We have a newsletter full of Mental Health Services Act hope, information, and inspiration to present to you this May.

Foremost, we have stories about MHSA Housing projects which are sprouting around the state. The “Vida Nueva” development in Sonoma and the “Sunflower” project in Salinas are great examples of the creative use of MHSA housing funds.

We also have stories about client recovery and success in the workplace. We conducted interviews with “Growing Grounds”, a client employment program in San Luis Obispo County where clients get their hands in the dirt at a farm for landscape plants.

Our newsletter shows that the MHSA is alive and kicking—just like our interview with the respected MHSOAC Commissioner Darlene Prettyman. Commissioner Prettyman shares some of her years of experience as a mental health advocate.

Among several other informative articles, we take a look at a trauma center in San Jose and report on the experience of postpartum depression.

Lastly, we round things out by highlighting recent submissions of client art and poetry. I think you will enjoy these inspiring works of client art.

Until next time,
Sheri Whitt
Executive Director

“Sunflowers”—Lisa S.
Commissioners Visit Older Adult MHSA Funded Program

In April, MHSOAC Commissioners visited the Sierra Elder Wellness Center, a program funded by the MHSA and El Hogar Community Services, Inc. of Sacramento.

The Sierra Elder Wellness Program, an MHSA full services partnership program, addresses the need for specialized outpatient mental health services that meets the needs of the older adult population (age 60+). This program, which began in May 2007, also includes transition age adults (age 55-59) in Sacramento County. The program has the capacity to serve about one hundred older adults who meet the criteria for mental health services.

“The visit was a reinforcement of why I am here on this commission,” said Commissioner Beth Gould, who was present at the visit. “It was great learning directly from the group… what they are able to provide with their own funding and what they are able to provide with MHSA funds.”

Commissioners had an opportunity to learn more about the services available to the older adult community and were able to mingle with clients and program staff. “It was good to see Prop 63 dollars at work and to see lives being changed and touched,” said Senator Lou Correa, the newest member to the commission.

To learn more about the Sierra Elder Wellness Program and El Hogar, you can visit them at http://www.elhogarinc.org/.

Want to find out more about the next Commission MHSA program visit? Interested in having commissioners visit your program? Email us at mhsoac@dmh.ca.gov or visit us on the web at http://www.dmh.ca.gov/MHSOAC/default.asp.

Mental Health Services Committee Launches its First Meeting

The MHSOAC Mental Health Services Committee launched its first meeting on April 8, 2009 in Sacramento. The committee is co-chaired by Commissioners David Pating and Beth Gould. The committee works on behalf of the Commission to make recommendations regarding implementation and oversight of the MHSA, policy development, training and technical assistance, and strategic collaboration.

You can check out more information on committee meetings online at:
http://www.dmh.ca.gov/MHSOAC/Meeting.asp

Staff welcomes news of your professional endeavors, papers, and other content ideas for consideration in future issues.

Submit them to:
Email: mhsoac@dmh.ca.gov
Fax: 916-445-4927
Attn: Communications

The Update Staff
Editor
Matthew Lieberman
Staff Writers
Yee Xiong
Christina Call
Amy Shearer
Assembly Member Mary Hayashi Receives Public Policy Award

By Matthew Lieberman

On April 18th, Assembly Member and MHSOAC Commissioner Mary Hayashi was honored by the American Association of Suicidology (AAS) with the presentation of its Public Policy Award.

The AAS Public Policy Award is given to elected officials who are recognized by AAS as leaders in advancing suicide prevention efforts. The award is not granted on an annual basis and the recipient must meet stringent nomination criteria.

Peter Gutierrez, Ph.D., President of AAS, presented Ms. Hayashi with her award at the Saint Francis Hotel in San Francisco. Mr. Gutierrez said, “Assembly Member Hayashi is being given this year’s Public Policy Award in recognition of her role in establishing the California State Office of Suicide Prevention and for her consistent support for suicide prevention efforts in California.”

“I am deeply honored to receive this award from such a respected leader in suicide prevention research,” stated Assemblymember Mary Hayashi. “The efforts of the American Association of Suicidology are vital in helping families to cope with loss and grief, and encourages them to become involved in suicide prevention efforts. Through research and information sharing, we know that suicide is more than a personal tragedy, it is a public health crisis and one that can be addressed through public action and policy change.”

Assembly Member Hayashi is in good company in receiving this prestigious public policy award. Another recent recipient was United States Senator Harry Reid of Nevada.
On April 30, 2009, Monterey County based non-profit agency, Interim Inc, hosted a ground breaking of the first MHSA funded housing project to be built from the ground up. This housing development will provide supportive housing for adults living with mental illness in Salinas, California.

The housing development, Sunflower Gardens, will be a two story, eighteen unit apartment building and is expected to house twenty-three adults with psychiatric disabilities who are at risk for homelessness.

Once completed, Sunflower Gardens will be certified for Leadership in Energy and Environment Design for Homes (LEED for HOMES) and the building is expected to use less energy, water, and natural resources than ordinary buildings. Sunflower Gardens will incorporate solar panels, solar water heating, high-efficiency heating and cooling systems, and low flow water fixtures.

Builders expect to begin construction in May 2009 and plan on completing their work by Summer 2010.

For more information and updates, you can also view the Interim, Inc. website at www.interiminic.org.
December 1, 2008 marked the beginning of new life for several homeless families and individuals with severe disabilities. December first was the opening of Sonoma County’s first permanent supportive housing development, “Vida Nueva”. The $9,012,300 project has twenty-four apartments: four 1-bedroom, ten 2-bedroom, and ten 3-bedroom units, all designed around an open community center called “The Green”. Vida Nueva currently houses a total of seventy-seven tenants, including twenty families. This housing project received $600,000 of its funding for development from the Mental Health Services Act (MHSA) Housing Program as well as an additional $600,000 in MHSA funds to support six of its units. These six units house an MHSA target population of individuals whose income is 50% or less of the area median income.

Vida Nueva provides families and individuals not only with shelter, but also with a sense of security and community that some may never have known. “Vida Nueva has been a dream come true for so many, and in December, it just seemed to be a double blessing. Most of our families were previously homeless. Can you imagine that? I have worked with this population for nearly twenty years and I still can’t,” said Sonoma County’s MHSA Program Coordinator John Lynch.

A variety of classes, services, and social activities are made available to the residents of Vida Nueva on a daily basis. During a typical week residents can enjoy yoga, a community walk, game nights, socials, drumming, running, and dance classes. On Sundays, children and parents are invited to read their favorite stories and on Mondays, “The Family Connection” provides team support to families. The Family Connection is a human services program provided by the Committee on the Shelterless, or COTS, that offers support for families transitioning out of homelessness. Gardening projects, cooking classes, and a program called Kids First are coming soon.

Vida Nueva also provides many support services to families and individuals. These include anything from personal financial management support to substance abuse services to childcare. Just two examples of these services are the “Rent Right” and “Work Right” workshops. The “Rent Right” program conducts workshops in budgeting, credit repair, and money management. “Work Right” is an employment assistance program that includes skills assessment, job search coaching, and career plan development. All of the services offered at Vida Nueva are voluntary and based on tenant request. “Vida Nueva also offers volunteer team support to help keep our folks stable, independent and working toward their goals including legal help, and ways to keep strong and fit, physically, spiritually, and emotionally,” explained Lynch.

Each resident is supported by a team of licensed clinicians, nurses, and psychiatrists, and receives case-management support from the Sonoma County Mental Health Division. Dozens of people also volunteer their time and talent at Vida Nueva, making many of the services possible. It is the people at Vida Nueva: the residents, the professionals, and the volunteers, who make it such a success.

“Yes, this place has changed the lives of twenty families with severe disabilities,” said Lynch. “Each story had a happy ending this time.”
MHSA HOUSING PROGRESS REPORT

On April 20, 2009 the Department of Mental Health provided the fiscal and policy committees of the Legislature with a semi-annual update on the MHSA Housing Program. The table below and on the following page reflect some of the information provided in this report. For the complete report, please visit [http://www.dmh.ca.gov/Prop_63/MHSA/Housing/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Housing/default.asp) and see MHSA Housing Program Semi-Annual Report.

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For the Period Covering October 1, 2008—March 31, 2009
## PENDING APPLICATIONS

For the Period Covering October 1, 2008—March 31, 2009

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TOTALS | 341 | 128 | 86 | $12,623,450 | $6,803,000 | $19,426,450 |

**Submitted MHSA Housing Applications**

- Total Dollars Pending Applications: $19,426,450 (32%)
- Total Dollars Approved Applications: $41,697,001 (68%)
A Place to Grow

By Christina Call

After more than twenty years of service to the community of San Luis Obispo, the farm appropriately named “Growing Grounds” has become “growing grounds” for more than just landscape plants and culinary herbs. Growing Grounds is a place where mental health consumers can grow as successful individuals through the Supported Employment Program that is provided by the Transitions – Mental Health Association (T-MHA).

Through the MHSA-funded Supported Employment Program, individuals that are living with a mental illness can receive the long term support they need to acquire a steady job. Support services include anything from help with a résumé and applications to off-the-job counseling, assistance with social skills, and time management.

Since 2006, the Supported Employment Program has served over 451 clients and has successfully placed many clients in jobs at businesses in the local community.

Deanna Graziano, the Supported Employment Program manager, maintains relationships with many of the businesses in San Luis Obispo. Clients in her program volunteer their time and energy at these local businesses in exchange for training opportunities. “It’s really important to have the community involved,” said Graziano, “It’s a mutually beneficial relationship.”

The Growing Grounds farm in San Luis Obispo is unique in that it not only offers Supported Employment Program clients a variety of training opportunities, but it also provides clients with horticultural therapy. Program Manager of Growing Grounds, Craig Wilson, explained that for many clients it is their first time nurturing another living thing, and he said that this can be very therapeutic. Aside from potting, watering, and pruning, employees are also taught how to interact with customers, how to use a cash register, and what it means to produce something of value. “They feel pride in providing a high quality product,” Wilson said, while explaining that some clients also deliver the finished product to stores and other businesses.

On any given day of the week, around twenty-two to twenty-eight clients come to work on the farm. While clients work only three-hour shifts a day, from 10 a.m. to 1 p.m., some have to take two-hour bus rides to the farm and then back home—four hours on a bus for three hours of work. After fifteen years of working in private industry, Wilson said Growing Grounds employees have an equal or better work ethic than any-one he has ever worked with.

Growing Grounds assesses clients’ skills and places them in positions where they can apply them. “We focus on their strengths,” said Wilson. Take for example Kyle, who was a client in the Supported Employment Program and Growing Grounds. He was 29, never had a job, and started working at the farm to see what his basic skills would be. After working at Growing Grounds for three to four months, he felt he was ready for a job in the community. The Supported Employment Program helped him with his résumé, took him to look for jobs, and helped him with his applications. After being interviewed by Goodwill Industries, he was hired and has been working there for over six months. Another client who worked at the farm for eighteen months got hired on his own at Hometown Buffet. He’s received two promotions since then and is working steadily.

The success of the Transitions-Mental Health Association and places like Growing Grounds is measured in terms of recovery. Wilson explained that people define themselves in large part by what they do for a living, and the farm can provide an identity for people. Wilson said, “When you see people come in withdrawn, it can be hard to see changes day to day; but when you step back and look at them training new employees and being social, it’s absolutely amazing.”

For more information on the Growing Grounds Farm, visit their website at www.growinggroundsfarm.org

For information on Transitions-Mental Health Association, visit www.t-mha.org
The Center for Survivors of Torture (CST) is easy for visitors to miss. Nested on the third floor of the Gordon N. Chan Community Services Center in San Jose, CST is located in an undistinguished hall of closed doorways. But if you open the Center’s door and go inside, you will soon realize that there’s something special about this place.

Inside, the walls are decorated with vibrantly colored artwork, and the furniture is arranged comfortably around the office to resemble a living room.

You will meet Sarita Kohli, the Director of the Mental Health Programs for Asian American Community Involvement, a community based organization for health and human services and the mother organization of CST.

You will also meet Armina Husic, the center’s program manager, and her staff of clinicians, case workers, and interns—all culturally diverse with lived and/or professional experiences of their own.

Now, that’s the staff. If you are luckier than I was on the day I visited, you might have the opportunity to meet the clients that come through the door every day too. For a long time, these clients have been called the invisible population, but a more common term is survivors of torture… and they are from all over the world.

CST annually serves about 200 survivors from 65 different countries, including Africa and Eastern Europe. According to the Center, in Santa Clara County alone there are thirty to thirty-five thousand survivors of torture, with a significant and growing number in surrounding counties.

Established in 2000, CST is a specialized program created to serve individuals who have suffered torture for political reasons in foreign countries, fled wars and conflicts in their own countries, or are asylum seekers—individuals who are fleeing persecution due to their political beliefs, religion, sexual orientations, gender, or race, for example.

CST is part of both the California and the United States consortia of 26 torture treatment centers, with locations in cities including San Diego, Los Angeles, Chicago, and New York.

Torture, according to the United Nations Convention Against Torture, is any act in which severe pain or suffering, physical or mental, is intentionally inflicted on a male or female.

“The purpose of torture is to destroy their trust and spread fear into the community,” says Armina Husic, program manager for CST.

“The purpose of torture is to destroy their trust and spread fear into the community,” says Jorge Wong, Licensed Psychologist and Director Behavioral Health Services for Asian Americans for Community Involvement.

“But there are still challenges; many survivors are fearful and afraid to trust others. “Many survivors feel betrayed and they fear they can be kicked back into the country they are trying to escape from and that fear causes them to stress more—the fear of returning,” says Wong.

The challenge, according to Wong, is not to push mental health services on them, but to initially develop a relationship and rebuild their trust so they will be empowered again.

This strategy of empowerment has resulted in positive outcomes: increased levels of education, employment, and most importantly, a general holistic improvement in the mental health of the survivors of torture.

“The work we do is to help them to believe again that there are good people in the world and small changes can occur,” says Husic.

Continued on Page 13
Merced County Using PEI Funds to Care for Its Kids

By Christina Call

By the age of five, ninety-five percent of a child’s brain has already developed. How one thinks, processes information, identifies with other people, and interacts with people has all been developed at this early point. Children who don’t learn social skills at an age appropriate time are at an increased risk for future failures, especially in school. In fact, 50% of children who start showing behavioral problems in preschool continue to show problems during their school years (Campbell, 1995) and children who display problem behaviors at an early age are most likely to develop serious antisocial problems in adolescence and adulthood (Webster-Stratton, 1997). “If you’re doing true prevention work, you want to make sure that if a trauma occurs, a mental health issue will not occur…work has to be done really early, before seven or eight,” according to Senior Project Manager of Resource Development Associates, Kayce Garcia-Rane. Garcia-Rane and Caring Kids Project Manager and Behavior Support Specialist, Monica Adrian, explained that this is just some of the research behind the formation of a mental health prevention program in Merced County called Caring Kids.

Caring Kids promotes the healthy social and emotional development of young children, according to Adrian. The program does this in many ways including teaching social skills directly to children as well as providing training and support to parents and childcare providers. Children in “at risk” preschool settings are taught in small groups once a week about appropriate social skills. They are taught things such as the importance of rules, sharing, understanding differences, and how to deal with anger.

Caring Kids reaches out to parents through either group workshops or to individuals in their own home. The group workshops are usually conducted in preschools throughout Merced. For teenage mothers, monthly training sessions are available at their high school. These workshops and training sessions cover strategies for effective behavior management and techniques for creating a healthy environment that promotes social and emotional development in their child. For parents who do not speak English, training is conducted in their primary language by a trainer who is also familiar with their cultural practices.

The program has been receiving some funds from First 5 Merced County and has been approved for $160,000 annually in MHSA Prevention and Early Intervention funds. In addition, the program is receiving a one-time amount of $25,000 in PEI funds for start up costs. These costs include the recruiting and training of new staff. The annual $160,000 of MHSA funds will be used to expand the program to reach 300 children a year as well as provide more intensive services for those that qualify. When deciding in what programs Merced County should invest its PEI money, participants in the PEI planning process expressed a desire to prioritize services for children and youth who were in stressful family situations and children who were at risk of school failure. Participants also stressed the value of using resources that already existed. Caring Kids is such an existing program. It uses an evidence-based best practices model that is similar to programs in other counties that have been evaluated thoroughly. It also has a history of success in Merced.

“We have seen that about 70% of the children who participate no longer score as having high levels of problem behaviors and/or low social skills,” said Adrian. “A typical success story involves a preschool calling us to let us know that they have tried all they could to try to manage a child’s behavior and that they are on the verge of expelling a child and we come in and provide training and support which makes it possible for the child to remain in preschool,” said Adrian.

Caring Kids provides children expressing behavioral problems a second chance. Because Caring Kids focuses on addressing problems at an early age, children can avoid problems later in school and in their adult lives. This is what makes Caring Kids such a successful and innovative program.

Keep up with the latest updates on PEI Plan Review & Approval at: http://www.dmh.ca.gov/MHSOAC/Prevention_and_Early_Intervention.asp
The MHSOAC reached its millionth mark in approved expenditure for Prevention and Early Intervention (PEI) by more than 114 million dollars. As of April 2009, 35 counties submitted PEI plans for approval and 29 of these counties have been approved.

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Total Counties Approved: 29
Total Expenditures Approved: $114,440,504.00
Commissioner Prettyman Brings Client & Family Perspectives to the Table

Darlene Prettyman with her son, Mel

By Yee Xiong

“Get educated, get in contact, and get involved,” is one piece of advice Darlene Prettyman, MHSOAC Commissioner, repeatedly gives to mental health consumers and their loved ones. As one of the first commissioners on board since the passage of the MHSA in 2004, Prettyman takes one of two seats reserved for a family member of a mental health consumer. She also serves as the co-chair of the MHSOAC Client and Family Leadership Committee.

In the 1990s, the Bakersfield Californian newspaper described Prettyman, a Certified Psychiatric Nurse, as being part of the “dramatic change in roles of the nursing profession.” She has received numerous awards and nominations for her service, including three nominations for Kern County RN of the year. Kern County also gave Prettyman their Outstanding Mental Health Professional award in 1996.

Prettyman’s dedication is reflected in many local and statewide organizations. She has served as chair of NAMI of Kern County and the California Mental Health Planning Council. Her leadership continued as a President of NAMI California, and as a member of the NAMI California and NAMI National Board of Directors. Prettyman also co-authored AB 1425, which offers support services to persons with psychiatric disabilities living in their own housing. This bill became law in 2003.

Even with more than 33 years of professional experience in the area of serious mental illness under her belt, nothing is more significant to her than her role as the mother of an adult son with a mental illness.

At the age of 19, her son Melvin - “Mel” - was diagnosed with a mental illness. “This experience has brought an acute, painful awareness of what my son and family members dealing with a persistent mental illness go through every day of their lives,” said Prettyman.

“This is an illness that needs a support system, for the identified patient and the family. It makes me aware of the tremendous task that still lies ahead of each one dedicated to enhancing the quality of life for our loved ones,” Prettyman said at a NAMI conference three years after her son’s diagnosis.

And a tremendous task it was. After her son’s diagnosis, Prettyman became a leading mental health advocate and took many steps forward to improve mental health services.

In her local community, Prettyman and a group of family members got together and formed Living Connections, a non-profit corporation that built two apartment complexes in Bakersfield for persons with psychiatric disabilities in 1996. The complexes currently houses 45 people. Since 1998, Prettyman sits as a board member for the two apartment complexes.

She also sat on the State of California’s first Consumer and Family Task Force for Managed Care from 1996 to 2005 in one of its first family member positions. The task force helped develop guidelines for the Managed Care implementation plan and performed oversight reviews of county programs.

In 2002, she received a Family Advocate award from the Coalition of Mental Health Organizations of California, and Kern County honored Prettyman as its Mental Health Advocate in 2005.

Today, in her mid-70s, well respected Prettyman continues her advocacy work. She currently sits on several committees, and also gives her time to assist the Central California Recovery Housing Conference. As for her role on the Commission, she believes she is here to make sure clients and family members are included.

For Prettyman, the Mental Health Services Act represents hope for a better quality of life for people living with mental illness and their families.

“The MHSA is a great involvement of partnerships between clients, families, and consumers that wasn’t there before,” she said.

And as for her hope for her son, Mel – Prettyman said, “I hope he is able to live independently and regain his place in the community.”

Darlene Prettyman’s Brochure 1990’s
Understanding Postpartum Depression

By Yee Xiong

Motherhood is a thrilling new phase in a woman’s life. For many new mothers, a new baby triggers a mixture of emotions from excitement and joy, to anxiety, and even sadness. Sometimes, it can lead to something also unexpected—Depression. Depression can be described as feeling pervasively sad, blue, unhappy, miserable, or even “down in the dumps.”

Approximately 7% of adults suffer from depression, and for new mothers, that rate increases to 13% in any given year.

Depression after pregnancy is called Postnatal or Postpartum Depression. Postpartum depression is a serious condition that can occur anytime up to two years after giving birth.

According to the American College of Obstetricians and Gynecologists, 10% of new mothers experience postpartum depression. In the United States alone, there are as many as 800,000 new cases of postpartum depressive conditions each year.

The Suicide and Mental Health Association International (SMHAI) states that 85% of new mothers will experience the “baby blues”. This condition includes mood changes, sadness, anxiety, difficulty sleeping, irritability, appetite changes, and concentration problems - within days of giving birth to several weeks afterwards. These baby blues are considered a normal part of new motherhood and usually go away on their own as the body’s hormones even out.

However, postpartum depression is often not treated or even recognized because natural pregnancy changes cause similar symptoms and happen at the same time.

Postpartum depression isn’t a character flaw or a weakness; sometimes, depression simply occurs after giving birth. Mothers often already face so many barriers—including negative attitudes and misconceptions of depression. However, lack of knowledge does not have to be another barrier in seeking timely and appropriate treatment.

Getting treatment and support can ease postpartum depression symptoms and lets you relax and enjoy your baby more.

The Center for Survivors of Torture

Continued from Page 9

“The Center is a perfect example of client centered services, where the client is proactive in their own treatment and recovery,” AACI’s Mental Health Program Director, Kohli adds.

In July 2008, the center received an award of $150,000 of MHSA funds from the Santa Clara County Mental Health Department. The funding was used to launch two projects.

The first is a pilot project with the Lenzen Refugee Primary Clinic of Santa Clara County in which mental health clinicians conduct on-site assessments for about eighty-two survivors of torture. Many of the survivors, a high percentage from Iraq, Iran, Burma, and Bhutan, are undergoing primary health screenings and have been referred by primary care physicians. About fifty percentage of these patients have been identified for further services.

Findings from the project supported previous research that depression is the most common mental illness diagnosed in torture survivors, and that refugees experience significant symptoms of depression during the resettlement process.

The other Santa Clara County funded project at CST is a focus group of six ethnic groups identified as most likely to have experienced incidents of torture. These ethnic groups include Vietnamese, Cambodians, Eastern Europeans, Iraqis, and Middle Easterners. The findings collected so far reveal that the stigma of mental health, lack of outreach, limited access to and lack of education about mental health services are key barriers for newly arrived refugees who seek services.

The findings from these two programs highlight the large number of refugees who are in need of mental health services, and identifies many of these refugees as torture survivors.

The MHSA funding at CST is a one-time award and will run out by the end of this fiscal year. Other funding for CST comes from the Federal Office of Refugee Resettlement and the United Nations.

Services Provided at Center:

- Psychological Services
- Medical Support System
- Social Services Support System
- Legal Services
- Family Support Services
- Training and consultation for health workers, lawyers, and others

For more information, please contact:
Armina Husic, Program Manager
(408) 975-2730 Ext. 247
Email: armina.husic@aaci.org
Website: http://www.aaci.org/home.htm
The MHSOAC would like to thank everyone who answered the call for artwork and writing submissions. Congratulations to the selected artists and writers! We will have more opportunities for submissions in the near future.

“Earth, Wind, Fire, & Water”
Mark D., San Mateo County
Medium: Ink, gauche, colored pencils

Life Water
I was a wilting flower,
Clinging to my roots
Thirsty for life-water
I hated my container
Trapped
Unable to blossom
Slowly, I began to take sips of life
Sips turned to gulps
My petals began to bloom
The sky opened and rained down upon me
Growing me
Cleansing me
The sun warmed me.
Transplanted from my shell to the Earth.
My roots grew strong and supportive
My brilliant, colorful flower emerged
I found my garden.
Among all the flowers of people
Also thirsty
I tend to my garden
Endlessly
Relentlessly

Rachel W.
Monterey County

“Woman in Garden”
Marissa F., San Bernardino County
Medium: Acrylics
Believing in Dreams

Letting go of fear
Little by little
Embracing life
And accepting its messiness-
The worry, the insecurities
Of day to day-
The ups and downs of
Hope and confidence,
Finding a real me
Underneath so much anxiety
Believing in dreams
So fragile, yet precious, living quietly
Inside of me
And having Faith always
In the strength and power within

Aida A.
San Bernardino County
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Fax: 916-445-4927
Email: mhsoac@dmh.ca.gov

MARK YOUR CALENDAR

NEXT COMMISSION MEETINGS

May 28, 2009– Sacramento
June 25, 2009– Sacramento
July 23, 2009– Sacramento
August 27, 2009– Sacramento
September 24, 2009– Santa Ana
October 22, 2009– San Diego
November 19, 2009– Monterey

Visit us on the Web for the most current meeting information:
http://www.dmh.ca.gov/MHSOAC/default.asp