**Richard van Horn talks about his early leadership of the Mental Health Association of Los Angeles…**

As we began to develop the advocacy side and we were key in that, as a local. We didn't have a state affiliate at that point, it had gone bankrupt, and it was just on the verge of maybe starting to come back in '82 and reestablish. So we put together marches on the Capitol [Sacramento] around budget time. I think the first year we had like 1,200 people, maybe 1/3rd of them from down here and a few buses. Three years later, the 2nd or 3rd [Governor George] Deukmejian year, about '84-5, we took 5,000 people to the capitol to protest cuts and urge better treatment. We, as an agency, paid for like 20 buses. It was an overnight trip, ride up at night, demonstrate the next day, load up and come home. It was sort of old '60s style stuff for the '80s, but it was fairly effective. We got people's attention. What it did too was it really empowered the Project Return members and other clients in the system here. They began to see, "Well, we are somebody!"

Also, in terms of the Board of Supervisors, we could fill the boardroom on 24 hours notice. One thing I learned early on is that the Board of Supervisors will not behave badly if the TV cameras are trained on them. So Richard Dixon who at one point was the CAO [Chief Administrative Officer] for the County, I just sat down with him and said, "Look, Richard, we are going to be here every week until this get settled, so why don't we have a deal? You won't try cuts in mental health and we won't flood the boardroom and embarrass everybody. Because we can do it and we can do it every time." We also had the docs and the hospitals with us, as sort of a little coalition. Because they were major supporters in terms of money for the campaigns and we were major detractors in terms of people who embarrassed them. So with the three of us in concert, and they were always trying to divide and conquer the health and social service systems, they said, "OK, OK, OK, we will do that." But yeah, that was a huge victory for the members.

What else is going on is at one point, Dick Elpers [J. R. Elpers] was the director of [LA] County Mental Health and he'd become a very good friend. Early on, maybe '81 or '82, he would bitch a lot about community agencies. They won't do this, they won't take fire setters, they won't take that – I finally gave up and said, "Elpers, give me a break. I'll tell you what, I realize that you are the provider of last resort. You know, Section 17,000 of the State Administrative Code requires you to be responsible for da, da, da… I said, "OK. You're that. I will be your nonprofit provider of last resort. When you can't find somebody to do something, just give me a call." [he laughs] Basically, we'll do any job you can't find a taker for. Well, the first job was they wanted some kind of a social outreach down in South LA. So we did two days a week social outreach to the board and care home residents and we were at like 95th and Hoover. Then the next thing they wanted was some kind of a little Project Return club. Project Return already had like 40 or 50 clubs around the County.

**READ THE FULL TRANSCRIPT BELOW.**

**INTERVIEWEE: RICHARD VAN HORN**

**INTERVIEWERS: Marcia Meldrum, Amanda Nelligan**

**SESSION I**

**DATE: April 9, 2009**

## I. Family, Education, and Early Career

MM: So if we could begin, I'd like you to tell me just a little bit about your early life, where you were born, what your parents did, how many brothers and sisters you had?

RVH: I was born in Arcadia, CA on September 19th, 1939. I was the first live birth after 11 years of marriage for my parents, so they were pretty happy to get a kid at all. And my sister was 4 years younger and she was the sixth try. So there was a tremendous amount of devotion to the children in this family. I was raised in Arcadia up through high school. My dad had worked for Bank of America and had a serious heart attack in 1945 and then had to take a job that was low stress. He died at 56 when I was 16.

My mother went back to teaching in school, she had taught school before I was born. She went back to teaching school in San Marino, where she had started [in 1926], when I was about 12 and taught there until 1964, so she was about 64 when she retired. She then retired to Santa Barbara to a teachers' retirement home and lived there until her death in 1988. In my early life I had asthma and so I was not as physically active as some kids were. I think that led me to, perhaps a more introspective nature in some ways, a little more academic bent. All the way through school, school was easy; probably easier than it should have been because I did not develop very good work habits. I graduated Arcadia High School in 1957 and went on to college at Harvard College in Cambridge, Mass.

MM: Now, that's not that easy a school to get in to. So your grades must have been quite excellent.

RVH: They were pretty good.

MM: Things were different in the 1950s, if you had good grades.

RVH: The Eastern schools were doing a lot of geographic representation. I would never get back into Harvard.

MM: Oh, I'm sure that isn't true.

RVH: Oh, I'm sure it is! But I went to Harvard planning to be an attorney. I went there because I wanted to go on to Harvard Law School. Somewhere in the midst of Harvard, I got – I had been baptized at an Episcopal Church as a senior in high school a year after the death of my father, which probably was somewhat of a response to that grief and all. The upshot of that was that, in college, I became much more involved in the Episcopal Church and ended up thinking I would like to go to seminary. Right after college, I spent a year in Japan teaching English as a part of one of the Episcopal missions in Japan. Then I came back to seminary, graduating from the seminary in 1965, and then coming out here as a parish priest; first as an assistant in Van Nuys, and then an assistant downtown.

MM: So what do you think was the primary motivation for this? Was it a desire to be of service?

RVH: For me it was. I think my idea of law was sort of disabused to the point where I thought that a lot of lawyers were sharks. I didn't know anything about public interest law at that point in my life. All I knew was what I saw in terms of lawyers. I think public interest law in the '50s was not all that much. That was really a creation of the '60s. But by '61, I had already graduated college and I was convinced I was going to seminary; partly because of the social ministry, probably much more of that than anything theological. I've been reading Jon Meacham's thing on the post-Christian era in *Newsweek* this week. And he described me rather perfectly; like him, I'm an observant but deeply flawed Episcopalian.

But the central piece of ministry for me was the social ministry. In Van Nuys, it was dealing with kids who were running to the strip in Hollywood in '66. In downtown, it was dealing with young would-be gang members, sort of to help them adjust what they did for attention. I was only there for a year, then I went to be a rector in a parish, but we actually worked with [the] Little 18th Street gang which is still pretty infamous. But we convinced the kids that what they really wanted was respect in the neighborhood. They could get this several different ways, but one way to really get it and not even get in trouble for it was to do a fix-up painting project for some of the old people in the neighborhood. They did it too; they loved it!

We took them – Chas Belknap, a Vista Volunteer, and I took them camping, and mixed them up with a group of Anglos from Woodland Hills Methodist Church. They realized, "Well, my gosh, we've got more in common with these kids from the other side of the world than we thought we had." And it was a fascinating sort of social experiment. Then I went to be a parish priest, I had my own parish and found that I was not really cut out for that. I was too much of a social radical in many ways than the conservative near-suburban parishes. They were, I thought (makes a face). That was a grimace on my part, a visual grimace.

So I went from there to be on the Bishop's staff in the Episcopal Diocese of Los Angeles. I ended up in charge of clergy deployment, [leading] all the searches for new rectors, and [refereeing] all of the church fights. I had a fair amount of training by then in sensitivity, human development issues, and stuff. So in the course of that, I got involved as a volunteer with the Mental Health Association.

MM: OK, before we get into that, thinking about before you got involved with the Mental Health Association, you'd been doing various kinds of social ministry. Had you previously had any exposure to mental health patients or –

RVH: No. I had exposure to people who needed counseling in the parish. Probably my greatest sympathy for people with mental health issues was with people in the public safety arena, who wouldn't dare go see a therapist. I actually had a deal with a couple of therapists in the valley who preferred to remain nameless, because it was so against the rules. I would sit down with the couple or the person, and have a talk with them and then call her and say, "OK," recount the conversation, "What do I tell them? What do I suggest? How do I listen to the next thing?" And really do sort of remote control therapy with a middleman, because if they had ever gone to a therapist, they would have lost their jobs. But you can go see your pastor. Which is – I thought, Jesus, this is awful. How can we have a system that so disallows people to have their own personal problems?

That was the extent of stigmas I knew at that point. I had not dealt with homeless people or any of that. I was out in Van Nuys, which was probably more middle class back then, [40+] years ago, than it is now. For me, ministry was a social ministry, not a –

yes, theological, and I'm a pretty decent preacher, but it was more the activity of getting people to live this, 7 days a week. I think another part of what was a major influence was that in the four years at Harvard I had belonged to Phillip Brooks House which I still support financially. At PBH, I had spent 4 years volunteering at the Lyman School for Boys, which was a reform school on the way to Worcester, out Route 9. That was an incredible experience. We actually got involved – One year we did a sort of short term reality therapy kind of a thing with kids who were going to be going back home within several weeks.

MM: This is primarily for kids?

RVH: This is for teenagers. About eight weeks prior to going home, one of the instructors at Harvard had worked out a sort of short term reality therapy on how do you prepare these kids to go back in the neighborhood where they were and not get into the same problems. So we had a fairly intensive eight-week series which a couple of us led [in] my senior year, who knows how successful it was? All these things that you do growing up, you don't know the long term results. But then the interesting part of this was that the instructor, the young instructor who was leading this project, was Tim Leary, Timothy Leary. Prior to LSD. Before he got this other religion.

MM: He had a very good reputation before that.

RVH: He was great to work with. He was phenomenal to work with. It blew people's minds later, out here in the later 60s, "Him? How? Why?" But, I think that the years with Brooks House was, for me, a major push into social ministry of all sorts. So then in the church, again after I left my own parish and went to work basically to do interim stuff. I was interim for a year and half at Saint Timothy's in Compton which at that point was all African American, in '71-'72. It was beginning to shift, but – So I saw that whole side of urban ministry.

But I also – I got involved with stuff with African American youth before that, when I was a suburban curate, because we were looking at issues after the Watts rebellion, looking at issues with the Green Power Foundation. How do we get kids into more meaningful activities? What about jobs? All this sort of stuff. So we did some outreach work. A number of the young clergy in the diocese did outreach work in terms of, what are the issues that you are all facing? What about the black church and stuff? And how is this an influence on them? The interesting thing was that the kids liked the black church, they didn't like their clergy. They saw their clergy as basically self-interested. It was very interesting then. This was a real blow to some of the black churches, and they said, "Oh, my God. We've got to control our brothers, because we're alienating our own people."

## II. Early Involvement with Mental Health America; Advocacy; Provider of Last Resort; DMH Clinics v. Contract Clinics.

But then I got involved – on the Bishop's staff, I got involved as a volunteer with mental health and was on the board of MHA [then the Mental Health Association; it became Mental Health America in 2006] from '76 to '80.

MM: OK. What was your role there? What particular thing led you into that?

RVH: Well, what led me into it was a nice lady volunteer in the diocese asked me if I wanted to be on their board. I said, I can't raise money for you. All my list belongs to the bishop. But she said, no, we don't want you to raise money. We want you because you have this background in organizational development and we really need some help

with this. So I said, OK. Like the Admiral of the *Pinafore,* I polished the handle of the big brass door, I did everything that was expected of me, and I ended up being president of the board, three years later.

MM: I gathered that. So you've been talking about a couple of different things here. You just said that you were good at organizational development. You've mentioned skills at fundraising, which, I guess, at that point was mostly devoted to the church.

RVH: Yeah, and I'm not particularly skilled at fundraising.

MM: OK. But a lot of your early work seems to have been in personal outreach. It seems as if at this point you actually make – not losing your commitment to social change – but in moving into MHA, you really started to move more into organizational development? Would you say that's true?

RVH: No, because MHA is primarily an advocacy organization. I mean, that's its foundation.

MM: But were you moving away from direct contact with clients?

RVH: I was, but I hadn't had really direct contact with clients, unless you consider the church vestry as clients. I mean, I was basically doing church leadership for a little over seven years. I mean, I was a church bureaucrat. But for me, in college, the most important professor in my life was the theologian Paul Tillich. Probably the most important book for me was – not his *Systematic Theology* – but a slim little book called *Christianity and the Encounter with World Religions,* in which he basically set up very much what Thomas Jefferson might have or Jon Meacham in *Newsweek* would talk about, that you've got to understand – the better you understand your own religion at its core the more you can appreciate the others. And that certainly I've found to be a true concept. So my involvement with this was that really, there is universalism which is not just religious or philosophical, but also social universalism. As the consumer movement in mental health is fond of saying, "We're more alike than we are different." And I think this for me was important early adult learning. No matter who you are, we are more alike than we are different.

MM: Yeah, there is more of a kinship.

RVH: That's right. Which has also made it, for me, the thing that [makes it] easier to get along with all kinds of different folks. You know, I can play in most fields, which I kind of like.

MM: So you say you joined the Board and within 4 years, you became the executive director [of MHA].

RVH: I'm the president of the Board. Then the exec left to go to Cedars [Sinai] for a new job. And I talked with the Bishop about – we had had a deal that after six or seven years on the Bishop's staff, you would go back to a parish to break the Us-and-Them syndrome, which happens in institutions. And it was my turn to think about leaving. Actually there were two of us leaving; he went to All Saints Montecito, and I went to MHA. My wife then was not a church person; neither is my current wife. I seem to not marry Christians. But it would have been difficult for me to go to a parish. I talked to the Bishop, about, since this exec had left, since this agency really had big problems, how would he see me doing this agency as an extension of ministry? Because I had no desire to leave the church; but I had a desire to run something and see if I could make it work, see if I could apply everything I had been teaching other congregations, and make it go.

So he said, he agreed that would be fine, he said he would certify this which meant that I would stay in the church pension fund which I don't know which pension fund you're in, but it's important to be in one. So he agreed and I formed a search committee [for the MHA executive director] and resigned from it. I said, "See what you can find. If you can't find anybody who really wants to take this thing on, I will do it. But I don't want to try to just jump into it. I want you to look around and see what you can find." Well, turned out nobody really wanted this job very badly. The whole agency was six staff and a $200,000 budget.

MM: Yeah, I understand it was a tiny little shoestring operation at that time.

RVH: It was. So I ended up doing it, and that was 29 years ago.

MM: And you never looked back.

RVH: Well, the "look-back" was provided for. My contract with them gave the bishop the right to end the contract. Actually, he still has that right. Four bishops have never desired to do that, but –

MM: OK, so there were two things here: the interest in building this organization and the concern for the mentally ill. I'd like you to address both of those.

RVH: Well, while I was still a volunteer, I was getting the picture that this is a serious social justice issue. We were involved in a lawsuit against the State and the County around least restrictive care. We were, as an organization, heavy-duty supporters of LPS [the Lanterman-Petris-Short Act] and the idea that the mental patients have rights like anybody else. Now, where I came into this was as a civil rights issue, and I had been involved with the civil rights movement in the '60s, in the seminary and also out here after graduation. And so the issue around mental health patients' rights was a key thing for us as an organization. So then I began to meet the people whose rights we were protecting and found these were some really nice, bright people who were just having a terrible time. They were on really crappy SSI; they are living in really crappy places, board and care [homes]. I mean, they are awful. Have you ever been to one?

MM: Yes.

RVH: Yuck.

MM: Exactly.

RVH: I mean – So we investigated board and care homes. We railed against them. But it was – I came into it as more of a civil rights issue than a personal outreach thing. But in the first year I was there, we established Project Return, which was to be a self advocacy effort. That became a key and critical part of what we were doing. So now I'm beginning to meet people. So we hired our first consumer on staff, the next year we hired another consumer on staff and she is still with us. She [Judy Cooperberg] runs our Antelope Valley operation; she has about [55] staff out there. She came with us as a day volunteer from Van Nuys Psychiatric Hospital. So we were, at the very beginning, in the consumer movement and have been probably, of the agencies around California, one of the consumers' most favored agencies, because we've stayed very involved, and have stayed, have been fighting for people's rights since 1980.

MM: Let me just clarify that. What you seem to be saying is that you were seeing that the people who were suffering from mental illnesses were on one hand badly treated, that what was being given to them was a very low quality in terms of resources and services, but also that they had a clearer perception of what they needed and could work with?

RVH: I don't think they had a clearer perception at that point. We're talking 1981–82. There was perhaps a clearer idea in the Bay Area. There was no idea down here at all. It was, "What? Rights?" Pretty much down here, you took what people gave you and you weren't noisy about it. We did not have –

As we began to develop the advocacy side and we were key in that, as a local. We didn't have a state affiliate at that point, it had gone bankrupt, and it was just on the verge of maybe starting to come back in '82 and reestablish. So we put together marches on the Capitol [Sacramento] around budget time. I think the first year we had like 1,200 people, maybe 1/3rd of them from down here and a few buses. Three years later, the 2nd or 3rd [Governor George] Deukmejian year, about '84-5, we took 5,000 people to the capitol to protest cuts and urge better treatment. We, as an agency, paid for like 20 buses. It was an overnight trip, ride up at night, demonstrate the next day, load up and come home. It was sort of old '60s style stuff for the '80s, but it was fairly effective. We got people's attention. What it did too was it really empowered the Project Return members and other clients in the system here. They began to see, "Well, we are somebody!"

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MM: So in terms of organization development, one thing you're doing is creating this consumer base, mobilizing and empowering people with mental illnesses, so what else is going on?

RVH: What else is going on is at one point, Dick Elpers [J. R. Elpers] was the director of [LA] County Mental Health and he'd become a very good friend. Early on, maybe '81 or '82, he would bitch a lot about community agencies. They won't do this, they won't take fire setters, they won't take that – I finally gave up and said, "Elpers, give me a break. I'll tell you what, I realize that you are the provider of last resort. You know, Section 17,000 of the State Administrative Code requires you to be responsible for da, da, da… I said, "OK. You're that. I will be your nonprofit provider of last resort. When you can't find somebody to do something, just give me a call." [he laughs] Basically, we'll do any job you can't find a taker for. Well, the first job was they wanted some kind of a social outreach down in South LA. So we did two days a week social outreach to the board and care home residents and we were at like 95th and Hoover. Then the next thing they wanted was some kind of a little Project Return club. Project Return already had like 40 or 50 clubs around the County.

MM: This is for people who have gone through the system.

RVH: They have been to care homes. They're in the system. They're probably getting meds and maybe an occasional therapy visit at the local county clinic.

MM: So they're on maintenance.

RVH: They are on maintenance, right. They're turning to the club system for support. So they wanted to do some of this out in Antelope Valley. We said OK, we would do that. We started out there with one person half time. The same client we had hired years earlier and she would go out there two days a week and do a little social program and stuff for the people who were living in the board and care homes. Well, that now has 55 staff out there and a full service thing, and we have 100 units of housing units out there, of which we have 35 for our special needs, and we just opened two months ago, a 20,000 square foot program site which was built in the same complex as the housing. So what starts out as nothing, nobody will go touch it, becomes the envy of –

MM: A showcase.

RVH: Yeah! And I think that that's true for a lot of what we've done. So that was an unwittingly brilliant market ploy. I had no idea what I was getting into. I think that I've got to say that an awful lot of what has happened with MHA is really serendipity. It's being – I've thought about my style. I'm a synthesizer, I'm not a creator. I don't think of the brand new things. I think of ways to put pieces together that will make something and that will be synergistic and get done with it. And I think that's where all this was. OK. Ask more questions. I can ramble forever.

MM: Well, since we've mentioned DMH, let's talk a little bit about that. How do you perceive DMH at this time? Obviously you had a good relationship with Elpers, you spoke of them as the group of last resort and yet it seems as if you are sort of taking over a part of their job and that he was OK with that, but agencies change.

RVH: He and I became very good friends. He was the best man at my and Kay's wedding. I married Dick and Bev, so that's the level of relationship here. And he will say point blank to anybody who asks, "I taught Van Horn everything he knows about mental health." He is correct. He did. Yeah, absolutely, I mean, I was a babe in the woods when I came into this thing. He had been the director in Orange County before he came here in '78. I didn't meet him until '80, when I became executive [of MHA]. The thing that was so interesting there was he understood the need to have an advocacy group. Because there were a lot of things that he couldn't say, that he couldn't complain to the Board about certain stuff. He couldn't fight the Board majority because the Board majority could fire him. Although one of his dicta was "Never take a job you can't quit." And he didn't; as a competent psychiatrist he could always make a living. But I was not taking over part of their job, really, I was working with him as a partner and let's-try-and-fix-some-stuff. The county clinics could not run the social programs. Because the social programs run at night and they happen on weekends and stuff; the county staff won't do those things.

MM: Right. They have defined hours.

RVH: They have defined hours and that's all part of the union contract. The people above the union level aren't going to be doing the front line work. So it was advantageous for him to have collaborative community agencies. So that's really what the relationship was. We took on stuff that other agencies didn't want to do – didn't want to go out in the hard desert, didn't want to get into South LA – and then see what we could develop. So it was not a "taking over". It was a cooperation. And I have a tremendous amount of respect for the Department. They were trying to do all the right things. It is difficult sometimes for the government to do all the right things because of the way the work rules are structured. It's even getting difficult for us now because –

[Pause. Lawn mower passes. RVH goes out to talk to the gardener. Conversation with wife upstairs.]

RVH: OK. We can go back.

MM: So you were saying that your organization could do things that DMH couldn't do.

RVH: Which is true generally among community agencies, because non-profits can move faster and are more flexible, which is something that government can never be.

MM: So you said that this was serendipity; under your leadership, though, MHA has become like a major operator of clinical programs all over.

RVH: No. Not that major. We've got three major programs: we've got Project Return in Commerce and then spread around the County; we've got the Village in Long Beach; and we've got Antelope Valley. And then we do have a housing corporation, which is a separate corporation and it is developing supported housing units. But we're not big like Pacific Clinics, they're at 90 million [dollars], we're about 20. We're not a huge agency.

MM: You've identified some of the differences, some of the things that these types of clinics can do. Am I correct that The Village and Antelope Valley, they do have contracts with DMH, right?

RVH: Yes.

MM: So that's at least where part of their funding comes from.

RVH: Most of their funding. Our funding is 93% public funding.

MM: But in other terms, are there essential differences between the DMH's clinics and your clinics? You can provide some different services? The orientation is different? The types of clients?

RVH: The types of clients are the same. The Village program and the Antelope Valley program are both focused on these full service partnerships because that whole concept comes from the development of the village originally, which was developed under AB 3777. Now, the County had never done anything that intensive, until after Prop. 63 passed. Then we did a lot of work with county clinics to help train them, to get up to the level where so they can do the full service partnerships, and do these intensive programs.

MM: So you were using the Village as a model?

RVH: As a model, yes. It was the model for the Proposition, for the adult side.

MM: But essentially the clients at the Village were getting a different type of care, a different kind of service approach.

RVH: Yeah, the full service approach, really moving toward recovery. We were championing recovery, resilience, building wellness in an intentional, if occasional community. While we were not residential – and I've never wanted to have residential programs because I think people need to live in communities, not isolated in their little ghettos – so that our approach for this has been to build a mix of services which are based around putting your life back together.

Symptoms are a little piece of this. If you don't have the right kind of place to live, if you don't have a job, if you don't have friends - you don't have a life. So the major goals in the Village are work, social being, education, and living situation. And you want – the best living situation is your own apartment for which you are responsible. The best job

situation is full time in the community, not in supported employment. The best friend situation is – a funny thing is, when we were doing this sort of a [Abraham] Maslow cone about social action, this one young staffer said the clipboard stuff, group outings, tadada – but the very pinnacle is socializing alone! What she meant really was independently - being independent in the community, building your own social network. But to call it socializing alone, I thought that was funny!

**III. The Concept of Recovery; AB3777; the Village**

MM: So how did this concept develop in your thinking, what we call now recovery? Certainly, for most people even today, we think that a mentally ill person basically should be a patient with a permanent link to an institution. I think that's still the common perception.

RVH: I think it is.

MM: So how did this come into your thinking?

RVH: Well, in the mid-80s – I don't know if you all are going to interview Dan Weisburd. I would hope so.

MM: We're interviewing many people. Yeah, I think he is on the list.

RVH: He's got to be on your list, because he is a key person in this. He was very unhappy with how his son was being treated. His son had been a boy-genius and all-around kid, went to Harvard and came back as a sophomore, desperately ill. And somehow the County couldn't find a way to properly – to really deal with David [the Weisburds' son]. And Dan and Elaine were so – they were hurt and angry. And I had met them – God, there are so many threads in this story. I don't know what you guys are going to do.

OK. Let's take another thread. The Feds determined that we're going to have the CSP, Community Support Program; this is like '82. So they send a nice lady, a social worker, who was a state employee, down here to put together a CSP group. Fortunately for me, we decided we can host this thing at our conference room, this first group. Dan and Elaine came to this group. This is the most boring meeting I've ever been to. I mean, unbelievable. She is a dear, sweet person, but this is boring and nobody has the foggiest notion of what they're thinking about for Community Support Programs. But the Feds have got this concept and it's a nice concept! It's a good concept. But Dan and Elaine are back at the water cooler and they're clearly about to take a powder, saying, "We're out of here." And I said, "Well, don't. Let's see what we can make of this thing. I'll work with you." So we did. They stuck around. We had a couple of Community Support Projects, which were kind of fun and interesting and stuff, but still David wasn't getting the right kind of treatment. And in, I think it was '85 – I'm really bad on dates. Sometime in the mid-80s, Dan has had it. Basically the Director of Mental Health in the County, or a deputy, has said, "There's just nothing we can do for David. We don't know what to do."

So he [Dan Weisburd] was going to storm up and see his friend Leo McCarthy, who was lieutenant governor. I'm giving you a version, Dan will probably give you a slightly different version, because I think all our memories get slightly embroidered over time. But Dan goes up, and as I understand it, he is wanting Leo to find somebody to investigate county mental health here. Leo's staff person, Rose King, was herself a parent [with significant mental illness in the family]. She says to Dan, "No, no, no, let's get something from Leo that we want. Let's get a way to fix this." So they have their

discussion and what comes out of the discussion is the Lieutenant Governor's Task Force on the Seriously Mentally Ill. Which – Dan now has to recruit the people for it. I don't remember most of the people who were on it; you would probably be able to dig this up in archives somewhere. He did have a major executive from – one of the Haas family from Levi Strauss. He had a psych nurse, Darlene Prettyman, who was a parent from Bakersfield. I'd gotten him the vice chairman of the Times Mirror, Phil Williams. There were maybe 10 or 12 people who made up this task force. What the Lieutenant Governor did was provide them a small budget and a staff person.

The staff person they got was a guy named Arthur Bolton, who had been staff to the Assembly Health Committee and had been the staff person who drafted LPS, and the Lanterman Act [also] for [the Developmentally Disabled]. Well, he worked for Lanterman, basically, and Lanterman, I guess, was the chair of the Health Committee in '66-'67. They did the Lanterman Act first, that was '66, then LPS in '67. Unfortunately the Lanterman Act gave an entitlement to the DD [developmental disabilities] population; LPS did not give an entitlement. Damn!

So Arthur came into this with a whole lot of knowledge and ideas and was a great staff person for this task force. And they went around and they looked at things. They went to Madison, Wisconsin; the whole task force didn't go, but a few people went, and they looked at the ACT program there, Assertive Community Treatment. Then they went to Thresholds in Chicago and looked at Thresholds Employment program. I think they went to the Independence Center in St. Louis also. These were various trips, not all on the same trip. Both of those had heavy-duty employment programs. They went to Fountain House [in New York City], looking at the Clubhouse model, and they went to Rochester, New York, because Rochester had done a capitated funding model, with three rates of funding, and capitated – you know, here's the money. So they came home and the next thing was to write a piece of legislation and find an author.

Well, I had become very friendly by that point with Bruce Bronzan, who's another thread – he had been selected by Steve Thompson [the Speaker's chief of staff], and appointed by Willie Brown, to run the Mental Health Select Committee back in '82 – and we went to Bruce with this concept. By this time Dan [Weisburd], and Dick Elpers and Art Bolton literally sat together at a table in my office and put together this thing, lots of pieces of it. But the real drafter was Arthur Bolton, one more time. That was AB 3777, which we asked Bruce to carry it and Bruce said, "Well, I won't get a signature. Let's get Ventura County, Cathy Wright, to carry this." And we needed a senator who was very popular, so they got McCorquodale. So Bronzan, ego-free that he is – I mean, what an easy guy to work with – he gives Wright first place, McCorquodale second place, he takes third place. So it becomes Wright, McCorquodale, Bronzan, even though he is the genius behind this whole thing. And that's AB 3777. That goes through and that passes.

Now, prior to that passage, though, we had recently come into money; we had recently gotten a seven million dollar gift from a very sweet lady.

MM: OK, well, that helps.

RVH: That does help. Which we, of course, locked up as an endowment, but it gave us $300,000 or $400,000 a year of free money that nobody controlled except us. Well, we spent $25,000 of that on doing a series of 15 town halls all over the state, marketing the ideas in 3777, getting families behind it, getting senators behind it, getting communities behind it. By the time we got to the legislature, it was a pretty nicely-supported bill. There was a lot of strength behind it; and it passed and it got a governor's signature. Although, in the process, he managed to cut lots of it out, because it was supposed to

have six pilots, it ended up with three, and it was supposed to have a couple of urban models and a rural model and a county model and it ended up with one rural, one county and one urban model.

At this point, we [MHA] were not interested in going for the program, because the only contracting we had at that point was Project Return and these little social things which we had done as a favor to the County. But we had sort of a Board policy that we would not compete for contracts with reputable Mental Health Agencies. I got a call one day from the chief deputy in the Department of Mental Health, who said, "Why aren't you guys applying for this? I don't see you on the bidder list." I said because we don't compete for these things. Doug said, "You have to apply for this, because you all know what it's about." So we were one of 17 applicants, after a really heated discussion on the Board about should we even do this. It was a split vote, but the majority said let's go for it – which did not earn us any friends in the community mental health industry, let me tell you.

MM: I can see that. So you actually felt that you might be changing the nature of your organization?

RVH: Very clearly. We were going to become a service agency. The only way I could justify this to myself and the Board was that we still had enough free money between United Way Share and endowment income and private giving, that they could take every dime of county money away and we would still survive and be able to be the strong advocates that we planned to be. Not a dime of my salary has ever been paid by the public. And we have a couple of other salaries that are in the sacrosanct area that would keep us going. That was the rationale, which is that we could be both provider and advocate. And this has worked quite well. I think the agencies finally understand that we are still primarily an advocacy organization. But we also figured out that one of the ways we advocate is to design, and this is a question of designing something. The best advocacy is building the better mousetrap. Because then the Village became something that everyone wanted to imitate. So that's sort of a separate track to the Community Support Programs, and the Village, and the Weisburd track. This all gets us to 1990.

MM: OK. Now I'm going to ask some other questions. You had mentioned Weisburd. I can see that family members would support recovery very strongly. It would be something that would help their loved family member to come back to normal life. I have heard concerns expressed by many people that this kind of concept of services for people with mental illnesses is only possible because medications have been developed that give them –

RVH: There is an element of truth to that, yes. But there also is a growing body of opinion that medications are useful, yes, but a) they're not the whole deal and b) they're not necessarily something that somebody needs for life. It depends on the individual track of the illness. The experience now in New Zealand, in Australia, and some in England and Norway, is that if you can get stuff early, I mean at the first break, intensive treatment for six months, and you can be done. Now I have not been to these countries to explore this yet personally, but other people in the system have. I don't know how far afield you're going with this.

MM: Well, I don't think we have funding to go to Norway.

RVH: Yeah, but there are people in California who have been on visits to these places. I don't know if you're planning to talk with –

MM: We're trying to talk to as many people as we can.

RVH: Well, I think you obviously need to talk to Rusty Selix. He has got to be on your list. Darrell [Steinberg] has got to be on your list, if you can get to him.

MM: Yes.

RVH: But Rusty has been to these sites. Mary Hyland ran the Alliance for Community Care, which is now Momentum for Mental Health. She was on one of these New Zealand trips early on. She would be good to talk to because she is a clinician. But you can check with Rusty as to who in the clinical community went on one of those trips, so you can get a better sense of what this means and what it could mean here. The other thing is Cam Carter, who is a professor at UC Davis, who comes from Perth, Australia originally; but he is part of this World Wide Cluster of Academic Psychiatrists who are very much into this early intervention – let's get it on a prodromal level, if we can, as things are starting to slip. Actually Cam Carter would be the best single person to talk to on that, because he has more experience than anybody else in the state.

So the general perception is that medications have made this possible and it is a lifetime deal. The newest findings are saying that if you can catch this early, you can get away with – and if you can develop enough resilience in the person, so that they know how to get control when they are feeling the symptoms start. In the worst throes, in the most unreconstructed schizophrenia, no, maybe not. But there is a whole lot more hope than anybody used to have. There is a whole lot more hope for being able to get past the medication. I don't know if Mark Ragins is on your list. Our medical director [at the Village].

MM: Yes. I believe so. OK. That's a powerful and attractive concept to respond to, but it does depend on early intervention and a Village kind of model. Rhe Village is a very successful model. Certainly it depends on a continuous level of community and government funding support. If that's not always available, recovery isn't going to work.

RVH: Well, that's true. Nothing works if there is no money, doesn't matter what it is. I mean, hospital care is much more expensive, keeping people in a maintenance thing forever is terribly more expensive because that's lifetime benefits.

MM: I don't disagree with you, but, as you know, government doesn't always think that way. They're not thinking in preventative terms.

RVH: I'm trying to teach them to think that way. That's why 20% of Prop. 63 has to do with prevention and early intervention. I did a little study back in '96, when we expanded The Village to 275 [clients]. I offered Areta Crowell, who by then was the director of Mental Health here, who I also presume you're talking to.

MM: Um hum.

RVH: I said, "I'll offer you a deal." The Village became a county program after the six years on the pilot status. I said, "This costs too much money. There has got to be a better way to do this." I said, "Here is what we will do. We will go from – we had 113 right then, we had 101 state-funded, we had a dozen, "Areta's dirty dozen," twelve of the most difficult she could find, coming out of the state hospital after years in the hospital system – we have 113, so we will go to 276, and we won't charge one dollar more, but we will take MediCal." We had not taken MediCal yet. "So we can drop the average cost from $19,000 to $10,500." And she said, "Great. Let's do it."

Of course, her finance chief deputy, Kathleen Snook, said, "Come on, Van Horn." Kathleen had been from '86 to '92 our Board member and treasurer when she had left

Mental Health. She was back with the County now, working as Areta's chief deputy. She said, "I'm not going to pay you $10,000 to take care of somebody who costs me somewhere between $2,000 and $10,000. So you're going to have to figure out a better rate system." I said, "OK. We'll do twin rates. We'll do a moderate rate and a high-end rate. So the moderate rate will be – I think it was, $5,250, because it was just half of $10,500. The high-end rate will be $16,000 something." But anyway, the average was still $10,500. "So we'll have 138 in this half and 138 in the other half and we will base it on your payment histories." So we did.

One reason why I wanted to do the moderate rate stuff was because I didn't want to kick out the people who had already been there. But, by now, we're beginning to learn other things. We're starting to learn that recovery really is possible. This is not a pie in the sky thing. People do recover. They recover to the point where they don't need us anymore.

MM: Was this a surprise?

RVH: Yeah! Because the deal in treatment contracts was that it was lifetime. I mean, that was written in.

MM: So recovery was kind of a serendipitous thing as well?

RVH: Yeah. I don't think people really realized how much recovery could happen. There was other stuff. Courtenay Harding, PhD, had done a study of people who came out of state hospitals in Vermont, who had been out for years and years and finding them was tough; but it was a 40-year longitudinal thing. They found that most people living in the community lived as though they had never been ill. Recovery, in fact, did work. And recovery worked without medications, but with community life. So this was beginning to be a part of what we were learning about. This woman was a friend of Martha Long, who directed The Village.

So the upshot of this was that we were saying recovery is an option; we're going to have to figure a step-down. We were thinking about a Wellness Center, which has now become all the rage around the state. But the other important thing on this is, for your thing about the money, for the 138 high utilizers and we said – I did an analysis of the County's lists, and we took everyone in the country, that was getting paid [services for] somewhere between 10,000 and 80,000. We left the over-80s out because either they were full-time state hospital, they were never coming out, there were like 300 something of these people in the County who were probably not going to be in anything else. So we said we'll do our cut off at 80,000. For us, we said 10,000 and up, because we had a lot of people who came from state hospitals, from nursing homes, etcetera. So we had bunches of people in the 50,000 and over range and up to 100 to 120 to 130,000.

So I took that cluster, we were spending an average of $17,000 on each person. 17% of that was spent in inpatient care or residential care. The County took the same cluster, although they had many more of them, but the same range, up to 80,000, they were spending an average of $24,000, but they were spending 71%, the exact invert of our 17, on 24-hour care.

MM: Wow.

RVH: But it cost them, per person, per year, $7,000 more and they weren't getting the outcomes. We were getting people coming down to the next lower level. So, the thing is, yes, it does take money, but actually, for the most ill, it takes less money. You can actually save money, if you're willing to put the money you're using into helping

somebody get their life back together, helping them get to work as much as possible, help them get as independent living as possible, helping them build a social network, which is not limited to Village members.

MM: Yes.

RVH: Otherwise it's gone.

**IV. AB2034; Building Organizational Ties**

MM: So what seems to have happened then is, you have been involved in this kind of building one legislative program on top of another. So maybe starting with Wright, McCorquodale and Bronzan, and then going to AB2034 and then to Prop 63…

RVH: Well, AB34, the start of that was basically Darrell Steinberg, when he was elected before he goes into office, he goes to see Rusty Selix. Newly electeds never go to visit a lobbyist, but Darrell had been on the city council and wanted to do something major in mental health. He asked Rusty what he could do. Rusty says, "Well, the kids have EPSDT now. But the adult system here has languished, even though we have the perfect model in Long Beach." So AB34 was the first bill and that was basically taking the Village program and adapting it for people who were homeless on the streets or coming out of jail homeless. Because we needed a show of support, we needed law enforcement behind us to get this bill signed. The bill was signed in October; we started up on the first of November. By mid-January, the governor had changed his mind and moved the budget from 10 million to 20 million, because it was just the initial anecdotal stuff that was going on in Sacramento and down here. Then, by May, in the May Revise he jumped it to 55 million. Amazing.

MM: Yeah, that is amazing.

RVH: It is. And 2034 was already in process at that point. That expanded it to more counties. But 34 was just 3 counties, it was LA, Stanislaus, and Sacramento.

MM: The demonstration counties.

RVH: The demonstration counties, right.

MM: So probably this was not something you had anticipated earlier, that you would be so deeply involved in working on legislation.

RVH: No, I've always figured that, because I love doing that. After I took on mental health, but I was actually – I told you about the friend on staff, who went to Montecito and I went to mental health. So I was up in Sacramento and I was coming down from Sacramento and I had agreed to preach in Montecito on a Sunday. This was between my divorce and remarriage. So I had a weekend with nothing to do. So I said to Gethin [Hughes, the Rector,] when I got there, I said, "You know what I'm going to preach on tomorrow?" He said, "What?" I said, "I'm going to preach on the Christian duty to be a lobbyist."

MM: Oooh.

RVH: He says, "You are?" Then he goes, "Well, fine. Go for it." I mean, he is pretty secure in his ministry there. He is a very, very popular guy. It was amazing. I'm preaching at All Saints Montecito, it was at the height of Gethin's popularity there, it was packed on a Sunday morning. So I'm preaching, and it's a big church, it looks little, but really is quite extensive and seats about 700. The place is full. I am going though this thing, using the illustration of the manna from Exodus. You know, the manna fell on everybody without fear or favor. The words in scripture are, "Each got what he needed,

nobody got too much." I said, "The story of manna is the story of being a citizen lobbyist. These guys need our advice. They have got all this manna to spread around, they need to know who needs what. And they can't find this out sitting there in the building. They have to have people come; they have to have citizens telling them how to make this distribution fair. Your job is to help it be fair, whereas a lot of the professional lobbyists' job is to help it be for their people." I had four offers in the coffee hour afterward to go to Sacramento with me. I mean, amazing. And this is a very conservative parish. I mean, Montecito is not exactly the Democratic Party at prayer.

MM: No, I would think not.

RVH: No, but it was amazing. I think I've always thought of it that way. I mean, this is something that was really an absolute duty to assist your legislature in being fair to people. So I get a lot of jollies out of that.

MM: OK. So, clearly, part of your role is to inspire people with this new mission. And what other roles do you see yourself playing? Drafting legislation, synthesizing –

RVH: Yeah, synthesizing ideas and stuff. I think another part, which has become apparent over time now and is beginning to be more and more apparent in the last couple of years as I approach retirement. I'll be 70 in September. Hopefully, I don't look that old, but –

MM: No.

RVH: And I don't feel that old, that's for damn sure. But the thing that has been the most interesting over the last couple of years have been the various places where I am active. For instance, I'm on the board for the California Institute of Mental Health, representing community agencies and the public on that. I'm on the Community Agencies Board here, in California, but I'm also on the National Council of Community Behavioral Healthcare Centers, which I actually just came back from last night, their conference. So I'm on that National board. I was on MHA's National board back from '90 to '96. I'm going back on in June. So I'll be on that Board. I'm on the [Mental Health Services] Oversight [and Accountability] Commission, that's good for another two years until O'Connell leaves; and then I'll have to see if I can get the next [Superintendent of Public Instruction] to reappoint me. So I'm in this strange position right now of being on, literally, every board that influences what's going on. And I will have a key staff person, who will probably be my successor, who will be on the USPRA Board, the United States Psychosocial Rehabilitation Association.

One of my goals is to get the MHA and USPRA and National Council to work much more closely together. And then to drag NAMI into this if we can. But NAMI gets – they are people who like to do their own thing. They have some goals that are somewhat different, they're much more involved with involuntary treatment. I think rather stupidly; it doesn't work. Everybody has proved that it doesn't work; but it does make families feel good to know that I can get the kid locked up if he is really going to hurt himself. Well, you can always get him locked up if he is going to hurt himself. But what you can't get him locked up for is if he just goes homeless. Moms can't handle that, and I don't blame them. Kay [his wife] couldn't handle that, if one of her boys went homeless. So this other role, which is emerging now, is integrator? I don't know what it is.

MM: Getting people to work together?

RVH: Well, that's – yeah. I think that's going to be a key part of the next few years for me, is ensuring that people at the different tables come together. Do we go into

partnership with a FQHC, a Federally Qualified Health Center? Do we go into partnership with another medical group? How are we going to we play this out to make sure that our people get physical health care, which they're not getting? Not a lot of the docs take MediCal, certainly not the better docs generally speaking. It's very hard for our folks to get treatment, which is why we have the 25-year life expectancy problem, which is really ferocious. When that came out, a couple of years ago, people were like, "Oh, my God!" People thought it was 10 years, turned out to be 25. "Holy moly, this is unbelievable!" So, at any rate, so this group will be part of that.

There are a couple of other things that are happening around this, part of which is going to happen through CIMH, another learning community being developed, using Barbara Mauer and Dale Jarvis as consultants, around medical homes, management. Legislation will be introduced – I just found out yesterday, that Debbie Stabenow, the senator from Michigan, is going to introduce the legislation to do Federally Qualified Behavioral Health Centers. So that, on the same model as the FQHCs, have that cost-based funding, operate on the same kinds of rules as FQHCs, which would be huge.

MM: That would be very big.

RVH: Yeah. That's legislation that the National Council has been organizing.

MM: This all seems to be continually dependent. To continue the kinds of services that seem to be needed by the mentally ill, we're probably always going to dependent on government funding.

RVH: Oh, absolutely.

MM: It's not something that private insurers can cover?

RVH: Well, that's not true. It's just that too many people, adults that are poor and on benefits because of disability, or just poor, don't have private insurance.

MM: Sure.

RVH: 95% of the people that we deal with don't have private insurance. In the Community Mental Health Centers around the country, they're all, the vast majority, publicly funded. A lot of them in the more rural areas have up to 40% of private pay or sliding-scale or insurance coverage [because there are no private providers willing to serve rural areas.]

## VI. Kay Van Horn's work with Mental Health

MM: Now here is a question.

[Wife comes down, introducing each other, conversation. Deciding that Marcia is going to talk to his wife for 15 minutes, then back to him.]

MM: We're talking now to Kay Van Horn. So Richard was telling me that, back in the 70s, you were working in the crisis clinic. Can you tell me about how you started to do that?

KVH: OK. It was part of LA County. At the time it was called more of a crisis clinic. It was the time of tremendous drug use and abuse by young kids. I think I started around '69. I'd heard – my children were in school and I had more time and I wanted to do something important and I've always been interested in psychology. I met a friend at a party who was telling me about a program she was involved with as a volunteer at Santa Monica West Mental Health clinic, again part of the County. They had this fabulous paraprofessional training program where you spent part of the time learning and another

part working in the CEU, which stood for Crisis Evaluation Unit. They had a duty officer and once a week we got to sit in with them. We also went out with what was then called the PET team, which was the Psychiatric Emergency Team. It was a fabulous experience, some terrific people. Little did I know that I would end up meeting Richard Van Horn, from Mental Health America, but it gave me a tremendous background. Later I worked for [our local] Congressman for 20 years.

MM: Have you been involved in mental health or any of the health field before that?

KVH: No, but I had taken classes. My mother had suffered periods of major depression and I'm not sure, it never dawned on me at the time that maybe that was what led me to have an interest, but I think it's just a social worker gene of wanting to help out. Then I worked for the Congressman in the federal building right across from the VA; so everything really came together a few years later, because we had all these Vietnam Vets that weren't taken care of. But the program in the county clinic was incredible. I'm sorry they've stopped it. It was a chance for a lot of people to get some good training. I don't think there are still enough people out there to be able to help enough people with serious mental illness.

MM: Right. Most people won't have any idea how to do it, even if they were willing to do it.

KVH: Right, so it was a lot of dedicated people. One of the people who were [new at the time] somewhat starting it, Jim Allen ended up being deputy director of County Mental Health [DMH], [and] worked with Marv Southard; he recently retired.

MM: So this was meeting kids who were in crisis and talking to them and strategizing?

KVH: Right. It wasn't just kids, it wasn't just young people, but we had so many of them, because young teens, I mean older teens, young adults, were being found outside on street corners and park benches and nobody really knowing what to do. The police would often bring them in and they would be evaluated and then sent to either Camarillo, or if we and they were lucky, there were some beds at St. John's Hospital, which were always at a premium.

But it was also just people who were having psychotic episodes. Often the calls from the PET team were from family members, who had a family member that was going through a psychotic break and they didn't know what to do. It was obvious that the issues that needed addressing then, that are now being addressed much more so, but still not enough. I remember being appalled at the police behavior with some of these people who were – the police really did not know how to deal with this hysterical person, so they were usually confrontational, which usually made it worse, which made the PET team so much more valuable, in helping to actually calm the police while you were able to talk to the client, talk to the family, explain. Those were also the days, I think, when the families were very much excluded, and the "sick individuals" was taken and not much attention paid to explaining to them.

MM: A lot of them ended up in the hospital?

KVH: Absolutely, and not enough attention was paid to these family members who were distraught themselves, who needed to be spoken to, needed to know what was going on. Then, with the training, we were also able to co-lead some groups and really had a hands-on experience, so it made me feel very comfortable in future time in meeting and dealing with people who were suffering from serious mental illness. Again, fifteen years later, in the Congressman's office we had a lot of really sick people walk in

who were very bright and knew that something was going in with the government, they didn't get their check, but they were hysterical and I felt really comfortable to help them calm down. They usually had a legitimate issue, so if you took the time, you could find out and help, so I was able to do that.

MM: That's great, so when did you meet Richard?

KVH: I met Richard, let's see, years moved on, I was divorced and that's when I started to work for the Congressman, in 1976, and I was on the County Mental Health Advisory Board. I knew Supervisor [Edmund] Edelman and so I was on the Mental Health Advisory Board, and I may have met him there. But at another time I heard him speak at a conference that had to do with federal dollars and mental health needs within the County. I remember really being impressed with him. Then somebody asked me to join his Board, and then I remember thinking that was wonderful, but maybe two in the Boardroom was not great. I joke! But that's how we met, through our interest in mental health.

MM: That's a great story.

KVH: Yes, it has been very nice. We have been married for 24 years. At the time, my older son was a Fellow, an Assembly Fellow in Sacramento, with assembly man Bruce Bronzan, who was very instrumental in some of the really great mental health legislation. So we were all really destined to come together.

MM: I guess so. Well, thank you for telling me your story.

KVH: Thank you very much. Can you tell me quickly what you are doing at UCLA?

MM: I work in the History Department at UCLA and I've been doing various oral history projects with a number of different scientists and also talking to patients for a number of years and then I started working with this project, which on the one hand is collecting an archive of mental health programs and mental health services in Los Angeles; this is the kind of thing that I spend a lot of time doing, because if we don't start collecting this stuff now future historians will have no idea what's going on, and future scientists and psychiatrists won't have any idea either, so we have to archive this stuff now.

KVH: You are coming out of the History Department?

MM: Yes, I come out of the History Department.

KVH: I'll tell you a quick story. If you can believe this, I went to UCLA many, many years ago. I loved history. It was fortunately the second semester in the big lecture hall, I had gotten a "B" in History 7A, this was 7B and it was just before Easter vacation. I was sitting in the back with friends reading the *Daily Bruin* and from the front of this humongous lecture hall of 300 people, his name was Dr. Dyer – he says "you," and everyone in the entire auditorium goes like this [turns her head] including me, and he says, "No, you, in the blue sweater, I want you out of my class!" He saw me reading the-

MM: The *Daily Bruin*.

KVH: Yeah, right before Easter break. Oh my God, I went out, that would not happen today, right? And I found my TA and I told him. Again I loved history and thank goodness I had gotten a "B" so that he knew that I really did love the subject, so he told me to come back after Easter break and sort of beg [she laughs], which I did. He allowed me back in his class; however, he made me sit in the front, on a chair facing the students.

MM: Oh, that's horrible, really.

KVH: I did not get a B, but I managed to pass. Isn't that unbelievable?

MM: Yes, it is, that would never happen today.

KVH: Well, it was really nice meeting you.

## VII. Setbacks and Problems

*[Return to Richard Van Horn interview, some conversational dialogue about pets omitted from transcription]*

MM: So I want to talk quite a bit about Prop 63, but I thought I would ask you first about – I know we have talked a lot about the successes you have had, but what do you think is your biggest failure?

RVH: This isn't even a job interview [he laughs]

MM: Or something you wished you could have done, but didn't?

RVH: I think in this job I live a really charmed life, there's not been a really a major setback. The closest thing to a major setback, right now, is that Prop 1E, which could take part of our Prop 63 funds from us for a couple of years.

MM: Is that non-supplantation?

RVH: Well, no, it's not. Prop 1E is basically to take 230 million a year to put just back in the general fund, as part of the budget fix. It's something Darrell had to do and we have to oppose it [he laughs] so we're sort of on opposite sides of the thing right now, but it's something he had to do, to get a budget at all. It's something we have to oppose, to make sure that people don't feel that they can willy-nilly attack our dollars, whenever they don't have enough of their own. The way that ours is structured, this is the most volatile income source in the state and we have to be prepared for downturns, which we are hitting next year. They want to take some of the reserves away.

MM: So given that, it would be very unfair.

RVH: Yeah, I think that would be unfair

MM: But previous to this, do you think things have – ?

RVH: If I had to do it over again, I would not – We started this program in south LA, which then became Oasis House, which is still there, but we figured at one point we needed to give this away, because it was based in an African-American community and it needed local leadership, it needed to be a part of an African-American agency, rather than a part of us. I took a lot of crap on this. We gave it to Barbour and Floyd, which [runs it] as SHARPs, in South LA. They are much more of a – they have a psychiatrist running this thing, they are much more of a medical model and involved in collecting MediCal and stuff, and we were much more of a social model program. And there was a lot of anger in Service Area 6 about us giving that away. We felt we had to do it at the time. If I had to do it over, I might have done something to change the leadership in it, or some way of being able to keep that, because, when we gave it away, it was a million dollar plus program and it was very much loved in the neighborhood. So that was probably the biggest thing. No, there was a second one. It was forced on us, because basically Roberto Quiroz threatened not to fund Step Up on Second, as long as we owned it. So we spun off Step Up on Second; [since it was in was then called] the People's Republic of Santa Monica, they didn't like anything that was owned outside of

their boundaries, so to get support it had to be local, so we spun that off. That's the other thing I regret, actually those two spin-offs.

Now our sort of modus of operations previously had been to spin things off. We separated in '44 from LA County Child Guidance Clinic, which we were the same agency for the first 20 years, we were involved in establishing Child Guidance Clinic in the San Fernando Valley, and that was spun off from MHA there. We have spun off Clifford Beers Housing into a separate corporation, but we're going to keep it closely linked. But spinning off the service programs has been a problem because the inheritors of the service programs didn't necessarily want to do it our way, and I kind of think our way is better. That's sort of arrogant, maybe, but as long as Susan Dempsey ran it, fine. But when she retired, and it was taken over by others at Step Up, some of those roles disappeared. At least that's my opinion. I'm sure it's a legitimate opinion, but there may be other circumstances there that I don't quite understand.

MM: Were there any specific things?

RVH: No, it just doesn't feel like the same thing. There haven't been any disasters. We had a terrible situation where one of the clients murdered his brother, but there was nothing we could have done about it. He was living at a board and care home, he was going home for a Hanukkah party at the family home, and he came out with a knife he got from the kitchen and stabbed and killed his brother, which is really awful because it was a family we were close to. So awful things happen but you can't control them. But in terms of starting programs that didn't work – we probably waited a little too long to make Project Return really more independent; but on the other hand, if you don't have the leadership available, then you can't do that.

MM: This is kind of a general question. You have talked about stigma; do you think that's changed in the last 20 or 30 years now?

RVH: I think it has changed, I don't think it's changed enough, by a long shot. It's still very powerful. I think if we really roll out the prevention dollars in the right kind of public education, for primary prevention is where much of this has to go, and a lot of it is public education. I'm not sure it's something we know how to do very well. It's very clear that the very best anti-stigma efforts are those which connect people to people. But we can't really do this very well, unless we have the mechanisms to do this connecting, and that's – we just don't have a whole lot right now. There are a hundred and one million dollars of PEI plans around the state that have been approved now by the Oversight Commission. That money should be on its way to these counties. We'll see what these programs do. This has happened in the last few months.

MM: Are there any other particular problems, other than funding, that you see that the mentally ill as facing?

RVH: I think the medications are a problem. There are too many side effects still with these medications, such as weight gain, the predilection to diabetes, the blood issues with Clozaril [clozapine], agranulocytosis. There are these horrendous side effects and the fact that these medications, while they do a lot of good, they don't do enough good. They are terribly expensive. I was engaged at one point, when Bristol-Myers Squibb was introducing Abilify – at that point it wasn't named that, it was named aripiprazole, which was the chemical name – and they had never done a public sector drug, so they wanted consultants from six key states to help them figure out how this market worked. So a friend of mine who was working with them had asked Areta Crowell, who had already retired, if she'd do this, but she said she was going to be out of the country, but

maybe they'd like me to do it. And I said, well, I will take you up to when you start to get ready for your introduction, because I am not going to back one medication over another in an introductory phase, but I will take you to that point, in trade for a donation to MHA. I'm not going to take a consulting fee or anything, but you can be generous with MHA.

We pushed and pushed on them to bring that drug in – I mean, all six consultants were of one mind – all of them said, bring this drug in a little above Risperdal and they said "no," they wanted to bring it in just a little below Zyprexa, which was stupid. They could have had significant market share for a drug that was probably as good as Zyprexa, and didn't have some of the side effects; but they chose to price it too high and then they got tangled up in getting approvals in several states, because they also had an AIDS drug they wouldn't make bargains with. These damn accountants get control of these companies, they're just bean-counters, they don't have a sense of corporate responsibility.

MM: Or a good sense of the lives of the people who have to take the drugs.

**VIII. MHSA**

Okay, so Prop 63, do you remember how this idea generated, did you work with Steinberg on doing that?

RVH: Well, here's what happened with this; one, we need to go back to '90 or '91. We had the nickel a drink initiative. We actually did a pretty good initiative and we lost, we got buried in beer by Anheuser-Busch; oh my God, it was awful. They put up more money against us than you could believe. So a dozen years after this failed, I think Rose came to Rusty [Selix, the MHAC exec,] and me, and said I think it's time to try something again. And Rusty and Darrell talked; we had AB2034, which was wildly successful, but there had been three years of no increase. What was originally planned was that you would add 50 million a year to this for seven years, until you got to 350 million. You gradually would complete the adult system of care. Kids already had all the money in the world with EPSDT. But this was not happening [for adults], so it was clear that we needed to do something.

Rosie said, "I think it's time for another initiative." Everybody thought we were all nuts, because initiatives don't [usually] fare very well. Darrell is great and wonderful, but Rusty [really] wrote this, with a lot of involvement with Darrell and his staff, and then the two of them used Jerry Doyle from EMQ in Santa Clara County on the kids side and then me on the adult side, so the four of us were the principals in this, but the two of them were the main co-authors.

It was seen initially that this would fix the rest of the system. We did polling as to where this should come from and we did focus groups, and the clear thing was that nobody wanted this to come out of the general fund. They didn't want to do any kind of a regressive tax; you had just had the Bush Tax cuts, so the really super income people were getting huge cuts and what we figured was, this would take back about half of their gains. So the 1% surcharge on personal income was over a million dollars: you get your first million, we get $10,000 out of the next one, and each subsequent one. It was basically the recipe for success. The early indication was that we had 70% favored fixing mental health, fixing the homeless issue, fixing children's problems, and willingness to pay an additional tax to do this. Very high approval rating. When the initiative was first in print, and we knew what the terms were, the response to this was like 70 for, 20 against, 10 undecided. As the thing got closer, we got to 20% undecided, so it was like 60, 20 and then it began to narrow down. The day before the election, we

were ahead. 50% approved, 30% disapproved. Well, we knew by then that all we had to get was to get a couple percentage points of the undecideds and we won. The undecideds went 4 to 1 against us, so we ended up 54:46. But you know that – on the last day, the undecideds are going to go against you, by and large.

MM: Right, if they hadn't made up their mind before that, they aren't going to vote for it.

RVH: Right, most of them, and, at the end, it was about 75% against. There was a group of us who realized, early on, that this was going to pass. There was enough emotion there and the advice of the consultants, Zimmerman and Martin, was, "Fly below the radar until the last minute;" don't get out, don't talk to newspapers. The press can only interview Rusty or Darrell, that's it. Nobody anywhere else in the state does anything with the press, because if you talk to the press, they have to go find your detractors. That's their responsibility. You don't want to give them any reason to go find your detractors. About three weeks before, there was a flurry of radio ads, probably funded by Scientology. We had done nothing yet in public, we'd saved TV for the last week.

Basically, what we were allowed to do, you could do anything on the internet; the internet was still not that popular five years ago. It's not that it wasn't regulated, it's just a lot of people weren't on it – the blogosphere was in its infancy in '04, if you can believe that. So the encouragement to our supporters was talk to each other on the internet, advertise on the internet, get supporters through the internet, fundraising, etc., etc., etc., which we did. And that basically meant that all of our folks talked to each other, they didn't talk to the public and they had enough satisfaction talking to each other that they didn't feel that they had to talk to the newspapers. The strategy was good. Bill Zimmerman is just unbelievable; he is one of the major forces behind MoveOn.org, also.

As this was put together, Prop. 63 is basically a series of amendments to existing legislation. So it added a few bells and whistles to 3777, it added a few bells and whistles to 377, the Children's System of Care. It added a section on prevention, early intervention, and it added the Oversight Commission. We were told in the polling, in the runup to the election, well, in the runup to the final presentation of the initiative in print, that this would not win, if it was just money given to State Government; it had to have an independent oversight. So the independent oversight was – this was the Commission that nobody wanted.

MM: You mean nobody wanted to be on it or that nobody wanted to –

RVH: Nobody wanted a Commission. The department [DMH] wanted to run the program. The CMHDA, the California Mental Health Directors Association, felt that they should have a voice in this. The California Mental Health Planning Council, which was the federally required planning group, felt that they should do that. Basically, the consultants said "No." The Planning Council is appointed by the State Director of Mental Health, who is appointed by the governor. The Mental Health Directors are County employees. None of these are independent. You need an independent [Oversight] Commission, and it needs to not be the usual suspects. So this thing was crafted to have – I mean, you know the composition?

MM: Yes, we can footnote it in there. [The Oversight and Accountability Commission has 16 members: One each appointed by the Attorney General, the Superintendent of Public Instruction, the Chairperson of the Senate Health and Human Services Committee, and the Chairperson of the Assembly Health Committee; and twelve

Governor's appointees, who must include: two persons with a severe mental illness, a family member of an adult or senior with a severe mental illness, a family member of a child who has or has had a severe mental illness, a physician specializing in alcohol and drug treatment, a mental health professional, a county Sheriff, a Superintendent of a school district, a representative of a labor organization, a representative of an employer with less than 500 employees and a representative of an employer with more than 500 employees, and a representative of a health care services plan or insurer.]

RVH: But that composition – basically, it occurred to me that, all of a sudden, my gosh, this really is the constituencies that we need to pay attention to: education, law enforcement, unions, employers, public sector, families and consumers, that's how it has been constructed. Did I mention education?

MM: Yes, you did.

RVH: Now the Commission, I think, has not quite tumbled to this itself yet. We discussed it a little bit on a retreat two weeks ago, and I think it's part of the Commission's education program, because they need to be educated because these are people that do not know the issues. These are people who are experts in their own arenas.

MM: But they need to be retrained?

RVH: Well, they don't need to be retrained; they need to see where their role is in pushing this ahead, and that's probably going to require several years to put all this together.

MM: But is that a role that you see yourself playing, to some degree?

RVH: Well, to some degree, yes, as a member of the Commission

MM: As a member of the Commission who really has understood the big picture?

RVH: Yeah. I was never going to be a governor's appointment [to the Commission]. I'm far too religious a Democrat. So the appointment I have is O'Connell's [the State Superintendent of Public Instruction], which is the one that Darrell had the first two years. And then it was [State Assemblyman Wesley] Chesbro for the next two years. Wes goes back to the assembly and he can't hold that seat, so that seat is open, so Darrell and Bruce Bronzan wrote extremely strong letters to O'Connell, saying that you've got to appoint Van Horn, he knows the way this has got to go.

MM: I see.

RVH: Bronzan has remained a close personal friend, ever since '82.

MM: So on the Commission, you are on the Work Group for Outcomes, how far have they gone with establishing measures for outcomes?

RVH: This has been, I think, a major disaster. We had outcome measures for AB2034 and those are the indicators that are basically being used for the full service partnerships; there has been no discussion of what else by the State Government. The Evaluation Committee is, this week or next, negotiating a contract with the outside consultants, to scope out what all do we need to evaluate, what is available in measures, what do we need to look at? We are letting a contract for about a hundred thousand dollars, which is supposed to be completed by the end of this calendar year, and sort of the lead in toward a much more massive evaluation contract.

We got some money sequestered over the last couple of years to do this and so I imagine that I am going to spend a lot of time, as is Larry Poaster, the other co-chair of the evaluation committee, and he, by the way, is the past, retired, director in Stanislaus County, so he had the other 3777 grant. But he and I are going to have to spend a lot of time with the consultants and really scope this thing out. Clearly Stephanie Welch, from CMHDA, who is sort of their MHSA specialist, is going to be heavily involved in this. And Rusty will be heavily involved in it. But I think together we will think of ways with the consultants to really manage this and get the right evaluation stuff in gear.

It is unfortunate this didn't happen faster. The Department was supposed to do this stuff initially, and Stephanie Oprendek was tasked with it. They had an outcomes group. I forget the special designation for it, but it was a constituency organization with about 20 members in it, it had agency people and county people and clients and family members. But it didn't produce anything and the Department got too tied up with the state hospitals and then problems with Coalinga and all the issues around trying to find psychiatrists. And then a couple of key program people retired, so that you were left without a lot of program folks in the Department. Stephanie's now over at CIMH; and Carol Hood retired, she's now with the Commission half-time; Dee Lemonds retired, she's now also a retired annuitant doing work for the Commission.

MM: So there was a loss of brain power, in a sense?

RVH: Yeah and [State Director of Mental Health Stephen] Mayberg is now over there practically alone, doing all of that stuff, which is too bad, because he is a bright guy [he laughs], even though he is a Yalie, and a classmate of George Bush. I think at some levels he was being pilloried for things he actually cannot control.

But I think there are problems yet to be solved about how to organize mental health in the state. There has been some discussion about dividing the Department and having a Department of Institutions, which would take all of the institutional care that goes on in the state and put that under one structure. There is still some stuff left from the DD [developmental disabilities] side, which nobody wants. There is still some stuff from the mental health side; there's still some stuff on health care for the prison population. Vacaville is entirely a hospital type of arrangement. Put those institutions under one leadership; and then put community mental health somewhere else. Or give it to the Commission, or make the Commission really become the Department of Community Mental Health. But well, the upshot would be it would have to enlarge its staff and everything. The other problem we have in California basically is that we are a county-based system, so we have 58 mental health systems.

MM: Exactly, and that is a problem, I think.

RVH: It is a problem, it is a real problem. And as a part of that, you have huge numbers of people who are tied to county labor forces. When the County here realized that they were not going to get any Prop 63 money, because half of all of it had to be assigned to full service partnerships, they said, "We're going to do half of the full service partnerships." So they set aside the big 7, which will eventually have to be the big 21 [clinics to convert to FSPs]. But all the county clinics had to do some level of full partnerships, but they didn't know how to do it. They hired us to train them how to do it. Well, this is fine with us, because we collected a lot of consulting fees, but I think it's been a very uneven process so far. On the other hand, this is all new stuff; people are trying to develop new ways of living together.

MM: Was that something that you had envisioned? I mean, the Act was a system transformation for basically the whole state, the Village and your other programs were already into this concept, but there were all these county clinics, for which this was a new concept.

RVH: Yes, [some of] the non-profits were already using the wellness concept.

MM: So unloading this new concept onto all these clinics and clinic staffs with their various hours, and work rules that had previously – Sorry, I haven't read the whole legislation, but was it envisioned that this would take a substantial training role to begin with?

RVH: Yes, the original plan – we talked about this on a conference call yesterday. The first things that would be done would be workforce development and IT infrastructure and that money – The first year, '94-5 where we had half a year, of that half a year, 45% went to IT and capital and 45% went to workforce and 5% went to State Admin, and 5% to initial planning for counties. The next year, and the next year, and the next year, 10% total of each of those years went to workforce and 10% to IT and capital. By the end of year 4, you had amassed, and unfortunately not spent, roughly half a billion dollars for each of those.

The plan had been, I mean what Rusty and Darrell and Jerry and I had in mind, was that the first thing we would do was workforce development; get out and do the training before you try to put a program on the ground. The Department did it differently; they said the first thing is going to be CSS. Darrell wanted an out-of-the-box thing, so he wanted the first thing to be housing, something visible, well, guess what? Not much has been put it into housing so far. There was a lot of money there, but not much has been spent yet. CSS has got probably a billion dollars our there, circulating somewhere. But workforce development and IT is struggling to get going.

The original thing in workforce development was that, originally, it would have been a State project. Then about 210 million was divvied up to the counties, and this part has a ten-year reversion, so you've got 10 years to spend the money, but very little money has flowed and some of the State stuff hasn't flowed very well. Generally speaking, I am not a happy camper where the workforce stuff is concerned. I think there are some good plans floating out there; it's going to take a lot to get some of them going. And the other thing is, they are too late, they should have been in place in '05-'06.

But one of the problems is, no one thought this was going to pass. So the State did no preparation before passage; I mean, the government was opposed to it. I think, even though the community agencies have put up collectively something well over a million dollars – our agency, well, we put up a quarter of a million dollars during the campaign, we almost went to the limit of our 501(h) allowance, and some other agencies did too and CCCMHA put in $700,000, which was the whole profit from our workers comp dividends. But when the State took on doing this, they just – they did it the other way around and then it took a good year to plan anything for the community support services, you knew that would take time because of the requirements of consumer involvement and family involvement and really building a grass roots support. Now, the upshot of this is that you have these massive planning efforts. You've got more and more people saying, well, I've had a voice in this. But the families have come out, worried about the two tiered system. You've got all this money going to full service partnerships for people who are unserved – What are our kids? Chopped liver?

MM: Exactly.

RVH: No, your kids are not chopped liver, but the State did this wrong. There should have been ways – Then you have the fact that we have had a decline in buying power, and actually a decline in dollars, of realignment funds, because the realignment of course is a piece of sales tax and a piece of vehicle license fee. Vehicle license fee, of course, pieces of that got cut down, and then the sales tax – the first call on our share of sales tax goes to caseload driven programs, so that in-home supportive services, as that climbed up in the last several years, took all the growth money. So no growth money. That flatness has caused huge heartburn in the counties. The problem in LA this year is over 50 million dollars.

MM: Wow.

RVH: Now that is offset in LA by the growth in CSS dollars, I should say, community services funds, but that growth will quit very quickly, because, well, we are okay probably through '09-'10, but then in '10-'11 we will be in deep trouble, because the income from MHSA is going to drop dramatically, from 1.5 billion to 900 million. I don't know how much everything else is going to pick up in that period in terms of sales tax and VLF.

## IX. Working with DMH

MM: I'm going to ask you then, and I hope you will be as candid as you want.

RVH: I'll always be as candid as I want [he laughs]

MM: Yes, well, I hope you will be as candid as you should be. As we indicated on the letter, if you want to put some of this material aside for 40 years, until everyone is gone, we'll just hide it in the archive until then. It is apparent that you had a close relationship with Dick Elpers when you started first working with DMH. Can you talk about your perception regarding DMH, for example, how it operates, what it does well and –

RVH: LA County or State?

MM: LA County.

RVH: Okay.

MM: In the period of time that you have been associated with it.

RVH: Well, I have been through four Directors. Working with Elpers was very interesting, because that was really the building of the department. It was separated off from Health Services in '78; it was a condition that he made when coming here. He had a very finely tuned sense of needing advocates, of needing relationships with families and consumer organizations. Barbara Lurie was his patients' rights person then; and she reported directly to him, she didn't report to anyone else. He wanted to make sure that patient rights were carefully preserved and that complaints were really dealt with. He had some really top notch deputies. Allan Rawland, who could be a pain in the ass at times, but has now been County Director in like five different counties, is now over in San Bernardino, and is really turning it around. So Elpers did a good job of training people. John Ryan, who for years and years was Director in Riverside [County] – John and Allan were both Dick's deputies in Orange County. Allan came with him to LA, John went to Riverside as Director.

His medical director, Hal Mavritte, was a great guy. Dick didn't technically need a medical director, because he was, is a psychiatrist, but Mavritte was a real man of the people, a kind of nice, really soft, decent, kind of a human touch, which Elpers was really not – he can be kind of tough. Areta Crowell, as his principal support deputy, was bright

and highly competent. Kathleen Snook, as his fiscal person, was brilliant, tough as nails, held people's feet to the fire for performance. They all did. I think it was a golden period for the Department, building this thing. Rose Jenkins was Children's deputy, really put Children's stuff on the map. We are still doing something left over from Rose: the Art Program. Do you know how that got started?

MM: No, tell me.

RVH: Rose Jenkins didn't speak to me for a year, because of hijacking the Cathy Wright Bill, 3920, which was the Ventura Children's Pilot, Randy Feldtman's pilot. It was an LA County bill. Lila Berman and I sat down with Joan Amundsen [Assembly Health Committee consultant] one afternoon and said let's do something nice for children. Just idle conversation, but this is how things happen. We really want to push this children's system of care idea, as integrating the various kids' services and having some way of bringing people together. Randy has been doing this stuff with no money in Ventura County; let's figure out a way to get a million dollars to Randy, to help him put this together. So we wrote this thing up and are looking around for where is the vehicle we can get to carry it, because this is too late [for new bills]. Well, it turns out that Cathy [Wright] has this LA Bill that is actually going nowhere, but it's one that Rose Jenkins wrote and really wants. So we go to Cathy Wright's staff person; well, Cathy was reluctant to do anything about it. So Lila, much more adept legislatively than I was at that time – this was about '81 or '82 – suggested to write the bill in two chapters: Chapter 1 is the LA bill, Chapter 2 is the Ventura thing. If they are both doing well, run it with two chapters, if one chapter is going down, *then* pull it out. It turned out that the LA Chapter was the one that was going to going down, and it was a dumb idea, so it got pulled out. Rose was really pissed at me.

But a year or so later, she did start talking to me again and she had started doing this Project with this [high school] Expressing Feelings through Art Contest. Then she got sick. I had agreed, after she started speaking to me again, that whenever she died, I would do her funeral. She wasn't sick at that point, but then she got sick and she did die, and I did her funeral. During the funeral, which we had at St. David's Church in North Hollywood, I said mourning Rose is one thing, but honoring her accomplishments is much more important, and honoring those things that were important to her – the Art Project, how much she loved that and what this did for kids and for kids' self-esteem, that that needs to continue. We're walking out of church. Joan DuBois – Peter DuBois' wife, Peter DuBois had been the MHA in California exec in the '70s, and then had worked for Dick Elpers in LA – Joan was a program officer with the Keck Foundation. She came up to me at the receiving line at the end of the funeral and said, "Well, Van Horn, if you think this is so important, why don't you write a grant for it?" I said, "OK." So we wrote a $100,000 endowment grant in order for them to give us $100,000, so that that the $4 or 5,000 this thing [the Art Contest Project] cost every year would be covered forever. So we sent that in.

In the meantime, I'm preaching about once a month at Our Savior [Church] in San Gabriel, which was a very rich parish. One of the members of the parish, Judge Thomas, is on the Keck Board, and heads the Southern California committee for the Keck Board. I have had a conversation with him, two preaching events previous, where he said, "The Rector's going to retire, how would you like to stand for Rector here?" I had said, "I really can't. MHA has just got this fabulous bequest [and] for me to leave at this point would just be silly, when we're just on the cusp of some really new stuff, and besides, you guys wouldn't like me after a while, anyway. You may like me preaching, but I'm probably not a very good parish administrator." A few months later, we had the

grant in to the Keck Foundation, and he cornered me after church. He said, "OK, Van Horn, answer me something. MHA has all this money; why should we give you an endowment to do this program?" I told him, "Because you want to give money to people who are successful in using money well." "Oh!" he says, "that's a different way of looking at it!" [he laughs]. We got the money and it's still going.

MM: That's great, that's a good story. So Elpers built this great team -

RVH: And then Roberto Quiroz becomes Director. This was very interesting; this again is entirely my view. Dick went to UCLA, and Roberto was made interim [Director]. I had talked to Roberto and said, "I think being interim is great, but if you are going to run for the Director, you shouldn't be the interim, because then you don't have a level playing field." Well, he clearly wasn't concerned about a level playing field; [he just wanted the job]. So he became interim and then he decided he would run for Director, which really irritated me. I continued in my job, but Roberto didn't want to give us any money, he tried to hold money off on contracts and stuff; but fortunately he couldn't do that. I refer to those as the "Seven Lean Years." You'll forgive my predilection for Biblical analogies. But it was a very tough time, it was not good for Mental Health in LA and eventually he lost the job. He finally [as I understand it, irritated Supervisor] Gloria Molina; she was the only one who could get rid of him, nobody else could make that move.

They looked around for a Director and it was interesting. Bev Abbott interviewed for it, I don't know how she thought she would ever get it, being Dick Elpers' wife. Sheila Baylor also interviewed for it. She heads the External Quality Review Organization in California now. Someone who interviewed was a Hispanic woman from Tucson who was in the Federal Government and she would have been a total disaster. They asked Areta Crowell to come up and just talk to them. They didn't want to call her [for an interview]; she was Director in San Diego, they asked her just to come up and talk. Well, unbeknown to anybody, she had actually put her name in, let it go in, she didn't tell anyone she was doing it. She just sent in an application as a placeholder. So basically what happened is the Board asked her, "Will you take the job?" She said, "With some conditions. I get to name my own chief deputy. I get Kathleen Snook back from Treas/Tax." Actually, she didn't make enough demands, she could have made some more demands, because they were desperate. So she came up; and that was a golden era, because she is a brilliant administrator. She is much tougher than she appears to be. She can, on occasion, can be very pointed in her comments. I have been on the wrong end of those comments a couple of times [he laughs]. She has been one of the most loyal friends anybody could ever have. I've been very close to the whole family. Actually when her daughter-in-law was instituted at the Presbyterian Church, I preached at that service, because they had to have an outside person from another denomination.

She built administratively a very good team again, cleaned up all the mess that Roberto left over. When she came back up here in '93, we had been running the Village for three years, she came out and looked at the Village and basically said, "I want some of this." So we initially took a dozen of her – we took the "dirty dozen" right away, to see, can we take some of these really tough folks and make it work? She decided that she would trade 200 state hospital beds for 500 slots and 200 IMD [long-term care facilities; Institutions for Mental Disease] beds. Anyway, some other agencies, I don't exactly remember how many, ten or so other agencies did programs on the 3777 model. They called it the PARTNERS program, it's an acronym, but I forget what it's for [People Achieving Rehabilitation Together Need Empowering Respectful Support]. Anyway, that really sort of put this on the map, as something people might want to look at. At that point John Buck at Turning Point in Sacramento started doing integrated services, which

is how Sacramento got into the AB34 mix. The integrated service thing really started to catch on. This was the first sort of making the moves to where you would get to Prop 63 eventually, or get to AB34 eventually. She [Crowell] held that [Directorship] for not that many years, 5 or 6 years.

MM: Until 1990.

RVH: Really, I thought it was earlier than that?

MM: I'm sorry, it was until 2000.

RVH: Yeah, because Marv [Southard] has been there 10 years now. Then she decided that she would retire and then the question would be, "what next?" This was the point when the lady from Arizona came, who was with the Feds; I can't think of her name right now, but she was doing something with SAMHSA. She was going to apply, it was clear would be really tough if she applied, and eventually she may have dropped out. Areta and I talked to Rod Shaner [DMH Medical Director] and told him he had to apply, because we have to have had a safety valve in here, somebody we knew. I talked with Marv Southard, whom I had known somewhat since he was with a private agency in East LA, El Centro, and he was doing a really good job in Bakersfield. I suggested to Marv that he apply for the job. He said no, no, no, Caroline will never move, etc, etc. I told him, why don't you go to Caroline and talk with her? He talked with her, and she said, go for it. So he did. He has trouble deciding whether I'm his best friend or his worst enemy, depending on what's going on. So he did apply and he obviously interviewed well, and he got the job.

He is another person – we've had, I think, a pretty close relationship all the way along, not that close as Elpers and Crowell, but close enough, closer than most Directors have with any community agency person. I think he is a little more circumspect in terms of his sense of how close he can be, but he definitely gets the picture. He gets it, he understands the Recovery Model, he understands what it's about, all the things that we want to do. He is certainly up to his eyeballs in trying to transform this whole thing. It's tough. It really is hard work. As George Bush would say, "This is hard work." In this case, it is.

MM: It is hard work, I read through a lot of the memos and it's very hard to bring this about.

RVH: Yeah. I think he has done a fabulous job. In pulling this together, he has had some great deputies; he's had some that were not so great. He is much better at it now. In the first few years, he really had trouble with the 8th floor – with the Supervisors, the Board offices – it's just referred to as the 8th floor, because that's what's up there, their five offices. He had trouble lobbying the Board and he didn't understand, at the level at which Elpers did, using outside forces to get his point across. Elpers on that level was a consummate politician.

MM: So he could have used you and your constituents.

RVH: He did, but not as bluntly [he laughs]. And – I haven't been to a Board meeting in years, because we don't have any problems with the Board now. The Board is basically cooperative. There are no big fights. And our money is almost all sequestered. The Board almost has no skin in the game, because they have a minimum amount that is their match. It's a set figure, it doesn't even rise, so that's that. The arguments are all on the State level. That's different from some other counties. This County is pretty stable.

MM: Was Dr. Southard aware of what was going to happen with Prop. 63, because earlier you sounded like they were taken by surprise? "We need some of this FSP money, so need to start conversion immediately?"

RVH: I think all of CMHDA was surprised by the win.

MM: They just didn't think it was going to pass.

RVH: Or they didn't take it seriously enough. The relationship between Pat Ryan and Rusty Selix is very tenuous. Pat tends to somewhat dismiss a lot of things Rusty thinks or gets involved in, and dismissing Rusty Selix is something you do at your own peril. Rusty is really, really smart and he is certainly not the most popular kid on the block, but he is the smartest. He has some of the best connections and he knows how to use them.

I think that – I don't know that I'd want this to get terribly well-known – What does it matter what I say at this point, no one can get me any more [he laughs]? It is difficult being a public sector lobbyist, as a lobbyist for a government entity, because you are so tied up. Pat can't do anything that CSAC doesn't want her to do. So CMHDA can't take a position on 1E even, because CSAC is going neutral. The Commission can't take a position on it, because government commissions can't take positions like that. We can ensure that the facts are accurate. But Rusty and I were co-plaintiffs in the suit to change the ballot language. And [Stephen] Mayberg [State Director of Mental Health] got upset, Andrew Poat, the head of the Commission, the chair, got upset, and said – And my appointing authority called and asked me, "What are you doing? Why didn't you tell us about this, when you were over here the other day?" And I said, "Because I didn't know about it until this morning." I agreed at the last minute to sign on, because Rusty had to have a provider as a plaintiff, and I was the only one handy, plus Rusty knows – and John Buck's board had said, "No." And I don't ask my Board things like that [both laugh]! I think because my relationship with them is so secure and so longstanding, that we've agreed that I'll take positions that I think need to be taken. So how are we doing?

MM: Well, although there certainly is a lot more we can talk about, we should probably wrap this session up. Is there anything you want to add?

RVH: No. Thank you.

## X. The Oversight and Accountability Commission;

AN: In your previous interview with Marcia, you had talked a lot about the implementation of MHSA and the development of Prop. 63. I would like to follow up on the Oversight and Accountability Commission. You are a Commissioner now, but you weren't until – ?

RVH: I was not until January. Correct.

AN: So how did that come to be?

RVH: It came to be because the seat, which is given to the Superintendent of Public Instruction – the Commission really started with Darrell [Steinberg] out of the assembly. So the only way that he could be on the Commission was to have another appointment. So Jack O'Connell appointed him to that seat. So, for the two years he was out, he held that seat. When he went back to the Senate, he couldn't keep that seat. Meanwhile, at that same point, Wes Chesbro, who had been the Senate's delegate, was termed out of the Senate. So O'Connell gave Wes that seat, when Darrell had to resign it. Then Wes was elected to the assembly last November, November '08, so he had to vacate the Superintendent's seat, and he couldn't get the Assembly seat, because Mary Hayashi has that seat and she didn't want to give it up. So then the seat is vacant and Darrell and Bruce Bronzan, who had been a classmate of O'Connell's in the Assembly from '82, and then after Bruce had left the legislature, in '92, by that time Jack was moving to the State Senate, Bruce, being a close friend of his, helped him with some fundraising and stuff because Bruce went into the private sector, and they've stayed very close friends. So both Steinberg and Bronzan said to O'Connell, "You need to appoint Van Horn to the seat now, because we've got to have somebody who has been with this Act from the beginning."

AN: Which seat is it?

RVH: It's the Superintendent of Public Instruction seat. Which is separate from the 12 governor's seats. Those are all specified by job category. Then the Assembly and Senate each have a seat, the Attorney General has a seat, and the Superintendent of Public Instruction has a seat. So that's the seat I have.

AN: And you guys meet monthly?

RVH: We meet monthly except December. For the first few years, it was two days a month, which was driving some people crazy. Because if you added committees to that, that was three days. Which, if you had anybody of quasi-importance even in the seat, they couldn't take that time off from work every month.

AN: Are you still on the Outcomes workgroup?
RVH: I'm on the Outcomes workgroup, which is now called Evaluation, and on the Funding workgroup, but not as the chair or co-chair. I'm co-chair of the Evaluation one, and then chair of the Cultural and Linguistic Competency [Committee].

AN: I know you mentioned in the last interview that the Outcomes group has been disappointed at the old outcome measures with the AB 2034.

RVH: Well, the AB 2034 outcome measures were great because they were all derived from the 3777 outcomes, the Village outcomes. Those now are called Key Event Indicators. They are being collected, but they haven't been reported back to anybody. So one of the things that we found out at the Cultural Competency meeting a week and a half ago was that there's all kinds of late data, which isn't coming in on time or it's coming in incomplete. Because the counties frankly don't see any use to anything except what lets them bill MediCal; the only feedback they get is the billings.

So, if the State is not providing this back for purposes of using it to manage, or for purposes of understanding and evaluation, it doesn't do them any good and why should they bother to be timely about it? So when you look at the charts of who's on time and who's not on time – and you can get all these charts from the State. Actually you can get them from Jose Oseguera. He is the staff on the OAC for evaluation and for funding and policy. He should have PowerPoints of all the charts and stuff.

AN: Oh, that would be great.

RVH: Yeah, so those can all just be e-mailed to you. Tell him, or I will send him an e-mail authorizing it, that we have talked. This is part of this massive study, and he should forward everything to you. It's all public information. That should get you a whole lot of stuff.

AN: Well, I know that the LA DMH, they are working on the OMAs, the FSP data. I know that they have been working really hard to get it to State.

RVH: Yeah, but the State doesn't share it back. Nobody shares back with the clinic or the providers, which is really stupid! This is being recorded, right? Well, it is. It is frankly very disappointing. I think, if we were getting the kinds of outcomes – we *are* getting the kinds of outcomes – If these were being published, and people were seeing the changes that are happening in people's lives, and it was very clear, I don't think 1E would exist.

AN: That's really interesting. It's like a black box right now; nobody knows what's going on.

RVH: Yeah. Or knows very little. It certainly is not statewide, it's not very well publicized.

AN: I know that you put out a contact or a bid for someone to evaluate.
RVH: We did.

AN: And have you selected that group?

RVH: Yes. That was selected a week ago yesterday.

AN: Is it public yet?

RVH: Yes. They are Research Development Associates out of Lafayette. Pat Bennett is the principal. The lead person on our project will be Kayce Garcia Rane.

AN: Great. And were there a lot of bids?

RVH: [Holds up one finger]

AN: One bid? We found it interesting because we thought, doing this evaluation in LA County, we actually entertained the thought, but the fact that it was broken up into two parts kind of made it unappealing to us.

RVH: Right. We figured all of the big kids were going to leave part one alone.

AN: So why would you want to do that?

RVH: It's a conflict of interest! If part one lays out the scope of work for part two, then part one's bidder, or consultant, has a real leg-up on part two.

AN: True.

RVH: Well, you can't do that in the State.

AN: Right. I guess, when we were discussing it internally over at the Health Services Research Center, the fact that it was broken into two, nobody wanted to take time to design a study if they couldn't go and perform it. And I think it knocked academia out of the running.

RVH: That's right. Academia – well, we would never give you guys the overhead that you're asking for.

AN: No?

RVH: No.

AN: That's understandable.

RVH: The overhead is crazy! Come on. We allow the State 5% overhead on this project. 5 percent!
AN: USC is 63%; UCLA's rate with the Feds is 54%.

RVH: I don't know how you all get away with it. It's the internal State – it's a way of dealing with the UC budgets and stuff, I'm sure. But foundations don't let you take that kind of overhead.

AN: Well, we do partner with DMH; they don't pay that much. Certain agencies just won't and the system accommodates that.

RVH: But the State will. But not on our budget, because the money just wouldn't be there. They would have to collect it from somewhere else. Anyway.

**XI. Memorandum of Understanding; Working with Multiple Agencies**

AN: I read about the Memorandum of Understanding [MOU] between the different agencies. I had been wondering about that. Can you just lay out how all the Oversight Committee and the Mental Health Directors, the Planning Council, how they work together? I got a little bit of that from the Memorandum of Understanding but not really.

RVH: OK. We have to back to the beginning again: writing the initiative. We needed everybody's support. We also were told by our consultants, and by focus groups, and by polling, that if you gave this money to government it would fail, because the level of trust in Sacramento is so low. So there had to be an independent body overseeing this. So the Department wanted to be the overseer. The Mental Health Directors would like to be the overseers. The Planning Council said, well, we're federally mandated, why can't we be the overseer? Well, the Planning Council is 100% appointed by the [State] Director of Mental Health. There's a good reason why not! And they are a piece of the Department. So you had to have this other group. It is the Commission that nobody wanted. It was sort of like Phillip Nolan in *The Man Without a Country*. Bad movie.

But – so the Commission was put together and the ideas were cobbled together: appease these here, appease these here, appease these here. The original idea was that this Oversight Commission would have total power over this money. But you had to have some support from other pieces of the mental health constituency. Now we may have been able to pass it without any others…because it turns out that the Directors couldn't do a whole lot to support the initiative anyway, and certainly the Administration was not going to support it, and the Planning Council is part of the Administration, so it couldn't really help. So maybe we gave away more than we needed to; but it seemed at the time that we need the bill to have a collaborative relationship. And still, we do need to have a collaborative relationship, but so it divided up the responsibilities. And this has been the subject of discussion from the very beginning. Who is responsible to whom, for whom does Sheri Whitt work, for whom did Jen Kleinschmidt work, for whom did I work? Now, I was clearly paid by the Department. My paycheck was basically signed by Steve Mayberg for the six months that I was a consultant for this thing. And I worked out of that office, I mean, I was in Mayberg's suite of offices in the Bateson Building.

So when you set this thing off and now the Commission is set up and it's ready to go to work and plans are starting to come in – the way it was set up was that the Department would have control over the Community Services and Supports [CSS], the Planning Council would really particularly have workforce development, and the Commission would have prevention, intervention and innovation. The Department would also have capital and IT. So that meant the Department would have eventually say over most of the money, a small chunk for the Planning Council, and 25% for the Oversight Commission, 20% for PEI plus 5% of CSS and 5% of PEI aggregated, for innovation, which actually ends up to be 4.2% or something, figure it all out, and it works out to 100%. So that's how this got started this way was cutting the deals to make it palatable, so we can get through the election without an internal war, without the usual mental health circular firing squad.

AN: How would you say it's working so far? It seems like a lot of people who have oversight. I went to a session over a year ago near LAX. It seemed like a lot of discussion without a whole lot of progress.

RVH: Yes. By the Commission, you mean?

AN: I think by the Commission.

RVH: Well, I think this MOU has sort of been turning it into something, something, something – finally. I think it was December or January, just before I came on the Commission, the MOU was being negotiated so it was Poaster and Sherry Whitt from Commission staff, Mayberg and one of his deputies from the department, Pat Ryan and the president of Mental Health Directors Association from that, and Ann Arneill-Py and the chair of the Planning Council. So you had this group meeting every week for a month or month and a half, something like that, a number of meetings. I was not in those meetings, but I have heard they could be rather tough. The Department, of course, wants to retain as much control as it can. The Planning Council wants to make sure it has its little piece. The Mental Health Directors Association would like all the control they can get. They are sort of at war with the Department most of the time, or at least in serious discussions with the Department, put it that way. The Oversight Commission was looking out for what were its real interests. Where the real thing came a cropper was the outside stakeholders, known as Community Partners, got their nose really bent out of joint.

AN: Because they weren't in that.

RVH: Because they weren't in that.

AN: Eduardo Vega, I think, voted against that.

RVH: Right. I mean, deals get cut even still by being observant of the Bagley-Keene [Open Meeting] Act – the State level [Brown Act]. Larry Poaster moved to adopt; and there was some level of hue and outcry. There had been huge amounts of e-mail back and forth ever since the previous meeting, when it was postponed until this month. What happened in that was that basically Stacie Hiramoto, who is an employee of the Mental Health Association in California, and sort of a facilitator for the Community Partners, which includes basically the lobbyist crew, lobbyists and advocate lobbyists. Community Partners includes NAMI, and the Network, and MHA – that's the three principal advocacy groups – then it includes CASRA, the California Association of Social Rehab Agencies, and CCCMHA, California Council of Community Mental Health Agencies, and the Alliance for Children's Services – that's the provider organizations – and then it includes Disability Rights of California, that used to be Protection and Advocacy; and then it includes sometimes some of the guilds, sometimes not. But that's the core.

Probably the majority of the Commission is going to say, these guys [Community Partners] do not have standing in terms of legal responsibility, so how can they be in an MOU? And this is the attitude of the Department. Let me look at it – I'll take Larry Poaster's attitude on this. Larry Poaster is, of course, a former County mental health director and a close friend of Steve Mayberg's, has known Steve for as long as I have, actually longer, because I've only known Steve for 28 years. Larry was in on negotiating this and he thought that it was as good as it was going to get for now. But he did signal Thursday night that he would accept an amendment that would put a six-month sunset on it. But he was not going to make the motion that way.

AN: And why the sunset?

RVH: So that we can deal with the Community Partners. Because everybody agrees that this has got to be dealt with. Now, I got an interesting e-mail yesterday. Stacie Hiramoto sent around yesterday evening a letter of thanks to be signed by the members of Community Partners, to be sent to Lou Correa and Tom Greene, who were the two who were the two that she identified as voting against the amended MOU. I think Eduardo eventually voted for the amended version, but I don't know the vote count on that. I am going to e-mail her this morning saying, "Stacy, don't do that. Really bad idea. Because you have other friends on the Commission who are saying we're not going to just kick sand in Larry's face, we're going to do a 6-month sunset."

In the six months – I had told them [Community Partners] already that in the 6 months, you all have to get organized. You have to have an organization; you have to have a way of having a couple of delegates to this process, then we see about getting you into the process. Because the other thing, the MOU, as it exists, does not take into account the AB5XXX, which does assign some extra authority to the Commission and also has either a drafting error or some error in one section which has to be fixed, which would have the Commission writing guidelines, which is basically the Department's responsibility. So that has to be clarified as to what the intent is. So there is work yet to do on this. Does that answer your question?

AN: Yeah. Just to finish up on the Commission level, I was wondering, what are the main goals that you see for the commission over the next year or so. What is – ?

RVH: To make sure that this evaluation process proceeds as rapidly as possible so that we can get some stuff out there, that people can understand. The question for me right now is, should the Commission take over the entire evaluation process?

AN: What would that – ?

RVH: That would mean that we would take over the outcomes issues and build the evaluation framework for the whole system. Because the State is not doing it! The State is basically doing compliance.

AN: What about that audit?

RVH: You mean OSAE?

AN: Yeah.

RVH: Well, that's what gave rise to the MOU. The OSAE is saying, "You guys are slower than molasses! What is going on here?" Everybody's blaming everybody for that, and God, how embarrassing. If I had an audit like that I would be fired! Wouldn't you?

AN: Yeah. It was not a great audit. Would the Commission then take that place, would the audit not be done again?

RVH: I doubt it. The OSAE, I mean, the Office of whatever that is, State Audits [and Evaluations], that Office can always audit any Department, any State Commission, anything. I mean, they're just the investigating arm for the State Government. What would have to happen is, the Commission would have to take over a piece of what is

currently a Departmental function. It would have to be organized somewhat differently. It would need to have different kind of lead staff, if it's going to do this. It would need to have some practice experts who really know some of these fields. The Commission Staff are very nice people, very good people, very dedicated people, who don't know much! Because they're not people who have a career in mental health.

Ann Collentine, who heads the workgroup on county plans and stuff worked for the department for a few years under Dee Lemonds, so she has picked up a lot of stuff about the recovery vision and all that because Dee was a contract monitor under 3777 back in 1990. She worked for Vince Mandella in those days who was sort of a genius behind the implementation of 3777, which was the original adult pilot. So Collentine has some experience. But Deborah Lee, who is the consulting psychologist, has a great deal of experience and is really, really smart and was a right hand to Saul Feldman, who ran United Behavioral Health. So she has been hired on full time and she is really staffing the whole prevention piece. And she is very good. Most of the rest of the staff are new to mental health, or pretty new to mental health. Greg [Griffin] has been around mental health for a long time, and in social work, and he knows a lot.

AN: So it's really evolving. I mean, the Commission is still finding [its way].

RVH: It is evolving. It's still finding. I mean because it's a Commission with a relatively small staff, the State Personnel Board only allows its Executive to be at a certain [salary] level, about a hundred and six to a hundred and ten thousand; Darrell and I fought with the State Personnel Board to get the salary up from 81 to 106. You know, because we couldn't hire anybody any lower. And 106 is still – a community agency the size of mine, which is a pittance compared to the State Department of Mental Health or the State Mental Health system, our agency's size salary range for the executives is between 150 and 200. But when I came up there as a consultant, Steve was making 120. Kim Belshe, former Director of Health Services, now the Agency Secretary of Health and Human Services [for California], she was making 130. I came in at 165 as a consultant. Because basically I said I'm happy to come up for 6 months, but I'm not taking a salary cut to do it. And they choked and agreed. But that's the level where this thing ought to be. Now, in the intervening time Ann Arneill-Py got her salary raised from 81 to 106, that we got for Jennifer Kleinschmidt, and as a result of this, Steve's – the Director's salary got bumped up into the 150s and the Agency Secretary's up into the 160s and things got more reasonable. But the State Service pays for crap! So that is a major problem for any of these Commissions.

AN: Sure. You're not going to get the people.

RVH: And yet, if you're going to oversee this thing, you need it. We'll have to have more arguments for the State Personnel Board and build a better case. But one of the things that happened as a result of last year's trailer language and the trailer language of AB5xxx is the Mental Health Commission [now] operates separately, independently from the Department. And it can write its own contracts. And it has rights to all information, it can require information from the Department of Mental Health, so it can require all the data. Prior, it had been "Pretty, please". "Pretty, please!" Sometimes it gets what it wants, sometimes it doesn't. It depends on whether somebody wants to respond to that one.

## XII. Transformation; Milestones of Recovery

AN: That's great. That's probably all the questions I have about the Commission and the State level. I wanted to ask some more questions just about LA County and the Mental Health Services Act here. Just about transformation.

RVH: Which is not a word in the bill.

AN: It's not a word in the bill?

RVH: No.

AN: That's interesting. It's *the* word.

RVH: It's *the* word, but it's not in the bill.

AN: Can you just talk about transformation and what you think the purpose of it is and maybe Mental Health America's role in the transformation of the directly operated clinics?

RVH: In one word: huge. Well, that's a kind of arrogant expression. What happened when the Community Services and Supports Plan went up, the County didn't know how they were going to deal with some of this, but they knew they had to have these Full-Service Partnerships and whether or who was going to contract this or that and what was happening, they were not sure. The County was going to have a budget problem. And the then chief deputy realized that all of a sudden, they were going to have to make cuts in the county clinics, contract out these FSPs, because they had not done any full-service partnership. They had not done the Integrated Service Programs like the Village or like the PARTNERS programs. Those had all been contracted out. She realized that, if they were going to have their share of MHSA dollars, they were going to have to convert some of these clinics into Full-Service Partnerships. But they had no background in doing this. So they hired us to do a lot of training of the clinic staffs and the clinic managers in Integrated Services, put them all through the immersion program at the Village. We did a lot of recovery-oriented leadership training with the clinic chiefs; we have marketed that around the state and are now training Magellan [Health Services] in Phoenix.

AN: Really?

RVH: Yeah.

AN: Can you say what "integrated services" is?

RVH: One-stop shopping. Whatever you need, whenever you need it. Everything needs to be there. For instance, the average intensive clinical program will provide you with weekly therapy, medications, and that's about it. When then, if your department has a co-op agreement with the Department of Rehabilitation, you might get some job help, job training, but it will be separate from what you happen to have in the clinic. The psychiatrist in this kind of arrangement is not part of the team. Your psychiatrist is basically your "medicator" and the client is the "medicatee"; and the licensed therapist doesn't have a lot of input, the psychiatrist might or might not. So things are very separated, I mean, even inside the system, it's isolated. The idea which came out of the

Lieutenant Governor's Task Force for the Seriously Mentally Ill – previously we've talked about that, so that should be in the notes somewhere – said we have to have a way of putting all these services together, so that somebody can have whatever it takes, which has become a sort of a mantra. "We do whatever it takes to help you put a life back together." As Martha Long is fond of referring to the Village program, the "Get a Life" program, which is about true. So you have medication, you have psychiatric consultation time, you have therapy purchased from outside rather than inside therapy. We don't like to do it ourselves, because it muddies up the relationships. With inside therapy, you have to have a lot of therapeutic distance. And that is not how you work an Integrated Services Program; you try to weigh some of this distance stuff. Job training, job coaching, housing, social supports, case management – all these things are part of an integrated program.

This is what the Lieutenant Governor's Task Force realized when they marched around and looked at the ACT program in Madison, Wisconsin, Fountain House in New York and the funding mechanisms out of Rochester and the work programs at Independence Center in St. Louis and Thresholds in Chicago. They realized that all these programs had great things and none of them had the pieces the others had. The idea was to take all these pieces and say, "Let's do this in one program. And – *and* – let's change the culture while we're at it." Instead of the "treater" being on top, the *team* included the client, and the client became an equal partner in his/her own recovery plan.

Now, when we started in 1990, I don't think any of us thought recovery was as much of an option as we do now. Because what we found, I mean, when the Village was set up out of 3777, it was a lifetime deal. It was for people who were majorly disabled and the assumption was that they would probably always be majorly disabled; but we would help them put a life back together as far as possible. Well, what we began to realize after a couple of years was, "Jesus, these people really do get better." When you treat people like this, when you treat them as adults, they behave as adults by and large. Now, some don't. There are some folks who are going to be in the system forever, because their illness is so refractory or they've been so chronic for so long that they cannot find another role in life.

AN: Now, is that part of your program, accepting that there will be people who don't –

RVH: Well, sure, you have to accept that. You can't say – you cannot make somebody recover. How many psychiatrists does it take to change a light bulb? It only takes one psychiatrist, unless the light bulb really doesn't want to change.

AN: I guess I asked that question because it seems that in the directly operated clinics, there is this notion that just about anybody – this notion of flow. You come in and you will move through and eventually leave.

RVH: Most people will eventually leave. There will be some who don't; but even then, there will be very few who will require stuff at the intensive level of Full-Service Partnership forever. Most all of them will come down to either level 3 or level 2. Now, these are the CMHDA levels. Have you guys gotten into that?

AN: Yeah.

RVH: OK. Which make total sense. And the Milestones of Recovery Scale [MORS], which Dave Pilon developed, which I presume you will be talking about at some point, because that looks like it might stay a while. The counties have been either using that or LOCUS from the American Association of Community Psychiatrists. We think, of course, we have a little pride of authorship here, but we think that MORS actually offers a better system than LOCUS, because it deals more with levels of engagement also. And we're doing MORS training all over the state and out in the country. Chad Costello was back doing MORS training in Ypsilanti, Michigan, and for the Washtenaw program [in Ann Arbor], which is the Cadillac of integrated health services, in collaboration with the University of Michigan. So that sort of thing, and measuring outcomes, can let you know how many people can move through the system.

MM: On this training, I imagine it's fairly intensive. You go in for a week or so and work with the staff, is that the plan?

RVH: It depends. Sometimes it's a couple of days. A lot of the Magellan stuff, which is the most intensive as it's the biggest contract that we've had, you fly over there, you stay a couple of days, but we've had people going back every week for different things.

MM: Yeah. I was wondering if there was follow up with that.

RVH: There is follow-up. There is not as much of follow-up on training as there needs to be eventually. I mean, the training mechanisms that have been classically used are the conferences, the one shot, the seminar; if you don't have the follow-through, if you don't have an after-consulting relationship that goes on, you lose a lot of the stuff. We just started dog training last night. They were very clear to say that you have to reinforce this behavior day by day. If you skip it for several weeks, the dog will forget. Well, people forget.

AN: Sure. The scale, we've looked at it, it seems like it does take some training and repetitive – I mean, it's not entirely intuitive.

RVH: No, it's not. But the whole idea of flow through the system that we got into in the early 90s, about '93 or so, and by the time we got to enlarging the Village in '96, we were clear that we had people who were at level 3. Some of them were even on level 2. A few were getting ready to graduate. Now, graduation may mean completely out of the system or it may mean going from level 4 to level 1. You may be on level 1 your whole life, if you continue to need meds and continue to need some level of peer support. But this is one of the other problems, while it is the stated goal to have 20% of all the positions that are hired under MHSA be clients or family members, this has been very difficult for counties because County Human Resources Departments don't deal well with this. So, this is another area that needs to have significant training done and development of career ladders and stuff that County HRs have not been willing to deal with.

AN: And policy change, I would think.

RVH: A big policy change, yes.

AN: Well, I think LA County just recently made it possible for somebody who was been hired at a peer advocate position to move out of that into a mental health worker. So to get the "peer" off their name.

RVH: Right.

AN: So you're thinking more things along those lines?

RVH: Sure. Yes, because a mental health worker is – well, a mental health worker, I think, has a bachelor's requirement.

AN: I think so, yeah.

RVH: Well, what about somebody who has been a consumer, has become a peer advocate, goes on and gets their AA, why shouldn't an AA be a mental health worker? I mean, our system is a little bit different than the counties'. We do whatever we please, basically, as long as we meet the MediCal requirements for supervision, you can have lots of people doing lots of different stuff. For instance, our job developers are paid at the social worker level, but they're sure-as-hell not social workers, because they are useless for job development. You need used car salesmen who are skillful and convince people to hire.

AN: What is a job developer? Somebody who goes out and bridges with the community?

RVH: Go out and bridge with the community and say hire our folks. It's a sales job! And social workers are lousy at this. I mean, they're great at lots of stuff, I love social workers, but don't put them in things where it is not their skill set, particularly LCSWs. They're basically therapists. As a matter of fact, one of the things that I'm coming to the conclusion on is that I would rather have macros than micros. People who are in the community organization side of social work, the settlement house club workers who really understand community organization and community development, because that's what you're trying to do. You're not trying to do 50-minute therapy hours. That's very limited. The therapy hours that we get into are cognitive behavioral therapy, CBT, and dialectical behavior therapy, DBT.

AN: I think the County is making that shift.

RVH: County is making that shift also, yes.

AN: So at the Village – this leads to a broader question about comparing contract versus directly operated and what you think the strengths and weaknesses of both systems are. But also, before we get there, in the Village system, is there a flow from provider to provider as a client progresses or do they stay with a main contact? Because that's one of our questions about the way that LA County is transforming is, it seems like it's not taking into account just the value of a positive therapeutic relationship as –
RVH: How about just a positive relationship?

AN: Right.

RVH: Take the “therapeutic” out.

AN: OK. A positive relationship as part of the recovery plan. You go in and meet someone, they get to know you, and then as soon as you’re doing well, your reward is you get shifted to somebody new.

RVH: Well, we’re trying to avoid a lot of that. Between level 2 and 3 or level 3 and 4, you will never get a shift.

AN: You’re not going to shift.

RVH: If somebody graduates the Village core program and goes to the Wellness Center, yes, it’s new people. But it’s also with peers who you’ve known before and who have graduated before you, those who will come after you. So there is a flow here. The central relationships are the peer relationships. You want it to be that way. You don’t want people forever depending on the social worker.

AN: So, say, if somebody started in the FSP and then they’re moved to Core, they would still maintain their same –

RVH: Well, we don’t call it Core.

AN: Right. Well, if they move to less intensive services.

RVH: Well, they move to less intensive services because you bill by the minute. So you can have less intensive services side by side with more intensive services, it’s a matter of how many minutes you spend with the person. That’s what really is in control here. Between level 4 and 3 which is FSP to core in the county clinics, with us it’s all in the same team.

AN: OK. So you’re just spending less time.

RVH: We’re spending less time, we’re billing less, they’re costing less. So, this is what we’re trying to scale eventually here. What is the price tag on the various levels of MORS?

AN: Oh, interesting.

RVH: As people progress and recover, the price should change, on average.

AN: Yeah. It should cost less. So what do you think of the fact that in the County you will switch providers between FSP and…if you ever move, I mean, it’s kind of if a client ever moves from FSP to Core, it’s probably unlikely because that’s MHSA money versus County General Fund money. So they’re probably going to move from FSP to Wellness perhaps. I don’t know. Why don’t you tell me about it?

RVH: I, frankly, don’t know what they’re going to do. I think the County has not handled some of this very well yet. They’re just getting the idea of level 3 through. That’s field capable clinical services on the adults and older adults side. We’re trying to call it field capable recovery services. Or Dave Pilon is trying to call it that. I don’t know if he has gotten that through to the County yet. But the issue there is, there just does not

need to be this distinction between MHSA dollars and County dollars. That's a distinction that is going to have to die sooner or later. This was not the intention in the Act. This is frankly the Department of Mental Health screwing up and separating things out so tightly and saying, "51% of all your dollars will be for full-service partnerships and the others will be for basic departmental strengthening." And that came a cropper, because what happened – the first go-round with the County, as I heard about it, they took 100 people and put them in full-service partnerships, do that at a 1:10 or a 1:15 ratio in terms of skilled staff; and then those staff came out of the clinic and the rest of the 2,000 people in that clinic got served by half as many social workers, and the caseloads doubled. That *really* pissed folks off.

AN: Oh yeah. That's when we started this study, basically, when that was happening.

RVH: So the question is how to titrate – like continuous variable transmission in some of the little cars now – titrate so that you don't see shift points. Well, you do it by giving them what they need when they need it and not giving them more than they need when they don't need it. And it's not a matter of giving, it a matter of – people don't generally want more intrusion in their lives than they need. So you're always having people think about how to be more independent, at least in this, in the majoritarian culture – what is now the majoritarian culture in LA – which may or may not work well in the Latino community because there is much more of a family sense there. So the practice patterns are going to have to change. This is one of the real issues that is being brought up in CLC, Cultural and Linguistic Competency, here and thereafter CLC. CLC is looking at how do we deal with the inequities of service, how do we deal with all these things that produce disparities. And a lot of them are culturally based. So what we have considered the role of increasing independence may have to be reformulated for other cultures. I frankly don't know what it will turn out to be yet. One of the problems then, of course, is that the control group, even Latino professionals, are basically trained in the Anglo way and they have escaped the old culture. So now they've got to go back and think, "How did we do this back in old Mexico? How did I think about family two generations ago?"

AN: Yeah, the goal to have an apartment on your own may not be the same, a reasonable goal.

RVH: Exactly. So these are all pieces of transformation. But the big item in transformation is the culture shift, which says, "The patient – the client is now a member of a team. The member is an adult, who needs to be treated as an adult. And the therapeutic relationship is a collaboration. It is not me telling you to take this med." Mark Ragins, our medical director, is fond of saying, when he talks to psychiatrists, "I rarely prescribe medications anymore." After the gasp, he says, "I really talk with the member about what do they want a medication to do for them. And then I say, well, I've got this and this and this; and this does this and this does this and here are the side effects and stuff. What is going to work best for you? Do you need to be wide awake in the morning and take your pills at night? What is your pattern of life? We're going to fit what we do into how you want to live your life." Once you do that, compliance is not the issue now. Whereas for the County, compliance is always an issue. Non-compliant patients – they don't keep appointments, they don't do this, they don't do that. Why the hell do you keep an appointment when you know you're going to get basically insulted and have your adulthood taken away from you for the time you're there? Well, I think that's a real problem; there are just real problems with a lot of this stuff.

## XIII. Directly Operated Clinics and Contract Clinics; Financing Issues

AN: Can you say a little more about the differences between the directly operated and the contract and how you see the future of those two?

RVH: Susan Mandel, who you probably ought to be talking to, or have you, or you will be?

MM: She is on the list.

RVH: Good. You tell her I told you what she said once upon a time, which I took to heart, and it came out of a management book written about things going on in Arizona. Basically the premise was nobody should be both steerer and rower. The County is steerer and rower and consequently they do not need to hold their own rowers to the standards that they hold their outside rowers to. So the County rowers are going to get to do it almost no matter what. The outside rowers can have their contracts pulled if they don't watch their p's and q's, if they don't pass audits etcetera, etcetera. Now nobody has bothered to check anybody for quality.

AN: Really?

RVH: Really. There has been no – I mean, there have been contracts pulled because of lack of compliance with regulations, and fraud, and things like that. But nobody has ever asked, "How many of your folks begin to live independently? How many of your folks from 5 years ago are now at this point? Where are they on the recovery scale? Where are they on any of the measurements that can classically be done? We're going to judge your contract on how well your outcomes work out. Yes, we will correct for difficulty of clients." My stance has been, for years and years now, that if you're going grade performance, you need to do it like diving competitions. You do the dive so well, so how difficult was it? So the degree of difficultly becomes an issue now. How do you measure the degree of difficulty? By where the person starts on the MORS scale. If you have a bunch of 8s, not 1s, you're going to have some real troubles for a while, but can you move these people? And if they don't move, let's figure out why. But then the process of grading needs to be done more as a consultation than a "you didn't meet this standard." It's, what is happening here that is keeping things from working very well? Can we fix this?

AN: Is there any hope that that's going to happen?

RVH: I don't know. I really don't know. I mean, I hope it will happen. I hope that if the OAC can get control of this evaluation process and really insert into the process some measures that will help manage the quality. That will be the real issue. I mean, the next – the first real issue is to get this first study done right so that we can have the right scope of work for the bigger study, and to determine how we're going to deal with this system-wide. The evaluations, they will only tell us how we've done and on a rather macro level. How do we get down to what's happening to individual programs is another thing altogether. The State has no power over this right now, except with MHSA dollars. Now, the interesting thing is, as we blend MHSA dollars into other things, the impact of MHSA dollars will become more and more, because what we do is separate them out. And fortunately, for anything that comes with an MHSA dollar it comes under State.

But the basic – remember, the Short-Doyle Plan ended in 1991. With realignment, you no longer, when it passed, had a Short-Doyle Plan. You no longer had a State approval of your plan. You had a contract with a trust fund. So when we got started in this, I remember Jen Kleinschmidt asked me to go one day because she couldn't go, which I was certainly glad that happened. Because I was sitting down with Dan Souza, who was the Mental Health Director in Stanislaus County after Larry Poaster, and Carol Hood, who now works part-time for the Commission. And I said, "We're got to get where we have one county, one plan." And Carol says, "Well, you can't do that, because we don't have a Short-Doyle Plan. Are you forgetting this, Van Horn? Once we did realignment, we lost the plan!" "Oh. We still have to get one county, one plan." And Dan Souza says, "You know, I bet we can get counties to do it because if we could fix the reporting stuff so that it made sense to counties, they would buy into one county, one plan, and unify the whole thing." It would be one process, relatively straightforward, technically it's voluntary as long as these plans are separate; but as they merge, it becomes really the only way to do it. I was thinking that is going to take a couple of years, if we can just manage not to have MHSA stolen.

MM: But you said last time that you think it's going to be defeated.

RVH: Well, I do, but just think of what happens next. Then we're back to this huge deficit, like 24 billion for 09-10 or 10-11. I think 09-10 is basically – no, it's not fixed yet – 09 is fixed. Anyway, there is a jillion problems in this whole thing. I'm not even sure where the next lawful pieces of deficit crop up. But 1A is not going to pass. I mean the Democrats went 3 and 3. The Republican convention, did it say no at all?

AN: I don't know.

RVH: I mean, the organized political parties are not responding to this stuff. At some point, we have to deal with the two-thirds vote to spend a dollar. That really hangs up the State. There are three things that hang up the State. One is that little item, we're one of three states that require that. The next one is the car tax, which was a terrible error that was 6 billion dollars taken out. That gives you your structural deficit; we cannot survive without those 6 billion dollars. And of course, because you don't have it every year, it multiplies. And the third is Prop. 13, which is still a major disaster. The fact that our tax bill is 1700 dollars on this house. How does that grab you?

AN: Not very well. Since my 7-year-old house – the tax bill is more than double that.

RVH: Right.

AN: And I think it fits in your living room.

RVH: Yeah, exactly.

AN: Let's move in, Marcia. Well, I'm glad you think the Props won't pass.

RVH: Well, I am, too. And Darrell is not happy about this whole thing. He has been in a terrible position on it.

MM: Are you taking any specific steps? The only ads I'm hearing are vote for 1A through 1F as a package. And if I were a relatively innocent voter, I might do that.

RVH: Well, we've got a flyer out now. But we're holding off. We don't have that much money. We're relying some on the press to say these things, which they are. I don't know what we will have together for the last week, but we didn't do anything on Proposition 63 until the last week either. We got flyers out to the permanent absentee voters explaining this. And then for the last week, we'll hit the rest of them through the media. At least that is our – Dave Fratello, who's our campaign consultant, that's his strategy, he has training in media campaigns.

AN: Some people have told us that they were surprised that the directly operated clinics started FSPs. So I was wondering if, in the planning of the Proposition, was it your intention that this would be something that the contact clinics would take up and the directly operated wouldn't?

RVH: Yeah, because of the PARTNERS program, almost all of them, and all of the AB 2034 programs, were almost all done by contract providers because they're more flexible. Most of us are not operated under union work rules. Most of us are smaller and able to – My budget at 20 million and the County's at 1.5 billion, that's a difference of significant magnitude. If the County was just organized differently, if they – Lyndon Johnson sort of phrased "each tub on its own bottom" – well, that's sort of a stylization of things, but, if each clinic had its budget and its staff and was allowed to run its program, that would be different, and what the County centrally did, was supervised all these things. But they almost have a separate department – It's like Health Services now divided in two departments: part for public health, and part for personal health services. And public health looks at overall quality issues, that sort of thing. Whereas health services is personal services.

Well, essentially, the County has two roles there: it has that supervisory role and it has this service role. It probably shouldn't have both of those roles and that's Susan Mandel's point. Now, this being a County with a permanent 3-2 Democratic majority, because of the way we are structured, that's probably not going to happen, because firing a bunch of county employees is really tough. But if you could restructure so that you made them more independent, that would be a better use of dollars. Then you'd have to cut better deals than the unions saying, "OK. We're going to be transforming this thing. The union leadership needs to recognize that times are changing. The treatment modalities are changing." What you have though is a lot of clinicians in public clinics who were happy doing 50-minute hours. I think that the clinicians in the private clinics too, they like doing that, and that's what they were trained to do.

AN: People don't want to go out in the field. We've heard that the unions are already working on reducing the percentage of, for the field capable services, the percentage of time that has to be spent working in the field is going to come way down.

RVH: How far down?

AN: I think they're trying to go as low as 20-30%.

RVH: This came up in the State Board too, because 70% was sort of a start. We didn't spend that much time in the field. I mean, we spend whatever we needed to spend in the field. It's a matter of absolute flexibility. And if you're seeing people where they need to be seen, if you're meeting them where they need to be met, if you're being supportive and not intrusive – they're going to come to see you sometimes, you're going to go to see them sometimes, it's going to flex around. Putting strict percentages on it is one of the problems.

AN: Right. I guess the concern about the percentages was to make sure that there clearly isn't supplantation, it's something new. And that's one of the ways to –

RVH: That's true. But the supplantation rules are crazy too. Because the initial idea of supplantation was, you can't put money somewhere else and put this in back. But if the money disappears, that's not supplantation. And this has been – getting the counties to believe this. The Department finally had to send out a frequently asked questions. Did you get a copy of that?

AN: I don't think so.

RVH: It's on the Department's website. There is a whole lot of stuff that could be done more creatively with that. Of course, the AB 2034 suit got thrown out the other day.

AN: Oh, it did?

RVH: Yeah. Have you been talking to people about that lawsuit?

AN: We've just been following it. But no, I didn't know.

RVH: You might want to talk to Jim Preis.

AN: OK.

RVH: From Mental Health Advocacy Services. But he is surely on your interview list.

AN: Yeah. Well, thank you, that answers my questions. That was excellent.

MM: Did you want to comment at all on Pacific Clinics? Do you know about how they're operating? Their strategy toward transformation?

RVH: I don't, really. I know they're the biggest single provider in LA County.

MM: They haven't been calling you in to do training sessions or anything?

RVH: No, they kind of do some training too. I think they are more traditional…I *know* they're more traditional than we are. They were a Child Guidance clinic until the early '80s. Then they established an adult division. They were Pasadena Child Guidance in 1926. So then Susan expanded into adults, after she came down; she was the Director in Alameda County. But they were basically an outpatient clinic at that point. They did bid on the Village program, but they did not get it; we got the bid. Then they did do

PARTNERS programs, and they have done some stuff with people coming from the jails. They have the only sort of Laura's Law program.

MM: I don't know what that is.

RVH: Laura's Law was the one for assisted outpatient, that means involuntary outpatient, which the only way it's been implemented in LA County because ii was something all of the advocates were against, except psychiatrists and about half of the family members, but social workers, psychology, community agencies, the client network, etc, and about half of NAMI were clearly opposed to Laura's Law. But it did pass, it was signed; and, since Antonovich was a major backer, he really wanted something done in this County. What they got away with doing was a small program in Pacific Clinics specifically for people who are not ready to stand trial. You ask them about what they did with Laura's Law.

## XIV. Working with the MHA Board and with DMH

MM: So I was wondering about your relationship with your own Board. You've been working with MHA now for 29 years. Has it been a matter of you reeducating them and pulling them along with you or has it been a mutual process? Because the agency has been transformed amazingly in those years.

RVH: Two or three times. I'm in the same job I've had for 29 years, but it's been 6 different jobs – a number picked out of the air. I think probably more pulled them along. I mean, I've had a few real expert board members who were pushing and we were really marching together. Lila Berman, early on, a major player statewide. She and I drafted with Joan Amundsen one day AB 3920, which is Ventura County Children's package, in 1982, early on. Dick Elpers after he left the Department, came on our Board; Areta Crowell after she retired, she was on the Board; in the in-between time when Areta [Crowell] was in San Diego, Kathleen Snook, who was Areta's chief deputy, was our Board treasurer. So I've had some of these mental health leaders all along. I've had a couple of very skilled clinicians, some very forward-thinking community people; Al Greenstein, who was a media relations director for ARCO for years, and [is] at Rand now. I think more was, as we grew, as things changed, and we have a two-term limit, so you can only be on the board for six years and then you have to be off for at least a year. A few have come back for round robin terms, Areta Crowell, Dick Elpers, the Hoffmans, husband and wife. They're both retired now. She was a psychologist and a professor of medical education at USC. He was the alternate public defender, so a County Department head. People like that have been partners in moving ahead.

My next board chair-elect is Ron Hanson, so he will be Board-chair starting next January. He was Zev's [Yaroslavsky's] health deputy and before that he was the chief of planning for DHS. So he has a long background. People like that have been partners in moving ahead. Nobody has had to be dragged kicking and screaming. But for others, it has been an eye-opener; this is not your average agency. What I think the most interesting thing is, as we look at the future. Who is going to head this? I clearly have my candidate, Dave Pilon. I trust the board will see it the same way as we go down the process. Betsy Pfromm, who is on our Board, the head of LA Child Guidance, has basically said point blank to the Board, "You are not going to find an outside person to run this, because they're just not at that level." This has been such an extraordinary

agency and extraordinary accomplishments that to bring somebody from the outside, they're just not going to have the cultural set that we have so painfully developed over the years. Not painfully, but painstakingly developed. So the Board relationship has been – they're feeling their oats a little bit right now; they don't want to be a rubber stamp on Van Horn's choice. Which I understand, but the only thing they really get to do is guide the strategic plan, vote on the budget, and choose the Executive Officer. And nobody's gotten to choose the Executive Officer for 29 years. I mean, there is nobody on board who even remembers, who was even around when I was elected.

MM: Ancient history.

RVH: It is ancient history. Areta Crowell, who just got off our Board and just rotated off last December, is the only person who is still on the Board, who knew me from day one.

MM: Is she the person who brought you in to help with the transformation of the directly operated clinics?

RVH: No, because she was already retired. Marv [Southard] did that. He has been a close friend. We've had a really exceptional relationship with the County. But I think more bringing us in to do the training was Debbie Innes-Gomberg.

AN: We know Debbie. We've been going to the Big 21 manager meetings monthly. Now she is not doing those anymore, but –

RVH: Because she lost that little deal.

MM: When you first took over, the organization was taking a very confrontational stance. You spoke about packing the Board of Supervisors' meetings and one of the first actions you took was to sue the State.

RVH: That was taken before I became the Executive.

MM: But that was sort of the agency's stance at the time.

RVH: And it would be again. We're party to the lawsuit on 2034. But the first suit was on least restrictive care. I think what has happened was as we have had more influence internally, we have had to be less confrontive. But the Board of Supervisors had the tendency in the early 80s to behave very badly. We had more at stake prior to 1991, when we were part of the budget. We were also part of the County budget. You had more County money in there, you had State money that was always loose and could be taken away. Consequently, if you wanted to keep your money, you had to lobby for it. Two best ways of lobbying is provide lots of money or provide lots of bodies. We couldn't provide money, but our friends in LA, the docs and the hospitals could provide money, we could provide bodies. So when the Board has had an issue up that was going to be controversial and affecting health and mental health, either a budget issue or closing a hospital or whatever it might be, we could pack the Board. The curious thing is the Board of Supervisors behaves very well when the cameras are trained on them.

MM: I guess what I was thinking of is you have moved into a more collaborative and kind of internal negotiation mode, it seems, over the last 30 years. I wondered to what degree you saw yourself as being responsible for that.

RVH: Probably a fair amount. As we matured as an agency and grew, we had different relationships. The relationship with the County was great through '84. I had a very close relationship with Dick Elpers. But when Roberto Quiroz took over, that changed the whole thing. But during that period, I had a really good relationship with most everybody below the Director. But there were things where we were – The County has a tendency to pick on weak Departments. I don't know if you've noticed this over time.

MM: I think it's a common government failing.

RVH: Yes. And the Department of [Mental] Health was seen as weak [at that time]. Consequently they would pick on the Department. The only way to avoid it – And they always picked on Health Services. They picked on Bob White, drove him out of town, picked on Bob Gates and drove him out of town eventually. And these people are perfectly competent people, who are still around in Orange County, doing consulting and having a good life, not worrying about the LA folks downtown. It is amazing to me how Board members can behave to their own Department head. Have you ever watched a Supervisor chew out a Department head in front of God and everybody? It's really, it's gross. I don't understand how they keep them around some of the time. It's not a collaborative relationship. It's not a helpful relationship. The more delicate the department's issues, it seems like the worse it becomes. I mean, DHS and DCFS take a lot of heat all the time.

DMH has not taken any heat for a long time now. Partly because Marv and his staff have built a decent relationship with the 8th floor. Roberto did not. So during Roberto's time, the department got picked on. The only way to save things sometimes was to fill the boardroom with 700 people and have the lobbyists from the hospitals and the docs talking behind the chairs and have me and Bruce Saltzer [Executive Director, Association of Community Human Service Agencies] testify and say here is why you can't do this, here are the people you are going to hurt. We're up here with our yellow shirts and all our tags; and TV cameras are watching us, and the Board then doesn't do it. That's not real confrontation. That's drama. It's like the student riots in Japan. They were so staged. People did what they were supposed to do, to get their points across. Nobody got hurt. That's about what's happening here.

MM: People acting their parts. It's a tactic. We've also talked about the relationship between all these different players and the Memorandum of Understanding and the difficulty of adjusting all these different interests. You commented in the last interview about how you were on all these different boards, practically every board that had an influence on mental health policy.

RVH: That's my intent.

MM: Could you talk about how that came about? And what you see yourself as doing, and what the other people see you as, what your role is.

RVH: Well, I think the first thing that pretty much everybody in the state sees the role I played in getting MHSA in the first place, as secondary to Rusty's, but significant. I'm on our Board, and then I'm on the State Board for Community Agencies. Now, that's fairly recent. But in that position, I got a voice in what goes on statewide. And I've had a very close relationship over the years with Rusty, because he is also our MHA California executive and I'm on that Board also. So I see Rusty a lot. We talk a lot. Bev and Dick Elpers pushed me for the CIMH Board a year or so ago, because we are so involved in training and they've tried to broaden CIMH Board out to include more community people. So there are a couple of community agency slots on that now. Gladys Lee was with Pacific Clinics. She is still on the CIMH Board, even though she is now with the County. I was added a year and a half ago and then we just added a guy from Turning Point in Sacramento to that Board.

So that puts then two of us who are involved with Rusty in CCCMHA and myself and Dick Elpers are involved in MHA. All four of us on the CIMH Board, which means there is a lot of interrelationship now as to planning policy forums and planning a future direction for CIMH – what kind of training we're going to be doing, etc, etc. And then I'm on the National Council Board, the National Council for Community Behavioral Health, which is the 1600 member agencies around the nation. This is the principal lobbying force in terms of trade associations for community mental health. Then I was in the past on the State MHA Board, but I go back on the national Mental Health America Board in June, as Vice-chair for Affiliate Relations, managing relationships with our 300 and some affiliates around the country. That role is to really look at how — what can we do to help Mental Health America affiliates do more things that are more creative in local communities and gain some strength. Because we, and South-East Pennsylvania, are the largest MHAs in the country. There are a bunch of big ones up the Hudson Valley, but they're all service providers, as we are, but they're not nearly as involved in the public policy stuff.

MM: I would imagine that many MHAs are not as involved in public policy stuff.

RVH: Well, the State Boards all are involved in public policy. Local Boards often are not. Partly because they're doing local things and most states are not County operated systems. California is a little unique in that in having so much power at the County level. And, of course, LA is unique as counties go. Since California has the [sixth or seventh] largest economy in the world –

MM: So all these Boards take a significant amount of your time and energy.

RVH: It does, yeah. But I have to stay young.

MM: But what kind of role are you playing? You've spoken a little about trying to integrate –

RVH: Well, and then Dave Pilon will be on the USPRA board - US Psychosocial Rehabilitation Association. My goal is to see USPRA and Mental Health America and National Council have a very tight relationship, because their goals are all the same. At this point, it's difficult to say, National Council is, by far, the strongest organization. Although it's relatively small, I mean it's got a staff of 30-40, as does Mental Health

America. USPRA, however, has a staff of maybe 8 or 10. Unfortunately, the USPRA agencies, a lot of them are aging hippies.

AN: What is USPRA again?

RVH: US Psychosocial Rehabilitation Association. Any rate, they –

MM: You were saying they were aging hippies.

RVH: Well, yeah, because basically psychosocial rehab comes out of ’60s civil rights folks. “People need their rights and people need to get independent.” The California agencies, CASRA (California Association of Social Rehabilitation Agencies) agencies, were heavily located in the Bay area, heavily involved with alternatives to hospitalization, were the moving force behind the base community residential treatment system [CRTS], Tom Bates’ piece of legislation in ’78 or ’79, and basically, were aimed at people not being trapped in hospitals for long periods of time. CASRA precedes LPS. Steve Fields – and if you’re doing statewide stuff, you need to talk to him – is the president of the Progress Foundation in San Francisco. He has been doing that since 1969 or ’70, when he graduated from Harvard. He spent his entire career with Progress. He is the reason that CRTS existed as a program. They have intensive short-term residential, where they take them straight from the ER. It’s a non-hospital intensive program, in a house.

There are some really good things that came out of CASRA and out of USPRA over time. But, because they have not been the big clinical agencies, they have not had the strength. But now, as we move into this recovery thing, they’re far ahead of the National Council agencies in terms of the recovery model. Although some of them are stuck back in the aging hippy stuff, sort of counter culture residential programs, which unfortunately can also become dependency oriented. So everybody’s got all kinds of things to deal with, and there needs to be somebody also besides me, able to do some of this hooking up. I think it’s critical to do the hooking together. That’s all I have the energy left for. But if I get to slide back to three days a week this summer, which I will basically spend on state and national issues, with a subsidy from MHA and all that, so I really won’t have to do anything, that will give me a chance to really hopefully move on some of this. Which is really what I’m doing now. I’m not really managing this agency any more. Dave is managing the agency.

MM: Do you see yourself playing this Senior Statesman role for several years yet?

RVH: It would be nice. I don’t know if I want to term it that way, because that would seem a little presumptuous. I get teased about arrogance. I would not want to be seen as arrogant. I get teased in a good-natured humorous sort of thing. But, actually, I don’t think my role is all that important. It’s getting people talking to each other. It’s getting them to think a little bit differently. The basic skills are all out there, it’s people having the sense that “Yes, I can really do this. Yes, I can really make these things happen.” I think that’s where it needs to be.

## XV. Closing Comments: Visions for the Future

MM: If Dave, or someone said to you, if a large donation came from some source and they said, "What are we going to do? We can launch a whole new program with this money." What would you think about doing?

RVH: How much money are we talking about here?

MM: Five million dollars. I don't know.

RVH: OK. So, is that an endowment gift?

MM: [she laughs]

RVH: Well, there is a huge difference.

MM: No, no, believe me, I know about the difference between endowment and discretionary funds. Let's assume that you can spend five million dollars and yet there will be interest to live on in the future years.

RVH: I would probably want to do a Southern version linked together with CIMH and really set up a better training program in the state. I realize you are part of the university. University programs are terrible in terms of what happens in the community because they're just not out there. Most of the people teaching in the med schools have not been on the street for 20 years. I don't know how you fix that in the university system, because it is so hidebound in terms of its advancement policies.

MM: So better training in recovery?

RVH: Better training in the recovery thing; and really, building a system which would really improve what happens for the consumer, family, community. We're doing some really nice stuff right now. It needs to be on a much larger scale.

MM: What kind of stuff?

RVH: Well, we're doing one program at Cerritos Community College, which is 18 units towards your Associates [degree] as a Recovery Specialist. We've got a similar thing happening at Dominguez towards your Bachelors. Then we're doing Jump-Start, which is an intensive 12-week, 5-day-a-week, 8-hour-a-day training program to take somebody who already has a Bachelors in some other field and prepare them to go in at a level of a mental health worker as a recovery specialist. We're doing peer-supporter training through Project Return, which really helps clientele make that first step to a job in mental health, if that's what they want. We also need to have much better programs in the agencies toward helping people get jobs in other things. Not everybody wants to work in mental health; it's a crazy field. And, frankly, most of the clients in the system would love to not be in the system. And they shouldn't have to be. But the only jobs we control right now are our own jobs.

So we have to figure out where people are going to find work, what are we going to do to help people there; and I think that has to be part of any kind of education thing we do. That's probably where I would head with a serious chunk of change. Including what we're doing at the high school level, and for the service academies. Gustavo Loera, who has worked for us now 11 years, has really developed this whole career pathway for the State Department of Education. We are a chapter in the Career Pathway book. It's career technical education. But it's high school through community college and it's a complete curriculum and requirements and stuff, for Human Services. So that has been an interesting process, getting that kind of a relationship with the Department of Education.

MM: Was there anything else that you wanted to talk about?

RVH: No.

MM: OK. Thank you.

**END OF INTERVIEW**