

# Recovery Connections

Quarterly Newsletter of the  
Orange County Health Care Agency, Behavioral Health Services Center of Excellence

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## Orange County Veteran's Mental Health Conference

By: Bradley Hutchins



Newport Harbor American Legion Post 291 Honors Rifle Squad & Color Guard

The attendees all rose as the Color Guard walked in with Flags pointed forward; the national anthem began, and the 1<sup>st</sup> Annual Orange County Veterans' Mental Health Conference at the Crowne Plaza Hotel in Garden Grove ran March 28-29 had officially started. Health Care Agency Director Dave Riley welcomed more than 359 attendees, who represent over 50 entities such as veterans organizations, Orange County Social Services, Orange County Probation, Orange County Public Defender, Orange County District Attorney's Office, Department of Corrections, Department of Rehabilitation, Superior Court of Orange County, the National Guard, the California Military Reserve, Department of Veteran Affairs, and many other local organizations, departments, and colleges.

This important conference came together after months of meetings and discussions concerning gaps in service for veterans, topics to be covered, speakers and intended audience.

The first day's presentations began with Vietnam Veteran Carlos Mendez speaking briefly about his experiences upon returning to civilian life. Following, was the first keynote speaker, Dr. James Bender from the Department of Defense. Dr. Bender spoke on treating traumatic brain injury, post traumatic stress disorder (PTSD), and stress reactions affecting human performance. He gained expertise on the subjects as a Captain in the Army.

After a brief break in which attendees were able to visit numerous booths outside the main ballroom, the second keynote address was given by Master Sergeant Stephanie Weaver from the Substance Abuse and Mental Health Services Administration (SAMHSA). MSG Weaver has 18 years of military experience in the New Hampshire National Guard, Active Army and California National Guard. In September 2010, she was selected as the National Guard Counterdrug Liaison to SAMSHA. MSG Weaver discussed issues regarding substance abuse in the military.



Vietnam Veteran Carlos Mendez read a poem with Maureen Robles

The afternoon session began with the Health Care Agency's own Deputy Agency Director, Medical Services, Ron Norby discussing the Veterans' Administration from a National Viewpoint. Norby recently came to HCA after spending 32 years with the VA. Afterwards, Roberto Reid discussed Military Culture and Brian Batchelder, MSW of Veterans Services for Orange County presented information on combat stress in theater, as well as transitioning to civilian life.

The evening presentation was a treat for all in attendance. Movie clips from the documentary "Brothers at War" was shown, and Producer Jake Radinmatcher talked about the film afterwards. The film shows scenes in Iraq, where his two brothers were deployed. Also, in the film one of the producer's brothers discussed the impact on his family.

On the second day, attendees could choose between attending a three-hour presentation on Eye Movement Desensitization Reprocessing (EMDR) or attending a series of 30-minute workshops. The workshops included Long Beach VA Suicide Prevention; VA Criminal Justice Outreach Program; NAMI's Warmline and Family to Family programs; a presentation from the Garden Grove Veterans Center and a presentation from the Veterans Service Office.

After a lunchtime presentation by Dr. Stephen Wyman from the Long Beach VA on current behavioral health issues for veterans, two breakout sessions of four workshops were conducted. Topics included Orange County's Combat Court; Another Kind of Valor/Suicide Discussion; Military Families; and Military Sexual Assaults.

After the second session of workshops, the conference drew to a close. Attendees left the conference with a better understanding of the growing veteran population and the issues faced by returning veterans. The Center of Excellence would like to recognize all of those who helped make this conference successful and looks forward to seeing how it continues to grow in the years to come.



Col. Rabb asks a question to Jake Radinmatcher after viewing scenes filmed for his documentary.

# EACH DAY — I LIVE A LIFETIME!

By Myra Kanter

Each day I awaken & fall asleep a hundred-zillion times,  
Each precisely unfolding upon a wilderness tapestry called: Time.

Each "Instant" freshly created, newly discovered, then startlingly revealed,  
Each mysteriously overflowing with beliefs, stigma, mistakes, "look," & ideals.

Each roaring, uncontrollably speeding; yet visibly, totally, & unquestionably still,  
Each magnificently beautiful, brilliantly diverse, profoundly complex, & "yes", Mentally Ill.

Each too full-of-potential / too "lazy," too expensive / too impoverished; too good / too bad;  
too wasted / too precious; too hopeless / too creative; too sick / too ill; too "mad" / or too sad.

Each forever saved as intricate embroidery; ornate heirlooms woven within the mind,  
Each transforming: energy, matter, consciousness, people, events, & time.

Each sculpting caverns; inspiring, & permanently altering the very Body of the Soul,  
Each explored with confidence, assuming complete, & total awareness of the whole.

Each shuffled like sediment, settling into thought forms; repelled, then dispersed,  
Each jerked & recaptured into an accelerating chaos called: Universe.

Each unknown totally explored, exploited; while simultaneously untouched, & brand new,  
Each forever far too old / too young; too prolonged / too fleeting; too many / or too few;

Each chanting harmoniously, in rhythm, with the advancing pulse of Creation's drone:  
"There's enough Reality, for each of us to have our own;

Each blindly marching forward, staggering, sun burned, & windblown,  
reciting the refrain: "& there's enough love, for when we have to share One alone!"

Each eternally different; yet intimately, infinitely, & exactly the same.  
For the heart of each soul echoes one Cosmic refrain: "All that is. Is!"

## MHSA SUCCESS STORY

By: Anonymous

I was 19 years-old and I was homeless. I lived in my car and was struggling to go to school. Eventually, I had to drop out because there was no way I could keep going to school while living in my car. Everything was just so hard. I had it with everything and felt like I was alone. Even though I had friends and family, no one could help me with my living situation. It was always, "Oh I'm so sorry this is happening," or, "I'd help you if I could."

I was sad and angry. It was like I knew people, but no one could help. I swore to myself that if I ever had a friend that was homeless, I'd take them in ... or at least help them in some way. Besides that, my family was far away, and I knew my mom couldn't afford to have me back at the house.

Getting a job is hard when you're in your car. I felt like I had lost just about everything and that no one cared. So I'll be honest, mentally things weren't going too well, but before things became too overwhelming (not

like it wasn't already), I was referred to stay in a crisis residential home. It was nice and I had a place to stay, but it would only be for six weeks. As my time was ending there, I was set up with a Transitional Aged Youth (TAY) Specialist from Providence Community Services. They got the ball rolling soon after, and I was transitioned out of that crisis home to a Room and Board.



Other than housing, Providence provided me with help paying my rent, counseling, and a job. I'm not going to sugar coat anything and say that it's perfect, but it's definitely something worth waiting for (once you're put on the waiting list). The TAY Specialists check on you on a weekly basis to see how you're doing. They're almost like a friend; someone that you can talk to about your problems. And they listen! Sometimes, you can hang out, and they guide you through your goals to help you complete your process.

I'm almost on my way out after being only a little over a year in, and I've gotten pretty far in my journey with the help I received. If I hadn't received their help and guidance, I honestly don't know where I'd be.

# Education Initiative Program

By: Negar Doroudian

*"I can't tell you how excited I am to be graduating with a Masters in Marriage and Family Therapy this May! Thank you MHSA!"*

by: anonymous graduating student

The Workforce Education and Training (WET) component of the Mental Health Services Act addresses the shortage of qualified individuals who provide services in the County's Public Mental Health System. The Education Initiative Program (EIP) offers financial aid for those interested in attending undergraduate, graduate and certificate educational programs that will lead to a career in the public mental health system. Recipients are required to repay their support by agreeing to work for the Orange County public mental health system for one year for every year of support received.



The Education Initiative Program enhances the ability of public behavioral health service providers to recruit, promote and retain staff in specified professional positions that are hard to fill because of a shortage of trained staff or lack of staff with the threshold language skills necessary to provide quality care. Due to a need for additional bilingual/bicultural Farsi, Korean, Spanish and Vietnamese speaking staff, there is an emphasis on providing these financial incentives to potential employees who could help meet the need for a more diverse workforce or increase the inclusion of consumers and family members in the workforce. Since its inception in 2008, 30 lucky individuals have enrolled into the "Education Initiative Program," and by May 2011, 10 individuals will have graduated with their Bachelors or Masters Degree.



A fair and inclusive selection process will be used to determine each individual's eligibility to receive compensation. Priority consideration will be given to the most qualified applicants best suited to meet the current hard-to-fill, linguistic needs and demands of publicly-funded mental health clients in Orange County. The most recent application process took place this past spring, with approximately 30 students applying. The applications are being reviewed and notifications are currently being sent out.

For more information on this great opportunity and to learn about future application time periods, please look on the County's MHSA website or contact Nicole Ramirez "Tuition Reimbursement Specialist" for WET EIP at 714-667-5600. "Change your life and make a difference!"



# the OC WarmLine

By: Bradley Hutchins

On July 27, 2010, the Orange County Board of Supervisors approved the agreement with the National Alliance on Mental Illness, Orange County (NAMI-OC) for Warmline Network Services.

Warmline Network Services, funded by Mental Health Services Act Prevention and Early Intervention, primarily provides confidential, phone-based, non-crisis supportive services to anyone who is struggling with mental health and substance use issues. Crisis calls are typically linked with appropriate resources such as Crisis Hotline, Orange County Crisis Assessment Team or 911. Callers could expect that their calls are answered by caring individuals who have had similar experiences with mental health and/or substance use either as consumers or family members. Since program inception, staff at Warmline processed approximately 3,000 phone calls—3.5 times higher than year-to-date expectation. In February 2011 alone, the Warmline broke its own record by registering a record high of 630 calls.

Warmline operates seven days a week, 16 hours a day, from 8 a.m. to midnight (including holidays). A web-based online chat feature (LiveChat) is also available for those with computer access. In addition to providing supportive information on mental health, substance abuse and co-occurring issues, Warmline staff can answer any questions that callers may have regarding access to behavioral health services, advocacy, and volunteer opportunities. Presently, services are available in multiple languages, such as English, Spanish, Vietnamese, Korean, Farsi, Arabic, and Chinese. If you or someone you know could benefit from this program, please call 877-910-WARM or 877-910-9276. To those who prefer to chat online, please check out this feature by visiting NAMI-OC's website at [www.namioc.org](http://www.namioc.org).

Mental health concerns?

Services provided by:  
 **NAMI** Orange County  
National Alliance on Mental Illness

The OC WarmLine is here to help.

The OC WarmLine provides a supportive, empathetic ear in time of need and offers guidance and information about available mental health and substance abuse services.

**877-910-WARM**  
(toll free)

Multiple languages and TTY available.

WarmLine services are FREE to the public.  
Funded by Orange County Health Care Agency.

the OC WarmLine

# **Providing Mental Health Services for Iranian Clients**

**By: Negar Doroudian**

In providing mental health services to an Iranian client, it is important to begin with an educational component, in which the clinician explains the rationale for and type of treatment and educates the client about the steps the client and therapist will take together to reach the client's goal. The client should understand that "therapy" is a collaborative process whereby the client has to take initiative, follow assignments, and put effort into the process of change. Iranians are very skeptical about mental health treatment and often look for short cuts; so the therapist really needs to be clear and informative about the treatment process.

Other influential factors that affect treatment planning with Iranian clients include the client's age, diagnosis, and level of acculturation, as well as the client's access to a support network of family and friends.

Acculturation level impacts all aspects of therapy with Iranian clients. It is influenced by client's age at the time of immigration to the U.S., history of immigration, the client's socioeconomic status, level of education, and employment. Less acculturated and educated clients look for advice and solutions to their problems from the therapist. These clients want the therapist to tell them what to do and solve their problems for them. For these clients, depending on the nature of their problems and diagnosis, often a solution focused supportive format of counseling and consultation seem to be more effective than an introspective, explorative approach.

Clients who are less acculturated, less educated, lack support in their community and have a more significant diagnosis will require a more active and directive form of treatment such as Solution-Focused Therapy or Rational Emotive Behavioral Therapy. These clients need to be empowered to come up with ideas about how to deal with and solve their problems. Many times a combination of pharmacotherapy and counseling is required for optimal results. It is also recommended that for clients without a support network, the therapist also act as a case manager to facilitate linking the client to other supportive services. More often than not, Iranian

clients will not follow up with recommendations if they are simply referred out and left to their own devices to connect with other services. They believe that the therapist did not care enough to "hold their hand" and help them get the resources they needed, so they tend to discontinue therapy readily, seeking other therapists or professionals who would "care enough" to ensure their support and a helping hand.

If the client is more educated, acculturated, has a good support system, and has some insight into their mental health condition, explorative, insight-oriented approaches may be better suited to get optimal results. Many times, assisting clients in exploring their hidden motivations and exploring the thoughts behind their actions can be useful in defining their role in their family and community. Addressing boundary issues and/or cultural challenges with them will often help them find answers to their mental health issues.

Iranian clients put a lot of importance on the connection between the mind and body; therefore, addressing healthy living styles or habits as part of a stress management protocol tends to resonate with Iranian clients. Encouraging the client to improve his or her diet, sleeping, and exercise habits can be an effective way to help them with their treatment since such practices are culturally valued.

Another important consideration is that Iranians don't have a "culture specific" healing method, and are often open to alternative forms of medical treatment, such as acupuncture and holistic medicine.

When treating Iranian children or the elderly, it is important that influential family members and caregivers are invited to sessions sporadically so that they are involved with the client's treatment. This involvement will ensure that family members understand the needs and mental health condition(s) of the client, as well as learning ways in which they can support the client in their therapeutic journey.

Developing a meaningful relationship with the clients and their family members is an important component in treatment, particularly when the client's issues are embedded within the family system and the therapist needs to address systemic issues by involving the client's family.

## Resilience in hard times

By Richard Krzyzanowski

Consumer Employment Support Specialist

In reflecting on what I'm seeing and hearing up in Sacramento, there isn't much I can offer in terms of factual or strategic information that isn't readily available from lots of other sources and that won't be outdated by the time these drops of ink dry on the page.

So, I propose to use these next few inches to share my own reflections, as both a consumer and a mental health professional caught up in the crises that seemingly define our times.

Now, we are *all* stakeholders in California's mental health world – whether professionals, clients of mental health systems, parents or other family members, or simply concerned members of the community. Yet, our responses – and proposed solutions - to the crises involving a reduction of resources and the changes they may bring, vary widely according to not only which stakeholder constituency we affiliate with, but how much of a “stake” we “hold.”

And the stakes are high, including possible reduction or elimination of programs often begun with high hopes, and into which a lot of hard work has gone; loss of jobs; compromises in people's health and support networks; setbacks to the well-being of families and communities.



None of us look forward to facing significant reversals or loss, and those with greater resources can often weather the storm better than those with little. It is the way of the world that those with the least usually suffer the most in times of struggle.

So, reviewing the constituencies listed above, who would that be? Why the consumers, of course, right? Aren't we the ones who face the direst setbacks in terms of our own wellness and

services, not to mention negative impacts on employment opportunities in the mental health professions or on the peer-run programs we have worked so hard to create.

Yet, although the reality includes these possibilities, we need to acknowledge that the days of “consumer as victim,” with all of the implied helplessness and disempowerment that stereotype implies, is now a half-truth at best.

Since before passage of Proposition 63, consumers as individuals and through our organizations have played a leading role in bringing significant change and growth to mental health systems and practice. We are major players in the game, and not only do we have as much to lose as any mental health professional or program manager, in many cases we *are* those people.

And let's not forget where we started: socially stigmatized, poverty stricken, disenfranchised in the very decision-making conversations that often decided our fates, the meetings that eventually led to the formation of an organized consumer movement were initially held in campgrounds and public parks because that was all we could afford. Now, some of these same organizations have seats at the tables where state and even national policy is designed and decided.

As individuals, those in the consumer community also know about personal struggle, as well, and we have many examples of how adversity can be overcome and of the value of resiliency in achieving wellness.

For all of these reasons – and more – consumers need to be moved out of the “victim” category and into the “leadership” categories of our mental health communities. Within our collective toolbox lie the experience, resilience, judgment and vision necessary to help lead us beyond our current challenges.



<b>Jun.</b>	<b>22</b>	9:30 a.m. – 11:30 a.m.	Mental Health Board General Meeting	Planning Commission Room
<b>Jul</b>	<b>4</b>	HOLIDAY	CENTER OF EXCELLENCE CLOSED	
	<b>5</b>	9:30 a.m. – 11:30 a.m.	CAAC Meeting	Center of Excellence
	<b>11</b>	1:00 p.m. – 4:00 p.m.	MHSA Steering Committee Meeting	Downtown Community Center
	<b>27</b>	9:30 a.m. – 11:30 a.m.	Mental Health Board General Meeting	Planning Commission Room
<b>Aug.</b>	<b>1</b>	1:00 p.m. – 4:00 p.m.	MHSA Steering Committee	Downtown Community Center
	<b>2</b>	9:30 a.m. – 11:30 a.m.	CAAC Meeting	Center of Excellence
	<b>24</b>	9:00 a.m. – 10:30 a.m.	Mental Health Board General Meeting	Planning Commission Room

**Location Address:**

**Downtown Community Center, 250 E. Center St., Anaheim, CA 92805 (MHSA Steering Committee Meetings)**

**MHSA Office Training Room and Conference Room, 600 W. Santa Ana Blvd., Suite 510 Santa Ana, CA 92701 (CAAC Meetings)**

**Hall of Administration, 333 W. Santa Ana Blvd., Santa Ana, CA 92701 (Mental Health Board Meetings)**

**View and Post Jobs with Network of Care**

This is a site for individuals in recovery and their family members to find local job opportunities related to mental health. Recruiters and employers are encouraged to post job opportunities on this site at no cost. Visit the Network of Care Online Job Center at [www.orange.networkofcare.org/mh/home/jobs](http://www.orange.networkofcare.org/mh/home/jobs)

**Network of Care for Veterans and Military Service Members**

The Network of Care for Veterans and Military Service Members is part of a growing awareness and effort to take a community approach to the needs of returning veterans; to ensure that they are a valuable part of a healthy community; and that the community has a meaningful role in the health of the veteran. The Network of Care for Veterans and Service Members is a one-stop shop for virtually all services, information, support, advocacy, and much more. This public service brings together critical information for all components of the veterans' community, including veterans, family members, active-duty personnel, reservists, members of the National Guard, employers, service providers, and the community at large.

Visit this new resource at

[www.orange.networkofcare.org/veterans/](http://www.orange.networkofcare.org/veterans/)

**Sign up for the MHSA Office Mailing List**

Would you like to stay current with what's happening at the MHSA Office? Then join the MHSA Office Mailing List today.

Visit

**Social Networking with Network of Care**

The Network of Care has implemented one of the most advanced and easy-to-use social networking platforms in the nation. It was developed to help service providers and organizations. Veterans, older adults, kids at risk, behavioral-health consumers, and residents working to make their communities healthier can benefit from a broad range of tools.

Some of these free tools include:

**Create Community Groups:** You can create online support groups specifically for an organization or cause.

**Create Private Groups:** You can create groups for your organization's internal staff or for a Community group

**Media:** Your organization can view videos or upload your own to share.

**Forums:** You can read, create, and subscribe to a broad range of forum topics. Some current discussions include: Veterans & Service Members, Mental/Behavioral Health, Developmental Disabilities, and more!

**Sign up today at**

<http://community.networkofcare.org/>

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