STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

PETE WILSON, GOVERNOR

DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814

(916) 654-3551

July 15, 1996

DMH INFORMATION NOTICE NO.: 96-08

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, MENTAL HEALTH ADVISORY BOARDS
HOUSING COORDINATORS
HOMELESS COORDINATORS

SUBJECT: MODEL SUPPORTIVE HOUSING PROGRAMS

EXPIRES: Retain until rescinded

The State Department of Mental Health is proud to highlight housing programs in the local mental health community which the Department's Housing Coordinator was able to visit this last fiscal year. These programs show the high caliber of supportive housing services that have been developed over the years at the local level through the dedication, resourcefulness, inventiveness and collaboration of the local governments and non-profit providers. Although these programs were not developed with replication in mind, they are being presented to local communities as model programs that can be replicated.

The mental health supportive housing programs were selected from site visits to Orange, San Bernardino, and Ventura counties. In each county, at least one housing program in the supportive housing continuum was visited: (1) shelter or emergency shelter; (2) transitional housing; and (3) permanent housing for independent living.

These monographs are presented to assist counties in developing successful supportive housing programs. After several years of realignment and financial uncertainty, these successful programs may provide invaluable models for establishing a similar supportive housing program in your community.

In addition, an appendix with funding sources is included. Not all programs will be able to obtain the same sources of funding as these model programs, however, contacting as many of the sources as possible will help to insure greater financial stability.

For more information about these programs or for technical assistance in developing your own supportive housing programs, please contact Alan Nakano, Department Housing Coordinator, at (916) 327-9316 or by fax at (916) 327-9337.

Sue Hughes

GARY M. PETTIGREW for
Deputy Director
Systems of Care

Enclosure

SELECT SUPPORTIVE HOUSING MODELS

CALIFORNIA DEPARTMENT OF MENTAL HEALTH

JUNE 28, 1996

TABLE OF CONTENTS

	Page
Friendship House, Inc. of Orange County:	
• Mission Statement	1
• Program Overview, Goals and Staffing	2-3
• Current Services Listing	4
• Synopsis of Minutes from Southern California Counties Homeless/Housing Coalition Meeting of October 25, 1996	5
• Newsletter: About The House	6a-6d
Augmented Board and Care Program of San Bernardino County Mental Health:	
• Excerpts from the Adult Community Services Program Manual	7-13
• Newsletter: Redwood ABC News	14a-14b
• Newsletter: Issues and Resources	15a-15d
• Presentation Package of Redwood ABC Program	16-27
West Oxnard Adult Team Housing Program of Ventura County Mental Health:	
• Overview of the Program	28-30
• Personal Service Menu Checklist	31
• Summary of Exploratory Living Program	32
• Screening Form for Roommate Match	33
• Instructions/Helpful Hints on Finding Your Own Apartment	34-35
• Housing Guide Pamphlet	36-37
• Magazine and Newspaper Articles	38-39
Some Funding Sources for Housing for People with Special Needs	40-46

FRIENDSHIP HOUSE, INC.

ORANGE COUNTY MENTAL HEALTH

FRIENDSHIP SHELTER, INC.

Purpose of the Organization

MISSION STATEMENT OF FRIENDSHIP SHELTER, INC.

The mission of Friendship Shelter, Inc., is to assist homeless people regain self-sufficiency and self-esteem.

The Shelter provides a transitional rehabilitative and residential program that offers comprehensive counseling, support services and life-skills training.

History of Friendship Shelter, Inc.

In 1985 a group comprised of Laguna Beach residents and church members started the Cafe Program at St. Mary's Episcopal Church in Laguna Beach, providing temporary shelter for homeless individuals. The group not only offered beds and meals, but helped individuals to find permanent housing, get work, and to contact appropriate agencies for further assistance. In these early years, the group also met regularly in order to locate a permanent facility. In January of 1987 they incorporated as "Friendship Shelter, Inc." and gained non-profit status. Funding was soon found to acquire a multi-unit building in Laguna Beach.

In November, 1988, Friendship Shelter opened its doors to provide safe shelter and services to temporarily homeless people in Orange County. Currently the Shelter is able to house 29 men and women for a 60-day program and is available to any homeless man or woman from Orange County who wants to make a fresh start. All services are free to residents.

THE FRIENDSHIP SHELTER PROGRAM

Friendship Shelter is more than a homeless shelter - it is a rehabilitation center as well. The Shelter challenges its residents to take charge of their lives again and offers the support that will enable them to do so. Friendship Shelter is the only program of its kind in Orange County and assists approximately 350 homeless people each year.

The Shelter believes that the recovery process works best in a community which respects the dignity of the homeless person. Nonetheless, Shelter residents must abide by the established rules for the well-being of this community. A homeless person's stay at the Shelter will depend upon the individual's willingness to live by community guidelines and the Shelter's continued capacity to help the resident.

A homeless person who arrives at Friendship Shelter has often been referred by another agency that has done initial screening to determine that the Shelter is best suited to that individual's needs, or by a homeless person calling and being put on the waiting list. When applicants arrive at the Shelter, they are interviewed again, (either by a staff person or a trained volunteer), to establish basic information about their history. This intake interview provides an assessment of how the Shelter can best help this particular person. During this interview the interviewer also explains the Shelter rules and has the individual sign an agreement to abide by the regulations for the duration of their stay. Continuing good relations with our immediate neighbors and businesses reflect the strictness by which we maintain these rules.

Residents fall into three major tracks: those in personal and/or financial crises, those in alcohol and/or drug recovery, and the homeless mentally ill. All residents are provided the basic support services which include three meals a day and a place to sleep, shower and do laundry. Most significantly, the Shelter provides residents with an address and a phone which are essential to getting work and establishing themselves in the community.

Residents are challenged to take charge of their lives again. This is done through the Shelter's comprehensive program that includes case management and individual counseling in the areas of drugs and alcohol and emotional and mental health. Further support is provided in job preparation, financial management and self-esteem workshops. Many of these services are offered by the dozens of professional and paraprofessional volunteers who not only cook and do necessary office work for the Shelter on a regulas basis, but also run budgeting and job preparation groups and psychological workshops as well.

A high percentage of the residents leave Friendship Shelter with money saved, a job, some practical skills for maintaining themselves in the larger community and, most importantly, a sense of their worth. Those with mental health disabilities are assisted in achieving the greatest degree of independent living skills possible.

PROGRAM GOALS

The Shelter can only operate efficiently if we establish realistic goals both for what the Shelter can accomplish and what should be expected of residents. The goals for the program are:

People are expected to make progress toward priorities established in their initial interview. Residents who do not demonstrate some progress will be asked to leave the Shelter.

Residents who are working are expected to save money toward their own maintenance. (Counselors prepare a "personal financial management" program for working residents.)

All residents are expected to assist in daily tasks to help keep the Shelter clean and comfortable for all who use it. Those who do not help will be asked to leave.

The Shelter is a community of people working to return to mainstream life, and all members of that community are asked to support each other in that effort. Those who cannot support the community idea will not remain at the Shelter.

The Shelter provides temporary housing for people unable to find a place to stay, but we assume that all residents are actively seeking more permanent housing.

Residents will honor the contract they signed upon admittance to the Shelter.

FRIENDSHIP SHELTER STAFF

Friendship Shelter is staffed by an Executive Director, a Program Director, a Programs Supervisor, a JTPA Job Counselor, two part-time Office Administrative Aides and two Weekend Support Aides. In addition, a large team of volunteers is responsible for many of the daily operating tasks.

The volunteer team at the Shelter is comprised of members of local churches, community organizations, the general community and college level interns. The Shelter also has several health services professionals who volunteer on a regular basis. Volunteers are carefully trained for specific tasks (case management, workships, etc.) as well as for daily maintenance responsibilities such as building repairs, office routines, meal preparation, and a multitude of other client services.

CURRENT SERVICES

CASE MANAGEMENT

JTPA - JOBS PLUS TRAINING PROGRAMS

JOB PREPARATION WORKSHOP

SELF ESTEEM GROUPS

INDIVIDUAL RESUME WRITING

INDIVIDUAL BUDGETING SERVICES

STRESS MANAGEMENT

ANGER MANAGEMENT

ALCOHOL SERVICES (INDIVIDUAL & GROUP COUNSELING)

INDIVIDUAL COUNSELING

PSYCHOLOGICAL TESTING

ALCOHOL & DRUG TESTING

WOMEN'S GROUP

HOUSE MEETINGS

AA MEETING

NA MEETING

STEP STUDY MEETING

HEALTH ASSESSMENT

AIDS EDUCATION & TESTING

PSYCHIATRIC EVALUATIONS/INTERIM MEDICATION

Synopses from selected portions of the minutes of the Southern Counties Homeless/Housing Coalition Quarterly meeting in Laguna Beach on October 25, 1995:

- The Friendship Shelter must now operate under reduced support due to Orange county's bankruptcy and resulting financial crisis. The situation requires County Mental Health Services to cut back the number of countywide emergency beds from 48 to 18 of which Friendship Shelter contracts for 6 beds reduced from 10 beds.

- The question was asked of Barbara Clippinger; "Why do you do drug and alcohol testing?" Her response was, "We have 29 beds (the County has a vouchering system that cover six beds) for the residents who are very serious about their recovery. We want to maintain a safe and clean environment. Clients high on drugs or alcohol are deterred from this environment. We tell them to go get clean and then we will work with them."

Some of the Friendship Shelters extensive programs include:

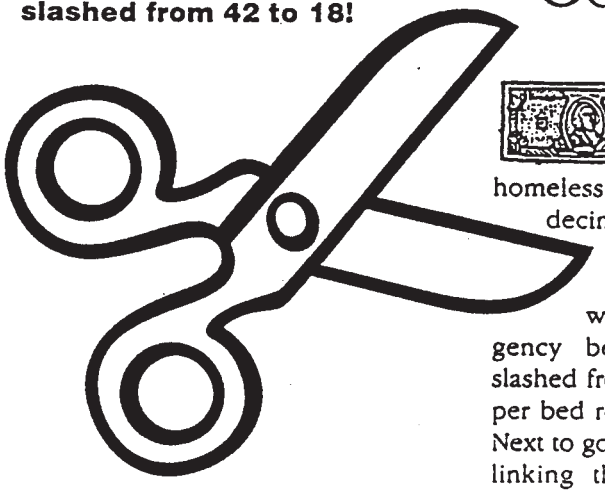
* A six week job preparation workshop, that the local IRS office puts on once a week.
* Individual resume writing.
* Stress management meetings ran by a person with a Ph. D.
* Women's groups that deal with various women's issues
* A Nurse Practitioner comes in every week to do health assessments
* Psychological testing once a week.
* Alcohol Anonymous and Narcotics Anonymous meetings.
* and much more as listed in the attached literature.

THE FRIENDSHIP SHELTER, INC.
P. O. BOX 4252, LAGUNA BEACH, CA 92652

(714) 494-6928 FALL, 1995

ABOUT THE HOUSE

The number of emergency beds Countywide was slashed from 42 to 18!



County Cuts Catastrophe!

Homeless mentally ill take the brunt

Programs for the homeless mentally ill are being decimated by the County bankruptcy cuts. In July there was a double blow with the number of emergency beds Countywide being slashed from 42 to 18 and funding per bed reduced from $18 to $15. Next to go was the outreach service linking the mentally ill on the streets with the shelter beds that still remain.

Now the Day Centers are due to close at the end of this month, leaving those who are housed with only the streets to roam during the day.

Some of Friendship Shelter's greatest success stories have been among those with mental handicaps. When our beds were cut from 10 to 6 per night, the Board resolved to keep the 10 open and seek funding from other sources.

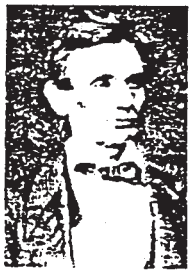
We are hoping that some State funding will come through later in the year. Meanwhile, Barbara Clippinger, the Program Director, has been working with County clinics to try bridging the gap between the people on the streets and the warm, safe beds at Friendship Shelter.

The loss of the Day Program could kill the whole service. Leaving people who are already disoriented and depressed to wander the streets during the day will destroy most of the benefits of the Shelter beds. It also imposes an impossible burden on the community.

Friendship Shelter is working with other non-profits to set up an alternative Day Program which would assist the 18 people being sheltered. The County Health Care Agency is looking into the possibility of providing space and one staff person.

We urgently need volunteers to:
- **Drive the van 2-3 days per week**
- **Assist in teaching life skills; cooking, personal hygiene, budgeting, etc.**
- **Assist with daily program and social activities.**

If you can help one day a week, please call 494-6928 right away. It will mean all the difference in getting this Day Program off the ground, keeping those ten beds open and adding new success stories of people who made it back from the streets. We are doing all in our power not to lose what we have built up over the years. Please join us by volunteering now and being as generous as you can with the annual November Holiday Appeal.



ABRAHAM LINCOLN
L. VAN BEETHOVEN
CHARLES DICKENS

Did you know they all suffered from mental illness throughout their lifetime —just like one out of ten people in Orange County?

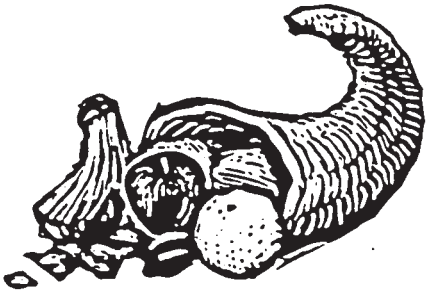
DINNERS ACROSS LAGUNA

Friends coming together in friendship to support the Friendship Shelter

Dinners Across Laguna will be holding its fourth annual event on January 27, 1996. This is the evening when Friendship meets Friendship Shelter at its very best. We are again asking potential hosts to give us a call and discuss whether you would be interested in spending an evening at home with 20 of your favorite friends... maybe even some new friends. There is even less to do this year than in the past. The gracious **John Sharpe** restaurants **Diva, Bistro 201, Kachina** will be preparing our entree. The rest of the menu will be completed by our wonderful friends from **Five Feet, Sorrento Grill, Cafe Zinc,** and **Gustaf Anders**. We appreciate all that these generous people do and extend our thanks to each of them.

Please call **Kathleen Abel** at 497-1529 if you are interested in Dinners Across Laguna. There is no commitment. Just give us a chance to share with you what this special evening is all about.

Friendship Shelter receives 100% of the $100 per person donation. Underwriting of this event would be greatly appreciated.

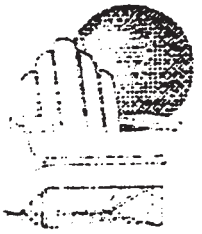


Thanksgiving in the Park

Once again Friendship Shelter is sponsoring the community Thanksgiving Dinner held each year in Bluebird Park–beginning at 12:00 noon on Thanksgiving Day (this year November 23rd).

To volunteer and/or bring a cooked turkey, ham, or side dish, please call Alice at 497-3067 or Ann at 497-1445.

All are welcome!



FROM THE CHAIR...

David Peck
October, 1995

This column comes at the end of my second year as Chairman of the Board of Directors, and that fact gives me the opportunity to pause and reflect on the last two years. It has been a period of major accomplishment, I think. Under the direction of our Program Director, Barbara Clippinger, and our Program Supervisor, Jamie McLaren, the Shelter has built up a range of services for our clients unmatched in any facility of our size. And with the leadership of our Executive Director, Colin Henderson, we have doubled our shelter capacity, by purchasing Henderson House in San Clemente, two apartment buildings presently being renovated by the BIA.

And yet so much remains to be done on the homeless front. At our annual Board retreat, held on Saturday, September 9th, we reminded ourselves of the jobs still before us. With the guidance of our very able facilitator, Randy Lewis, we looked long and hard at where we have been and where we want to go, and came up with three major goals for the next year:

- to stabilize the financial performance and operation of Henderson House in 1996
- to assure a continuous private funding base for Friendship Shelter with a 30% increase by December, 1996
- to hire and train a staff replacement for Barbara by June 1, 1996, and for Colin by December 1, 1996*

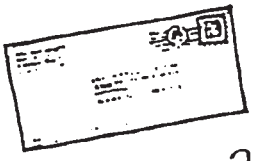
These are not going to be easy tasks, but, with the renewed commitment of the Board, with the continued dedication of our many volunteers, and with the tireless efforts of our staff, they can be achieved. My wish for everyone is that the next two years may be as challenging and rewarding as the last two have been.

**Barbara is retiring to Mexico and Colin will be staying on—in a supervisory but part time position.*

JTPA Program EXPANDS!

With the successful completion of a two-year contract with JTPA (Jobs Training Partnership Act), FSI was able to add two volunteers to its Employment and Training Program. The addition of David Titus and Walter Rothstein will allow the program to concentrate on more thorough assessments, stronger case management and a bigger focus on job development. With the aid of these volunteers, we hope to increase job training and the overall success of the program.

Friendship Shelter honors Laguna Beach Police Officer, John Falk, as part of the national "Take A Cop to Lunch" program.



A Letter From a Former Resident

Dear Staff,

I start Tuesday for 1 week of training at a medical center. I would like to extend my undying gratitude and appreciation for all the support, guidance, & encouragement that all of you have put into this shelter.

I was interviewing for a year and a half after I graduated from school and could not get a job. I could not have done it if I had not been here.

I really have learned many, many valuable things but the greatest of all is "friendship." Going through valleys in dark places I know for sure it is a lot easier when you are not alone!

May God Bless You and shower many fruitful & happy days on your work. Thank you again for all your selfless hours of sacrifice.

This has been an anchor of hope for me.

Sincerely,
Connie
(Name changed to maintain her privacy)

HOLD THE DATE

Nov 15th	Major Mailing
Nov 23rd	Thanksgiving in Bluebird Park
Dec 7th	Friendship Shelter Christmas Party
Dec 18th	Last day to send gift cards
Jan 27th	Dinners Across Laguna

What Should You Get Aunt Sarah for Christmas?

We have a great idea for you for a Christmas Gift for everyone on your list, including funny old Aunt Sarah!

You don't have to know anyone's right size, the color is perfect, and it will please the most finicky friend on your list!

So-o, for Aunt Sarah, and others on your list, we are offering a lovely holiday card expressing your best wishes for the holiday season. We will be happy to ***address and mail*** these cards for you. On the inside it will say, *"A donation has been made in your name to Friendship Shelter from _____ to help the homeless men and women they serve get back on their feet once again."*

The minimum donation is $10 per card. The maximum? "The sky's the limit!" The last day we will be able to take names, and mail cards for you is December 18th—so please order early and let us take care of those hard-to-shop-for folks on your list, including Aunt Sarah!

We're O-o-oh So-o-o Hap-p-py!

Thanks to all of you who participated in this year's non-event, The O-o-oh, So-o-Silent Auction! It was our most successful non-event to date, raising $8,694 to provide continued support for Friendship Shelter Programs

Thank you.

Shhhhhhh!

FALL WISH LIST

- Alarm clocks
- Batteries *(all sizes)*
- Blankets *(for single beds)*
- Bus passes *(coupon books of 20 ea)*
- Cleaning supplies
- Coffee
- Desk chairs *(for office)*
- Deodorant
- Disposable razors
- File cabinets
- Grocery store certificates
- Light bulbs
- Spices
- Toothpaste
- Towels *(all kinds–used ok)*
- Used videos *(movies)*
- Vacuum cleaners *(in good condition)*

One of our most dedicated volunteers, Board member Arvind Chawla, at Henderson House dedication, joined by Father Colin and Ellin Henderson.

Volunteers needed for:

- **Grantwriting/Research Assistant.** Need good writing and research skills. Computer skills helpful.
- **Data Entry.** A person to assist with entering donor lists and shelter data on our computer.
- **Office Rescue.** General office help, phones, file, copies, etc. Specific hours needed.
- **Facility Co-ordinator.** To help with organizing food and clothing donations, supplies, minor repairs, patch ups, etc.
- **Transportation Aid.** Transporting residents to important meetings and appointments.
- **Guest Chefs.** To prepare a dinner meal for the residents once a week or twice a month. (All food is provided.)
- **Carpenter.**
- **Plumber.**
- **Maintenance Person.**

HOLIDAY WISH LIST

- Canned food *(fruit, veggies, meat)*
- Colognes *(mens and womens)*
- Earring sets
- Grocery store Gift Certificates
- Hams
- Holiday cookies
- Holiday dinners
- Socks *(mens and womens)*
- Stretch gloves *(mens and womens)*
- Turkeys *(frozen or fresh)*

BOARD OF DIRECTORS

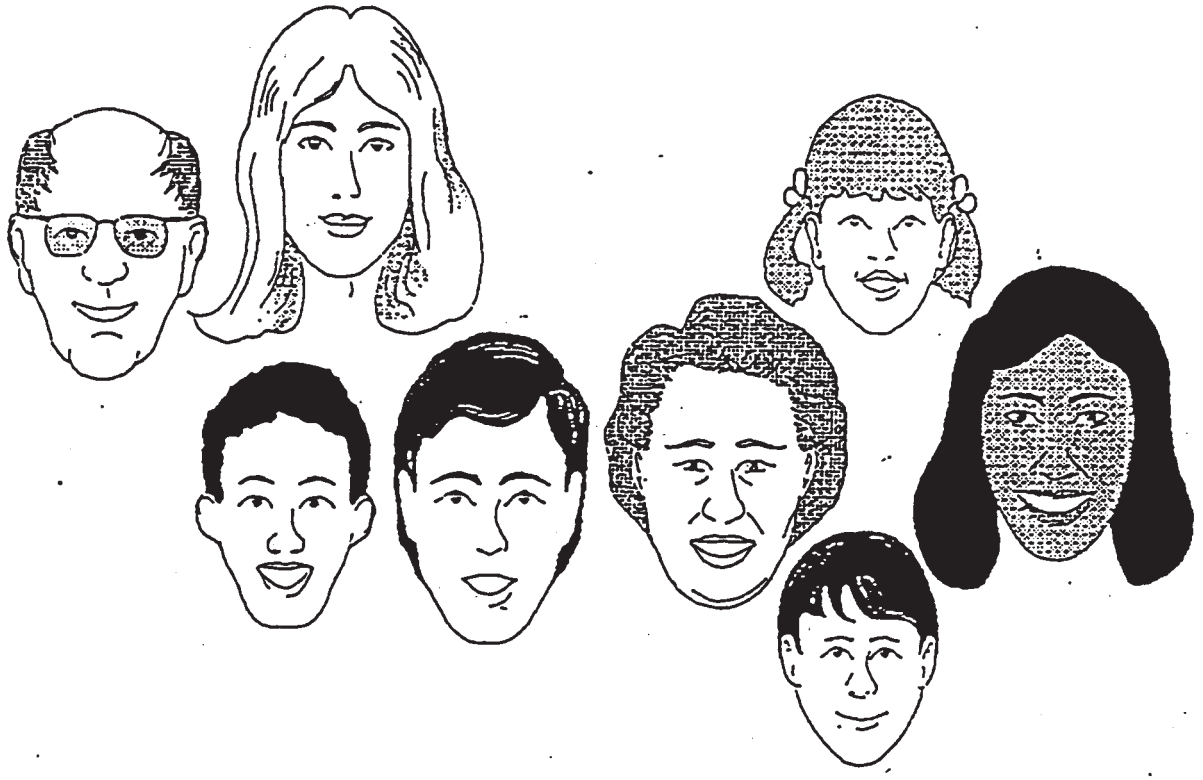
David Peck, *Chairperson*
Kathryn Rooklidge, *Vice Chairperson*
Phyllis Sweeney, *Secretary*
James Wantz, *Treasurer*
Kathleen Abel
Arvind Chawla
Alexander Cilento
Alice Graves
Karen Grier
Stacy Gordon
Sue Higgins
Irwin Kempler, M.D.
Leonard Malmquist
Evelyn Munro
Sharon McNair
Franklin I. Remer
David Sanford
Phyllis Sweeney
Ann Tashjian
Ray Wasserman

THE FRIENDSHIP SHELTER, INC.
P.O. BOX 4252
LAGUNA BEACH, CA 92652

NON-PROFIT ORG.
U.S. POSTAGE
PAID
LAGUNA BEACH, CA
PERMIT NO. 438

AUGMENTED BOARD AND CARE PROGRAM

SAN BERNARDINO COUNTY MENTAL HEALH



ADULT COMMUNITY SERVICES PROGRAM (ACSP)

The Challenge Continues

County of San Bernardino Department of Mental Health

Excerpts from the County of San Bernardino Department of Mental Health *Adult Community Services Program Manual*:

The San Bernardino Augmented Board and Care System (ABC)

Supported Housing Program

The San Bernardino County Mental Health Adult Community Services Program (ACSP) is working with a private, non-profit agency to develop a supported housing program in San Bernardino County. The program's intent is to create a multi-tiered, supported housing program to allow clients who are seriously and persistently mentally ill to choose their supported housing resources (with much of the costs defrayed). Residents are offered choices including multi-tenant units, shared housing in residential units, family residences, single-room occupancy units, and apartments. A housing coordinator position has been established by ACSP to coordinate the supportive housing program's development and act as liaison with all relevant coordinating agencies. ACSP has initiated a pilot program which has now been implemented countywide.

Augmented Board and Care System

ACSP replaced the Supplemental Rate Program with the Augmented Board and Care system (ABC) for fiscal year 1993/94. The ABC program was developed to be the foundation for ACSP's "continuity of care" residential treatment system. This residential care system is three tiered with state hospitals, the most restrictive and most costly resource, at the top; the Institutions for Mental Diseases (IMD) programs in the middle; and the ABC system at the base. The ABC component emphasizes the placement of individuals in the least restrictive and most independent residential environment possible.

Five principles guided the development of the ABC residential treatment system:

1. The previous system, the Supplemental Rate Program, was sound in concept, but too broad-based in its approach.

2. There was a definite need to have an augmented residential program to care for those clients whose special needs and problems could not be served by the regular board and care system.

3. A stable board and care system acts as the foundation for an effective and efficient residential system.

4. Clients whose needs cannot be served by the regular board and care system fall into distinct categories or groups, e.g., those with medical and behavioral problems, etc., including the court ordered SB 485 Misdemeanant Diversion Program referrals.

5. Any augmented board and care program needs to be integrated with existing mental health and case management services.

ACSP developed four types of residential treatment homes: a 12-bed Crisis Home; a 20-bed long-term Intensive Board and Care home; a six-bed Transition Home for 18 year-old boys coming into the adult system; and a 10-bed facility for individuals with special medical problems. Contracts were awarded to four board and care facilities in the county who had submitted the best proposals.

Each of the residential homes has ACSP case managers assigned to it in integrating the home with the Department's mental health system. In addition, our contract with the ABC homes calls for approximately 80% of their funding augmentation to be used for the hiring of additional highly qualified treatment staff.

The Crisis Home is a resource for clients who are denied admission to the Inpatient Unit, but are not stable enough to be released back into the community, and for difficult to place individuals who need intensive case management services in order for a more permanent placement to be located or become available. The Crisis Home provides a stable living environment for clients in a 24-hour, seven-day-a-week program with around the clock staffing. Clients are allowed to stay in this residential facility for up to two months. The ACSP staff assigned to the home are to use this time to develop long-term plans with residents.

The Long-Term Residential Home is available to individuals with a history of relying upon high intensity services (i.e. state hospital, IMD, Ward B). Residents are assessed as having the capacity to take advantage of an intensive residential treatment program with a strong intensive case management component. Clients are able to stay in the program for up to six months. At the end of that time, it is expected that they will be able to be placed in a lower level of residential care or into independent living.

The Medical Residential Home accepts clients with medical problems too severe for regular board and care home staff to handle. Without this home as an option, most of these clients would have to be placed in an IMD facility.

The Transitional Home provides a residential setting for 18 year-olds who have left the Children's 24-Hour Care residential care system, but who are not ready to be placed in a regular board and care setting.

The specialized Augmented Board and Care Homes act as the foundation for ACSP's new residential care system. As the department moves into managed care, it is likely that these types of community resources will become a more important, even crucial element in the Department's residential care system.

Intensive Case Management

On July 1, 1993, the profile of ACSP's Continuing Care clients changed. Under the Rehabilitation Model, continuing care staff provides Intensive Case Management services to a select group of individuals who are determined to be "high users" of the mental health services system. as defined by:

1. A client being discharged from a state hospital or IMD facility.

2. All clients in the Augmented Board and Care System.

3. All clients experiencing three inpatient hospitalizations (any psychiatric hospital) within a six-month period and also meet at least two of the following criteria:

   - a documented history of poor compliance with treatment and medication regimen.
   - a history of placement instability.
   - financial instability.
   - clients who meet the above criteria and also have dual diagnoses.
   - clients who are conservatees and are receiving services from the Department.

Intensive Case Management (ICM) is an innovative approach to working with this "high user", "high risk" population. ICM has been documented as an effective tool in helping individuals remain in the community at their highest level of functioning, as well as for reducing the overall number of client rehospitalizations. ICM Services are not only patient-friendly, but they are also quite cost effective. In general, the philosophy of ICM begins with a reduction in the caseload size of ICM case managers. thereby allowing them to provide more frequent visits and maintain a closer relationship with a smaller number of clients who experience the greatest level of dysfunction. In July, 1993, ACSP staff identified 225 individuals who met the criteria for ICM services. All of them have since been placed in the program. Clinic supervisors monitor the effectiveness of ICM services regularly through monthly and quarterly reports.

The case managers may refer residents of the ABC programs to participate in various rehabilitative programs including the Clubhouse program entitled T.E.A.M. House.

Clubhouse Program (T.E.A.M. House)

The T.E.A.M. (Trust, Encouragement, and Motivation) House is a psychosocial rehabilitation program. T.E.A.M. House is dedicated to providing a restorative environment for persons experiencing the disabling effects of psychiatric illness. T.E.A.M. House stands for the proposition that the mentally ill have untapped potential and can, with support, encouragement, opportunity, and time achieve a fuller and more active community life.

T.E.A.M. House is a club, and its participants are member, not clients. The members come from the various residential programs including the ABC program. Central to the T.E.A.M. House philosophy is the belief that work is important for all individuals and that individuals that have emotional disabilities, even sore ones, have the potential not only to grow and adjust to the environment, but also to contribute productively in their community. Therefore, the members are actively involved in the work of T.E.A.M. House through the four work groups described below:

1. The T.E.A.M. Cafe teaches members to cook by having them serve lunch every day. The group is responsible for food preparation, serving, and cleaning up. A

canteen is available so that members can buy snacks and sodas. It is intended to be a self-supporting enterprise.

2. The horticulture group plants and cultivates a garden. Produce grown by this group is used in the T.E.A.M. Cafe.

3. The Janitorial work group keeps T.E.A.M. House clean. Once a week, the members of this group thoroughly clean the clubhouse. On the other days, they tidy up at the end of the day.

4. The clerical work group prepares the T.E.A.M. newsletter. The newsletter is a monthly publication written and produced by the members. It keeps members informed of upcoming events and reports on past events. It is also a forum in which members can learn to express themselves.

T.E.A.M. House offers members basic and secondary math and english classes. Creative writing and art classes are also offered to encourage members to express their creativity and imagination.

T.E.A.M. House also has a prevocational class in conjunction with its strong vocational program. This class helps members develop self-esteem, communication skills, goal setting abilities, etc. It is designed to help members decide if they are ready to enter the job market. T.E.A.M. House has a work group to assist and support those who are actively seeking employment or are currently working. The club's vocational program also provides information about the types of employment opportunities available in the community. The skills members learn in their work groups enhance their on-the-job skills which are necessary to enable them to find and maintain employment. The development of these same skills also helps members achieve independent lifestyles.

ACSP's Adult Education Program (AEP) is located in a separate part of T.E.A.M. House. The AEP is cosponsored by San Bernardino City Schools and the County Department of Mental. The AEP teaches members a variety of educational skills. Computer and typing classes.

Lesson Plan of Presentation at the September 12 and 13, 1995, Mental Health Directors Association "Adult System of Care Statewide Partnership Conference."

SAN BERNARDINO COUNTY MENTAL HEALTH AUGMENTED BOARD AND CARE PROGRAM

The Augmented Board and Care (ABC) system provides quality residential board and care living for individuals with a chronic or persistent mental illness. This has been accomplished through a marriage between public mental health and private care providers, with the use of public funds. The funds are provided to board and care homes to hire qualified professionals, and paraprofessionals, to provide quality care and treatment on site.

The ABC system is not a unique idea. I believe Ventura had a similar system in place before San Bernardino County borrowed the idea. Prior to the ABC system, San Bernardino, as well as other counties in California, were limited to an outdated Supplemental Rate Program known as SRP. On paper, these SRP funds were given to care providers to add additional programming to care for "hard to place" or "acting out" individuals. In reality, many care providers viewed these monies as entitlement monies. Also, the tools utilized to admit clientele into this program often did not properly identify individuals at high risk for hospitalization or in need of intense programming. Thus, state hospitals and locked "IMD" facilities continued to be overutilized.

With budget cuts and realignment, the San Bernardino County Department of Mental Health was forced to review it's entire residential system. This included the SRP program, State Hospital and IMD systems. The residential system is part of the "Adult Community Service Program" (ACSP) headed by Program Manager Lance Morton. The ABC system that came out of that review process was initially funded by SAMHSA Block Grant monies and Realignment funds. The ABC system has allowed the county to reduce utilization of IMD and State Hospital beds thus saving the County many dollars in the process.

ABC beds have allowed many consumers to receive treatment services at lower, less restrictive levels of care. The philosophy behind the ABC was to provide a safe controlled environment where individuals could receive treatment. life skills and other resources. This would be done in a community placement without being in a locked facility. Many of these individuals who reside at these board and care homes have spent many years in locked IMDs or state hospitals.

Admission criteria into a ABC bed includes, but is not limited to the following:

- A chronic persistent mental illness
- History of instability in community placement
- Three or more acute hospitalizations in six months
- Poor compliance with treatment
- The individual indicates the capacity to improve his/her quality of life with intensive treatment.

Priority for ABC beds are as follows:

- Resides in a IMD and deemed ready to discharge
- Is a high utilizer of acute care, but does not meet IMD criteria
- Discharge from a state hospital
- Other community referrals (private hospitals, families, homeless programs, etc.)
- Referrals from correctional facilities

After referral, a potential ABC client is screened by a designated ACSP "gatekeeper", with a ABC program manager when possible, and placed into a ABC program deemed appropriate. ACSP gatekeeper will then become the clients case manager for their stay, as well as possible subpayee. Once accepted in the program, there is a wide range of resources available. Initially, we link the individual with our clinic doctor who is part of the overall team. He utilizes ABC staff and case manager inputs to ensure proper medications are provided. The on-site program begins immediately at the residence. For example, at Redwood Guest Home in Fontana, a well conceived behavioral program developed by Wayne Henkelmann MFCC has proved quite effective. Other referrals include the County Day Treatment Programs, local colleges, learning centers, volunteer centers and private day treatment programs. If an individual is vocationally minded, and has exhibited a certain degree of personal responsibility, a referral to vocational rehabilitation options is initiated.

The Adult Community Services Program has currently contracted with five homes to provide ABC programs with different levels of mandated staffing and number of beds. Within these facilities, there are a variety of different type beds (a total of 82) provided including:

- Five crisis beds
- Eighteen elderly beds (for individuals with physical problems
- 29 adult long term beds
- 30 adult long term (male) with dual diagnosis emphasis

- Presented by Jeff Wirth MFCC, Clinician II with San Bernardino County Mental Health as well as a Domestic Violence Specialist in his private practice.

Priority for ABC beds are as follows:

- Resides in a IMD and deemed ready to discharge
- Is a high utilizer of acute care, but does not meet IMD criteria
- Discharge from a state hospital
- Other community referrals (private hospitals, families, homeless programs, etc.)
- Referrals from correctional facilities

After referral, a potential ABC client is screened by a designated ACSP "gatekeeper", with a ABC program manager when possible, and placed into a ABC program deemed appropriate. ACSP gatekeeper will then become the clients case manager for their stay, as well as possible subpayee. Once accepted in the program, there is a wide range of resources available. Initially, we link the individual with our clinic doctor who is part of the overall team. He utilizes ABC staff and case manager inputs to ensure proper medications are provided. The on-site program begins immediately at the residence. For example, at Redwood Guest Home in Fontana, a well conceived behavioral program developed by Wayne Henkelmann MFCC has proved quite effective. Other referrals include the County Day Treatment Programs, local colleges, learning centers, volunteer centers and private day treatment programs. If an individual is vocationally minded, and has exhibited a certain degree of personal responsibility, a referral to vocational rehabilitation options is initiated.

The Adult Community Services Program has currently contracted with five homes to provide ABC programs with different levels of mandated staffing and number of beds. Within these facilities, there are a variety of different type beds (a total of 82) provided including:

- Five crisis beds
- Eighteen elderly beds (for individuals with physical problems
- 29 adult long term beds
- 30 adult long term (male) with dual diagnosis emphasis

- Presented by Jeff Wirth MFCC, Clinician II with San Bernardino County Mental Health as well as a Domestic Violence Specialist in his private practice.

Redwood ABC News

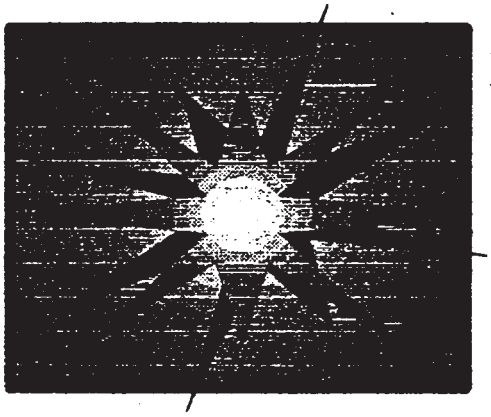
November 1995 Volume 1 Issue 1

Augmented B & C Program Expanded !

Redwood Guest Home has received a County Department of Mental Health contract to enlarge its Augmented Board & Care (ABC) Program from its original twenty beds to all thirty beds available in the residence. Starting this month, all Redwood residents will be ABC Program members, participating in the special groups, activities and earned extra outings provided.

Besides expanding the number of members participating in the program, the number of staff available to the Program members has been increased by three full time staff member positions. Because of the importance of Dual Diagnosis issues to many of our members (see: "What is Dual Diagnoses ?"), two of the full time staff members have special substance abuse counseling education and training. The Office of Alcohol and Drug Programs has been gracious in its support for this needed program by providing a part time supportive staff person to lead three afternoon groups a week and aide in program development.

This is the third budget year for the successful Redwood ABC Program. With these new resources available.Redwood Guest Home owner Linda Spinks,and the Program Staff, look forward to even more success in aiding residents with diverse mental health, and substance abuse, issues to achieve higher, more independent levels of personal functioning.



"It's great having more people to talk and do things with..."
- Program Member

The Program will not be changing its overall policy of including program members family in the " healing" process whenever possible. The basic Program Principles will remain "Safety, Responsibility & Respect", with the overall Program Goals being that each member be supported in improving **Health**, increasing personal **Serenity**, & **Quality of Life.**

You Are Invited To FAMILY MEETING

Redwood ABC Program has been having regular Family Meetings since I started as Program Director here. It's been my pleasure to meet with many family members individually as well in our common efforts to enhance the well being of our individual members. The "Family Burden" of mental heath problems and addictions is just recently being acknowledged by many professionals in the field, but families have felt the pain all along.

ABC Family Meeting
Sat., Dec. 9 th
10:00 (AM)
to 12:00 (AM)
Redwood Guest Home
8024 Redwood
F Fontana, Ca.,
(909)355-7262
Please RSVP

It continues to be my hope that the Family Meetings will continue to be a source of support, information and resources. I look forward to seeing and speaking with many of you on Sat. December 9th at 10:00 Am , here at Redwood. For those parents whose loved ones are new to this Program; this is a chance to learn more. For those who've met before, this meeting will be a chance to meet new staff and hear of changes to our program offering. - **WH**

RedwoodABC Program:8024Redwood,Fontana, Ca., 92335
(909) 355 - 7262

What is Dual Diagnosis ?

Dual Diagnosis is a term heard more frequently these days, but often misunderstood. Rather than referring to the abuse of more than one substance (Poly Substance Abuse), the term is used to describe individuals who suffer from both a mental illness as well as a substance abuse disorder.

Estimates as to the percentage of individuals with mental illness who also have substance abuse problems varies from 40% to as high as 95%. Often in the past, accurate information as to the substance abuse behavior of mental health clients was not gathered. This trend is currently changing as the costs and unique difficulties with dual diagnosis are being recognized.

It is difficult at times to clearly determine the reasons that individuals with mental illness appear more at risk for substance abuse and dependence. Some of the reasons suspected include: efforts at "self medication" of symptoms, social influences, efforts to off set the side effects of medications , and substance use as an attempt to cope with the frustrations and disruptions mental illness cause to individuals normal development and achievements in life. While all of these reasons for the use of such substances as alcohol and drugs are understandable, this behavior only makes a difficult situations worse.

Yet another complicating factor in understanding the dynamics of dual diagnosed illness is the difficulty of assessing if the substance abuse is a result of the mental illness, or a possible cause. With increasing understanding of the biochemical aspects of mental illness, it is becoming clear that many substances currently being abused by many actually cause the symptoms of mental illness. Amphetamine or "speed" is one such substance that clearly has a pervasive negative effect on an individual, including the symptoms of psychosis common to schizophrenic disorders. Alcohol too has a detrimental effect on the brain, especially in early years when the brain is still developing. The use of these substances, along with significant psychosocial stress or genetic predisposition, are thought to be factors influencing the onset of mental illness.

"Dual Diagnosis is a term heard more frequently... the term is used to describe individuals who suffer from both a mental illness as well as a substance abuse disorder."

Treatment of mental illness is more-complex when a dual diagnosis is involved. All too often treatment has focused on one area of difficulty to a client, to the exclusion of another. Services have been provided in a "hodge podge" of scattered settings and by multiple persons often not working as a team

Recently, a more comprehensive approach has been identified involving access for dual diagnosed clients to a " continuum of care". Such a comprehensive approach is the aim of the Redwood ABC Program. Incorporating medication monitoring, socialization, self-care / hygiene, daily living skills groups and activities, in conjunction with dual diagnosis groups and community meetings, the program attempts to maximize clients efforts at increased independent functioning.

- WH

THANK YOU FOR RESPONDING !

Back in April, the staff of the Redwood ABC Program as part of our ongoing efforts at "quality assurance", sent out brief Family Questionnaires to those families of former ABC program members that we had accurate addresses for. Our program continues to seek hold Family Meetings to better determine any individual needs. It was hoped that through this mailing even more information might be gained. We sent questionnaire to families of members who had "graduated" from the Program , or who had left for various reasons, as well as those still currently involved.

Informal questionnaire mailings such as ours are often limited in effectiveness because of the poor response . We were heartened to see so many responses however (about one half of those mailed), and especially thankful for the clear thought and effort put in by individuals. Many of you who responded took the extra time , and thought , to provide us with additional relevant information, suggestions and impressions that we have found helpful.

Besides your positive responses to the condition of our facility, and the responsiveness of our staff to you and your loved ones needs, your perception that our program has had a positive impact on not only your family member in the program but the family as a whole was indeed gratifying. THANKS ONCE AGAIN FOR TAKING THE TIME TO RESPOND ! - WH

❖ISSUES & RESOURCES❖

Vol. 1 No. 1. A Rehabilitative Residential Care Forum 1996

re-ha-bil-i-tate

1 to restore to rank, privileges, or property which has been lost

2 to restore the good name or reputation of; reinstate in good repute

3 to put back in good condition, reestablish on a firm, sound basis

4 a) to bring or restore to a normal or optimal state of health, constructive activity etc., by medical treatment and physical or psychological therapy b) to prepare (a disabled or disadvantaged person) for employment, as by vocational counseling or training

re'ha-bil'i-ta'tion (n.)

re'ha-bil'i-ta'tive (adj.)

Websters New World Dictionary (1994)

Why Another Newsletter ?

I enjoy newsletters. My desk and office is crowded with "need to read" stacks of texts, journals, and magazines that I will find some time, perhaps, to get to. Newsletters however are a quick and effective means to keep up to date, get new ideas, and gain knowledge of resources and contacts that I value. While newsletters can pile up as well , because so many have sprung into existence of late, it's my hope that this one will be of value to a variety of individuals and organizations.

When I started as Program Manager of an Augmented Board & Care Program in Fontana Ca. back in 1993, I realized that I was into new and exciting territory. Not only was I to develop a program for individuals considered at high risk, but I had to do it within a context I didn't even know existed - Residential Care. Thankfully I had good teachers/mentors in the likes of Linda Spinks the B&C owner, Ray Swartz and Bob Sudal who appear in this issue, and many others. What I have found missing was a means for the many diverse disciplines and individuals in this challenging field to effectively know and communicate with one another. I would like "I & R" to be one means of doing that.

Plans for the next issue include Part1 of **Navigating The Maze of Social Services,** an article on **Augmented Board & Care Programs (ABC),** and other resources and material sent by readers to share! I look forward to creating a publication of service to clinicians, care providers, families, and consumers.

Wayne Henkelmann MS, MFCC - Besides managing an ABC Program, consults, and is a part- time university instructor.

What Is Psycho - Social Rehabilitation ? Part 1

Psycho-social rehabilitation (PSR) is an orginized series of activities that attempts to help mentally ill clients (as well as individuals with other disabilities) get jobs, live independently, make friends, raise children, and do everything that you and I do daily. The techniques of PSR often have to counter the societal imposed role of "mental patient", where you get a SSI check, take your meds, and stay out of sight. The techniques of PSR are simple, yet

(Continued on page 3)

Inside This Issue

Why Another Newsletter	Page - 1
What is Psycho-Social Rehab	Page - 1
The Residential Care System	Page - 2
Events, Letters and Reviews	Page - 2
Subscription Information	Page - 4

The Residential Care System: Nature & Regulation

The following is excerpted from a fine publication by Ray Swartz LCSW:. The Residential Care Handbook: A Practical Guide to Caring and Staying in Business. Published by Carolina Academic Press, 700 Kent St., Durham, N.C.27701 (919) 489-7486 in 1991, the book is a practical overview of many issues in setting up and maintaining a quality residential care operation. Thank you to Ray Swartz and Carolina Academic Press for making this introduction available to readers.-WH

" The Residential Care System is comparatively new in many states"

Many states license residential care facilities, officially known as community care facilities or halfway houses. This is done to insure that certain minimal standards are maintained by the staff for the care and supervision of residents, and that programs are developed to habilitate them.

BRIEF HISTORY

The residential care system is comparatively new in many states. While a system of housing people in the home of others for remunerations may have gone on for years,a fully regulated system has not. For example, in California, ex- state hospital patients were housed in private homes since the 1940's and a special state bureau of social workers followed them in the community once they were placed. But the systematic program of state-licensed facilities did not function until the state passed regulations in 1972, and its Licensing Agency did not take over complete responsibility for many types of these homes until 1980. Wisconsin passed regulations for residential care in 1978; New York State passed an omnibus act in 1984, updated in 1978.

WHAT ARE RESIDENTIAL CARE HOMES?

To understand what they are, they must first be compared with other types of facilities offering care and supervision. First there is the State Hospital, usually a locked facility for the maximum care of long term chronic patients. Money is available from federal and state sources.

(CONTINUED ON PAGE 3)

EVENTS, LETTERS and REVIEWS

Sources of information or research concerning rehabilitative residential care issues (as well as resources related to day treatment, case management, vocational rehabilitation etc. of interest to many readers) appears in many scattered places. Peer reviewed journals articles are one important source to be reviewed in future issues, as well as texts, workbooks, tapes and videos.Please send suggestions!

Journals Of Note:

Psychosocial Rehabilitation Journal, published by International Ass. of Psychosocial Rehabilitation Services, 10025 Gov Warfield Pkwy.#301, Columbia, Maryland 21044

Hospital & Community Psychiatry, published by American Psychiatric Association., c/o Circulation Dept., HCP 1400 K st., NW Washington, DC 20005

Community Mental Health Journal, published by Nat. Community Mental Health Councel, Human Service Press, 233 Spring St., NY, NY 10013 - 1578

PSYCHOSOCIAL REHABILITATION (Continued)

require patience and endless repetition. The building block activities focus on social, psychological and physical development tasks that lead to a mature and motivated role in society. These tasks are often hard enough without hearing voices or experiencing delusions.

Because the majority of a person's developmental learning experiences occur in the context of that milieu environment called a family or home, it should be no surprise that PSR is often best implemented in a similar social model - such as a clubhouse or residential home. The dark confines of a psychologist's office is often of little use in helping a person learn about using a bus, cooking a meal, or what to say around the dinner table.

In future issues, I will share thoughts on how to recognize a PSR program and what goals can be accomplished by participating in a rehabilitation- focused versus standard psychological treatment program. The defining philosophy, however, is that psycho-social rehabilitation helps motivate, teaches skills, advocates for change, and is an active side-by-side process / art in the bright light of the community where mentally ill people are expected to live, work and socialize.

"The techniques are simple, yet require patience and endless repetition"

Bob Sudal MFCC- Is a County Mental Health Clinic Supervisor and consultant to psycho-social rehabilitation programs and residences.

RESIDENTIAL CARE SYSTEM (Continued)

Next the Acute Ward, Unit or Hospital, which is based in the community. Accent is on the term "acute," which means that the person seeking help must have an actual problem requiring immediate care and treatment, but for a short period of time. Funding is from federal, state, local and third-party insurance.

Next are the Skilled Nursing Facilities (SNF), which require a certain number of nursing-care hours per week to patients in need of specialized care. These can be locked or open. Emphasis is on chronicity, and long term care. Funding is from federal, state, and private medical insurances.

Then comes Intermediate Care Facilities, which must offer some skilled nursing care, but it must be fewer nursing hours per week than provided by a SNF for those patients in need.

Finally, at the lowest end is the Residential Care System. A residential care facility cannot accept anyone requiring nursing care, and it must be completely open. It does not give skilled nursing care and supervision because its requirements for staff are very limited, and it is funded mainly by the resident who receives federal, state or local money for the purpose of residing there...The resident makes his or her own private contract for services with the owner. No insurance pays for residential care. The resident can come and go without physical or psychological constraint.

Ray Swartz LCSW - Residential Care Consultant and Trainer (800)321-1727

A LABOR OF LOVE, on a "shoestring" budget

My hope is that "I & R" will enlarge greatly from this first issue , to provide a wide range of information and resources on a variety of topics. At this time,with no advertising, subscriptions are the only way this newsletter can continue. To ensure a rich source of material for "I & R", I'd like to offer a **Free Yearly Subscription to those individuals submitting a feature article that is printed!** - WH

____ **YES!** I'd like to receive more ISSUES & RESOURCES, and have enclosed a check or money order for $18.00. (a minimum of 3 issues per year)

Name: _____
Address: _____
Telephone: _____ Fax: _____

Reader Information:
Occupation: _____ Education: _____
Organization / institution : _____
Would You be interested in a computer BB? ___ Yes, _____ No.

Make checks or money order payable to:
Wayne Henkelmann MFCC, PO BOX 1950, Upland, Ca., 91786 (909)981-7136

ISSUES & RESOURCES

C/O Wayne Henkelmann MFCC
P.O. Box 1950
Upland, Ca. 91786

Inside This Issue:

Psychosocial Rehabilitation
Residential Care System
Events, Letters & Resources

REDWOOD ABC PROGRAM

PRINCIPLES:

SAFETY

RESPECT

RESPONSIBILITY

" Redwood Guest Home believes that each client is unique and will require services and relationships based on the clients individual needs, taking into consideration the clients culture, religious and ethnic background. The fundamental challenge will be to provide the kind of services that will monitor client stabilization and move the client into the direction of developing self-esteem through improved socialization skills, coping skills and knowledge of how to manage and live with their illness. The end results will be a more independent and productive client with the ability to function successfully in the least restrictive environment."

-- Redwood ABC Proposal

" 1.) The programs should, to the maximum extent feasible, be designed so as to reduce dependence on medications as a treatment tool. Programs in which prescriptions for medications are a component of the program are to be subject to medications monitoring.

2.) The programs are to have a rehabilitative focus which encourages the client to develop the skills to become self-sufficient and capable of increasing levels of independent functioning. Where appropriate, they are to include prevocational and vocational programs.

3.) The programs are to encourage the participation of the clients in the daily operation of the facility and in the development of treatment, rehabilitation planning, and evaluation.

4.) Participation in any element of the system is not to preclude the involvement of clients in outside treatment. All treatment staff are to be directly involved in the development and implementation of a treatment plan, including medication and day program decisions. "

- SB County Proposal Manual

REDWOOD ABC - DUAL DIAGNOSIS TRACK SERVICES

To better aide program members ability to achieve greater independence and psychosocial well being, the Redwood ABC Program provides specialty Dual Diagnosis Treatment / Education services to members mandated by referring community agencies or requested by members themselves. Integrated into the ABC program as a whole, the Dual Diagnosis Track provides additional process and educational groups to increase individual understanding of the dynamics of mental health and substance abuse, motivate members to engage in a personal recovery program, as well as provide practical relapse prevention information and strategies. Group and individual support is provided by educated, competent staff familiar with substance abuse counseling. The use of a variety of community resources, including Anonymous and other outside support and educational group meetings, is a regular and important part of the program options.

ABC PROGRAM COMMITMENT CONTRACT:

I, _____ understand that entrance into the Redwood ABC Program requires compliance with not only the " House Rules" but also with the daily workings of the ABC Program. I understand that I will need to make effort to utilize the Program Principles of "Safety, Responsibility & Respect" to guide me towards the Program Goals of improved "Health, Sobriety & Quality of Life". To best gain from my involvement in this ABC Program, I will make every effort to develop the Life Skills (i.e. Socialization, Self - Care / Hygiene, and Daily Living) emphasized through regular attendance at program groups and activities, as well as ongoing involvement in outside community meetings, school or Day Treatment activities. I am aware that I am expected to participate actively in the Responsibility / Point System by doing daily chores, taking my medications on a timely basis, doing my own laundry on a weekly basis and keeping my room and personal appearance up.

To aide in protection of my own safety, and to aide my learning to better manage my own illness and problems, I understand that regular (& random) drug and alcohol screens will be requested by staff, and that if I refuse these " screens" it will be assumed I have recently abused some substance. **I further am aware that rules concerning non violent / hostile acts or threats are strictly inforced and allowed at no time during my stay.**

I understand that the purpose of being in this program is to develop the skills, through practice, necessary to live more successfully in the future at a lower, less restrictive and structured level of care.

I agree to work with the program staff, and my Department of Mental Health case manager, in a cooperative manner.

Name: _____ Date:_____

Witness : _____

11 / 7 / 95

TOPIC: ABC GROUP / OUTINGS / ACTIVITIES - POLICY & PROCEDURE

POLICY: *All ABC program groups, outings and activities have in common the emphasis of teaching improved "**Life Skills**" or " **Leisure Skills** ". Because of the programs emphasis on creating a learning environment, **all staff are to avail themselves of opportunities during all periods of the day, and during all activities, to " coach " members individually or as a group concerning effective self-care, socialization and daily living skills.** Regular structured groups and activities are to be provided throughout the day and noted on Responsibility / Point Log for those clients not otherwise involved in Day Treatment Programs or other outside clinical / learning activities. A variety of groups as well as learning activities are to be provided during evening periods and documented as well. **Because Life and Leisure Skills outing are utilized as "rewards " for program performance, they serve both an educational and reinforcement function.***

PROCEDURE:

1.) At intake, clients are oriented to the residence house rules and to the expectations of the responsibility / points system with a copy of both the House Rules and the ABC Program Commitment Contract reviewed, signed and placed in members chart. The ABC Principles of Safety, Respect & Responsibility are reinforced while explaining that attendance at some form of educational, vocational or Day Treatment Program (or ABC Life Skills Groups / Activities) is expected. **When members are not attending outside activities, it is to be made clear that attendance at morning and afternoon groups / activities is mandatory.**

2.) All staff members are expected to be involved in leading groups of various types and on different topics. Groups are to be focused on relevant aspects of " Life Skills " development as described on Responsibility / Point Log back page Key, or in outline of group / activity options in ABC policy & procedure manual. **Staff members are suggested to be responsive to program members needs and request in choosing individual group focus rather than following a rigid, fixed schedules or outline of content.** Creative use of outside audio -visual resources and guests is recommended whenever possible.

3.) Following groups, notation is to be made in individual Responsibility / Point Logs indicating type of group held and level of participation a member demonstrated.

4.) Outings and activities are to reflect both the Life Skills emphasis of groups, as well as the development of improved Leisure / Socialization Skills. **Options are to be of a wide variety so as to attract maximum interest and involvement. Activity options are designed to provide both an opportunity for staff to modal behaviors focused on in group setting, as well as for members to practice new skills and behaviors. Activities and outings provide a " continuity of learning " ....** for example; Nutrition / Cooking Group becomes more real for members when they are also part of a Picnic Committee and they participate in Picnic / Meal Outings or when members attend Money Management Group before Banking activity time, and they also are involved in the setup and running of the Client Store.

5.) A variety of activity / outings need be provided that clients can " earn" through consistent involvement and attention to program and house expectations and rules. While some outings, such as picnics, may be open to all, to participate in other events will call for, at a minimum, no 0's for a set period in the Responsibility / Point System. Such activities become reinforcement and rewards for the type of goal oriented follow through that is a target behavior of the ABC program.

6.) Free time and recreation time are conceptualized as clinically valued opportunities for skill aquisition and are to be treated as such by staff. Special attention to program members who tend to isolate and withdraw as well as reinforcing leisure skill (i.e. cards and other games, relaxation tapes, reading material etc.) ideas and suggestions should be attended to by all staff as both a means towards increased social skills as well as important aides to a personal SA "Recovery Program".

11 / 5 / 95

RESPONSIBILITY / POINTS EXPLANATION NOTES

All ABC members are expected to participate in program activities and do daily chores on a regular basis.
Daily and weekly points are given for successful involvement in regular program and personal tasks. The following explanation sheet is to help members and staff better communicate concerning the system.

MEDICATIONS (5 PTS) Medications are an important part of many members personal responsibilities, and compliance with doctors orders is highly emphasized. Points are earned if medications are taken on a timely manner without the need of extra staff prompting.

ROOM CARE (5 PTS) A clean room with bed made is expected to be accomplished by the time members head out to day treatment, school or the job. If no scheduled outside activities are planned for the morning, house chores are expected complete by 9:00 AM morning activities start time.

Rooms are checked again by evening staff to assure that bathrooms and closets have remained clean and neat throughout the day , both to be in compliance with state regulations and to build members pride in their surroundings.

SELF - CARE / HYGIENE (5 PTS) Cleanliness is pivotal to both personal health and emotional well being (self esteem). Like roomcare goals, all ABC members are expected to be up for breakfast, dressed and clean. Members are expected to be up for breakfast, take their morning medications and do their house chores before leaving the house in the morning.

Responsibility / points Explanation Notes (Continued)

DAILY CHORES (10 PTS) Members are expected to help in maintaining a clean home by doing daily AM and PM chores. Chores are picked or assigned for a one month period and are expected to be completed in the morning before leaving for outside activities and in the evening by 5:00, except when the chore is customarily done later (i.e. evening dinner chores).

SCHOOL / DAY TREATMENT (5 PTS) All ABC members are expect to participate in either therapeutic, educational or vocational activities on a daily basis outside of the residence. These specific activities are determined by the members themselves with the support of ABC staff and the members case manager. Five points are earned for all day participation only, three points for half day.

BEHAVIOR (5 PTS) Points for personal behavior are earned based on the program principles of "RESPECT, SAFETY and WORKING THE PROGRAM". Following the house rule agreed to upon entering the program, supporting others trying to better themselves, and non assultiveness are primary areas of emphasis. **A zero is given after two days in a row of overall non participation in program.**

GROUPS (5 PTS) Because the emphasis of the ABC program is strongly educational in nature, group classes on a variety of topics as well as community meetings are mandatory. Three points are given for members attending groups when they are not participating in scheduled activities outside of the house, an extra two points can be earned when above average involvement is demonstrated in these groups (i.e. active verbal participation).

Responsibilities / Points Explanation Notes (Continued)

VOLUNTEER ACTIVITIES (5 PTS) Awareness and willingness to help out with chores and activities above and beyond those assigned can earn additional points and recognition in the ABC program.

EVENING GROUPS (5 PTS) - Outside support groups, Goals Group, Meds Group, and Games / Recreation Activities provide a chance to continue Life & Leisure Skills learning plus earn up to five more points depending on level of involvement. **House committees also meet at this time to plan details of picnics and other activities.**

LAUNDRY (5 PTS) is yet another practical way on a weekly basis to both practice the kinds of basic self-care skills needed for effective independent living as well as earn points.A five is earned ONLY if laundry is folded and put away, and staff does not have to seek out program member on their assigned night to do task.

Points earned for the above ABC program activities can be exchanged for cigarette, tea bags and matches provided at cost, or converted into money at 1 cent per point during regular program "banking" days when arranged for during $ Management Group.

ABC special outings are earned through regular participation and involvement in program Life Skills Groups and Responsibility / Point system.

Topic: **Discharge / Graduation - Policy & Procedure**

Policy: *"Graduates " from Redwood ABC program must demonstrate the minimum "discharge criteria" as stated in ABC county contract AND demonstrate consistent efforts on Milestone goals as well as "Recovery Program Goals" established with case manager and Program Director. Graduation is possible when a "discharge plan" is clearly defined and the previous minimum requirements are met.*

Procedure:

1.) An ABC member is eligible for graduation when the county minimum discharge criteria is met:

1.a - Six to twelve months consecutive residence with no more than one hospitalization and active participation in program activities / tasks.

1.b - Cooperative stability as evidenced by medication compliance and ability to follow house rules for at least four consecutive months.

1.c - Improved social living skills.

1.d - Improved peer interaction.

1.e - Improved relationship with authority figures (i.e., staff, police case managers etc.).

1.f. - Decrease in anti - social behavior (i.e., fighting, stealing, substance abuse, peer manipulations) as established by Case Manager and Program Director.

2.) Additionally, a member must demonstrate the following to be eligible for graduation:

2.a - Consistent efforts working on "milestone" goals established with case manager.

2.b. - A clear discharge plan established with case manager and ABC staff help including plans for living, finances / job options, medication follow-up as well as ongoing mental health treatment or supervision.

2.c - Consistant ability to demonstrate good MEDICATIONS SELF MANAGEMENT SKILLS per program and case managers standards.

3.) It is expected that by meeting these requirements, an ABC member will be more able, than previously, to take care of self at a lower level of outside care.

4.) Upon meeting the above requirements, an ABC member is eligible for a graduation ceremony, certificate and acceptance to " alumni " events.

---

11 / 5 / 95

REDWOOD ABC PROGRAM

GOALS :

HEALTH

SERENITY

QUALITY OF LIFE

WEST OXNARD ADULT TEAM HOUSING PROGRAM

VENTURA COUNTY MENTAL HEALTH

VENTURA COUNTY MENTAL HEALTH
West Oxnard Adult Team HOUSING PROGRAM
Supervisor: Bonita Kraft, OTR
Housing Specialist: Karen Richardson, OTR

Ventura County Adult System of Care: Supportive Housing Services

The West Oxnard Adult Team is one of ten adult teams serving different geographical areas of Ventura Co. Each of these multi-disciplinary teams provides comprehensive services aimed at maximizing progress toward client's functional goals while minimizing utilization of hospitals, locked facility placements, and jail. Team services include: assessment; crisis response; referral; case management and rehabilitation; medication; socialization; therapy; day treatment; employment and housing.

Other adult teams provide Intensive services, including supportive housing, to those unable to remain outside locked facilities without a high level of support.

A Housing Coordinator serves as a resource to all ten adult teams in regard to independent and supportive housing living options. The Housing Coordinator is actively involved with the local Housing Authority to facilitate collaborative ventures, and to improve access to subsidized housing in an area of high housing costs. The Housing Coordinator holds educational forums for clients and staff with a focus on: client's/tenants options, rights and responsibilities in regard to housing; self-advocacy strategies; peer support systems; sharing dreams and experiences which empower others to take steps toward living independently. The Housing Coordinator offers roommate finding services at client request. The Housing Coordinator organizes an annual fund-raiser which promotes community involvement and includes an auction of client's paintings. Proceeds fund thrift store vouchers which help new tenants purchase household furnishings.

West Oxnard Adult Team Supportive Housing Program

The West Oxnard team provides one example of how supportive housing needs are addressed at the adult teams. Typically, referral is made to the Housing Specialist, an Occupational Therapist, who works with a community service worker to provide direct services to clients living in their own apartments. An occupational therapy assessment of assistance needs provides a foundation for tailored support based on the knowledge that adaptation to living in an apartment is a dynamic process, influenced not only by client's functional skills, mental status, and history, but also by his ongoing experience as a tenant in a sociocultural context.

VCMH West Oxnard

Supportive Housing Service Implementation

Consultation, rehabilitation, linkage, advocacy, and financial support is available to the clients wherever they live: in the county-leased apartment; in their own apartments or rented room situations. Most clients receive services in apartments they lease themselves, in their neighborhood, and by telephone or office consultation.

Exploratory Living Apartment

A county-leased Exploratory Living apartment offers programming in response to the board and care resident's desire for a brief, supported, safe trial in supportive housing before committing to a lease of their own. Unique to this program is the flexibility to allow brief exploration of apartment life as a guest of a client resident "Host." The apartment "host" orients novices to the apartment lifestyle from a peer's perspective during short stays and through get-togethers in the apartment. The participants select from plans which may focus on: Assessing roommate compatibility; gaining knowledge of support needs; or clarifying housing goals and preferences; or, skill development.

Private Sector Services

~The Warm Line, a peer-staffed after-hours telephone support service
~Meals on Wheels and local restaurant meal plans.
~Respite lodging in a private residence consisting of support and monitoring for brief stays often as an alternative to hospitalization or return to a board and care facility which requires a 30 day stay.

Peer Community of Support

In their lives in the community, clients have learned that supportive relationships with neighbors, peers, and families have enabled them to meet needs with less team support, freeing team resources for those new to supportive housing. For example, a community of support has developed among clients living in Oxnard which enabled several clients to organize moves to new apartments without team assistance. They did this by relying solely on the "bartered" exchange of knowledge, labor, furnishings and the enthusiasm of their peers. The support of the client community facilitates progress toward sobriety, education, car ownership and working, as dreams and concerns are transformed into activities in new roles.

VCMH

Supportive Housing Service Plans

A plan of support is developed in collaboration with the client using a menu of county and private sector resources. The menu includes financial support from the county mental health Housing Fund which offers no-interest loans to help with move-in costs, and, in the process, offer an opportunity to learn to budget loan payments.

The various services are optional and are available to clients for both skill development and as maintenance support for chronic needs, so that functional limitations do not limit access to housing of choice. As learning occurs and needs change, the support package changes in response, in an ongoing dynamic, collaborative process.

Supportive Housing Services include:

~Instruction in finding and keeping an apartment
~Condo/home purchase (funded by entitlement retropayment)
~Exploratory trial of Supportive Housing in county-leased apartment
~Linkage with the Housing Authority for Section 8 certificates
~Advocacy with landlords and neighbors
~Instruction in self-care, homemaking, budgeting and community skills
~Instruction in effective communication with landlords, insurance agents, merchants, neighbors, and roommates.
~Instruction in conflict resolution and everyday problem solving and decision-making.
~Set up of organizational and support systems to compensate for skill deficits, such as adapted routines and budgets, meal systems, roommate or neighbor assistance, medication systems.
~Instruction in everyday safety and crises response
~Representative Payee services, private and public have responded to team requests for tailored, flexible budgets which are adapted to budgeting skill level to ensure security and maximal participation in bill paying.
~General mental health services: Crisis, therapy, medications, socialization, employment, case management, referral for medical needs, substance abuse services, peer support, education, activity programs.

PERSONAL SERVICE MENU FOR:

_____

] Meal planning & preparation
] Laundry/cleaning
] Shopping (food, clothing) instruction
] Household set-up & maintenance
] Budgeting/community banking
] Emergency procedures/crisis planning
] Interpersonal skills
] Personal hygiene
] Medication compliance
] Transportation
] Compensatory aids for organization
] Referrals for other services
] Representative payee/Bill Payers/check writing
] Menu planning
] Landlord issues/neighbor issues
] Activity planning
] Employment issues
] Consumer decisions: furnishings, entertainment
] HUD housing
] Sharing with roommate
] IL group participation

EXPLORATORY LIVING PROGRAM

Intervention

1. Cooking, meal planning and preparation, kitchen safety
2. Weekly shopping with staff to improve skills and/or compensate for skill deficits
3. Provide schedule of chores and weekly assistance to monitor client's progress and adherence to schedule
4. Hypothetical scenarios dealing with household needs (e.g. utilities hook-up, broken fixtures)
5. Hypothetical situations with role playing for first aid and 911 emergencies
6. Budget planning, meetings to assist client with managing funds, linkage to Bill Payers prn
7. Weekly rap session to discuss interpersonal relationship with roommate in general, division of labor, space, etc...
8. Provide client with grooming checklist, monitor as needed
9. Educate client regarding compensatory techniques for taking medications responsibly
10. Educate client to forms of and access to transportation (i.e. bus pass, bus schedule, budget for bicycle)
11. Linkage to Anacapa, dual diagnosis, A.A., Oxnard College, Meals on Wheels, doctor, dentist, leisure activities, IL group as need is identified

Devise individualized service menu for client accentuating areas requiring more attention

Performance Rating

-Re-evaluate client through observation of living skills (cooking, laundry, shopping)
-Host/guest satisfaction rating (checklist and interview)
-Discussion with host and guest regarding overall experience (pros & cons, expectations)

Transition to independent living

-Apartment hunting
-HUD
-Savings account
-Roommate search
-Employment (link to employment group with Marna)
-Household supply needs (vacuum, mop, linens)

vcmh
housing services

You have indicated an interest in sharing housing. In order to assist you with finding a suitable roommate, some information is needed about the situation you desire, and your lifestyle. If you will please fill this out and return to me, I will keep the information confidential, using it only for the purpose of suggesting a possible match and arranging a meeting for you with someone who may have similar needs.

YOUR NAME_____
Best way to reach you_____

Your age: Is the age of your roommate important?

Area in which you *prefer* to live:

What areas would you consider for the right situation?

Do you smoke? Do you have or want a pet?

Pet preferences or no-nos...

Are you 'sober', as in recovery? Do you drink?

Will you consider sharing with opposite sex?

Have you applied for HUD housing? Where? When?

In a few sentences, describe your ideal roommate.....

_____
_____
_____
_____
_____
_____
_____
_____
_____

please return to
Susan Pyburn at 339-9520 - FAX 339-9704
5740 Ralston Ave., Suite 304
Ventura 93009

FUNDING SOURCES FOR HOUSING FOR PEOPLE WITH SPECIAL NEEDS

FUNDING SOURCES FOR HOUSING FOR PEOPLE WITH SPECIAL NEEDS

With the advent of reinventing government and the impasse between the Federal Administration and Congress, no one knows what federal funding will be available and how the funds will be distributed. It is important to maintain information concerning contacts and how federal funds are being dispersed as well as noting new sources other than federal funding.

The following is a listing of contacts for major funding sources for developing housing for people who are mentally ill. These sources are not all inclusive and other sources will be highlighted in the future. Some programs are federally funded, but administered at the local level with local governments setting the priorities for the types of projects to be funded. Financing sources for affordable housing in general, such as HOME, CDBG, State and Federal Low Income Housing Tax Credits, should also be considered when developing housing for people who are mentally ill.

1. Federal Housing Programs for Persons Who are Mentally Ill

Contact: Alan Nakano
Housing Coordinator/Grants Administrator
State Department of Mental Health
1600 9th Street, Room 250
Sacramento, CA 95814
Phone: (916) 654-2552 or Fax (916) 654-1732

Grant Sources: The State Department of Mental Health (DMH) issues two grant alerts which inform the local governments and communities of both Federal and private grant opportunities. Many of the grant opportunities are funding for housing or housing related service.

The *Federal Grant Alerts* issued by the DMH summarize Federal housing grant opportunities in addition to service grants. Most of the federal grant details are taken from the Federal Register. Much of the Federal housing funds comes from the U.S. Department of Housing and Urban Development (HUD). Some of the housing funds comes from the Rural Electrification Administration. Examples of the types of Federal Grants are Section 811 Program for Supportive Housing for Persons with Disabilities, and Super Notice of Funding Availability (NOFA) grants including Supportive Housing Programs, Shelter Plus Care, and Section 8 Moderate Rehabilitation Program for Single Room Occupancy for Homeless Individuals.

The *Grant Alerts* issued by the DMH summarize many private housing grant as well as service grant opportunities. Many of the private Foundation Grants summaries are identified in the *Mental Health News Alert* supported by the original source information from the Foundations or grantors. An example of a Foundation grant is the Kresge Foundation Challenge Grant which provides funding to complete a project after at least 50 percent of the fundraising effort has been completed.

2. Federal And State Housing Programs Administered for Low Income Persons

Contact: State Department of Housing and Community Development (HCD)
Division of Community Affairs
Loan and Grant Programs
1800 Third Street
P.O. Box 952054
Sacramento, CA 94252-2054
Phone: (916) 322-1560 or Fax (916) 327-6660

Grant Sources: The HCD administers twenty programs that are related to affordable housing for the low income. The HCD also administers the housing reform act which qualifies a local community for grant opportunities based on their designation of sites for homeless or low income housing. HCD administers the two major HUD funds for qualified jurisdictions in the Community Development Block Grant (CDBG) Small Cities and HOME programs. HCD issues funds for HOME and four types of CDBG programs that are not directly funded through the Federal Department of Housing and Urban Development (HUD).

The other programs that HCD administers are California Indian Assistance Program (CIAP), California Housing Rehabilitation Program- Rental Component (CHRP-R), California Natural Disaster Assistance Program- Owner Component (CALDAP-O), California Natural Disaster Assistance Program- Rental Component (CALDAP-R), Emergency Shelter Program (ESP), Family Housing Demonstration Program (FHDP), Farmworker Housing Grant Program (FWHG), Federal Emergency Shelter Grant Program (FESG), Housing Assistance Program (HAP), Mobilehome Park Resident Ownership Program (MPROP), Office of Migrant Services (OMS), Permanent Housing for the Handicapped Homeless (PH), Rental Housing Construction Program (RHCP), Rural Development Assistance Program (RDAP), and State Rental Rehabilitation Program (SRRP).

3. California Tax Credit Allocation Committee (TCAC) State and Federal Low Income Housing Tax Credits

Contact: Don Maddy
Tax Credit Allocation Committee
915 Capital Mall, Room 485
Sacramento, CA 95814
(916) 654-6340, Fax (916) 654-6033

Description: Both the federal government and the State of California have funded a low income housing tax credit. Allocation of both federal and state credits is handled by the state, through one application process. Non-profit development organizations--which have no tax liability themselves--raise project equity by forming a limited partnership with a for-profit corporation or a syndicate of private investors which is seeking to reduce its tax liability.

Funds available: In 1996, the amounts expected to be available for allocation are the same as 1995: $39 million from federal and $35 million from state funds

Funds Cycle: In 1996, there are two request for proposals (RFP) planned.

4. HUD 203(k) Program

Eligible applicants: First-time home buyers, non-profit agencies including municipalities and private investors.

Contact: See list of attached approved 203(k) mortgage brokers.

Description: The HUD 203(k) program is designed for acquisition and remodeling or improvement of distressed residential buildings with one to four units. Improvements must total at least $5,000 and be basic rather than cosmetic in nature. Maximum mortgages available in California are: $152,362 for single family; $194,850 for two units; $235,550 for three units; $292,800 for four units. Down payments are low: 5% for non-profits and home buyers and 15% for investors.

Funding Cycle: Continuous.

203(k) Lenders List
HUD Los Angeles Field Office
8/10/95

1st California Lending Services, Inc.
750 Terrado Plaza, Suite #123
Covina, CA 91723
Herman Osborne
(818) 331-6461; Fax (818) 915-5820

1st Preferred Federal Financial Service
8635 Firestone Blvd.
Downey, CA 90241
Jeri Thompson
(310) 904-1786, Fax (310) 904-1792

All Pacific Mortgage Company
6615 E. Pacific Coast Hwy. #180
Long Beach, CA 90803
Mike Hauxhurst
(800) 481-0044, Fax (310) 799-8408

All State Mortgage Co.
13630 San Antonio Drive
Norwalk, CA 90650
Douglas Estrada
(310) 864-6083, Fax (310) 863-6268

American City Mortgage Corporation
20501 S. Avalon Blvd.
Carson, CA 90746
Dianna Griffin
(310) 327-7775

American Financial Group
2501 Cherry Avenue, Suite 140
Long Beach, CA 90806
Mose Roe
(310) 426-3033, Fax (310) 426-3080

American Union Home Loans
8141 East 2nd Street, Suite 515
Downey, CA 90241
Willie Reise
(310) 904-4888, Fax (310) 904-4893

Ameriquest Mortgage Corporation
1056 Town & Country Road
Orange, CA 92668-4664
Pamela O. Donlyuk
(714) 541-5378, Fax (714) 479-0831

Bankers Surety Association
#5 Pebble
Irvine, CA 92714
Glen Tenove
(714) 733-2265, Fax (714) 754-1155

California Financial Express
540 Orangegrove Place
Pasadena, CA 91101
Sheila Frye
(818) 577-0233, Fax (818) 578-1108

Carl I. Brown & Company
612 W. 47th Street
Kansas City, MO 64112-1911
Steven E. Bondank
(816) 931-8988

Central Pacific Mortgage
5750 Sunrise Blvd., Suite 250
Citrus Heights, CA 95610
Susan J. Dressler
(916) 966-8600

CFC Mortgage Corporation
850 E. Washington, 2nd Floor
Colton, CA 92324
Linda Harper
(909) 370-4311, Fax (909) 825-2301

Citizens Thrift & Loan Association
18302 Irvine Blvd., Suite 300
Tustin, CA 92680
Brenda Cluckey
(714) 573-7500

Coast Capital
350 So. Crenshaw Blvd., Suite A200
Torrance, CA 90503
Tom Nalls
(310) 781-2274, Fax (310) 781-2283

Commerce Security Bank
1515 River Park Drive
Sacramento, CA 95815
Robbi King
(916) 923-9500

Commonwealth United Mortgage
22632 E. Golden Springs Drive, #100
Diamond Bar, CA 91765
David J. Aulicino
(909) 860-0464

Countrywide Mortgage Corporation
155 N. Lake Avenue, P.O. Box 7137
Pasadena, CA 91109-7137
Scott Van Dellen
(818) 304-8400

Crestwood Mortgage
21707 Hawthorne Blvd., Suite #304
Torrance, CA 90503
Athena Paquette
(310) 792-9293, Fax (310) 792-0806

Crossland Mortgage Corporation
15260 Ventura Blvd., #845
Sherman Oaks, CA 91043
Scott R. Tew
(801) 269-7666

Diamond Coast Federal, Inc.
16455 Main Street, Suite #12
Hesperia, CA 92345
Helen Young
(619) 948-2500, Fax (619) 948-2700

Directors Mortgage Loan Corporation
1595 Spruce Street, P.O. Box 1489
Riverside, CA 92502
Bob Conrad
(800) 442-4966

First National Funding Group
2674 East Garvey Avenue South
West Covina, CA 91790
Sandy J. Crosby
(818) 859-6644

First Pacific Financial
3080 Bristal #150
Costa Mesa, CA 92626
Susan Martinez
(714) 513-7777, Fax (714) 513-7750

Funders Mortgage Service Inc.
1430 E. Holt Street
Covina, CA 91724
Michael Reza
(818) 915-8351

Funding Plus, Inc. Mortgage
18107 Sherman Way, Suite 100
Reseda, CA 91335
Gayle Shank
(818) 996-0820, Fax (818)996-0984

Glendora Mortgage
102 W. Foothill Blvd.
Glendora, CA 91741
David Solis
(818) 335-9585, Fax (818) 335-4987

GM Funding Services
614 W. Manchester Blvd.
Inglewood, CA 90301

Golden State Mortgage Trust, Inc.
6809 Indiana Ave., Suite 200
Riverside, CA 92506
Katherine York
(909) 682-8384, Fax (909) 682-8387

Guild Mortgage Company
9160 Gramercy Drive, P.O. Box 85304
San Diego, CA 92123
Suzanne H. Pitts
(619) 492-5843

Hacienda Lenders, Inc
41689 Enterprise Circle No., Suite 112
Temecula, CA 92590
Casey Jurado
(909) 695-6895, Fax (909) 699-8093

Inter-Mountain Mortgage
1740 Gillette Road
Pomona, CA 91768
Dennis Phelan
(909) 397-0900

Lancaster Mortgage Services, Inc
43723 20th Street West, Suite 205
Lancaster, CA 93534
Lori Snell
(805) 945-6688, Fax (805) 945-9891

Legend Financial Group, Inc.
12526 High Drive, Suite 270
San Diego, CA 92130
Patrick Lucas
(619) 793-8329, Fax (619) 793-5431

Malone Mortgage Company
2386 Faraday Avenue, #240
Carlsbad, CA 92008
Bill McGuire
(800) 545-203k, Fax (619) 929-0175

Marina Mortgage
2525 Cherry Avenue, Suite 310
Signal Hill, CA 90806
Arminda Crockett
(310) 427-7313

Medallion Mortgage
4520 Executive Drive, #220
San Diego, CA 92121
Elaine B. Sanders
(619) 552-4520, Fax (619) 552-4525

Merit Mortgage Services
1919 W. Redondo Beach Blvd.
Gardena, CA 90247
Scott D. Schmucker
(310) 327-0773, Fax (310) 538-4402

Metrociti Mortgage Corp.
15206 Ventura Blvd., Suite 300
Sherman Oaks, CA 914-3
Rick Pantoga
(818) 981-0606, Fax (818) 981-1002

MGM Mortgage
765 The City Drive South, #50
Orange, CA 92668
Cecil George
(714) 750-7100

Milestone Mortgage Corporation
One Centerpointe Drive., Suite 450
La Palma, CA 90623
Christine Kyler
(800) 800-3435, Fax (714) 739-6990

Miracle Mortgage Service, Inc
550 Carson Plaza Drive, #223
Carson, CA 90746
Norcell Stamps
(213) 329-1101

Mission Hills Mortgage Bankers
1403 North Tustin Avenue, Suite 280
Santa Ana, CA 92701
Janet Crawford
(714) 972-3832, Fax (714) 972-7941

Mylor Financial
15445 San Fernando mission Blvd., # 305
Mission Hills, CA 91345
Dana Young
(818) 365-3999, Fax (818) 365-5292

National Home Mortgage Corporation
5565 Morehouse Drive
San Diego, CA 92121-4799
Eden Kromer
(619) 450-8338

National Pacific Mortgage Corporation
P.O. Box 66008
Anaheim, CA 92816-0608
Steven P. Grinder
(714) 978-6762

North American Mortgage Company
7700 Irvine Center Drive, Suite 450
Irvine, CA 92718
Kathy W. Stevens
(714) 453-6800, Fax (714) 753-1922

Performance Mortgage Company
3501 X. Harbor Blvd., Suite 200
Santa Ana, CA 92799-5187
Arlene Carrington
(714) 513-8300

Plaza Mortgage, Inc
1744 East McAndrews, P.O. Box 999
Medford, OR 97501
Bob L. Arrowood
(503) 773-2220, Fax (503) 776-3210

PMA Mortgage Incorporated
3530 Long Beach Blvd., Suite 100
Long Beach, CA 90807
Rose Anne O. Avancena
(310) 988-1774, Fax (310) 988-8077

Prime Home Loans
15545 San Fernando Mission #407
Mission Hills, CA 91345
Kerry Bartholomew
(818) 898-0108, Fax (818) 898-0157

Provident Home Mortgage Corporation
1950 Sawtelle Blvd., Suite 278
Los Angeles, Ca 90025
Nicholas J. Geber
(310) 575-0292, Fax (310) 312-0830

Rogers CMS Inc.
35-B S. La Petera Lane
Goleta, CA 93117
Rebecca Morrison
(805) 683-8911, Fax (805) 964-1324

S&S Financial
8700 Reseda Blvd., #105
Northridge, CA 91324
Mike Hoffman
(818) 349-0336, Fax (818) 346-4595

Sierra Pacific Mortgage
1100 Olson Drive, #201
Rancho Cordova, CA 95670
Patti Hargrove
(916) 638-7700, Fax (916) 638-2011

South Pacific Financial Corporation
2940 Inland Empire Blvd., 130
Ontario, CA 91764
Elaine Clark
(909) 989-9189

Sun West Mortgage Co., Inc.
18303 Gridley Road
Cerritos, CA 90703-5401
Hari S. Agarwal
(310) 924-7884, Fax (310) 924-6057

TNT Financial
842 S. Mountain Avenue
Ontario, CA 91762
Roylene Cutless
(909) 590-1855, Fax (909) 590-0641

United California
1000 Corporate Pointe, Suite 104
Culver City, CA 90230
Sandra K. McBeth-Reynolds
(310) 410-0440, Fax (310) 410-1384

Urban First Funding Corporation
3166 E. Palmdale Blvd., Suite 219
Palmdale, CA 93550
Dean Henderson
(805) 274-7426, Fax (805) 274-2645

Victoria Mortgage
18301 Von Karman, Suite 600
Irvine, CA 92715
Karen Hendrickson
(714) 724-9900

Finding your own Apartment...may be the most important thing you do this year. It can change your life, bring you peace, quiet, privacy, beauty.. Even friends. Give yourself enough time for this...a month or two, or more. Since getting started may be the hardest part, here are some ideas to start you up-

1. Find a friend to help, perhaps to go with you.

2. Walk around neighborhoods you like. Carry a small notebook and jot down addreseses and phone numbers. Call as soon as you can.

3. Take notes and names of who you reach, what they said. Tell them yours.

4. Avoid telephone interviews wherein landlords screen *you*. Decide what you want to say, and find out all you can about the unit and the terms.

"Hello, I am looking for an apartment for myself. Do you have a studio available? " Can I see it today?..tomorrow? 3:00? Are untilities included in the rent? What is the amount of the security deposit?"

If you are asked about income, tell them you have a steady income and will be happy to fill out an application if you like the unit. Be friendly but firm. You have a right to privacy about personal matters like income until *you* are ready. Ask the manager if there is an income requirement. Jot down all responses.

5. Using bright ink, circle ads in the classified section of the newspaper. Ask a friend to help out. Call early in the day. Make same day appointments if possible.

6. ***Look carefully*** at the neighborhood - is it appealing? convenient? graffitti strewn? Check toilets, water faucets, windows, carpet stains..note anything needing repair.

7. When you find an apartment you like, be prepared to offer a small fee for a credit check. If you are looking at several, you can get a copy of a credit report from an agency and carry it with you. Some landlords will accept it (and some won't). A credit report usually costs about $20.00.

8. After submitting your application, call back in a day or two and ask if it was accepted. If it was not, find out why.

Your Rights - You have the right to a decent and safe home. You have the right to reasonable quiet late at night, and privacy at all times. You have the right to safely workng heating, plumbing and water service. (You may be paying for the service, but the landlord must assure it works.) You have the right to prompt repairs, especially if heating or plumbing is involved.You have the right to a thirty day written notice should you be asked to move.

California Civil Code 1941.1 lists what the landlord is required to provide, *at a minimum.* I

1) effective waterproofing and weather protection of roof, walls, windows, doors;
2) Plumbing or gas conformance to local laws, in good working order;
3) approved water supply, hot and cold runnig water and adequate sewage disposal system;
4)heating facilities conforming to local law, in good working order;
5) safely working electrical wiring, lighting, equipment conforming to local law;
6) clean, sanitary building grounds, free of debris, filth, rubbish, garbage, rodents, etc.
7) adequate garbage receptacles, clean, good repair;
8) floors, stairways, railings maintained in good repair;

Your responsibilities -

1- Pay rent on time each month.
2- Keep your home reasonably clean.
3- Be considerate of neighbors; be responsible for your guests.
4- Repair damages you cause, such as clogged drains.
5- Read, understand and comply with all terms of your lease.
6- Give a written 30 day notice before moving out.

When you visit a property, Look your best. Be prepared to provide application information such as the amount of your income and its source, and where you live now and why you are moving. If you receive disability income, simply say so. The nature of the disability may be kept private.

You can take the application home, and bring it back later. Fill it out as neatly as you can, and have someone look it over for you. Keep a copy, as it will help you with other applications.

A former landlord is wherever you stayed..if a board and care home, simply give the name of the operator, address and phone. If you are homeless now, tell them the last place you stayed. If you are uneasy about your history and how it may affect your rental application, review the troublesome parts with someone you trust, like a counselor or a good friend.

A *personal reference* can be a social worker, or a friend or family member.You may be revealing something about the nature of your disability should you choose a social worker. You decide.This can be a strong reference. Be sure to let your reference know before giving their name so they will be prepared.

Discrimination is against the law...on the basis of disability, race, religion or ethnicity, marital status or sex. This means you may not be denied housing for any of these reasons. A landlord may set income standards and consider credit history, as long as such standards are equally applied. Sometimes a landlord may rent to someone with less the desired amount of income if she believes the tenant will be a responsible tenant.

If you believe you have been discriminated against because of your disability or race, etc., you are encouraged to call the Area Housing Authority at 482-2791 to file a discrimination complaint, and the Fair Housing Council of Ventura County, at 389-9625.

Have fun! Expect a pleasant reward.

And, remember, you deserve a home of your own that you can be proud of.

Ventura County Mental Health Housing Services
805-339-9520

Although choices may be limited, here are some alternative housing options:

Sharing

- Choosing someone to live with can be easier than living alone or sharing with a larger group. And very affordable.
- Think about it. Talk about it. Consider it.

Supported Housing

- Includes social, emotional, and financial help. County staff may be able to help you get past the financial barrier that too often made moving on or out impossible.
- Talk to staff about your need for financial help.

Board and Care

- Might be a safe and supportive option for awhile. Several small homes have recently opened.
- You have a right to shop. Ask for a list. Visit them. There may be one that is right for you while you get things together.

Take One Step at a Time

Maybe even one each week. You can accomplish anything in tiny pieces. Rome wasn't built in a day. And, everyone has the right to make mistakes. All it takes is a little courage and some help from a friend. Maybe that friend is YOU.

Housng is a Right, not a Privilege!

Your right to housing includes having the help you need to find and keep it.

There are people whose job is to serve you. Find them and let them help..

VCMH Housing Mission Statement

All people should have the option to live in a decent, stable and safe home. The Housing Mission of the Ventura County Mental Health Department is to help people it serves to choose find and maintain safe affordable and permanent housing from that available to the general public. It shall provide the supports necessary for stability, community integration and self-determination regardless of-where people choose to live. This is consistent with the Department's approach to integration in employment, education, transportation, personal relationships and community participation. To maximize choice, the Mental Health Department shall assure access to existing housing and stimulate the availability, preservation and development, of a full range of options. The Department will actively work with other agencies and organizations, advocacy groups and housing developers to strengthen outreach support services, educate the community and to increase the availability of affordable, integrated housing units, subsidies and entitlements. (Adopted May, 1991.)

THE WAY YOU LIVE IS UP TO YOU

A little guide to help you get the housing of your choice

Ventura County Mental Health
Housing Services
(805) 652-6234

Deciding on Housing Goals

Before you decide on your housing goal, here are some suggestions for reaching it.

1. Talk about your housing goals often! This will strengthen your own resolve, as well as help your friends with theirs.

2. Get on as many Housing Authority (HA) lists as you can. A housing subsidy can ensure freedom of choice and privacy for the rest of your life or as long as you need help.

See agencies listed at the right for information and phone numbers.

Whenever you apply for housing assistance, keep a copy of your application, and document all correspondence and contacts.

Each authority listed here may have slightly different policies and requirements for maintaining your position on their list. Find out what they are. If you are dropped, you can be delayed for years.

Housing Authorities in Ventura County

Area Housing Authority
99 South Glenn Drive
Camarillo (near Carmen)
Dave Roddick, Director
Housing Management
Phone: 482-2791 extension 237

The Area Housing Authority is not accepting any applications at this time. You can find out about your application status if you have already applied.

Oxnard Housing Authority
300 Marquita
Oxnard (off Colonia)
Bernard Carn, Assistant Director
Phone: 385-8115

Melissa Mendez, Applications Supervisor
Phone: 385-8114

Sal Gonzalez, Director
Phone: 385-8096

Apply in person if you live in Oxnard, are permanently disabled and/or are 62 year or older.

The Housing Authority of San Buenaventura
995 Riverside Drive
Terrie Bass, Housing Manager
Phone: 648-5008

Apply in person if you live in Ventura. Open on Tuesday and Thursday Afternoons.

Santa Paula Housing Authority
15500 West Telegraph
Santa Paula
Ramsey Jay, Director
Paula Bridges, Eligibility Staff
Phone: 525-3339

Apply in person if you are a resident of Santa Paula.

Port Hueneme Housing Authority
250 N. Ventura Road (in City Hall complex)
Port Hueneme
Tina Plummer, Director
Olivia Ward, Eligibility Staff
Phone: 986-6527

Apply in person if you live in Port Hueneme, and meet one of the following federal preference categories:

- Currently live in substandard housing;
- Pay more than half your income for housing (as in board and care);
- Be without permanent housing

Eligible veteran housing applicants (low income family members, disabled, or aged 62 and older) receive federal priority and are offered housing ahead of non-veterans.

Ventura County Mental Health
Housing Resource Specialist
Susan Imai
652-6234

California Program Gives People with Mental Illness a Life on the Outsid

Loretta Marmer
ADVANCE Associate Editor

In 1989, the State of California awarded three counties each a four year, $4 million grant geared to help people with severe mental illness live independently in the community.

What makes this project stand out over other community-based programs, however, is that all services are client—not program—driven.

Assembly Bill 3777 (AB3777) covered agencies with small community-based outreach programs which proposed to foster independence among people with serious mental illness while decreasing hospital days and keeping clients out of jail, employed and in the least restrictive housing.

In Ventura County, the program is now in its fourth year at West Central Oxnard Mental Health, Oxnard CA, under the umbrella of Ventura County Mental Health Services.

"Instead of the medical model (that emphasizes) symptom reduction, we are helping clients devise what they want," explained Bonita Kraft, OTR, supervisor of mental health services at the Oxnard facility.

In Ventura County, that initiative involves 100 professionals working in teams of 10. Team members include social workers, physicians, psychiatric technicians, psychologists, psychiatrists, nurses, rehab ialists and community services work-

Within each team, members collaborate with each other as well as with the client and other community-based service agencies, to develop realistic, feasible options for independent living.

Once a client chooses to enter the program, he or she is not discharged, except upon relocating, entering a long-term care facility, finding success in the private sector or death. "They stay with...this team no matter where they go in the system," Ms. Kraft said, stressing that this keeps people from falling through the cracks. Some clients, however, might need to the services of a locked facility indefinitely.

One of the first steps in launching the program was establishing the target population. The people neediest and most at-risk were identified as those whose illnesses affected their ability to maintain relationships or employment, go to school, parent appropriately or who were at risk of hurting themselves or others. Ms. Kraft pointed out that this population, which uses the highest percentage of mental health dollars, makes AB3777 cost efficient as well as effective.

Team members, or case managers, work as advocates for clients, linking them with potentiality beneficial resources—family, neighbors friends, employers and the U.S. Department of Housing and Urban Development (HUD). People in the program have diagnoses ranging from schizophrenia to bipolar disorders and depression; also is a predominance of dual diag-, involving drug and alcohol abuse.

Using a functional impairment profile, team members can assess issues of housing; substance abuse; safety; employment; dependant care; legal problems; money management; education; health; and family, friends and fun.

The latter basically examines whether the client is able to engage in satisfying relationships and is able to identify and participate in social activities which he or she enjoys.

While the Oxnard team serves some 150 people in Ventura County, Ms. Kraft estimates that only about seven are in locked facilities. These are people who require such a high level of support that the program is unable to find community-based options for them.

Successes are far more commonplace. In fact, the OT said, she has seen people with severe mental illness she has known for 15 years, who have lived in board and care for that time, move out on their own.

Acting as consultants, members of the team collaborate with clients in planning service supported goals. "We recommend, not dictate, services tailored to the individual's needs. We teach skills, but also arrange for long-term support such as meals on wheels or field visits," said Karen Richardson, OTR, senior OT at West Oxnard, who is involved in the employment and housing components of the program.

Ms. Richardson, whose involvement in AB3777 requires that she wear two hats (case manager and rehab therapist), explained that independent housing entails a great deal more responsibility and choice than this population is used to. "We act as a partner in problem solving, presenting

Meals on Wheels: the service helps clients like Steve, left, receive regular meals. *(photo/courtesy West Central Oxnard Mental Health)*

Assisting in ADL: Karen Richardson, OTR, right, helps Michele with an independent living skill in her home. *(photo/courtesy West Central Oxnard Mental Health)*

choices in the harsh light of reality and recommending adaptive solutions, but not restricting the client from trying a poor choice on his own. It's an on-going process," Ms. Richardson said. Sometimes it's the clients themselves who come up with the best solution. "There is a great deal of humility required," added the OT.

People are referred to Ms. Richardson by any number of disciplines at West Oxnard. Following referral, patients are evaluated, and the team members look at the feasibility of meeting a client's requests based on resources, and history of drug and alcohol abuse and past living situations.

Always there are obstacles.

Typically, the clients lack skills in budgeting money, accessing transportation and getting along with neighbors; they are often stigmatized because of their illnesses. According to Ms. Richardson, ambivalence about role changes tops the list of obstacles.

But one of the seemingly most insurmountable obstacles, according to Ms. Richardson, is substance (alcohol, drugs, nicotine) abuse. Clients may make poor choices in budgeting money, and wind up short on the rent or groceries due their addictions, she said. But because people in the program are free to try different options, if they fail to make it on their ow they may come back to the team later wi a better idea of how the professionals ca help them find success.

Skills and symptoms are not determ nants for reaching goals as clients ofte develop their own ways of adapting to ne situations.

Once clients are placed successfully i the community, team members condu site visits to see how they are adapting. A they paying bills? Can they prepare meals Are they getting along with neighbors? A they satisfied with their use of time?

Mama Ghiglieri, MA, OTR, senior thera pist at Oxnard, said Claudia Allen's lacin test is a good indicator when it comes t safety issues. For example, a person Allen's level four may be able to cook, b is apt to leave the stove turned on, she sai The OT noted that for clients having troub with certain skills, it helps to leave chec lists posted in the house or apartmen reminding them to pay the bills, clean turn off the stove.

"We are able to break (activities) dow into different tasks and find compensator strategies to help somebody live in the own homes. Instead of giving clients wha they need, OTs teach the skills they need t do it themselves.

Ms. Richardson sees working as an O with clients in the grant project as quit different from clinical practice. "In reha you have a captive audience. One of you hardest challenges is to get the patients o of bed and engage them in purposef activity. Here, you have free individual Our goal is to serve them in their goals.

"The community setting gives us th opportunity to look at the at people in th context of their lives," the OT said. "We' advocating for them with landlords, secu ing housing, budgeting, problem solving and working with family and neighbors."

Social Security income decreases b about one third when a recipient moves o of a board and care facility. This is unfortu nate, she added, as many are low-functio ing people who would typically be in re strictive, supervised placement.

AB3777 also endeavors to seek em ployment for people with mental illnesses Like housing advocacy, team member link with community resources, employ ers, the state department of rehabilitatio and job-coaching services. Ms. Kraft note that job placement is usually in compet tive, not sheltered, employment.

"We need a variety of placements. Th supported employment model isn't fo everybody. People adapt and find the own niche," Ms. Richardson added.

Self employment with support may b the client-directed answer to employer an agency obstacles. Many clients have poo routines or habits and fear that they wi lose supplemental income if they shift int a worker role.

Despite all that, there are successes.

"If they value independent housing c work, and they want to find it, it wi happen," Ms. Richardson said. ■

With a little help from some friends

Program helps mentally disabled people live independently

By KATY GRABEL
Oxnard Press-Courier

OXNARD—Most people have goals in life like graduating from college, finding a job they like or owning their own home.

But for some, sweeping their floor, going shopping or living alone become milestone accomplishments.

Occupational therapist Karen Richardson helps adults with mental illnesses accomplish life goals through a county program that helps them live independently.

"To me, there's nothing more rewarding than to have someone come in my life with a problem that's important to them," Richardson said.

With aid from other team members in the West Central Oxnard office, Richardson helps clients find jobs, do laundry or learn to live on a budget.

This 5-year-old Ventura County Mental Health program helps mentally ill people in Oxnard and Port Hueneme live as independently as possible. It keeps them out of hospitals, saving taxpayer money and giving freedom to the patients.

Four county teams consisting of such members as social workers, nurses and psychiatrists are each responsible for about 130 clients in Oxnard. Many clients live in licensed board and care facilities. Others live with families or rent rooms and about 30 are in hospitals.

Another six teams of professionals operate in other cities throughout the county.

Richardson, who coordinates team efforts, finds out what the clients want to accomplish.

Some want to move from their board and care to their own apartment. In that case, Richardson would sit down with the client and go over the steps to accomplish that goal.

The first step might be getting a job so the client can afford an apartment. If the client has a tendency to look messy, then Richardson would remind the client to be neat and clean for the interview.

Another client's goal might be to go shopping. So Richardson goes through the steps he must take making a list, getting the money and finding a way to the store.

Sometimes Richardson might even take the client to the store, showing him how to shop and making sure he does not walk away before getting the change.

The mental health workers never make decisions for the clients, but encourage them to set their own goals.

"We don't make plans for them, we help them develop the plan and implement it," said Bonita Kraft, an occupational therapist and county team coordinator.

"We have mutual respect for one another, and I think they would hopefully say they trust what we do here for them and that they feel comfortable," she said.

Kerry Hanson of Port Hueneme met Richardson when he was a resident at a local board-and-care facility. He now works at a part-time job and is living on his own for the first time.

"I had a fear of it all my life to live alone, but I thought it would be a good thing to do it on my own," Hanson said.

Hanson does his own shopping, cooking and laundry and Richardson helps him with some budget problem solving.

"I thought it was my duty and responsibility to be independent," the Port Hueneme resident said.

But sometimes obstacles can prevent a client's progress. Substance abuse, mismanagement of money and the nature of some illnesses — which makes clients forget things — can sometimes get in the way.

But Richardson and Kraft said clients sometimes can get very motivated. "If they really, really, really, want something they will overcome a lot of obstacles," Kraft said.

Richardson and Kraft have collected many success stories about clients who are now able to live on their own.

One woman who was hospitalized and later living in a board-and-care facility, is currently living on her own with a full-time job and has started her own support group for mentally ill people.

However, most of the community fears these people, so they ignore them when these clients are actually safe and harmless, Richardson and Kraft said. As a result, many are lonely and isolated.

"As a general rule, it's a stigmatized group that suffers enormously," Kraft said.

Families often help out, but it becomes a drain on them after a long time, therefore they also need community support.

Feeling like a part of the community makes a difference to those in the program. From a neighbor who smiles at them, to the store clerk who is understanding if they are short of money at the checkout stand —it all matters.

"There are a lot of small little things that go unnoticed that the community needs to be commended for," Richardson said.

EDWARD CICERNA/OXNARD PRESS-COURIER

Occupational therapist Karen Richardson helps client Stephen Stockdill of Port Hueneme manage his money.

Stephen Stockdill gardens around his home with the help of Karen Richardson of the Ventura County Mental Health Department. Richardson sometimes assists clients with household chores so they can learn how to do them independently.

Oxnard Press Courier