



NAMI Ventura County

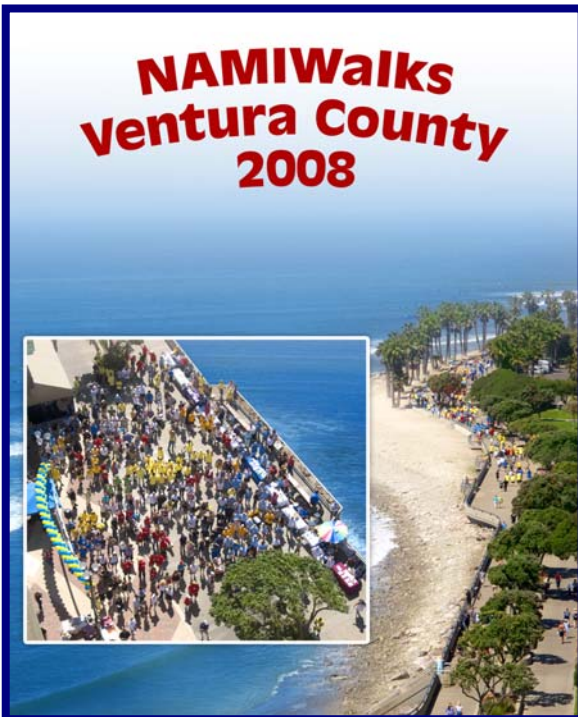
Ventura County's Voice on Mental Illness

Newsletter

July/August 2008

FOURTH ANNUAL NAMIWALKS FOR THE MIND OF AMERICA!

NAMIWalks 2008 – A Winner



After enjoying some mariachi music from the young students of the Inlakech Cultural Arts Center, our enthusiastic crowd of members and friends of NAMI Ventura County started our march of hope and faith on Saturday May 17th. By doing so we joined NAMI friends across the nation to raise money and awareness about our country's need for a world-class treatment and recovery system for people with mental illness.

On one of the warmest days of the year, the Ventura Beach Promenade may well have been the coolest spot and the most pleasant in all of Southern California! Before the walk began, we heard inspiring stories from Honorary Walk Chair and County Executive Officer Marty Robinson, Family Chair Duane Bentzen, Behavioral Health Director Meloney Roy, Consumer Chair Karyn Bates, and Team Captain and County Supervisor Linda Parks. We were also treated to a personal story of success and recovery by our DJ Matt Worrell.

Kids of all ages enjoyed the create-your-own ice cream sundae station after the walk, with lots of gooey chocolate topping, bananas, and peanuts to go around, not to mention flats upon flats of juicy strawberries and watermelons that were free for all at the food station. The highlight was the drawing for door prizes, managed by Matt Worrell, with over 50 fabulous prizes and happy winners.

Resource tables from various organizations in and out of Ventura County lined the boardwalk along the walk route. These included Among Friends, Anne Sippi Clinic, California Association of Marriage & Family Therapists, Hillmont Psychiatric Center, Many Mansions, Pacific Clinics, Patton State Hospital, Southern California Psychiatric Society, Telecare Corporation, Turning Point Foundation, United Parents, Ventura County Community Foundation, Ventura County Behavioral Health and Vista del Mar Hospital.

We had a total of about 650 walkers, and you helped us raise \$53,000.

Congratulations to the top five fundraising teams:

1. Love Stories – Candace Jackson - \$4,650
2. Hurt's Hoofers – Debbie Hurt - \$4,410
3. Ventura Support Group – Sally Kosoff - \$2,520
4. The Team – Maria Langford - \$2,244
5. In Memory of Joshua – Raymond Johnson - \$1,777

We are so grateful to all who came to support NAMI. Thank you for making NAMIWalks 2008 Ventura County a success and for making such a huge difference in the lives of many. And mark your calendars for next year's walk on Saturday May 2nd, 2009. ❖

SPEAKER'S MEETING

7:00 P.M., Tuesday September 9, 2008

**RECOVERY FROM MENTAL ILLNESS
An International Perspective**

TIMOTHY KUEHNEL, Ph.D.

*Psychologist, Semel Institute of Neuroscience &
Human Behavior, UCLA School of Medicine*

The World Health Organization has just completed a collaborative project, the International Study of Schizophrenia. What implications for improved treatment and rehabilitation can we draw from this project? Dr. Kuehnel will present the findings in an easy-to-understand format.

**St. Columba's Episcopal Church
Parish Hall
1251 Las Posas Road, Camarillo**

Medi-Cal Pharmacy Cuts

The California budget proposed by Gov. Arnold Schwarzenegger for 2008-09 reduces most state departments and programs by 10 percent, across the board. This includes cuts for health care, and affects over six million Californians with Medi-Cal coverage, including people with mental illness getting SSI disability benefits.

The impacts include provider rate cuts, benefit cuts (including adult dental), and prescription drug cuts.

Pharmacists claim the more expensive the drug, the more money they lose on Medi-Cal prescriptions. That means losses on brand name drugs used to treat mental illnesses, cancer and HIV.

The California Pharmacists Association and other organizations are in a court battle with the State, and they succeeded in getting a restraining order which was later overturned, which means the 10% pharmacy cuts still remain in effect.

In the meantime, mental health providers, clinics and consumers should be aware of the following:

1. Pharmacies are required to continue dispensing all drugs, including atypical antipsychotics, at Medi-Cal rates.
2. A pharmacy may choose to drop all Medi-Cal business, but they may not be selective.
3. Take your business to other pharmacies if necessary.

Because this is such a huge issue for NAMI Ventura County and its members (as well as others who are on Medi-Cal), our state organization NAMI California is centralizing the collection of prescription drug issues to more easily deliver it to the legislature. If you or anyone you know has had the experience of being turned away by a pharmacy, have had their medications switched, or know of pharmacies that plan to stop taking Medi-Cal patients, please send that information to: Rachel@schubertflintpa.com This e-mail address is at Patients for Access to Medicines.

We need the legislature to act now to eliminate the cuts. If the legislature doesn't hear from consumers and families, they won't know there is a problem and they won't act. To find your state senate and assembly members, visit www.legislature.ca.gov and enter your zip code. Write to your state representatives and ask them to rescind the 10% Medi-Cal cuts. ❖

Shortage of Public Psychiatric Beds

Since the 1960s there has been a mass exodus of patients from public psychiatric hospitals. Data are available on the number of patients in such hospitals in 1955 and in 2004–2005. The data show that:

In 2005 there were 17 public psychiatric beds available per 100,000 population compared to 340 per 100,000 in 1955.

Thus, 95 percent of the beds available in 1955 were no longer available in 2005.

The states with the fewest beds were:
Nevada (5.1 per 100,000), Arizona (5.9),
Arkansas (6.7), Iowa (8.1), Vermont (8.9)

The states with the most beds were:
South Dakota (40.3), Mississippi (49.7)

California was considered to have a severe bed shortage with 17.5 beds per 100,000 population.

A consensus of experts polled for this report suggests that 50 public psychiatric beds per 100,000 population is a minimum number. Thus, 42 of the 50 states had less than half the minimum number needed, and Mississippi was the only state to achieve this goal.

The total estimated shortfall of public psychiatric beds needed to achieve a minimum level of psychiatric care is 95,820 beds.

The consequences of the severe shortage of public psychiatric beds include increased homelessness; the incarceration of mentally ill individuals in jails and prisons; emergency rooms being overrun with patients waiting for a psychiatric bed; and an increase in violent behavior, including homicides, in communities across the nation.

The consequences of the severe shortage in public psychiatric beds could be improved with the widespread utilization of PACT (Program of Assertive Community Treatment) programs and assisted outpatient treatment (AOT), both of which have been proven to decrease hospitalization. It could also be improved with greater flexibility in federal and state regulations allowing for the development of alternatives to hospitalization.

The above is an extract from a report by the Treatment Advocacy Center. For the full report, visit their web site at: www.treatmentadvocacycenter.org/Reportbedshortage.htm ❖

Help Plan NAMI Walks 2009

Can you believe that it is time to start preparing for the 2009 NAMI Walks and recruiting the Walk Chairs.

This will be our 5TH WALK!

Walk Chairs are a vital component of the walk and can be a major factor in determining the level of success our walk achieves. With success comes the ability to expand our efforts to improve the lives of persons affected by mental illness and erase the stigma through education.

Here is a list of the various Walk Chair Positions we may enlist, along with a brief description of each.

1. General/Family Chair – This should be a passionate person with a compelling story who should lead by his or her example in terms of personal teambuilding and fundraising efforts – (It is suggested that it be someone who is comfortable with minimum team goals of 25 walkers and \$5,000.)

(contd on page 3)

NAMI Walks 2009 (contd)

2. Business Recruitment Chair – This person will help to get the NAMI name into the business community and let them know what we are doing. This person should be the captain of a business team & again lead by example, by setting the teambuilding and fundraising standard for the Business Team Captains.

3. Honorary/Other Chairs – Honorary could be a celebrity, the media, politicians or other community leaders. The name will help to broaden the scope of awareness about the WALK in our community. ("Other" might include a Congregation Chair to recruit and organize congregation teams or a School Chair who would take charge of organizing student teams from the various county schools and beyond.)

4. Business Chair - This important position can help elevate our Walk and provide greater exposure within the business community. A top level executive (CEO, President, Executive, or VP) from a large company within the community who will:

- Be a top level NAMIWALKS sponsor;
- Build a large team of walkers and encourage fundraising within their employee base;
- Allow letters on their stationery under their name be sent to community business peers inviting them to the Kick-Off Luncheon, encouraging sponsorship support of the Walk and creating a Walk Team;
- Attend the Kick-Off Luncheon with Team Captains and publicly endorse the Walk;
- Participate and fundraise in the Walk as a member of the company team.

Identifying these key people takes TIME and YOU! We will compile a list of potential candidates over the coming weeks. If you know someone who will be the ideal candidate for one of these Walk Chairs, please email or call Ratan at NAMI Ventura County.

Let's make our Fifth Year Walk something very SPECIAL!!!❖

Is Your Membership Current?

Check the address label on the printed, mailed copy of this newsletter for the expiration date. Won't you renew your membership or sign up to join NAMI Ventura County today?

Provider Education Program

Specially designed for mental health professionals and taught by a trained five member team, this class brings the perspective of the consumers and family members. Attendees completing the course will receive 30 CEUs.

The next class is being planned now, and is scheduled to start in October and continue for 10 weeks. The class will be held at locations in Ventura and Thousand Oaks.

Register by email: namiventura@gmail.com or by telephone: (805) 641-2426.❖

Social Security & Benefits Meeting

At the July General Meeting, NAMI members were fortunate to listen to the expertise of two very well informed ladies - Mary Ann Foushee from the Social Security Administration and Katharine Raley from the County of Ventura HICAP program. They answered a barrage of questions from the audience very patiently and precisely.

Mary Ann briefly explained the difference between SSI benefits and SSDI benefits.

SSI, or Supplemental Security Income, is a federal program for aged, blind and disabled people who do not have income. It provides cash to meet basic needs of food, clothing and shelter.

SSDI is the Social Security Disability Insurance program that pays benefits to you if you have worked and paid Social Security taxes. Mary Ann pointed out that an adult child may also qualify for benefits on your earnings record if he or she has a disability that started before age 22.

SSI and SSDI should not be confused with regular Social Security Retirement benefits which start at age 62. Most people need at least 10 years of work at jobs at which they paid Social Security taxes in order to qualify for retirement benefits.

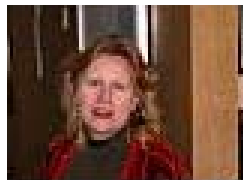
She explained that when you qualify for SSI, you also receive Medi-Cal health insurance benefits. If you qualify for SSDI you receive Medicare benefits. When you are eligible for both Medicare and Medi-Cal, you are sometimes referred to as being "Medi-Medi".

About halfway through the presentation Mary Anne handed over the mike to Katherine Raley, who talked about HICAP, the Health Insurance Counseling and Advocacy Program. HICAP's counseling services are provided by fully trained volunteer counselors who are registered by the California Department of Aging. They provide assistance to those with questions about Medicare, Medi-Cal, Senior Advantage Plans, Medi-gap policies and Long Term Care insurance, in addition to assistance in resolving billing problems. They offer objective information to help seniors and others on Medicare make good decisions about their healthcare coverage. They will give you both the pros and cons of each option available to you. They neither sell nor are affiliated with any health insurance provider.

Katherine provided a wealth of unbiased information. She further clarified the differences between Medicare and Medi-Cal. Medicare is a Health Insurance program run by the Federal Government for people 65 or older, under 65 with certain disabilities. Medi-Cal is a public health insurance program run by the state for low-income individuals, persons with disabilities etc. She explained Medicare Part D, how the prescription drug programs work, and how to ensure that your family member chooses the plan that gives them the right medications.

If you need help with Medicare or have questions about social security benefits, make an appointment with a trained HICAP volunteer by calling (805) 477-7310.❖

JEAN FARLEY, PUBLIC DEFENDER



Having been raised by a single mother who struggled with mental illness, Jean Farley brings her own personal awareness and compassion to her job as Ventura County Chief Public Defender.

Ms. Farley shared her personal story growing up, one with common themes of confusion, feelings of inadequacy, and an intense intellectual focus to make sense of it all. That experience, coupled with a desire by age twelve to become an attorney, led her to develop an expertise in the law and mental illness. Her compassion was apparent as she guided the audience at the NAMI meeting in Camarillo on June 10, 2008, through the legal maze governing forced treatment and conservatorships, under the California Lanterman-Petris-Short (LPS) Act.

The LPS Act was passed to end inappropriate, indefinite and involuntary commitment of mentally ill people and to establish a system, safeguarding individual rights through judicial review, for evaluation, treatment and conservatorship services for individuals with serious mental disorders. LPS conservatorships can exercise control over the person, whereby the conservator takes responsibility for his client's food, clothing, shelter and medical care, or over the estate, whereby the conservator manages of the client's finances.

Farley walked her audience through the commitment processes: Under a 5150, a patient can be held for 72 hours if authorized professionals determine, based on probable cause, that the patient is a danger to self or others, or gravely disabled. If after 72 hours the patient is still found to be a danger to self or others or gravely disabled, and the patient refuses treatment, a 5250 certification hearing allows the hospital to keep the patient up to 14 more days for intensive treatment. If after those 14 days the hospital determines that the patient still needs involuntary treatment, the hospital can keep the patient 3 days while someone files for conservatorship. A temporary conservatorship lasts up to 30 days (unless continued for attorney trial preparation) and should be in the least restrictive environment to achieve the purposes of treatment. A permanent conservatorship may extend for up to one year and is based on a finding beyond a reasonable doubt that the person is gravely disabled as a result of a mental disorder and is unwilling or unable to voluntarily accept meaningful treatment. Additionally, a court in a Riese hearing may force a patient to take medication based on clear and convincing evidence that the patient lacks capacity to give informed consent.

Ms. Farley explained in detail the concept of "gravely disabled" under the law. This term means that as a result of mental illness the person is presently unable to provide for food, clothing or shelter. The standard is not a perceived likelihood of relapse although the historical course of the disorder can be relevant. A person willing and able to accept voluntary treatment is not gravely disabled. Bizarre

or wildly erratic behavior without more is not sufficient either. "Lifestyle choices," like a desire to be homeless, does not equate to being gravely disabled. A person who can survive safely with help from family or friends is also not gravely disabled.

In addition to setting out the legal standards, Ms. Farley advised the audience of ways to be more effective advocates. She encouraged families to journal or keep notes of their observations in order to facilitate memory and enhance credibility as witness should a hearing be required in the future. She finds that her clients often have poor historical perspective. If the police apprehend your loved one, Ms. Farley directed family members to speak not only to police, but also to the hospital: Let the hospital know whether you believe your loved one has been taking their medications and whether they are likely to be forthcoming about medication compliance. If your schedule prevents you from seeing a hospitalized loved one during normal visiting hours, contact hospital staff to try to work out a different time for visiting. Encouraging police compliance with the process, Ms. Farley spread the word that police charged with apprehending a person under the 5150's should, whenever possible, dress in plain clothes and travel in unmarked cars.

Ms. Farley is unusually accessible for a busy professional, inviting the audience to contact her with any questions by email or phone. However, due to ethical considerations, she cautioned the audience to notify her upfront if questions relate to a specific case. Other sources of assistance or information she identified were Office of County Counsel (654-2580), the Patient's Rights Advocate (477-5731), "211", the Self-Help Legal Access Center, and the website <http://ventura.networkofcare.org>. ❖

COURT EDUCATION PROGRAM on Mental Illness

The first training course specially designed for attorneys and court personnel was completed in June. This is an innovative new short course developed to teach about mental illness and related legal topics from the family perspective.

If you know of any attorneys, paralegals, client advocates, court personnel or others who come in contact with mentally ill clients in a criminal justice setting, this class is for them - please ask them to sign up for the next class:

September 12 & September 19, 2008
2 Fridays, 1:00 pm to 5:00 pm

Location: Ventura County College of Law
4475 Market Street, Ventura

The California State Bar has approved this course for 8 California MCLEs. There is a \$50 fee for this class. Register by email: namiventura@gmail.com or by telephone: (805) 641-2426.

Breaking news: The Ventura County Community Foundation has awarded a grant to NAMI Ventura County, to continue this very successful course in 2009! ❖

NAMI FUNDRAISING

These are 3 easy ways to assist NAMI Ventura County by continuing to shop at your regular merchants. Help us raise much needed funds in order to continue our programs and services.

eSCRIP

Register your Von's, Pavilion's, Macy's, American Express and Visa card with eScrip and NAMI Ventura County will benefit.

Just go to www.escrip.com, enter the NAMI group number: **5564290** and follow the simple steps to register your grocery cards, credit/debit cards, and store purchase cards.

Here's how it works:

1. You register any one or all of your existing grocery, debit and credit cards for use in the program.
2. Participating merchants will make contributions to your chosen group, based on purchases made by you, just by using the cards you have registered.
3. Your purchases are tracked and available to you online, allowing you to see just how much you are earning on our behalf. ❖

RALPH'S COMMUNITY CONTRIBUTION PROGRAM

Just by registering your Ralph's Club Card, NAMI can earn up to 4% of your purchases each month. Note that Ralphs has changed their Ralphs Club to a new Ralphs Rewards program. Your old Club card will no longer be usable after August 31st. When you have your new Ralphs Rewards card from your local store, follow these directions to direct Ralph's contributions to NAMI.

Go online at www.ralphs.com, click on Community Programs, then click on participant and follow the simple instructions to register your Ralph's Club Card. The NAMI NPO # is **81209**. Be sure to have your Ralph's Club Card handy so you can enter its number into the online system.

For each month's purchase up to \$200, NAMI receives 1%; \$200.01 to \$350, NAMI receives 2%, \$350.01 to \$500, NAMI receives 3%, over \$500 NAMI gets 4%. ❖

ALBERTSON'S COMMUNITY PARTNERS

Albertsons contributes a percentage of purchases made by you each time you shop at Albertsons and Sav-on Drugs with your registered Preferred Savings Card. It's that easy!

- Go to www.albertsons.com/cp
- Click on "Shoppers login or register..."
- Enter your normal Albertsons Preferred Savings card number and telephone number to login
- Select "My Account"
- Select "Add a Partner"
- Enter the 11-digit number for NAMI Ventura County: **49000116735** ❖

NAMI Ventura County thanks you for your support! ❖

LAURA'S LAW CAMPAIGN SHIFTS TO COUNTIES

SB 1606 Stalls

Fashioned after New York's proven Kendra's Law, AB 1421 (also known as "Laura's Law") makes assisted outpatient treatment available in California.

It has been seven years since 19-year-old Laura Wilcox was shot to death at a Nevada County mental health clinic by Scott Harlan Thorpe, a man with paranoid schizophrenia who consistently refused treatment. Two years later, California passed Laura's Law in her name, allowing counties to provide court-ordered community mental health treatment to people with severe mental illnesses who would otherwise be lost to the symptoms of their illnesses.

The passage of Laura's Law in 2002 was adopted without a mandate that counties implement Laura's Law. In addition, the State did not fund Laura's Law and thus most counties justified not implementing the law due to budget constraints.

Fortunately, money is no longer an issue since voters overwhelmingly passed Proposition 63 in 2004 which established a one percent tax on personal income above \$1 million to fund expanded health services for mentally ill children, adults, and seniors. Proposition 63 now provides a stream of funding for the intensive services that can be used pursuant to Laura's Law to help those for whom voluntary treatment has proven ineffective. Many local governments are now beginning to consider adopting assisted outpatient treatment in their communities. Nevada County is currently using Proposition 63 funding to implement Laura's law.

Additional legislation was introduced in February 2008 that would help local governments in providing assisted outpatient treatment (AOT) for people with severe mental illnesses. Senate Bill 1606 would remove a number of unnecessary and cumbersome requirements in "Laura's Law," and will allow counties to maximize their local dollars while giving appropriate services to the individuals who need AOT. But despite the best efforts of many California Advocates, the Legislature is not ready to pass SB 1606 and make AOT available statewide this session. That means that it is up to each of us to urge the Board of Supervisors of our county to adopt this valuable court-ordered community treatment mechanism.

Nevada County's new AOT program proves that Laura's Law can be adopted and that MHSA can pay for it. That does not make getting AOT for a county easy, but it does put the program on an even playing field with all others.

AOT is an extremely effective tool to care for certain individuals and allows the sickest patients to get help before the point of immediate physical danger, removing them from the revolving door of repeated emergency room visits and jail that are so costly to counties. We will continue to work on the implementation of Laura's Law to bring treatment to all of those in need in California. It is the Board of Supervisors that decides whether not your county adopts Laura's Law – please write to or visit your Supervisor. The message is simple – Adopt Laura's Law.

A host of resources on getting our county to implement Laura's Law can be found here:

<http://www.treatmentadvocacycenter.org/CTAC/Implementationtools.htm>

(The above was compiled from various sources including the Treatment Advocacy Center.) ❖

SUPPORT GROUPS FOR CONSUMERS/CLIENTS

Please note – These groups are for consumers/clients. Family member support groups are listed separately.

Depression/Bipolar Support Groups:

Ventura: DBSA Support Group meets every Tuesday, 6:30 p.m. to 8:00 p.m., Bible Fellowship Church, 6950 Ralston Street (& Johnson Drive), Building 300, Room 301, Ventura. For more information, call (805) 201-0619. Also see: <http://health.groups.yahoo.com/group/DBSAVentura/>.

Ventura: DBSA Support Group meets 1st and 3rd Wednesday, 2:00 p.m. to 4:00 p.m. at the Adult Wellness and Recovery Center, 56 E. Main Street (at Ventura Avenue in Ventura). For directions and information, call (805) 671-5038

Oak Park: The Conejo Valley Depression Support+ Group meets every Monday at 7:00 p.m. at Church of the Epiphany, Mitchell Hall, Room 6, 5450 Churchwood Drive (Churchwood & Kanan), Oak Park. Info: Vincent F. Caimano, Ph.D., (818) 292-8551 office.

SUPPORT GROUPS FOR FAMILY MEMBERS

Please note –These groups are for family members. Consumer/client support groups are listed separately.

NAMI in Camarillo – Meets at 5:30 p.m. the second Tuesday of each month at St. Columba's Episcopal Church, 1251 Las Posas Rd., Camarillo. The meeting is prior to the General Meeting. Info: (805) 641-2426.

NAMI in Thousand Oaks – Meets at 7:00 p.m. the third Monday of each month at 72 Moody Court in Thousand Oaks (Behavioral Health, Conejo Clinics). Info: (805) 641-2426.

Note: There is no longer a group that meets on the first Monday.

NAMI in Ventura – Meets at 6:30 p.m., the 1st and 3rd Tuesdays of each month at College United Methodist Church, 4300 Telegraph Road, Ventura. Info: (805) 641-2426.



The Power of One

Many of us feel overwhelmed with the inequities in the mental health care system. The multitude of deficiencies in the treatment of people with a mental illness boggles the mind. True, the Mental Health Services Act has offered some improvement. But non-MHSA services are being cut while these services are being expanded.. For people who care, it's enough to make you feel helpless.

But we must not forget individual advocates still accomplish great things through their commitment and hard work. They remind us that a single person can make things better and inspire us to try to emulate their success.

Our local affiliate has such a person. His name is Fred Zullo and many of you know him already. Perhaps he has given you counsel regarding a relative locked up in prison or the state hospital. Or maybe he has just given you a kind ear to listen to your dilemmas. But he has done much more.

People were transported to and from the state hospital to jail for court appearances in Ventura County. Fred noticed that the trip was often very disruptive for people dealing with a severe mental illness. They were being transported in a van or car in leg irons and handcuffs accompanied by two sheriff's personnel. The trip from Metropolitan State Hospital, for example, to Ventura County Jail takes roughly three hours. When they arrive, the consumer is put into an unfamiliar barred cell, sometimes with cellmates they have never met before. And generally, the consumer does not have the medication available to them that they were taking while at the State Hospital.

The sheer stress of the trip drove many individuals to decompensate. While Fred felt frustrated at witnessing such unnecessary indifference, he thought there had to be a better way. He came up with the idea of videoconferencing between the State Hospitals and the Court System in Ventura County. He had heard that it had been used between the jail and the court system and he thought it would be a great solution to use it between the Hospitals and the Courts

He contacted the Head of the Superior Court for the County of Ventura, Mike Planet. Mr. Planet agreed that it would be a good idea to connect the courts and the state hospitals, but he had one caveat. He said that Fred would have to get all the other parties involved to agree to it.

Fred called the Head District Attorney, Greg Totten. Fred contacted the heads of the Sheriff and Public Defenders department. He called the County Supervisors. When all was said and done, Fred was able to get everyone to agree this was a worthwhile idea. The videoconferencing between the State Hospitals and the Ventura County Court system will begin in July or August.

This is an example of what one single individual with a vision and hope for a better day for people with a mental illness can accomplish. We owe Fred a great deal of gratitude for what he has done. He has given us a roadmap to what is possible.

Fred is now planning to get Kern County to adopt the same program. When he is done with Kern County, he will try to get every County in the State of California to adopt this program. We know he will be successful. ❖

(Reprinted, with permission, from the AMI San Fernando Valley newsletter)



NAMI Ventura County
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**New Classes Starting
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Sign up now – call or email**

FAMILY TO FAMILY

Class begins: September 11, 2008
12 Thursdays, 6:30 pm to 9:00 pm
Calvary Community Church
5495 Via Rocas
WESTLAKE VILLAGE

FAMILY TO FAMILY

Class begins: September 11, 2008
12 Thursdays, 6:30 pm to 9:00 pm
Auditorium, Public Health Dept.
3147 Loma Vista Road
VENTURA

FAMILIA A FAMILIA

(Spanish speaking)
Class begins: September 2008
12 evenings, 6:30 pm to 9:00 pm
Location and start date TBD
OXNARD

FAMILY TO FAMILY

Class begins: September 2008
12 evenings, 6:30 pm to 9:00 pm
Location and start date TBD
SIMI VALLEY