

Pacific Clinics

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ADVANCES

SCHOOL-BASED PROGRAMS

*How Access to Mental Healthcare for
Students Helps Shape a Better Future*



2010
ANNUAL
REPORT
INSIDE

A Message from Our President/CEO and Our Chairman of the Board



*Susan Mandel, PhD, President/CEO
and Ron Banks, Chairman of the Board*

As this spring edition of our quarterly newsletter, *Advances*, reaches you, we are still not clear about the State of California budget and its impact on our programs and, of course, additional changes that may occur in the Federal government's budgeting to reduce the deficit. This uncertainty causes anxiety among us as board members, administrators, staff members and consumers of services. All we can do is to continue moving forward with the most efficient and effective practices possible to assure that people of all ages from the cultural and ethnic groups we see receive responsive services. Our staff of dedicated professionals and paraprofessionals, along with administrative support personnel, does this every day, and our entire Board of Directors extends its deepest appreciation to all of them who work so hard to provide the best possible services with the resources we have available.

This edition focuses on our school-based services. Pacific Clinics was founded as Pasadena Child Guidance Clinics and our commitment to serving youth and their families goes back 85 years now. The way we provide services to children and families, however, has changed

drastically in the last several years. The ability to deliver services outside of the office, whether it be in the school or home, has really helped reach many people who would be reluctant to come to an office, much less one that is labeled mental or behavioral health.

We have provided leadership in school-based intensive programs that focus on milieu (or settings-based) services to assist children who are unable to function in regular classrooms, at least for some period of time. Our goal is to return the children to a "regular" classroom as soon as possible. In addition to these programs, we now provide a variety of school-based services where we may be at a school one or two days a week or even have a full-time staff member at the school. The goal of these programs is providing early intervention to identify children who are having problems, so as to do everything we possibly can to prevent long-term psychological or other damage to the child and family.

We are proud to have been associated with Congresswoman Napolitano's school-based initiative to offer services to Latino youth which began eight years ago in our Santa Fe Springs-based program. That program has become a model for school-based services, not only for children at risk of suicide but for any child experiencing some kind of emotional or behavioral problem.

We strongly believe that children and youth are resilient and that school-based services and interventions allow the best opportunity for them to move forward with their lives in healthy and productive ways. Our goals are to assure that they can relate to their peers and their families and function well in school. We hope that whatever happens with future budgets, people will recognize that interventions that focus on children and youth are key to maintaining a healthy community and, of course, healthy young people.

We hope you will enjoy this issue, which focuses on the work we are doing in schools. We all look forward to better times for our country and a world where we will not have hungry or homeless children or children and families who are unable to seek and obtain medical and psychiatric care.

School-Based Care Gets Special Attention

The Programs that Began in 1926 are Now Seen as the Wave of the Future

Pacific Clinics was founded 85 years ago, but not everyone knows that its work as Pasadena Child Guidance Clinic began in the city's school district's basement in 1926. The agency continued to focus on children's mental health until post WWII and Korean War challenges began to bring adult services under its purview. The Clinics' records tell us little about the specific needs and symptoms the children exhibited over those early years that resulted in their referral to PCGC – some might have been what is considered relatively minor behavior problems today. Certainly, though many American children could have exhibited higher levels of anxiety and depression during what was a particularly turbulent period in American history from the 1920s to the 1950s. Some of the behaviors, however, were probably similar to those that have always made school and home life more difficult for kids and their families – disruptive or combative behavior, extreme hyperactivity, inability to concentrate, truancy, etc.

Progress in Science, Challenges in Care

Diagnosis and treatment methods have evolved a great deal since then. However, stigma has not been completely dispelled whatever the progress of scientific revelations. And there are still many children experiencing emotional and mental distress in their lives that has not been addressed because of barriers to services such as limited funding, programs and personnel or ignorance and stigma about mental illness.

According to the 2001 U.S. Surgeon General's report on children's mental health, more than 20% of children and adolescents need active mental health interventions and may suffer from one or more mental health disorders. In the study, 13% had anxiety disorders, 10.3% disruptive disorders, 6.2% mood disorders, and 2% substance abuse disorders. Eleven percent had significant functional impairment, and 5% extreme impairment.

There are high-risk behaviors, school and home violence, and elevated dropout, suicide and

homicide rates among our youth in the United States that could be related to mental illness. At the very least, untreated mental health disorders in the early years lead to incarceration, family dysfunction, drug abuse and unemployment. And these issues are only exacerbated by economic downturns and cultural complexities.

Where Should the Help Come From?

What can be done today for our children and families? A recent American Academy of Pediatrics (AAP) policy statement admitted that pediatricians are often unprepared or unable, due to time constraints, to diagnose and/or treat behavioral illnesses in their young patients. The AAP study also addressed insurance and managed care barriers to adequate behavioral healthcare. But even if enough coverage

“...more than 20% of children and adolescents need active mental health interventions...”

is in place, many families do not fully address their children's mental health issues because of issues such as shortages of child mental health professionals and, more often, preconceived beliefs, discomfort or stigma. All these contributed to 40-60% of families included in the study curtailing mental health treatment prematurely, generally after only one or two sessions.

The AAP study, however, offered evidence that evolving school-based mental health services are an important strategy for addressing these concerns, because they help remove the barriers to access and improve coordination of services. As Pacific Clinics has so often found, and the study also contends, school-based services offer an unmatched potential for prevention success in addition to intervention strategies. We hope you enjoy reading about these critical Clinics programs, now serving more than 150 schools across Southern California.



From Our Beginnings...School Programs Grow as Never Before – *Importance of Student Access to Mental Healthcare is Recognized by Districts*

Most student mental health risk factors, needs and responding school-based programs, including those of Pacific Clinics to a degree, can be said to adhere to a three-tiered model. The first level or tier results in an array of mental health prevention and intervention services that target most children in most school settings. These focus on decreasing risk factors and building resilience, striving to provide a positive, friendly and open social environment at school. Often targeting children in elementary or middle schools, the programs stress the importance of a lifestyle that avoids risky behaviors such as smoking, drinking alcohol, taking drugs or getting involved with gangs. They also address common childhood issues such as bullying, self image, self-confidence, etc., but are particular competent in addressing cross-cultural issues that are often prominent for children of immigrants. They work to ensure that each student has access to community and family supports that are associated with healthy emotional development.

Cultural Component is Key in Many Programs

The AAP study we refer to on page three points to various aspects of quality school-based care that have become part of Pacific Clinics programs over the past 85 years. One component engendered in programs across the Clinics, is the agency's culturally responsive focus on the needs of the diverse communities it serves. Targeted recruitment by the agency over the past several years has facilitated an increased multicultural, multilingual pool of personnel to staff its various programs, based on their clients' ethnic, cultural and linguistic needs. Culturally competent staff is one of the major reasons that Pacific Clinics is welcomed by more than 35 separate school districts and educational entities in Southern California, to provide services to their students.

Some schools served by Pacific Clinics' child and family programs do not have the agency's clinical staff on site regularly but use what are called school-linked services from our agency. When the schools call on our staff, it is often because a student's issues are considered at least at the second tier of need, often requiring intensive intervention services.

Pacific Clinics' Children's Specialty Services Division (CSS) currently serves 19 local schools under the Pasadena and Glendale school district, many of which have multicultural Clinics staff based at the schools. Linked services for pre-school-age children are provided at 14 separate Head Start and school district programs in Pasadena, Altadena and Glendale under the Centers for Community and Family Services and at four additional East LA and San Gabriel Valley-area programs under the nationally-known PACE Head Start system. Correlating with its other clinical services for this important age group, the CSS division also provides a unique mental health testing unit (Comprehensive Assessment Program) for children identified by their teachers or others as having possible behavioral health issues.

Another important process for all Clinics children's programs is helping the parents and other caregivers become more competent in nurturing and caring for their kids. The evidence-based practice of Parent/Child Interactive Therapy (PCIT) has been made available at the Clinics over the past three years for even the youngest children and their caregivers. Most recently, the staff – in particular those in CSS, has turned more attention to care for the very young, who most people believe could not even have behavioral illnesses that could affect them throughout their lives (learn more about the need for care for children from birth-five years and how our clinicians are learning more about those therapies in the Fall issue of *Advances*).

The CSS division has addressed all three tiers of need in its programs over the years but more recently has focused on intervention with children already exhibiting symptoms of emotional distress. CSS also operates what could be classified as a mostly tier three-level program for at-risk youth in several LA Soledad Enrichment Action (SEA) charter schools (read more about one of our SEA clinicians, page 14/15).

Additional Clinics programs active in on-call school-linked services are in the Northeast Valley Division, which serves more than 50 schools in Los Angeles County and several more in the Pomona/Ontario area and desert regions of San Bernardino County.

CSS Divisional Director Joseph Ho, PhD, is a 19-year veteran of children's services provision and administration at the Clinics. His school-based or school-linked staff now totals about 50 and he has always been a strong advocate for these programs. "Our teams also supervise and train at least a couple of master's level social work and PhD psychology candidates each year assigned by the Pacific Clinics Training Institute, reports Dr. Ho. "Over the past two years...we had four interns devoting a large portion of their training time to school-based programs in our division."

Child/Adolescent Day Treatment and Intensive Outpatient Services, another Clinics division with some school-based services and directed by Dr. Sam Mulembo, a 22-year veteran at the Clinics, offers two of the agency's most intensive and longstanding San Gabriel Valley area school-based programs – one is part of the Pasadena Unified School District and serves Pasadena/Altadena area school children at what is now called the Focus Point Academy; another is at West Covina Unified's Cortez School, operated under the East San Gabriel Valley's Special Education Local Plan Area (SELPA) program. SELPA organizations focus on special education needs in their regions. A new school behavioral healthcare program in the Burbank schools, administrated by another SELPA group, more recently began operating with Clinics staff provided by the previously mentioned CSS Division.

A major focus of the Asian Pacific Family Center (APFC) in Rosemead and, especially, for its satellite APFC East program in the Industry/Rowland Heights area is prevention and intervention for both students and their family members. The Rosemead-based Center was founded in 1986 to serve the needs of a growing Asian/Pacific Islander immigrant population in the San Gabriel Valley area. Asian Pacific Family Division Director Terry Gock, PhD, MPA, says of the now 25-year-old APFC and 15-year-old APFC East. "In establishing these community-conscious programs, we found that the local schools were in great need of services for children of Asian/Pacific immigrants and their parents. Many of those at-risk youngsters having issues in school were also having problems at home, with entire families trying to adjust to living in a new culture."

The campuses were perfect places for the APFC prevention programs to begin dealing with family communication and parenting issues as well as adolescents' possible drug and gang involvement

“...youngsters having issues in school were also having problems at home, with entire families trying to adjust to living in a new culture.” Terry Gock, PhD, MPA

Continued on page 6



because of the respect for schools and education inherent in the Asian community, The program also sponsors several collaborative community events each year to highlight youth issues and promote healthy and safe lifestyles.

The multicultural, multilingual staff of the two Centers is now present regularly or linked to nine separate school districts across the San Gabriel Valley area. With much of the adult population they serve not fluent in English because of recent emigration to the U.S., 100% of the APFC and APFC East service delivery staff of 50 is fluent in at least one Asian language including Korean, Vietnamese,

Japanese, Cambodian and four Chinese dialects. Cultural competence is key in serving often reticent families who still may attach a great deal of stigma to behavioral health issues.

“I’m tremendously proud of our staff and the partnerships they have forged with our school districts, some that have been in play for most of this division’s history,” says Dr. Gock. “We have learned over the years that addressing behavioral issues in a school setting is one of the practices that really works for everyone – the children, their families and the community.”

With options available for intense clinical therapies if levels of mental health concern reach what would be classified as tier three, all of the Clinics divisions routinely offer culturally competent community-based educational programs and activities for children and their parents to develop healthier and more effective behaviors.

Addressing a high-risk student population

If there is one Pacific Clinics school-based program that has expanded because of high risk factors for its target group, it is what was initially called the Latina Youth Project. That program began in 2003 because rising rates of suicide by female teens of Hispanic descent had attracted the attention of southeast LA County-area Congresswoman Grace Napolitano, a longtime advocate of mental health efforts. The Congresswoman had also become familiar with the budding family-oriented and culturally competent Pacific Clinics Centro Familiar in Santa Fe Springs and other Clinics Latino Services programs being conducted in and near her district.

Administrated by then-corporate director Luis Garcia, PsyD, (who has since assumed the title of Vice President for Latino Services), Clinics programs had already made some headway in outreach to Latino families in the southeast San Gabriel Valley and LA County areas. With subsequent SAMHSA grants plus additional funding received through Medi-Cal from the LA Department of Mental Health, the program has been able to expand into 14 area middle and high schools. Its bicultural, bilingual staff still engages the targeted Latina girls ages 11-18, but also extends services to other at-risk children at these campuses, many who have serious emotional and mental health issues brought on by stresses such as family relocation, economic hardship and acculturation challenges. The parents and other family members sometimes have mental health needs of their own are routinely included in the treatment process and are offered parenting classes and other services to ensure the children’s recovery success and promote family wellness (see article page 11 featuring one of the Latino Services school program sites).

Whatever the level of need and challenges offered by all these timely and cost-effective programs, the Clinics will endeavor to maintain and expand its ability and opportunity to address them in as many communities and educational entities that have the motivation and foresight to welcome them.

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Last year, Pacific Clinics provided more than 17,700 consumers with quality behavioral healthcare services. The oldest was 90... the youngest, three months. Our school programs served more than 2,500 children in 150 schools from 35 districts or other educational entities, as well as many of their family members. We arranged housing for 375 clients ages 18-65, many with children. We had 17% of our clients employed – which is above the national average – and 122 consumers working at the Clinics.

Our Annual Report provides a special opportunity to give an overview of our agency and to recognize you, our friends, partners and supporters, for your generous donations. Our sincere thanks go to the individuals, foundations and companies listed herein. With the most significant effects of your support residing in the recovery, wellness and independence of our consumers, we want to honor all of you who have contributed to improving our capacity to serve them.

Accomplishments and Challenges:

The 2009-10 fiscal year brought enormous changes related to continuing state budget cuts that threatened the closing of some Pacific Clinics' programs. In a quick response, the staff moved to do everything possible to serve their clients while cost-cutting measures went into place. When it was announced that more funding was available from the County for those staff trained in the use of Evidence Based Practices (EBP), Pacific Clinics took the lead among other agencies in providing training and information in EBP for its staff as well as any others.

The Pacific Clinics Portals Western Avenue Renovation Project has been one of the most extensive capital campaigns in Pacific Clinics' history. In retrospect, as we began this fundraising campaign in 2007, we could not have picked a more challenging time with the economy in collapse by late 2008. As a result, many prospective donors were unable to provide the support we had expected. However, our many friends and community partners stepped in and the result was the successful culmination of the campaign, with \$2.2 million raised. The South Los Angeles facility, which will serve hundreds of men, women and families, was dedicated on March 30, 2011.

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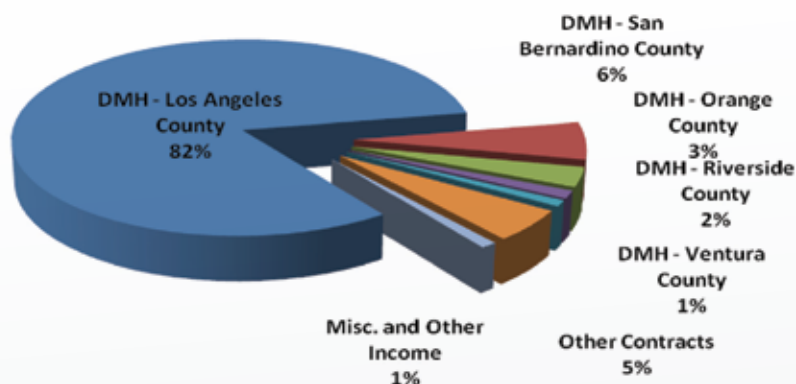
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Statement of Activities and Changes in Net Assets

(Fiscal Year Ending June 30, 2010)

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|-----------------------------------|---------------------|
| Grants and Contracts | \$79,886,664 |
| Federal Awards | 5,324,122 |
| Contributions & Restricted Grants | 531,849 |
| Other | 62,990 |
| Investment Income | 124,576 |
| Gain on Sale of Assets | 221,848 |
| Lease Income | 139,483 |
| Client and Third-Party Revenue | 55,448 |
| TOTAL REVENUES | \$86,346,980 |

EXPENSES

| | |
|--------------------------------------|---------------------|
| Program Services | \$71,406,073 |
| Supporting Services | 14,914,585 |
| TOTAL EXPENSES | \$86,320,658 |
| CHANGES IN NET ASSETS | \$26,322 |
| NET ASSETS, BEGINNING OF YEAR | \$4,000,880 |
| NET ASSETS, END OF YEAR | \$4,027,202 |

Statement of Financial Position

(Fiscal Year Ending June 30, 2010)

ASSETS

| | |
|--|---------------------|
| Cash and Cash Equivalents | \$8,321,365 |
| Contracts and Other Receivables | 3,786,056 |
| Prepaid Expenses, Deposits and Other Assets | 1,471,399 |
| Property and Equipment (Net of Accumulated Depreciation) | 8,355,813 |
| TOTAL ASSETS | \$21,934,633 |

LIABILITIES

| | |
|--|---------------------|
| Accounts Payable | \$2,775,500 |
| Accrued Liabilities | 7,228,595 |
| Current portion of Long-Term Liabilities | 541,999 |
| Total Long-Term Liabilities | 7,361,337 |
| TOTAL LIABILITIES | \$17,907,431 |

NET ASSETS

| | |
|---|---------------------|
| Unrestricted | \$3,889,915 |
| Temporarily Restricted | 137,287 |
| TOTAL NET ASSETS | \$4,027,202 |
| TOTAL LIABILITIES AND NET ASSETS | \$21,934,633 |

Latino School-based Programs Gain Acceptance – *Winning Over Reluctant Students and Hesitant Families*



Juan Garcia, MSW, with his School-Based Services team supervisor Christina Trujillo, LCSW in the North Park Middle School classroom that serves as a program activity site.

“I’m not crazy!”

Juan Garcia’s young clients want to be sure that their peers and teachers at North Park Middle School don’t get the wrong idea just because they are seen getting help from “Mr. G” (or his other nickname, “Mr. Dude”), in a temporary classroom building near the rear of the Pico Rivera school’s grounds. “Mr. G”’s youthful appearance belies the fact that he has a master’s degree in social work and three years experience in school-based programs for Pacific Clinics, plus past history working with county foster children. Although sometimes it takes a while for them to open up in their individual sessions, or even in the groups that Mr. Garcia organizes for those who might benefit, most of the students referred to the on-campus program eventually warm up to talk with him about what’s bothering them – what might be causing the negative behavior noticed by their teachers, or the friction between them and their

friends and family members, or where the anger or sadness is coming from that may be leading to unsafe or unhealthy decisions.

Like one 13-year-old girl we’ll call “Serena”. She was devastated by the death of her grandmother nearly a year ago. She withdrew, didn’t want to even leave the house or do much at school, and cried inconsolably whenever someone tried to talk with her about the loss of her grandma. Her mother was confounded and felt helpless to deal with her behavior.

Serena’s “abuela” had helped raise her, was a strong figure in the household, but became ill with cancer. Much of the grandma’s care before her death had fallen to Serena, and she was present when the grandmother died. But even Serena’s mother could not comprehend the level of grief that her daughter was experiencing. The teachers at the school referred Serena to Mr. Garcia. Today, after receiving treatment that included the Evidence Based Practice called Trauma Focused Cognitive Behavioral Therapy, She is able to talk about her grandmother without breaking into tears, and is even planning a special memorial with her family to mark the anniversary of the passing.

Mr. Garcia sees about 12-15 student clients in any given period...an average stay in the program can last from three to four months to as long as a year-and-a-half. When he first came to North Park in 2007, he found a lot of at-risk kids needing the services. Although the program first focused on girls because of the high rates of suicide among them, the count of girls and boys now receiving services has pretty much evened out. Mr. Garcia also sees the often-stigmatized parents, even just talking to them on the phone regularly or at their home or job as convenient, eventually working to bring the child and the parent together after addressing their issues separately.

“I’m not seeing so much risk of suicide or even substance abuse anymore. Our efforts to educate the children and the staff are paying off there; even the students themselves will identify and refer friends who are having issues.” He continued, “We are seeing more cases in which domestic or

Continued on page 13



Recognizing Needs and Finding Friends Who Agree – *Late School Administrator Salcedo Helped Clinics Add Services*

There are many types of impetus for a community or school-based mental health program to be initiated, but most begin because several people in a community recognize a strong universal need and advocate for filling it. In the case of Pacific Clinics programs in South El Monte, El Monte and Rosemead high schools that began operating in 2007, the services evolved from collaborative recognition and support between our own staff and some community friends with strong ties to the schools.

Jaime Brown, PsyD, is a Team Leader at Monrovia Family Services, which is part of the Clinics' West Valley Family Division. This outpatient program (which for a long time was known as Pacific Clinics East) was one of the first Clinics sites to serve both adults and children/youth; it has operated in either Monrovia or Duarte since the 1970s. The program has continued its longstanding services at two Duarte district schools dating back to the early 1990s.

Dr. Brown and his fellow clinicians see clients from across the San Gabriel Valley at the Myrtle Avenue site in Monrovia, and they recognized a growing need for services to Latino children and families, many of whom were from the El Monte and South El Monte area where Dr. Brown grew up. A friend from his high school days, Robert (Bobby) Salcedo, was Vice Principal at Mountain View High School in South El Monte at the time. "Bobby and I hadn't been in touch that much since high school," Jaime explains. "But I knew about all the great work he had done at South El Monte and Mountain View. I contacted him about bringing in some of our services and he talked to his brother, Carlos, who was on the school board. I knew I could turn to them for support and advice. Together they got us linked to all the schools in the district."

Our readers might recognize the name of school administrator Bobby Salcedo, whose tragic shooting death in December 2009 while he vacationed in Mexico received a lot of press attention, as well as community grief and outrage. He was a respected figure in the South El Monte schools and surrounding communities, and his passing hit the students, staff and others very hard. "Our

“Schools are a major connection point for people in their communities. Under certain circumstances, it may be the only place that some parents feel safe and free to talk about their issues at home.” Jaime Brown, PsyD

staff shared in their pain and tried to provide comfort to those who needed it,” remembers Dr. Brown. “I’m glad that we were able to be there after it happened.”

“Bobby had been very supportive and passionate regarding our services, Dr. Brown continues. “One of his big pushes was to develop some way to help the uninsured. When we finally did find the means to serve uninsured students through our Clinics Latina/o Youth Program, it felt like a huge success for both of us.” The initial programs began at Mountain View and South El Monte high schools, and with Salcedo's community interface, were expanded to El Monte and Rosemead in early 2009.

As far as staffing for the school programs goes, “We keep regular hours,” Dr. Brown continues. “I believe it’s the only way to do school-based services effectively. Schools are a major connection point for people in their communities. Under certain circumstances, it may be the only place that some parents feel safe and free to talk about their issues at home. I think that therapists need to become a part of the school structure and organization.”

Dr. Brown attributes the ongoing success of these programs as a direct result of his staff’s dedication and commitment. “Our staff actively seeks involvement with school administration and provides services based on the particular needs and values of each school. I’m very proud to be working with such an amazing group of professionals.”

The Monrovia program also has had school-based staff at Rosemead High since 2009 and – in a more recent effort there – the school and Clinics personnel have been working to create a resource organization for Lesbian, Gay, Bisexual and Transgender youth. Closer to home, “We have also begun partnerships recently with the Monrovia YMCA, Boys and Girls clubs, Options Head Start, and the Church of Our Savior youth campus,” reports Dr. Brown, “We hope to be there for the children and families in those organizations when they need us.”

relational violence comes into play... maybe it’s the economy. The teachers here, though, are very supportive and they call on us for help regularly. One of them was pretty shaken up recently when she came across ten students in a group who were all seriously cutting themselves. This is a syndrome that we see sometimes with troubled kids, mostly girls. But that was a pretty scary thing to encounter. We are doing a group for those girls now.”

Mr. G’s supervisor, Christina Trujillo, LCSW, who is a team supervisor for the Latino Program’s school-based services at North Park and some other schools, has seen the need and the Clinics’ response grow since she joined the agency; Ms. Trujillo and her fellow team supervisor, Judith Padilla, LCSW, are looking forward to the opening of three new programs in the Whittier schools. Although the program receives incremental funding from state governmental sources such as the Mental Health Services Act, AB 3632, etc., as well as reimbursement through Healthy Families, Medi-Cal and other insurance plans, she’s hoping that they will also continue to get federal funding from SAMHSA, possibly through the 2011 Mental Health Services in Schools Act recently proposed in the U.S. Congress.

“We see some kids who don’t have adequate insurance benefits from any source because of the type of jobs the parents have or whatever coverage crack they may fall into. Our federal grant that we’ve had from the outset has allowed us to serve those uninsured children and families. Sometimes we just see them anyway even if we’re not sure about the reimbursement, especially if the child is a continuing client; if we can only see them once a week to make sure they are doing OK, it helps.”

Mr. Garcia concurs, “We can’t just let them go...it’s pretty hard to turn any of these kids away when they still need us.”



Ted Reyes, with his program director Irene Pines, proudly displays his award from the SEA Soto Gang Prevention Team

History and Compassion Play a Big Part in Clinician's Work

Ted Reyes, MSW, doesn't usually talk that much about what he does, or what brought him there. His Pacific Clinics Child Specialty Services supervisor, Irene Pines, LMFT, is a bit more forthcoming. "Ted has an incredible life story, and it's probably one of the most significant reasons he is so successful in helping his clients." Ms. Pines was thrilled when Mr. Reyes was honored recently with a special award plaque from the Los Angeles Mayor's Office of Gang Reduction and Youth Development's gang prevention unit at Soledad Enrichment Action Soto School in Boyle Heights, where Mr. Reyes works fulltime as a mental health therapist. "He doesn't get enough recognition for what he does."

The plaque reads in part, "We would like to thank Ted Reyes for always being there for our clients and their families and for going above and beyond with your support. We love you...." It was presented at an outdoor event to which the unit had invited students and family members from the school, many affiliated with various local gangs from the area, to drop the barriers and bravado for just a little while and enjoy a "Family Fun Day".

"The award was a complete surprise to me," says Mr. Reyes. He was moved by the recognition, but was especially happy to see the children of parents from usually warring gangs all playing together that day. He has seen a lot of gang violence and its ramifications since he began working at the SEA school four years ago. At one point, he had held – bleeding in his arms – an 18-year-old client shot right in front of him near the school; the teen miraculously lived after five bullet wounds, but is in a wheelchair today. Three other students he counseled weren't even that lucky, dying from their injuries. "The kids I see have all they can do just to make it to school in this neighborhood...they have alternate routes in their heads that they might need to take at any time to avoid confrontations. One of my goals is to help them see what options they have that would make it possible for them to leave this life for a better one someday," he says. "It's really worth it when mothers come by during the day to thank me, because their boys or girls are working, or going to college now."

The year-round SEA charter school in Boyle Heights east of downtown Los Angeles is one of 18 across Los Angeles County where Clinics staff serves students. The schools admit teens ages 14-19 to obtain what for many of them might be their last chance to make up classes that they failed earlier

because of truancy, bad grades, pregnancies or minor scuffles with the law. The SEA schools overall graduated 100 such students in their last semi-annual commencement, with six from Soto.

Mr. Reyes was himself born in the Boyle Heights area and although he left for a while when his parents moved to find employment as migrant workers, he came back as a teen under his grandmother's care. His life for the next 30 years or so took many turns up and down, the downs including gang involvement, youth detention, being a crime victim twice himself, then drugs and homelessness. He managed to get a bachelor's degree in business and psychology during his 20s, then turned his life around for the better once again about 16 years ago. His desire to help others, especially youngsters with gang, drug and behavioral issues, motivated him to further his education in social work and choose mental health and substance abuse counseling as a vocation. Mr. Reyes eventually became employed at Pacific Clinics in 2001, and in 2007 began providing services at this challenging East Los Angeles site, where few in his field, no matter how well-trained, might wish to be working.

Mr. Reyes is one of 20-plus Clinics staff, however, that does work in programs at the various SEA schools. With no other funding available now, only MediCal clients can presently be served by the agency. "It costs at least \$40,000 a year to incarcerate someone for a crime, never mind the costs to victims. This program costs a lot less," reminds Ms. Pines. Mr. Reyes serves about 15-25 students at any given time, along with another part-time therapist and a full-time CD counselor, both from the Clinics. He is grateful that the city's gang intervention team is also there at the Boyle Heights school, and he works very closely with the teachers and other school staff.

They all know that Ted Reyes is for real, as do his young clients, who are less willing to talk with someone who hasn't been through his life experiences. And, as he says, "You just got to hit 'em with love."



Three-Year Fundraising Effort Culminates in Expanded Services at Portals Western Avenue

What's spacious, welcoming and red all over?

That would be the newly renovated S. Mark Taper Foundation Recovery and Wellness Center, located at Pacific Clinics Portals Division's program site on Western Avenue near 39th Street in South Los Angeles, with a striking modern crimson façade over the front entrance of the building and the equally impressive stairwell wall of the recently redecorated Marvin Weinstein Memorial Courtyard in the rear (now named in honor of the late Mr. Weinstein, the visionary executive director of Portals for 37 years.) About 130 donors, guests and staff were present during a dedication event on March 30 to tour the building and Courtyard, and to celebrate the \$2.3 million project's completion.

The warm exterior décor of the building gives just a taste of what's inside. With significant growing demand for services, and new Full Service Partnership (FSP) adult and older adult programs funded by the Mental Health Services Act (MHSA) already moved into one of the buildings, a larger, more cohesive and more functional space was needed to connect all the programs and better serve both the present clientele, as well as make room for many new consumers.

The S. Mark Taper Foundation came forward in the earlier stages to become a major donor for the project, as did the Weingart Foundation a major donor for the project, as later did The Kresge Foundation, Weinstein Foundation, Ahmanson

Have you considered putting Pacific Clinics in your will?

- It's easy. A sentence or two in your will is all you need.
- It can be amended. The gift isn't made until after your lifetime.
- Tax deduction. Your estate is entitled to an estate tax charitable deduction for the gift's full value.
- And most important... Your gift will continue to support the good work of Pacific Clinics.

For more information, contact: Jolynn Reid, Chief Development Officer, (626) 254-5024 or jreid@pacificclinics.org

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Foundation, East West Bank and Los Angeles Lakers forward Ron Artest and his Xcel University Foundation. Other early supporters of the project were the two daughters of Marvin Weinstein, Karen and Judy, who also brought in donations from friends and other family members to help name the red-trimmed courtyard in their father's honor.

The expanded 8,500 square foot facility will be able to serve the needs of more than 450 clients annually with:

- Wellness Center space and equipment for activities that serve the whole client (member)
- New transitional housing units suitable for eight new residents
- New community support services for members
- An enhanced community courtyard
- A central access lobby to provide entry to both facilities
- An elevator to ensure access to the entire facility for persons with physical disabilities
- A "tenant college" learning environment

Congratulations and thanks to all who worked so hard and supported this important endeavor to serve more homeless and needy clients in the South Los Angeles community. If you would like to provide continued support for this or other Pacific Clinics programs, please contact Ivan Rodriguez at (626) 254-5076.



The Weinstein family (from left) – daughters Karen and Judy and mother Diane – with former President and CEO of Portals and current Clinics EVP/COO Jim Balla – by the new courtyard wall dedicated to former Portals Executive Director Marvin Weinstein.

Pacific Clinics

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Stories in Advances about clients or family members are true, although the names may have been changed.

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