



# The Anne Sippi Clinic Newsletter

Exploring Treatment Options

## **ASC Adult Community Services Opens New Out-patient Program in LA County**

ASC has built a very successful continuum of out-patient services in Kern County which is reflective of many of the goals of the Mental Health Services Act but for many years we have struggled to secure sites in Los Angeles County to offer LA residents the same continuum of services. We are proud to announce the opening of a MediCal certified Out-patient Clinic in Santa Fe Springs at 10012 Norwalk Blvd., Suite 110. The building offers 5000 square feet for services and we will be able to serve 60 clients per day at this site. ASC Adult Community Services is supported by Los Angeles Department of Mental Health through the Long Term Care Division. Dahlia Bagnis, MSW is the Administrator and Chess Brodnick, PhD, MFT is the Clinical Director for the program.

Why is the Outpatient Clinic an asset to Los Angeles County? The Outpatient Clinic moves treatment and rehabilitation services into the community and offers all participants in vivo experiences to build skills for successful living in the real world. We offer a full range of services including psychiatric and medication management services, individual and group psychotherapy, groups on

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## **Darlene Prettyman Appointed by Governor Schwarzenegger**

By Susan V. Rajlal, CEO

Mental health treatment advocates are excited about the passage of the Mental Health Services Act (MHSA) and the promises that a funding boost projected at \$750 million annually offers persons with mental illness throughout California. One of the great things about MHSA is that the funds it makes available are to be used to fund new programs or expand programs that have evidence based outcomes rather to fund local mental health



departments doing business as usual. To insure that MHSA is implemented statewide in keeping with the principles that drove the passage of Proposition 63, Governor Schwarzenegger has formed the Mental Health Services Oversight and Accountability Commission. The Anne Sippi Clinic's own Director of Community and Legislative Affairs, Darlene Prettyman has been appointed by the Governor to serve on this 16-member commission.

**Prettyman is Sworn in at ASC - Adult Community Services, Bakersfield, California**

Darlene worked closely with Assemblyman Darrell Steinberg, author of Proposition 63, to raise support for passage of this landmark legislation. She brings 28 years of experience as a mental health advocate to her new post. Darlene is the mother of an adult son with mental illness and is an RN who has worked in various psychiatric settings over the years. Darlene was sworn in by Kern County Superior Court Judge Kenneth C. Twisselman in a ceremony attended by about 100 well wishers on August 3, 2005. The ceremony and a reception were held at ASC Adult Community Services in Bakersfield. Attendees came from all over the Central Valley to celebrate Darlene's appointment. Darlene also received declarations of support from Kern County Mental Health Director Diane Koditek, Kern County Supervisor Barbara Patrick, Congressman Bill Thomas, Senator Roy Ashburn and Assemblyman Kevin McCarthy during the ceremony.

Darlene will bring an exceptional blend of skill, knowledge and experience to her new post. She will serve us well. We are so proud of her!



**LET'S TALK!  
INDIVIDUAL THERAPY IS ESSENTIAL!**

**By Leora Brodnick, PhD., and  
Chess Brodnick PhD.**

Most of us have been fortunate enough in life to remember the childhood joys of sitting around the dinner table as a family, conversing together, growing and making plans for the future. Yet it is often the "alone" time we had with our parents, while fishing or just talking, that we remember as the most profoundly influential in our developing understanding of our inner selves and our place in the world around us. In the same sense, individual therapy sessions provide an atmosphere of creativity and growth that is incomparable.

Due to financial considerations, individual therapy has grown somewhat out of favor in current public programming. And yet, can you imagine a family situation in

which parents might be told that "quality time" is no longer desired, and all talks will be held in communal, i.e. Group settings? The sense of completeness that comes from privately sharing experiences with a trained, caring and empathetic listener cannot always be duplicated in groups, however excellent they may be. Individual time can be the place where a consumer will feel free to talk about his or her inner world, where no topic is taboo, and where value judgments are not made. Each person deserves the chance to be given an individual bridge to the outside world while learning to sort out what is real and what may be imagined. This is the acceptance and understanding we all dream of, and yet is too often denied to the mentally ill.

Stereotypes about the way psychotherapy is conducted

have led many people to believe that the process will comprise years of talking and talking about the past and never making any positive changes. The system used at Anne Sippi is in direct contrast to this old-fashioned idea. Blending intuition and logic, alongside recipes of training and experience, we quickly find practical and creative solutions to problems. The therapy is not an end in itself, but is often the key to giving the client the strength and confidence to plunge headfirst into the group therapy setting, and hopefully into life in the community as well. Just as the most fortunate of us remember, a parent (or other caring adult) can provide a healing relationship that turns the aloneness of childhood fears into an opportunity for joy and growth. The principles of effective mentoring can continue on well into adult life. So let's talk! Individual therapy is not a luxury. It is essential!

## **Social Work in Community Mental Health**

**By Dahlia Bagnis, MSW, ASW**

There is a common misconception that the field of social work is rooted in public child welfare. This couldn't be farther from the truth as approximately 60% of the country's mental health services are provided by clinically trained social workers. Social work education is unique in that it is multi-faceted, encompassing subjects such as human behavior, psychology, social policy, and consumer-centered advocacy. Thus, the role of the social worker in community mental health is rather complex.

A major objective of the Anne Sippi Clinics is community reintegration and we provide the consumer support to focus on his or her unique goals that will ultimately lead to the achievement of greater levels of independence. Within this context, it is the social worker's responsibility to view the person within their environment, paying particular attention to the psychological, behavioral, emotional, social and environmental stressors that have negative impact. Beginning with a detailed assessment of the person and the systems with which he or she interacts, the social worker intervenes by tailoring treatment,

prevention, and advocacy strategies to meet the consumer's specific needs.

Intervention at the Anne Sippi Clinics has always been directed by our value base that emphasizes hope, dignity, and individual strengths. We quickly identify and begin to build on the positive qualities of each consumer, empowering the individual to make change in his or her life. It is the task of the social worker to coordinate an approach that utilizes a multi-disciplinary team comprised of therapists, psychiatrists, rehabilitation coordinators, case managers, and resident advisors to facilitate growth and improvement.



## **A Home, A Job And A Date.**

**By Susan V. Rajlal, CEO**

**ASC** consumers in the Kern County pilot project for Community Living Support Services continue to work on meeting the oft expressed desires for "a home, a job and a date on Saturday night." During the past year, we have provided community living support services to 13 consumers in independent living settings. Because we work primarily with indigent clients, the transition to independent living is made more difficult by the lack of resources the client has after years of living in mental health facilities.

Typically, consumers do not have furniture or household items, do not have rental or utility deposits or credit references, have not been able to obtain Section 8 housing vouchers and have not lived independently for many years, if ever. Consumers who choose to live in our housing have single rooms and have housemates that provide peer support.

They are able to move in without paying any deposits and are assisted in locating any necessary furniture and household items. We provide the appliances and basic furniture and have been very lucky in receiving donations of household items from supportive community members.

What services are provided to the consumers in this program? All consumers are enrolled as clients in our outpatient clinic and receive psychiatric and medication support services from our psychiatrist and licensed psychiatric technician. They receive individual therapy or group therapy from one of our clinicians and case management services from a rehabilitation coordinator. Each consumer is visited daily/7 days per week by staff that act as community mentors. The mentors educate and provide support to consumers related to medication management, budgeting, accessing community resources and benefits, managing health care and living in the community. Consumers also go to the Garden House Store on Saturdays to work and for peer support activities.

What are our successes? Two clients have gotten real jobs with pay; two clients have entered college and have been able to make good grades; one client is now in the process of buying a mobile home with his SSI back payment; two clients have been confident and stable enough to move from the house with housemates to their own private apartments and eight other clients remain stable and are happy living independently.

All of the clients who are in this pilot project have formed a community of friends. They give each other a lot of peer support. We consider this program a big success in human terms. These folks have homes, some have jobs and we don't know about dates but we see that they are making good and healthy relationships in the community. We are sure that dreams are coming true in this program.



### Implementing Proposition 63, Innovation or “Business as Usual”?

By: Michael D. Rosberg, Ph.D.

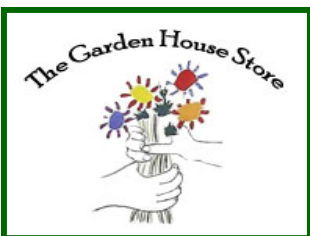
On November 2, 2004, the voters of California passed Proposition 63, the Mental Health Services Act which provides funds to counties to expand services and develop innovative programs for mentally ill children, adults and seniors. This initiative will bring significant new funding for mental health services to all the counties in California. Prop. 63 provides funds to establish new programs along with a new infrastructure designed to promote recovery.

For those of us in mental health service, the interest is unprecedented and “providers” are lining up. With the big corporations and politically connected organizations leading the charge, people are clamoring for the dollars to be generated by the innovative Proposition 63. The legislators are



saying “This time the funding will be limited to those projects which are evidence based, and directed toward recovery. This time the dollars will get to the consumers.”

It’s true that Prop. 63, the Mental Health Service Act, provides an amazing opportunity. Today we have in place a mental health services act which defines funded services as requiring a basis in evidence! Unfortunately for our clients, the history of specific taxes does not bode well. Remember, it happened with our schools. When we created a new tax before in the California lottery, where billions were slated for education. How much has trickled down to the student?



Despite all of the innovations, restructuring,

*The GHS is a nonprofit organization dedicated to creating employment and housing opportunities for the mentally ill.*

and changes within mental health policies and departments; the majority of those suffering with a serious mental illness are still receiving little or no service. Sadly, people continue to live in environments not of their choosing, and are forced to attend treatments which do more to generate paper than to generate lasting improvements in quality of life.

It is easy to argue that the present system is under-funded, and that with adequate funding programs would rise and clients would succeed. Unfortunately, one need only visit the hundreds of treatment centers throughout California to realize their existence is a product of a powerfully connected culture which promotes “business as usual”. One need only visit our jails and forensic environments to realize that innovative housing opportunities are almost nonexistent, and “segregated” facilities fail to promote the full ideal of independence.

Just the other day, a good friend and colleague posed the question: "is it possible to expect old systems and providers, many of whom have a vested interest in the existing culture, to fully embrace change and innovation?" After all, the present infrastructure still supports a traditional treatment culture. In this way, administrative policies, remarkable paperwork requirements, facilities and staff orientation all combine to create an environment where the client is served last and recovery is almost impossible.

Proposition 64, innovation or business as usual? Once again, up to us to develop pockets of excellence, and to give the smaller provider the opportunity to serve clients in environments of their choice. Let’s allow and encourage the development of innovation in community services, encourage people with serious mental illnesses to live where they choose, and provide the support services needed to allow for sustained success.



**FROM THE FAMILY**

My name is Candace Jackson, my son resides at the ASC-Riverside Ranch facility.

When Dr. Rosberg asked me what I'd like to see done with the Prop 63 funds I had to sit down. I attended one of the very first Prop 63 meetings and sat there reeling with thought of the daunting task that awaited. It dawned on me then that people who ultimately make the end decisions on the distribution of the Prop 63 funds have an overwhelming responsibility. My family and I attended one of the

everyone's views of what services were needed and which were unmet.

There are a lot of things that I would like to see done, but I will mention some that hit closest to home for my family.

Number one on my list would be a meaningful collaboration between all agencies. I teach a NAMI Family to Family class in Westlake Village and would love to have information at my fingertips to give the families that I teach. Providers also need this information along with County and private mental health care professionals. We need to establish a bond and work together.....what a concept!

I would like to see an activity, and "drop-in" center established for ANYONE who needs it. Anne Sippi has been the model for



this type of day program. And perhaps a 23 hour bed for people needing to be off the street or for a medication adjustment or placement.

For clients that are not living in a board and care or other monitored facility, I would like to see teams that work from their cars. These professionals would be in constant contact with their clients, monitoring condition and compliance when possible.

Extremely important would be more integrated housing for those that are able to live on their own. For those that are not able to live totally unassisted, I would like to see closer supervision and staff that would supervise medication, and health care professionals that are on-call should anyone be in crisis. People need a gradual and caring transition from board and care to apartment living.

Right behind that would be implementing a NAMI Provider Education course so all health care professionals learn what it's like to be a person with a brain disorder and a family member providing for that person.

Unfortunately a lot needs changing. It is not a perfect world and not a perfect system. How would you like to see the funds spent?

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recent forums here in Ventura Co. It was quite interesting to hear

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managing symptoms, communication skills, managing and expressing emotions, living skills groups for budgeting, shopping, cooking, self maintenance and case management services. LA county residents who are living in our residential facility currently receive services from the Outpatient Clinic. When clients are successful and "graduate" from our residential program, we are hoping to offer

continuity of care to help clients transition to independence with support.

How do you access services at ASC Adult Community Services in Santa Fe Springs? Because this is a county supported program, all referrals must be preauthorized by Los Angeles Department of Mental Health. If you would like a tour of this facility or need assistance in obtaining a referral, please contact us at 562-906-1335.

## A Publication of The ASC Treatment Group

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### Who Are We?

Anne Sippi Clinic was named after one of our first clients, Anne Sippi, whose courageous struggle with her illness inspired many of those around her. In the effort to serve her in a nontraditional setting, we opened our first residential facility in Los Angeles in 1978. Over the years we have continued to value the lessons our clients have taught us about the services they need and what is important to them and their families. We opened our rural residential facility, Riverside Ranch, and our MediCal certified Outpatient Clinic in Kern County in 1996. We have since opened Outpatient Clinics in downtown Bakersfield and in Santa Fe Springs. The treatment environments are operated by Dr. Michael Rosberg, Dr. Chess Brodnick and CEO Susan Rajlal. For 28 years, ASC treatment staff have developed a unique and accessible system of care and treatment that focuses on each client's individual needs. Our programs are designed to meet the needs of the person with serious mental illness. Our primary goal is to help each individual reduce symptoms, improve the quality of his/her life and to regain a sense of productivity. The journey from confusion to productivity, self empowerment and improved quality of life is an individualized journey that takes place within an integrated and open system of care. Our programs are flexible and community based. ASC staff employ the latest methods and research protocols and combine these with the experience gained in our 28 years of providing care and treatment. We value our relationship with each client that is served in our continuum.

