

# CONNECTIONS

THE PUBLICATION OF THE MENTAL HEALTH ASSOCIATION IN LOS ANGELES COUNTY

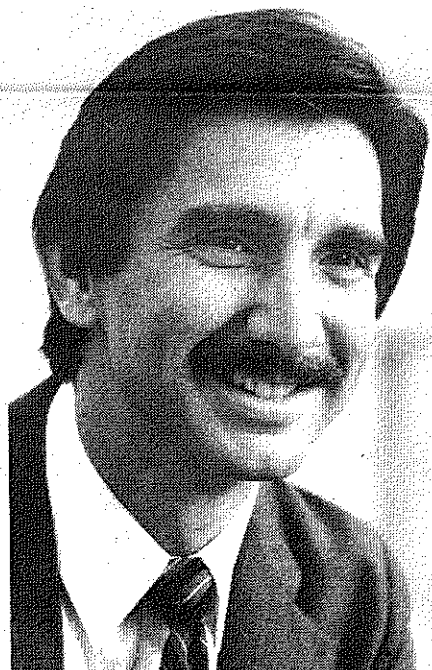
JAN./FEB. 1985

*Stigma, children, treatment seen as some of the 'major themes' for effective system improvement*

## ASSEMBLY SELECT COMMITTEE ISSUES PRELIMINARY REPORT

### INTERVIEW:

**BRUCE BRONZAN**  
ASSEMBLYMAN



For almost a year, Assemblyman Bruce Bronzan has been a student of the California mental health system.

As Chairperson of the California Assembly Select Committee on Mental Health, Bronzan (D-Fresno) and his fellow committee members have had an al-

*"I'm convinced mental health is a bi-partisan issue ... The need is to have Republicans and Democrats take responsibility for improving the problem."*

most monumental task—"to review the state's mental health system and make recommendations to the Legislature to improve it."

Now after this year of reading reports and studies and conducting nine hearings on topics

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Citing tremendous needs for improved services for chronically mentally ill people and children, the California Assembly Select Committee on Mental Health last month issued its preliminary findings.

Established by Assembly Speaker Willie Brown a year ago, the committee has been charged with reviewing the state's responsibilities in mental health.

"The work has been more than I expected in almost every category," says Assemblyman Bruce Bronzan, chairperson of the committee (see adjacent interview), "but I think we started with the right attitude. We wanted to start with an inquiry and take a good long time listening to people before we started developing specific proposals."

Other members of the committee are Burt Morgolin, vice chairperson; Peter Chacon, Sunny Mojonier, Larry Stirling and Curtis Tucker.

In its examination of the state's obligations for mental health care, the committee was asked to determine "if they are clear, appropriate, adequate and executed as efficiently as possible." According to the report, "the state is a direct service provider through the state hospital system. Taxpayers will provide more than \$800 million this year to finance public mental health services. An additional \$100 million will support a range of mental health service benefits for those eligible for the Medi-Cal program."

"Certain issues within the mental health system were pressing and obvious when we began our work. The chronically mentally ill and children are populations demanding our immediate attention," says Bronzan.

The report presents six major subject areas which have been addressed by the committee: stigma, treatment of the chronically mentally ill; children, research, system information and evaluation capability and social control policies.

The report lists a summary of findings in each area, tentative conclusions and ideas for change from which legislation may be formulated.

The report does not attempt to identify the fiscal impact of the ideas for change presented. "Until the committee receives responses and more advice about these ideas, estimating costs/benefits is premature," says the report.

According to the report, stigma is

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### DECISION WILL SOON BE ANNOUNCED IN MHA VS. DEUKMEJIAN

After 30 days of testimony from more than 35 witnesses, the case of the Mental Health Association in California, et al., vs. George Deukmejian, et al., is in the final judgment phase.

A decision by Superior Court Judge Max Deutz, who has presided over the non-jury trial, is expected by mid-March.

MHA instigated this law suit against the State of California and the County of Los Angeles six years ago on behalf of mentally ill persons confined at Metropolitan and Camarillo State Hospitals and other mentally ill persons at risk of hospitalization.

The suit maintains that mentally ill individuals have the constitutional and statutory right to receive treatment services in the least restrictive setting appropriate for each individual.

It is hoped that a judgment in favor of MHA will provide a five-year plan for implementing the California Model. The implementation will improve the complete spectrum of mental health services ranging from inpatient to community support services.

MHA's cost of litigation was paid for by the Western Center on Law and Poverty.

The attorneys for MHA, the plaintiff, were Dan Stormer of Litt & Stormer; James Preis and Nancy Shea of Mental Health Advocacy Services, Inc.; Mary Burkdict of Western Center on Law and Poverty, Inc.; and Jan C. Costello of Loyola Law School.

John Sanders, deputy attorney general, appeared on behalf of the state of California and all state officials. Philip Miller appeared on behalf of Los Angeles County and county officials.

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# LEGISLATIVE ANALYSIS

## 1984 LEGISLATION: A LOOK BACK

by Lila Berman

Mental health legislation and related events in 1984 may well provide the major turning point in constituent group efforts to improve both services to clients and the structure of the system.

The passage of AB 2381 set the stage for creative change in a system which has been streamlined administratively. AB 3632 and AB 3920, through the processes required for their implementation, place us strategically in position to develop comprehensive children's services legislation.

The Governor's Initiative for Mental Health—and the implied annual increments in funding—offer a vehicle for action to steadily improve the funding for the total system.

The Assembly Select Committee on Mental Health provides opportunities to explore the various parameters of program content and organization of service delivery which may require modification or radical change.

The Senate Subcommittee on Mental Health, Developmental Disability, and Genetic Diseases has begun to bring that side of the Legislature into more direct contact with mental health issues. And, while we lost the effort to mandate the California Model (SB 1949) through the Governor's veto, the Legislative Work Group with the cooperation of D. Michael O'Connor, M.D., director of mental health, is currently tightening up some aspects of the model and developing marketing strategies.

The department's state plan for mental health has been modified to meet many of the concerns expressed at the public hearing. A continuous planning process including both statutory bodies and other constituent groups has been approved by the director.

Taken all together, this synergic package of accomplishments spells a renewed hope in the future for integrated effective delivery of mental health services to the citizens of California.

The following review of 1984 legislation highlights positive outcomes in the mental health field. The chapter number should be used in ordering final copies from the legislative bill room.

### General Organizational or Program Changes

• **AB 228** - Young. Sale of surplus property at Metropolitan State Hospital. Defeated by constituent group efforts.

• **AB 2381 (Ch. 1327)** - Mojonier. Revises payment and reporting requirements for county mental health programs, makes negotiated net amount contracts available potentially to all counties, permits advance payments of Short-Doyle funds to counties, forgives audit exceptions before July 1984, provides for state operation of local programs for penal code patients, provides a one-year rollover of unexpended funds for all but hospital services, transfers audit responsibility to counties, permits continued approval of unlicensed psychiatric health facilities, and deletes the drug program from the Short-Doyle Act.

• **AB 2397 (Ch. 453)** - Felando. Extends purview of the office of the state long-term care ombudsman in investigating and seeking to resolve complaints and concerns of patients, residents, or clients of long-term care facilities to include unlicensed residential community care facilities.

• **AB 2881 (Ch. 223)** - Tucker. Includes licensed marriage, family, and child counselors, and licensed clinical social workers in the list of specified health care providers who are required to provide for the release of information to patients within five days after receipt of a written request and payment of reasonable clerical costs.

NOTE: also denies such records or their inspection by a minor patients' representative if the health care provider determines that access to the records by the minor's representative would have a detrimental effect on the minor's physical safety or psychological well-being.

• **AB 2913 (Ch. 1658)** - Agnos. Expands the pilot project for brain-damaged persons and appropriates \$1,700,000 to establish regionally-based resource centers to provide services to brain-impaired adults.

• **AB 3296 (Ch. 1192)** - Clute. Requires the consent in writing of the prosecuting attorney, the judicially committed non-resident person, and that person's attorney of record prior to returning the judicially committed non-resident to his or her proper state of residence.

• **3646 (Ch. 1709)** - Vasconcellos. Requires the institution of community violence prevention and conflict resolution programs to be contracted from the Office of Criminal Justice Planning. Appropriates \$500,000 for that purpose to the Office of Criminal Justice Planning and limits its administrative and program expense to 20 percent of that amount (balance goes to four pilot programs).

• **AB 3661 (Ch. 1029)** - Filante. Requires that every long-term health care facility make available to the residents of that facility an activity program developed by the facility, which includes, but is not limited to, self-help skills. The attending physician is required to approve a plan of this type for each patient at least quarterly as not being in conflict with the patient's treatment plan.

• **AB 3900 (Ch. 1626)** - Margolin. Provides for multi-purpose senior services programs to serve frail elderly persons 65 or older at risk of institutionalization and requires it to administer a community care facility demonstration project for the elderly for a period of three years. Makes implementation of project dependent on the availability of federal funds and the receipt of required waivers.

• **AB 3921 (Ch. 1330)** - Bradley. Requires OMHSS opt out.

• **SB 2235 (Ch. 1562)** - Keene. Adds "other deadly weapons" to the prohibition against furnishing firearms to mental patients.

• **SB 1984 (Ch. 1488)** - Mello. Criminal Law: Insanity. Makes changes in disposition of insanity acquittees. Most substantive: NGI (not guilty by reason of insanity) persons who leave the state hospital are subject to a minimum one year in a supervised community program prior to release from the insanity judicial commitment.

### Children's Mental Health Programs

• **AB 2443 (Ch. 1638)** - Waters. Child Abuse Prevention Training Act of 1984. Requires the Office of Child Abuse Prevention to fund two prevention centers and to contract for and fund primary child abuse prevention programs in each county, such programs to be selected by a competitive bidding process.

Primary prevention programs include all of the following:

a) *Parent, teacher, and children's workshops* which are age, culturally, linguistically and geographically appropriate, and which are designed to delineate the problem and the range of possible solutions, as well as to help counteract common stereotypes about victims and offenders;

b) *parent and school staff workshops* which include information and training concerning all of the following: physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities regarding reporting, procedures for reporting, caring for a child's needs after a report is made;

c) *children's workshops* which contain information and training concerning the right of every child to live free of abuse, how to disclose incidents of abuse, the availability of support resources and how to obtain help, child safety training and age-appropriate self-defense techniques, a period for crisis counseling and reporting immediately following the completion of each children's workshop in a school set-

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Tomas J. Ledwith, president and chief executive officer of the Los Angeles Child Guidance Clinic, Lola Hobbs, director of new Children's Services Department and Alan Rawland, head of the planning, development and quality assurance bureau of the county Department of Mental Health (l-r) at a United Way welcome for Hobbs.

## CHILDREN'S SERVICES DIRECTOR OUTLINES DEPARTMENT'S COURSE

"Every parent has a responsibility, the schools have a responsibility, everyone has a responsibility to see to it that children don't get abused and neglected," says Lola Hobbs, the newly selected director of the recently formed Los Angeles County Department of Children's Services.

The new department incorporates child protective services, which were part of the Department of Social Services (DPSS) and staff from that department, which were involved in direct service.

The adoptions department, which was a free standing agency is now the adoptions program of the Children's Services Department.

The third component of the department is a piece from the probation department dealing with runaways and status offenders (known as "601s") to be assumed this year.

"However," says Hobbs, "We're not prepared to assume that responsibility until there is a better definition of the clientele to be served and the service strategy to be employed."

"I'm organizing this department around programs designated by SB14, which is the state's child welfare reform legislation," says Hobbs. "This legislation calls for an emergency response program (known as initial or intake services), family maintenance and re-unification programs ("what some people call continuing cases or treatment cases," says Hobbs) and calls for a third program, permanency placement, such as adoption."

The program area Hobbs plans to give first priority to is the emergency response program, which includes MacLaren's Children Center in El Monte, the county's only emergency shelter.

"This is the area where we have been least able to provide the kinds of services to families that SB14 intended," says Hobbs.

Emergency response entails how a case is handled from the point of referral from a hotline on to a decision to close the case after necessary services or to continue the case. It is the department's first encounter with a family.

Another area drawing Hobbs' attention will be foster homes. She plans a four-part improvement of the system, including (1) increased recruitment of families; (2) increased financial support so people don't become discouraged and drop out; (3) improvements in the way payments to foster parents are made and (4) accelerated license processing so people don't end up waiting too long for word on their application.

"There is a crisis in terms of adequate placement resources," says Hobbs. "We don't have enough emer-

gency foster homes and not enough regular foster homes to be able to make some real choices."

"We need to increase the number of homes for minorities, particularly the number of homes for Hispanic children," Hobbs says.

Hobbs expects the Department of Children's Services to form a close relationship with the county Department of Mental Health.

She has met with acting mental health department director Roberto Quiroz to discuss the issue of MacLaren's Children Center.

"There is not another placement alternative," says Hobbs. "We want to see what alternative resources we can develop for these children. We both agree it is not appropriate to have children with serious psychiatric problems at MacLaren, but because MacLaren is not and should not be staffed for ongoing psychiatric kinds of treatment," she says.

"With the department of mental health there will be opportunities for some mixing of Short-Doyle funds,



Lola Hobbs

net county dollars, Title XX and AFDC (Aid To Families With Dependent Children) funds to increase the resources available for children," says Hobbs.

Before coming to Los Angeles, Hobbs was assistant director of San Diego County's Department of Social Services. She holds master's degrees in both social work and political science.

With an annual budget of \$90 million, the new department will be responsible for handling 50,000 child abuse and child neglect cases a year.

The Los Angeles County Board of Supervisors voted earlier this year to

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## LACK OF SERVICES FOR MINORITIES SUBJECT OF INTERAGENCY STUDY

"California has the largest population of Samoans, larger than Samoa itself," says John Hatakeyama. "They don't go for services and community leaders tell us the needs are there. But we haven't found a way to provide services to them in a relevant manner," he says.

Cases like this point out the unprecedented growth of non-English speaking ethnic minorities in Los Angeles County, and the lack of services available to meet these peoples' unique needs.

A recently established task force could help change this problem, making mental health services more equitable for all.

The Countywide Interagency Committee on Mental Health has established an Ethnic Minorities Task Force chaired by Hatakeyama, director of the Asian Pacific Treatment and Counseling Service in Los Angeles. The new task force has a membership which represents all five mental health regions, including county operators and contractors.

The mission of the new task force has been defined as "to plan for the development, coordination and evaluation of resources necessary to provide comprehensive high-quality mental health services to meet the unique needs of both ethnic minorities and socio-cultural groups in Los Angeles County."

Hatakeyama says those targeted to be served are unassimilated, underserved, non-English speaking people as well as socio-cultural minorities.

Rosa Pechersky, a planner at El Centro Human Services Corp., and chair of the task force's steering committee, says the term "socio-cultural" was chosen because it was all-inclusive.

Cecil Hoffman, Ph.D., chairperson of the Interagency Committee, a countywide association of 40 organizations, agencies and ancillary services to mentally ill persons, calls the development of an Ethnic Minorities Task Force "long overdue."

"The present system has major flaws as it relates to ethnic minorities," he says. "The most obvious is the dearth of staff to communicate in the client's primary language and to provide service that is culturally sensitive."

"It is extremely important that the Interagency Committee takes the time and effort to assess the current scope of service to ethnic minorities and takes action to promote policies," he says.

Says Hatakeyama, "What we would like to see come out of this task force is to have a document developed by April that would be a master plan, describing what is currently available in terms of services and data on the use of these services by the various target populations."

Task force members have developed a list of eight goals for their work. These include working for innovative ways to make services accessible to minorities, such as outstationing, home visits and staff exchanges and recruiting and training bilingual, bicultural personnel.

To help reach its goals, the task force has adopted a subcommittee structure.

Herbert Hatanaka, director of program development for Special Service for Groups, chairs the data collection and analysis committee. This subcommittee will analyze information already available to the Department of Mental Health, such as per capita expenditures and how often services are used.

One example of unequal dispersion of funds is seen in meeting the needs of Asians and Pacific Islanders. Even though there is a larger percentage of Asian people in the coastal region, there is no specialized service for Asians.

The amount of money for service is not based on the total Asian population. According to Hatakeyama statistics show a per capita cost of \$13 in the central region and a \$3 cost in the coastal region.

"We know that the coastal region has a high population of Asians," Hatakeyama says. "This data shows that services are not provided for adequately and gives an indication of where service gaps may be in the county."

Keh-Ming Lin, M.D., a psychiatrist at Harbor-UCLA Medical Center, chairs the information sharing and resources committee. This group will look at various models of service delivery.

Many ethnic minorities need a host of services, not just those for mental health, says Hatakeyama. A multi-purpose cultural center may be needed to link these people with the Departments of Public Social Services (DPSS) and Health Services, ESL, vocational services, nutrition and a whole conglomeration of other services. With a predominant culture, a mental health center by itself may be enough, Hatakeyama says.

For example, he says, "The Mung population might need to have as its major thrust home visitation as a way to reach that population for mental health intervention."

"NIMH research with Samoans in San Francisco has demonstrated that mental health workers need to coexist with indigenous healers. We are just now in the process of discovering how to reach that population. The need is there, but they are not going to a community mental health center in the heart of their community."

Abel G. Ossorio chairs the human resource development and recruitment committee. Ossorio is assistant regional director of the Southeast Region and is also chairperson of the Hispanic Mental Health Task Force.

This committee will focus on the need for bilingual, bicultural staff, examine what the demand for various language capabilities might be and determine what is available in the system.

"There are pockets of Asians throughout Los Angeles County," says Hatakeyama. "Half the population of Gardena is Asian, so the need to provide services in a different way and the bilingual capabilities needed are dramatic."

"We need to sensitize staff to the cultural issues that may confront them in the population served by their community or mental health center. We also need to impact the educational system to recruit and train bilingual, bicultural students."

All committees will come together and form the master plan that will include 1) a data base of information from the mental health department and other sources, 2) models recommended on the basis of the population structure of the county and 3) an assessment of the gaps in providing services.

"We hope the report is not just filed but that something productive emerges," says Pechersky. "We've planned till we're blue in the face. Now we want to implement on a countywide and regional basis. The data is there and the rationale is there, it just needs to be packaged."

The report will be presented to the Interagency committee in April.

"High risk populations, ethnic and refugee minorities are all mentioned in state priority plans for legislation; the Mojonnier bill mentions service to high risk populations and minorities and the county and regional plans all call for it," says Hatakeyama. "But somehow it never materializes."

"We hope this task force will help change the pattern."

Dear "Connections" Reader:

This newspaper is unique.

Its aim is to knit together the mental health community of Southern California by offering 19,000 readers important information that enables volunteers and professionals to know each other better and to understand the issues in which we have common cause.

No other medium reports our countywide mental health news with more dedication and expertise than this journal of the Mental Health Association in Los Angeles County.

Unfortunately, "Connections" will not survive in its present financial condition. MHA/LA has made every effort to sustain "Connections", but our major outside sources of support are exhausted and we must turn again to our readers to make up the difference.

Membership donations and special gifts to the Mental Health Association are the sole source of support for "Connections." Our ability to continue "Connections" as a resource for all of us is directly dependent on your generosity.

Your support is urgently needed. We know you will help. Please join The Mental Health Association today.

Sincerely,



**Al Greenstein, President  
MHA Board of Directors**

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against mental illness!"**

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## COUNTY TASK FORCE TAKES STEPS TO ADDRESS HOMELESS EPIDEMIC

A plan to address the growing problem of Los Angeles' homeless population has been brought to the Los Angeles County Board of Supervisors.

An initial report presented in early December to the board by the County-wide Task Force on the Homeless is the first step by the task force in helping solve the now epidemic problem of homelessness in Los Angeles County.

"It's not enough to say we must do something," says Albert Greenstein, task force chairperson and west coast public relations manager for the Atlantic Richfield Co. "We have to identify structures that are needed and try to direct attention to agencies or non-profits that can implement them.

"People wring their hands and say we're not doing enough. Solutions have been a few beds here and there," says Greenstein. "And that's fine, but it does not deal with the heart of the problem.

"We have to come up with specific structures that work, a formula for a shelter corporation, for example, rather than say, 'here are areas to be explored.' Who would do the exploring? We wanted to recommend ideas that are workable and that can be implemented at a reasonable cost."

The four projects recommended are a multi-service, drop-in referral center for the Skid Row area; a Technical Assistance Project (TAP) that would act as a clearing house to utilize private and government resources for the homeless; a change in county procedure that would use contractual shelter services and service agreements as an alternative to the voucher hotel system and stringent enforcement of health and safety regulations at these hotels.

"We want to have a practical, workable report," says Greenstein. "We did not want to come up with a large number of recommendations that can't be implemented because they are too costly or too comprehensive."

The board established the task force in May 1984 to study problems facing the homeless and develop short- and long-term solutions. In its report, the task force says, "Each group of the homeless presents particular problems that need to be addressed. These include the mentally ill, new homeless, women and children, battered women, immigrant families, newly and chronically unemployed, alcoholics and drug addicts."

Task force members have reviewed testimony from Supervisor Edmund Edelman's two public hearings and a myriad of reports including those from HUD, the county department of mental health, Catholic Workers, UCLA and the United Way.

According to the report, recent state and federal legislation has addressed homelessness as a temporary problem that can be solved by funding emergency shelter programs and services. This funding has been limited and subject to periodic review, the task force says.

The county, through actions directed at the Department of Public Social Services (DPSS), has taken some short-term steps to help meet the needs of homeless persons.

According to DPSS director Edward Tanaka, these actions have enabled the department to provide a voucher for every person who comes to a DPSS office, states he or she is homeless and completes a one-page application.

Several downtown hotels that violated health and safety standards have been stricken from the current voucher roster and the voucher rates for other hotels and motels has been increased.

DPSS has also begun a demonstration project in its Civic Center office to offer additional services to the

homeless including referral, outreach, financial help and counseling.

There have been other responses to the workings of the task force, many to alleviate the tremendous needs for shelter beds.

The Community Redevelopment Agency (CRA) has helped establish a private non-profit agency, Single Room Occupancy Corporation (SRO) which has begun renovation of Skid Row hotels where voucher clients are referred.

Plans have been developed for a low-cost housing program for homeless women as part of the Downtown Womens' Shelter program and the Volunteers of America have opened a 100-bed facility in the Downtown area, offering short-term housing for homeless women and couples.

A number of churches and community groups have also begun to develop shelters and other programs for the homeless (see listing).

"In the six months since we began our meetings and deliberations we have made some progress," says Greenstein. "Some of the short-term solutions are already being carried out by DPSS and the beginnings of change are evident in the work of the Skid Row Housing Corporation and the United Way with its look into a shelter corporation."

As the task force writes in its report, "All these actions reflect the community and the county's recognition of the seriousness of the homeless problem.

"The fact that DPSS states they can currently provide an ongoing temporary shelter voucher program for 1,400 to 1,500 homeless persons (a day) does not speak to the quality of the shelter or its short-term duration.

"More significantly," says the task force report, "it does not address the fact that large numbers of homeless people either fear contact with a public agency, are unaware of available services or are mentally ill and do not seek these services."

There are major gaps in knowledge about the homeless. The task force hopes to learn who the homeless are and how many there are in Los Angeles County. Current estimates place the population at between 25,000 and 50,000, but there is no accurate count.

There is also a shortage of adequate temporary shelter and public housing throughout the county. Several solutions have been offered, including the use of vacant buildings and constructing modular units on surplus government land.

To use scarce financial resources, the task force made recommendations in four other areas.

The task force believes homelessness is a countywide problem and that all cities and levels of government must be involved in finding solutions. To this end, the group recommends an emergency meeting of representatives from all cities in the county to address the problems of the homeless.

A second recommendation asks the Department of Community and Senior Citizens Services to explore with Job Training Partnership Act (JTPA) contract agencies ways to enroll homeless persons in employment and training programs.

Other recommendations are accelerated information and referral services and asking the Community Services Resource Corporation (CSRS), a private non-profit agency, to provide in-kind and cash donations to supplement shelter operations.

In the coming months, the task force plans to hold public hearings in each supervisorial district to obtain a geographical perspective of the homeless population.

The task force will also explore working with private industry to develop financial and other resources for the homeless.

## HOMELESS SHELTERS IN

*Mentally ill adults make up nearly 50 percent of Los Angeles County's homeless population and yet, many shelters for the homeless are unwilling to take mentally ill residents.*

*In an effort to locate shelters who would not turn mentally ill people away, Connections contacted and questioned operators of shelters for the homeless throughout the county.*

*We were unable to find any shelters that specialize in providing services for mentally ill people. However, the shelters listed stated that they do not have a policy which excludes mentally ill individuals who are seeking their services.*

### AMERICAN SOUL CLINIC MISSION

Phone: (818) 915-1981  
Location: 445 Towne Avenue, corner of 5th St. and Towne.

• **Population Served:** Men. There is no age restriction.

• **Food:** The facility provides lunch and dinner.

• **No. of beds:** 80 beds.

• **Length of stay:** Seven days. Stay can be repeated after a one-day waiting period.

**Miscellaneous Information:** The facility is a shelter for men but women are welcome to come to take showers and eat. The 24-hour facility provides shelter on a first-come, first-served basis. The 24-hour phone number is currently being changed. The office is open Monday thru Friday, from 9 a.m. to 5 p.m. Clothing is provided and counseling is available through a social service program.

### BEACON LIGHT MISSION

Phone: (213) 830-7063  
Location: 525 Broad Avenue, between E and F Avenues in Wilmington.

• **Population Served:** Men, 18 and older.

• **Food:** Breakfast is provided for those who stay in the facility and dinner is served for anyone.

• **No. of beds:** 26 beds.

• **Length of stay:** Up to seven days.

**Miscellaneous Information:** The doors of the facility are closed at 9 p.m. and no more residents are accepted for that day. The facility opens at 1 p.m. Office hours are 9 a.m. to 9 p.m. Decisions about a second stay are made on an individual basis. There is a sign-in at 4:15 or 4:30 p.m. Beds are assigned on a first-come, first-served basis. There is a Bible study and church service every evening. Clothes are provided. If a man goes to the facility and a bed is not available, he can sign-in and come back the next night to try for the first available bed.

### COMPTON AID CENTER

Phone: (213) 636-2639  
Location: 600 N. Alameda Street, between Rosecrans Ave. and Compton Blvd.

• **Population Served:** Married couples, single parents with children. There is no age restriction.

• **Food:** Provides breakfast, lunch and dinner.

• **No. of beds:** Unknown.

• **Length of stay:** Can stay from seven days to two weeks.

**Miscellaneous Information:** Counseling is provided. The facility works closely with the welfare offices and agencies in Los Angeles County. A longer stay is granted if a couple is getting help from the welfare agencies. If there is a need to stay again, the facility will refer people to other agencies. Couples must show proof of marriage. Potential residents must arrive at the center before 5 p.m. (Office hours are from 9 a.m. to 5 p.m.). Potential residents must call prior to arriving at the shelter. The shelter is open 24 hours. Most referrals come from welfare agencies.

### EVERY WOMAN SHELTER

Phone: (213) 653-4042  
Location: Residents are accepted by phone only.

• **Population Served:** Women. There is no age restriction.

• **Food:** Breakfast, lunch and dinner are served to residents only.

• **No. of beds:** There are 11 rooms.

• **Length of stay:** Two weeks to two months. Previous residents are evaluated individually to determine if they may stay a second time.

**Miscellaneous Information:** All intake interviews are done by phone. A person may call or be referred by an agency. Counseling and clothing are provided. The facility and the facility's phone number are operational 24 hours a day.

### THE GAY AND LESBIAN COMMUNITY SERVICES CENTER

Phone: (213) 467-7400 ext. 247  
Location: 1213 N. Highland Ave., one block north of Santa Monica Blvd., in Hollywood.

• **Population Served:** Men and women, 18 years and older. Persons under 23 will be referred to their youth department.

• **Food:** Food is provided by the residents. If persons are unable to provide their own food, the center can find places where inexpensive meals or free food are available.

• **No. of beds:** Eight beds, four for men and four for women (at the present time).

• **Length of stay:** People may stay four to six weeks, and sometimes up to three months.

**Miscellaneous Information:** The Gay and Lesbian Community Services Center has a housing department that handles referrals for people who are homeless, a roommate service for people who are seeking roommates and various other services for the community. The center is not limited to homosexuals. The Citrus House is the homeless shelter on the premises of the center and residents must pay rent to stay. Most people who stay are not repeat people. The program for the Citrus House is structured and a person must find a job or some means of support in order to stay. The center is locked during the day, although the office is open from 10 a.m. to 6 p.m.

# LOS ANGELES COUNTY: AN ABBREVIATED LIST

## GREATER WATTS MISSION

Phone: (213) 563-8139  
Location: 2208 E. 103rd Street in Watts.

The Greater Watts Mission temporarily lost its shelter when its building was condemned. However, Reverend Eulice Stallings, who runs the mission, is still supplying emergency food boxes. Reverend Stallings is seeking a new location for this homeless shelter. For further information, call (213) 563-8139.

## HILL HOUSE

Phone: (818) 282-0951  
Location: 529 N. Hill Avenue, near Villa St. in Pasadena

• **Population Served:** Women, children, and single parent families. There is no age restriction. The facility does not accept minors without a parent.

• **Food:** The facility's kitchen is stocked so residents can prepare their own food.

• **No. of beds:** There are 14 beds and one port-o-crib. The facility is located in a five-bedroom house and the range of capacity is 12 to 15 at any given time.

• **Length of stay:** The maximum stay is two weeks, but some residents stay up to three weeks, depending on their situation. The facility does not make more than a one-week commitment to residents. There are no repeat stays.

### Miscellaneous Information:

There is a part-time social worker who assists the residents in finding means of financial support and helping them get involved in financial aid programs. Residents are required to meet with their social worker at least once so that they may possibly find a way to support themselves and be able to live on their own. In cases where a resident appears to be in need of mental health service, the facility will help point that person to seek services. Clothing is provided. All intake and screening is handled through phone calls to (818) 282-0951.

## HOLLYWOOD LIFELINE

Phone: (213) 463-5433  
Location: Call the Lifeline phone number for locations.

• **Population Served:** Men and women, 12 to 30.

• **Food:** Breakfast, lunch and dinner are served. Sandwiches are available for lunch to those who do not stay at their facilities.

• **No. of beds:** 15 beds in the men's house and 15 beds in the women's house. Adolescent runaways get first priority when housing is available.

• **Length of stay:** Two weeks maximum. Stay can be repeated after a 30-day waiting period.

**Miscellaneous Information:** The Lifeline number is operated 24-hours. Transportation is provided when needed and a Bible study is required. Call their 24-hour number for further information regarding shelters in Los Angeles, (213) 463-5433.

## HOMING

Phone: (213) 735-3225  
Location: 2627 Van Buren Place (between Vermont and Normandie)

• **Population Served:** Women, 15 or older.

• **Food:** Breakfast, lunch and dinner.

• **No. of beds:** Six beds.

• **Length of stay:** Average stay is from one to two months. There is no set period of time that must pass before a woman can stay again.

**Miscellaneous Information:** The facility is connected with the Community Counseling Center. Quarters are on the second floor, so a women must be able to climb stairs. Residents must look for a job during the day. Clothing is provided. Each woman is given a bus pass. Office hours are 9 a.m. to 4 p.m.

## LONG BEACH RESCUE MISSION

Phone: (213) 591-1292  
Location: 1335 Pacific, one block north of Anaheim.

• **Population Served:** Men. There is no age restriction.

• **Food:** Breakfast for men who spend the night. Lunch and dinner for anyone in need.

• **No. of beds:** 100 beds.

• **Length of stay:** Five days. If a man gets a job during his stay, he can get an extension from the chaplain. With the chaplain's permission, individuals can repeat their stay after a two-week waiting period.

**Miscellaneous Information:** The facility is open seven days a week, 24 hours a day. No alcohol is allowed and there is a 7:30 p.m. curfew if a man plans to stay the night. There are specified meal times that must be observed.

## THE LOS ANGELES MISSION

Phone: (213) 629-1227  
Location: 443 S. Los Angeles Street, between 4th and 5th street.

• **Population Served:** Men, 18 years and older. No children are allowed.

• **Food:** Breakfast is served to residents. Lunch at noon and dinner at 7 p.m. are available for residents and walk-ins.

• **No. of beds:** 70 beds.

• **Length of stay:** Four nights at a time with a two-week waiting period in between stays.

**Miscellaneous Information:** The mission number is operated 24-hours and there is always someone at the mission, but the mission doors are open from 8:30 a.m. to noon and 1:30 to 4 p.m. Beds are available on a first-come, first-served basis and cannot be reserved. For further information, call (213) 629-1227.

## MIDNIGHT RESCUE MISSION

Phone: (213) 624-9258  
Location: On the corner of 4th Street and south Los Angeles Street, downtown Los Angeles.

• **Population Served:** Men, 18 and older

• **Food:** Breakfast, lunch and dinner.

• **No. of beds:** 138 beds.

• **Length of stay:** One night, every other night. There is no restriction on the number of times individuals can stay.

**Miscellaneous Information:** A small amount of counseling is provided. The mission number is staffed 24 hours, but the mission itself is open from 7 a.m. to 5:30 p.m.

## THE SALVATION ARMY HOSPITALITY HOUSE

Phone: (213) 698-8348  
Location: 7926 S. Pickering Avenue, just north of Whittier Blvd., in Whittier.

• **Population Served:** Men, 18 and older

• **Food:** Meals are provided for the Hospitality House for Single Men.

• **No. of beds:** Eight beds.

• **Length of stay:** Five days. An extension is given if a job is secured and the person must wait for a first pay-check.

**Miscellaneous Information:** Counseling for men in the Hospitality House is provided by the commanding officer. Clothing is also provided. The office and the switchboard are open from 9 a.m. to noon and from 1 to 3 p.m. After a 30-day waiting period, a person may again stay in the shelter. The Salvation Army supplies housing for families and women in a hotel.

## THE SEEDLING

Phone: (213) 753-7218  
Location: Potential residents must be referred.

The Seedling is not a shelter, but an emergency food service. It provides clothing for families and others in need. Each family or person is limited to receiving food and/or clothing once a month. Recipients must be referred to the Seedling by other agencies, either by phone or letter.

## SUNSHINE MISSION FOR WOMEN

Phone: (213) 747-7419  
Location: 2600 S. Hoover Street, near Adams in South Central, Los Angeles.

• **Population Served:** Women, 18 and older. Residents must be physically and mentally able to look for work.

• **Food:** Two meals a day are provided: breakfast and dinner.

• **No. of beds:** Call the facility for more information.

• **Length of stay:** Two weeks. A woman is only allowed to stay once.

**Miscellaneous Information:** There is an emergency shelter for destitute women with a hotel section that functions as a home for elderly women. No counseling is provided. Clothes are provided. Referrals are preferred, but the facility will take some walk-ins. The intake hours for the facility are 10 a.m. to 3 p.m., Monday through Friday. For further information call (213) 747-7419.

## THE TURNING POINT SHELTER

Phone: (213) 399-9228. All contact must be made through the Ocean Park Community Center 245 Hill Street, near 6th and Arizona in Santa Monica, (213) 399-9228.

• **Population Served:** Men and women, 18 years and older.

• **Food:** Breakfast, a sack lunch and dinner.

• **No. of beds:** 30 beds, 15 beds for men and 15 for women.

• **Length of stay:** Participants are expected to stay at least two weeks. The average stay is two to three months.

### Miscellaneous Information:

The Ocean Park Community Center handles all correspondence for The Turning Point Shelter. Every resident is assigned a social worker. Residents must leave during the day to look for work or other worthwhile, self-help activity. The center's number is operated 24-hours and the facility is open from 5 p.m. to 8 a.m. Individuals who want to return a second time are evaluated on a case-by-case basis.

## UNION RESCUE MISSION

Phone: (213) 628-6103  
Location: 226 South Main Street, between 2nd and 3rd, downtown Los Angeles.

• **Population Served:** Men, with no age restriction.

• **Food:** Breakfast (6:45 a.m.), lunch (11:45 a.m.) and dinner (5:45 p.m.) for anyone who comes in and would like a meal.

• **No. of beds:** More than 50 beds.

• **Length of stay:** Residents may stay as long and as often as they like. Beds are available on a first-come, first-served basis.

### Miscellaneous Information:

Counseling, clothing and transportation are provided. The mission number is operated 24-hours and the mission is open 24 hours a day. For information, call (213) 628-6103.

## WEINGART ANNEX

Phone: (213) 627-9000  
Location: 611 E. 5th Street (corner of Crocker and 5th Streets)

• **Population Served:** Women and couples. There is no age restriction.

• **Food:** Meals are provided at the Weingart Center, which is connected to the annex.

• **No. of beds:** 100 beds.

• **Length of stay:** Stay can be ongoing as long as the resident pays the \$8 a day rate. Although there is a per day charge, some residents stay without paying until they are capable of doing so. Previous residents can stay again without a waiting period.

### Miscellaneous Information:

Clothing is provided for residents from a clothing room on the premises. For further information, call (213) 627-9000.



# BRONZAN

CONTINUED FROM PAGE ONE

ranging from schizophrenia to civil commitment, the committee has issued its preliminary report (see story page one).

Bronzan wrote in the Committee's report, "I soon realized that underlying our mandate was a tremendous amount of hard work. For the committee as well as for the thousands of people in California involved in the 'system' of mental health care—the consumers, their families and friends, therapists, program providers, and community leaders—the job of developing an effective new state policy for mental health is enormous."

The committee took its comprehensive look at the mental health system because, says Bronzan, "it was important that we start from the position that we are basically ignorant. What we know may be wrong and it is necessary to take a fundamental look at the system before we try to introduce any new bills. We have to know where we're going."

"I'm convinced mental health is a bipartisan issue," says Bronzan. "Mental illness affects people of all races and creeds—it knows no boundaries. I think by now everyone is convinced of the need and I have the real hope that this will be understood by the Legislature and the Governor."

While Bronzan has become a voice in the state for mental health system reform, he does not see himself as another Frank Lanterman. The late

managers. They are the ones who see the range of mental illnesses. Their insights have been ignored by decision-makers, both clinicians and politicians, and this is a great oversight."

Major portions of the preliminary report are devoted to children and the chronically mentally ill. "We believe this is an appropriate place to start," Bronzan says, "relative to dollars spent and problems that exist in the system. There is a huge outcry for help, and these are two of the key groups in the broad range of mental health needs."

The way the system deals with these two populations is "a disaster" according to Bronzan.

"The whole phenomenon of deinstitutionalization for the chronically mentally ill is a disaster," says Bronzan. "The streets and under bridges have become repositories for these people. In every sense that policy has failed and we've ignored the fact. This problem has brought enormous suffering to families—largely because we've done so little."

Children's issues are another problem Bronzan says is in the critical stage. He sees great long-term benefits in dealing with the problems of children while they are still children, instead of waiting for the problems to manifest in adulthood.

"Agencies dealing with children are competing," says Bronzan. "In some communities, the heads of those agen-

*"We have no more right to ignore mental illness than ignore diseases of the heart, kidney or liver. Society as a whole must see mental illness as health care issue. We all need to become enlightened...and do away with the simplistic and sadly ignorant stereotypes of mentally ill people."*

Frank D. Lanterman championed the cause of mental health in the Legislature.

"I think the state needs leadership in mental health," says Bronzan, "and it needs the Legislature as a group or as individual members to place mental health on a higher priority level."

"Lanterman personally made mental health a high priority of the Legislature and his continued supervision of the issue gave it importance. When he left, a hole developed and no group stepped in to fill it."

"Important bills were advanced by individual members," says Bronzan, "but the Legislature did not see mental health as a priority." And he says, this is everyone's fault, including the Legislature and Governor.

"Nothing substantial has happened in mental health in 10 to 15 years. The need is to have Republicans and Democrats take responsibility for improving the system."

He sees the Select Committee as a way to turn the tide in legislation affecting mental health, through the committee's study of the system and the recommendations that will be presented in its final report.

"There is a lot more we need to learn and understand," says Bronzan, "we haven't learned it all in 12 months. But we have looked at the pieces of the system and have been able to get a clear understanding of some areas."

"There are a lot of people and groups who do a tremendous amount of work in the mental health field," says Bronzan. "Mental Health Associations statewide, consumer and family groups have taken it upon themselves to make suggestions to the Committee that have been extremely helpful. Groups of people, organized on a grassroots level, have been vital in our understanding of what is happening and what is not."

The emergence of family groups is seen by Bronzan as an important phenomenon. "Often they end up as case

cies don't talk with each other, they are more interested in protecting their territories than cooperating to help the individual child.

"Often, even if we do have the clinical capability for helping and teaching mentally ill children, there are few facilities and they have waiting lists," says Bronzan. "These are seemingly endless problems that we pay for many times over."

Bronzan believes the system works for people with less than chronic and less serious mental illnesses. "A lot of people receive a lot of help from both the public and private sector. And we are making medical advances and demonstrating the desperate need for research. There is certainly room for hope."

Another issue addressed by the report and key in Bronzan's mind is the problem of stigma.

"Society must realize that what we are dealing with are diseases of the brain. When someone is thought to be diabetic, you think of a physiological problem that can be dealt with. We must learn to think that way about mental illnesses."

"We have no more right to ignore mental illness than ignore diseases of the heart, kidney or liver. Society as a whole must see this as a health care issue that in many cases can be effectively dealt with."

Bronzan believes school curriculum should include sessions on mental health. "We all need to become more enlightened on the phenomenon of mental illness and do away with the simplistic and sadly ignorant stereotypes of mentally ill persons."

"I think that in general imagery and discussion it's important that people understand and communicate the reality and not the superstitions about mental illness. Mental illness must come out of the closet in an intelligent way, rather than in a fearful and ignorant way."

"Mentally ill people are our brothers, sisters, parents and children and I think stigma and the other issues are ones we have to conquer."

# SELECT COMMITTEE REPORT

CONTINUED FROM PAGE ONE

"the most devastating effect of mental health treatment. Those who have been labeled 'mentally ill' are treated in a way that openly relegates them to second-class citizenship."

To prevent discrimination in such areas as housing, jobs, university admissions and job promotions, the committee recommends a review of the anti-discrimination laws; identification of laws which do not protect mentally disabled persons and the inclusion of these people wherever it is appropriate.

Public education about mental health issues with more accurate information for the public and the media is also recommended.

The summary on treatment of chronically mentally ill people is divided into three sections, "The Results of Deinstitutionalization", "Relationship of the System to the Needs of the Chronically Mentally Ill" and "Clinical Treatment."

To change policies affecting chronically mentally ill people, the committee recommends the creation of Social Maintenance Organizations (SMO) at the community level to identify the social support needs of the individual and to negotiate a "social contract" with the major participants (i.e. the client, family, primary therapist and case manager).

The committee also recommends the development of additional self-help groups and programs. "A number of self-help programs have proven highly effective in reaching out to 'chronically mentally ill' individuals, helping established peer relationships, and developing independent living skills."

The committee also recommends the establishment of up to three diagnostic demonstration centers to provide diagnostic evaluation (both medical and social) for clients who would be referred because of the inability of their prior providers to achieve a sound diagnosis. The centers would be used to share information and research findings between the clinical and academic

research community and the publicly financed mental health system.

For children, the committee recommends defining the extent and type of public responsibility for treating children with mental health needs and the role of each current state program.

Finding overlap in the existing government programs designed to meet children's needs, the committee wrote, "in some instances a dozen different agencies can be involved with one child. Too often the specific mental health needs of that child fall through the bureaucratic cracks."

The committee discovered a great shortage of financial resources for children's services. "The need to better train staff and expand resource development is substantial," says the report. The committee suggests testing the feasibility of developing a separate system for funding children's services within the Short-Doyle system.

They also recommend establishing explicit standards with the Lanterman-Petris-Short Act (LPS) for the involuntary treatment of children.

The Committee asks for a percentage to be set aside for biomedical, social and public policy research in the annual state mental health budget.

The committee also recommends establishing a Mental Health Research Institute to guide long-range public research efforts.

In the area of social control policies the Committee recommends developing a middle ground between total independence and conservatorship and modifying LPS to provide clear direction and criteria for the involuntary commitment of children.

Copies of the report are available from Bronzan's office by writing Assemblyman Bruce Bronzan, State Capitol, Sacramento, CA 95814 or 2607 Fresno St., Suite A, Fresno, CA 93721.

The phone numbers are (916) 445-8514 in Sacramento and (209) 445-5532 in Fresno.

# LEGISLATIVE ANALYSIS

CONTINUED FROM PAGE TWO

ting which maximizes the child's privacy and sense of safety.

• **AB 2709 (Ch. 1613)** - Vicencia. Appropriates \$200,000 to the Department of Justice to automate its Child Abuse Central Registry. Adds sexual exploitation to sexual assault as a form of child abuse. Revises the definition of severe neglect and general neglect as forms of child abuse for reporting purposes to include failure to provide adequate medical care.

• **AB 2712 (Ch. 867)** - Bates. Authorizes a juvenile court to direct reasonable orders to the foster parents of a minor who is the subject of specified proceedings pursuant to the juvenile court law and to include direction to participate in a counseling or education program to a foster parent, the parent, or the guardian of a dependent child.

• **AB 3031 (Ch. 1619)** - Vasconcellos. Requires state department of education to complete family relationships and parenting education curricula before April 1, 1986, and to make awards on a competitive basis to school districts, nonprofit organizations and postsecondary institutions to aid in the implementation of these programs in school districts.

• **AB 3075 (Ch. 1614)** - Chacon. Establishes a Youth Emergency Telephone Referral Project in the Office of Criminal Justice Planning to operate or contract for the establishment of a toll-free emergency referral service for runaways. Purpose: to provide a free service for runaways directing them to available resources, including shelter, meals, clothing, counseling, and other services necessary for their well-being as well as to serve as a message center for those who wish to communicate with their parents.

• **AB 3632 (Ch. 1747)** - Brown. Purpose is to define interagency responsibilities for providing services to handicapped

children, to develop an effective system for integrating the services of the state Departments of Health Services, Mental Health, Education, Rehabilitation, and the Department of Social Services, and to reallocate funds from or to each of these departments as may be demonstrated to be required to implement the system.

• **AB 3684 (Ch. 1664)** - Vasconcellos. Child sexual abuse prevention training programs. Appropriates \$1,000,000 to the Office of Criminal Justice Planning to select two child sexual abuse prevention training centers to develop training programs and to administer programs of grants to community nonprofit sexual abuse treatment programs, as specified in the bill.

• **AB 3750 (Ch. 1440)** - Bates. Child care and development. Requires the state Department of Education to develop a direct service contract procedure for the bidding and award process, and for the management and evaluation of contracts for child care and development services and to develop a process for increasing rates of reimbursement to contractors performing child care services.

• **AB 3920 (Ch. 1474)** - Wright. Requires the state Department of Mental Health to contract with Ventura county to establish a two-year demonstration project to develop and implement a model children's comprehensive mental health services system. This project includes integration of services provided by various county departments. The advisory group to the project will include members of the Conference of Local Mental Health Directors representing six counties to ensure replicability of this effort statewide.

Lila Berman is a member of the California Department of Mental Health Citizens' Advisory Council (CAC) and the MHA/LA board of directors.



Judy Hess and Julie Smith

## JUNIOR LEAGUE OF LONG BEACH TEAMS UP WITH PROJECT RETURN

The Junior League in Long Beach is involved in more than children and cultural events.

The women's charitable and educational organization is becoming directly involved with mentally ill persons, sponsoring two Project Return clubs, and in the process, educating League members about the stigma of mental illness.

Convincing League members to work with Project Return, a federation of self-help clubs for the recovering mentally ill sponsored by the Mental Health Association in Los Angeles County, was itself a project of education and determination.

Judy Hess, a member of the League and former volunteer at a board and care home, became involved with the Long Beach District Council of the MHA and decided to learn more about Project Return.

"I thought both organizations could help each other and that Project Return was something the League should be involved in," says Hess.

"There were two important factors," says Hess, "the Junior League had volunteers and the MHA had the need. We put the two together. I researched the idea and looked into Project Return as a viable and appropriate program for the Junior League."

In February of 1983, Hess, along with board and care operator Tom Rossebo and others, presented the idea to the League membership. "But there was not enough time to teach league members about the program and the plan was narrowly voted down," says Hess.

"I think initially League volunteers were frightened and didn't know that to expect. They didn't realize that you don't have to be a professional to be a friend and that what we are doing is not therapy. All it takes is people with hearts and minds."

The next time the idea came before the membership, planners were better prepared and the Project Return Players, an improvisational troupe of recovering mentally ill persons, performed before 300 League members.

The response, says Hess, was overwhelming and in 1984 Project Return was approved as a three-year "mini-project."

The League feels its expertise is in

organizing programs, overseeing and training. Projects are accepted for a three-year commitment and then turned over to another organization. "We don't do projects on a long-term basis," says Julie Smith, one of the first League volunteers with Project Return. "Seeing the players really impressed me," says Smith. "I think they helped motivate those of us who did not have the inclination to work with mentally ill persons. They made me see what it is like to be labeled mentally ill."

"You imagine people who might be in 'One Flew Over the Cuckoo's Nest.' The Project Return members are really 'normal' people with occasional problems who are able to function most of the time."

Says Hess, "This was something we felt we could feed into and accomplish without a lot of training." Women who are now serving as club facilitators received six weeks of training in a class at California State University, Long Beach led by John Siegel, MHA director of Community Support Services. But as Smith says, "Most of the training is on the job."

The class was designed for Junior League members to help allay fears and teach what to expect when working with mentally ill persons. "The Junior League has quality volunteers who pick the programs they want to be involved with," says Smith. "So the volunteers who work with Project Return are the ones with the interest."

Smith and Hess began by starting the Whaley Winners, a club that meets Thursday mornings in Long Beach's Whaley Park. Club members take part in traditional Project Return activities; luncheons, cooking classes, car washes and bake sales.

"I think they appreciate us because they know we want to be here. I know our involvement is doing us good; you can't always see the result, but I know we are helping," says Smith.

Says Hess, "Since most of our work is with children and cultural programs, working with Project Return is good for us. The Project Return members are delighted we're involved and the Junior League is glad we are reaching out."

This is a pilot project for the League in California and other Junior Leagues

are studying it with interest to see if it can be adapted to other states. This is the first such collaboration between a Junior League and Mental Health Association.

"We are telling other Junior Leagues what we are doing," says Hess. They have also prepared a brochure for the Long Beach community and have shared their experiences with other groups.

"The women involved are special people who have gone out of their way to support mental health," says Joannie Baracz, MHA Coastal Region program coordinator. "They believe this program works and helps people get well."

Both Smith and Hess have full-time jobs. Smith is a realtor with Agajanian and Associates in Long Beach and Hess is a nurse in the Kaiser Hospice in Norwalk.

In October the League began its second club, the Moonlighters, which meets from 6 to 7:30 p.m. Monday nights at St. Luke's Episcopal Church in Long Beach.

The club, which has been meeting since October, has 13 regular members who are already planning to start a

business to make items to sell at the boutique at the new Project Return Center in Santa Monica.

Hess and Smith are now facilitators of the new club and the Whaley Winners are facilitated by another Junior League volunteer and a student in the nursing program at Cal State Long Beach.

Members of both clubs recently took part in the Junior League Rummage Sale at the Long Beach Sports Arena. Members helped set up and mark merchandise. They were paid in script which they could use to buy things they needed at the rummage sale.

"With the rummage sale, League members had the chance to see the club members on a limited basis," says Smith. "This helps alleviate the mystique and fear and lets the Leaguers see there is nothing to be afraid of."

"I think being involved with Project Return is good for both organizations," says Smith.

Everyone seems to benefit from this unlikely yet successful partnership. And League members are hoping it will serve as a model for volunteers working with mentally ill people across the country.

## CHILDREN'S SERVICES

CONTINUED FROM PAGE TWO

dismantle the county's system of caring about abuse victims and to create a separate department, largely in response to public criticism over the mishandling of children in county care.

"Child abuse has always been with us," says Hobbs. "I don't think there is good documentation that abuse has increased. There has been an increase in the reporting of abuse. This is thanks to mandatory reporting laws."

"This agency certainly plays a critical role in providing services to the abused child, whether it is physical, sexual or emotional abuse," Hobbs says. "But the problem is a community problem. There is no way this department can, or in my view should, assume we can solve the problem, or even provide services to all the people who need them right now."

"What this department needs to do is not only the best job we can in the areas where we are obligated by law, to be the central assessment and case management agency, but also to assist the community to develop private resources to meet the need."

"We must work with the community to develop a recognition that it is their problem as well as mine."

Hobbs believes a lot of the problems stem from the fact that people do not always have the financial resources to provide the quality of care they would want to provide their families.

"If you take, for example, a family without adequate housing and enough food—I could go out and counsel them all day long about how they should have a heater and a four-bedroom house instead of a one-bedroom apartment—but unless they can get the money to move, there is not much either of us can do about it."

"Part of the societal problem is to

what degree are we willing to provide everybody with an income that would enable them to meet the basic necessities of life."

Hobbs admits that funding will be a problem for the new department. There are currently insufficient funds to operate MacLaren's Children Center because of the population surge. "The amount that was budgeted was based on the assumption there were 135 kids on the average. We're running 260 on the average," she says.

"Looking at the number of cases and referrals that are coming into the system, and the number of cases that are before the courts or that have been there beyond disposition status, says to you we may not have sufficient funds to provide the social work services we are obligated to perform," says Hobbs.

"I'm not talking about 'nice to do' things, but meeting the legal requirements this county has in providing services to abused and neglected children where they are clearly at risk," she adds.

Case loads are still above what is considered reasonable to meet the new requirements of SB 14, says Hobbs. She plans to investigate ways to streamline some of the department's operations so that social workers' caseloads can be lowered.

"The answer is in not asking for more funds automatically, but seeing in what can be done internally to improve efficiency," she says.

"Even if we can streamline we may still have caseloads above what SB 14 says is acceptable. Then you have to have additional funds to lower caseloads or you start making harder decisions about which children will be served by the department and which will be referred to another agency."

## BENEFIT TO AID HOMELESS YOUTHS

According to Tina Shaps, co-director of the Homeless Youth Project of the Los Angeles Free Clinic, there are tens of thousands of children and youths who live in homes where no one cares.

Others have homes that are unsafe to live in—where they have been sexually, physically or emotionally abused. Others have no homes at all.

The Homeless Youth Project is one of the few agencies helping youths get off the streets, helping reunite them with their families or make a transition to an independent life.

A luncheon and fashion show to benefit the Homeless Youth Project will be held Saturday, Jan. 19 at 11 a.m. in the grand ballroom of the Beverly Wilshire Hotel.

Jack Carter will serve as master of ceremonies.

Since its inception in October 1983 as a demonstration project funded by a grant from the Department of Health and Human Services, the Homeless Youth Project has helped nearly 200 youths.

The Project offers troubled youths emergency and short-term crisis shelter, job counseling and placement, independent living skills training, psychological counseling and crisis intervention, food and clothing and free short-term medical and dental care.

Tickets for the benefit are \$50. For further information contact Shaps at (213) 653-4304.



# CALENDAR

## Families' Meetings

Alliance for the Mentally Ill (AMI) chapters for families of mentally ill persons and other support groups will meet as follows:

**AMI-Van Nuys** will meet on Jan. 2, 9, 16, 23, 30 and Feb. 6, 13, 20, 27 at 8 p.m. at the San Fernando Valley Community Mental Health Center, 6740 Kester Ave., Van Nuys.  
Call (818) 988-8050 for information.

**AMI-Long Beach** will meet on Jan. 2 and Feb. 6 at 7:30 p.m. at the First Church of the Brethren, 3332 Magnolia, Long Beach.  
Call (213) 430-4298 for information.

**Rio Hondo Mental Health Services Relatives Group** will meet on Jan. 3, 10, 17, 24, 31 and Feb. 7, 14, 21, 28 at 12000 E. Firestone, Norwalk.  
Call (213) 864-2751 for information.

**AMI-Norwalk** will meet on Jan. 8 and Feb. 12 at 7:30 p.m. at the Norwalk-La Mirada Unified School District Administration Building, 12820 S. Pioneer Blvd., Norwalk.  
Call (213) 864-4412 for information.

**AMI-Southeast** will meet on Jan. 9, 23 and Feb. 13, 27 at 5:30 p.m. at Augustus F. Hawkins Mental Health Center, Room 119, 1720 E. 120th St., Los Angeles.  
Call (213) 321-3799 for information.

**AMI-Beach Cities** will meet on Jan. 9 and Feb. 13 from 10 a.m. to noon at the South Bay Office of Mental Health Social Services, 19000 Hawthorne Blvd., Suite 302, Torrance.  
Call (213) 772-2188 for information.

**AMI-Los Angeles** will meet on Jan. 10 and Feb. 14 at 7:30 p.m. at Thelians Community Mental Health Center, 8730 Alden Dr., Los Angeles. The January topic will be "The Mental Health Patchwork: It Makes a Lovely Quilt but a Lousy System". The guest speaker will be Dr. Susan Mandell, executive director of the Pasadena Child Guidance Clinic. The topic for the February meeting will be "Helping the Family Learn Techniques for Living with Mental Illness".

**AMI-Pomona Valley** will meet on Jan. 8 and Feb. 5 at 7:30 p.m. at the Claremont Presbyterian Church, 1111 N. Mountain Ave., Claremont.  
Call (714) 624-2549 for information.

**AMI-San Gabriel Valley** will meet on Jan. 11 and Feb. 8 at 7:30 p.m. at the San Marino Community Church, 1750 Virginia Rd., San Marino. Frances Rolle of the Pasadena Guidance Clinic will be guest speaker for January and will discuss the services the clinic offers for schizophrenics.  
Call (818) 797-3562 or (818) 507-9645 for information.

**AMI-Westside and Coastal Friends** will meet on Jan. 17 and Feb. 21 at 7 p.m. at the Project Return Center, 1328 Second St., Santa Monica. The annual business meeting will be held in January at 7 p.m. and at 8 p.m. the meeting will turn to a discussion of Social Security issues.  
Call (213) 395-8886 for information.

**AMI-East San Gabriel Valley** will meet on Jan. 24 and Feb. 28 at 7:30 p.m. at the First United Methodist Church, corner of Glendora Ave., and Hill St., La Puente. The January meeting will be a discussion on psychopharmacology led by Jeff Arden, Ph.D., of the Southland Mental Health Associates Medical Group.  
Call (818) 337-7439 for information.

**AMI-South Bay** will meet Jan. 28 and Feb. 15 at 7:30 p.m. at the Torrance First Christian Church, 2930 El Dorado, Torrance. The January meeting will feature guest speaker Dr. Scott Amenson, who will discuss coping skills for families of mentally ill persons and patients. Caring and sharing will be from 6 to 7:30 p.m.  
Call (213) 412-2291 for information.

**AMI-Glendale** will meet on Feb. 5 at 7 p.m. at Verdugo Mental Health Center, 417 Arden, Glendale. There will be no January meeting. Caring and sharing sessions will be held Jan. 8, 15, 22, 29 and Feb. 5, 12, 19, 26 at 6 p.m. at the center.  
Call (818) 842-5378 for information.

January 2

February 6

**Countywide Interagency Committee on Mental Health:** The committee will hold its monthly meeting at 9:30 a.m. at the Los Angeles County Department of Mental Health, first floor conference rooms, 2415 W. Sixth St., Los Angeles.

January 2

February 6

**Compassionate Friends:** This parents group will hold a "Coping with Grief" workshop at 8 p.m. at California Federal, 300 S. Fairfax, Los Angeles. The group gives support to bereaved parents whose children have died.  
Call (213) 668-1986 for information.

January 2, 16

February 6, 20

**Help Anorexia:** The North Hollywood/San Fernando Valley self-help chapter will meet at 8 p.m. at 6240 Laurel Canyon Blvd., Suite 202, North Hollywood.  
Call (818) 766-5663 for information.

January 3, 10, 17, 24, 31

February 7, 14, 21, 28

**Forte Foundation:** A pre/post divorce group will meet from 7:30 to 9:30 p.m. at Forte Foundation, 17277 Ventura Blvd., Suite 201, Encino.  
Call (818) 788-6800 for reservations and information.

January 5, 12, 19, 26

February 2, 9, 16, 23

**Teen Talk:** This talk show will air at 6 a.m. and 9 a.m. on KHJ-TV Channel 9. January topics will be "A Family of Teens" and "Fads and Fashions" on Jan. 5, "Fads and Fashions" and "Living with Death" on Jan. 12, "Living with Death" and "Cars and Driving" on Jan. 19, "Cars and Driving" and "Teen Artists" on Jan. 26. February shows will feature "Teen Artists" and "One-Parent Families" on Feb. 2, "One-Parent Families" and "On Shyness" on Feb. 9, "On Shyness" and "On Alcohol (Part II)" on Feb. 16, "On Alcohol (Part II)" and "On Therapy" on Feb. 23.

January 7, 14, 21, 28

February 4, 11, 18, 25

**PALS:** "People Available to Listen and Support", a weekly "rap" session for relatives/friends of mentally ill persons, will meet from 7 to 9 p.m. at Immanuel First Lutheran Church, 512 South Valinda Avenue, West Covina.  
Call (818) 961-8971 for information.

January 10

February 14

**The Southern California Psychoanalytic Institute:** The Extension Division of the institute will present two films at 7:30 p.m. at the Writers Guild Doney Plaza Theatre, 135 S. Doheny Dr., Beverly Hills. "The Big Chill" will be shown in January and will be followed by a discussion led by Arnold L. Gilberg, M.D. The motion picture for February will be "The Dresser" and a discussion will be led by Joseph M. Natterson, M.D., following the showing. Fees are \$6 for single tickets and \$4 for seniors and student single tickets.  
Call (213) 276-2455 or (213) 272-7620 for information.

January 12

February 9

**Portals House:** The monthly Socials on Saturdays Dances (SOS) will be held from 6 to 9 p.m. at the Wilshire Christian Church, 634 S. Normandie, Los Angeles.  
Call (213) 386-5393 for information.

January 12

February 9

**Pasadena Council on Alcoholism:** Holds its "Awareness Hour" from 10 a.m. to noon at La Vina Auditorium, Huntington Memorial Hospital, 100 Congress St., Pasadena. January's topic is "Cocaine—Breaking the Grip" with Alan Brovar, M.D. February's topic is "Alcoholism and the Media" with Gene Webster, editorial director of KABC-TV.  
Call (818) 795-9127 for information.

## RCLC

The Regional Community Liaison Committees (RCLCs), the citizens' groups presenting mental health concerns to the Los Angeles County Department of Mental Health regions, will meet as follows:

**Southeast Region RCLC** will meet on Jan. 3 at noon at the Augustus F. Hawkins Mental Health Center, 1720 E. 120th St., Los Angeles.  
Call Shirley Richardson at (213) 603-4884 for information and February meeting time.

**San Gabriel Valley Region RCLC** will meet on Jan. 8 and Feb. 12 at 6 p.m. at 330 E. Live Oak, Arcadia.  
Call (818) 960-6411 for information.

**Coastal Region RCLC** will meet on Jan. 10 and Feb. 14 at 6:45 p.m. at Harbor/UCLA Medical Center, conference room eight-east, 1000 W. Carson St., Torrance.  
Call (213) 533-3154 for information.

**San Fernando/Antelope Valley Region RCLC** will meet on Jan. 11 and Feb. 8 from 10 a.m. to noon at the Regional Office, 5077 Lankershim Blvd., Suite 400, North Hollywood. The regional interagency committee will meet Jan. 17 and Feb. 21 from 9 to 10:30 a.m. at the regional office.  
Call (818) 508-7800 for information.

**Central Region RCLC** will meet on Jan. 16 and Feb. 20 at 7:30 p.m. at the LAC/USC Medical Center Psychiatric Hospital, room 2C18, 1934 Hospital Pl., Los Angeles.  
Call (213) 226-5726 for information.

January 12

**Superior Court, Conciliation Court:** A one-day "Divorce Seminar" will be held from 8:45 a.m. to 2:30 p.m. at the First Christian Church, 2930 El Dorado Ave., Torrance. The program will feature presentations by judges, attorneys and therapists to aid in understanding the process of divorce and the impact of divorce on the family. Free child care will be available for children over 3.  
Pre-registration is required.  
Call (213) 974-5524 for information.

January 12

February 10

**Los Angeles Commission on Assaults Against Women:** Self-defense workshops will be held from 1 to 5 p.m. at the YWCA, 574 Hilgard Ave., Westwood.

A \$15 donation is requested and payment is based on ability to pay. Pre-registration is required.  
Call (213) 651-3147 for information.

January 13

February 10

**Southeast Region, Los Angeles County Department of Mental Health:** "A Healthy Mind for You and Your Family", a radio talk show hosted by Julius I. Fuller, M.S.W., will air on KACE, 103.9 FM, at 9 p.m. The January topic will be "Suicide: Juvenile and Adult" with guest Dr. Kathy Phillips from the department of pediatrics at the Martin Luther King Hospital. The February topic is "Foster Parents" with guest Maxine Knight, president of Los Angeles County Foster Parents' Association.  
Call (213) 603-4885 for information.

January 16

February 20

**Los Angeles County Community Support Systems Core Team:** The core team will hold its meeting from 9:30 to 11:30 a.m. at the Mental Health Association in Los Angeles County, 930 Georgia St., Los Angeles.  
Call (213) 738-4841 for information.

January 17

February 21

**Hollywood Mental Health Task Force:** "Children and Families of Skid Row" will be discussed by Tanya Tull, executive director of Para Los Ninos, in January. February's topic is yet to be announced. The meetings are from noon to 1:30 p.m. at Hollywood Community Hospital, sixth floor conference room, 6245 Delongpre, Hollywood.  
Call Wendy Somerfield (213) 467-3605 for information.

January 17, 24, 31

February 7, 14, 21, 28

**Catholic Social Service:** An ongoing workshop for girls, 8 through 12, will be held from 6:30 to 7:30 p.m. at 11100 Valley Blvd., Suite 104, El Monte. The workshop is designed for young women who have been sexually abused.

Fees are based on a sliding scale and pre-registration is requested.  
Call (818) 442-6860 for information.

January 19

**Alcoholism Center for Women:** "The First Annual Bake-off" will be held from 8 p.m. to midnight at Open Quest, 1305 S. Alvarado St., Los Angeles.

Admission is \$3 per person and child care is provided by reservation.  
Call (213) 381-7805 for information.

January 21

February 18

**Manos De Esperanza:** "Working with Low-Income Clients: An Overview", a series of workshops dealing with the development of culturally important services for low-income, ethnic clients, will be held from 10:30 a.m. to noon at the San Fernando Valley Community Mental Health Center, 6740 Kester Ave., Van Nuys. Part one of the series will be held in January and will be led by Rogelio Tabarez. Part two, held in February, will focus on play therapy with low-income children and will be led by Margarita Hoyos.  
Call (818) 988-8050.

January 22

**Airport Marina Counseling Service:** A "Parent Support Group", for parents of adolescents (ages 11-18), will meet from 7:30 to 9 p.m. at the Airport Marina Counseling Service, 6228 West Manchester, Westchester. Ruth Center, a social worker, is the group's facilitator. The fee is \$5 and pre-registration is requested.  
Call (213) 670-1410 for information.

January 24

February 28

**The Mental Health Advisory Board:** The board will hold its monthly meeting from noon to 2 p.m. at the Hall of Administration, room 739, 500 W. Temple St., Los Angeles.  
Call (213) 738-4772 for information.

## Recovery, Inc.

**Recovery, Inc.** is a self-help association of "nervous and former mental patients" with weekly meetings throughout the county; call (213) 651-2170 for a complete listing. In West Los Angeles and Santa Monica, meetings will be held as follows:

Mondays at 10 a.m. at Unitarian Church, 1260 18th Street, upstairs (enter on Arizona), Santa Monica and at 7:30 p.m. at Bay Cities Jewish Center, 2601 Santa Monica Blvd., Santa Monica.

Tuesdays at 7:30 p.m. at Temple Isaiah, 10345 W. Pico, on the corner of Kerwood, in the basement, West Los Angeles.

Wednesdays at 7 p.m. at Friends Meeting House, 1440 Harvard Street, Santa Monica.

Thursdays at 7:15 p.m. at Regis House, 11346 Iowa, one block west of Sawtelle, West Los Angeles.

## CONNECTIONS

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