you an exact number: We have the dental, which is [$131 million]. We have the partial restoration of the rate fees for some nursing homes. We have the [Applied Behavior Analysis] therapy. We have some, as they call, knits and gnats. We have the mental health, which is one time. We've got the courts. UC Riverside medical school. We have a little bit on child care stage three, but it's $14 million, and that adds up to $487 [million], minus the offset of a couple hundred million dollars. … I think what we're looking at is $300 million.

So, it's only $300 million that's separating you and Brown?

Well, then the Assembly has its priorities. The Assembly has the speaker's Middle Class Scholarship, which I support, and they do some augmentation on the child-care side, as well as the CalWORKs side, all very worthy things. In the next two weeks, we're going to have to sit down and work this all out and negotiate it.

What is interesting about our approach is that the mental-health proposals, [there is] no ongoing general-fund money.

The dental is ongoing, but it is a crucial investment for, and related, connected inextricably, to physical health as well. That is ongoing. The rest of it is our other big initiative on the 98 side, which is in the education budget. And the remainder of this is small amounts of money. When you look at it this way, it's about $400 million on an ongoing basis.

For the three main things you talked about—Prop. 98, vocational education and dental health—these are all things that would, ultimately, prevent a bigger problem later. These are all things that are investments in our health infrastructure.

All three areas meet the definition of "invest modestly now, help a lot of people and save a lot over the long run." Untreated dental-health issues lead to more frequent emergency-room visits and more physical-health problems. Mental health, it's obvious.

I think the conundrum right now that the governor faces, that I'm sympathetic to—about the courts saying you have to release more people from state prison—at the same time, the counties are saying we have as many people that we can handle in our county systems.

The one thing the courts don't have [is] the obligation to look at the whole system. They're just looking at one part of it. And what we have an opportunity to answer here—if not for the courts, at least for ourselves—is how do we keep people out of jail and prison once they leave? And one clear answer is investing in better mental-health services. The

police will tell you, the sheriffs will tell you, the last place they want to drop people off who are either have committed some minor crime or no crime at all are at either the jail or the emergency room.

There's no other place else to take them currently. There is an opportunity to save precious resources by doing some smart investing in the mental-health area. And on the career-tech ed issue, what is the cost of these kids dropping out? It's hard to even calculate.

This debate has been characterized as Brown as the adult in the room. How do you want to respond to that?

You know, I've been around long enough to know that governors act like governors. Jerry Brown is the major adult in the room, but not the only one. I was here in 2009. I was here in 2010. I've been here during Gov. Brown's first two years. And we have made cuts that would be unimaginable in any other period of time in California. I never shied away with my politics and why I was motivated to run for public office in the first place. My colleagues and I never shied from making the hardest of hard cuts, because we had to. When it comes to arguing for modest reinvestments or modest investments into crucial areas, I feel just fine about where we stand.

Put the $400 million in context of the whole state budget. What percentage of it is it?

The general-fund budget under our proposal would be about $98 billion.

So, we're talking about half-a percent?

And again, remember, the Assembly has it's priorities, too, that will need to be factored in. It's still a small percentage, but here's the point that I'd like to make with you: It's budgetese, but it's really crucial.

If we have a difference with the governor at this stage, I think we can work all this it out. He projected revenues that were much more conservative than the legislative analyst. The legislative analyst does not have a reputation for being wild and crazy when it comes to state spending. They're very conservative themselves. But they said that the Department of Finance is too conservative.

Here's one of the important arguments: By taking the legislative-analyst's revenue, we can make some modest augmentation, like the kind I've described. But we also have the ability to pay down debt faster than what the governor proposes and to have a higher reserve than what the governor proposes in his May revision. And to have enough left over in case the legislative analyst's revenues are not conservative enough. That's an important point. …

That's why I say were not poles apart from the governor. We've been through the pain of cuts, we've made them, and we don't want to make them again. And the only way you don't make them again is to keep the budget stable. At the same time, there's a need to not only let a little air out of the pressure valve, but out of the hose.

But you've got to respond to the human need as well. Especially when it is so obvious and apparent, and you see people who are hurting and hurting really badly. It's that balance that I'm confident we can achieve.

Let's take that broad thing of the three programs and narrow it down.

OK, we've chosen three areas that minimize ongoing expenses, are responsive to those who have been hurt worse by those cuts over the last five years and provide an essential foundation for economic growth in California. Dental, the need is so obvious when you see what happens to people when they don't get preventive dental care. You see thousands lined up at a public venue to have a root canal dealt with or an abscess tooth or even major dental surgery to replace what's remaining of their teeth, because they didn't get preventative health care. The link between dental health and physical health is obvious and these same people are showing up at emergency rooms, costing the taxpayers a lot of money. And it's just plain humane to make sure that everybody has the ability to get their teeth fixed and to not have to suffer so much. Mental health? We have made such great strides in California, more than any other state in the country. And Prop. 63 is helping thousands of lives.

Investing in the right kind of prevention, early intervention and innovation approaches that are changing the face of mental health not only in the state but in the country. But there's so many more people in need, in part because we've lost so much of the funding that existed prior to Prop. 63 and rather than just build more services we call for more investment in infrastructure. Which is another way of saying how do we get people who come into contact with jails, emergency rooms and social-service facilities. How do we help that anguished parent get their adult child into services? How do we link them up to services? And our focus is building capacity for 2,000 crisis residential beds in California so that there's a safe place for people to get stable so they can get long term help. Then to hire 600 triage workers at jails, emergency rooms, social service facilities and mobile outreach vans. So there are trained people to help those who are really in trouble to help them get the help they need.

Then on career-tech ed, we want to change the face of high school in California, because one size does not fit all. And there is no reason why we can't have both high standards, academic rigor and career application across the board. We must find ways to invest leading California industries in California's high schools and that's what we seek to do with our $250 million proposal to invest directly into linked learning and career based academies.

And so, in all three of these areas I think that the stuff that's not in the proposal is the savings in jails, emergency rooms, and in terms of the dropout rates and in terms of dental health and to a certain extent you're almost doing bridge repair to the population that's going to have ancillary benefits for the future as opposed to letting the bridge fall apart.

On the health-care issues, we are paying a high price for not investing in that which should be basic. And you see it, the emergency rooms see it. The mental health proposal for example was stirred by the hospital association coming to me as saying what can you do to make it easier for us to release people being held on 5150 in emergency rooms. I said, we don't want to just release people, what are we doing for them? The dental care issue, I guess there a lot of people that aren't getting any care or treatment when they have an infection. Or have a high fever when they have an untreated dental abscess. But there are a lot of people showing up at the emergency rooms. I know on the education issue that we must engage more young people so that they don't become dropouts. All of these issues are define the essence of modest investments going a long way towards helping thousands of people and saving the taxpayers a lot of money at the same time. they're at the core of the definition of prevention.

To switch subjects, of course our readers are very interested that you sponsored the marijuana bill. Do you want to give an update on what's happening with that and that issue?

Yes, but they may not love my answer, because I really don't subscribe to legalization. I do believe that those have serious illnesses, whether it be epilepsy or late-stage cancer, those who are fighting to maintain their appetite, should have access to medical cannabis. And I worry now that so long as it is unregulated—and with the federal government taking the posture that they can come down and close a dispensary without notice—that those in need of medical cannabis are at risk. And so the feds have all but said to us, “Regulate this so that there is a clear distinction, yes on the medical cannabis side, no on the legalization side.” My bill is intended to help draw that line in a way that will assure those who need cannabis for medical reasons can get it now and in the future.

Do you think that it's going to get through the Assembly?

Yes, I'm working with Tom Ammiano, who's got part of the package as well.

Where is Gov. Brown on this?

I don't know. We haven't yet talked about it. We had a few other things to talk about first.

Anything else you want to add to this list?

No, you know for me, I've got 19 months left. The first four years as my time as the pro tem has been dominated by fiscal crisis and the budget cuts. I'm glad that time is over, don't want to go back, don't want any of my successors to have to go back but at the same time let's help the people who need help the most.

What happens in 19 months and 1 day?

I don't know, it's all up in the air at this point. I'm beginning to think about what I'm might do next in my life. It'll be hard to match this experience. I've no doubt that I'll do something that is interesting, that contributes and that keeps me involved in the stuff I care about. There may be another political office in the future. I just don't know yet.

San Francisco Chronicle

Support Steinberg's Rx for mental health care

Eduardo Vega

12:17 PM

President Obama convened a national conference on mental health Monday at the White House, focusing on balancing services for people in need with a reduction of the stigma associated with mental illness.

Although this conference and the related national initiatives were driven by the Sandy Hook Elementary School shooting tragedy, the president rightfully highlighted that people with mental health conditions are not violent and that most people involved with gun violence are not mentally ill. Obama and the opening speakers pointed to the need to change our dialogue about mental health and to provide the right kinds of services and support so that no one becomes desperately ill.

But who will move beyond the talk and philosophy to real solutions?

In California, Senate President Pro Tem Darrell Steinberg, D-Sacramento, has proposed a program that can make a significant difference. It requires support from our state leaders, however - support their communities will need to muster.

Over the past 10 years, Californians have received a mixed bag when it comes to mental health support and treatment. On one hand, the Mental Health Services Act (originally Proposition 63) has funded services for thousands who have serious mental illnesses. On the other hand, budget cuts at the state and county level have reduced or eliminated safety net services and even basic support for many people who are ill, homeless or on disability. The result is that in spite of Mental Health Services Act funding, many people have to become very sick in order to receive mental health care.

What people do get is often inappropriate in both form and cost. Services for people experiencing the worst kinds of psychological distress are incomplete and underfunded. The cost of hospitalization,

psychiatric and emergency services is untenable. And in most cases, that level of care is not even what people need. People in distress routinely are told they are not sick enough to receive help, or they may be subject to a demoralizing process of police transport, emergency room visit and/or unnecessary in-patient commitments.

As an extreme but common practice in this environment, mental health and social services workers sometimes coach individuals who are seeking services on what to tell officials in order to meet criteria for involuntary treatment, in hopes they will receive services right away.

Steinberg has called for state budget allocations for a full spectrum of community programs, including mobile crisis support teams (teams of mental health professionals such as nurses, social workers, psychiatrists or peer counselors whom families, neighbors or law enforcement can call to respond to individuals), peer-respite supports (programs where, as an alternative to hospitalization, people can stay and meet with peers for counseling) and community-based crisis residential programs for longer-term stays.

Steinberg's proposal would use mental health act and budget surplus funds and match these with federal resources, reducing costs for police transport and hospital emergency rooms. These services and supports would prevent the lost quality of life, disability and even suicide that can occur when symptoms of mental illness are not treated.

Californians deserve the health care they need to succeed, including mental health care to reduce significant disability brought on by mental illnesses. The Legislature and governor should act quickly on Steinberg's proposal to save our communities money, prevent personal and family anguish, save lives and reduce the human costs of mental illness.

Eduardo Vega is the executive director of the Mental Health Association of San Francisco.

http://www.sfchronicle.com/opinion/openforum/article/Darrell-Steinberg-s-mental-health-plan-4577060.php

Obama Taps Hollywood to Help End Mental Health Stigma

June 4, 2013 by EURpublisher02

Actress Glenn Close attends the White House Mental Health Conference in the East Room of the White House June 3, 2013 in Washington, DC

*President Obama turned to Hollywood for help in raising awareness of mental illness, beginning with a White House summit on Monday with Vice President Joe Biden, Health and Human Services Secretary Kathleen Sebelius and Education Secretary Arne Duncan. They were joined by two entertainment industry stalwarts with personal connections to mental health issues: actress Glenn Close and actor Bradley Cooper.

Close, who co-founded the nonprofit awareness group Bring Change 2 Mind, has said she first became aware of mental health problems when she starred in “Fatal Attraction” in 1987. Her sister Jessie grew up with severe bouts of depression and tried to commit suicide several times before being diagnosed with bipolar disorder. Her nephew Calen has also been diagnosed with schizoaffective disorder. She’s also the narrator of a PBS documentary that started airing last week in California, “A New State of Mind: Ending the Stigma of Mental Illness.”

Actor Bradley Cooper acknowledged his connection with mental illness is more remote, starting with his role as a bipolar man in “Silver Linings Playbook.”“I’m sort of here by accident,” he said. “It’s not that I didn’t know about mental illness. I think it’s just that I
just didn’t see it as a part of my life.”

It's the first time he's been back to D.C. with the mental-health message since the height of the movie's Oscar campaign, when Cooper met with Joe Biden on the topic and held forth at a Center for American Progress forum on mental health.

Actor Bradley Cooper (2nd L) listens as U.S. President Barack Obama delivers opening remarks to the White House Mental Health Conference in the East Room of the White House June 3, 2013 in Washington, DC

The goal of the summit is to start a national conversation about mental health, removing any stigma around it so afflicted people will feel free to seek help. The National Association of Broadcasters (NAB), the Entertainment Industries Council (EIC) and the California Mental Health Services Authority are teaming up to give movie and TV producers tools to more accurately portray mental health challenges. Part of that effort is a rollout of public service announcements prepared by Ogilvy Public Relations. The PSAs, backed by the NAB, will air on 7,500 member radio and television stations across the U.S.

Then, on August 8th, the EIC will present an event on a studio lot in Los Angeles for scriptwriters, producers, directors, performers and execs. Along with panels of experts, the producers, studios and networks will be offered a toolkit and resources in both English and Spanish – including story ideas – provided by TEAM Up (Tools for Entertainment and Media).

The event is paid for through the Mental Health Services Act (Prop. 63) passed by voters in 2004, and the group it created, the California Mental Health Authority. While that group gets government funding, it's not an official state agency.

"Media and entertainment professionals can play a significant role in the public's understanding of mental health," said Brian Dyak, the EIC's president and ceo. "Inaccurate portrayals of individuals living with mental illness can fuel misconceptions that could lead to subsequent discrimination and deter individuals from seeking help for mental health challenges."

President Barack Obama (R) delivers opening remarks to the White House Mental Health Conference as Health and Human Services Secretary Kathleen Sebelius (L), Education Secretary Arne Duncan (2nd L) and Veterans Affairs Secretary Eric Shinseki (2nd R) look on in the East Room of the White House June 3, 2013 in Washington, DC.

In a statement, the White House outlined the President's goals: "The conference will bring together people from across the country, including representatives from state and local governments, mental health advocates, educators, health care providers, faith leaders, and individuals who have struggled with mental health problems, to discuss how we can all work together to reduce stigma and help the millions of Americans struggling with mental health problems recognize the importance of reaching out for assistance."

Per the Hollywod Reporter, one subject the summit won't address is guns. When the gathering was first announced in May, press secretary Jay Carney described it as part of an effort to reduce gun violence. But after guns proved a political hot potato, they've since disappeared from announcements.

A new way of thinking

A therapist and sheriff's reserve deputy joined forces to help the mentally ill get treated, not punished

BY NICK POWELL

He wore an oversized purple dress shirt and jeans, but no coat, walking stiffly on a pair of crutches the morning of Jan. 11. Eyes wild, hair disheveled, face red from the freezing air, he approached and asked to bum a smoke. I was sitting on a low brick wall trying to stay warm in a spot of sun, killing time with a cigarette and a Bob Cuddy article on county supervisor Adam Hill—snubbed again for a committee chairmanship—because I'd stupidly hopped the early bus to San Luis Obispo without bringing my *New Times* office key.

So I obliged the desperate-looking man, and within 30 seconds of perfunctory chat, he revealed that he'd tried to kill himself several times in the last few weeks. Clearly, it was a cry for help, but I had no idea what to do. He was having trouble staying upright, so I helped him to my little wall in the sun where he could rest and warm himself.

He was in obvious pain and said he'd slept outside the previous night with no blanket or coat. He also swore that his uncle had recently mailed him a bunch of money, which would let him get a motel room once the post office opened. I asked if there was anybody he could call in case the money wasn't there and offered to let him use my cell. That's when things got really weird.

He called his mom and told her that he was in trouble, that the police were conspiring against him, and that he'd tried to kill himself. He yelled that she'd abandoned him then abruptly changed his tone, told her repeatedly that he loved her, and hung up.

COMMUNICATION IS KEY

Sheriff Ian Parkinson, Denise Braun, and Cathy Bianchi work together to create better communication between SLO County Mental Health Services and the Sheriff's Department.

PHOTOS BY STEVE E. MILLER

We talked a little longer, and from what I could gather, he believed that methamphetamine gave him the ability to build and destroy entire cities with his mind. He said God was mad at him for abusing the power, so he'd commanded the local police and judges to frame the poor man as a child molester and send him to prison for a lifetime of beatings at the hands of his cellmate. He knew this, he said, because he'd recently seen a Manchester United shirt in a store window while on the way to a court hearing for vandalism charges. The Manchester shirt was a sure sign that they'd charge him as a "Chester molester" instead, he said.

Soon the post office opened, and one of my coworkers arrived with a key to *New Times*. I reluctantly left the man, hoping that money was in fact waiting for him in the mail. I went inside, fired up the Internet, and searched for the best person or agency to call. The police would probably respond the quickest, but the man hadn't done anything wrong as far as I knew. I chose the mental health mobile crisis line, and the lady who answered said she'd send someone to check on him. I redialed his mom, too, and left a message explaining her son's condition and encouraging her to organize some help for him. And that was that. I spent the rest of the week wondering if I'd done right by the guy, if anyone would find him before he hurt himself again.

Lost in the shuffle

I eventually reached the man's mom and learned how he ended up cold, crazy, and alone in San Luis Obispo. Her name is Anita Keefe (a last name that differs from her son, who won't be named for privacy reasons). She said she was living across the country, in Massachusetts, and was devastated to know her son was struggling so much so far away.

She said her son, now 39, grew up like any other Southern California boy—friendly, intelligent, and active outdoors. He didn't show any mental health problems until adolescence, when he became extremely anxious and was plagued with intrusive thoughts that he couldn't get out of his head. He was diagnosed with obsessive compulsive disorder and mild schizophrenia. Combined, they make his life hell. Delusions result from the schizophrenia, and the OCD forces him to latch onto the odd thoughts and follow them to their extremely illogical ends.

"Everything he thinks is negative," Keefe said. "That's his reality."

Medication stabilized him, Keefe said, but he didn't like the side effects and struggled to stay on his prescriptions. He started smoking marijuana and taking other drugs instead, and his mental health deteriorated, Keefe said.

Keefe admitted that she had her own alcohol problems, which estranged her from the family. She explained that her son filed for emancipation and attempted a few years of college, but uncontrollable panic attacks caused him to drop out. He became homeless and started travelling alone across the state.

Family members successfully signed him up for Supplemental Security Income, but he opted out of the program when his dad died and left a trust in the son's name under the control of other family members.

"He didn't understand that he didn't just get all the money," Keefe said.

Now, she explained, he has to get in touch with faraway relatives and beg for his own money every time he runs out, a mean feat for someone with no home, no phone, and a limited grasp on reality. According to Keefe, her son did get a check the morning we met, but he made a scene trying to cash it at Wells Fargo. The police came, and finding he had outstanding warrants for failing to appear in court, they hauled him off to jail.

"They keep throwing him in jail, and all the while he really just needs some counseling and care," Keefe said. "He doesn't do well in jail."

According to court records, he's faced criminal charges for 31 separate incidents in SLO County since 2010, most of them misdemeanors: trespassing, possession of a controlled substance, drunk in public. He was simply fined and turned away for the minor offences, but he served 120 days behind bars in 2010 and was sentenced to a subsequent drug treatment program. In 2011, he did a year in prison for petty theft with a prior, and when he came out, he was worse than ever, racking up 25 charges in 2012 alone. His sanity was questioned multiple times over the last few years, but he wasn't deemed incompetent to stand trial until after his arrest the day we met. He stands accused of committing felony vandalism on Oct. 29.

He's currently in Atascadero State Hospital, where doctors are working to restore his competency and can force him to take medication.

"It's heartbreaking," Keefe said. "He's really been lost in the system."

Although the mentally ill often commit crimes, suffering from brain or personality disorders isn't illegal in and of itself, so the local agencies tasked with enforcing laws and maintaining public health have traditionally addressed the matter of mental illness from separate vantage points. The cops give tickets or lock folks up when they trespass, drink in public, harass passersby, or commit assaults, and the San Luis Obispo County Department of Mental Health and partner nonprofits attempt to treat the disorders through various inpatient and outpatient programs.

While the two sides inevitably intersect in certain situations—when people present imminent threats to themselves or others, or when a suspect is too far gone to stand trial—serious efforts at collaboration are relatively new in SLO County and were temporarily interrupted when the recession ripped through public budgets.

In 2005, the Board of Supervisors commissioned a Mental Health Criminal Justice Task Force with stakeholders representing the offices of the Court, District Attorney, Public Defender, Mental Health, Office of Administration, Sheriff, National Alliance for the Mentally Ill, Economic Opportunity Commission, Public Guardian, Probation, and the Health Commission. The group met monthly and developed several new programs using a cash injection from the Mental Health Services Act (MHSA), which stemmed from the passage of 2004's Proposition 63, a one percent tax on individuals earning more than $100,000 per year that was dedicated to transforming mental health.

MOBILE OFFICE

Cathy Bianchi (driver) and Denise Braun spend a great amount of time driving from location to location in the county to help various police agencies and the courts deal with people with mental health problems.

Notable results from the task force include the implementation of Crisis Intervention Training (CIT) opportunities to teach police better methods for interacting with the mentally ill and the creation of a Forensic Collaboration Team. Featuring many of the same stakeholders as the task force, the team would meet regularly under a memorandum of understanding that allowed them to share confidential information for focused discussions on problem individuals whose frequent bumps with the law might better be addressed through service referrals and targeted probation requirements in lieu of incarceration.

The programs didn't really get going until 2007, and the economy started to slow shortly afterward. Though the county continued to collect dedicated MHSA funding, the general fund shrunk, and when key leaders of the effort retired, they couldn't be immediately replaced.

The programs ground to a halt, but they're beginning to see new light, thanks in large part to the efforts of Cathy Bianchi, a part-time reserve sheriff's deputy, and Denise Braun, a certified therapist and forensic specialist with the mental health department. Their unique partnership, a year in the making, is beginning to bridge what they described as a dialogue gap between treatment providers and cops.

"Communications between law enforcement and mental health are kind of convoluted," Bianchi said. "We speak different languages: I'm legal, and she's clinical."

Plus, they have to dance around pesky confidentiality laws. Bianchi can tell Braun all about a frequent offender's behavior problems and the person's history of contacts with the cops, but Braun can't divulge any information about the suspect's treatment history, medications, or delusions, or else she runs the risk of violating California's Confidentiality of Medical Information Act, which prevents her from sharing anything that isn't relevant to an immediate and direct threat to public safety.

In situations where she knows a patient with a violent history is off medication and expressing rising levels of anger and frustration, Braun can't legally warn officers to be on the lookout. Nor can she say whether or not a missing person is safe and sound at the county's Psychiatric Health Facility, and the police may have to waste manpower and resources searching for someone who isn't lost.

"If we can change the way we can communicate, all in the interest of getting people into treatment and making the community safer, that's the goal," Braun said.

To that end, Bianchi's boss, Sheriff Ian Parkinson, initiated a campaign for legislation that would clear away some of those communication hurdles. In the wake of recent massacres across the country, Parkinson has been vocal about the need for improved mental health services as opposed to gun control. He brought stakeholders representing law enforcement, the court system, therapists, and patients' rights advocates together on April 30 to share ideas and air any concerns about his goal.

"It was good in the sense that we had the right people there, and the right conversations taking place," Parkinson said. "This is something we could do to get real results with no added expense."

The process is still in its early stages, with no language written into an actual bill and no legislators officially on board to introduce the law in Sacramento. So far, the plan is to define partnerships like Bianchi and Braun as a special relationship with the ability to share information more freely. Only officers with specific mental health training and working ties to therapists would be allowed to know a suspect's diagnosis and mental health history.

"Everyone always thinks of law enforcement as jack-booted thugs, but we're not," Bianchi said. "The info I'm interested in really goes no further than getting these people out of the criminal justice system."

Parkinson said that everyone supported the general idea of allowing sensible exceptions to confidentiality restrictions, but some urged caution.

Roger Gambs, a local activist with the National Association for the Mentally Ill, noted that patients are extremely sensitive about their rights, often rising to the level of paranoia. If they learn their therapists talked to the cops, he said, that discovery could enrage them.

"There could be some blowback for the one who does the divulging," Gambs said.

He would prefer to see legislators throw their support behind Senate Bill 585, which is already in the mill and would give counties a more straightforward path toward using MHSA funding to institute intense outpatient treatment and case management for mentally ill people before they run afoul of the law, instead of after.

"I understand there's little else they can do other than going to the step of breaking confidentiality to get these people some sort of help," Gambs said. "But the help they're going to get with this kind of thing is probably being able to live behind bars."

Jill Bolster-White, director of the nonprofit Transitions - Mental Health Association, spends much of her time battling the stigma that surrounds mental illness and prevents a lot of people from seeking or accepting treatment. She said there's a risk that allowing police to access more information could scare people away from the help they need, but it would also improve safety for the patients and the public. As long as the information is shared responsibly, she supports freeing it up.

"It's an issue with a lot of ethical ramifications, and we have to proceed with caution," Bolster-White said.

By May 14, Parkinson said the potential bill was taking a more definitive shape, but it likely wouldn't reach the floor of California's Legislature until 2014. Preliminary talks with local representatives Assemblyman Katcho Achadjian and Senator Bill Monning seemed promising, Parkinson said, but when *New Times* reached out to the legislators, both said they were unfamiliar with the effort.

In the meantime, Bianchi and Braun continue to work together. They've reinstituted the Forensic Collaboration Team in recent months and cited several success stories, including a woman San Luis Obispo motorists used to see regularly darting into traffic without warning. Again, confidentiality prevented Braun from dishing details, but she said law enforcement couldn't do anything since the woman seldom broke serious laws or presented a direct, imminent danger. Ultimately, the collaborative group focused its efforts on the woman and was able to get her the help she needed.

"From what I hear, she's doing amazingly well," Braun said.

ANYBODY HOME?

SLO Police Officer Kevin Waddell checks in on two illegal campers near San Luis Obispo Creek while on a CAT (Community Action Team) shift.

In the last week of April, Bianchi and Braun used MHSA money to offer the first Crisis Intervention Training seminar that's been available in the county for two years. The 36-hour class was available free of charge for any law enforcement department in SLO County. Twenty-two officers from the city of San Luis Obispo, Grover Beach, Cal Poly, California Highway Patrol, Probation, and the Sheriff's Department (both patrol and correctional officers) participated.

In the training academy, cadets spend only four hours learning how to deal with the mentally ill, and unlike driving maneuvers or shooting practice, no continuing education is ever required on the subject.

Senior Officer Kelly Cook of the Grover Beach Police Department said he deals with the mentally ill several times a week, if not daily, and was happy to take the class, which included role-playing exercises; PowerPoint presentations; and lectures from professional therapists, a person whose mentally ill son killed himself, and a stabilized schizophrenic who had once fired a gun at police officers.

"He was talking about trying to kill a cop to a room full of cops," Cook said. "That was the oddest experience. And now, he's volunteering to help enlighten the very same people."

Cook said the experience was eye-opening. Cops often suffer from emotional fatigue, he said; after trying to help stubborn people for a long period, police tend to grow calloused and insensitive, which is understandable but far from helpful. These kinds of training exercises reintroduce officers to the humanity behind the mentally ill, he said.

At the same time, Cook said the training gave him tools and techniques to probe deeper into a disturbance and identify situations where the suspect's delusions are getting out of control and posing serious threats to the general public.

Braun and Bianchi provided a field reference book with localized contacts for services and tips for communicating with the mentally ill in a manner that won't escalate the situation and render violence or incarceration inevitable, and the role-playing allowed him to see what an interaction with police feels like from the perspective of someone struggling with a disorder.

"You want to be calm, patient, and deliberate with these people," Cook said. "You don't want to shout orders and demands. That's confrontational, and will probably escalate the situation."

Approaching a suspect with the wrong attitude can transform a quiet talk to a full-blown fight. For instance, on the morning of May 10, a man named Mike Campos was waiting for an appointment with a tiny puppy in the lobby of Stenner Creek Animal Hospital in San Luis Obispo when the police walked in and demanded that he talk to them outside. Campos has long struggled with mental illness, and as he left for the veterinary clinic, he'd gotten into an argument with his dad, he said.

The police told Campos that his dad had called them afterward, worried that his son would try to kill himself. According to Campos, he told the officers he was fine and tried to go back inside the lobby, but they began yelling at him and grabbing him, which made him extremely agitated. He screamed and fought back, but the officers subdued him and took him to the county's Psychiatric Health Facility (PHF) for a 72-hour involuntary hold, under Welfare Code 5150 and the assumption that Campos was an imminent threat to himself or others.

Campos was taken in on a Friday, and there were no patient's rights advocates available over the weekend, he said, so he had to stay at PHF despite being in a sound state of mind.

"A person that's going to kill himself doesn't take his seven-week-old puppy to the vet's office," Campos said. "I feel like my rights have been violated."

A receptionist at Stenner Creek Animal Clinic said that Campos was behaving normally until the police arrived and hauled him away.

“We’re taking care of the puppy in the meantime,” she said. “He’s a cutie.”

A day in the life

Though Bianchi is technically a sheriff’s reserve deputy, her direct partnership with mental health benefits all local law enforcement departments. She’s really a communications hub. Before this gig, she worked 12 years for SLOPD, where her experience with the bomb squad put her in touch with officers across the county.

“She knows everybody,” Braun said.

When officers have repeated problems with a mentally ill suspect, they call Bianchi, who works with Braun in the hopes that they’ll be able to find services for the suspect that will help him or her more than another jail sentence would.

New Times tagged along with the duo on April 24 to see what exactly they do.

Bianchi and Braun begin most of their days at the San Luis Obispo Superior Court, where Braun has a downstairs office as a forensic therapist.

First Braun printed out a list of all the people from jail with known mental illnesses who would be in court that day. There are five to 10 on average, she said, and Bianchi and Braun focus their efforts on cases that have garnered particular interest from law enforcement, hopping back and forth between courtrooms hoping to be present when a high-interest case is heard.

“If an officer takes the time to track me down and call me, they’re really concerned,” Bianchi said.

On April 24, the duo was particularly interested in cases involving an arson suspect from Atascadero and a frequent trespasser in Cayucos. Nothing happened with the alleged arsonist, but Braun was able to inform the Cayucos suspect’s public defender about the man’s repeated problems and recommend that he push the judge for a psychiatric evaluation or potential sentencing through Behavioral Treatment Court instead of fines or jail time.

“[The public defender] thought there was just the one case,” Braun said. “But he’s got five arrests. The lawyers don’t have all the information, not because they’re unqualified or lazy, they’re just slammed.”

According to Chief Deputy District Attorney Jarret Gran, the Behavioral Treatment Court (BTC) handles qualified defendants who have entered guilty pleas to minor crimes with a stipulation from the judge saying a mental illness was the driving force behind the offence. Under BTC, judges can sentence the individual to a tailored probation stint with mandated treatment programs and orders to stay on medication. As long as the person complies, he or she won’t see the inside of a cell.

After court, Bianchi drove to Atascadero while Braun sat in the passenger seat making phone calls to the jail and PHF to check on the status of a suspect who’d been deemed incompetent for trial two weeks prior. The judge had hoped the suspect would be restored by April 25, but on April 24, the person had just been admitted to PHF, an inpatient facility with just 16 beds to serve all of SLO County’s mentally ill. Three beds must be held on reserve for emergencies, and when the rest of the beds are full, incompetent misdemeanor offenders linger in jail without being charged of a crime. Accused felons go to Atascadero State Hospital for restoration and usually don’t have to wait for beds to open up.

According to Undersheriff Tim Olivas, the jail had only one inmate awaiting restoration on May 1, but he’d been waiting four weeks. At one point in the last three months, there were nine waiting, Olivas said. The staff doesn’t keep detailed records on what type of inmates are in custody, so past information couldn’t be reviewed.

“We call over every day to find out if beds are available,” Olivas said.

At the Atascadero Police Department, Bianchi and Braun met with Detective Rochelle Hanson to see if any progress had been made with a particularly troublesome character. Since 2010, her department had contacted the individual a documented 34 times, not including officer-initiated talks.

“It’s taxing on an agency,” Hanson said. “It’s a drain of resources.”

Departments don’t document whether or not mental health played a role in their calls, so there’s no real way to measure how many police resources are devoted to dealing with the problem. The only “crimes” tagged and logged with an obvious mental health component are suspected violations of Welfare Code 5150, the provision that allows police to place people who pose an immediate, direct threat under arrest.

According to records from the various law enforcement departments countywide, officers responded to 1,588 calls for Welfare Code 5150 over the last five years.

“People say no one’s watching these people, but we’re doing the best we can,” Braun said. “It’s more than a full-time job.”

Since bringing the problem person to Bianchi and Braun’s attention, Hanson said the man is doing much better. The last time she talked to him, he was still on the streets, but he was coherent and had received help settling his open warrants and applying for Supplemental Security Income. The police department hadn’t heard from him in two to three weeks—a good sign.

“I’ve been dealing with this guy for my entire career with APD,” Hanson said.

From Atascadero, Bianchi and Braun drove to SLO County Jail to check in with Lt. Kelly Kenitz and discuss implementation of an incentive program that would encourage mentally ill inmates to take their medications by rewarding them with simple privileges. Braun brought the idea back to SLO after attending a state conference in March and learning how well it worked in San Bernardino.

Unlike PHF or ASH, the jail can’t force medicate, because there’s no doctor on staff 24 hours a day, Kenitz explained. Of the jail’s average daily population of 700 inmates, 20 to 25 percent use services from the psychiatric ward. About half of those people suffer from situational depression brought on by life in the jail, but the rest are seriously ill, Kenitz said.

“The jail’s not a detox facility, and it’s not a mental health facility,” Braun said.

The jail employs four full-time mental health therapists who process 40 requests for treatment or medication every day in addition to preparing psychological evaluation packets for the court and performing safety checks for detoxing inmates.

“They’re going all day long,” Kenitz said. “And they do an amazing job considering the circumstances.”

The jail is the only facility in the county qualified to take incarcerated suspects to and from the courthouse, so suspects who spend time in ASH or PHF working to have their sanity restored for trial have to return to the jail, sometimes waiting another week to have their day in court. Often by then, Parkinson said, their medication wears off and can’t be forced, so they face the judge just as delirious as the last time.

A psychiatrist at ASH, Dr. David Fennel, said that one percent of the population suffers from schizophrenia, but the cause is unknown. The disorder responds well to medication, and improvements to drugs are making side effects less intense, he said.

The hospital has a maximum limit of three years to restore a patient's sanity, but that process can usually be done in six months. In cases of extreme insanity complicated by Alzheimer's disease, competency can't be restored, but counties often direct ASH to keep trying for the full three years, Fennel said.

"They know they can put off the reckoning," Fennel said.

Competency restoration consists of medication regimens, therapy aimed at dealing with triggers, general court education, and a mock trial.

"By the time they go back to court, they're psychotic again," Fennel said. "It's not infrequent."

According to Ralph Montaño, a spokesperson for the California Department of State Hospitals, five percent of patients are returned to the hospitals statewide after restoration.

After lunch, Bianchi and Braun had an afternoon schedule stuffed with staff meetings the press couldn't attend, so we parted ways. Bianchi noted that their work is mostly behind the scenes and hardly exciting, kind of like pushing a boulder uphill, but their communication efforts can make a big difference.

"I don't want to make it sound like we're the saviors of the day," Bianchi said. "We're not. We're just trying to keep people from falling through the cracks."

Theirs isn't the only such effort.

The San Luis Obispo Police Department developed a Community Action Team last year to respond to public concerns about aggressive panhandling and harassment happening downtown at the hands of mentally ill homeless people and transients. According to Lt. Jeff Smith, CAT's been staffed on an overtime basis by whichever officers want to sign up for five-hour shifts dealing exclusively with the mentally ill's "nuisance" crimes and illegal creekside campsites.

The department has recently selected two officers to staff the team full time, creating a point of constant contact with a particularly troublesome population.

On May 22, Officer Kevin Waddell took a CAT shift and let *New Times* follow him around. Right away, he was called to talk to a man who'd been yelling at himself in the street. By the time Waddell arrived, the man had calmed down. Waddell recognized him, talked to him briefly, and ran him for warrants, finding nothing.

"They're not always up on all their stuff," Waddell said. "They just don't care, don't go to court, ignore tickets. … The biggest asset for us is finding something criminal going on."

Waddell said he hasn't been through the Crisis Intervention Training, but would be interested. He prefers targeted police work to general patrol.

Throughout the afternoon, he responded to more disturbances, talked to a guy who's been barred from several service programs for violent outbursts, and cited a pair of women for illegal camping, but he didn't make any arrests. Nor did he direct anyone to any specific services.

"A patrol officer has to stay in this cocoon of a car all day, but getting out and making these contacts and interactions is going to benefit all of us in the end," Waddell said. "The stuff that becomes important is the small victories."

From the service side, four representatives from Transitions - Mental Health Association, two from the Department of Mental Health, and one from the Department of Public Health formed the Homeless Outreach Team (HOT) in October 2012. According to team leader Joe Madsen, HOT attempts to replicate the efforts of the Homeless Outreach Program, which started in 2000 but

was killed by former governor Arnold Schwarzenegger in 2007. That program had more money, resources, and workers, but the goal is the same: to connect with homeless people on the streets and direct them to services.

Madsen said the team has already exceeded its contractual duty with SLO County for the year and has contacted more than 200 homeless people, getting 140 to cooperate and seek services. Of those, 37 have undergone full mental health assessments, a process that opens case files and allows individuals to apply for such benefits as subsidized housing. Of those, 14 have created Full Service Partnerships and go to regular therapy sessions to address the root causes behind behavior problems.

“I have a funny feeling we’ll be asked to do more with the same, and I’m prepared to meet that challenge,” Madsen said.

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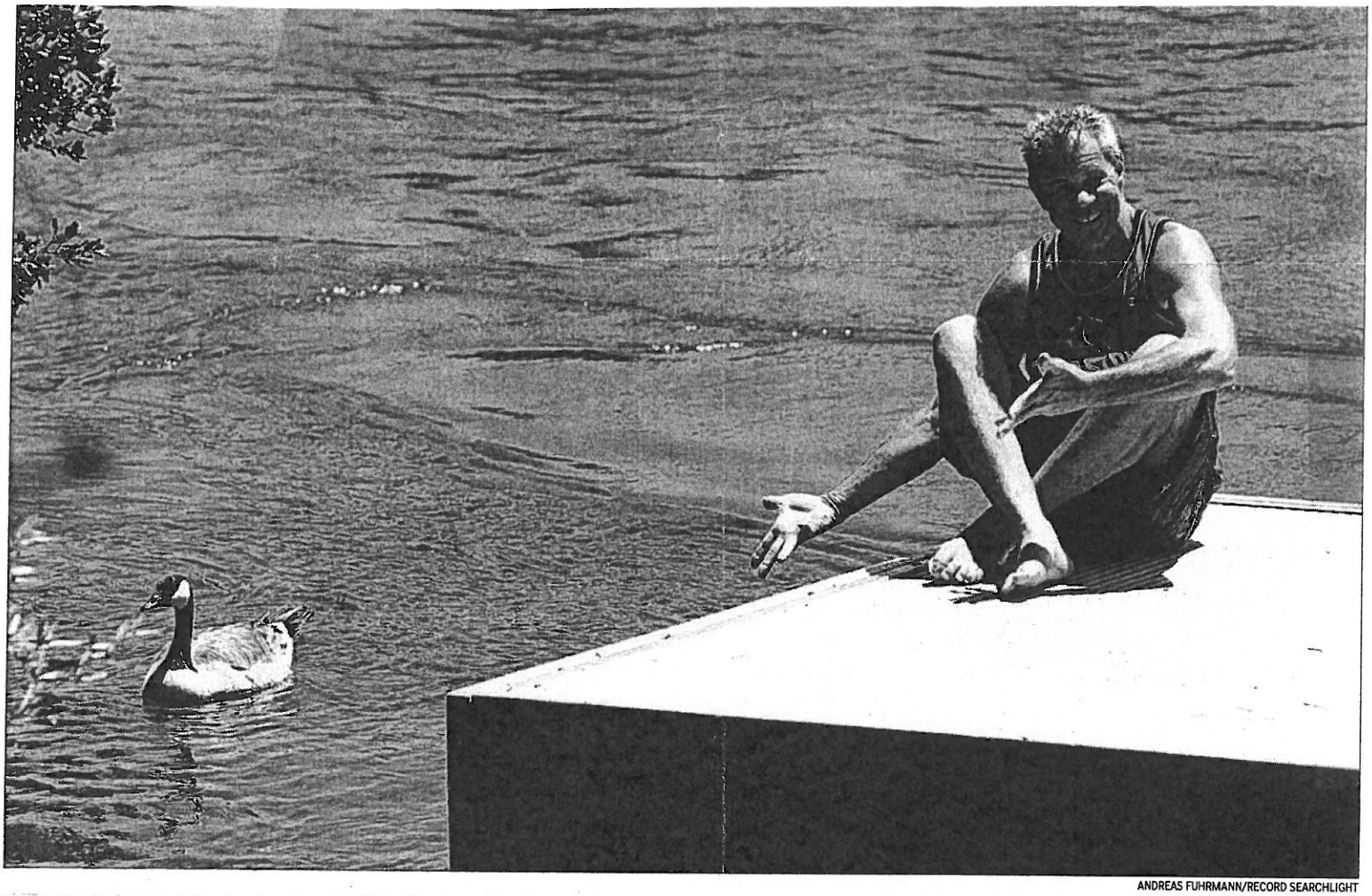
May 30, 2013

'Healer' to be featured in PBS documentary



ANDREAS FUHRMANN/RECORD SEARCHLIGHT

Steve Keyser poses at the boat ramp at Caldwell Park. He will be featured in a documentary, "A New State of Mind: Ending the Stigma of Mental Illness."

■ Man wants to end stigma of mental health

By Alayna Shulman
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A Redding man will be featured in a PBS documentary on mental illness that's airing tonight throughout the state.

"A New State of Mind: Ending the Stigma of Mental Illness" is on at 10 p.m. on KIXE and is narrated by award-winning actress Glenn Close.

The documentary is produced by Sacramento's KVIE and features interviews with mental health experts and patients from throughout the state, including Redding's Steve Keyser, 60.

"I want to instill in people that they have a healer in them," said Keyser, who suffers from bipolar disorder. "I think it's very important, of course, that people can be their own doctors slightly in that they observe themselves."

For Keyser, that was a lesson that took decades to learn.

He knew all his life that something was off — he was unable to hold down a job or a relationship and even wound up homeless at one point. But it wasn't until he was 57 that he was diagnosed with bipolar disorder after finally deciding that he needed help, and he's since started taking medication and using other forms of treatment to live a more healthy life.

"It was quite an epiphany for me at age 57 to sort of get a diagnosis and say that maybe this roller coaster life ... fits bipolar to a tee," Keyser said. "There began to be somewhat of a logic to why my life was so screwed up; I wasn't just a flake, you know? There actually was a reason why I was a flake."

Keyser said he had to face his problems and admit he needed help, a theme that ties into the documentary's message of breaking down the mental health stigmas that prevent people from getting the treatment they need.

"Many, many, many people in California are not getting the help they need because they're afraid of being ostracized in some way, so I think that by telling stories, by people stepping up and saying, 'Look, I've been affected by mental illness' ... we begin to see that these people are just like our neighbors, are just like our co-workers, are just like our friends and probably more often are just like other family members, and that's how we begin to get people

See DOCUMENTARY, 2B

DOCUMENTARY
from 1B

help," said Stephanie Locher, the documentary's producer.

Locher said Keyser is featured as both a rural and an older voice in the documentary, since many people tend to associate mental health issues with younger people.

"Those are the people that you hear about much less ... the older population," she said.

Keyser already has gone public with his struggles with bipolar disorder — for several years now he's been part of the county's Brave Faces gallery, which also is featured in the documentary as a way Shasta County officials are tackling mental health stigmas. But Keyser said he hopes being in the documentary will make an impact with more people who need to face their mental illnesses and seek treatment.

"Everybody knows the darkness of getting cut loose by their boyfriend or girlfriend, their dog dying, their wife dying," Keyser said. "One of the main things that the movie leaves you with is hope, that you see when people with mental illnesses tell their stories, when they seek help, they start getting better ... when people tell their stories to others, we get better."

Keyser said he was able to get the treatment he needed through several different organizations in Shasta County, so the help is there for those who are willing to ask for it.

"We treat people with mental illness fantastically; we treat them with such respect," Keyser said. "If the city is looking for something to hang a star on, this is one of the things."

The documentary is funded by the Mental Health Services Act of California and is part of the state's new anti-stigma campaign that started this month.

It also will be available for online viewing at www.EachMindMatters.org in the next week or so.

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The New York Times

Seeking Serenity in a Patch of Land

California Mental Health Initiative Creates Community Gardens for Those in Need

Jim Wilson/The New York Times

Yer Vang in the Hmong Village Community Garden in Fresno. More Photos »

By PATRICIA LEIGH BROWN

Published: May 25, 2013

FRESNO, Calif. — Like Scotch broom and dandelions, despair can be invasive. This is why, every Monday, Lee Lee, a Hmong refugee, puts on her sun hat and flip-flops, grabs the hoe handmade by her father and brother in Laos and heads to the Hmong Village Community Garden here, where she tends rows of purple lemon grass, bitter melon and medicinal herbs along with other Hmong women.

"It lightens the load," said Ms. Lee, whose depression has led her to think about suicide. "It brings peace, so I do not forget who I am."

The garden, on the scraggly outskirts of town, is one of seven in Fresno created for immigrants, refugees and residents of impoverished neighborhoods with mental health money from the state. At the Slavic Community Garden, Ukrainian refugees persecuted for their religious beliefs in the Soviet Union now grow black currants for jam, dill for pickles and soups, and medicinal calendula flowers from Ukrainian seeds.

The thinking of community leaders and health professionals is that gardens can help foster resiliency and a sense of purpose for refugees, especially older ones, who are often isolated by language and poverty and experiencing depression and post-traumatic stress. Immigrant families often struggle to meet insurance co-payments, and culturally attuned therapists are in short supply.

The budget, about $171,000 a year for construction and maintenance of the community gardens and adjoining meeting spaces here, is made possible by the California Mental Health Services Act of 2004, which put a 1 percent tax on personal income of $1 million a year or more.

Spending state money this way has been controversial, with some advocates for those with mental illnesss arguing that gardens are an unaffordable frill in an era of diminishing resources. From 1995 to 2008, the state cut $700 million a year in core mental health services like psychiatric facilities.

“Should they be a priority when there is no evidence of how many seriously mentally ill are served?” asked Curtis A. Thornton, a member of the Fresno County Mental Health Advisory Board.

The one-fourth of the tax proceeds that is designated for prevention, early intervention and innovative approaches to care finances a range of roughly 400 projects throughout the state.

Many immigrant and refugee cultures do not have a tradition of formal mental health treatment, said Rocco Cheng, a psychologist and a director of the California Reducing Disparities Project, a statewide policy study. “Therapy is a Western concept,” he said. “The Hmong do not have a word for mental illness.” But, he said, they are well able to grasp the idea of mental, physical, spiritual and emotional wellness.

On a recent morning, Yer Vang, 53, sang a plaintive song about loneliness as she worked her rows of “zab zi liab,” a medicinal plant used to treat high blood pressure. Across the way, Mee Yang, a 65-year-old shaman, weeded long beans beside makeshift scarecrows made of rows of T-shirts slung over a wire. She said she suffered from diabetes and depression and

worried about making ends meet (about 45 percent of Hmong children in Fresno County live in poverty, according to a recent report by the Asian Pacific American Legal Center and the Asian Law Caucus).

"This is my happiness," Mrs. Yang said of the garden. "You feel the world in this place, and it brings you back home."

Four of the seven gardens are dedicated to Southeast Asians, many of whom were subsistence farmers in their homelands. The Hmong garden was established two years ago by the Fresno Center for New Americans, a nonprofit refugee organization. During the Vietnam War, many Hmong experienced rape, starvation and the murder of family members. Mrs. Yang survived by eating longleaf jungle plants, "the kind Americans put in the mall to decorate," she said.

Ghia Xiong, a psychologist with the center, is willing to meet clients on their own turf. He consults with the gardeners over a shovel instead of in an office. He said the garden "de-stigmatizes" mental health treatment by providing a safe place to talk. "Many Hmong have been in refugee camps, where there was fear and intimidation," he said. "Then they get to America and it's 'O.K., open up.' "

Neng Yang, an outreach specialist with the center, said, "Sometimes you'll drop by and see three or four ladies crying together, rain or shine."

Andrey Kovalenko, the director of Slavic family support services for Fresno Interdenominational Ministries, which operates five of the gardens, said that the 7,500 or so Russian-speaking evangelical Christians, including members of his own family, still contend with emotional reverberations from religious persecution, which included humiliation at school, arrests and forced exile. For many, mental health treatment is "a taboo subject, associated with the Soviet system of being locked up." The garden, he said, "helps them to reattach."

Assessing the results is a challenge. "We don't know what kind of effect it has," said Jessica Cruz, the executive director of the state's National Alliance on Mental Illness. "But any entryway into mental health is positive, especially for underserved populations."

In West Fresno, the Growing Hope garden, a collection of raised beds, is on the grounds of the West Fresno Family Resource Center in a black and Latino neighborhood with widespread poverty and toxic industrial sites. The area is nicknamed the Dog Pound after a local gang.

The garden draws mothers like Alejandra Vasquez, who has seven children and is growing tomatillos, cilantro, green squash and other vegetables. Organic produce is too expensive, she said, and the nearest supermarket is more than 20 minutes away.

At the new Punjabi Sikh Sarbat Bhala Community Garden, which means “may good come to all,” older Sikhs are mentors to younger gardeners, instructing them on how to harvest fenugreek seeds and use a hand sickle called a datri.

The old men who were farmers in India share memories of oxen races and tell folk tales that invariably end with a moral: hard work pays off.

Amandip Singh Gill, a 32-year-old garden organizer, observed that in the Gurdwara, or temple, “guys have to maintain a successful persona. You can’t say: ‘Oh, man, I just lost my job. How will I support my family?’ But here,” he said of the garden, “a shared history kicks in.”

In a warehouselike shelter, they gather to discuss mental health and community concerns, including a recent attack on an 82-year-old Sikh in Fresno who was beaten with a steel rod. The plan is to bring counseling and other social services to the garden, Mr. Gill said.

The young novices include Parmeshvar Kaur Dhaliwal, a high school senior, who is part of a group of female gardeners.

Ms. Dhaliwal was pruning as the night turned cool, a stack of rubber message bracelets — including ones for Sikh unity and Fresno conservation — on her wrist.

“Young women have to prove ourselves more than our brothers do,” she said. So the group members supports one another, “especially if a girl is down,” she said.

Arminder Singh, a young gardener and a former gang member, said he found himself fortified by his elders, including his grandfather, as they hoe and weed side by side.

“When I used to have free time, I didn’t know what to do,” he said. “Here, I don’t have to sit at home thinking about the past and what I don’t have.”

Paso Robles Press

May 24, 2013

Increased aging in county leads to increased need for senior peer counselors

PASO ROBLES — Local non-profit Senior Peer Counseling, part of Wilshire Community Services and funded by the Mental Health Services Act, will be holding its annual training beginning in June.

With the increase of seniors living in communities, WCS saw a need to support these individuals in specialized ways. Due to the stresses associated with the aging process, many older adults lack mental wellness, according to WCS.

The need for supportive services led to a program to help older adults navigate the difficulties that often accompany aging.

The three-month training delves deep into the aging process including; impacts on mental health, the physical aspects of aging, best practices when counseling older adults, etc.

Through the training, one can become educated in the aging process from a physical, mental, and health perspective. This is an opportunity to learn from experts in the field of mental health and aging, including respected professionals in the San Luis Obispo community.

Once an individual has gone through the Senior Peer Counseling Training, they become eligible to volunteer for the program as a Senior Peer Counselor for other seniors in need of counseling.

The volunteering opportunities are readily available for those of any background. Volunteer requirements are as follows: one must be 55 years or older, be available for in-person visits to a client's home one hour a week, and attend a group session supervised by a mental health professional once a week for two hours. Supervision groups meet regionally and clients are assigned based on the volunteer's desired service area.

Volunteer counselors receive free specialized training, mileage reimbursement, weekly professional supervision, and on-going training opportunities.

For more information about Senior Peer Counseling or to schedule an interview, call Traci Mello at or call 547-7025 ext. 15.

MERCED SUN-STAR

Our View: Legislation could help mentally ill

Published: May 24, 2013

Important legislation is emerging that would significantly improve care for the most severely mentally ill people in California.

Proposed by Senate President Pro Tem Darrell Steinberg, the package of bills warrants serious consideration by Gov. Jerry Brown, even though the measures would add to state costs, at least in the short run.

Among his proposals, Steinberg is calling for construction or leasing of facilities that would provide 2,000 beds controlled by counties for individuals who are in the midst of crisis. He also proposes to add 200 mental health workers who would focus on people with serious issues, and 25 mobile crisis teams deployed across the state, plus 3,500 more treatment slots for felons with serious mental illness upon their release from prison.

At least part of the costs would be borne by the federal government through Medicaid and the Affordable Care Act. But there would be costs to the state general fund, which will give Brown pause — though Steinberg makes a compelling argument that spending money before individuals land in jail, prison or locked in state and county hospital wards ultimately saves taxpayers' money. Steinberg also is working on legislation to overhaul aspects of the 45-year-old Lanterman-Petris-Short Act, a law that governs the care, or lack thereof, of the most severely mentally ill individuals, though details have not yet emerged.

Additionally, he is crafting a bill that would make clear that counties are authorized to use some Mental Health Services Act money to implement assisted outpatient treatment programs for their sickest residents. In such programs, judges can direct that individuals take medication and regularly meet with therapists.

As it is, the $1 billion a year generated by the tax created by Proposition 63, the 2004 initiative he promoted cannot be used for these such programs. However, he proposes that counties should not be permitted to divert Proposition 63 money to assisted outpatient treatment from existing programs that provide voluntary programs. That top-down approach unnecessarily substitutes Sacramento's judgment for county supervisors who generally know better how to make best use of their money. Legislators other than Steinberg have ideas that warrant consideration, too.

Assembly GOP Leader Connie Conway of Visalia proposed legislation to permit judges to impose assisted outpatient treatment plans on individuals for up to a year, rather than the current six months. However, Assembly Judiciary Committee Chairman Bob Wieckowski, D-Fremont, and Assemblyman Roger

Dickinson, D-Sacramento, led the effort to kill it. That's too bad because it provided another potential solution.

The issue of how to help people with severe mental illness is not one that attracts campaign donations or votes. Politicians would prefer the issue go away, as top Nevada state officials demonstrated with their once-surreptitious policy of busing people from the Rawson-Neal Psychiatric Hospital in Las Vegas to all corners of the country.

Steinberg's proposal is a thoughtful step toward dealing with one of the major health challenges of our time.

Read more here: http://www.mercedsunstar.com/2013/05/24/3023381/legislation-could-help-mentally.html#storylink=cpy

TERRITORIAL DISPATCH
Serving Yuba-Sutter-Colusa-Nevada Counties

Colusa County a model for Prop. 63

May 22, 2013

Colusa County Behavioral Health Director Terrence "Terry" Rooney and Mary Winters.

Assemblyman Dan Logue was the keynote speaker for Colusa County's 12th Annual Stamp Out Stigma Wellness and Recovery Rally held at Steelhead Lodge Bar & Grill on May 13. The dinner rally kicked off a week-long commemoration of the annual national effort to bring attention to the struggles of individuals dealing with mental illness.

The nearly sold-out event mingled Behavioral Health staff and clients with county and city dignitaries and area business owners and staffs.

Logue reminded the guests of the importance of not only seeing the need, but acting on it. He said he commends the community of Colusa County for its obvious show of support of this very important cause. Logue reminded the audience of Proposition 63 expenditures and said the services in Colusa County are a model of how those funds were intended to be used. "This is where the resources should go," he said. "I'll go back to Sacramento and I'll tell them what you've done here."

A "from-the-heart" presentation by Behavioral Health client Rob Wilson brought the audience to its feet in applause. Wilson shared his story of losing his job as an engineer geologist, then losing his wife to cancer resulting in him losing his home. He was thrown into deep depression.

At this time he lived in another California county and although he sought medical attention, he found himself spiraling down deeper into depression and having an adverse reaction to the medication which had been prescribed.

Because he had family in Colusa County he came here where they welcomed him and gave him a place to live.

Again he sought the services through Behavioral Health and was then introduced to Safe Haven Drop-In Center.

Wilson said that Safe Haven saved his life.

Still having a reaction to the medication when he first visited the Center he said that he just sat on the sofa in the media room. Eventually he ventured out to mingle with the other participants.

That is where he found support and friendship. Wilson has continued to improve. He now helps others by teaching GED classes, sometimes cooks for the Safe Haven clients and has started another business doing odd jobs. He was recently elected president of the Colusa County Literacy Council. “A wise man once said, there is light at the end of the tunnel," Wilson said.

Mary Winters, a longtime member of the Mental Health Board was also honored during the event.
Behavioral Health Director Terrence “Terry” Rooney presented Winters with an award in appreciation of her for her efforts and support for mental health. The inscription on the award stated that the Department of Behavioral Health and its clients want to extend their gratitude to her and that she is their champion.

This is the first time this award has been given, and Rooney added that it represents the establishment of the “Mary Winters Safe Haven Award” which will from this time on be an annual award.
“This is a huge event for our clients,” said Mental Health Services Act coordinator Dereck Parks who with peer support specialist Valerie Stirling oversees the day to day operation of Safe Haven.
Parks expressed how important it is to provide these types of events for the behavioral health clients. “It is very important not only to give them an opportunity to enjoy a nice dinner at a wonderful place like Steelhead Lodge, but more importantly it gives them an opportunity to meet and socialize with other members of the community.

“I had one client tell me that he was so happy to have been included and that he knew without an event such as this one he would have never had the opportunity to meet Assemblyman Logue,” said Parks.

“Things we take for granted hold great value to others,” he added.

Colusa County Chamber Executive Director Gary Teragawa served as master of ceremonies for the event, and Samuel Krouse provided musical entertainment.

Rooney also addressed the guests thanking them for their support and acknowledging that they can make a difference right where they are. “We can stamp out the stigma of mental illness right were we stand,” he said.

There were a number of donated raffle items from community members and local businesses. Additionally, Russ Woody, an Emmy-winning television writer and author donated a number of his books.

Woody, who will appear in Colusa County on July 24, sent five autographed copies of his book “The Wheel of Nuldoid” for the raffle and he also provided a case of the novels for sale for the benefit of the Safe Haven Fund. There are still books available for purchase at Safe Haven located at 131 5th Street in Colusa. While the rent and the utilities for the center are provided by Prop. 63 funds, all other expenses rely on donations.

Woody will sign the books during his July visit here.

Throughout the week there were ongoing tours of the Safe Haven Drop-In Center in Colusa and on Wednesday there was a free screening of the movie “Pay it Forward” at the Colusa Theatre.

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SERVING YORK, CHESTER & LANCASTER COUNTIES

Small Miracles Have Big Impact For Individuals Living With Mental Health Disabilities

Independent Living Centers Offer Individuals a Safe Environment with Solutions

***Press Release**: California State Independent Living Council (SILC) – Wed, May 22, 2013 6:35 PM EDT*

SACRAMENTO, Calif., May 22, 2013 /PRNewswire/ -- Just as physical disabilities can be an obstacle to living independently, so can mental health disabilities. With approximately 25 percent, or one in four adults, living with mental illness, the need for services that provide solutions and assist individuals to live independently is great. It's well known that social factors, including where a person lives, contribute to restoring overall health, which is where Independent Living Centers (ILCs) play a significant role.

"In light of the stigma associated with mental health, individuals often under report these disabilities when accessing services offered by ILCs," said Executive Director of the California State Independent Living Council Liz Pazdral. "This makes it difficult to track the true number of individuals living with mental health disabilities; however, through years of experience, we know the number has increased tremendously within the last decade and ILC services are needed more now than ever."

"Because we recognize that stigma is the number one barrier to seeking help, the SILC has been engaged with the work of the California Stigma and Discrimination Reduction Consortium," Pazdral commented. "We are committed to helping reduce the negative impacts of stigma and discrimination and bringing mental health into a positive light."

ILCs are located in both urban and rural areas and offer a wide range of services, including peer support and linkages to mental health resources. At the Disabled Resources Center (DRC) in Long Beach, California, more than 1,200 new consumers are served every year with close to 430 individuals self-reporting as living with a mental health disability or multiple disabilities, which often includes mental health disabilities.

Although serving fewer individuals than DRC, the FREED Center for Independent Living (FREED), covering residents in five rural counties, also has seen an increase in the number of people self-reporting. Within the last five years, FREED has seen approximately 35 percent more individuals living with mental health or multiple disabilities.

"After many years of seeing enormous stigma around mental illness, I am now seeing a gradual showing of people indicating they have a mental health disability," said DRC Executive Director Dolores Nason. "For example, we are seeing an increase in the number of veterans returning home with mental health disabilities and traumatic brain injuries. Although veterans have access

to the Veterans Administration's (VA) hospitals, many seek help from us, particularly when it comes to applying for benefits."

Filing for VA benefits is a complicated process, proven by the fact that DRC sees as many as 85 percent of initial benefit applications denied. When DRC's benefits counselor steps in to assist, including preparing for and attending hearings before an administrative law judge, the success rate for filed applications increases to 98 percent.

"We are focused on giving people the tools to do things themselves, but there are times when someone's mental health can make it difficult to follow through on tasks, and that's where we can help," said Nason.

DRC also offers support groups and job developers to assist individuals living with mental health disabilities in getting jobs. Referred by the California Department of Rehabilitation for employment preparation, DRC trains individuals on tasks needed for success and points them to additional community resources, if needed. Examples include the Mental Health America (MHA) Village where DRC refers individuals looking for a social outlet, which also has case management services, and Long Beach County Mental Health Services for evaluations and medications.

Executive Director of FREED Ana Acton describes the core services available at the ILC as benefitting anyone with mental health or multiple disabilities. However, recognizing isolation as a significant issue, FREED offers a Friendly Visitor Program, which is designed to reduce isolation. Approximately 30 volunteers work one-on-one with 30 individuals. The volunteers are screened and trained quarterly on numerous subjects, including how to communicate effectively with individuals living with mental health disabilities, how to recognize the signs of mental illness and what resources are available.

According to Acton, "We match our volunteers to program participants according to personal interests and locale. Volunteers meet weekly with participants who have lost connection and communication with the outside world to engage them in various activities."

Similar to DRC, FREED collaborates with local mental health providers and works closely with the counties as well as community resources, such as Turning Point Providence Center and SPIRIT Peer Empowerment Center, to provide individuals with options for services as well as information and referral services.

"We are passionate about advocating for individuals," said Acton, "consequently, we make it a point to educate people about the realities of mental illness while staying informed about the various options available to ensure people living with mental health disabilities know someone is here to help them."

Nason summed it up nicely, "We let individuals know about all of the services in our communities and let them know they have options and choices. We are seen as advocates for individuals by making a difference in their lives, one small miracle at a time."

The California State Independent Living Council is an independent state agency which, in cooperation with the California State Department of Rehabilitation, prepares and monitors the State Plan for Independent Living.

THE PRESS DEMOCRAT

Petaluma and Mental Health

By Elece Hempel on Monday, May 13, 2013

I recently attended a meeting held by the Petaluma Police Department where the community was engaged in identifying pressing issues that our neighbors feel need to be addressed by the police department. As I expected, traffic, the homeless, alcohol and other drugs use in our parks and near our schools were concerns. But I didn't expect to see that most in the room, of about 50 invited community members, identify mental health as a growing concern.

Of course I feel that my role at Petaluma People Services Center positions me to speak out about mental illness and I was ready to offer to the Police Department access and information to all our services. But, as I drove away from that meeting, I really started to think about what identifying mental health as an issue was saying to the police department and to our community as a whole. And because those of you who know me know that I don't do anything in a little way, I have decided to take the opportunity to build on the fact that the month of May is Mental Health month. Over the month I plan to share my thoughts on how we, my agency and those that we treat, those we live and work with, thrive and contribute to this community while living with mental illnesses.

Mental illnesses are extremely common; they affect almost every family in Petaluma. The illness affects people from every background and occurs at any age. In any year, between 5 percent and 7 percent of adults have a serious mental illness, as do a similar percentage of children — between 5 percent and 9 percent. Therefore, more than twelve thousand children, adults and seniors in Petaluma are affected by a potentially disabling mental illness every year.

The Mental Health Services Act was updated in 2012 and reminds us that if treatment is not provided in a timely way, this illness can destroy individuals and families. No parent should have to give up custody of a child and no adult or senior should have to become disabled or homeless to get mental health services, as too often happens now. No individual or family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to care. Lives can be devastated and families can be financially ruined by the costs of care. Yet, for too many Californians and Petalumans with mental illness, the mental health services they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery.

Listen, I know PPSC and all the other mental health providers — be it those in private practice, other community based organizations or our health care providers in Petaluma — may sometimes stumble on ourselves, or provide services through grants that require burdensome guidelines. But I also know that we do attempt to work together in a collaborative and supportive way. We are able to provide a support system that is better than in many other communities and we work closely together to understand the services that are provided by each of us.

So, I have to ask myself, why are community members who are suffering with this illness not getting access to the treatment they need? How can we (that is the collective we) find ways to reach those who have not received services? How do we continue to provide evidence-based prevention services with a full range of integrated services to treat the whole person, with the goal of self-sufficiency?
And as I pulled into my driveway, (thanks to the road construction I had a long time to think) I realized that Petalumans need to know there is a wide array of treatments for their illness, if they just know where to find it. I encourage every community member to learn where to reach out to get mental health treatment, or where to call and ask for resources. You can always call PPSC 765-8488 and our staff can point you to the whole list of services that may be helpful to you or a family member, a student in your class, a neighbor, or that senior you pass in the grocery store. Treatment is available; you just need to know where to ask. Please ask. It is the first step in your recovery.

(Elece Hempel is executive director of the Petaluma People Services Center, a nonprofit dedicated to improving the social and economic health of the community by providing programs that strengthen the dignity and self-sufficiency of the individual.)

http://www.pressdemocrat.com/article/20130510/COMMUNITY/130519973

THE SACRAMENTO BEE

Medical program helps Sacramento County caregivers take a break

By Cynthia H. Craft
ccraft@sacbee.com

Published: Saturday, May. 11, 2013 - 12:00 am | Page 1B
Last Modified: Sunday, May. 12, 2013 - 2:55 pm

With the rate of Alzheimer's disease projected to rise as baby boomers age, more people will face the problem of caring for loved ones with dementia.

A program funded by the Sierra Health Foundation offers these caregivers a break.

It is one of four newly funded programs announced by the Respite Partnership Collaborative, a private-public partnership of the Sierra Health Foundation, Center for Health Program Management and Sacramento County Division of Behavioral Health Services.

All are geared toward giving either the mentally ill or highly stressed family members a respite, or a temporary break, from their circumstances.

Ultimately, the funding comes from the Mental Health Services Act, a statewide initiative California voters passed in 2004.

The dementia program, called the Del Oro Caregiver Resource Center, aims to reduce the likelihood that caregivers will develop mental health issues and need hospitalization themselves, said Myel Jenkins, program officer for the Respite Partnership Collaborative.

Three other new programs funded by the Respite Partnership Collaborative focus on providing the parents of adoptive children, the Iu-Mien community and mentally ill patients places to take a restorative rest from life's stresses.

For people experiencing a mental health crisis, a new residential, five-bed facility called Abiding Hope Respite House offers a three- to five-day stay in a home environment.

The facility, run by Turning Point Community Programs, offers psychiatric support and peer-directed recovery services for adults with psychiatric disabilities, said Al Rowlett, chief operating officer of Turning Point.

A third program aims to stabilize adoptive families by providing a family respite camp for parents and their adopted, emotionally disturbed children. Called Capital Adoptive Families Alliance, the effort involves coaching kids on how to develop social skills.

Lastly, the United Iu-Mien Community Inc. has developed a program to assist the Iu-Mien community by raising awareness of mental health issues through respite support that is culturally and linguistically appropriate.

The effort will aid in preserving and teaching the Iu-Mien culture, and assist the community – which has no language to address mental health or illness – in making adjustments to living in the Sacramento region.

The Respite Partnership Collaboration is releasing a second round of funding aimed at attracting programs to reroute people from emergency rooms for acute mental health needs. The sum of $1 million is available for 24-hour solutions that will redirect the flow of mentally ill patients away from emergency rooms.

"There is a powerful opportunity to develop effective alternatives to hospitalization that will provide more appropriate care and ease emergency room overcrowding in Sacramento County," said Sierra Health Foundation President Chet Hewitt. Information for the each of the four programs is at www.mentalhealthrespite.org.

THE SACRAMENTO BEE

A step toward improving care for mentally ill

By the Editorial Board

Published: Saturday, May. 11, 2013 - 12:00 am | Page 10A

Important legislation is emerging that would significantly improve care for the most severely mentally ill people in California.

Proposed by Senate President Pro Tem Darrell Steinberg, the package of bills warrants serious consideration by Gov. Jerry Brown, even though the measures would add to state costs, at least in the short run.

Among his proposals, Steinberg is calling for construction or leasing of facilities that would provide 2,000 beds controlled by counties for individuals who are in the midst of crisis.

Steinberg also proposes to add 200 mental health workers who would focus on people with serious issues, and 25 mobile crisis teams deployed across the state, plus 3,500 more treatment slots for felons with serious mental illness upon their release from prison.

At least part of the costs would be borne by the federal government through Medi-Cal and the Affordable Care Act. But there would be costs to the state general fund, which will give Brown pause – though Steinberg makes a compelling argument that spending money before individuals land in jail, prison or locked state and county hospital wards ultimately saves taxpayers' money.

Steinberg also is working on legislation to overhaul aspects of the 45-year-old Lanterman-Petris-Short Act, a law that governs the care, or lack thereof, of the most severely mentally ill individuals, though details have not yet emerged.

Additionally, he is crafting a bill that would make clear that counties are authorized to use some Mental Health Services Act money to implement assisted outpatient treatment programs for their sickest residents. In such programs, judges can direct that individuals take medication and regularly meet with therapists.

As it is, the $1 billion a year generated by the tax created by Proposition 63, the 2004 initiative Steinberg promoted, cannot be used for such programs.

Steinberg's proposal doesn't go far enough. He doesn't want counties to be able to divert Proposition 63 money to assisted outpatient treatment from existing programs that provide voluntary care. That top-down approach unnecessarily substitutes Sacramento's judgment for county supervisors who generally know better how to make best use their money.

Legislators other than Steinberg have ideas that warrant consideration, too.

Assembly Republican leader Connie Conway of Visalia proposed legislation to permit judges to impose assisted outpatient treatment plans on individuals for up to a year, rather the current six months. However, Assembly Judiciary Committee Chairman Bob Wieckowski, D-Fremont, and Assemblyman Roger Dickinson, D-Sacramento, led the effort to kill the measure.

The issue of how to help people with severe mental illness is not one that attracts campaign donations or votes. Politicians would prefer that the issue go away, as top Nevada state officials demonstrated with their once-surreptitious policy of busing people from the Rawson-Neal Psychiatric Hospital in Las Vegas to all corners of the country.

Although we have disagreed at times with Steinberg's approach, he is one of the few legislators in the state and nation who has fought to elevate mental health care as an issue. Policymakers ought to address the care of mentally ill people in a compassionate manner.

Steinberg's legislation will need to be squared with other spending priorities, many of which will emerge when Brown reveals his revised budget on Tuesday. That said, the Senate leader's proposal is a thoughtful step toward dealing with one the major health challenges of our time.

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Read more here: http://www.sacbee.com/2013/05/11/5411913/steinberg-plan-for-mental-health.html#storylink=cpy

TERRITORIAL DISPATCH
Serving Yuba-Sutter-Colusa-Nevada Counties

Supervisors Sign SOS Proclamation

Published 5/8/13

The Colusa County Board of Supervisors recently signed a Board Proclamation proclaiming May 13-17 Stamp Out Stigma (S.O.S.) Week in Colusa County.

This is the 12th year that the Colusa County Department of Behavioral Health has participated in the national campaign. The goal of the S.O.S. program is to educate and change public attitudes that may create stigma associated with persons seeking mental health services.

Front Left to right: Peer support specialist Valerie Stirling, Colusa County Board of Supervisor Chair Denise Carter, Colusa County Behavioral Health Director Terrence "Terry" Rooney. Back Row left to right: Supervisor Tom Indieri (CCBH/Board liaison) and Mental Health Services Act coordinator Dereck Parks.

This year in Colusa County the Department of Behavioral Health will host a Wellness & Recovery Rally Dinner at Steelhead Lodge Bar & Grill at 5:30 pm on Monday, May 13. The evening includes keynote speaker Assemblyman Dan Logue as well as behavioral health client speaker Rob Wilson and music by Samuel Krouse. The Tickets are available by calling (530) 458-0856.
At1pm on Wednesday, May 15 the Colusa Theatre has partnered with Behavioral Health to host a 'free' matinee of the film "Pay It Forward".

Dereck Parks, Mental Health Services Act coordinator said the clients chose this film because the storyline touches on so many areas the clients face daily. Additionally, the concept of paying it forward goes hand in hand with the pay it forward project established by Safe Haven Drop-In Center participants last fall.

"We are very excited about both of these events," "There have been a number of groups and individuals

step up to help sponsor these events and they are very much appreciated," he said.
Counted among the sponsors are Colusa County Behavioral Health, Colusa County Health & Human Services, Steelhead Lodge Bar & Grill, Central Valley Gas Storage, Premier Mushrooms Inc., Colusa Lions, Colusa Theatre, and Colusa Rotary Club.

said that he hopes many community members will attend both the dinner and the movie.
Additionally, there will be on-going tours of the Safe Haven Drop-In Center throughout the week.
The Center is located at 131 5th Street in Colusa.

SUN•HERALD.COM

May 1, 2013

17

STAMP OUT STIGMA WEEK MAY 13-17

Courtesy photo

The Colusa County Board of Supervisor has proclaimed May 13-17 Stamp Out Stigma Week in Colusa County. This is the 12th year the Colusa County Department of Behavioral Health has participated in the national campaign. A Wellness and Recovery Rally Dinner at Steelhead Lodge Bar and Grill is slated for 5:30 p.m. May 13, featuring Assemblyman Dan Logue. Tickets are available by calling 458-0856. The film "Pay It Forward" will be shown at 1 p.m. May 15 in the Colusa Theatre. Pictured are, from left, front: Peer support specialist Valerie Stirling, Supervisor Chairwoman Denise Carter and Behavioral Health Director Terrence Rooney; back: Supervisor Tom Indieri and Mental Health Services Act Coordinator Dereck Parks.

TAHOE DAILY Tribune

County mental health agency to host community meetings

April 22, 2013

The El Dorado County Health and Human Services Agency, Mental Health Division, will host a series of community meetings to solicit public input on the County's Mental Health Services Act programs.

California voters passed MHSA (Proposition 63), in November of 2004, and MHSA was enacted into law January 1, 2005. MHSA imposes a one percent tax on personal income in excess of $1,000,000, a press release stated. These funds are distributed to counties through the state and are intended to transform the mental health system into one that is consumer- and family-driven; recovery oriented; has services that are accessible; is culturally competent; and offers services appropriate for the population that is served, the county stated in the release.

Mental health clients/consumers, family members, providers and individuals interested in participating in discussion regarding the future of community mental health are encouraged to attend. Each meeting will begin with an overview of the topic from county staff and conclude with an opportunity for attendees to provide input about community mental health needs. Interested individuals may elect to attend only those topics of interest at a single location.

The schedule for meetings in South Lake Tahoe, which will be held at South Lake Tahoe Library, 100 Rufus Allen Blvd., is as follows:

April 26, 2-3:30 p.m.: MHSA legislation, funding and annual plans

May 10, 2-4 p.m.: community services and supports, including housing

May 17, 1:30-3:30 p.m.: prevention and early intervention programs

May 24, 1:30-3:30 p.m.: innovation programs

June 7, 1:30-3:30 p.m.: workforce education and training programs

June 20, 10:30 a.m. to 12:30 p.m.: capital facilities and technology needs

For information, contact MHSA Program Manager Ren Scammon at 530-621-6340.

THE SENTINEL

High school starts mental health conversation

Hanford West introduces RESTATE program, aims to reduce stigma

Restate at Hanford West High

Hanford West High students Kelsey Peery, Asia Blevins, and Michelle Adams work on a problem during the Restate session held at Hanford West High on Friday afternoon. (Gary Feinstein/The Sentinel)

April 22, 2013 4:00 pm • By Joseph Luiz

HANFORD — A new program aimed at teaching students about mental health issues was introduced at Hanford West High School last week.

During the Reduction and Elimination of Stigma through Art Targeted Education (RESTATE) program, composed of a two-day training session on Friday and Saturday, a group of 15 juniors and seniors learned about the signs and symptoms of mental health, how they can help a fellow teen and more. Upon completion of the program, which includes an art project, the students will receive a special certificate signifying their knowledge about mental health.

“Our teens today need a support system,” said art teacher Ellice Blevins, who is overseeing implementation of the program. “They need to see and believe that there are teachers and peers that are there to help them.”

RESTATE was meant to be an after-school program taught over a semester, with a new group of 15 students each semester through the end of next year. But Principal Darin Parson said the school received the grant for the program and the necessary information and materials later than scheduled, so the district had to condense this semester’s program into a two-day cram session.

“We had no time to just add it to our regular schedule,” he said. “Hopefully next year we can have the program running continuously throughout each semester. This is a great program, and being able to bring these resources to the school will benefit the students on campus.”

The program is part of a joint effort between the offices of education for Tulare and Kings counties as well as local mental health organizations such as Kings County Behavioral Health.

The Lemoore Union High School District and several districts in Tulare County are also participating in the program. Funding from the program came from the Mental Health Services Act, which was passed by California voters in 2004.

“This is a really awesome program,” Blevins said. “We have a wonderful group of teens and it’s been exciting to work with them. I think they’re going to provide a lot of encouragement to other students.”

All of the students participating in the program are volunteers. Blevins offered the program to students she thought would be a good fit while also making sure the choices ranged across multiple racial demographics and student types.

“They seem to be responding to everything well,” she said. “I think it’s going to be an effective program.”

For the art project, a painting in which students must have completed in May, the overarching theme is the color blue, which is synonymous with depression and other mental health problems.

Blevins’ daughter, Asia, who wanted to participate in the program, said she plans on doing a project which features hate words that take the form of a tattoo, which is used as a metaphor.

“It’s kind of a play on the idea of people being ‘branded’ by these words and the fact that it can be hard to shake those perceptions off,” she said.

Asia said she wanted to join the program because she plans to pursue a degree in psychology and believes the certificate would be good to have.

“I really like the program,” she said. “I think it’s important for me to learn all of this information because it could be useful in my career and will also allow me to better help others.”

Junior Kathleen Gutierrez decided to join the program for more personal reasons.

“I have some family and friends that have been affected by mental disorders,” she said. “I want to be able to better recognize the signs and learn more about the disorders.”

Gutierrez’ art project will feature discouraging statements, such as “You’re not going to amount to anything,” and focus on the effect that can have on a person. She said she’s enjoyed being a part of the program.

“It’s great because you’re opening your mind to how the actions of society can affect people,” she said.

Blevins said she believes the certificates the students will earn will be good for résumés and job applications. However, she said the fact that students are learning about mental health issues is a benefit itself.

“We need to break the silence about mental health,” she said. “I think all the students that are going to participate in this program are going to make a difference.”

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Needles Desert Star

April 24, 2013

Mental Health Services Act funding addressed locally

By JENNIFER DENEVAN
NEEDLES DESERT STAR

NEEDLES — A group of about 15 people attended a meeting April 10 to discuss how to use money allotted annually by the Mental Health Services Act to San Bernardino County.

Andrew Gruchy, acting deputy director with the Department of Behavioral Health, talked about what regions he oversees, which include Needles. He said the purpose of the meeting was to get feedback from the community about what needs aren't being addressed and suggestions of how to meet those needs.

He said the Mental Health Services Act is basically an income tax and that money goes into the state budget and an oversight committee helps decide where funds are allocated. The committee isn't a state agency; it consists of members appointed by the governor. That particular meeting will help with the 2013-14 fiscal year, he continued.

Projections are used to help predict what money will be reported and can be used, Gruchy said. There is an anticipated small increase for 2013-14 and a small decrease for 2014-15.

Gruchy explained there are different components. Funds allotted to each category must be used specifically for that particular category, he said. Money for one component cannot be transferred into another component, he continued. Feedback helps determine how to use those funds for each component.

The first component is community services and support, he said. These are things that are funded to help improve services and improve system-wide development of programs. Approximately $46 million is anticipated for that component.

Gruchy said the second component is prevention/early intervention. These programs are geared toward working on certain aspects of mental health, such as addressing the stigma of mental health, he continued. It also looks at suicide prevention and early access and early identification of mental illness, he said. It also addresses access to services. It's anticipated that component will receive approximately $11 million.

The third component is called Innovations. He said it's limited but is designed to give counties and communities a chance to develop programs that are new, evidence-based and considered innovative treatment programs for mental health. These programs are funded for a time and are evaluated by county staff, he said. Those that are valuable move into one of the other components. If not valuable, then the program doesn't keep getting funded, he added.

Another requirement for that component is money for that group can't be used for any programs in place prior to the act, Gruchy said. The act was voted in 2004 so any programs prior to 2004 can't be funded by the innovations component.

He continued to discuss the act and how it works. He then opened the floor to suggestions from those attending.

There were questions about family resources. There were also questions about and suggestions regarding youth activities. Additional questions centered on the homeless population and if there were options for creating a soup kitchen or other related services.

All those attending were given questionnaires to complete. Gruchy suggested making sure Needles is mentioned on the form so the county knows the suggestions or concerns are about Needles specifically.

San Bernardino County Behavioral Health office moves

NEEDLES — The county's office of the Department of Behavioral Health moved to Suite 2 of 1600 Bailey Ave. on April 8, county officials announced April 17.

The department has been providing services to Needles and the surrounding communities for more than 10 years.

"With this positive move the department will continue to strive in providing the community with the highest standards of mental health services and community support," officials said in a prepared statement. "The new site is approximately one-quarter mile from the previous location, and is located next door to Dr. Paget's office."

The phone number will remain 760-326-9313.

The behavioral health center is to continue to provide individual and group therapy, case management services, psychiatric evaluation and medication services to children, adolescents and adult residents of the county who live in the area. There are two licensed clinical therapists, two mental health specialists and one licensed psychiatrist located on site for adults.

In addition, one psychiatrist for children is available via telemedicine.

The Needles Behavioral Health Center serves a wide range of individuals for the treatment of mental health diagnoses and welcomes individuals with Medi-Cal, Medicare, ArrowCare and no health insurance to call or walk in for an assessment.

The Bakersfield Californian
Part of the Bakersfield.com Network

Modify Laura's Law for mental health patients

Thursday, Apr 18 2013 11:00 PM

By The Bakersfield Californian

Next week, California lawmakers will consider two bills that should help make Laura's Law easier for counties to implement on an individual basis.

Laura's Law is an assisted outpatient mental health treatment law named for Laura Wilcox, a 19-year-old college sophomore who was murdered in 2001 while working in a Nevada County, Calif., mental health clinic. Her killer was a mentally ill patient who had resisted attempts by his family to force him into psychiatric treatment.

Laura's Law is, in turn, modeled after a New York law, Kendra's Law, that allows court-ordered assisted outpatient treatment, as well as provisions that make it easier for families to compel loved ones to obtain treatment. It is designed for patients whose mental illness or refusal to take medications is so severe that their ability to make rational decisions is impaired.

The two bills, one by state Sen. Leland Yee, D-San Francisco, and the other by state Sens. Lou Correa, D-Santa Ana, and Senate President Pro Tem Darrell Steinberg, should clear obstacles that many feel have made Laura's Law difficult to implement.

Among them: It removes the requirement that only a county board of supervisors can authorize the implementation of Laura's Law; the new version would empower an individual county's department of public health to invoke the law, while allowing counties to limit the number of patients who receive assisted outpatient treatment services. It also clarifies that Mental Health Services Act funds may be used for Laura's Law patients. The MHSA was a ballot initiative enacted by voters in 2004.

Mental health issues remain front and center in public discourse -- as they should -- following the murders at Sandy Hook Elementary School. That tragedy produced a national outcry about guns and access to guns by the mentally ill. Gun regulation legislation has gone nowhere, but it is still incumbent upon us to address issues related to mental illness.

The evidence that timely and appropriate treatment benefits mental health patients is substantial. As was reported here in December, a 2005 study of the New York law found that, among people who had been in the treatment program, there was a 74 percent reduction in homelessness; a 77 percent reduction in psychiatric hospitalizations; 83 percent fewer had been arrested; and 87 percent fewer had been incarcerated. Assaults on others, threats of assault and suicidal thoughts were all markedly down in those studied.

In 2009, researchers with the New York State Psychiatric Institute and Columbia University interviewed 76 people who had received assisted outpatient treatment. Some 62 percent

told the interviewers that their court-ordered treatment had helped them; 38 percent said the treatment had helped them get control over their lives; and 90 percent said they were more likely to keep appointments and take their medications.

Currently, only Nevada County, where Laura Wilcox was murdered more than a decade ago, has implemented Laura's Law, which has been available to counties throughout California since 2002. That's unacceptably low. Implementation of the law has, at least, been discussed by Kern County officials.

Laura's Law seems worth a second, closer look. A revision of the law by the state Legislature is most certainly warranted.