Victoria Sofro shares her experiences as a member of the Los Angeles County Mental Health Commission…

We're like the board of directors. We're supposed to be the eyes and ears for the Supervisors. Most everybody picks an area in which they feel either they have some passion for or have some real skills [and] background knowledge of, and it's our job to advocate for those particular services and keep all the Commission informed about them. [Also,] all of us care about the same things. In the beginning, I was just somebody on the Commission. And then I was asked to replace somebody who had been doing Employment Ed[ucation]. The fit was like perfect because it's what I really [believed in]. I saw it firsthand working with clients, so it was just a real fit for me, and it still is.

Probably the thing I remember being able to accomplish was some legislative lunches in which we [gathered] our Senators and our House of Representatives people in one big room and advocated for more money for mental health. I was a part of several of those. That was a little bit more in the broad-based arena. But what I eventually did was get very connected with the person at the time who was heading up Employment. I call it Employment/Ed because we combined those together. Her name was Barbara Wallace [LCSW], and she was very receptive to ideas, and passionate about it. At that time, all we really had in about 1992 was what we called co-op programs. It's clients working with the Department of Rehab[ilitation and DMH]. It's an agreement with shared monies, with the purpose of having clients have the chance to go to work, or to school. Sometimes volunteering, but that's not done so much through the Department of Rehab. To begin with, we had thirteen programs, and Barbara Wallace was instrumental in tapping in on those monies that were available for this kind of work because she so believed in it.

We did have what we called “work centers” in some of the directly-operated [clinics], but they never really took off to the degree that it is now. So I'm actually very pleased right now. There's always, always room for improvement, program to program. You can have a bang-up one here and one that's not doing much over there. But I think it's being terrifically embraced. It's being acknowledged publicly. Our Director [Marvin Southard, Director of LAC-DMH from 1998 through the time of this interview] very much believes in the value of these services and how it can make somebody turn the corner.

With MHSA [California’s Mental Health Services Act] money, that's where the chance was to really build on employment programming. And so after all kinds of push, push, push, we made the Wellness Centers have to have employment services. And the FSPs, which are Full Service Partnerships. In order to get a contract to apply for these services, the [clinics] have to have Employment/Ed services as a part of it. We still have some co-op peer advocate [programs]. So there's a lot that's happening. In 1992, there were thirteen co-op programs, OK? And now, just with the FSPs and the Wellness Centers, there's over a hundred, just with that. And lots of people that are employed to staff [these programs]. I do feel good about that.

READ THE FULL TRANSCRIPT BELOW

INTERVIEWEE: VICTORIA SOFRO

INTERVIEWER: KEVIN MILLER

DATE: April 21, 2010

I. Early Life and Education; USC School of Social Work; Friendship Club and Project Return

KM: This is Kevin Miller, and I'm here with Victoria Sofro. It's April 21, 2010. So let's begin.

VS: Yes.

KM: Can you tell me where you were born and a little bit about your family and how you were raised?

VS: Sure I can. I was born in San Francisco, but we very soon moved to Burlingame. I spent most of my growing up [years] in a town called Hillsborough, [California,] which is part of San Mateo County. I'm from a family of five. I was the second oldest.

Something that was unique about my growing up years was that my mother and father purchased a ranch in Saratoga when I was very young. It was very, very remote, about 156 acres. We spent every weekend, every holiday, every time we weren't in school, on this ranch, the five of us. My father had his own business and he would drive back and forth during the times we were there for the entire summer. So it afforded a lot of isolated time, an adventurous time.

KM: A very rural experience.

VS: Yeah. But I went to school in a regular town [with a] fairly decent population of people I went to school with. So I had two different worlds.

KM: What were your parents like?

VS: Well, my mother and father both went to Stanford. My father had his own business. He was in the Navy for quite awhile, and then he had an electric chrome plating business. He was a hard worker. I would say I grew up in a fairly disciplined atmosphere. Five kids [are] a handful, but there wasn't a lot of room to speak up, I would say. We were very watched-after and not allowed to get out of hand. I'll put it that way. (she chuckles)

KM: What kinds of things did you do on the ranch?

VS: We rode horses, we swam, we had a little lake, just meandered about. My older brother, who I was very, very good friends with, we used to go hiking and

building things, and we hunted a little bit. Nobody was allowed to kill deer. A lot of swinging on the swing, not a lot of people aside from us. We were very close to the caretaker, who was like a second father to me. A lot of roaming around, taking walks together when my father was there. We had a little cottage that was below the house, and during the summertime my father had a tutor come, so we had tutoring during the summer. He stayed in this cottage and we went down for lessons and had to read and write.

KM: Do you think your father just wanted to give you an advantage in school?

VS: I think he thought it was important to be educated, and he wanted us to have as much of those advantages, and he probably thought the structure would be good. He died when I was seventeen, and he was only forty-eight, so I didn't get to know him as an adult. My [youngest] sister was only five. That changed things. He was definitely head of the household and maintained the order. My mother did [also, but my father was the disciplinarian].

KM: Did that increase your responsibilities after he passed away?

VS: Luckily, not really, except for caring for my mother. I would say for my siblings and my mother. She was really left in a sad way because she loved my dad so much. I probably personally had a little more freedom, but also I don't think I saw it as responsibility, I just took it on.

My older brother was very much an adventurer. He had gone to Stanford and had received his degree in metallurgy and then his Master's there in business. He then went back and got a degree in economics, and then he also got a degree in oceanography. So he had a lot of education. Never could quite figure out what he wanted to do. He ended being an architect, without ever having studied architecture. He built homes. And his problem was – and I think the ranch had a big impact on this – he had a hard time being confined. He needed to be outside and moving around. He was an athlete. He needed an environment where he could ski, play tennis, run, bike. He found that in a place called North Star that is close to Truckee, [California]. It's between Truckee and Lake Tahoe. He started a whole enclave there of homes that he built. He built one for himself [initially] and people liked it, and he just found himself doing that. But he was tragically killed when he was forty-eight, on his bike.

KM: Oh. I'm sorry to hear that.

VS: So yes. There was some sadness.

KM: So you mentioned your older brother, the caretaker, your father. Were there other people who had an influence on you when you were a young person?

VS: Very much so, yes. We had a wonderful lady; I call her my Mama Ruth. She's ninety-seven now, and she is my Mama Ruth. She was with us [from the

time] I was pretty young [two years old], and she was really good to me. And my grandmother was probably the most important to me. I lost her when I was ten. But she [was] really, really [close to me]. My father had been gone during the war, so I think there was a bit of a disconnect, which I have learned is not unusual. So my grandmother became all the more important to me.

I still have Mama Ruth and I talk to her and see her quite a bit. Very, very solid lady, with six kids of her own. But she never even let us know all that she was doing [in her home,] because she made us all feel so special. So I probably had more outside support, more than internal [family] support. I don't talk about this a lot, but that's pretty much how it was. My mom died four years ago.

KM: Moving more toward our broader topic, did you have any exposure to people with mental illness, or any experiences with mental illness?

VS: No. I have to say I really didn't. I think looking back that my mother was probably depressed, but it wasn't diagnosed as such. I think we thought it was just appropriate grieving. But I do think that she had some depression, but not to the point that it was handicapping. So I can say I never did have any up close and personal – none of my siblings, no friends, no relatives.

But when I went to school I found myself very interested in psychology, maybe because I'm just a more introspective person, and maybe from having spent as much time alone, even though I was in a big family, I think you have the opportunity to think on things, even though you're young. So I was drawn to that field, that and philosophy.

I would say the thing that really focused [me on mental health] is that I married a man named Barney Sofro. His father had started a business, and it was called House of Fabrics. It became a large chain of retail fabric stores. It was called House of Fabrics on this side of the Rockies and Sofro Fabrics on the other. It went public the year that I married Barney. He was an only child. And his father was very aggressive and a very good businessman. Barney was also and worked with him – it was a big enterprise – for his entire career. Barney was a very lively, eccentric man; you could never forget him after you met him.

[Barney] was an only child and he grew up with a mother that was in and out of [psychiatric] hospitals and had made several attempts to [commit] suicide. That was way out of the norm for me to be that close to. The first time I ever met her, she was at what was called Cedars of Lebanon at the time [Cedars of Lebanon Hospital opened in Los Angeles in 1930, merged with Mount Sinai Hospital in 1961 to become Cedars-Sinai Medical Center], and she had slit her throat. But she'd come through it.

I really, really liked her. She was a very bright woman, not married to the right person, not gregarious. She had been valedictorian of her class, so she was a bright lady, but she certainly suffered from depression and had some psychotic episodes. I didn't have the words back then, but I cared about her. And I saw how diminished she was because of her having to be hospitalized. When she would be talking about something and it didn't quite jive with her husband's view, it was like, “You really can't believe what Faith has to say.” Her name was Faith.

Barney was pretty much of a caretaker [for her] but I'm sure felt very abandoned from her illness. And I remember thinking [that] I was just internally incensed at how diminished she was [by others]. It did not feel fair.

KM: About how old were you at this time?

VS: Twenty-two. I met Barney when I was twenty, so I [knew her then], we had a relationship, but I was twenty-two when I got married. I spent much time with her and that would have been my first exposure to somebody that had some really psychiatric issues.

KM: Were you going to school at the time?

VS: No, I'd already finished.

KM: Finished high school?

VS: I'd finished college. I was a psychology and philosophy major.

KM: Where did you go to college?

VS: I went to San Jose State University. Then I later went to USC School of Social Work, and I became certified in psycho-social rehab counseling.

And I have three children. The first one is a daughter, she's forty-two now and lives in New York and has her own business. She spends a lot of time here, too. Not been married and no children. And then I have a son who lives in Santa Barbara, married with two children, and he is a counselor himself. And then I have a son that lives in downtown L.A. in one of the lofts and has his own business. No children there. But hopefully; we'll see.

KM: You can never have too many grandchildren.

VS: I guess not. But I have two and I love being able to give all that I can to the two. [They are precious.] We'll see. I never put pressure [on my children] in that regard. I think it's totally their decision. My first foray into wanting to be a part of the mental health field was [working with clients at] what was called a Friendship Club. This would have been about 1972. [When I interviewed for the job,] I happened to have my kids with me. The [interviewer] said, "Now, you know, you're going to be working with people that are a little bit different." And I remember thinking, "What a silly thing to say." But I knew what she was trying to get across.

I was an art therapist for that particular group that met at the YWCA, and it was called the Friendship Club, which eventually turned into Project Return [The LA Project Return club network was established by the LA County Department of Mental Health (LAC-DMH) in 1979 and run by the local chapter of the National Mental Health Association (MHA-LA) from 1980 until 1992,

when mental health consumers took on the responsibility of running the network]. I don't know whether that name has come up in your other interviews, but it was a place [where clients] coming out of the state hospitals [had] a place to gather and talk and commune and have [activities] that they could do. And I loved it, I just loved it. From there I went to Verdugo Mental Health.

KM: I passed a few Verdugo things on the way over here.

II. Verdugo Mental Health Care; Art Therapy; DMH Commission; Employment and Education Services; Connections for Life

VS: Oh, yes. Verdugo's a big name here [from the Verdugo Mountains, a small offshoot of the San Gabriel range, located in the cities of Los Angeles, Burbank, and Glendale, California]. It's Verdugo Mental Health, and it's an outpatient setting. It's located at a different site now, but they had what they call a day treatment program. So I started working in their day treatment program, which was five days a week. It would be considered the psychosocial rehab setting [of today. There were] different groups [offered], with activities attached and times to come together and have group sessions; writing up [assessments afterwards]. I did that for a long time and became very involved with different clients. I might as well just go where I go, right? Does this need to be orderly?

KM: Perhaps. There's a natural order to these things, and it's all good, it's okay.

VS: Really?

KM: Yeah. I mean, I'll take you back if I have more questions. In fact, maybe before moving through your career, could you say a little bit more about the art therapy that you did with that small community? What was a typical meeting like?

VS: Okay. I just created projects and put together all [varieties] of materials in which they could become engaged. And it was a perfect way for me to be with [clients] through another mechanism, not just talking, but you talked while you were doing. And I let people seek out what it was that they were comfortable with and wanted to do. I tried to have a lot of variety. It was in one big room. This was a long time ago. One big room, and there might be as many as twenty clients working on sometimes twenty different things. I used to take pictures of what they did and decorate the room with all the [art] that they had done. So I [became] very attached and close to a lot of the [clients] that were coming to this program.

KM: Were these adults?

VS: They were adults, yes they were. Men and women. I would say probably more women than men, but a lot of men.

KM: Do you feel like that kind of treatment reflected the philosophy at the time?

VS: Yes. Yes, I do. I still think there's a huge place for it. I still think it's going on, it just gets different names. But did it reflect the philosophy of the time? [Yes,] I think that it allowed for most [clients] to be a part of something. They would be seen by a psychiatrist, depending upon their needs, maybe once a

week for a med evaluation. But yes, I do. I mean, [there are] different names now for a lot of the same [services]. And we [also] did health [trainings] and movement and dance in an environment in which they could feel like they belonged and they could do what they wanted to do, not that different from anybody else's [needs]. That's how I see it, not that different.

The thing that I think I was the most struck by was how much [the clients'] state of mind was improved by feeling good about doing something and having a product that they could be proud of. Well, I'll get to that later. I'll never forget working with this [one client]. I had created a little business in which I hired clients, and I was with a lady that could do the specific work, which was using fibers, fiber art. She didn't speak. She couldn't speak. Her depression was that deep. We just stuck with it and the few words that we needed to get her going, and she just blossomed. She became able to be paid for what she was doing. She went on to get fully employed and do really well, after having a long time of not feeling good.

I saw that up close and personal many times. Somebody who you thought really needed to be in a more sheltered situation [and] needed to be really looked after. Some could be a bit dangerous to themselves, [but with] enough nurturing, enough re-parenting (in a sense), enough availability, they could find parts of themselves. And then they would take the step to get a job. That was the best therapy I could see them ever having. So I became a believer in [employment as the ultimate recovery].

I then went on to become a part of the board [at Verdugo Mental Health]. Instead of working there, I headed up the board and did fundraising. I put on five- and ten-K runs and dinners and [general fundraising]. I then became somewhat of a legislative advocate for LA County.

KM: So you became a part of the board of the second place you mentioned?

VS: I did, I became part of the board of Verdugo Mental Health. I was the chairwoman for the board there for some time, and instituted some fundraising and reaching out and gathering money so that we could provide more services.

KM: Did that put you into contact with the Department of Mental Health?

VS: It did, it did; because at the time, initially, the Department of Mental Health wasn't contracting.

KM: Right.

VS: And you know what that means. There were just their own directly-operated programs, of which there weren't all that many.

KM: I guess that was the merger period too [the Department of Mental Health was merged into the LA County Department of Health Services from 1972 to 1978].

VS: Yes, [a bit before. We were under the Department of Health Services at the time]. That's a whole [different subject]. I supported that, but on the [Mental Health] Commission. I remember going downtown and talking to [our LA County Supervisor] Baxter Ward [represented the Fifth District 1974-1980, now deceased]. He oversaw our area, and [I lobbied] him for contracting [mental health centers]. So Verdugo Mental Health was one of the first places in which [LAC-DMH] decided that they could spend their money better giving it to other people that had programs running, and it was a bit [less expensive].

KM: I see. About what year was that?

VS: I would say that was in the '70s. Contracting became a real part of how Los Angeles County delivered services, because there were free-standing places that were [providing services]. Their revenues came from different sources, but to get a contract [with DMH] to have a day treatment [center] – that's what they called it back then – was a wonderful thing to receive.

KM: And did you accomplish that before the de-merger?

VS: It was before, yes, it was. Because the Departments of Mental Health and Health Services were together for [a very long time].

KM: I want to say from 1972 to about '79.

VS: Yes. I was on the Commission when we fought to be separated, because we felt like a stepchild and that the monies were always going to physical health. That was a monumental [shift] that [DMH accomplished], and the Commission, which I'm now on and have been for a long time, played a very crucial role in advocating for that and getting that done.

KM: Well, shall we talk about that later?

VS: Yes. I was a little bit of a novice on the Commission at that time.

KM: How were you approached, first of all, to join the Commission?

VS: It was suggested by people that I worked with at Verdugo Mental Health. They thought that I could be a voice in a bigger arena. Somebody recommended me, and then I was appointed by Baxter Ward to be a part of the Commission. [I have been appointed by Supervisor Michael] Antonovich [who represented the Fifth District from 1980 to the time of the interview in 2010] ever since. When I first joined the Commission – it's a very complex system, and it is not easy for a new Commissioner. And you know what the Commission is.

KM: I do.

VS: It's a body of people appointed by their Supervisors. We're like the board of directors. We're supposed to be the eyes and ears for the Supervisors. Most everybody picks an area in which they feel either they have some passion for or have some real skills for, background knowledge of, and it's our job to advocate for those particular services and keep all the Commission informed about them. [Also,] all of us care about the same things.

In the beginning, I was just somebody on the Commission. And then I was asked to replace somebody who had been doing Employment Ed[ucation]. The fit was like perfect because it's what I really [believed in]. I saw it firsthand working with clients, so it was just a real fit for me, and it still is.

KM: Do you have a memory of your first day on the Commission? I mean, what it was like?

VS: I think I was nervous. I remember meeting with the Executive Director. Have you met with Terry Lewis [Terry G. Lewis-Nwachie, Executive Director of the LAC Mental Health Commission] at all?

KM: Not personally.

VS: There was just lots and lots of information. It was in language that I wasn't familiar with. I knew how to work with clients, but this was a whole different policy level. And I just read an awful lot and tried to get a handle. It took me a long time. I am not afraid to say how long it took me, because I've seen other Commissioners struggle with getting a grasp. The important thing is to really educate Commissioners before they come aboard. I think we've got very savvy people on there now that know their way around the system. But it took me a while. For a long time, I've been [their] Employment/Ed person. And I guess I've been sort of – somebody called me a “pit bull” the other day.

KM: High compliment.

VS: Yes, I guess I've been a thorn in some people's sides, but I think some things have been done.

KM: What were some of your early contributions to the Commission?

VS: Probably the thing I remember being able to accomplish was some legislative lunches in which we [gathered] our Senators and our House of Representatives people in one big room and advocated for more money for mental health. I was a part of several of those. That was a little bit more in the broad-base arena. Do you want something more specific?

KM: Yeah, whatever—

VS: I would say in the beginning that was my niche, putting my energies into that kind of effort. But what I eventually did was get very connected with the person at the time who was heading up Employment. I call it Employment/Ed because we combined those together. Her name was Barbara Wallace [LCSW, now on the Los Angeles County Department of Mental Health Workforce Investment Board], and she was very receptive to ideas, and passionate about it. At that time, all we really had in about 1992 was what we called co-op programs. It's clients working with the Department of Rehab[ilitation and DMH]. It's an agreement with shared monies, with the purpose of having clients have the chance to go to work, or to school. Sometimes volunteering, but that's not done so much through the Department of Rehab. To begin with, we had thirteen programs, and Barbara Wallace was instrumental in tapping in on those monies that were available for this kind of work because she so believed in it.

When I was going to school [at USC], I did a paper on connecting with colleges so that there was a relationship between – the state college, really any college, and certainly our community colleges – to have a relationship with the different directly operated or privately operated [clinics] that we contracted with so that people that were interested in going to school would have some ease in starting up. And all [the colleges] are required to have a disability program. Whether [clients] wanted to disclose [their illness] or not was up to them. But I did a paper on – I did it specifically for the community colleges to begin with – how many are in the state of California? How many of them really have people with this particular condition or issue? And how much money were they reimbursed? [Mental health was] the lowest [reimbursement]. Brain injury was the highest reimbursed per student by the state. And somebody who was suffering with mental illness was the least.

A lot of the schools weren't all that receptive. It took somebody at a part of the [school] that really believed and understood to make that happen. [They] found that [clients] were time-consuming, and the [staff] weren't skilled enough to know how to deal with the different behaviors that can be [displayed]. I tried to get across-the-board, in LA County at least, a relationship between the appropriate community college [and] the appropriate [clinic] that would be referring, and that they would back each other up.

KM: How successful were you?

VS: It was pretty successful. I mean, it was place to place. Then our leadership changed and the whole thing got lost. The person that was heading up Employment/Ed had to give [full] time to housing, so the whole thing of Employment Services got put into CalWORKS [a state agency that provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size], and it just got a little muddled, and it got a bit lost. So I was the one that was pushing for relief. We needed to [regain] more respect for these services, through monies, through hiring [staff], through acknowledging it, [and] really having it be a part of the services we offer.

I think that it was hard to get it pushed because our mandate is to treat the chronically and most persistently mentally ill; and there's a lot of crises on the front end and that's what we really have to pay attention to. The whole [issue] of employment is that it is your best outcome, and there wasn't a sense of it being imperative that that be available. So it took a long time to build it back up.

We did have what we called "work centers" in some of the directly-operated [clinics], but they never really took off to the degree that it is now. So I'm actually very pleased right now. There's always, always room for improvement, program to program. You can have a bang-up one here and one that's not doing much over there. But I think it's being terrifically embraced. It's being acknowledged publicly. Our Director [Marvin Southard, Director of LAC-DMH from 1998 through the time of this interview] very much believes in the value of these services and how it can make somebody turn the corner.

With MHSA [California's Mental Health Services Act of 2005] money, that's where the chance was to really build on employment programming. And so after all kinds of push, push, push, we made the Wellness Centers, [the new programs,] have to have employment services. And the FSPs, which are Full Service Partnerships. In order to get a contract to apply for these services, the [clinics] have to have employment/ed services as a part of it.

We still have some co-op peer advocate [programs]. So there's a lot that's happening. In 1992, there were thirteen co-op programs, OK? And now, just with the FSPs and the Wellness Centers, there's over a hundred, just with that. And lots of people that are employed to staff [these programs]. I do feel good about that.

KM: Well, it was a great overview.

VS: Did I whip through it too quick?

KM: No. Now I know where we need to go.

VS: Okay, good. Can I just tell you one other thing?

KM: Yes.

VS: The culmination of this movement [at DMH], which has been embraced nationally, is that there were a couple of us that got together and thought it would be a great idea to bring together a gathering in which people who had [found] work and were really so happy about it, or had gone to school, or were volunteering, if we [invited] them to tell their stories and [share with others]. Four years ago, we started Connections for Life (CFL), and it's a daylong [event]. It's educational and celebratory at the same time, and we have clients from contract [and] directly-operated [clinics], all over, get up and talk about where they were and where they are now. The purpose of it is that others in the audience, clients, even staff can become believers. It has been the hardest thing,

to change the medical model to [one where we] let the client make the decision, help the client move out, not hold in but move out.

And it's been really successful. We had 300 people just last week. It was April 4th. We had to turn away over a hundred. It's a [yearly event]. I kind of funded it to begin with because the Department just didn't embrace it, and there's always a shortage of money, but they did support it this year. For me, that's wonderful. Then the CFL itself got a Quality and Productivity award; that's [given to the best of] all programs throughout the County, not just mental health. So that was also a very nice [recognition].

KM: Congratulations.

VS: Thank you.

KM: When, by the way, did you go back for that degree at USC?

VS: That was in 1999. I wanted to do it.

III. De-merger of DMH and DHS; Employment First and Mental Health America; Proposition 13; MHSA; Stakeholders Process

KM: Let's go back to talk about the push for the de-merger on the Commission. When did you start to feel rumbles or hear rumbles about the de-merger?

VS: Oh, I heard the complaints of how we were suffering being part of the Department of Health, and at that time Jack McDonough was heading up the commission.

KM: I interviewed him.

VS: Oh, you did, yeah. How's he doing?

KM: Great, great.

VS: He's a smart, good guy. He was our chairperson at the time. So you probably heard this story from him.

KM: A version of it.

VS: A version of it. Well, he would be much more up close and personal as far as talking about what all had to go on, because I was fairly new on the commission then. I knew that we were getting short shift. We really had to press hard [and there was] activity at the commission meetings during that time, pros and cons. And when it was done, [it was] considered, I think, the major [accomplishment] for the Department of Mental Health. [We were able to] operate more autonomously, and have our own say over [our] monies.

KM: How did it get that?

VS: Through pushing and advocating, and people who cared enough, and just keep pointing out the facts, and going to the supervisors, going to the CEO. Lots and lots of background work that I wasn't necessarily a part of, but certainly was privy to what was being talked about. I wasn't given any particular position to be doing it myself because I was too new. But Jack McDonough and Francis Meehan and some others that were very, very knowledgeable and very capable and spoke really well [led the] Commission to do it. [It took our Commission vote to get it done.]

KM: Were you involved in selecting the first Director [after the demerger]?

VS: Yes. The Commission is always involved. We always do the interviewing.

KM: Mm-hmm.

VS: Yes, I was a part of that. I have been a part of all of them, [Dr. J.R. Elpers, Director of LAC-DMH 1978-84] Areta Crowell [Director 1992-98], Roberto Quiroz [Director 1984-92], certainly Marv [Marvin Southard]. Did you interview Areta?

KM: Not personally.

VS: But she was interviewed. She is the historian. She [wrote] the book. But if you look at that book—

KM: The Fortieth Anniversary program?

VS: Yes. There's nothing in there about Employment/Ed.

KM: Well, we could correct that right now.

VS: Yes. There was nothing in there. [As an aside] it's become "Employment First." Now the word is Employment First, and it's embraced nationally in leading places that [promote the] recovery movement. Paul Barry at the Village [MHA's Village in Long Beach is a leading example of recovery-oriented mental health care] has been a real leader, and was "the" employment person. Now he's the director there, and that's one of our contract facilities. They're affiliated with Mental Health America.

The philosophy is, check your diagnosis at the door. Do you want to work? Is that something you'd like to do? Well, let's see what we can do to get you out there, instead of trying to fix – The old model was to make sure that you were skilled enough, that you had all the ducks in a row, and it took forever before you would venture out. Now it's like go out there and do it. If you last

five hours, okay. Then we'll try it again, then we'll try it again. It's really proven to be very effective.

KM: How did that shift occur from that old one to the new one?

VS: I think [service providers] saw that people were getting stuck in [the] pre-employment skills training. They were being sheltered from the reality by just trying to get them ready. [It would be] like getting your child ready to go to kindergarten, and you never quite believe they're ready. But if they go, they figure out how to fit and be ready. Just the experience of it instead of all this [pre-training]. I [know] it's evidence-based [and] that it works, and that's how the shift occurred.

KM: So after the demerger and the new Director comes on, what were things like in the Department in those early days, when they regained the status of being a Department?

VS: Was there floundering? It is not my recollection that there was. I think it allowed us to have control over our own budget, and I think things have done nothing but grow since then. There's always cutbacks. We face that all the time, all the time. But certainly we've grown. I think we have twenty-nine directly-operated [clinics]. Certainly a lot of contractors that are providing services.

KM: Are there certain advantages or disadvantages between the contract clinics and the County clinics?

VS: Well, the Department has more control over the directly-operated [clinics], but they're all County employees and the edict comes from the County. When we contract with a facility, let's say Verdugo Mental Health, let's just say we're giving them money to run an FSP program. We go out and assess what are they doing because they have to meet MHSA guidelines, but the rest of what they do we don't really have any say over. Sometimes they do it a lot more inexpensively, and sometimes they do it better, but there isn't the control that we have with the directly-operated. I imagine you've had a lot of conversation about the shift with the MHSA money?

KM: Yeah. We'll return to that.

VS: And that might not be pertinent to this.

KM: Actually, I think a little later on I was planning to ask you about Prop 63. Continuing a little with the timeline. Around the same time that the de-merger took place, isn't that about when Prop 13 came around, to your recollection?

VS: That's a good question. Because there's all those taxes, of course, that were taken away. You mean when the de-merger, when we became separate.

There are others on the Commission, and of course in the Department, that could probably address that better than I, because, once again, it was very early in my time as being part of the Commission, so I'm assuming with [less] tax dollars, it was probably pretty tough to offer much.

But then we got what [we call] Realignment [monies], so we had more control over at least a certain amount of money. We [received] it from tobacco, alcohol, and license plates – [VLF fees] money. That was a real boon to us. And then, of course, [of late there have] been cut backs, because people [are not] buying cars. (she chuckles)

KM: Well, in the period after Prop 13, do you recall what impact that had on the mental health services?

VS: No. I can honestly tell you that I don't directly remember what kind of cutbacks there were, how much it stalled things. No. It would be somebody else that could address that so much better. Because I wasn't in full bloom yet.

KM: What was your relationship, or the Commission's relationship with Dr. Elpers? How would you describe that?

VS: Oh, I'd say we had a good relationship. He was great. I would say we've had a good relationship with all of the directors. That doesn't mean that we just sit there and not express what we think should be done or could be done. There's been some real battles. But I think it's always been congenial. We [have] tried to work [congenially], with the leaders and those that are part of DMH.

Yet I'd say for the most part we [have] some Commissioners that really do push for what they believe is in the best interest of our clients. That's our mission. We probably do more of that than actually informing the Supervisors. But that's left to your own discretion. Certainly if there's a big legislative issue—we [get very] involved, [MHSA being a current example.]

KM: Okay. Why don't we go ahead and talk about that then?

VS: Okay. Because probably how Prop 13 impacted was really before me.

KM: Oh, yeah. The MHSA. Were you involved in putting together that Proposition [Prop 63]?

VS: No, I wasn't involved [in the Proposition itself]. I don't think anybody on the Commission was involved. That really came from [Assemblyman Darrell Steinberg, who co-] authored the bill. Certainly we advocated for it, and we did all we could, letter writing, calling, to make sure that it happened. Quite frankly, I was so pleased, actually a little surprised. that it did pass. And then, of course, they [have] tried to take the money away and there's been enough opposition that that hasn't happened. Money is going to become less.

KM: How did you feel about the bill itself, at the point where it was passed? And what were your expectations for it?

VS: Well, I knew it was going to be a tall order. It comes in [six] different parts. [Also,] it is so common that you get new monies, [and] they start taking away the old money, which has happened. It is pretty much MHSA money that's pushing our services, because the other monies have been chopped, taken away. And if you're looking at a budget, and you see where there is entitlement money, and you need to take someplace, you take what you used to give. That's been a problem. I mean, take our directly-operated [clinics], they're seeing 45,000 [clients] in a year's time, and they're doing it with twenty percent less of staff. So the demand is growing and our ability to be able to [provide] services is actually becoming less.

But we do have some really good programs. The trouble with the MHSA money was that it couldn't be repetitive. It was all about new programs, so [our programs] all had to be formed around a new look. And it couldn't be spent in hospitals. No monies from MHSA could be utilized [for inpatient care]. [We have] the community services or the FSPs, and [we have] got the workforce, and [we have] capital money, and [we have] what's called PEI, which is Prevention and Early Intervention. They all have a program description in which everybody [interested submits] a proposal to see if they meet the criteria, and they're awarded money in order to do those programs.

It was tough. It was tough, because there's some really good programs [that were in place] that [would] have been wonderful, if [only] we could have just added more ability instead of having to reroute everything. So it's been a whole tough re-planning, and that's where the Wellness Centers came in. Basically we have people that are in the hospital, and then we have emergency settings, Urgent Cares. And then [we have] directly-operated [clinics] that have a variety of different services, and [FSP programs where clients] need more high intensity treatment. And then [we have the] Wellness Centers, where [clients] need less direction, less treatment, but they do get their meds there.

KM: How did the MHSA directly impact the employment network that you were talking about before?

VS: Well, it impacted because there [were] monies for [Wellness Center] programming and I advocated for Employment/Ed to be a part of that. Finally, somebody said, “You know what, that's a good idea. I think what we'll do is – " I told you the FSPs have to have it.

KM: So that was actually written into the legislation?

VS: For the FSPs, not for the Wellness [Centers]. So it was a Department decision to put Employment/Ed in the Wellness Centers. That's what came from the Commission advocating for that. So I would say that that was our biggest [expansion]. Under [WET (Workforce Education and Training)] monies, we have

what we call peer advocate programming, where consumers go through the training to be employed in mental health. My advocacy hasn't been so much that you work in mental health because that's what you know about, it's been more that you work outside in the community that you live close to. But we do have [many great] peer advocacy programs going on, [many of which are] funded through MHSA. [These programs ready] people to be employed in either a directly-operated [or] contracted [clinic], or [in our] downtown [setting].

KM: So initially there was a pretty high capital stream coming in from MHSA? And I take it that has decreased.

VS: Well, [MHSA] comes from – it's called the "millionaire's tax," so anybody who lives in California who makes a million dollars or more gives one percent [in taxes] to fund mental health in the state of California. And now there's fewer millionaires, because the economy [took a downturn]. (she laughs) And so we're already having to plan with the prediction that it's going to decrease for that very reason. [Also,] you never know when it could go back on the ballot to be changed, but that doesn't look like it's going to happen any time soon.

Yes, so it ended up being very much of a boon. And had that not happened, I probably would just be still advocating for better consistency in the programs that we already did have, and instituting new ones with the monies that we have. But this really made it much broader. I mean, if you think about it, thirteen programs in 1992 and now when [our lead Employment/Ed person,] Keisha Coker, sends out a notice of anything that has to do with Employment/Ed, it goes out to more than three hundred people that are involved in providing these services. It's definitely growing. I don't think there's one model that's in place, but like I've told you, the Employment First is being pushed. It's going to take awhile. They're offering training now for people to become employment specialists. [DMH is providing this training.] It's not the easiest job.

KM: In terms of the impact of the MHSA on clients themselves, could you sort of qualify that with a description – or a story, or an anecdote, or your own observation, especially the Full Service Partnerships, or perhaps the Employment Education part of the program?

VS: A particular story of somebody who has benefited?

KM: Well, just sort of what you're seeing as the impact on how it's playing out in the real world.

VS: I guess the best way I can say that I see it is through [the statistics provided.] Connections for Life [is exemplary], because at this event, we generally have at least twelve clients that are either on a panel or they get up and speak themselves. We basically interview them before the event, so it's really my closest way to come face to face with [the results of these] services. There are some very interesting stories of where people have come from. Real interesting

stories. [Some] with criminal backgrounds and [a lot] of what we call dual diagnosis [or co-occurring with substance abuse] mental health issues. [Many with rough backgrounds.] To listen to their [heroic and illuminating] stories, and to see what they're doing now, wow! I'd have to say it just really makes me happy. Really makes me happy. At some point, I'd like to [get to all our programs] to see the programs firsthand.

The Commission does do offsite meetings. Generally, we have two, sometimes three [in a year's time], and we go to either contracted facilities or directly-operated [ones] and see the setting, and see what's going on. That is always educational, really educational, and everybody benefits from it. At the Commission itself, it's open to the public, so we have lots of people that come, aside from us, and we always have presenters. [And we] have clients that get up and talk and we hear what the issues are, what the problems are, and sometimes some of the [very personal] stories. The Commission [has a] retreat every year.

We have a retreat every year in which we pick a goal to focus on. This last year has been the older adult population. One of our Commissioners is heading that up, and he's very much in charge of what's presented at every meeting. [Each Commissioner does a] thorough job of informing the Commission, and [the] staff, because they don't have the time to know everything about what's available and what's missing [in all the services].

The Commission did adopt Employment/Ed for three years running as the number one goal, with specific things to be accomplished. That was [wonderful] for me, to get them behind it for three years. The way you do that is by having enough presentations, talking enough to everybody, to have them understand exactly what it means. Because the idea is one thing, but when you get to see, oh, really, it did that much for you? It changed that much in your life? Wow, that's really where we should be heading from the time somebody's out of the hospital. Even in this time of low employment, because a lot of the [clients] are willing to do some [jobs] that other people don't. And we have lots of people that are extremely bright and have a very high functioning history that they want to get back to [work].

KM: Yeah. I think unemployment in California is up to about twelve percent.

VS: Is it twelve percent now?

KM: Almost.

VS: Nationally it's still about ten.

KM: California is slightly behind in the recovery.

VS: What do you think that's from?

KM: I don't know. But I was wondering –

VS: If that's impacted – ?

KM: Yeah. Or even your strategy – has the economy had an impact on your employment programs?

VS: That is specific program to program. It still seems to be pretty present. We had a [Director] from Von's [a large grocery chain], which is Safeway also, speak [at Connections for Life.] It's the first time Connections for Life had somebody speak from the employer's side of it, which I think is [educational and inspiring for our audience]. We'll have that every time. He talked about what a wonderful, wonderful population it is to draw from, to get employees that really, really care about the job, that [the employers] might not be able to find otherwise.

So there are certain companies that are very willing. That does take some doing, too. Some [employers] come to it naturally; [maybe] the boss might be a believer. It really comes down to being a believer. So we try to tap into those work settings that are amenable. Yes, I think it's been hard, but it hasn't made it [impossible.] So, no, not really. It's a long way around [from] saying "not really." (she laughs)

KM: Before leaving the MHSA topic, have you been involved in the stakeholders' process?

VS: Yes, very much so.

KM: What's your involvement?

VS: Well, the Commission [is required to host] a hearing for every one of the [MHSA] plans to pass, and we were [very] involved in the very beginning, when the stakeholder people were gathering for the first time with great enthusiasm and wanting to get their say. You hear about money, and you want to make sure – uh-huh, I want this and I want this and this.

So I traveled to different sites where people were gathering to talk about what the first phase was all about. Attended a lot of stakeholder meetings just to have input. I do that less so now because I'm very much more concentrated on this one area; [but] I was on WET because that pertained to Employment/Ed. This last one is Capital Improvement. It's monies that come to [enhance service settings], buildings and make the sites better and healthier. Have you been downtown?

KM: No.

VS: You haven't seen our home offices?

KM: No.

VS: We have two different buildings that house all of our staff, and the Mental

Health Commission [office] is on the twelfth floor of 550 Vermont Avenue. I don't take elevators, so I climb twelve flights every time I go.

KM: That's good exercise.

VS: It is.

IV. CAMI/NAMI; The Day Treatment Program; Influential Clients and People in Mental Health

KM: I guess your career with the Commission has more or less paralleled the rise of influence of client and parent support groups and advocacy groups, like CAMI (California Alliance for Mental Illness) and NAMI (National Alliance for Mental Illness). What has been your relationship with these?

VS: I belong to them. I go to some of their conferences. I have included them; I've given some presentations at USC's School of Social Work and collaborated with them. As a body, they have been [very supportive of Employment/Ed services.]

KM: NAMI?

VS: Yes. [They have] been very, very successful with promoting services.

KM: Yes. My understanding is that treatment, housing, and employment are their goals, but they've had more success with the treatment and housing.

VS: Yes, that's my understanding too. I don't know what all they've done as a body of people as far as Employment/Ed, but right now the housing is a big [issue]. But it really goes hand in hand with employment, because you're more likely to keep your housing if you have a job. (she laughs) Of course, one of the drawbacks is people are afraid of losing their benefits if they're on SSI or SSDI. [But recent] legislation has been making it more appealing, so that they can keep their SSI for a certain period of time if the [job] doesn't work out. And it's not as punitive.

KM: Earlier you were talking about how you developed this program where you came to hire employee clients.

VS: Oh, yes.

KM: Do you want to go back to talk about that?

VS: Yes, because [it is] crucial to [why] I'm talking about what I'm talking about right now. I was working in the Day Treatment Program. I was in charge

of a fundraiser, and it was going to be a five- and ten-K race. We had it for a couple of years, and we needed trophies. So I thought, "Well, how cool. Why don't we just have the clients make the trophies and we'll reimburse them some amount?" We'll take the money that we would have used in order to buy [the trophies] and pay the clients to do it, which sounds a little bit like a sheltered workshop, but that isn't at all what I had in mind.

I realized how [therapeutic] it was, and they loved doing it. So I thought about starting a business that could utilize [clients' talents and] specific skills. It had to do with stitchery. I [started] a card business, and it was called Classic Cards by Vickie. I [employed] about ten, fifteen different clients that would help design and stitch up models. Eventually, they actually had them done in Haiti in order to really be able to make a profit. It was just the best experience as far as dealing with the clients one on one [and as] a group. [It became quite a business.]

KM: These were greeting cards?

VS: Yes. They were greeting cards, all-occasion cards. And that's where I met one [client] I told you about, Connie, that could hardly speak. There was [also] Sharon who, when I first met her, was poking stuff in her eyeballs, [exhibited] different personalities, burning herself, just really, really not well. She was a part of this company and then went on to work for an insurance company and never needed to come back to the treatment center. ["Connie" and "Sharon" are pseudonyms.]

KM: What made her treatment successful? What were all the components?

VS: That made her treatment successful?

KM: Yeah.

VS: Okay. I'll tell you what I think. First of all, she had something to do that she could feel good about doing well. Second of all, she had a relationship with me that was normal. It wasn't sitting in a room having therapy, it wasn't evaluating her meds, although we talked about all those things. It was a more normalized relationship that I think was very therapeutic, as it would have been for me. I was able to come at it as a non-medical person, and it didn't feel like she was going to therapy.

I would go to their homes, they would come here, I would meet them places. It was just healthy interaction. I didn't see her as any different than anybody else, [and] she could talk to me about her depression, etc. I could say, well, I'm having a little trouble here and there. I would never get too personal, but it was just a normal relationship. Probably more normal than some that I have with so-called healthy people. (she laughs) And I think that I enjoyed the population, enjoyed the people. Because I think that they've been humbled, and a lot of the veneer is gone. They're not as defended. They have a lot of defense mechanisms, but they're not as defended as I find people generally are, pursing

their goals. So I enjoyed it. It could be hard work. I don't work with one on one anymore. I focus more on policy.

KM: That was back in the 1980s you were doing that?

VS: Yes. '70s and '80s. And a bit into the '90s, too. I'd say it's been about fifteen years, but I've stayed friends with some of the people. [I worked in Board and Care homes also.]

KM: It sounds like a lot of clients and people with mental illness have had a direct influence on you.

VS: Mm-hmm. Because I see such bright people. Really special people.

KM: Were there any others you wanted to mention?

VS: Any others? Client-wise, you mean?

KM: Yeah, people that had a particular effect on your thinking?

VS: Okay. Yes. Somebody that was very impactful [to] me was a lady by the name of Deborah Pitts [not a client]. She teaches occupational therapy at USC [now]. I worked with her in another setting. It was called Arden House, but it was a bit like day treatment, more expanded. I worked with her for years and did presentations with her. She was very, very instructive in my learning about [clients…all aspects.] An occupational therapist is trained to take anybody, [evaluate your limitations and strengths and] create an environment in which [limitations are minimalized.] She is very, very sharp, and she definitely had a huge impact on me, in a professional sense.

And then the first director that I worked with at Verdugo Mental Health; his name was Wayne Jones. He was a real advocate for me, and he showed me doors to open and [saw my strengths,] which was helpful to me.

That's a good question. I learned a lot from Areta Crowell. There's been some Commissioners that I've had great admiration for.

KM: Since she's another Department Director, can you articulate what you learned from Areta?

VS: I think her succinctness, her ability to communicate and giving you the sense of the role that you could play along with her. Especially in the beginning, she was very, very helpful. She was a bright star. The system can wear you down a bit, and she was [a] real [star]. (she chuckles) Yes, I really admired her.

[With] Dr. Elpers, I did not have as much up close and personal [time.] Marv [and] I certainly have. I've had a lot of meaningful time spent with him. And I think I bugged him and bugged him and bugged him. I don't think I really knew I was doing that, but evidently that's how it came across. (both laugh)

There just wasn't enough support [given to Employment/Ed Services. My job was to advocate for them.]

KM: One of the things an interview like this does is force you to be a bit immodest.

VS: Yes.

KM: So you have a Get Out of Jail Free card here.

VS: Oh, good. OK. Thank you.

V. Mental Health Awareness and Stigma; Thoughts on Mental Illness, Recovery, and Mental Health Services

KM: I think we've covered the general timeline as far as this point in your career. We can always go back to things. There's another set of questions that are about your philosophy and perspective on mental health issues in general, and we've already obviously drawn from that a lot. And then another set of questions actually that will be what we call assessment questions, kind of like broad sort of questions that sort of tie everything together. But one of the goals of this project, apart from just kind of looking at the history of the department, is to increase awareness about mental health issues and reduce stigma. If you agree, why do you think stigma persists for the mentally ill?

VS: Because people are fearful. Basically, I think there's a natural inclination to move away from anything that appears odd [or different]. A lot of times there's a little odd behavior [with mental illness]. I think that and the fact that it is mental, which is sort of like your whole being, as opposed to your leg being limp or you [have] diabetes. Your mind is affected, [which can] make one think somebody's unpredictable. You just feel strange [and think], "I don't know how to deal with that, oh my gosh."

And then I think there has been a sense of shame around it. I think that is getting more diminished because you see all kinds of ads now for the medications [dealing with mental issues]. But I think people are embracing it, and [acknowledging that] they need help and taking some medication is not such a bad thing. [It is slowly getting better.]

I do think it's just the difference people tend to turn away from, because it makes them feel helpless. I don't think they know what to do. I think they're us, we're them. For me, it's not a big separation.

KM: Over the years has the Commission addressed stigma specifically?

VS: Yes. It has been one of our goals. We have a Commissioner who [led the way and] got a grant to work with the Pasadena School of Design to come up with

a book to [be used in] preschool, kindergarten, [and] first grade, that talks about stigma, that talks about people that are different and not turning away from them. So yes, we have. We've tried to do some pretty succinct things to cut into it.

Didi Hirsch [Community Mental Health Center] has a program every year. It's a fundraiser and they always have good speakers, and it's always about stigma, busting through the stigma. But people are ashamed. I have good friends that have kids that are in trouble and they would rather shelter them, if they have the wherewithal to do it, shelter them, and not speak about it. Because somehow or other it's reflective of them, they've failed. Even though they probably know better. So I just think how long can this last? But I think, because the mind is the center of your being, that makes [mental illness] different than other kinds of disabilities.

KM: When you first entered the field in the '70s –

VS: Uh-huh, early '70s. About '72.

KM: What did you think at the time was your perception of what mental illness was, or is, or what was society saying that it was, and has that changed over the last thirty years?

VS: It hasn't changed as much as you might think it would have, I don't think. But I remember when I first was at the Friendship Club, it felt a little bit like, "We're well, they're not, and we're going to try to make it nice for them." So it was more of a sheltering approach instead of a discovery and seeing what was there in each person. I think that has gotten better. I remember it being a little bit like taking children on a field trip, where you're really watching after them, that kind of thinking instead of, "Show me what you can do." I think that has changed. I imagine that same view [can be found] for sure, but certainly publicly that isn't how it's supposed to be viewed. I still think innately lots of people [do]. [But there is now much less diminishing of the client.]

I'm just glad that that isn't the case for me. I don't know if it's just a personality trait or [what], because I think it [came] more natural [for me]. I'd say it came more natural for me, not such a learned thing, but it came natural. I certainly learned about psychology and everything in school, but I'd like to see more [pure acceptance.] There still is a dismissing, even in people that promote the best things. I think that's just very, very – nobody likes to be dismissed.

KM: Based on your training or your own perspective, what do you think are the root causes of mental illness?

VS: Well, in my training it was so much [about] environment, and now we know so much about the physiology. I still think it's a real combination. I think there's more issues because of drug-taking. I do think that if there's an [organic] inclination, partaking of drugs can very much encourage the onset of [illness]. I still believe that environment plays a big role.

But I think it's growing that we'll really see what the causes are, as far as the brain, [the] physiology of the brain, certainly with schizophrenia. [Clinical] depression definitely can be organically rooted [as is bipolar disorder]. But with depression, it's difficult to tell which came first, because your brain changes with depression. So you don't know whether the brain changed and you got depressed or you got depressed and your brain changed. It's pretty exciting. All of our best medications are [much more advanced today].

KM: So you have a pretty high faith in medication?

VS: I believe it's going to get better. Yes I do. I think there's certain malfunctioning of the brain that can only be addressed by medication. Absolutely. [Of course there are] people that find other ways [to heal]. It's a big debate. Frank Baron, who's on our Commission, is a consumer. He is a schizophrenic and speaks very, very well. He was a high functioning engineer. His brother is also [schizophrenic]. And he [states that] without medication, he wouldn't be functioning at all. And then you have somebody else who says, "I am also a schizophrenic, but I found help through holistic ways, or I found help through religion, and medication is a big bunk." I usually find that the ones that say "no medication" are in bigger trouble, and less insightful – I'll put it that way – about themselves.

KM: So, how do you define "recovery"?

VS: There's a new [concept] out that's resisting the word "recovery." Did you know that?

KM: I've picked up on that a little bit.

VS: It's called "procovery" [defined as the process whereby individuals with serious and chronic illnesses and injuries build healthier and more fulfilling lives, notwithstanding the possible continuing presence or worsening of symptoms]. It keeps changing. Well, they think that the word "recovery" means that you're recovering from something, and that's stigmatizing. So it's a new movement called procovery.

KM: Who's leading that movement?

VS: A lady. [Kathleen Crowley introduced in the idea of "procovery" in her article, "Five Psychiatric Steps that Matter," in the *Psychiatric Rehabilitation Journal,* Spring 1996, and later founded the Procovery Institute in North Hollywood with her husband Randy.] But it's real resistance to the word "recovery."

Well, I would say recovery embraces [getting] away from [the old] medical model. I think it's a more optimistic word. It generally means that you've had to recover from *something*, [but that one can recover.] I think it [is] an

attempt at de-stigmatizing. Recovery. We're all in recovery in some way or other. (she laughs)

KM: That's true, yes. But, for example, you mentioned Connie. That was her name, right?

VS: Who?

KM: Connie?

VS: Yes.

KM: Would you say that she recovered?

VS: Yes, I would say she did.

KM: Because she's functioning.

VS: You know what, I don't know if I'm really wild about the word, okay? I'm not sure I'm wild about the word "recovery." But yes. I'd rather say that she's far less depressed than she was when I met her. In fact, not depressed, except for possibly intermittently or situationally. And I am too. I don't think I'd be comfortable using that word, that she "recovered." She [began and stayed] feeling better. I like to keep it more human.

KM: Well, let's see. We talked about the relationship with people at the DMH and the advocacy groups, and your involvement with the [Mental] Health Commission. Have you had a role working in state organizations?

VS: I did. I used to go to Sacramento, and it was in collaboration with the Department of Rehab[ilitation]. It was all about Employment/Ed. It was about coming up with trainings statewide and [recognizing] obstacles. And it was in collaboration with the Department of Rehab. They address [Mental Health] issues themselves, but they have guidelines that are different than ours [as far as employment,] and that is there has to be a certain amount of time spent [in readiness], and when the person gets a job, they [must] stay on the job for ninety days; then the case is closed. And we in mental health know better, that that's not appropriate.

KM: So you're saying that after ninety days they would no longer be –

VS: They would no longer be a client. That's what the co-ops are. The co-ops are half Department of Mental Health and half Department of Rehab. So that's been the struggle, to work within their confines.

There's a lot of clients we work with that don't want to disclose, don't want anybody to know. And they have every right [to do so]. So there's a little

difference between those that are willing to disclose and those that don't [as far as Employment/Ed]. Those that don't wouldn't be [able] to [enroll in the disability programs with] special services that are available at a community college, [or any college,] because they're not disclosing.

KM: Well, looking back, and I think this has probably come out during the interview, but just to sort of give you a chance to be concise about it –

VS: Or to not be.

KM: Or to not be. (both laugh) Or to reiterate something. What do you think has been the most important change or development in mental health services in Los Angeles County over the course of your career?

VS: OK. That's a big question. I think the biggest change is that there is more broad-based programming. I think there's programming that respects the individual more than they used to be. A long ways to go, but still.

I'll tell you what I think one of the biggest changes is, at least in the public arena, is the movement to have the client direct their treatment, as opposed to the doctor, the therapist, the case worker, directing their treatment. I do think clients have a bigger say, much bigger say in how they want to proceed and what their wishes are. And I think that ultimately is respecting them. I would say that that's probably the biggest change.

KM: And what specifically did you mean by broad-based services?

VS: I think we have services – like in Los Angeles County right now we have the FSPs, the Wellness Centers, [the vast range of therapies,] regular treatment, the employment programs. I think looking at the client as a whole and realizing how important physical health is to mental health. I think we have programs that are addressing more issues that address the person as a whole. Not one program fits all people. I do think that, even with cutbacks, we do have more variety of what [is available] to be helpful.

KM: Here's where I force you to be immodest. But don't worry, I'm going to ask you about accomplishments, but I'll also ask you about failures.

VS: OK.

KM: But with the Commission particularly, looking back, what are some of the things that you're most proud of in terms of accomplishments?

VS: I would have to say seeing that there's more Employment/Ed programs. That would seem pretty obvious. And creating the Connections for Life.

KM: And were there areas where you tried but failed, or think that you would have liked to have seen –

VS: Well, I would like to have [started] it sooner. I would still like it to be recognized by the Department even further. There's been times when I didn't feel like anything was ever going to be done and you get kind of defeated. I don't feel that way now. And as far as other [issues], I'm sorry that it took me as long as it did for me to wrap my arms around what in the world's going on…[the "system."] (she laughs) When you first join, you have to have a dictionary to explain [what's going on].

KM: I can relate. I've been trying to learn all that myself.

VS: To get how the system flowed, and who's in charge of what, and what is the purpose of it. I wish that had come sooner to me, because I think I could have done more. And I wish that my own confidence had been enough that I believed that somebody would actually listen when I talked.

KM: Well, someone was calling you a pit bull recently. I guess you've arrived.

VS: Well, it used to be a "thorn in the side," and then last week it was "pit bull." The person that moderated [our last Connections for Life] said, "Okay. Tell me your story." I said, "Well, that's interesting. I'm supposed to tell my story pretty soon." [That would be you!] And he said, "What makes you a pit bull? What is it with you and this Employment/Ed?" But you know what? It [has been] fun to be able to tell the story, because most people aren't particularly interested.

Even people on the commission, like Terry Lewis[-Nwachie], who I adore working with – somehow or other we had a conversation and I talked about what I used to do. She looked at me and said, "I didn't know that. I didn't know that's what fueled what you do. I didn't know that that's what gave it meaning. I thought it was just what you picked out to do." And I said, "No, no, no, unh-unh. This comes from inside." And she said, "You ought to tell people." And I said, "Well, I sort of have, but – "

Generally people aren't terribly interested. (she chuckles) Except for those that are working in the same [field], those that believe. [With the believers,] we don't need to tell our stories. And it's so exciting. It really is exciting. And you ought to see the looks on the faces – mostly OTs [occupational therapists] who have a lot to do with Employment/Ed programming. If we're sitting [in a room] and listening to clients talk, and I look at their faces, they're riveted, absolutely riveted. And smiles and they're just so there. It's very rewarding.

KM: How much longer before your retirement?

VS: Retirement?

KM: Yeah.

VS: Yes. I've been doing [this] for a long time, and I think—I'll know. But it's not yet.

KM: Well, if you could shape the future of mental health services in Los Angeles County, what sort of vision would you enact?

VS: Yes, what would be the ideal?

KM: What would be the ideal?

VS: Yes.

KM: Yes.

VS: Hmm. (pauses) Good question. What I see is continued improvement in medications, and I think we still have quite a long way to go, with people who really are the sickest. The continuation of "out of the closet," where the shame is diminished and the isolation that comes from either being a family member or a parent of the child that has a situation that's less than ideal, and more openness about talking about it, because it isn't anybody's fault, and enough funding to do [the services needed].

KM: Funding is often one of the answers, if not *the* answer to that question.

VS: Well, yes, and the medication takes funding. But I think attitudes can be changed with less funding. I think we're getting there but, yes, that would be what my hope would be. And probably that people understand the interaction of drugs and the effect on the brain. That would be very helpful. There'd be a lot less mental illness if we could do something about drug and alcohol addiction. If they could know beforehand where it can take you.

KM: So education to prevent drug abuse.

VS: Yes. That would have to be it, and that would take funding, but, yes, I would like to see that. That would be great.

KM: Well, we've covered a lot of ground, I think, but before we close, I wanted to make sure that there wasn't anything else you wanted to talk about or anything you wanted to add, particularly about the Employment Education. I know that's your baby. And you have, I think, enlightened the history on that quite a bit.

VS: Oh, good. I hope so.

KM: But if there's anything more you want to say about that, or anything else.

VS: I just hope that we keep moving in the direction of recognizing the import of the services. Dr. [Marvin] Southard has said publicly that he knows of no better therapy. He [has stated that] it's way beyond medication what work can give an individual. And for some, volunteering can do the very same thing, and for some, getting back into school can do the very same thing. And he's quoted some personal stories in which he saw this for real. Everybody's capable of something. That's what I would say. [Everyone has gifts…]

KM: Okay. Thank you very much.

VS: Thank *you*. Thank *you*.

END OF INTERVIEW