

Judy Cooperberg talks about the problem of stigma....

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When I first started doing that, I made the assumption that people really didn't understand about mental health. When I went back to college and got my Master's degree, my Master's thesis was on stigma and attitudes; so I did a lot of research. What I found over the years, and this is going on 30 years now, is the more I speak to groups, the higher [the] percentage of people [that] do understand. Because if you've got one in four people dealing with significant mental health issues themselves, or one in three families dealing with it, the odds are you are going to have a huge percentage of your audience understanding about mental health issues. So I'm finding that people are less and less stigmatizing. I understand that [mental illness is] something that people in general are nervous about. But they are also fascinated and odds are they are exposed [to it] in their own family.

There's a lot of facets to stigma. There's the self-stigma, there's the feelings like you're weak or you're stupid, you're worthless. The self-stigma sometimes is symptomatic of the illness you have as well. There's also the denial of having an illness, that there's any problems. So those are some of the dynamics we deal with in recovery and realizing it's really a strength to ask for help.

That's one of the things we try to teach people, because we do public education in the community. Mental health isn't just about mental illness; it's also about mental wellness. It's a strength to ask for help. It's a strength to build up your support system, and eat right and sleep right and deal with all those different aspects of your life in healthy ways. The stigma comes around from all aspects. I think a lot of the stigma has to do with fear [in] those who may or may not have exposure to mental illness in their life. The media perpetuates a lot of negative stereotypes. You still have the psychotic killers; it still is upsetting to have those kinds of stereotypes pop up every once in a while. But, in fairness to the media too, there have also been a lot of positive portrayals. We have to give them kudos for that too.

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Oral History Interview with Judy Cooperberg

Interviewer: Diane DeMartino

Date: March 24, 2011

I'm Judy Cooperberg. I'm Executive Director of Mental Health America Antelope Valley Enrichment Services in Lancaster, California.

Can you tell me your personal story?

Well, I always thought I was going to be a teacher, because that's what my aunt always wanted me to be. When I was in high school, my friends used to pull me out of classes because they would have some sort of catastrophic problems. My teachers would let me out of class to go and talk to them because they thought that I could be of help. That was like a calling for me. I had one teacher in a psychology class in high school who called me Dr. Cooperberg and he would say I had my shingle out. So that kind of put the little grain in my head that I wanted to be in the helping professions.

I originally was going to be a writer. I wrote since I was very young, primarily poetry. So I was going to go for my English major and decided to go into psychology, when I went away to Sonoma State [University near San Francisco]. That was my focus. I thought I was going to be a therapist.

But what I started doing was developing programs for the College. I developed a peer counseling program in the dormitories, because there were a lot – about seventy percent of the students were from LA County and other areas, rather than Northern California, and they were dealing with a lot of problems of being away from home. So I actually made my own job that paid for half my room and board. I got the counseling department to agree to supervise all the volunteer peer counselors and just got into it that way.

How did that change your plans?

Well, I still thought I wanted to be a therapist and I was going to get my master's degree in counseling. Things kind of changed about six months before I graduated from college. I was one of four kids in my family. I was going to be the first one to graduate from college and being from a Jewish family, education's a real big deal. My dad was really excited about it and I was always trying to please him. So graduating from college was my proof to him that I was really valid and had some worth, because I never felt that I did.

Growing up, I dealt with depression ever since I was very, very young. Unfortunately, six months before I graduated from college, my dad died. I was the only one with him when he did. My proof of my self-worth kind of died with him. That kind of sent me into a spiral. When I came back after graduation, I became very ill. That was in 1979, when I was first hospitalized. I spent three years going in and out of mental hospitals. I was hospitalized 15 times in three years and dealt with suicide attempts and seclusion and horrible experiences of severe depression and disassociative disorder [disruption of

memory, awareness, identity or perception]. I was on SSI [Supplemental Security Income for the disabled]. So I know the mental health system inside and out.

But I had those three years and I found out about Mental Health America [MHA, a national advocacy organization originally founded in 1909]. At that time it was the Mental Health Association. I was in a day treatment program in Northridge, California. I saw a notice on the board one day when I was in day treatment; it said that there was a man that was going to speak at an event for the Mental Health Association. And he was going to talk about his mental illness and I thought, "That's pretty darn crazy. This I've got to see." So I went to the function that night and it was a man named Bill Thomas. He did a very dramatic presentation and he was very engaging. They had made a movie about him, starring Alan Arkin [*The Other Side of Hell*, a TV-movie released in 1978, based on Thomas' experiences at Farview State Hospital in Pennsylvania]. He had an autobiography out [*The Shoe Leather Treatment*; St. Martin's Press, 1980], and I bought it that night. That was March 18, 1981; and that evening I became a volunteer for the Mental Health Association.

I worked in the San Fernando Valley office for a little over a year. When they found out that I was also a consumer, I became a paid stipend worker so that there wasn't any kind of exploitation. I worked in the office, getting my \$65 a month so it didn't affect my SSI, and I started developing programs for MHA. I was doing research on resources in the community like I had done in college. I had published a resource directory for the college at the time, and I created *The Student Guide*, which was part of the student manual for each semester. They still publish it to this day. So I started doing that for MHA.

And in June of '82, I was hired full time at MHA as the Regional Director for the San Fernando Valley. I did that for a while and I started getting bored, which I tend to do when I do the same thing over and over again. I was recruiting and training volunteers to work in board and care homes [residential facilities which provide custodial care, meals, and activities], which was a program that they had for quite a while, for many years before me. We also did Gifts for Giving, which was getting churches and other organizations in the community to donate items to bring to the state hospital and into board and care homes. People could give gifts to their loved ones, because they didn't have the resources to do that, and also to people who were forgotten in board and cares and in hospitals, so that they had a gift at the holiday time. So that was my job for several years.

When did you move to the Antelope Valley?

I got approached by the District Chief of the [LA County] Department of Mental Health in the Antelope Valley and he said that there were no community mental health services for adults in the Antelope Valley. Would I come up and do a drop-in social center? He was about to move into a brand new building in Lancaster. They would give me an activity area, an office, and a kitchen, if I could get the funding to run a program. So I went to my boss at the time and asked, "Can I do this?" And he said, "No." Well,

part of my recovery was understanding that a lot of the self-deprecating messages that I [heard] didn't pertain to me anymore, because I had to get over all the negative messages [that implied that] I couldn't and I was worthless and of no value. Part of my recovery was finding my self worth. So when he said I wasn't capable of doing that – and I tell my staff, “Don't ever do this” – but I ignored him. I set upon a goal to find out about what was actually happening in the Antelope Valley and did a demographic study, established some relationships in the area.

That boss left MHA. So then I went to the big boss, Richard Van Horn [CEO of MHA Los Angeles 1980-2009], and I said, “This is what's happening in the Antelope Valley. Because of the low housing cost, there's a lot of board and cares. There are people living there with bad reception TV and smoking cigarettes all day, and that's their existence. There are no community services. Can we get a start up grant from United Way and open a center? I've got a place rent-free.” So he said, “OK.” We got our first grant of \$60,000 from United Way and I was able to hire one and a half staff and I was here half-time. And that's how we started our services in the Antelope Valley in 1989.

Well, today, I believe, we are approaching 60 staff. We have a 4.7 million dollar budget. Two years ago, we moved into a brand new facility. It was actually about seven years ago [that] the former city manager for the city of Lancaster approached me and said [that he'd like MHA to be the lead agency in the City's Redevelopment Project and he's give us a plot of land if we'd build a program site], because we both served on the Board of Directors for United Way; see how things kind of come around in circles?

What does this mean to you?

Having been in mental hospitals for three years, having dealt with suicide since I was ten and a half months old, which was my first suicide attempt – I was a failure to thrive baby [I stopped eating]. My brother was born at the time [when I was 10 ½ months old]. And growing up the fat kid since day one in kindergarten and being bullied and dealing with the ostracism all my life. Then going through the mental health system and continuing to be ostracized for having a mental illness, not having a job, still living at home with my mother. All the ramifications of mental illness.

Coming around and understanding the meaning, like Viktor Frankl [1905-1997, author of *Man's Search for Meaning* (Beacon Press, 1962)], the famous Viennese psychiatrist, talks about the meaning of suffering. If you find a meaning and purpose to your suffering, there's no despair. I truly believe that the experiences I had from day one in kindergarten made me who I am and able to do what I've been able to do. Because it's a passion and it's an understanding that I think most people don't have.

So, when I go and do lectures to other mental health professionals, my favorite is doing hope and recovery presentations to consumer groups. Here [at MHA] my favorite thing is when my staff asks me, “Will you sit down and talk to someone who is cutting themselves?” Because I used to cut myself and I can talk of that experience from a very personal perspective and offer that hope that “your life doesn't have to be I'm a

mental patient or I have a diagnosis," because we are a lot more than any diagnosis, if it's mental illness, if it's heart disease, [or] if it's asthma. We have a whole lot more to our lives.

When I was in high school, I tried to go to therapy. Because I was under age, I had to get my parents' permission. But my father's response was, "All you're going to do is complain about me and tell people how horrible I am." So he wouldn't let me go for therapy. It wasn't until my senior year in high school when things got really bad and I was having severe depression and I was having trouble functioning.

I was in so many clubs in high school that I was secretary of clubs, that's how involved I was. But it got to the point when I was walking down the hall and everything was very dreamlike and I couldn't concentrate and I was having trouble studying. So I took a different tack with my dad and I told him, "I'm having trouble with school." That he could understand, that he could accept, and so he agreed to let me go for therapy at that point. I went away to college to get away from him, because he was very emotionally oppressive. He never physically beat us, but he was mentally and emotionally abusive.

Well, he did the same thing with [my mother]. But since he's died, everyone forgets all of that, very conveniently. He was a very intelligent man. He was a very funny man. Everyone in my family is very funny, because of him. He had his demons that I didn't understand until I went through my recovery. I was able to forgive him. I found his diaries and it helped me understand where he was coming from. He couldn't deal with emotions, so I used to get punished for getting angry or emotional. Everyone else learned not to get emotional, but it took me a long time before I stopped being emotional. And that's what depression is, it's the suppression of anger.

So what I did, like I said, is that I grew up the fat kid, I stuffed down my anger with food. As a matter of fact, my first suicide attempt was at ten and a half months old. I stopped eating and was dying and they had to force feed me iron to save my life. That turned into an eating disorder since I was very, very small.

That's why I wrote poetry, because I couldn't talk to people. I learned how to withhold my feelings. By the time I entered therapy, I would hand my therapist poems because I couldn't talk about feelings, because I had been so abused over expressing feelings that I forgot how to do it. By the time I got to college, I would hand the poems to my therapist; it would frustrate them to no end. What I was doing was doing poetry therapy without knowing that's what it was. When I left college, I actually went and trained at the Poetry Therapy Institute [founded by psychiatrist Arthur Lerner (1915-1998) in Encino, California in 1973]. When I published my book of poetry [*Beyond Twilight, a Poetic Odyssey* (Creative Image Associates, 1983)], the founder and director of the Institute would use my book. He actually went through two copies of it because he used it so much and Xeroxed it so much that he trashed the books. But he used them in poetry therapy in different hospitals, which was really a wonderful thing to have happen. I don't do it [write poetry] any more, though. They can't shut me up. I don't need it any more.

How has the MHA program grown?

We started with two staff and me, part [time]; and today we have, I believe, 60 staff. We have a full range of psychosocial rehabilitation services, starting with intensive case management. We have a homeless assistance program. We have a drop-in center where people who are homeless with severe and persistent mental illness can come. They get triaged; they have an intake; [we] ascertain what their needs are. We help people get housing, get medication if that's what they need, if they want it. All of our services are voluntary, so if people don't want certain aspects and they don't need it, then they don't need to do that.

We have people link with their own community. We believe that people have the right to live in their own community and connect with the community. Finding out where they want to live. A lot of times, there's a lot more housing options in other parts of LA County. So sometimes we get a little pressure to move people on down to [the city of] LA. But people don't have social connections down there. We really believe that it's a human right to live where you feel your community is. So we try to find housing resources here in the Antelope Valley.

As a matter of fact, when we built this facility, we also built a hundred apartment units right behind us. We received Prop 46 funds from the state, which requires that 35 percent of those units be for people with disabilities. [Proposition 46, which passed in 2002, provides funds for housing with social services for the homeless mentally ill, among other housing programs.] So we have those units for our members; we provide the supportive services there. Our developer who helped build the apartments and our program site has several housing complexes throughout the Antelope Valley, so we have agreements in other complexes. He has about 1500 units. We have 30 units in another building right down the street, and we provide the supportive services there.

What is it that Mental Health America does better than any other service in this area or anywhere?

Well, it's twofold. We help people get a life. People who have a mental illness, despite whatever their diagnosis is, we help them get a life in the community. We also do something different than most mental health agencies or social service agencies do. We concentrate on community development. I like to say that we've become a part of the community, rather than apart from the community.

The old paradigm is that social service agencies are always asking for handouts. They do fundraisers, they get a volunteer board of directors, and they are always asking people to do for them. We've taken a different tack here, in that we've become part of the community. We're on several boards of directors of other charitable organizations. We're on the board for the local Chamber of Commerce. We support other community events and we give. We're of service to the community. That, even though he doesn't remember this, it's one of the lessons that I remember, very early on, from Richard Van Horn. He said, "Be of service;" and I took that very seriously.

So for many years, I was of service to the community, without really understanding what I was doing. The whole idea of community development came later, when all these things start coming around to us, like the city offering us land for the building and all of these things started happening. In retrospect, looking at it, it was the relationships we developed. That's really what's made us different here.

What are the special problems in the Antelope Valley?

The Antelope Valley is the fastest growing community in the state of California. I forget what the percentage is, but it grows exponentially every year. We are approaching a population of 500,000. We are over half the land mass of all of Los Angeles County. We're about 3000 square miles. If you look at [what] United Way and what the Antelope Valley considers the Antelope Valley, it also includes part of southern Kern County. So we have Rosamond and Mojave [communities in Kern County], and we have Edwards Air Force Base [originally developed as a flight testing center during World War II, Edwards lies on the borders of Kern, Los Angeles, and San Bernardino Counties]. This community has a huge military presence. Edwards Air Force Base is 481 square miles, 308,000 acres. It's huge.

So we have military influence here. We have a huge National Guard and Reserve presence here. We have the highest percentage of people coming back [from combat] with traumatic brain injury and post traumatic stress in LA County. And we get the least amount of the resources of social services in LA County. They still use old statistics. We get about 3% of the resources, when we've never been able to really build the infrastructure to address the social service needs of this area. We're always struggling and battling to get our fair share, and we still haven't caught up. We've become the squeaky wheel for LA County, in all aspects, not just social services, but transportation and all areas of economics.

How have your members changed?

Unfortunately, we have to turn people away and that's one of the worst feelings. Ninety percent of our funding here [is from] government contracts and so we have to do what the contracts say. We have to comply with those and a lot of them are capped off as far as how many people we can accept in a certain program. For example, [for] Full Service Partnerships [FSPs, the intensive care program for the seriously mentally ill created under MHSA, the Mental Health Services Act of 2004], I believe we have 68 Adult slots and 38 Transition-Age Youth slots [Transition-Age Youth are defined as those between the ages of 16 and 26]. Once those are filled, sometimes we can get a couple more in, but I don't have the staffing and I don't have the funding to extend it really. Our contracts really give us constraints on how we can serve people and how many people we can serve.

What we're seeing, especially in these economic times with a lot of foreclosures – For a period of time, we were getting a lot of calls from people who were looking for therapy

because of depression, people who had lost their jobs. And we're not a community counseling program. We're a rehabilitation program. If you don't have a job and you don't have insurance, there are no community mental health centers in the Antelope Valley, so if you don't have insurance, you can't get counseling here. So that's been a huge problem.

What problems do you see with the MHSA programs?

There's a catch-22 with the FSP programs, because there's a point where people are kind of being categorized. You can have X number of people in FSP, Full Service Partnership, who are on MediCal [California's federally funded Medicaid program for low-income residents]; you have a certain number who are in this ethnic group; you can have a certain number, whether they have benefits or not. Categorizing people and just putting them in these little boxes doesn't work, because people don't function that way. That's not how life is.

And then there's this push to move people. [There should be an] understanding that people who are in the Full Service Partnerships are people with severe and persistent mental illnesses, who have been mired in the system usually for a long time. But the system wants them to move on to Wellness [Wellness programs were created under MHSA to provide ongoing services for the mentally ill who are in recovery and able to function in the community] and it doesn't work that way. People's lives don't work that way. You can't force people into all these little cubby holes. You can't say, "OK, you're in this program for nine months; now you need to move into that;" and pull out all the supports they have received up to that point. They fought to get into those intensive programs to begin with; but you only have this amount of time to work with them and they have to move on.

People aren't widgets. They don't live like that. There needs to be some fluidity in services, as there is fluidity in people's lives. And so that's one of the shortcomings I see in the MHSA, the Mental Health Services Act. The intention was really good. The application hasn't been, I don't think, really that good, because I think we are further categorizing people.

What's the reality when you have someone who isn't ready to be moved to Wellness?

Well, it's a huge impact on the individual. They are being pretty much pushed to move on when they are not ready to move on. The staff who know, who are working with them, know they are not ready to move on. They are getting pressure to move them on and a lot of times there is no place to move them on to. If we're the only Adult provider in the Antelope Valley, there is no other place to move them on to. The same thing with the Transition-Age Youth Full Service Partnerships. They forgot that, when someone turns 21 and then the Adult services don't start until [age] 26, what happens between 21 and 26? We can't freeze-dry them; we can't put them off in a corner until they turn 26. There's that gap. We try to provide services that we don't get paid for. They don't fit in those little cubby holes of the Mental Health Services Act.

The other part is that they [defined] the Transition-Age Youth [eligibility as ages] 16-21. Well, Adult services can't service them until they're 18, so we've had to subcontract with the Children's provider for the 16 and 17 year olds. They can't enter our program until they are 18, and then they only have a couple of years before they age out. So starting at 16 made no sense to us. When you're actually applying the program, it's a whole lot different than when you're designing the program. When I design programs, I'm talking to my staff about it. Do you think this is going to work? You don't just do it in a vacuum. I don't want to rag on bureaucrats, but the concepts were really good; the application isn't really good. When it comes down to providing the services, a lot of it doesn't work and it's very frustrating because it was well-intentioned.

Tell me about your experiences with stigma.

The first inkling I had about stigma was when I was sitting in a bar during the time that I was ill. My life was day treatment, medication and therapy, and the bar. My social outlet was the bar and I went there almost every night. One of the first things that people ask you in a bar or any other social setting is "What do you do?" And my answer was always, "I'm a mental patient." That's when I first learned about stigma. I had people get up from their stool and move away. I had people laugh at me and not believe me. They thought I was kidding. Some people really wanted to hear about it. So I'd get those kinds of reactions.

I also found, when I was ill, that once I started going in and out of the hospitals, I had friends that would never talk to me again. Or friends that stopped talking to me and years later talked to me again. I had family members who were very angry and said that I read too many psychology books and that there was nothing wrong with me. So that was my introduction to stigma. When I finally got on SSI, because I had no income after I lost my job – I was working at a mental health center in medical records and I lost my job for being in the hospital – Finally, when I got onto SSI and I wanted to move into an apartment, because I didn't know any better, I wrote down that my income was from SSI. They would ask me why I was on SSI and I had no qualms in telling them why. I never got an apartment. So I was stuck at my mother's house until I got a full time job with MHA.

When I started working for MHA full time in June of '82, one of the first things that happened, I think it was in the very first week I started working. I got a call from a professor at CSU [California State University] Northridge. He was a psychology professor and he asked me if I would come and talk to his abnormal psychology class. I figured that was a part of my job. He wanted me actually to speak to two classes that day. So I went to speak to the class. I figured who knows better about abnormal psychology than me, with my experience? I went and talked to the class and I went to lunch with the professor before the second class. He said, "Well, I guess you've done a lot of these lectures." I said, "Well, I guess you could say that." I didn't say yes and I didn't say no. And I went and I did the other lecture. I just assumed it was part of my job, to lecture about mental health issues.

When I first started doing that, I made the assumption that people really didn't understand about mental health. When I went back to college and got my Master's degree, my Master's thesis was on stigma and attitudes; so I did a lot of research. What I found over the years, and this is going on 30 years now, is the more I speak to groups, the higher [the] percentage of people [that] do understand. Because if you've got one in four people dealing with significant mental health issues themselves, or one in three families dealing with it, the odds are you are going to have a huge percentage of your audience understanding about mental health issues. So I'm finding that people are less and less stigmatizing.

I still deal with it when I introduce myself at the Chamber of Commerce or Board of Trade or some setting like that and they see my badge that says Mental Health America. I always get these stupid remarks like, "Oh, my friend can get help from you or they really need that." It's that nervous response I get and I used to get angry about it. My pat response now is [that] everybody needs good mental health. I don't put them down anymore. I've grown in that respect and I understand that [mental illness is] something that people in general are nervous about. But they are also fascinated and odds are they are exposed [to it] in their own family.

There's a lot of facets to stigma. There's the self-stigma, there's the feelings like you're weak or you're stupid, you're worthless. The self-stigma sometimes is symptomatic of the illness you have as well. There's also the denial of having an illness, that there's any problems. Even though I've recovered from the illness that I had, I've gone through three bouts of post-traumatic stress from some traumatic experiences in my life. It still happens. And what I find is [that] sometimes I don't recognize that I'm going through trauma. I know I'm going through a difficult situation; I don't always recognize that I'm having difficulty in dealing with my everyday life and my work-life. So I'm very fortunate to have some caring co-workers who will say, "I think you need to go and get some help around this." And then I will. I'll go to therapy for a short period of time and then I'm better.

But my coping skills have increased to where I do have a really good support system. I have really good friends and they don't look down on me if I appear to be weak or if I'm having difficulty. That was something I was dealing with in my recovery, and that was something that I was really surprised at. Damn it, I'm recovered and I don't need help anymore and I don't need medication and I don't need this and I don't need that. Onward and upward, so there's no going back. Well, we have life happening to us and we still need those supports. I sometimes take medication to fly because I don't like flying. It's scary. So I might pop a Xanax [a short-acting tranquillizer] when I fly. But I don't think, "Oh, God, I have failed, and I'm regressing, and I'm getting sick again." So those are some of the dynamics we deal with in recovery and realizing it's really a strength to ask for help.

That's one of the things we try to teach people, because we do public education in the community. Mental health isn't just about mental illness; it's also about mental wellness.

It's a strength to ask for help. It's a strength to build up your support system, and eat right and sleep right and deal with all those different aspects of your life in healthy ways. The stigma comes around from all aspects. I think a lot of the stigma has to do with fear [in] those who may or may not have exposure to mental illness in their life. The media perpetuates a lot of negative stereotypes. You still have the psychotic killers; it still is upsetting to have those kinds of stereotypes pop up every once in a while. But, in fairness to the media too, there have also been a lot of positive portrayals. We have to give them kudos for that too.

What kinds of problems are military personnel likely to have?

A large part of the training for military personnel is to suck it up. I mean, starting from day one in boot camp, you are told to suck it up. You can't have any emotional breakdowns when you're in battle. It is drummed into their heads and so when they go through that – and what's different in this war [the Iraq-Afghan War] is that people are going not just for one deployment, they're going for 3, 4, 5, 6 deployments, and more. Psychologically, we're not built to deal with that ongoing trauma and the fear of being in another country and there's bombs going off and you're watching your comrades dying and being maimed in front of you.

Human beings aren't wired to deal with that on an ongoing basis. People are coming back incredibly traumatized and the resources aren't here in the community. The President and the First Lady [Barack and Michelle Obama] are talking with our [MHA] national office about dealing with military mental health, but so far there aren't any services. That's one of my goals, what I'm working on right now. We have a military resource center. Kaiser [Permanente Health Plans] and Boeing [Aircraft Company] are funding us to do some counseling and outreach services. We have a post traumatic stress group that we sponsor here every week. We are able to do a little bit here, but there's a whole lot more that needs to be done. There are a lot of people coming back.

What are the greatest challenges?

Finding funding. Right now, the only mental health services [for returning veterans] are through the VA [Veterans Administration Hospital in North Hills, in the San Fernando Valley]. The VA is 70 miles away from the Antelope Valley, so accessing the VA system is impossible for most people. We really need to have local services. So that's my little Don Quixote thing right now, is trying to get the funding. If not us, then somebody to do those services, but we really have the heart to do it. We belong to a lot of the organizations who are supporting our veterans. We've been sponsors of the Veterans' parades and festivals. We distribute mental health materials at all of those events. So that's my newest passion and so far, I haven't failed with each of these program areas. That's really been our commitment. Our Board of Directors has made a commitment to the Antelope Valley that we will develop services for veterans here. It's very exciting.

What else is unique about the Antelope Valley?

One of the other differences in the Antelope Valley – because I used to do services in the San Fernando Valley – There was a lot of competition there, because there's a lot of agencies and they're competing for the limited dollars. In the Antelope Valley, it's been a lot different. Remember I mentioned about the infrastructure not really being built here. What the different social service agencies have had to do is really be reliant upon one another. So it's a highly collaborative community. We're really not competitive with one another.

A good example is the Homeless Coalition which was started in 1994. And we were a founding member of the Coalition, which I facilitated for a number of years. At one point, the Coalition decided that what the Antelope Valley needed to address the homeless issues was a one-stop shop. We went around and we looked at different Access Centers in other areas; and the Coalition asked MHA if we would be the lead agency on the project. Even though it was beyond our mission, because it was to serve all homeless populations, we said we would be willing to do that for a limited time. There were fifteen agencies that were going to be working within the Access Center and at some point we would turn the Access Center, if it was successful, over to another agency.

So we developed it and we had the [County] Department of Mental Health, we had domestic violence, we had an AIDS organization, health care, the County Health [Services] Department, the homeless shelter, the grocery programs that supplied emergency groceries and clothing and motel vouchers. We had all the organizations that were providing homeless services and we had a small staff. We ran that program for five years and then we identified an agency that we felt confident had the infrastructure, that had the integrity and would do a good job with this program. So we spun it off and gave them lock, stock, and barrel all the assets and turned the contract over to them.

When we did the research on the different Access Centers, we went down to the San Fernando Valley and I interviewed the fellow who was running the program there. I told him what we wanted to do in our Access Center and he said, "You cannot have multiple agencies under one roof. It's not going to work." I said, "But it's the Antelope Valley; that's *how* we work." And that agency, that Access Center, shut down and our Access Center, eleven years later, is still operating. So that's the difference in the Antelope Valley. We are very reliant upon one another and we trust one another.

And we're very protective. We had an agency open up a homeless program for mothers, for domestic violence and homeless mothers. That agency ripped off the mothers, ripped off the babies, ripped off the community. The community is very protective. When an agency comes in here from, as we say, down below, anywhere south of the Antelope Valley, we scrutinize them, because we've been burned a couple of times that way. We're very protective of the community and the people we want to serve. So it's a very tight community.

END OF INTERVIEW