

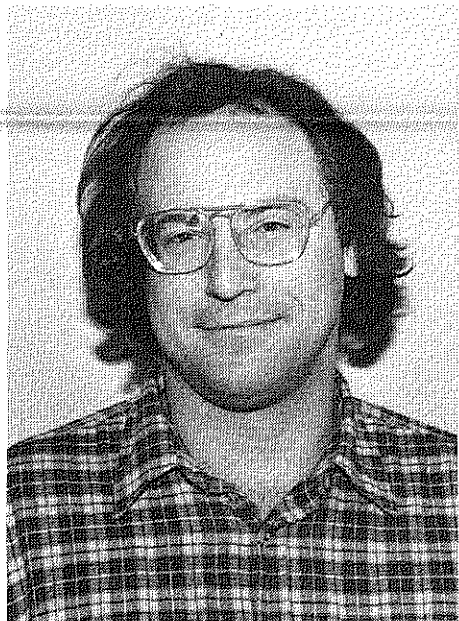
Bill Sweeps Through Assembly and Senate In 48 Hours Without Dissenting Vote

DEPARTMENT OF CORRECTIONS TAKES OVER PATTON SECURITY

INTERVIEW:

JAMES PREIS

Attorney at Law



He wears an old soccer shirt, jeans and sandals, and the windowsill in his office is filled with empty apple juice bottles, but the work he does is serious.

As an attorney and executive director of the Mental Health

"The overall point is we represent the person in the system . . . if we can provide help where no other has been found, that's good."

Advocacy Services Inc., James Preis, along with his staff, can be found working on a holiday that has emptied the downtown Spring Street area of business people.

Working along with Preis are four attorneys, a social worker, para legal, office administrator, four half-time students and, from time to time, law student interns.

The work of Advocacy Services is sponsored by the Los

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Security at Patton State Hospital in San Bernardino is no longer under the jurisdiction of the Department of Mental Health.

A bill signed into law by Gov. Edmund G. Brown Jr. on Jan. 27 transferred control of all security operations from hospital officials to the Department of Corrections.

With suspension of usual legislative procedure, the bill, authored by Assembly Terry Goggin (D-San Bernardino) was passed unopposed 63-0 in the Assembly and 31-0 in the Senate in 48 hours. It was signed into law 12 days later.

Bob Bales, associate superintendent at the California Institution for Men in Chino, now is in charge of security. Patton had a security force of 35, and the Department of Corrections brought an additional 30 persons.

The bill is a result of the number of escapes from Patton. There were 46 escapes in 1981, with 12 persons still unaccounted for by the end of the year.

According to hospital spokesperson Kurt Reich, some of the patients were upset and some staff was concerned about how this change would affect treatment.

"It has interfered in the way that we have had to temporarily discontinue some of the therapy programs, like industrial therapy, because they are not

in secured areas," he said. "They will be reinstated when the areas are more secure."

"Whether we want Corrections here or not is not an issue, because they are here. Both the hospital and the Department of Corrections realized there was a job to do in bringing more security. We're both trying to make it a good working relationship.

"The hospital's desire is to remain under the Department of Mental Health," he continued.

As stated in the bill, prison guards will remain at the hospital for two to three years, but this is subject to change, due to subsequent legislation being introduced, said Reich. The bill also requires that penal code patients wear uniforms. Patients committed under conservatorship wear their own clothes, according to Reich, and are located in separate areas from the

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INSIDE:

20-CENT LOBBYIST
PG. 2

ADVOCATE
MAX SCHNEIER
PG. 4

KEDREN
RECEIVES GRANT
PG. 7

Annual Legislative Luncheon
by invitation
March 19, New Otani Hotel
sponsored by
Mental Health Advisory Board
and
The Mental Health Association
in Los Angeles County

Speakers: Glenda Wina of KHJ-TV, Dr. Ernest Klatte, Frank Rice, Betty Gallando Fisher and Bonnie Steinbaum

LEGISLATIVE ANALYSIS

HOW TO BECOME A 20-CENT LOBBYIST

by Roy Heatly

In today's complex, high-technology world, there is a simple, straightforward way of making your influence felt in city councils, county seats, legislative chambers and the halls of Congress — write a letter.

"Next to a campaign contribution or a personal visit," says the staff director of a prominent state senator, "a well-written letter is the best way to reach the senator."

"Where else can you hire a first-class lobbyist for 20 cents?" A nationwide letter-writing campaign was instrumental in defeating proposed federal legislation on common site picketing. In another instance, a statewide effort contributed to the postponement of putting into effect new residential energy standards in the state of California.

In this column, then, are some tips from the persons we're trying to influence on how to write effective letters. Says Assemblyman LeRoy Greene, who gets some 300 letters per day: "Express your reasons for opposition or support, rather than just offering emotionalism. Cite the bill's number or author to show you understand the legislation. Someone reads all the mail. Nothing gets tossed out."

Congressman Robert Matsui's office recommends you use your company letterhead, and if you are speaking on behalf of the construction industry in 10 counties, say so in the opening paragraph.

Some key tips on effective "first-class" lobbying:

1. *Start your letter in the middle and get to the point quickly:* "I urge you to support SB 000 so EPA restrictions can be lifted, idle workers can be returned to work and California communities can have the clean water facilities they need."

2. *Be timely.* Strike while the controversy is hot. A short note is obviously more effective than a long letter three weeks after committee approval.

3. *Don't get hung up on salutations or addresses.* A simple "Dear Senator" or "Dear Assemblywoman" is all that is needed. Most newspapers publish the office addresses of public officials at least once a week. Association offices can supply addresses. But anything with the right name and city will get delivered.

4. *Cite an impact in the district:* "You should oppose proposed diesel fuel emission standards, because they will add to the cost of the new road being built at Main and South Fourth which is needed to give homeowners in Happy Acres access to downtown stores."

5. *Stick to one page.* That is enough room to present your argument. More is probably a waste of time.

6. *Praise as well as condemn.* Legislators sometimes take unpopular stands (perhaps for a tax increase for our neglected streets and roads). They need to know the voters understand their position.

7. *Avoid canned responses.* Ten identical letters are less effective than one expressing the writer's own point of view.

How many of us have thought of writing a letter, but let lethargy overtake us? In today's world, we cannot afford such indifference. Any grassroots campaign needs letter writers.

Besides, where else can you get a first-class lobbyist for 20 cents?

Roy Heatly currently runs a public relations agency in Sacramento. A former owner of Bay Film Associates, he was previously news director at KNXT (Los Angeles) and KRON-TV (San Francisco).

Reprinted with permission from Adweek.

Editor's Note: Other methods of contacting a legislator include the Western Union Public Opinion Message, which is sent straight to the Capitol, at a cost of \$4.25 for the first 20 words and \$2.00 for each additional 20 words and the Western Union Mailgram, which is delivered on the next scheduled day of mail delivery, at a cost of \$3.90 for a total of 50 words, including address and signature. Billing for these can be applied to one's phone bill, a credit card may be used, or the sender can be billed by Western Union.

MHA OPPOSES AB 351 WITH OTHER GROUPS

Mental Health Association In State Against Bill

The MHA Patients' Rights Task Force is opposing AB 351, the bill changing certain aspects for commitment under the "dangerous to others" category of the Lanterman/Petris/Short Act. Objections, with which the Public Affairs Committee has agreed, are:

1. Inappropriate use of scarce mental health funds. The State Department of Mental Health estimates the average daily cost of hospitalizing a mental patient at \$143.14. Thus, to extend a patient's stay from 90 days to one year would cost an additional \$39,363.50. If 100 patients are committed for the one year authorized by this bill, the cost would be nearly \$4 million.

2. The bill would lengthen the maximum detention time from 90 days to one year. Considering that people are being held against their will, it seems just that they be given frequent evaluations. This bill would prohibit these evaluations more than once every six months. We believe that unjust. It further seems unreasonable to hold a person for a year when s/he may have substantially recovered in three months.

3. The bill changes the commitment standard from "imminent" to "demonstrated" danger. "Imminent" means "about to happen soon." It infers predictability, usually based on past behavior and present state of mind. "Demonstrated," however, means "able to be clearly shown." Past behavior would be the only criterion since it may not be possible to demonstrate present state of mind. Predictability of future behavior would also be eliminated from consideration, since it obviously cannot be demonstrated. That leaves past behavior. But there is nothing in the bill to limit how far back into the past a court might go to seek an incident for "demonstrated" behavior. Further, if there is no reason to believe a person presents an immediate danger to others (the question wasn't considered) there would be no need for detention. We believe immediacy (imminence) of the danger should be a required condition for commitment.

The Patients' Rights Task Force is asking active support for their position. Please send letters outlining your opposition to AB 351 to the following: Senator Diane E. Watson, State Capitol, Sacramento, CA 95814 (she is chairperson of the Senate Health & Welfare Committee); the chairperson of your County Board of Supervisors and local legislators.

The Countywide Interagency Committee on Mental Health voted at the Feb. 3 meeting to oppose AB351 in its present form "because it is a piecemeal approach to dealing with revisions of the Lanterman/Petris/Short Act."

PREIS

continued from page 1

Angeles and Beverly Hills Bar Associations and the Mental Health Association in California.

It is funded by a unique service offered to attorneys in the downtown courts. The service makes available, for a rental fee, beepers that signal the attorney waiting for a court that the court is ready to hear the case.

The beeper service is popular among lawyers because it allows them to return to the office and continue work. The Bar Association administers the program.

"When we started the (beeper) program, no one had any idea it would bring in this amount of money," Preis said. The money, \$200,000, has made the service able to continue. The original grant had only \$20,000 for the first year.

Along with independent funding, they moved to become a non-profit corporation with a board of directors. The president is David Guthman and members are nominated by the Bar Associations and Mental Health Association in California.

The work they do includes representing people in administrative hearings where they have been denied SSI. Because of the heavy load of this kind of concern, they have provided training to OMHSS office caseworkers.

A heavy part of the work is representing juveniles in court in special education hearings.

Many clients are in community care facilities where the predominant problems are property, money issues and eviction. "Overall point is we represent the person in the system," Preis said.

They work with the Patients' Rights Office, the public defender and with continuing care workers.

"Some cases are where people have been denied jobs because of prior hospitalization," Preis said.

Other cases deal with child custody, housing and zoning of care facilities. All cases involve persons involved in the mental health system.

"We are an agency of last resort. If we can provide help where no other has been given, that's good," Preis said.

In cases of general interest the service joins others, including Western Center on Law and Poverty, in issues where they can act as amicus curiae.

They have assisted in several landmark cases, including the recent Torrance vs. TLC.

About the closing of beds at Camarillo, Preis said, "From our perspective, (the patients' point of view), closing beds often means placement in jails (for those without care) which is the most restrictive care. It really amounts to a back up of people in the system."

Preis is a graduate in philosophy at Stanford University and USC Law School. He worked as a law clerk in criminal defense work and believes in his work with people.

"I think it's the attitude of everyone around here that we are here to represent the individuals who come through the doors. We try to provide good representation," Preis said.

PEOPLE CONNECTION

ROBERT FINCH TO HEAD CHILDREN'S ART MUSEUM PROJECT

Attorney Robert Finch, former secretary of Health Education and Welfare, has been named to head the honorary advisory committee for the children's art exhibit to be held at the California Museum of Science and Industry in Exposition Park during "May is Mental Health Month."

The exhibit will involve children in various schools in the Los Angeles Unified School District and county schools displaying their art using the theme "Feelings Through Art."

The announcement was made by Marion McCammond, MSW, chairperson of the Children's Citizen Advisory Committee (CCAC), Children and Youth Services Bureau, Los Angeles County Department of Mental Health, the sponsor for the event.

Other prominent citizens from across the county named to the honorary advisory committee include: Dr. Ruth Sinay, chief of psychology, USC Department of Child Psychiatry, who serves as vice-chairperson; Dr. Newton Dieter, Probation Department Advisory Committee; Dr. Leon Banks, pediatrician; Dr. Frances Meehan, chairperson, Los Angeles County Mental Health Advisory Board; Judge Randolph Moore, presiding judge of the Juvenile Court; Anna Bing Arnold, philanthropist; Elayne Blythe, film advisory board; Betsy Burke, chief, Office of Children and Youth, California State Department of Mental Health; David Crippen, vice-president, KCET; Leona Ege-land, State Department of Health Services; Anita Gallegos, March of Dimes; Carole Gentry, elementary school principal; Roosevelt Grier, president, Giant Step; Marian Grindel, volunteer; Dan Grindel, volunteer; Richard Jennings, Social Services Commission; Larry McCormick, volunteer; Elsie Manahan, chair



Vera Mae Lee, Carole Gentry and George Twining (l. to r.)

Adoptions Committees; Pat McCormick, Olympic gold medalist; George Olincy, attorney; Catherine Petty, American Mother Advisory Board; Katherine Pike, volunteer; Dorothy Rice, publisher, San Marino Tribune; Phyllis Smith, director of development, Children's Bureau; and George Twining, manager, Bank of America.

The steering committee for the six week exhibit met with Finch's committee on January 23 to present a progress report. Dr. Stephen Howard, who chairs the steering committee and is the information and Education chairperson for CCAC, told of the plans for a kick-off event, an invitation reception for the opening of the exhibit, Friday evening, May 7. Olivia Mitchell will chair the reception committee.

Lauraine Barber and Betty Clifford will co-chair fund raising and public relations, and Dorothy Blair will coordinate the volunteer hosting committee. Special



Dr. Ruth Sinay and Dr. Stephen Howard



Dorothy Rice and Dr. Frances Meehan.

events in the local schools and the participation of children and youth will be done by a committee chaired by McCammond.

Harriet Miller, executive director for the Palos Verdes Community Art Association, will be in charge of the art for the exhibit and will work with Pauline James, coordinator of Art Instruction for the L.A. Unified School District.

The purpose of the event is to raise community awareness of issues relating to the mental health of children and youth. It is expected that child related agencies will highlight "Mental Health for Children" during May. A speakers bureau is being developed to provide media support for "May is Mental Health Month."

Funding for the event is from the Mental Health Association in Los Angeles County (MHA), a United Way partner, and interested groups and citizens.

Contributions should be clearly marked Art Museum Project and addressed to MHA, 930 Georgia St., Los Angeles, CA 90015. For further information, call the CCAC at 738-4961 or 738-4600.



Ruth Sanders, Lauraine Barber and Harriet Miller (l. to r.)



Dr. Rose Jenkins and Robert Finch (l. to r.)

NASW FOCUS FOR YEAR DECIDED

Goals were outlined, priorities approved and leadership elected at a recent National Association of Social Workers (NASW) California Chapter Mental Health Council meeting.

This meeting was described as "significant" by NASW graduate student staff member Susan LeMasters because "we determined our focus for the coming year, and we also had worked together enough that we were able to identify the leadership of our group."

The goals approved by the council are to plan, develop and organize strategies that will influence county, state and federal policy makers and legislators to be responsive to the mental health needs of communities; to advocate for adequate funding of mental health services in both the public and private sectors; to expand the knowledge base of social workers, allied professionals and the public regarding issues of mental health and mental illness; to promote the widest possible availability of high quality mental health care services; and to develop networks and liaisons with other organizations and groups with similar concerns related to mental health, according to LeMasters.

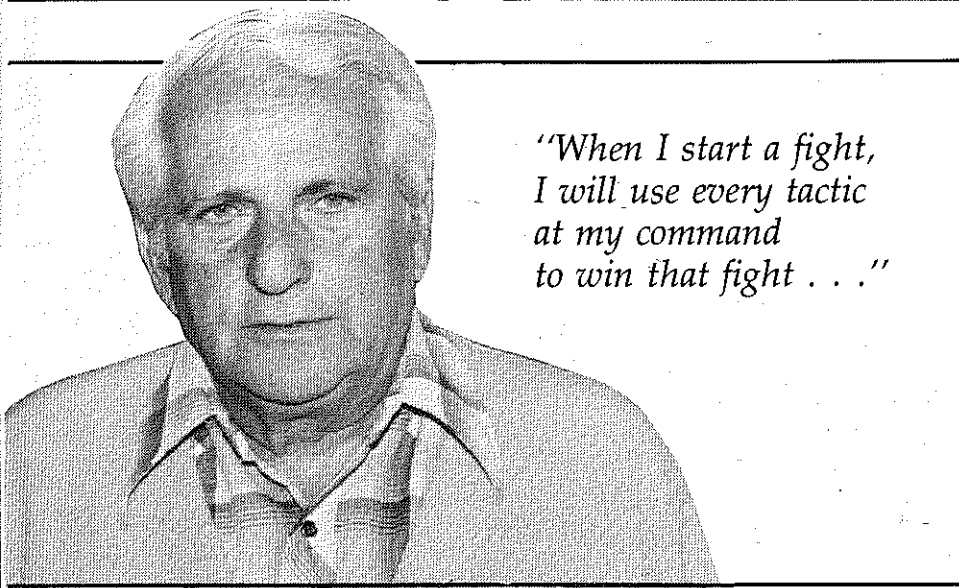
Elected to leadership positions at this meeting were Alisa Dunn as chairperson, Cora Christiansen as vice-chairperson and Allan Rawland as chairperson of the Legislative and Policy Review Sub-Committee.

NASW California Chapter has approximately one dozen councils in the Los Angeles area, each focusing on an area of social work practice. The purpose of the Mental Health Council, according to LeMasters, is "to address political, legislative, educational and practical issues concerning the provision of mental health services in California." The council meets monthly.

LeMasters, a second year graduate student in the Community Organization, Planning and Administration Program of the USC School of Social Work, works as organizer for the council, a position she has held since September 1981. As such, she has been "building up the Mental Health Council and increasing involvement with social workers in that area." Currently, there are 55 members on the council.

At the council's meeting on March 24, Richard Van Horn, Mental Health Association in Los Angeles County executive director, will speak on advocacy.

Next month, NASW California Chapter President Jim Karls, DSW, is scheduled to be guest speaker at the council's April 28 meeting. Karls is a member of the statewide coalition on mental health and is executive director of the Mental Health Training Center.



*"When I start a fight,
I will use every tactic
at my command
to win that fight . . ."*

MAX SCHNEIER CONTINUES CRUSADE

Max Schneier describes himself as a "national advocate for the chronically mentally ill."

That signifies, he says, that "not only local and state problems come to my attention, but national problems as well."

During his 12 years as an advocate, Schneier has had "hundreds of causes, hundreds of fights, many victories (and) some defeats."

A recent victory was the California State Supreme Court decision in favor of Transitional Living Centers of Los Angeles Inc. (TLC) over the city of Torrance, at dispute over zoning ordinances. Schneier is TLC founder and honorary chairperson.

"That particular project is successfully concluded, but . . . to effectively serve the mentally handicapped, there are many problems to which I must address myself during the course of any given year," he says.

A second TLC conflict, this one between the facility in Hawthorne and the City of Hawthorne, "has been amicably resolved, so that matter has been successfully concluded . . . there are no more legal impediments confronting TLC," says Schneier.

Schneier has a "pretty full curriculum for a person who is 65 years old and retired, receiving Social Security." In addition to attending law school, he includes among his current involvements "helping to build a national advocacy system through the National Alliance for the Mentally III, the process of forming strategies for coping with the block grants approach to funding mental health, responding to present attempts to emasculate existing regulations of national legislation which affect mental health and preaching the gospel about the desirability of community based residential and rehabilitative mental health programs."

Schneier's "motivating factor" in becoming an advocate was his daughter, who spent three years in the Psychiatric Institute in New York.

"Every parent advocate has a story to tell in his own life, naturally, with one of his own children," Schneier says.

In the Fall of 1971, Schneier and other parents were told at a meeting at the institute that they would have to take their children out of the facility because there was no money. Schneier stood up and spoke, and the parents took over the meeting. A second meeting was held a week later, and from that grew the Federation of Parents Organizations for the New York State Mental Institutions Inc., of which Schneier is founder and honorary chairperson. It grew to count more

than 50 groups of parents and concerned citizens with a combined membership of 30,000.

At the federation's 10th anniversary dinner last November, Schneier was honored as "Mental Health Advocate of the Decade." It is one of many plaques adorning his walls.

"The federation became the acknowledged voice of the mentally ill. We were recognized as such by the governor and legislature, and that took a lot of doing, to build credibility, to carve out your own niche in that jungle that is the field of mental health," he says. "But we achieved the credibility because of knowledge we developed, because of our determination and deep dedication, and we quickly showed the politicians that we didn't ask for pie in the sky, which is the mistake most advocacy organizations make."

Schneier says his on-going philosophy, which was developed in those early days, reflects this.

"I don't have the time to waste in pursuing pie in the sky objectives. Every time I go into something or start something, it must be from the outset an achievable goal, because to waste precious time on non-achievable goals does nothing to help the mentally ill," he says. "I'm not interested in glorious causes that are nonproductive, and so my record of victories is high, and some of the victories that I have achieved are monumental, because inherently they were achievable."

"When I start a fight, I will use every tactic at my command to win that fight, because I'm not winning for myself. What I win is for the mentally ill, because I don't win myself any material gains, and that's the best advocate, of course."

Some of the tactics Schneier has used in his fights include locking hands in front of an administration building to prevent entrance, sitting in offices and lying down in the streets around Willowbrook State Institute for the Retarded in New York.

Schneier has a long list of accomplishments. Included among what he considers to be his achievements are the forming of the federation; being appointed a member of the National Planning and Advisory Council for the White House Conference on Handicapped Individuals, where he was the only mental health representative; starting Transitional Services in New York, the forerunner of TLC; starting TLC in California; serving as a consultant to the NIMH; the "Willowbrook saga," about the "inhuman conditions" at Willowbrook, which drew national attention, was reported on by ABC's Geraldo Rivera, and resulted in a law suit, in which Schneier was involved; the "Pilgrim saga" about what the federation considered to be inadequacy of care at Pilgrim Psychiatric Center in New York. He has served on task forces and has spoken throughout the country, primarily on starting parents groups.

Schneier is aware that to some he has the reputation of being considered controversial or abrasive.

"My livelihood doesn't depend upon

them liking me. You go by results. I'm not interested in winning friends and being considered a nice guy at the expense of the mentally ill," he says. "All these non-achievers in mental health are usually the most critical. When they achieve a record even remotely comparable to what I have achieved, then perhaps their criticism might bother me."

"I am hard hitting and I speak loudly because of the passion of my cause, and many people feel the loud speaking and hard hitting tactics I employ are abrasive. Well, those people don't have to come up with victories for the mentally ill. I do, and I'll employ any legal means to achieve what I possibly can for the mentally ill."

Schneier says that "as long as I live, I will keep fighting to change the system, because it is wrong, it is not productive, (and) it is not effective."

He is going to law school because "I want to be able to file law suits against the entrenched bureaucracy and against public officials . . . so that one day we will be able to tear down the wall of resistance continuously placed in our path, and that will have to on a large measure be done legally in the courts. The day I pass the California Bar a lot of people who are now complacent will suddenly be jarred out of complacency by some well-directed law suits."

Schneier keeps on going because "I can't forget those years when I rode by the Psychiatric Institute . . . and looked up at the window where I thought my daughter might be, and (I would) cry all the way downtown to my place of business. That was three years, and I cried with rage and futility, that I could do anything, but I couldn't help my own daughter. That's hard for a man like me, who feels he can move mountains, to take, to live with, to sleep with (and) to exist with."

TORRANCE VS. TLC: WHAT THE JUSTICE HAD TO SAY

In January, the California State Supreme Court unanimously ruled in favor of Transitional Living Centers for Los Angeles Inc. (TLC), enabling the psychosocial residential rehabilitative facility to remain in operation in the city of Torrance, which was seeking to have the facility closed. (See *Connections*, February 1982.)

Torrance originally brought action against TLC, seeking an injunction to stop operation of the facility for municipal zoning ordinances violations. The court decided in favor of TLC, a decision which was reversed in the Appeals Court. TLC then petitioned the State Supreme Court to hear the case.

TLC based its argument on section 5120 of the Welfare and Institutions Code, contending that neither zoning laws nor conditional use permits could be used to prevent the establishment of a mental health facility in a local community.

Here are some excerpts from

the decision written by Justice Frank K. Richardson:

* * *

"It will readily be seen that section 5120 establishes a strong statewide policy favoring local community treatment of mental patients as opposed to distant, regional or institutional care. The section prohibits local discrimination against such treatment and authorizes local psychiatric care and treatment facilities in those areas where hospitals or nursing homes are permitted either by zoning ordinances or conditional use permits."

* * *

"We find significance in the fact that the amendments to section 5120 were rendered immediately effective, indicating a sense of legislative urgency . . . It seems self-evident that in declaring an urgency the Legislature intended to promote and encourage the treatment of mental patients within a community by limiting the ability of municipalities to discriminate, through zoning restrictions, against facilities serving the mentally ill. Although the legislation authorized some local regulation of facilities serving more than six residents, this authority did not permit the exclusion or regulation of facilities serving the mentally ill from areas which otherwise allowed treatment of the physically ill or handicapped, even if only by conditional permit."

* * *

"Here, City's only assertion of harm is that TLC's conduct would create a public nuisance which, presumably, City would thereafter be prevented from regulating when it discharges its governmental function "to protect the interest of its citizens and to review (TLC's) proposed home" as authorized by statute and City's Code. In considering City's claim of a potential nuisance we are presented with a barren record. It contains no affidavits regarding any alleged harm resulting to City or its residents. City's complaint was not verified. In contrast, TLC has presented affidavits demonstrating that its harm, if the injunction were to issue, would include its loss of a contract to provide services and necessary termination of the program contemplated under the contract."

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Health
Association.

CONNECTIONS WITH THE EDITOR

The Name's Been Changed

As a state licensed owner-operator of the Marvilla Guest Home in Paramount for the past 16 years and with reference to the February issue of Connections, I would like to make the following observations.

All reference to "Board and Care" is meaningless — except for the amazing number of agencies, groups and the various newspapers who only use the phrase to cast a shadow over the after care of the mental or otherwise client. Care was given by Board and Care facilities in years gone by, but only on a custodial basis. This has been replaced, quite rightly, by a move for after continuing care.

On page 7 of the February issue quite rightly and sensibly it is pointed out in paragraph 3 what the purpose of Connections is all about with which incidently I am 100 percent in agreement. This view is also the view of The California Association of Residential Care Homes, of which I am a member and which incidently is the provider of care to some 60,000 clients. Still referring to Page 7, in the following paragraph the old stigma laden phrase "Board and Care Homes" is listed.

Now to page 4, horrors of horrors a licensed owner of a facility, Pasa Alta Manor, refers to his home in glowing terms by mentioning "Board and Care" on no fewer than 9 times. The main reasoning in this article is well thought out and of a reasonable nature.

One of my pet and most frustrating complaints is voiced in the second from last paragraph of this article under "Family Keeps Home in Harmony." It is not widely known among the general public, and I venture to say also among various groups involved in the mental health field, the nature and extent of the regulations governing our Residential Care Homes. Also, much less known is the reimbursement given for services which are, in the main, the same in the greater percentage of licensed facilities as they are at Pasa Alta Manor in Pasadena.

Now a few words about the article on page 4 "Advocate Reports Rights and Wrongs." Here again the phrase "Board and Care" is mentioned on 5 occasions. Another inaccuracy occurs in the reference to clients or residents as being patients. All Licensed Residential Care Homes are non medical and do not have "patients." People cease to be "patients" on discharge from a hospital or a like medical situation and are classified as clients or residents.

With this in mind each resident is handed a copy of form LIC 613 (1-81) at admission, spelling out the procedure regarding their rights and complaints. This comes under Section 80341, Title 22, California Administrative Code. A copy is given to each resident, and a copy is kept in the client's file (which incidently is carefully viewed on Annual Inspections by State Licensed Evaluators).

In addition to this, a notification giving the telephone number for residents to contact appears on the annual license to operate which is displayed at all facilities. All complaints, however frivolous or serious, are handled on a strictly enforced procedure of "non disclosure of identity of person making the complaint." This, in itself, safeguards the resident who makes a complaint from reprisals or the fear of same.

If the goal of all connected in the mental health field is to be reached, a personal observation is for the critical sectors to get off the backs of the actual

providers of care, the residential care home operators, and expand their newly found energy towards the much sought, better after continuing care. This aftercare should be directed to all requiring treatment and not for the very select few now in Transitional Living Centers programs.

Thank you for your time in reading so far. After 16 years in the business, I've seen so much hoped for and so little in reality gained. Who are the losers — the very people for whom so much is geared for on paper and for whom so very little off paper is being done.

Eric Marshall

Swords and Sanity

I am writing you because I read Connections whenever I find a copy. I have been exposed to the mental health system in California and New York for the last twenty years. I have been both a victim and a recipient of its treatment.

I do believe from what I've heard of the Mental Health Association (that) it is a good organization that is dealing with this very difficult situation.

If I have any criticism at all, it would be that you (Connections) don't print many articles or materials by patients or people who have received the endeavors of the professionals. This tends to reflect only the one side of the problem. It seems directed at the givers of the process and not the receivers, so it tends to reflect only one side of the relationship that takes place in the mental health process.

I am enclosing a copy of a letter I wrote to the "Project Return News" that you might be able to use in your publication.

I realize it may also seem to be very critical of the Reagan administration and more political than you may care to present. But I feel the policies that are beginning to manifest themselves are going to be very harmful to the "mental health community" as well as anyone who is unfortunate enough to be in that portion of our population that's most vulnerable to the power structure of our country . . .

How do we as Americans reconcile the fact that when all the speeches, debates, witticisms, and utter malarkey is taken away, we are left with an administration that is trying to sell a policy of taking from the tables, sickbeds and mental well-being of our poorest, most defenseless and unstable of citizens (in order to) build bombs and other vehicles of destruction?

If we are so ignorant as to adopt this recipe to strengthen our country then we deserve the almost certain disaster that we are rushing toward.

We are creating a double edged sword that is being sharpened on both edges of the blade with suffering and agony. How in the name of sanity can we expect to grow as a country, as a people or even as individuals from so negative a process?

Have we become so desperate and foolish that we can accept this madness holding our heads high and muttering that we have no other choice?

I hope not. I fearfully pray that I am wrong to ask these questions. But if I am not, I faithfully believe that my fellow Americans will raise their collective voice in a united, resonant, unequivocal and unswerving one word reply of no!

John Marabella

Connections encourages response from readers. Letters should be kept as brief as possible and are subject to condensation. Connections reserves the right to edit letters for style and libel. Letters must include signature and valid mailing address. Pseudonyms and initials will not be used. Due to space limitations, an attempt will be made to publish a representative sampling of views.

Letters should be sent to: Connections, Mental Health Association in Los Angeles County, 930 Georgia St., Los Angeles, CA 90015.

SOUTHEAST RCLC HAS STRONG WORDS FOR LEGISLATORS

The Southeast Regional Community Liaison Committee (RCLC) invited the legislators from the Southeast Region for lunch to hear about the concerns of citizens about mental health.

The committee called the day a success with 100 percent attendance by the legislators or their deputies.

Speakers Dr. Harold Mavritte, Mary Henry, Councilman Robert Farrell and Judge Hugo Hill were introduced by the RCLC Chairperson James Walker.

The theme of "Recovery Through Unity" was used by the committee to point out the need to press for better mental health care.

The committee for the event included Dr. Karen Gunn, Shirley Rich-

ardson, Mary Joyce, Rosetta Perkins and Walker.

RCLC members expect to see an equal turnout of legislators for the Mental Health Advisory Board luncheon, by invitation, scheduled for March 19.



Senator Diane Watson and James Walker.



Dr. Harold Mavritte, Mary Henry and James Walker (l. to r.).



Congressman Mervyn Dymally, Eddie Lamon and Velva Montgomery (l. to r.).



Rev. David Berkedal, Linda Brown and Dr. Frank Hays (l. to r.).



Anita Grey, Dr. Sid Russak, Tom Ledwith, Francis Griffith, LCSW, and Dr. Charles A. Pollak.

L.A. CLINIC CELEBRATES 58 YEARS OF CHILDHOOD

The
Mental Hygiene Organization
of Los Angeles County
invites you to attend the opening of the
Child Guidance Clinic
conducted by the
National Committee for Mental Hygiene
and the
Commonwealth Fund of New York City
on
Tuesday, February 12, 1924
at the
Anita Baldwin Hospital for Babies
1401 South Grand Ave. Los Angeles
Reception 3:00 to 5 P. M. Tea

1924 Opening Invitation

Calvin Coolidge was president and F.W. Richardson was the governor when invitations were mailed for the opening of the Los Angeles Child Guidance Clinic (LACGC) 58 years ago. The sponsoring group was the Mental Hygiene Organization, today known as the Mental Health Association in Los Angeles County.

Now located in a Richard Neutra designed building on the USC campus, 746 W. Adams Blvd., the clinic is the oldest psychiatric clinic for emotionally disturbed children west of the Mississippi.

Dr. Charles A. Pollak, president of the board of directors, explained that only about 15 percent of the children served live with their parents; most live in foster care or group homes.

The children served at LACGC are not simply acting out; rather the school system has already tried everything and finds these

children cannot function in the schools, Pollack said.

Tom Ledwith, executive director, tells of the focus of the Adolescent Day Habilitation Program and credits Dr. Rose Jenkins (she was a former director of LACC) with beginning the Bates community based treatment program for seriously ill adolescents.

"It is cheaper to place a child in this setting," Ledwith said, "than to put on a program in the public school system."

Dr. Sid Russack of the USC School of Psychiatry said, "The range of psychosis is from conduct disorder to severe neurosis to attempted suicide."

"Without this program or one like it, they'd be out on the street, in the hospital, in jail or dead," Russack said. "The environment here in a social model helps them to adapt to society."

"It is a comprehensive approach," he continued. "We have enough staff to give individual attention with vocational, occupation and recreation components, as well as education programs." It is a state certified non-public school and involves Individual Education Plan.

"Instead of fitting the child into the mold we fit the program to the child," Ledwith said.

Eugenia Romo, principal of the school, works with Cynthia Heard, vice principal. "We have a bilingual program here, a very important need," Romo said.

"The average stay (in the program) was planned to be six to nine months, but more likely it will be nine to 12 months," she said. "We find the child we are getting is too disturbed."

The number of children served has quadrupled in the last year and a half. Most are adolescents, but the clinic serves children of all ages.

The clinic has a strong relationship with the university (the land belongs to USC) and trains and supervises residents and interns from the USC School of Medicine, Department of Psychiatry,

Schools of Social Work and Special Education, as well as the California School of Professional Psychology.

Dr. Robert Barron, director outpatient program, and Russak are affiliated with USC.

"Our preschool program has been kept going by United Way campaign funds. The board has increased support, doubled the double in support," Ledwith said. "There is a good feeling around here of support," he continued.

The building has glass and light; trees and grass areas surround it with wood and furniture designed for the rooms.

Pollak and Ledwith are proud of their building and their staff.

"We have a staff of 40 and serve kids from all over Los Angeles



Tom Ledwith, Dr. Sid Russak and Dr. Charles Pollak in preschool center.

County, but primarily the Central Region," Ledwith said.

Frances Griffith, L.C.S.W., acts as liaison with the program, Regional Director Dr. Rodolfo Garcia, and the Central Region of the Department of Mental Health.

They were given "high marks" by the Central Region . . . "a positive evaluation of the program at this point," said Griffith.

penal code patients.

Of the 1,165 patients currently at Patton, 1,010 are penal code patients, with 130 LPS and 25 mentally retarded patients.

According to Reich, the hospital began changing its mission in 1973, when it began receiving penal code patients. As the penal code patient population grew, "security did not grow adequately with the population," he said.

The hospital submitted requests for additional security, and "some were approved; some were not," said Reich.

Before the Department of Corrections took over security, the hospital felt security was not adequate and requested additional personnel, but received less than was requested, according to Reich. Patton also was in the process of implementing some security items that had been approved in the budget, such as camera equipment, fencing and lighting.

Goggin is introducing a second bill that requires the Department of Mental Health to develop a specific plan for removing all penal code patients to another facility and that it report its progress in implementing this to the legislature on Jan. 1, 1983. It states that Patton will not become a prison and that no prison may be built on the property next to the hospital. It also states that the use of prison guards will end only when all penal code patients have been removed.

Los Angeles County Patients Rights Advocate Barbara Lurie said, "My feeling, and I can only speak for myself, is that they are increasingly criminalizing the mental health system. They are using mental health programs as holding facilities, and I think it's doing a great disservice to patients not under the penal code."

Lurie said she was "really fearful of the trends that

continued on page 8

CMHC FUTURE FUNDING UNCERTAIN

From 1963 to 1981, there existed "a policy that said the (federal) government should be involved in assuring all citizens mental health services. There was a blueprint on how those services should be organized and delivered, and there was a commitment from the federal government to put its money where its principles were," said Dr. Kenneth Stein, administrator, division of mental health services, Central City Community Mental Health Facility.

This commitment was the Community Mental Health Centers Act, enacted in 1963. This act no longer exists, however, and today community mental health centers (CMHCs) face an uncertain future.



Dr. Kenneth M. Stein

"One of the consequences of the Block Grant Bill was to repeal the Community Mental Health Centers Act. In doing that, it ended a period when the federal government had a position on mental health service delivery," said Stein, who is president of the Los Angeles Council of Community Mental Health Centers. He added that the federal government is still putting some money into mental health services.

"The block grant is just a three year bill, and there is absolutely no guarantee or requirement that anything be continued after the third year of the block grant," he continued. "So, in the best of all possible worlds, the 50 individual states would decide to use some of their support from the federal government and some of their own funds to continue a mental health system of some kind, but there is nothing that says to them that after these three years are over that they have to continue that system in the model of community mental health centers. There are many of us who believe that the community mental health model is the most appropriate (and) most progressive."

California, explained Stein, will not formally assume the CMHC program funding and administration responsibilities until Oct. 1, the end of the first year of funding and the last date for it to do so. Stein expressed some concerns about this. The state previously had no role, other than a planning role, in the CMHC program. It had never been responsible for the implementation or monitoring of the program. Also, shortly after it takes over the program, the state will have a new administration and possible a fourth mental health director in approximately two years.

There is a need to recognize, Stein said, that the federal participation for the first year is going to be approximately \$14 million. The state mental health budget is in excess of \$700 million, "so you can imagine that it would be easy to swallow up this community mental health money inside this much larger system and lose the essence of the community mental health program." Stein added that

this was not inevitable and that there are many features of the Short-Doyle program that are consistent with the CMHC approach.

The CMHC approach includes a comprehensive system of services for a unique population, as designated by a catchment area; a dual focus in treatment and prevention of mental illness, including promotion of positive mental health; and governance by a board of persons residing in the service area. The CMHC provides 12 mandated services, "the notion being that it is comprehensive in nature . . . as opposed to fragmented," said Stein.

CMHCs are federally funded for eight years on a decreasing basis, during which "the government basically helps you get your program established," Stein said. The one exception to this was a provision for continued funding for consultation and education programs at a small level, due to the "realization that there is just no local funding support for primary prevention services — consultation and education," he said.

According to Stein, the one event that triggered the study that led to the CMHC Act was the World War II.

"The government was astonished to determine how many young men were unfit for military duty due to their emotional adjustment. It just put it before the country in a way it could not ignore," said Stein.

As a result of this, the president and Congress formed a commission in 1955 to study the nation's mental health needs. The commission published its findings in 1961 as "Action for Mental Health," which served as the reference document from which the CMHC Act was written.

"It basically described the need for mental health services throughout the country and made a whole series of recommendations about what should be done," Stein said.

The act was referred to by its authors as the third revolution in mental health, according to Stein, the first being when people were no longer treated as demons, locked up and beaten, and the second was Freud.

It was updated during the Carter Administration as the Mental Health Systems Act which was really a further adjustment to the basic Community Mental Health Centers Act. "The point is it didn't change the basic features of the service system. It just changed the emphasis," Stein said. "The Systems Act was repealed by the Reagan Administration in favor of the Block Grant Bill."

Stein cited two implications affecting CMHCs as a result of this change. "First of all, because of the 25 percent cut that comes with the block grant . . . there'll be no more comprehensive community mental health centers started, because there is barely enough money left to keep the ones that are already existing going," he said.

Secondly, "one of the things we feel is almost inevitable is that consultation and education grants to centers will be reduced, if not altogether eliminated, and that this little bit of money will be siphoned off like all of the other money into providing direct services for the chronic and severely disturbed person; (there is) no question that these services are needed," he said. "But, if your service system is so out of balance that you only serve the severely disturbed and chronically disturbed, then by ignoring individuals at a time when they are initially indicating the potential for emotional disorder . . . you're just guaranteeing that you're going to have a large population 20 or 30 years later who are going to be chronically ill." Stein added that the CMHC Act, with its mandated services, offered a balance.

"We have to have a balance between prevention, early intervention and major restorative and rehabilitation programs," he continued. "We've lost the balance, and our fear is that we'll lose the whole focus."



Kedren Executive Director Gloria Nabrit, M.P.A., with founding board chairperson, James Woods and current chairperson, Echo Y. Goto.

KEDREN SERVES BY PULLING TOGETHER

The unpredictability of funding is what keeps directors of community mental health centers awake at night. Kedren Community Mental Health Center's director, Gloria Nabrit, MPA, is no stranger to that concern.

Founded in 1965 in a small office by child psychiatrist Dr. James L. Jones, Kedren later moved to a skating rink, then to its present new building at 710 E. 111th Pl., in inner city Los Angeles.

A private, nonprofit organization with a board of directors elected from the community, Kedren provides comprehensive emergency, outpatient, day treatment, and consultation and education services for all age populations.

Each is a pure program, Nabrit states, and each has its own specialists.

"Our adolescent program is the only center in the area. We provide group treatment for 12-18 years of age," Nabrit said. "This is a terribly underserved population. If we could, we would focus on residential living centers for adolescents. As it is, we case manage those who have need for inpatient services and do follow up."

Citing one example of the unmet need, she said, "We wrote a proposal

day, five days a week, but there are no resources.

"As it is, staff volunteer some of their time just to help," Nabrit said.

Nabrit stated the strength of Kedren is in the staff providing personalized mental health services.

"People here know the community and feel comfortable with the clients . . . they take an unusual interest in what happens to the client," she said.

Services for children to 12 years of age and adults are also offered, including a geriatric program. Predictions that are Kedren will have 21,000 client visits in 1982, with four thousand unduplicated individuals, said Nabrit.

"The adult population served has changed from predominantly females to predominantly males," Nabrit states. As to why that would be, she offered as one factor the lower self-esteem that comes with loss of job in hard economic times.

There have been cutbacks (see story this page) in all community mental health centers that block grants will not pick up, Nabrit explained. Still, Kedren has just been told it will receive an unusual sixth year "financial distress grant" allocation.

Kedren reaches out to the area, encouraging community use of the Tom Bradley auditorium.

Kedren also prepares the food for 500 children in Head Start programs in the city and is responsible for early childhood prevention programs with Kedren Head Start.



Kedren Community Mental Health Center Board of Directors.

for (funding) parenting groups for single parents and expectant mothers, to reduce the hostility and sometimes resulting child abuse. We have not gotten the grant yet."

Nabrit has a background in family planning programs. She would like to see a link up of mental health and family planning services.

Right now Kedren has an adolescent teen mothers program where referrals are made from courts, schools and other providers. They would prefer to have the program six hours a

Community support has been enthusiastic, Nabrit stated. "Summa Corp. and Professional Athletes for Kedren are supportive, for example, along with the board," she said.

"Ideally this kind of program should have a grant writer, but we don't have the funds for that, so I write," she said, "late at night, if necessary."

CALENDAR

March

Recovery Inc.: Two weekly group meetings of Recovery Inc., the association of nervous and former mental patients, are held each Thursday, 9:30 a.m. at Temple Israel, 3538 E. Third, Long Beach and each Saturday, 1:15 p.m., at United Methodist Church, room 211, education building, 507 Pacific Ave., Long Beach.

Call 651-2170 for information on other Recovery Inc. meetings.

March 2

Southern California Psychoanalytic Institute: "Ordinary People — The Identity Crisis in All three Members of a Suburban Family," a Southern California Psychoanalytic Institute program on "Psychoanalysis and Creativity: Psychoanalysis and Film," will be held at 7:30 p.m. at the Writers Guild Theater, 135 S. Doheny Dr., Beverly Hills.

Call 276-2455 for information.

March 2

Center for Mental Health Training: Applications are due for "Understanding and Coping with Personal and Organizational Skills," a one-day session to be held March 18, 9 a.m.-4 p.m., at the center, 11665 W. Olympic Blvd., Los Angeles.

Call 478-1535 for information.

March 2, 9, 16, 23, 30

(Re) Socialization Skills Inc.: Meetings of a support group for parents and friends of schizophrenic persons are held each Tuesday, 7-9 p.m., at 1535 Sixth St., Santa Monica.

Call 451-1755 for information.

March 3

Interagency Committee on Mental Health: The committee meets at 9:30 a.m. in the Los Angeles County Department of Mental Health conference rooms, 2415 W. Sixth St., Los Angeles.

March 3

Center for Mental Health Training: Applications are due for "The Reform of the Juvenile Justice Center: Future Directions," a program presenting challenging and controversial proposals for changes in the current juvenile justice system. Co-sponsored by the L.A. County Bar Association Juvenile Justice Committee and the California Youth Authority, the program will be held March 19, 9 a.m.-4 p.m., at the center, 11665 W. Olympic Blvd., Los Angeles.

Call 478-1535 for information.

PATTON continued from page 6

are being set" for two reasons.

First, she said, "Considering that penal code patients are thought to have broken the law to the extent that their criminal activity makes them dangerous, they are jeopardizing the safety of other patients."

Secondly, "The other psychiatric patients are sometimes damaged by association. The public begins to clump all of these people into the same category and begins to equate dangerousness with mental disorders, inappropriately," said Lurie.

Two additional bills deal-

March 4

MHA: "The Total Woman: For Fun and Profit" seminar series co-sponsored by the Mental Health Association in Los Angeles County and the West Los Angeles/Beverly Hills YWCA concludes with "Financial Future" with speakers Dr. Emily Card, UCLA, on credit and management; Edna R. Alvarez, attorney at law, on estate planning; and Lois J. Cox, vice-president, Paine, Weber, Jackson, Curtis Inc., on financial investments. The session is held at the YWCA, 10936 Santa Monica Blvd., Los Angeles.

Call the MHA at 629-1527 or the YWCA at 478-1228 for information.

March 5

Didi Hirsch Community Mental Health Center: "Issues in the Treatment and Delivery of Services to Afro-American Clients," a continuing education workshop, will be held at the center, 4760 S. Sepulveda Blvd., Culver City.

Call 390-6612 for information.

March 5

Saint John's Child Study Center: As part of its 20th anniversary celebration, the center is presenting a professional symposium, "Achieving Optimal Mental Health for Children," 8:30 a.m.-4 p.m. in the seventh floor auditorium of Saint John's Hospital and Health Center, 1328 E. 22nd St., Santa Monica.

Call 829-8921 for information.

March 9

Relatives and Friends of the Mentally Disabled in Norwalk: The group will meet at Queen Manor, 11515 Firestone Blvd., Norwalk, with Caring and Sharing at 6:30 p.m. and the regular meeting at 7:30 p.m.

March 11

MHA: The noon meeting of the Mental Health Association in Los Angeles County Children and Youth Committee will feature speakers Howard Robinson, Department of Social Services; Gerald Goldstein discussing legislation; and Hank Marshall, Ph.D., admissions coordinator for Adolescent Programs, Camarillo State Hospital, talking on current practice resulting from the Roger S. decision. The meeting will be held at the MHA office, 930 Georgia St., Los Angeles.

Call 629-1527 for information.

March 11

Advocates for the Mentally III: James Croxton, Santa Monica Community College professor, will speak on "The Value of Nutrition in Prevention of Mental Illness" at the AMI meeting at 7:30 p.m. at Thaliens Community Mental Health Center, 8730 Alden, Los Angeles.

ing with penal code patients have been introduced into the legislature.

AB 2403, authored by Goggin and Assemblyman William Leonard of San Bernardino and Riverside, permits general release of information such as name, age, physical description and reason for commitment of escaped penal code patients.

AB 2364, authored by Leonard, requires that certain penal code patients wear certain clothing issued by the Department of Mental Health.

Lurie expressed concern over the precedence these bills would set.

March 12

Relatives and Friends of the Mentally Disabled in Pasadena: The group will meet at 7 p.m. at Pasadena Mental Health Center, 1495 N. Lake, Pasadena.

March 15

Coalition on Mental Health: The Coalition will discuss how to effectively communicate with legislators at its general meeting, held 7-9 p.m. in the Los Angeles County Department of Mental Health first floor conference room, 2415 W. Sixth St., Los Angeles. Those attending should enter the building from the roof parking lot.

Call 629-1527 for information.

March 15

Help Anorexia: Alex M. Panio Jr., Ph.D., director of Outreach Services, Health Care Delivery Services Inc., will speak on "Other Complications of Eating Disorders," at the Help Anorexia meeting for families, professionals and concerned citizens, held 7-9 p.m. in the auditorium of Thaliens Community Mental Health Center, 8730 Alden, Los Angeles.

Call 558-0444 for information.

March 18

San Fernando Valley Child Guidance Clinic: "Systematic Training for Effective Parenting (STEP)," a parent training workshop for improving parent-child communication and interaction, meets on eight consecutive Thursdays, 6-7:30 p.m., until May 6, at the clinic, 9650 Zelzah Ave., Northridge.

Call 993-9311 for information.

March 19

Annual Legislative Luncheon: Sponsored by the L.A. County Board of Supervisors, Mental Health Association in Los Angeles County and Mental Health Advisory Board, the Annual Legislative Luncheon will be held at the New Otani Hotel, Los Angeles, with attendance by invitation only. With Victoria Sofro and Tina Judkins as co-chairpersons, the luncheon will have Glenda Wina of KHJ-TV as master of ceremonies and Metropolitan State Hospital Director Dr. Ernest Klatte, Frank Rice, Betty Gallando Fisher and Bonnie Steinbaum as speakers.

March 20

Pasadena Counseling Group: "Learn to be a MFCC," a six hour MFCC license qualifications workshop will provide information on areas such as law and regulations, Board of Behavioral Science Examiners, education and employment, among others. The workshop will be held 9 a.m.-3 p.m. at the Pasadena Counseling Group, 711 E. Walnut St., Pasadena. Pre-registration is required.

Call 795-7722 for information.

March 20-21

USC: A weekend seminar on "Legal Issues and Ethical Dilemmas for Mental Health Professionals" will focus on court decisions and legislation and address problems and solutions related to legal and ethical questions facing mental health practitioners. The seminar is co-sponsored by the USC Graduate Programs in Health Services Administration and the Patient Care Advocacy Program of the USC department of psychiatry and behavioral sciences and is held 8:30 a.m.-5:30 p.m. in USC's Hastings Auditorium.

Call 227-5561 for information.

March 24

Documentaries: Two award-winning documentaries, "Hurry Tomorrow," about the forced drugging of mental patients, and "Deadly Force," about police accountability in the fatal shooting of an unarmed citizen by a Los Angeles police officer, will be screened beginning at 5:30 p.m. at the Fox Venice Theater, 620 Lincoln Blvd., Venice. There will be discussion with Richard Cohen, director of the films, following the screenings.

Call 396-4215 for information.

RCLC

The Regional Community Liaison Committees (RCLCs) of the Los Angeles County Department of Mental Health five regions meet as follows:

March 9

San Gabriel Valley Region RCLC meets at noon at La Puente Community Mental Health Center, 160 S. Seventh Ave., La Puente.

March 10

Coastal Region RCLC meets at 6:45 p.m. in the Harbor-UCLA Medical Center eighth floor conference room, 1000 W. Carson, Torrance.

March 12

San Fernando/Antelope Valley Region RCLC meets 10 a.m.-noon. Call 508-7800 for location.

March 17

Central Region RCLC meets at 7 p.m. at Puerto Esperanza, 4902 Buchanan St., Highland Park.

March 18

Southeast Region RCLC meets at 1:30 p.m. at Westminster Neighborhood Association, 1776 E. Century Blvd., Los Angeles.

These meetings are open to the public.

March 24

National Association of Social Workers: Richard Van Horn, Mental Health Association in Los Angeles County executive director, will speak on advocacy at the 6 p.m. NASW Mental Health Council meeting, held in the first floor conference room, Los Angeles County Department of Mental Health, 2415 W. Sixth St., Los Angeles.

Call 655-6404 for information.

March 25

Mental Health Advisory Board: The board meets at noon in room 739 of the Hall of Administration, 500 W. Temple St., Los Angeles.

March 26

Didi Hirsch Community Mental Health Center: A continuing education workshop, "Teenage Motherhood: Issues and Interventions," will be held 1-5 p.m. at the center, 4760 S. Sepulveda Blvd., Culver City.

Call 390-6612 for information.

March 27

Los Angeles Commission on Assaults Against Women: A one-day self-defense workshop designed to psychologically and physically prepare women to deal with assault will be held 10 a.m.-3 p.m. at the Westwood YWCA, 574 Hilgard Ave., Westwood. Pre-registration is necessary.

Call 392-8381 for information.

March 31

A Touch of Care: A Touch of Care, a private psychosocial rehabilitation organization, conducts a Parents Skills Training Group at its social rehabilitation center, 11552 W. Pico Blvd., West Los Angeles.

Call 473-6525 for information.

CONNECTIONS

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