

Cal Net Gazette

VOLUME 7, ISSUE 2

SEPTEMBER, 2004

California Clients will Lead the Way: the CNMHC gets grants to support the growth of self-help throughout the State From the Executive Director, Sally Zinman

The CNMHC has been awarded a Statewide Consumer Network Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the growth of self-help groups/client-run programs throughout the State.

In June of 2002, the CNMHC Board of Directors identified the need for a centralized capacity to coordinate and support self-help activities throughout the State as a major goal. Since the re-organization of the CNMHC into Regions, self-help activities have been locally based. Given this localized structure along with insufficient funding, the CNMHC has not been able to provide the leadership and impetus in the State necessary to fully and consistently implement self-help services throughout the State. The CA Mental Health Planning Council, mental health legislation, and legislative reports have espoused the virtues of self help and the need for self help programs to be part of the mental health continuum of care. However, in spite of this avowal of the significance of self-help, California has not translated the vision into practice and made self-help programs a mainstay of all mental health services. It is the role of California clients to provide the leadership, energy, and focus to guide CA's mental health system in implementing self-help programs and principles as enduring and valued components of the mental health system. With this Consumer Network Grant, **California clients can lead the way.**

The Consumer Network Grant will create a Self-Help Technical Assistance and Support Center with the goal of instilling self-help/client run services and self-help principles as a core component of California's mental health system. The goal is inspired by the belief that the growth of self-help programs and groups, and the absorption of self-help principles in non-client programs throughout the State will exponentially increase the recovery vision systemically and recovery individually. Specifically, the Center will assess the status of self-help groups/programs and self-help principles as they currently exist throughout the State; foster the growth of self-help services and groups throughout the State by providing technical assistance and support; and provide educational and training opportunities on self-help programs and principles for the mental health and mental health related communities.

The CNMHC has also received a grant from The California Wellness Foundation to supplement the Self-Help Center by providing leadership trainings for emerging self-helpers, and enhancing some of the core activities of the Center.

The CNMHC will contract with the California Institute for Mental Health (CIMH) to provide evaluation of the Center's effectiveness.

The Mental Health Services Act identifies "consumer-operated services as a way to support recovery" in its description of the philosophy, principles and practices of the recovery vision with which the Act's services must be consistent. "Peer support or self-help support" are included in the system of care specified by the Act. In addition, self-help programs as emerging best practices fit within the scope of innovative programs funded by Proposition 63. If Proposition 63 should pass, the vision of self help and peer support as a sustainable program is within the grasp of every locality. Through the Self-Help Technical Assistance and Support Center, the CNMHC will now have the capacity to provide the leadership and assistance to grow self-help throughout California. The CNMHC has always had the vision. "To empower clients of the mental health system through self-help groups and networking statewide" (Bylaws, CNMHC) was among the founding goals of the CNMHC.

*This Annual Report
Issue of The Cal Net
Gazette presents an
Overview of the
FY 2003-2004
Activities and
Achievements*

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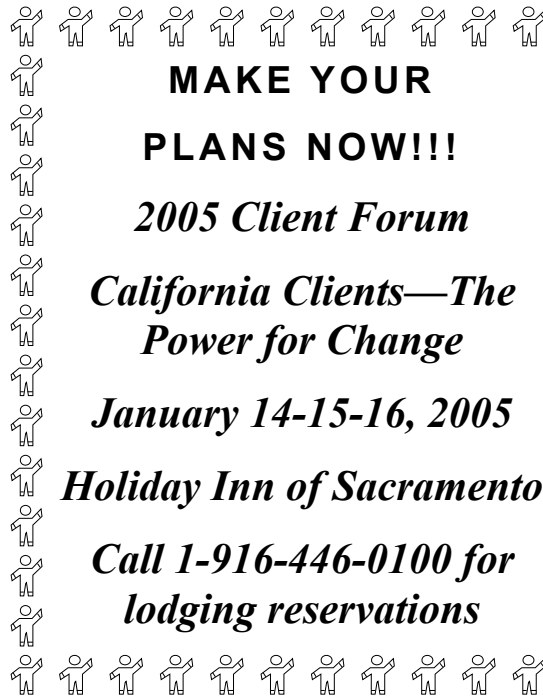
*Dedicated to the
journey of the past
20 years and to
the opportunities
of the future.*

**CNMHC 20th
Anniversary
1984-2004**

The annual Client Forum is to be held January 14-15-16, 2005 at the Holiday Inn Capitol Plaza in Sacramento. The Reservations Only number is 1-916-446-0100. The Hotel is located at 300 J Street Sacramento, CA 95814. The fax number for the Holiday Inn is 1-916-446-0117. Reservations must be made directly with the Hotel by Dec. 23, 2004 to guarantee the group room rate for the conference of \$95.68 per room (sleeps two) per night which includes tax. Accommodations for 3-4 persons are also available at a group rate prior to Dec. 23. Cost of conference registration for total 3-day registration package is \$200 if registration if completed prior to Dec. 23, 2004 through the CNMHC office. There is a daily rate of \$100 for either Friday or Saturday available.

Conference fees and registration information can be obtained by using the CNMHC web site www.californiaclients.org or contacting the CNMHC office.

The Institutes and Workshops to be presented will address Self-Help, Public Policy, Cultural Competency, Wellness & Recovery and other topics relating to the theme of the conference. A Call for Presenters has already been distributed and must be returned to the CNMHC office by November 12, 2004. On-site registration for the Conference begins at 10 am. on Friday, Jan. 14th and the program begins at 1 pm. on Friday. The Conference concludes at 4 pm. Sunday, Jan. 14th.



MAKE YOUR PLANS NOW!!!
2005 Client Forum
California Clients—The Power for Change
January 14-15-16, 2005
Holiday Inn of Sacramento
Call 1-916-446-0100 for lodging reservations

Make Your Plans Now !!

National Recovery Consortium Formed

The National Empowerment Center (NEC) has received funding from SAMSHA for its National Consumer Technical Assistance Center for the next three years. Because “the magnitude of the transformation (of the mental health system) requires a higher level of collaboration among consumer groups than has previously occurred”, the NEC will create a Recovery Consortium consisting of nine consumer-run organizations in the Nation. The Consortium will focus on recover based policy development and training, and the cultivation and sustenance of consumer run organizations.

The CNMHC is proud to be one of these nine participating consumer-run organizations.

Annual Day at the Capitol

On June 17, 2004 clients from around the state gathered once again to voice their concerns to their representatives and other policy makers. The CNMHC has helped CA clients to envision a mental health system that empowers clients because it is based on choice, freedom and integration. California clients are driving the system toward this vision. The themes for the rally inspired our legislative and public policy agenda for the year.

Themes

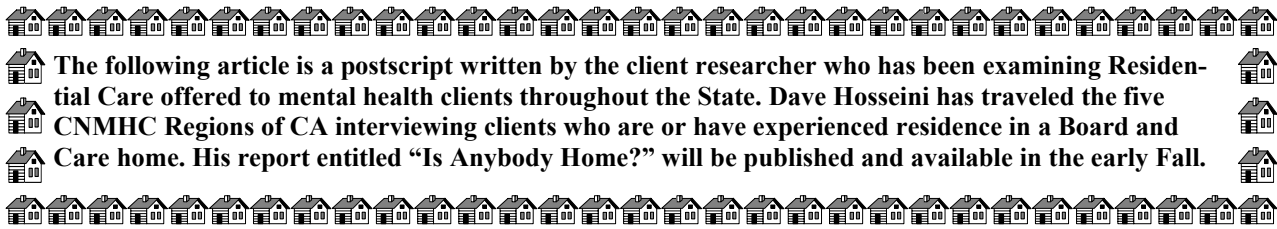
- *Support Voluntary Community Services and Peer Support Programs*
- *Promote Self-Determination and Choice*
- *Fight Budget Cuts that Attack the Human Rights and Quality of Life of People with Mental Disabilities*

The morning was filled with speakers and entertainers who promoted the themes day. After a lunch provided by Sacramento Consumer Self-Help Centers, clients and supportive advocates visited their local legislators to voice their vision of a mental health system that is based on choice, community integration and recovery.

The day ended with a reception sponsored by El Hogar of Sacramento (a community mental health center) for legislators and staff, media reps, supporters and the mental health community inside the Capitol.

Legislative officials who spoke to the large group on the Capitol grounds included Sen. Wes Chesbro, Assembly member Darrell Steinberg and Assembly member Mark Leno.

This is an annual event and it is hoped that clients from all over the state can attend next year.



A Word On Voluntary Daytime Drop-In Centers by Dave Hosseini

Though the purpose of this report is to look at a part of the mental health system that is tragically broken, a word must be added about a part of the system which is successfully fulfilling multiple missions in a cost-effective and humane manner. Most of the interviews for this report were conducted at voluntary daytime drop-in centers of one kind or another, and a significant number of individuals cited their experience at the day center as important to them in learning about rights, accessing other housing options, and providing a respite from the sometime grim existence provided by care homes.

The voluntary daytime drop-in center provides simultaneous services to consumers on a number of levels- homeless individuals and those new to the system use the centers as an entry point; some individuals use the centers as a source of contact which provides an ongoing sense of community; some take advantage of employment and volunteer activities available at the centers, using these experiences as a springboard to full- or part-time employment in the mental health system and beyond, and others use the centers as a form of respite or re-entry to the system, attending only at times of great stress or need.

The centers I visited ranged from one which was just beginning to offer self-help meetings a few days a week, to others which have been established for nearly two decades. These fully developed (and adequately funded centers) offer a myriad of services which really make them full-service community centers, providing not only self-help groups, but real and practical aid for living including: meals; emergency food; clothing banks; emergency housing; transportation vouchers; benefits education/advocacy; and laundry facilities in addition to providing socialization and a sense of community.

Along with providing a sense of community, voluntary daytime drop-in centers offer peer support and empathy, which are recognized as powerful building blocks to recovery and wellness; those centers which are strongest in providing empathy and role-modeling are those with a high degree of consumer involvement and control .

The first tier and most empathetically powerful kind of daytime drop-in centers are operated by non- profit agencies which are completely consumer-run and managed. At these centers, participants see other consumers engaged in all the aspects of running a business and social service agency, and the message that recovery is real strongly reverberates throughout the program.

A second type of drop-in center is the type which function as an independent consumer-run entity but which may have some contractual relationship with a larger non-profit; even this type of center communicates strongly the idea that individuals can and do recover to earn a living and contribute to society.

Along with these two most desirable models, other models of the daytime drop-in center exist, ranging from a "blended model" to centers which have only token consumer involvement; not surprisingly the latter type of center is the least effective and inspires the least enthusiasm and trust from consumers.

Indeed, the reason these interviews were conducted at voluntary day centers is because throughout the state consumers view daytime drop-in centers (especially those of the first two varieties) as safe places where their concerns will be met with respect, dignity, understanding and caring. At the best of the day centers, consumers view the programs as their own, and at the best of these programs that sense of ownership is an actual fact and not just a therapeutic device.

Just as a majority of mental health community constituents would attest that the board and care system is broken, those same groups would encourage continued and greater funding for the concept of Consumer-run daytime drop-in centers.

It is, though, highly ironic that the same system that often supports such carefully thought out progressive programs as voluntary daytime drop-in centers continues tolerating or perhaps ignoring harmful conditions in too many care homes.

Because they are so close to it, and hear stories like the ones in this report everyday, those who work in and attend daytime centers know perhaps better than others that as long as the substandard care home continues to be officially sanctioned , humanity in mental health care really has not progressed as far as some would like to think; despite all the progress that has been made, particularly in the area of consumer-run drop-in centers, none of us can be truly proud of a system which continues to abandon so many.

Update on the Mental Health Services Act

•Jay Mahler joins with the CNMHC.

Jay Mahler, a long time client activist, and co-founder of the California Network of Mental Health Clients will be taking four months off of his “day job” to work for the Mental Health Services Act. Jay has chosen to work with through the CNMHC on supporting Proposition 63. Jay’s involvement, time commitment, and client perspective will greatly assist our efforts supporting Proposition 63.

•CNMHC Team Formed

The California Network of Mental Health Clients (CNMHC) formed a CNMHC Team to work on Prop 63. The Team is working on statewide efforts, assisting with local efforts, fundraising, assuring Campaign accountability to clients, such as eliminating stigma and discrimination in Campaign materials and promoting client involvement in all aspects of the Campaign, and, most importantly, implementation, should the Act pass. The Team is composed of at least two clients from each Region and other interested CNMHC members.

The CNMHC Team has created an on line website as a way to network with supporters. Visit and join our Team. Find us by going to www.campaignformentalhealth.org, go to “Team headquarters,” and then to “List of teams.”

The CNMHC Team is providing assistance to clients in their local Proposition 63 efforts. Proposition 63 provides clients throughout the State an unique opportunity to educate the public about the need for self-determination, choice and recovery core values in mental health services, and to model a different face of consumers from the negative stereotypes held by the public and perpetuated by the media.

•Implementation

Overarching Concern: (from Position Paper)

The Mental Health Services Act was voted by clients (at the Client Forum 2003) as their highest public policy priority. However, this vote followed a spirited public comment voicing concern that the Act’s implementation may not comply with its intent. Would it be used to support the “same old, same old” that hasn’t worked and has disempowered clients? Can we guarantee the integrity of the implementation and, if so, how?

Clients continue to support the Mental Health Services Act. The Act ties a new stream of funding to special kinds of model services that deal with the array of social and rehabilitative needs of people with mental disabili-

ties and to a way of delivering the services that values consumer choice, self-determination, and recovery. The language of the Mental Health Services Act does not support the disappointing former methods of doing mental health business, but holds the promise of transforming the kinds of services, their availability, and the way they are delivered in California. The Act supports a mental health system visualized by the President’s New Freedom Commission Report (July, 2003) in which *“Consumers of mental health services must stand at the center of the system of care. Consumers needs must drive the care and services that are provided.”*

Moreover, the services supported by the Mental Health Services Act are voluntary. In Assembly Member Steinberg’s (the author of the Mental Health Services Act) own words, “The services funded by the AB 34 programs are not forced or involuntary, and the services funded by the initiative will not be forced or involuntary.” (from www.campaignformentalhealth.org Web Log, June 6, 2004.) The CNMHC membership has long supported the position that *“Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy.”* (Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves, National Commission on Disability January 20, 2000.) The availability of client respectful voluntary services that value individual autonomy will dramatically reduce the use of forced treatment.

Consumer values are overtly stated in Section 7, 5813.5 (d) of the Mental Health Services Act:

(d) Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer’s individual needs.

Nevertheless, along with continued support for the Act given its compatibility with consumer values, the concerns continue.

What authority will the CA DMH demonstrate to force Counties to comply with the Act? How can we ensure that Counties will not use these new funds to back-fill old systems (that are being cut in the current budgetary crises)? Will the implementation be accountable to the Act? The devil is not in the details of the Mental Health Services Act; the devil will be in its implementation.

(Continued on page 9)

A Summary of Emerging Patterns
from Focus Group Responses (June 2003-May 2004)
Bay Area Regional Self-Help Project

By Delphine Brody

For centuries in North America and Europe, people labeled “mentally ill” or “insane” have faced enormous social adversity. This adversity, commonly known as stigma and discrimination, persists to this present day. Public awareness of issues surrounding stigma and discrimination against mental health clients has been shaped almost exclusively by a number of groups not directly effected by these phenomena: mental health service providers, family members, non-profit advocates, government policy makers, the media, and the pharmaceutical industry. The voices of clients, survivors, current and former patients themselves have largely been silenced, except when the ideas they express concur with the agendas of the aforementioned groups. To address this dire situation, a client-run qualitative research project is now underway, with a report to be completed this September.

As the organized statewide advocacy voice of persons with mental health disabilities, the California Network of Mental Health Clients (CNMHC) supports a client-run self-help project in each of five regions. The Bay Area Regional self-help project for the fiscal year 2003-2004 has been to conduct a series of client focus groups on stigma and discrimination, compile and study the responses, and report on emerging themes; this input will then be used to develop and disseminate the client anti-discrimination message.

To date, CNMHC staff and volunteers have conducted eleven voluntary, confidential focus groups at different locations throughout the Bay Area. One more focus group is planned for August 2004. Participants in these focus groups have been mental health clients, consumers, psychiatric survivors, inpatients and ex-patients; while most have attended the focus groups on a volunteer basis, youth who participate in the two August focus groups are being paid small stipends. Locations have varied; while the majority (six) of the focus groups thus far were held at client-run self-help centers, the other six took place (or will take place) at an outpatient mental health clinic, a board-and-care, a locked facility, a clients-only e-mail discussion list, a youth task force that advises a county health department, and a drop-in center for homeless and traveling youth. Each group has had between four and 30 participants; the average number has been about ten. In an effort to preserve anonymity, responses have been recorded with markers on paper, except in the case of the e-mail list, in which messages were submitted confidentially for anonymous formatting.

This report is a work in progress. In an attempt to present the raw data all in one place, as plainly and simply as possible, the responses are being typed and formatted in tables. As of this draft (August 30, 2004), the responses from the first three focus groups (June 2003) and the six of the eight most recent ones (February-June 2004) are formatted and available upon request. The data gathered in the e-mail list focus group in July 2004

and the youth task force in August 2004 is still being typed and formatted.

As coordinator for the Bay Area Region, my job (since December 2003) has been to facilitate focus groups, record, compile and study the responses, and prepare a report (of which this is a preliminary draft) on patterns as they become apparent – overall, major and minor themes, question-by-question, and group-by-group. Perhaps the greatest challenge I face is the task of gleaning kernels of collective wisdom, while providing a fair and accurate representation of the many different experiences and diverse perspectives that informed this pool of data.

Later, this report will be used as a reference in drafting CNMHC's position paper on stigma and discrimination, to be presented at press conferences, workshops and trainings, with the goal of impacting anti-discrimination messages in the media, both regionally and statewide.

The following is a brief, preliminary analysis of responses to each of three questions, using data compiled from the first and five of the more recent focus groups. The responses studied as of this draft were gathered at focus groups at three client-run self-help centers, Interlink Santa Rosa (June 2003), the Circle of Friends Consumer Self-Help Center, Vallejo (April 2004), and the Mental Health Consumer Action Network, Santa Cruz (May 2004), in the community room of Contra Costa County mental health clinic at the Concord Wellness and Recovery Center, with many participants from Mental Health Consumer Concerns, a client-run self-help center in the same building (February 2004), and at Cordilleras Mental Health Center, Redwood City, in which one group was held inside the locked facility, the Mental Health Rehabilitation Center, and a separate group took place in the board-and-care known as the Suites (both April 2004).

For each question, there was a range of responses, varying from one focus group participant to another and from one setting to another. While some adhered to more traditional views, the vast majority of the responses ventured into new territory, redefining the concepts of stigma and discrimination in fundamental ways.

The focus groups shed light on social and institutional oppression in a wide array of forms. An emerging theme in participants' personal accounts was the prevalence of discrimination from groups whom traditional anti-stigma messages generally neglect to mention – most notably, family members, the mental health system, the medical establishment, and the criminal justice system. Also included in the list of discriminating entities were more commonly accepted sources of stigma – the media, employers, restaurant and store owners and management, landlords, school administrators, friends and community members. Attitudes exhibited by discriminators, ranging from indifference and disinterest to disgust and revulsion, from doubt and distrust to hostility and derision, appear to have been based on fear and hatred. Discriminatory actions reported, involving varying

(Con't on Page 9)

California Network of Mental Health Clients CNMHC 2003-2004 Program Annual Snapshot

2003/4 Activities Planned	Accomplished	2004/5 Activities Planned
Develop 2 issues of the CNMHC Newsletter, Cal Net Gazette.	Contracted with Michele Curran. Two newsletters published. Last newsletter serves as the vehicle for annual report to the membership.	Develop 2 issues of the Cal Net Gazette. One issue will be electronic and mailed to targeted recipients.
<p>Public Education & Policy Project.</p> <p>Produce 6 News Alerts.</p> <p>Research and inform client community and public about pressing mental health related issues.</p> <p>Continue to develop and implement the California Memorial Project (CMP).</p> <p>Maintain the Client Bank of Experts.</p>	<p>6 News Alerts completed and distributed to growing advocacy list.</p> <p>1 major policy paper on Medi-Cal Redesign issues</p> <p>With CARES Coalition, developed a policy paper on Medi-Cal redesign issues.</p> <p>Introductory letter to new Governor addressing CNMHC mission and legislative positions.</p> <p>On-going position letters regarding legislation.</p> <p>SB 130 addressing Restraint and Seclusion, authored by Sen. Chesbro signed into law.</p> <p>Co-sponsor of legislation supporting "Olmstead Act" planning.</p> <p>"Is Anybody Home?"-stories from Board and Care homes report in progress compiled by Dave Hosseini.</p> <p>Annual Client Rally & Information Day held.</p> <p>Collaboration with cross-disability community.</p> <p>Collaboration with mental health community to provide education and information about the Mental Health Services Act.</p> <p>Hired new CA Memorial Project (CMP) Coordinator.</p> <p>History of CA client movement activities in process-picture montage, history video, CNMHC display board, interviewing and archiving client activists throughout State.</p> <p>CMP presentations on-going.</p> <p>CA Memorial Project Task Force on-going.</p> <p>Client Bank of Experts as developed needs to be revised to make it more effective and responsive in the identification of client experts.</p>	<p>Produce six (6) CNMHC News Alerts.</p> <p>Research issues in mental health; inform and educate the client community about pressing mental health related issues through position papers and other means.</p> <p>Work with the CA DMH on exploring the option of Medi-Cal reimbursement for self-help/mutual support programs.</p> <p>Continue to develop and implement the CMP, concentrating on the History of the Ex-patient/Survivor movement in CA and developing a restoration plan for one cemetery site.</p> <p>Hold an Annual Day at the Capitol for CA clients for information and education.</p> <p>Continue to aggressively assure that clients are represented at all levels of the mental health system including planning, implementation and oversight; and thus assist in providing client representation on local and state boards, commissions and committees.</p>

2003/4 Activities Planned	Accomplished	2004/5 Activities Planned
<p>Cultural Competency Project. Conduct a Cultural Competency Outreach Project. Project will outreach to client population of color at culturally specific agencies and other locations. At the request of Counties, provide training on (required) Client Culture.</p>	<p>Continued Hire of Interim Cultural Competency Coordinator. (Selected CC Coordinator declined the job.) Client Culture training done at Client Forum and at CASRA Spring Conference. Community Circle Outreach dialogues completed at 3 locations: Oasis Self-Help Center in San Francisco, Modesto Jr. College Student Center, and in Los Angeles at the Department of Mental Health hosted by the Office of Consumer Affairs. Cultural outreach to develop self-help programs a component of SAMSHA grant proposal. Translation of base materials into Spanish is stalled. There has been Spanish translation at the Community Circle presentations.</p>	<p>Conduct a Cultural Competency Self-Help Project. This project will outreach to special populations, particularly but not limited to people of color, with the purpose of encouraging self help-and mutual support groups and programs for this population. At the request of Counties, provide training on Client Culture.</p>
<p>All Self-Help Projects</p>	<p>SAMHSA “Consumer Statewide Network” Grant written and submitted to assess, support and develop technical assistance for self-help groups throughout the state, and to enhance all of the Regional Projects, providing coordination and supervision.</p> <p>A grant was also submitted to The California Wellness Foundation in collaboration with NEC to provide leadership trainings to enhance self-help programs throughout the State.</p> <p>Collaborated with the National Empowerment Center to be a participant member of a Recovery Consortium in its National Technical Assistance Center on Consumer/Peer-run programs proposed to SAMHSA</p>	<p>Establish the CA Self-Help Technical Assistance and Support Center as designed in the “Consumer Statewide Network” Grant proposal</p> <p>Collaborate on the design and content of self-help leadership trainings with the principles from the National Empowerment Center.</p>
<p>Trainee Program Provide work and work training opportunities within the Network office.</p>	<p>17 different people have been hired.</p>	<p>Trainee Program Provide work and work training opportunities within the Network office.</p>
<p>Hold a statewide Client Forum to do the following a. One and one half day of training to provide knowledge and skills to mental health clients in areas of self-help, public policy and cultural competency; b. Statewide and regional networking of clients c. Work on organizational infrastructure issues.</p>	<p>Completed. Held December 5 – 7, 2003 in Los Angeles County. This Forum was unique in that it celebrated “Twenty Years: A Voice for Choice” of the CNMHC. 240 people attended the 2 ½ day Forum of 19 workshops/Institutes, intertwined with memberships meetings, and twenty year celebrations/ history telling.</p>	<p>Hold a statewide Client Forum (Conference) to do the following a. One and one half day of training to provide knowledge and skills to mental health clients in areas of self-help, public policy and cultural competency; b. Statewide and regional networking of clients c. Work on organizational infrastructure issues.</p>

Annual Fiscal Report

California Network of Mental Health Clients

Statement of Revenues and Expenses

Fiscal Year July 1, 2003-June 30, 2004

<p>Revenue:</p> <table border="0" style="width: 100%;"> <tr><td>Donations & Interest</td><td style="text-align: right;">8,415.61</td></tr> <tr><td>CA Dept M H</td><td style="text-align: right;">230,720.00</td></tr> <tr><td>Protection and Advocacy, Inc.</td><td style="text-align: right;">5,000.00</td></tr> <tr><td>Dues and Conference Fees</td><td style="text-align: right;">40,976.00</td></tr> <tr><td>Sales of books, videos & T-shirts</td><td style="text-align: right;">615.81</td></tr> <tr><td>Reimbursements</td><td style="text-align: right;"><u>2,976.32</u></td></tr> <tr><td>Total Revenue</td><td style="text-align: right;">\$ 288,703.74</td></tr> </table> <p>Expenses:</p> <table border="0" style="width: 100%;"> <tr><td>Personnel</td><td></td></tr> <tr><td> Salaries & Wages</td><td style="text-align: right;">88,350.00</td></tr> <tr><td> Services & Stipends</td><td style="text-align: right;">12,355.49</td></tr> <tr><td> Cost of Payroll</td><td style="text-align: right;"><u>20,680.86</u></td></tr> <tr><td>Total Personnel</td><td style="text-align: right;">\$ 121,386.35</td></tr> </table>	Donations & Interest	8,415.61	CA Dept M H	230,720.00	Protection and Advocacy, Inc.	5,000.00	Dues and Conference Fees	40,976.00	Sales of books, videos & T-shirts	615.81	Reimbursements	<u>2,976.32</u>	Total Revenue	\$ 288,703.74	Personnel		Salaries & Wages	88,350.00	Services & Stipends	12,355.49	Cost of Payroll	<u>20,680.86</u>	Total Personnel	\$ 121,386.35	<p>Operations:</p> <table border="0" style="width: 100%;"> <tr><td>Accounting</td><td style="text-align: right;">6,625.00</td></tr> <tr><td>Depreciation</td><td style="text-align: right;">1,054.00</td></tr> <tr><td>Equipment Lease & Maint.</td><td style="text-align: right;">3,358.96</td></tr> <tr><td>Insurance-Liability</td><td style="text-align: right;">2,143.06</td></tr> <tr><td>Misc. Region Donation</td><td style="text-align: right;">1,239.46</td></tr> <tr><td>Miscellaneous</td><td style="text-align: right;">693.66</td></tr> <tr><td>Office Supplies</td><td style="text-align: right;">25,808.39</td></tr> <tr><td>Photocopying & printing</td><td style="text-align: right;">2,425.08</td></tr> <tr><td>Telephone</td><td style="text-align: right;">9,326.55</td></tr> <tr><td>Rent- Office</td><td style="text-align: right;">24,891.83</td></tr> <tr><td>Rent Conferences</td><td style="text-align: right;">40,163.80</td></tr> <tr><td>Travel & Per Diem</td><td style="text-align: right;"><u>44,581.88</u></td></tr> <tr><td>Total Operations</td><td style="text-align: right;">\$ 162,311.67</td></tr> </table> <p>Total Expenses \$ 283,698.02</p> <p>Net Surplus \$ 5,005.72</p>	Accounting	6,625.00	Depreciation	1,054.00	Equipment Lease & Maint.	3,358.96	Insurance-Liability	2,143.06	Misc. Region Donation	1,239.46	Miscellaneous	693.66	Office Supplies	25,808.39	Photocopying & printing	2,425.08	Telephone	9,326.55	Rent- Office	24,891.83	Rent Conferences	40,163.80	Travel & Per Diem	<u>44,581.88</u>	Total Operations	\$ 162,311.67
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Misc. Region Donation	1,239.46																																																		
Miscellaneous	693.66																																																		
Office Supplies	25,808.39																																																		
Photocopying & printing	2,425.08																																																		
Telephone	9,326.55																																																		
Rent- Office	24,891.83																																																		
Rent Conferences	40,163.80																																																		
Travel & Per Diem	<u>44,581.88</u>																																																		
Total Operations	\$ 162,311.67																																																		

NAME: _____ EMAIL: _____

MAILING ADDRESS: _____ CITY: _____

ZIP: _____ COUNTY: _____ PHONE (S) _____

- Check if CNMHC office can give your phone number to others wanting to connect in your area.
- Yes, I am currently or have in the past been a mental health services client and want to become a member of the CNMHC by choosing the following option: {Please circle}
- Here is \$5 for a 1 year membership
- Please renew my membership. My \$5 is enclosed.
- Here is \$5 for me and an additional donation of \$_____ for someone else.
- Right now I can not afford \$5, but I would like to be a member. I am willing to donate time and skills as I am able.
- I would like to be recognized as a Friend of the CA Network. Here's \$_____. Please send me the Cal Net Gazette.



Make checks or money orders out to CNMHC: mail to 1722 J Street, #324 Sacramento, CA 94814

Emerging Patterns (con't. from Page 5)

degrees of verbal, emotional, economic or physical abuse, shunning and social control, further point toward fear and hate as primary motivators.

In discussing prevailing messages on stigma and discrimination, while some participants espoused more conventional opinions – agreeing, for example, with the oft-repeated truism that stigma is problematic only insofar as it discourages people from seeking or maintaining treatment, or the claim that mental illness is the result of a “biological brain disease” and therefore medication is key to treatment and recovery – many more challenged and debunked such statements as overly simplistic, lacking empirical evidence, or entirely off-base. Such mainstream messages were frequently criticized for ignoring the sources and impact of stigma and discrimination on clients’ everyday lives. Some participants made sophisticated counter-arguments to the omnipresent messages, based on their unique perspective as people with first-hand experience in the mental health system.

Finally, in defining the terms *stigma* and *discrimination*, participants most often referred back to their personal experiences, equating *stigma* with forced treatment, involuntary hospitalization, judgment and labeling, and defining *discrimination* as hostile, judgmental actions by authority figures indicating an attitude of disrespect, neglect or disdain. These

definitions differ sharply with prevailing discourse, which posits that *stigma* involves a negative depiction of mental illness fostering shame and denial of one’s mental health “problem” and, consequently, avoidance of treatment, and that *discrimination* exists solely in a legal context, in rare instances when a person with a psychiatric disability has proved in a court of law that they have been treated in an inferior manner. Notably, participants consistently embraced broader, more positive and inclusive messages to combat stigma and discrimination.

It is my hope and intention that this series of focus groups and the forthcoming report sow the seeds for an on-going dialogue between clients, survivors, ex-patients, families, advocates, professionals, criminal justice departments, government agencies, landlords, employers, educators, the media, and the general public. The focus groups’ primary strength – and our reason for choosing this mode of inquiry – is to reflect patterns of experience and opinion. These emerging patterns can then in turn be used by CNMHC and other client- and survivor-run organizations to conduct new research, advocate on public policy issues, send messages to the media, and influence the mainstream messages that currently prevail.



Public Policy Corner

(Continued from page 4)

With the goal of ensuring the implementation of the letter and spirit of the Mental Health Services Act., the CNMHC has submitted a “**Position Paper on the Implementation of the Mental Health Services Act**” outlining recommendations in four areas within the Mental Health Services Act: Client Operated Programs; Client Involvement at every level of the Mental Health Services Act implementation; Clients in the Workplace; and Stigma and Discrimination.

Update on SB 1365 (Chesbro – D) Olmstead bill

SB 1365, which called for the establishment of an Olmstead Advisory Council to reinvent California’s

Olmstead implementation process, was vetoed by the Governor.

However, “we did not come away empty handed”, says Virginia Knowlton, Director of Public Policy, Protection and Advocacy, Inc. Instead the Governor issued Executive Order S – 18 – 04, directing the State Health and Human Services Agency (HHS) to undertake several Olmstead implementation activities, to include establishing an Olmstead Advisory Committee within the HHS. Pursuant to the Executive Order, “the Secretary of HHS shall select the members of the committee who shall serve at the Secretary’s pleasure.” Adds Virginia, “We must ensure that the Olmstead Advisory Committee is an effective body and that the Administration gets the job done.”

AB 1421 Goes to Court

The CNMHC lawsuit naming the County of Los Angeles as defendant for its implementation of AB 1421 was filed in February, followed by discovery, interrogatories and depositions. The law suit is now scheduled to go to court in the beginning of November. The parties, however, have requested a mediator and so the court date may be postponed. The focus of the lawsuit is that LA’s implementation of AB 1421 is a sham, an arbitrary implementation of only those parts of AB 1421 that are within the capability of the County to accomplish.

CNMHC’s concern is that LA County, in its implementation of AB 1421 and its flagrant disregard of the law, will set a model for other Counties to follow. Protection and Advocacy, Inc. are the attorneys representing the CNMHC.

Regional Project Reports 2003-2004



<p>Far South Project.</p> <p>The Far South will conduct psychiatric disability education/trainings for youth. An effort will be made to reach young people and prevent and/or replace discriminating attitudes they may have about people who are diagnosed with mental illness. A team of people with mental disabilities will conduct 4 trainings.</p>	<p>The Project Coordinator left the position, which slowed down the Project. The co-Project Coordinator took on full responsibility for the Coordinator position. Although plans were underway for implementation of project, a Power Point presentation with dialogue was being developed, presenters trained and 3 trainings scheduled, the project was not completed.</p>	<p>Client Advocacy Training: Train clients to be effective advocates and client representatives/liasons on boards, commissions and mental health planning, oversight and accountability committees. It will provide 2 advocacy trainings, attempting to distribute the trainings throughout the counties of the Region. The region will also develop a Quality Improvement Committer (QIC) Manual to enhance consumer participation , comprehension and interest.</p>
<p>South Project.</p> <p>The Role of Self-Help in Discharge Planning. The South Project will do in-staff trainings to describe peer support programs and the importance of including them in discharge plans and referrals. 4 trainings will be held for facilities and professionals who are involved in discharge planning. The South will also continue panel presentations on Seclusion and Restraint and make materials available for replication to any group that has an interest in pursuing this issue.</p>	<p>The South hired its Project Coordinator late. It also changed its Project mid-year to conduct panels to hospitals and/or jails on the role of self-help in discharge planning. A document describing Self-help was prepared for the presentations. The South held three (3) presentations: at the Psychiatric Health Facility in Santa Barbara, the Los Angeles jail (Twin Towers) and Metropolitan State Hospital. CEU Units were awarded to attendees at Metropolitan State Hospital. As a result of the presentation, Twin Towers committed to establish a self-help club for inmate transitioning to the community. The South held a mid-year Regional Meeting. Kern County conducted a training on Seclusion and Restraint for the Kern Medical Center Psychiatric Core Training.</p>	<p>Self Help and Discharge Planning: The Region will reach out to mental hospitals and /or jails that house people with mental disabilities and make presentations on the value of self-help as part of discharge planning. The goal will be to educate mental health facilities about the effectiveness of self-help programs and to provide clients with more discharge options. Four (4) trainings will be held for mental health or related facilities and professionals who are involved with discharge planning. Upon request the South will also continue panel presentations on Seclusion and Restraint both in and out of the Region and make materials available for replication.</p>
<p>Far North Region</p> <p>Buddy Program. Develop a protocol for a "Buddy Program" and then do trainings in the Far North to help establish Buddy programs. The trainings will be done in 3 different parts of the large region.</p>	<p>A "Tool Kit for the Buddy Program" manual was completed. 4 Presentations using this manual were conducted in Nevada, Butte, Humboldt and Shasta Counties. The Region sponsored a 2 Day Conference Annual Meeting, with trainings along with networking and membership business.</p>	<p>Buddy Program. The Region will disseminate the Buddy protocol it developed throughout the Region. It will do presentations in the Far North to help folks establish a Buddy Program in their areas. The presentations will be done in 3 different parts of the large region. The purpose of the Buddy Program is to outreach to and provide support for those in Board and Care homes, Institutes of Mental Disease, State Hospitals and who are isolated in remote areas of the region, or any person with a mental disability who may need a "Buddy".</p>

<p>Bay Area Region Development and Training on the Client Anti-Discrimination Message. The Bay Area will continue to hold focus groups on developing the client's definition of stigma and discrimination. At a minimum 3 focus groups will be held. From the information derived from the focus groups, a position paper conveying the client's anti-discrimination message(s) will be developed and do at least 2 public presentations on the message.</p>	<p>The Bay Area conducted 7 focus groups on stigma and discrimination, in Contra Costa, Solano, Santa Cruz, two in an in-patient facility in San Mateo, and San Francisco. An additional group was conducted via e-mail with an e-mail group that focuses on discrimination. A preliminary report of findings was prepared. Two presentations reporting on the preliminary findings of the focus groups have been given. The Bay Area held 3 smaller regional project work meetings, including organizing and brainstorming in relation to the Mental Health Services Act. The Bay Area sponsored a meeting a national consumer "expert" on the media and stigma and discrimination to develop a media client message regarding the Mental Health Services Act.</p>	<p>Development and Training on the Client Anti-Discrimination Message. The Bay Area will continue its Discrimination and Stigma Message project. The Coordinator will hold more focus groups targeting youth, and finalize a report on the focus groups that have been held. From the information in the report, she will prepare a position paper conveying the client's anti-discrimination message(s), do presentations on the message, and try to impact the Region's, state's, public's and media's anti-discrimination messages.</p>
<p>Central Valley. Needs Assessment/What Do You Want Workshops. The Region will outreach to selected Central Valley counties to do Needs Assessments/What Do You Want Workshops. Trainers will return to Counties where the Workshops have occurred to provide technical assistance toward achieving the identified goals.</p>	<p>The Project Coordinator left the job for health reasons. A new Coordinator was hired late and began working immediately on organizing return workshops. 2 return workshops occurred in Tuolumne and Stanislaus Counties. 3 new Needs Assessment workshops were conducted in Stockton, Merced, and El Dorado Counties. Return technical assistance visits occurred in two of these sites. As a result of the needs assessment, Stanislaus County clients started a self-help group</p>	<p>Client Advocacy Training. The Central Valley will train clients to be effective client advocates, including advocating before and on mental health planning, oversight and accountability committees, and other strategies. It will provide 3 advocacy trainings, attempting to distribute the trainings throughout the counties of the Region.</p>



CNMHC Regional Staff

Vacant
Far South
Regional
Coordinator

Vacant
South
Regional
Coordinator

Help Wanted!

CNMHC is searching for employees. There are several openings within the organization and the positions will be advertised statewide (except for Regional positions) and all will be posted on the CNMHC web site. Please watch for these postings and respond with your interest to the CNMHC office within the

Delphine
Brody
Bay Area
Regional
Coordinator

Carol Ford
Far North
Regional
Coordinator

Rhonda Flemmings
Central Valley Regional Coordina-

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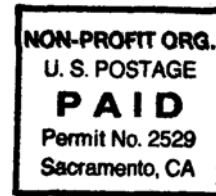


Edited and Published by the CA
Network of Mental Health Clients

Desktop Editor:
Michele D. Curran Pioneer, CA
Home Office—209+295-1229

Printing: Spectrix
digital printing
In Jackson, CA

Opinions, findings and conclusions, or recommendations expressed in the Cal Net Gazette are those of the authors and do not necessarily reflect those of the CNMHC Board of Directors, CNMHC staff or any agency that provides funding to CNMHC.



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