



Prop 63 at Work

Press Clippings March – May 2013

Mental Health Services
Oversight and Accountability
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Art With Impact Focuses a Lens on Mental Illness

By Cristy Lytal

Tuesday, May 7, 2013

“Birds with perfectly symmetrical feathers cannot fly.”

On April 23, these simple words flashed across a movie screen in the USC Engemann Student Health Center, where students, faculty, staff and mental health professionals had gathered to watch and discuss the short film *Crooked Beauty*.

The screen flickered with black-and-white images of barren trees, rolling fog and wind whipping through tall grass. The narrator declared: “If I was determined to live my life in a city, and to work a really intensive, steady job in an office, I think I would have to take medication to do that. But I don’t think that fact means I have a disease.”

The screening was hosted by the nonprofit Art With Impact, which holds a monthly contest offering a \$1,000 cash prize for short films about mental health. Funded by California Prop 63, the organization then screens the winning films and leads panel discussions on college campuses across the U.S.

After the film drew to a close, Cary McQueen, executive director of Art With Impact, invited the audience to break into groups of three to discuss their thoughts, feelings and reactions. Then she screened *Rinse and Repeat*, a film narrated by a man with obsessive-compulsive disorder; and *Always Hope*, the story of a stranger who intervenes in a near suicide.

“When you’re going through some of these feelings that we saw in these movies, it’s a very scary step to walk into someone’s office to get help,” said Ilene Rosenstein, director of USC Student Counseling Services. “The best way for us to reach out is by forming a connection with the person who is



Photo by Lilly Insalata. Cary McQueen, executive director of Art With Impact, starts a conversation about mental illness.

struggling and giving hope, which has been the message of these films. People do want to feel better, but they also don't want to lose themselves in the process."

Following the screenings, Monica Castaneda-Garcia, a student at California State University, Fullerton, shared her personal experience of major depression with psychosis.

"What helped me through the whole recovery process were all the people around me who supported me," she said. "And so I just want to say to any of you in the room — who might be feeling hopeless or in pain — that there is hope."

The audience received additional information about how to promote mental health from a distinguished panel of professionals.

"People feel like sometimes nobody wants to hear, and no one's going to help me, but really, there are people who want to help," said panelist Kathleen Piché, public affairs director for the Los Angeles Department of Mental Health.

And the Trojan Family always takes care of its own. Panelist Lynette Merriman, senior associate dean for USC Student Affairs, shared information about the resources available to students through departments including Student Counseling Services and Student Support and Advocacy.

Andrea Torres, director of Student Support and Advocacy, added that she and her department colleagues aren't mental health professionals. "But we have a big heart; we care; we're sensitive," she said. "We're certainly going to listen. So we can get students to the appropriate help that they need."

Several panelists also mentioned Trojans Care for Trojans (TC4T), a USC Student Affairs Website that provides an anonymous online reporting form for students to express their concerns about other members of the Trojan Family.

"The counseling services as well as other folks here are doing a great job," said Merriman, "and word is out there that we're here to help and we do care."

For more information, visit artwithimpact.org.



Darrell Steinberg calls for more investment in CA mental health

By Torey Van Oot

May 7, 2013

California's top Senate Democrat called Tuesday for more investment in mental health services in the state, saying his proposal could improve lives, prevent future tragedies and reduce the burden mentally ill patients put on the state's prisons and hospitals.

Senate President Pro Tem Darrell Steinberg is proposing significantly increasing mental health services in the state by adding 2,000 beds and at least 200 "triage personnel" to help individuals with mental health issues. His plan, which he hopes to enact through the state budget process, would also add 25 "Mobile Crisis Support Teams" to provide a range of resources to help people manage their mental illness without turning to emergency rooms or jails.

Steinberg said "invariably heart-breaking and often tragic" stories of what happens when mental illness goes untreated motivated him to craft the proposal. He highlighted the December mass shooting at a Connecticut elementary school, a federal appeals court's ruling on health care in California prisons and stories chronicled by The Bee of Nevada busing mentally ill patients to California and other states as recent examples of the need for care.

"How many more sad stories must we hear? With Newtown, Nevada and the 9th Circuit it is time for action," he said at a press conference in the state Capitol.

The unveiling of the plan comes days after Gov. Jerry Brown submitted a court-ordered plan to reduce the state's prison population. Steinberg said while his mental health services plan might not satisfy the three-judge panel's call for further inmate reductions, it will lower the prison population and recidivism rate for mentally ill inmates over time.

"Ultimately, if we are going to reduce overcrowding over the long term, we have to provide more effective, cost effective ways to keep people who leave the prisons and the jails from returning," he said, citing the success one three-year project for mentally ill parolees has had in cutting down the rate of repeat incarceration.

Steinberg said he has not yet calculated the full price tag for the plan, which would include grants of up to \$500,000 for eligible projects. He said he envisions paying for the added services through grant funding offered by the California Endowment, a nonprofit that promotes health care coverage, money from the Proposition 63 tax on millionaires for mental health services, general fund revenues and by enrolling eligible individuals for health care benefits under the new state-run marketplace. He argued that any additional investment would provide big returns for the state over time.

"We are paying already, and we are paying big time," he said. "Our current system is a budget buster, also it's inhumane."

Read more here: <http://blogs.sacbee.com/capitolalertlatest/2013/05/-but-he-said.html#storylink=cpy>

The New York Times

May 2, 2013

Suicide Rates Rise Sharply in U.S.

By **TARA PARKER-POPE**

Suicide rates among middle-aged Americans have risen sharply in the past decade, prompting concern that a generation of baby boomers who have faced years of economic worry and easy access to prescription painkillers may be particularly vulnerable to self-inflicted harm.

More people now die of suicide than in car accidents, according to the [Centers for Disease Control and Prevention](#), which published the findings in Friday's [issue](#) of its Morbidity and Mortality Weekly Report. In 2010 there were 33,687 deaths from motor vehicle crashes and 38,364 suicides.

Suicide has typically been viewed as a problem of teenagers and the elderly, and the surge in suicide rates among middle-aged Americans is surprising.

From 1999 to 2010, the suicide rate among Americans ages 35 to 64 rose by nearly 30 percent, to 17.6 deaths per 100,000 people, up from 13.7. Although suicide rates are growing among both middle-aged men and women, far more men take their own lives. The suicide rate for middle-aged men was 27.3 deaths per 100,000, while for women it was 8.1 deaths per 100,000.

The most pronounced increases were seen among men in their 50s, a group in which suicide rates jumped by nearly 50 percent, to about 30 per 100,000. For women, the largest increase was seen in those ages 60 to 64, among whom rates increased by nearly 60 percent, to 7.0 per 100,000.

Suicide rates can be difficult to interpret because of variations in the way local officials report causes of death. But C.D.C. and academic researchers said they were confident that the data documented an actual increase in deaths by suicide and not a statistical anomaly. While reporting of suicides is not always consistent around the country, the current numbers are, if anything, too low.

"It's vastly underreported," said Julie Phillips, an associate professor of sociology at Rutgers University who has published research on rising suicide rates. "We know we're not counting all suicides."

The reasons for suicide are often complex, and officials and researchers acknowledge that no one can explain with certainty what is behind the rise. But C.D.C. officials cited a number of possible explanations, including that as adolescents people in this generation also posted higher rates of suicide compared with other cohorts.

“It is the baby boomer group where we see the highest rates of suicide,” said the C.D.C.’s deputy director, Ileana Arias. “There may be something about that group, and how they think about life issues and their life choices that may make a difference.”

The rise in suicides may also stem from the economic downturn over the past decade. Historically, suicide rates rise during times of financial stress and economic setbacks. “The increase does coincide with a decrease in financial standing for a lot of families over the same time period,” Dr. Arias said.

Another factor may be the widespread availability of opioid drugs like OxyContin and oxycodone, which can be particularly deadly in large doses.

Although most suicides are still committed using firearms, officials said there was a marked increase in poisoning deaths, which include intentional overdoses of prescription drugs, and hangings. Poisoning deaths were up 24 percent over all during the 10-year period and hangings were up 81 percent.

Dr. Arias noted that the higher suicide rates might be due to a series of life and financial circumstances that are unique to the baby boomer generation. Men and women in that age group are often coping with the stress of caring for aging parents while still providing financial and emotional support to adult children.

“Their lives are configured a little differently than it has been in the past for that age group,” Dr. Arias said. “It may not be that they are more sensitive or that they have a predisposition to suicide, but that they may be dealing with more.”

Preliminary research at Rutgers suggests that the risk for suicide is unlikely to abate for future generations. Changes in marriage, social isolation and family roles mean many of the pressures faced by baby boomers will continue in the next generation, Dr. Phillips said.

“The boomers had great expectations for what their life might look like, but I think perhaps it hasn’t panned out that way,” she said. “All these conditions the boomers are facing, future cohorts are going to be facing many of these conditions as well.”

Nancy Berliner, a Boston historian, lost her 58-year-old husband to suicide nearly two years ago. She said that while the reasons for his suicide were complex, she would like to see more attention paid to prevention and support for family members who lose someone to suicide.

“One suicide can inspire other people, unfortunately, to view suicide as an option,” Ms. Berliner said. “It’s important that society becomes more comfortable with discussing it. Then the people left behind will not have this stigma.”



Thursday, May. 02, 2013

Mental illnesses still go untreated

By RAMONA GIWARGIS

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MERCED COUNTY A recent spike in national tragedies has put a focus on mental illness, but Merced County officials say they've worked to raise awareness for many years.

May is Mental Health Awareness month, and officials say it's a time to shed light on a topic that is often misunderstood.

"A lot of times, the stigma that's within the community keeps these individuals from getting support and care," said Kurt Willems, assistant director of the county Department of Mental Health. "We're here to let them know that it's OK to get these type of services."

The Department of Mental Health provides support ranging from suicide prevention to substance abuse programs to county residents.

In Merced County, a down economy and the pressures of everyday life can contribute to stress and mental illnesses, Willems said. "It's something we all struggle with to a certain degree at some point in our life," he said. "That's what awareness is about. It's to help people see that this is not an illness that should be ignored or put aside."

Proposition 63, known as the Mental Health Services Act, puts a 1 percent tax on incomes above \$1 million for mental health programs. Merced County received more than \$7 million from the initiative this year, Willems said.

That funding helps cover services for uninsured residents, Willems said.

It also supports several programs and awareness events, including an annual picnic at Lake Yosemite on May 10, an art contest and an "outcomes" event, where people can learn about mental health programs.

Sharon Jones, Mental Health Services Act coordinator, said it's all about removing the stigmas associated with mental illness and providing help.

"These are issues that anyone can face," Jones said. "It's not just a certain group of people that face this -- it's a community issue. It crosses all lines, colors and cultures."

Officials agree that education is the key, and the local National Alliance on Mental Illness chapter provides that through its volunteer-led programs.

Jan Morita, 69, sits on the alliance's board, and knows exactly how it feels to struggle with a mental illness.

At age 16, she experienced a deep depression and manic episodes. After multiple hospital visits, she was diagnosed with bipolar disorder in her 50s.

Today, most people diagnosed with a mental illness are between ages 18 and 25, Willems said. That's why the National Alliance on Mental Illness tackles the issue early by offering education to high school students. The Department of Mental Health also has a clinician visit 35 school campuses in the county.

Morita said that she wants people to understand that mental illness is no different than diabetes or a heart condition.

"It's not the person's fault or something they can control," she said. "When people see that there is recovery, it gives them hope."

To learn more about the National Alliance on Mental Illness, call (209) 381-6844. To reach the Department of Mental Health, call (209) 381-6813.

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Sacramento dedicates 7th and H Street Housing Community for working poor, homeless

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Directly adjacent to the downtown railyard that was a destination for generations of itinerants, Sacramento dignitaries this week dedicated an eight-story tower with 150 residential housing units for the homeless and working poor.

The building at Seventh and H streets also contains a new WellSpace Health clinic on the ground floor to provide low-cost care for tenants.

Nonprofit developer Mercy Housing California, which operates more than 100 low-income apartment buildings across the state, said it worked with WellSpace Health, Sutter Health, the city, bankers and the Sacramento Housing and Redevelopment Agency to get the 150-apartment tower and health clinic built.

Half of the apartments are reserved for "previously homeless guests" said Sister Libby Fernandez of Loaves and Fishes, a major provider of homeless services nearby.

"This is a beautiful space where guests can come and find community, health care services and behavioral health support for a clean and sober life," Fernandez said.

The other 75 apartments are designated as "workforce housing" for people whose wages are so low that they cannot afford rent at market rates.

Becky Collins, property manager of the 7th and H Street Housing Community, said the mix of residents supports the "goal of providing a sense of commitment, friendship and holding each other accountable."

Homeless-service providers selected the first tenants with an eye toward those they thought would succeed in a residential living environment. Residents have to commit to not using alcohol or drugs.

The federal government contributed half the money for 7th and H in the form of federal housing tax credits, said Doug Shoemaker of Mercy Housing California.

Some of the remaining funding came from Proposition 63, the Mental Health Services Act approved by California voters in 2004, said Claudia Cappio, executive director of CalFHA. Proposition 63 is a 1 percent tax on Californians who make more than \$1 million to fund mental health services.

Approximately 300 people, including residents who had already settled in, were on hand Monday for a dedication that included catered food, speeches and socializing.

"This is what a tax on millionaires looks like," Cappio said, to cheers from attendees, "It looks great from here, doesn't it?"

Rep. Doris Matsui, D-Sacramento, helped in securing federal support for the project.

At Monday's dedication, she said society needs to make more of an investment to help the have-nots, particularly those who need behavioral health care.

"The gap is continually growing, and we must do more to address these challenges of homelessness, substance abuse, mental illness and the need for job training," Matsui said. "I think any one of us could be in this situation at any time. It can happen."

Mercy Housing officials said the median annual income of a family renting one of their apartments in California is \$15,344, or roughly \$8.15 an hour.

The new building, yellow ocher in color, has terraces, balconies, computer rooms, media rooms, laundry facilities - and attractive views of downtown. It's also LEED certified, which means it meets various environmental benchmarks for new structures.

Sacramento City Councilmember Steve Hansen predicted the surrounding Alkali Flat neighborhood where he lives will come to embrace the 7th and H project as an asset, despite the neighborhood's sometimes tense relationship with the homeless population that patronizes Loaves and Fishes.

"It's not an easy sell," Hansen said of adding permanent homeless housing to a community somewhat weary of transients in its midst. "But the people who will live here are proud, respectable people joining a neighborhood that prides itself on its identity and history."



Hope Center celebrates its fifth year with open house and party

The Times-Standard

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Hope Center volunteers and supporters will celebrate the fifth anniversary of the opening of the facility with an open house and garden party on Friday from 11 a.m. to 4 p.m.

The Hope Center, located within the county's Clark Complex in Eureka, is a peer-run program for people living with mental health challenges. It is supported by the Department of Health and Human Services and made possible through funding from the Mental Health Services Act. The act levies a tax of 1 percent on personal income in excess of \$1 million a year, with funds used to support a broad range of prevention, early intervention and other service needs, along with the infrastructure, technology and training necessary to sustain them.

"Over the past five years, we've seen the Hope Center become an increasingly important part of our community," said Asha George, mental health director at DHHS. "It's a place that enforces the concepts of wellness, recovery and resilience, and helps reduce stigma."

The Hope Center is designed to provide a safe and inviting environment for people with mental health challenges. It offers a variety of free groups and classes, many of which are facilitated by peer volunteers. Regular activities include a peer advocacy group, wellness recovery program and painting class, as well as gardening, quilting and swimming.

The Hope Center, located at 2933 H St., is open Monday through Friday from 9 a.m. to 4 p.m. For a complete calendar of events, visit www.co.humboldt.ca.us/hhs/mhb/hopecenter.asp. For more information, call 441-3783.

Apr 23, 2013, 5:55am PDT

Sierra Health looking to award grants for mental health respite

The Sierra Health Foundation has issued a request for proposals to provide around-the-clock drop-in mental health respite services for Sacramento residents in crisis.

The **Sierra Health Foundation** has issued a request for proposals to provide around-the-clock drop-in mental health respite services for Sacramento residents in crisis.

The program is expected to provide brief respite for those in crisis and their caregivers. A grant of \$1 million is available to fund the program over two years.

This is the second round of grants by the Sacramento-based nonprofit to boost mental health respite services in the area through 2016 and provide alternatives to busy emergency rooms where patients end up when they have no place else to go.

A total of almost \$400,000 in grants was announced last year to four groups that provide a variety of services.

Among them, Capital Adoptive Family Alliance provides services for adopted children with special needs and their parents, including a peer support group, one-time event drop-off and three-day camp for families.

Del Oro Center Caregiver Resource offers services to caregivers of family members with dementia, while United Lu-Mien Community Inc. provides culturally appropriate services and support for its population.

Turning Point Community Programs also got a first-round grant to provide in-home residential respite for adults 18 and over on the verge of a mental health crisis.

The Sierra Health Foundation expects to award a total of \$5 million for respite services in three cycles of funding.

A request for proposals for the other half of the current round — and another \$1 million — will be issued in May for other approaches to planned and crisis respite services.

The initiative to boost mental health respite care stems from a partnership between Sierra Health Foundation and Sacramento County Division of Behavioral Health Services. Funding comes from the Mental Health Services Act.

“We support that whole partnership,” said [Scott Seamons](#), regional vice president of the **Hospital Council of Northern and Central California**, which has worked to boost mental health services in the Sacramento region since the county shut its crisis stabilization unit almost four years ago.

“Round 2 will hopefully focus on care avoidance in the community,” he said. “Obviously, our objective is to keep patients out of the emergency room. We are still seeing hundreds there every month.”



Tuesday, Apr. 23, 2013

Volunteers, mental health on Merced County Board of Supervisors' agenda

By **RAMONA GIWARGIS**

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The Merced County Board of Supervisors will recognize a special group of volunteers during today's board meeting.

Ten local organizations were nominated by the community, representing all the supervisorial districts. The supervisors will present awards to those individuals before tackling agenda items.

The board also will consider proclaiming May as Mental Health Month in Merced County.

Sharon Jones, Mental Health Services Act coordinator, said the decision shows the supervisors' support in keeping mental health at the forefront.

"It's important because it shows individuals that they're valued and shows others that mental health is important," Jones said. "The Board of Supervisors have an area that they're responsible for, and it's all about community health and wellness."

Mental Health Month is held each May. It includes an art contest and a picnic at Lake Yosemite. All activities are covered through Mental Health Services Act funding, Jones said.

Also at today's meeting, the Sheriff's Department will ask the supervisors to consider increasing an annual contract with an electronic monitoring service, not to exceed \$300,000 in fiscal year 2012-2013 and \$450,000 in 2013-2014.

The request comes after an increase in the number of inmates qualifying for the electronic monitoring program under Assembly Bill 109, the state's prison realignment law.

The board also will consider approving a grant close to \$500,000 to be used by the Human Services Agency for the First 5 parenting education services.

The Board of Supervisors will meet at 10 a.m. in the board chambers on the third floor of the Merced County Administration Building, 2222 M St. in Merced.

April 18, 2013

South Tahoe mental health court diverts patients from jail, prison

Editor's note: This is the final installment in a three-part series on mental health at the South Shore.

Courts that divert mentally ill patients from jails and prisons help reintegrate those people back into the community, according to mental health officials.

But without support programs available after an inmate's release, many of those individuals fall back into the criminal justice system.

El Dorado County operates a behavioral health court in South Lake Tahoe targets mentally-ill adults and youth in the justice system, according to the superior court's website. It's an intensive program that evaluates, treats and monitors about 30 participants per year by providing outpatient mental health treatment and other services.

A 2006 document from El Dorado County outlined a three-year plan to funnel Mental Health Services Act, or Proposition 63, funds to the mental health court in South Lake Tahoe. The court would ideally reduce days in custody and the number of repeat offenders as well as increase participants' community involvement, the document read.

The program's achieved those goals, according to Presiding Judge of the El Dorado County Superior Court Suzanne Kingsbury. But establishing a wraparound program that supports individuals after they're released from custody leads to even bigger gains, she said.

"I think (behavioral health court) serves the purpose it's intended to. But when we started the program we had the benefit of a grant that subsequently went away," Kingsbury said.

That grant provided funding for a housing system where behavioral health court participants could reside together. A case manager would regulate their treatment and monitor their medications, Kingsbury said.

After that safe housing program disappeared, Kingsbury said the efficacy of the mental health court diminished.

"I think that with the former system, your level of recidivism was very low. I would say that recidivism has gone up a bit, but it's still better than not having the program at all," she said.

When a behavioral health court participant is released from custody, they often end up staying at a motel and transportation in the winter can be difficult. The National Alliance on Mental Health South Lake Tahoe branch foots the patients' initial medical bills, but it takes a while for people to get back on their feet, Kingsbury said.

“Unless they're couch surfing, they're generally going to be in a hotel room and often that's a very grim existence. And these people are often folks who suffer from depression or suicidal tendencies,” she said.

The Bureau of Justice reported that six out of 10 inmates in state prisons suffered from a mental health problem. That's more than twice the national average according to statistics from the National Institute of Mental Health.

The behavioral health court can help divert some of those individuals into treatment rather than prison and help them become someone who benefits the community, NAMI South Lake Tahoe President Diana Hankins said.

For patients — typically low-level, non-violent offenders — to be accepted into the specially court, they must have proof of their mental illness and they must be referred by an official such as the district attorney, jail personnel or a judge, Hankins said.

If they agree to enter the court, they must confess their guilt and agree to stay on their medications and attend mental health services. If they don't follow all the rules upon their release, patients can end up back in the criminal justice system, Hankins said. Hopefully they can find a place with a roof over their heads so they can follow those requirements, she continued.

El Dorado County Alcohol and Drug Programs Manager Shirley White said South Lake Tahoe mental health patients can transfer to a transitional living facility in Placerville, Calif. White said she recognizes that the transfer can be difficult and that the county is seeking ways to bring affordable, safe housing back to the basin. A team of county personnel discusses the topic weekly, but there is still no timeline for when a building could be acquired, she said.

“We are focusing on trying to get housing in place but there are challenges with resources in the Tahoe community,” she said. “We have great outcomes (with the court),” White said.

Although the recidivism rate for the South Lake Tahoe mental health court could no be obtained, a 2001 study quoted in a Administrative Office of the Courts report found that participants' arrest shrunk by half a year after they entered the program.

“Although few rigorous evaluations have been conducted (on mental health courts), all show promising results, including increased utilization of treatment services, reduced recidivism, and cost savings,” the report read.

Safe Haven Drop-In Center Extends Days of Operation

Published 4/17/13
Colusa, Ca

Safe Haven Drop-In Center is now open on Saturdays. Initially the Colusa County Behavioral Health (CCBH)-directed facility was established as a Monday through Friday operation. However, increased interest and participation recently prompted the addition of Saturday hours as well.

Since opening in the larger 5th Street location last year the Center has exceeded its expectations of use.

CCBH Director Terence (Terry) Rooney who approved the extended hours commented that he believes that it is important to extend the center's days of operation for a number of reasons.

"Mental Health issues don't take days off, so why should we? If we have the resources to support people in their recovery then we should do so. As an alternative to crisis-based services Safe Haven being open makes a lot of sense. We have a duty to do what we can for people in our community who need this support which can so easily improve the quality of their lives," he said.

"The number of participants at the center has more than doubled this past year," said Mental Health Services Act coordinator Dereck Parks who along with peer support specialist Valerie Stirling oversees the day to day operation of the center.

Parks and Stirling maintain offices at the center, but Parks stresses that the center is a client-run facility. "Valerie and I are here for support, but the overall daily operation of the center is shared with the clients," he said.

The center provides a safe, non-judgmental atmosphere where individuals can meet, visit, partake in supervised programs, classes and events or just find a place to relax.

The center is a Mental Health Services Act project. It receives funding for rent and utilities through Proposition 63 MHS funding. All other expenses are based solely on donations.

"Our community has been very generous," said Parks adding that all contributions to the center are greatly appreciated.

"We are pleased that the success of the center has justified extending our open hours to include Saturdays. This is clearly an indication that the programs and services offered at the center are meeting a need in our community," said Parks.

Safe Haven Drop-In Center is located at 131 5th Street in Colusa. It is now open from 8:30 am to 4:30 pm Monday-Saturday.

For more information on the center contact Valerie Stirling (530) 458-0856 or Dereck Parks (530) 458-0857

April 17, 2013

17 Suicide prevention hotline available

Staff reports

LAKE COUNTY — In an effort to lower the higher-than-average suicide rates in Lake County, Family Service Agency of Marin (FSA) has contracted with the California Mental Health Services Agency (CalMHSA) to coordinate the North Bay Suicide Prevention Project. During the next three years, FSA will expand its Marin Suicide Prevention Hotline to five targeted counties: Sonoma, Napa, Lake, Mendocino and Solano.

By 2014 each county will have its

own local, toll-free number that will give access to immediate, confidential, high quality and effective 24 hours a day, seven days per week, suicide prevention hotline services.

Lake County's toll-free suicide prevention hotline number is 1-855-587-6373. The number gives residents access to immediate, confidential suicide prevention and crisis intervention hotline services. The hotline is funded by the voter-approved Mental Health Services Act (Prop. 63).

Warning signs of suicide

Talking about wanting to die or to kill oneself.

Looking for a way to kill oneself, such as searching online or buying a gun.

Talking about feeling hopeless or having no reason to live.

Talking about feeling trapped or in unbearable pain.

Talking about being a burden to others.

Increasing the use of alcohol or drugs.

Acting anxious or agitated; behaving recklessly.

Sleeping too little or too much.

Withdrawing or feeling isolated.

Showing rage or talking about seeking revenge.

Displaying extreme mood swings.

Sheriff Brown Reappointed to State Mental Health Commission

April 8, 2013

By Kelly Hoover for the Santa Barbara County Sheriff's Department

California Gov. Jerry Brown has reappointed Santa Barbara County Sheriff Bill Brown to serve on the State of California's Mental Health Services Oversight and Accountability Commission.



Sheriff Bill Brown

Brown was originally appointed to the position by former Gov. Arnold Schwarzenegger in December 2010.

Brown, who is a firm believer in the importance of addressing mental health issues, said he is honored to have been selected to serve as a commissioner again.

"Many mentally ill people who commit crimes are housed in California jails, so it's essential that law enforcement and corrections have a voice in the discussion as mental health policy is shaped and Prop. 63 funding is distributed to counties by the state," Brown said. "In order to protect public safety we must encourage the mentally ill to seek treatment by reducing stigma and insuring that appropriate services are made available, both within jails and in the community.

"I am privileged to continue to serve alongside an extraordinarily dedicated group of fellow commissioners who represent mental health professionals, legislators, advocates, family members and consumers as I represent our state's 58 sheriffs and Santa Barbara County."

The Mental Health Services Oversight and Accountability Commission was created as a result of Proposition 63, the Mental Health Services Act, passed by California voters in 2004.

Among the roles of the group is to oversee the implementation of the MHS Act, to help develop strategies for overcoming stigmas related to mental health, and to advise the governor and the Legislature on mental health policy. The mission of the MHSOAC is to provide vision and leadership to help ensure positive outcomes for those living with serious mental illness, and for their families.

http://www.noozhawk.com/noozhawk/article/040813_sheriff_brown_reappointed_state_mental_health_commission/



Mental Health to split \$1.3M for client housing

By FRANK HARTZELL / Staff Writer

Updated: 04/04/2013 08:01:16 AM PDT

Mendocino County is about to spend \$1.3 million to create the first permanent housing for mentally ill people in the county.

"We are looking to have one location in Ukiah and one in Fort Bragg. We have to see who answers our RFQ, but that is our intention right now," said Edith Viera, the county's Mental Health Services Act coordinator, at last month's Mendocino County Mental Health Board meeting.

The Mental Health Services Act, or MHSA, passed as Proposition 63 in November 2004. It raises about \$1 billion statewide annually, which provides funding to counties for programs, services and buildings. MHSA imposes a 1 percent income tax on personal income in excess of \$1 million.

Until recently, it was impossible to find out what Mendocino County was using MHSA money for. In the last two years, summaries and program descriptions have been posted online and discussed at Mental Health Board meetings. Mendocino County was not applying for much of the moneys it was eligible for in the past, but the State had set aside money under the act for when the county would do so.

Housing

The request for qualifications seeking housing developers and service providers was sent out Feb. 14. The responses will be opened on April 8 at a closed meeting. A committee will select and announce the developers they will work with about a week after that.

Viera explained that while the county currently has transitional housing and housing with a time limit on it for mental healthclients, this would be a first.

"This type of housing doesn't exist now. É This is actually permanent housing like for anybody else looking for permanent housing, only some of the units will be set aside for MHSA clients," Viera said.

Actually, two projects in Ukiah currently offer such housing, people at the mental health board meeting pointed out. However, the housing that now exists could be sold or converted in the future. All agreed Fort Bragg has no such permanent housing for mentally ill disabled people.

"We currently work with some landlords," Viera responded. "These units will be MHSA units and must be inhabited by MHSA clients."

Unlike similar documents from other counties, the Mendocino request for qualifications contains no local bidder preference procedure. Requirements as written are narrower here than in other counties. Some have said the Mendocino County RFQ can only be satisfied by a large hospital chain.

To be considered, an applicant must have "experience in the acquisition and management of affordable housing for people with disabilities" and also "have experience in providing social rehabilitative support services for adults with severe and persistent mental illness and co-occurring disorders."

The RFQ does allow for firms to include sub-contractors to help fit the list of six requirements. Some areas are vague in the local RFQ compared to those in other counties.

Another unclear item is if there is any rule on how many units will be for mental health clients and how many can be regular market units.

Viera said the intent is for the chosen developer get two-thirds of the money from sources such as federal HUD to blend with the local funds, although that is not stated in the RFQ. She explained that much will become clear once the county sees who is bidding.

Tom Pinizzotto, head of Mendocino County Behavioral Health, offered to explain more next week, after the RFQ documents are opened. He said it was his intent to provide all the bids once a final bidder has been selected.

County Behavioral Health currently has \$1.3 million on deposit with the State to finance the capital costs associated with acquisition and/or rehabilitation of permanent supportive housing for individuals with serious mental illness (and their families).

Up to \$430,800 of these funds can be used for operating expense for the life of a project but not to provide services. There is no money in the MHSA capital funds for that.

One possible reason Mendocino County's RFQ is more vague than other counties is that Mendocino has only gotten into requesting funding very recently, a look at State records shows.

Sonoma County has secured MHSA money on an annual basis in recent years. For example, the Sonoma Windsor Redwoods apartment project was completed in 2012 for a cost of \$25,031,565, using \$1 million in MHSA funding. Eight of the 65 units are for MHSA clients. The McMinn Avenue Shared Apartments, also completed in 2012, cost \$957,192, all of which was from MHSA. All eight units are only for MHSA clients.

Humboldt County has also used the funds more than once, but other rural counties have never applied for any money.

Safe Haven Patrons will Continue to Pay it Forward

March 27, 2013

The 'pay it forward' project originating with Safe Haven Drop-In Center patrons in November 2012 will continue.

For the past four months the participants have been writing down the pay-it-forward gestures they have done, and sealed them in envelopes.

On March 15, the group met for the 'opening of the envelopes' and found that the collection of good deeds was numerous. They voted to continue the project for another 3 months.

The envelopes contained a variety of pay it forward messages including things like giving rides to the market, to visit relatives on Christmas and picking up people from the hospital. Others purchased food for individuals as well as Safe Haven Drop-In Center. Some cooked for others, picked up and delivered medication, cleaned tables and trimmed plants at a restaurant and trimmed rose bushes for another business.

One person teaches GED classes and helps the students study, while another picked up walnuts, cleaned the theatre and helped take down a display after a special event. There were donations of clothing, gifts for others, helping people move and even helping pick up and deliver a mattress. Some of people did things to improve the Safe Haven building, like developing a schematic for the building's exits, while others listened to friends, consoled others and even lent a little money when there was a need.

The project began as an attempt for the Safe Haven patrons to share with others.

Once they got into it they found that paying it forward doesn't always require spending money. It only takes an act of kindness or an act of sharing to qualify.

Its about forming community partnerships said Mental Health Services Act coordinator Dereck Parks regarding the 'pay it forward' program being developed by Safe Haven Drop-In Center patrons.

The group started with about nine participants. By the end of the first four months there were about 15 people taking part.

At the envelope opening event, the participants took turns reading the messages. Some shared that it made them feel good to have been a part of something that gives back.

"This is about our community and forming partnerships with community members and businesses," said Parks.

As this project continues, the group hopes to see the circle of kindness, giving and assistance grow.

"We would like it very much if anyone else in the community would like to join this project," said Parks. For more information call Valerie at 458-0856.

Monday, Mar. 25, 2013

Forum will examine the mental health system

By YESENIA AMARO

yamaro@mercedsunstar.com

For people with family members who are struggling with mental illness, the treatment options and system for delivering care is often difficult to understand as well as navigate, officials and advocates agree.

For example, people with private insurance have fewer options when it comes to mental health care because of policy constraints, a lack of psychiatrists and limited access to county services.

The county's Department of Mental Health is designed to primarily serve the Medi-Cal population, said Sharon Jones, a Mental Health Services Act coordinator. However, depending on the severity of the situation, the department might be able to provide care.

As a result, families often don't know where to turn when it comes to getting the resources they need to help a loved one get care, officials acknowledge.

The National Alliance on Mental Health Illness Merced County has been organizing monthly forums to help people better understand this complex system and improve access to care.

On Wednesday, it will host a forum, "When it All Falls Through the Cracks," which is part five in a series, "Navigating the Mental Health Care System."

Limited number

Janet Morita, a NAMI member, said families with private insurance sometimes have a tough time getting the services they need because there's a limited number of psychiatrists in town to take those on private insurance.

"Setting up an appointment sometimes takes a little bit of time," said Morita, who also is a member of Mental Health Services Act Ongoing Planning Council.

And that's not the only challenge they face.

If a non-Medi-Cal patient was in a crisis and was taken to the Department of Mental Health's Marie Green Psychiatric Center, the patient would only be admitted if he was harming himself or his family, Morita said. And he would only remain at the center until he was stabilized, she added.

A Medi-Cal patient would have to meet the same criteria, but he would have a greater chance of being admitted, Morita said.

The Medi-Cal population is the Department of Mental Health's priority, Jones explained.

Families who have cases that have fallen through the cracks will share their stories on Wednesday night, Morita said. Some members of the Mental Health Services Act's Ongoing Planning Council will attend the forum to see if there's way to expand services to the non-Medi-Cal population.

"It opens up the door for discussion," Morita said. "We want people to recognize this problem so people can deal with it."

The Mental Health Services Act was established to help bridge that gap for the unserved and underserved, said Jones, who will also attend Wednesday's forum. She said the department already offers some programs through the act to people who are not on Medi-Cal.

Manuel Jimenez, director of the county's Department of Mental Health, also has established collaborations with other agencies in the community to help address the need for more care, Jones said.

There are also some families with adult children on disability who might not realize they may qualify for Medi-Cal, Morita said.

Those who want to learn more about the system are welcome to attend the forum, she said. "It's open for people to join in and have a voice," she added.

<http://www.mercedsunstar.com/2013/03/25/2903301/forum-will-examine-the-mental.html>

Safe harbor: Youth center offers services for young people in need

SUNDAY, 17 MARCH 2013 02:28 JOHN LINDBLOM



Jolene Chappel is youth resource director of The Harbor on Main, a storefront service for youth on Main Street in Lower Lake, Calif. Photo by John Lindblom.

LOWER LAKE, Calif. – It was not the best way for Jolene Chappel to develop an understanding of the panic of being a teenager suddenly left to fend for one’s self by abandoning parents.

But, because Chappel, herself, while in high school in Clearlake was left on her own and rendered homeless, she is wise beyond her 23 years on the issues facing these young people.

“When I was 15 my family moved away,” explained Chappel, the youth resource director of The Harbor on Main, a storefront service for youth on Lower Lake’s Main Street.

She said her sister took her family to Chico and her mother – who would later return to Lake County – also left the area at that time, leaving Chappel behind.

“I had other family in the area, but I had to really figure things out,” she said. “I was living with different friends. I would go home to a friend’s home, but I never had a stable feeling like, ‘This is my home.’ It was more like, ‘This is my home and this is my home and this is where I’m sleeping tonight.’”

So, to the process of providing her aged 14-to-24 clients guidance and steering them toward hope and a more secure existence, Chappel brings a graduation from the school of hard knocks, as well as the degree in psychology she was awarded 14 months ago at Sonoma State.

“My motivation to do this job was growing up in Lake County with very little support,” said Chappel, who is a little more than a year into her position. “I wanted to be adult support for other young people who are in the situation I was in and I understand what it takes to do this.”

The staff at The Harbor on Main consists of one other full-time specialist and one part-time.

As the other full-timer, Danielle Casey, serves as youth development specialist, assisting mainly with helping clients develop resumes and continuing education up to and including earning a GED certificate at Yuba College and the Konocti Unified School District.

On a part-time basis, Nura Brown serves as peer support specialist assists clients with “whatever they’re going through and whenever they need somebody to talk to,” Chappel explained. “She also goes out to local community colleges, the high schools and adult education classes and performs outreach.”

It is a small staff for a significant caseload.

Chappel estimates that 200 clients were served in the first year at the center – one third from foster homes.

Another third comes from referrals by parents, teachers, and agencies such as Lake County Behavioral Health, Social Services, Child Welfare Services and Probation. The final third are walk-ins who learn about the program mostly from their peers.

All of the youth served by The Harbor on Main are economically challenged.

The Harbor on Main is a relatively new program, at least in name.

According to Chappel, the program was launched in 2008 with funding from the Mental Health Services Act, Proposition 63, and was headquartered at the old firehouse. It’s a program of Redwood Children’s Services.

“We completely revamped the program last April and changed the name from Lake Center for Support to the present name,” she said. “Before then, they really didn’t have a lot of stuff going on in this program.”

Essentially, the services that come under the program’s umbrella include:

- Peer support and counseling with young people, such as Chappel, who have had similar experiences;
- Individual case management, including aid in finding low-income housing;
- Goal setting;
- Behavior modification;
- Continuing education leading to a GED;
- Employment, job and military, which consists of walking clients through the application process and developing references; and
- Planned parenthood.

“What I hear a lot from the clients who come in is ‘job,’” said Chappel. “Our program consists of (answers to) ‘Where do I go? What do I wear to work?’ and mock interviews. Then we actually go out and canvass the community and talk to business owners to make them aware of the importance of hiring young people.

“We will try to get our clients into apprenticeship,” she added regarding a newly launched program. “But we just finished our outreach plan, so we really don’t have results yet.”

A grant from United Way’s Youth Advancement program provides the youth \$40 a month for attending 12-week learning sessions.

Clients who complete The Harbor on Main’s six-week program receive a \$25 savings account from a supportive credit union.

Another piece of the program, maternity, also was recently adopted.

“We see a lot of young parents and we received a grant for a maternity group home here in the county called ‘The Nest.’ It opened a couple of weeks ago,” Chappel said. “We had our first pregnant couple move in and they will be going through a (15-month) process where we help them find a job and get their GEDs.”

Every service provided at The Harbor on Main is being tracked by quarterly reports, but with the program being new, there is relatively little quantitative data.

Many, if not most clients, Chappel asserted, “are really confused about what path to take. They’ll say, ‘If I commit (to a job or the military), does that mean I’m committed for the rest of my life?’ and ‘How am I going to pay for this?’

“We work through those things and then plan it out step by step, which changes their thinking from ‘I have to do a million things,’ to ‘Oh, I can do this part today.’ We just try to keep them on track,” she said. “If a youth comes in and is not ready to look for a job . . . I say ‘Well, what are you ready to do?’”

After describing the plethora of The Harbor on Main services, Chappel led the reporter in a walk-through of the facility, which includes computers for Internet training, a library, a conference room, a closetful of interview and everyday clothes, Planned Parenthood aids, hygiene products, video games and Friday night movies.

“So we have to be a combination of take care of yourself but also help us ... the whole nine yards,” Chappel said proudly of a place that fits her calling.

“I always wanted to help people,” she said.

Chappel said The Harbor on Main is seeking members to sit on its youth board, ages 15 to 24, which makes decisions about the center’s policies, and what activities and services they provide.

For more information about the center and its services contact The Harbor on Main, 16170 Main St., Suite F, Lower Lake, CA 95457, telephone 707-994-5486.



INDEPENDENT LIVING ASSOCIATION LAUNCHES ONLINE DIRECTORY



March 17, 2013 (San Diego) – Community Health Improvement Partners (CHIP) today announced the launch of the Independent Living Association (ILA) online directory. This groundbreaking new community resource will help connect San Diegans with quality

Independent Living housing options. Stable and supportive housing is one of the most effective ways to encourage recovery and reduce inappropriate use of the healthcare system.

Independent Livings are privately-owned homes which provide housing for adults with mental illness and others who may benefit from the fellowship of a shared housing environment. The state of housing options for persons living with mental illness in San Diego County has been identified as a gap by consumers, family members and mental health providers. And until now, there has been no accurate count or listing of Independent Livings or a means for the community to identify resources to help them find quality housing options.

“The most common types of calls we receive come from people seeking information on housing,” states Brandi Marcoe, MSW, Family & Peer Support Helpline Program Manager at the National Alliance of Mental Illness, San Diego. “Before the ILA online directory was available, there was no way of knowing even simple information about Independent Livings without calling around. The ILA Directory is a user-friendly community tool.”

The ILA Directory lists over 270 Independent Livings in San Diego County, including pictures, pricing and amenities for Independent Livings that follow a comprehensive set of quality standards. The ILA Directory is a way for Independent Living owners to showcase their homes, and is a resource for the community, consumers, family members and healthcare professionals to identify appropriate and quality housing options.

The ILA follows a model similar to the Better Business Bureau through promoting high quality Independent Livings and offering tools and resources to encourage Independent Livings to meet ILA Quality Standards. This ground-breaking project is the first of its kind to organize and promote Independent Livings, and is designed as a model for other communities across the nation.

The ILA website and directory can be found online at: <http://ilasd.org>.

The ILA is facilitated by Community Health Improvement Partners (www.sdchip.org) and funded by the County of San Diego Health and Human Services Agency’s Behavioral Health Services Innovation Program funded by the Mental Health Services Act.

The New York Times

Focusing on Violence Before it Happens

By ERICA GOODE

Published: March 14, 2013

LOS ANGELES — In the days after the elementary school massacre in Newtown, Conn., Tony Beliz and his staff at the county’s mental health department here made a series of calls.

They checked in with a 16-year-old boy with a fondness for bomb-making chemicals who, two years before, told them, “I have to get rid of the bad people in this world,” and described a “special plan” he said he would put into action in a few years.

They called the mother of another teenager — they have nicknamed him “Jared Loughner,” after the man who shot Representative Gabrielle Giffords in Tucson in 2011 — who was obsessed with weapons and killing, had access to firearms and had extensively researched school shootings.

They contacted a 20-year-old who in 2010 was fantasizing about killing members of his family and carrying out a shooting at school.

The young men had been brought to the attention of the School Threat Assessment Response Team program overseen by Dr. Beliz, one of the most intensive efforts in the nation to identify the potential for school violence and take steps to prevent it. The program, an unusual collaboration involving county mental health professionals, law enforcement agencies and schools, was developed by the Los Angeles Police Department in 2007, after the shooting rampage at Virginia Tech University, and was taken countywide in 2009 by Dr. Beliz, a deputy director of the mental health department.

In the national debate that has followed the killings at Sandy Hook Elementary School in Newtown, much of the focus has been on regulating firearms. But many law enforcement and mental health experts believe that developing comprehensive approaches to prevention is equally important. In many cases, they note, the perpetrators of such violence are troubled young people who have signaled their distress to others and who might have been stopped had they received appropriate help.

“When we looked at kids who had committed attacks, the vast majority had come to the attention of an adult for a behavior that was concerning but would not necessarily cause someone to conclude they were planning an attack,” said Bryan M. Vossekuil, former executive director of the [National Threat Assessment Center](#), part of the Secret Service, and

a co-author of a 2002 guide to threat assessment in schools published by the service and the federal Education Department.

Many secondary schools and universities around the country have protocols for dealing with students who threaten violence. And cities besides Los Angeles have started programs intended to identify students at risk. But criminal justice experts say that the program in Los Angeles, financed under California's [Mental Health Services Act](#), is noteworthy for the sharing of information among agencies and for the degree of follow-up in keeping track of worrisome students over time.

"I think L.A. really is a shining star and a standard in relation to how a big city can actually collaborate," said J. Kevin Cameron, an expert on school shootings and executive director of the [Canadian Center for Threat Assessment and Trauma Response](#), who has consulted with the program.

Each day, several dozen calls come in to the program's dispatch center from principals, counselors, school security officers or parents worried about students who have talked about suicide, exhibited bizarre behavior or made outright threats.

"We'll go to a school, evaluate the individual there, then what we'll also do is go to the kid's home and we'll ask to see the bedroom and we'll do a very data-driven assessment," Dr. Beliz said. "We're trying to figure out, what are the triggers here? What are the risk factors? What's really going on and how can we intervene?"

He and others involved in the program said that in more than a few cases, the approach had been successful in heading off violence.

Part of the challenge, Dr. Beliz said, has been educating school administrators and mental health professionals about their legal responsibilities and the exceptions in federal privacy laws that allow information to be shared in exigent circumstances — for example, when a threat is involved. Schools and mental health practitioners are often reluctant to release any information to county officials or law enforcement officers, believing incorrectly that the law prevents disclosure under any circumstances.

Another difficulty has been convincing school administrators whose first impulse is often to expel students who have made threats, even empty ones, that doing so only pushes the problem onto another school or leaves a child at home with free time to surf the Internet and nurse a grudge against the school.

“What we do is, we work with the school to think that through,” Dr. Beliz said, adding that one of their goals “is to keep the kid in school, because that is their holding environment.”

Depending on the situation, a student who has made a serious threat might be put on a 72-hour mental health hold, or arrested, if a crime has been committed. A mental health hold is often preferable, law enforcement officers said, because under California law it allows the seizure of firearms. But even when a student is judged to be expressing frustration or making a bid for adults to take notice, the team works to get the student into counseling and help families link up with appropriate social services.

Detective Charles Dempsey, the officer in charge for the L.A.P.D.’s part of the program, said that in most cases, parents consent to letting field teams of clinicians and trained law enforcement officers look in a student’s bedroom or search through backpacks and notebooks. “We get a lot of cooperation from parents,” he said. “After the initial shock, they want to know, too, what did I miss?”

If a case is converted to a criminal investigation, the procedures become more regimented.

During a recent week, Dr. Beliz’s team looked into the case of a high school student who had been overheard talking about a school shooting — in a notebook, he had scribbled, “Kill Everyone Leave None Alive,” next to drawings of a bomb hitting a building. They evaluated a 19-year-old who had posted on Facebook photos of himself holding a gun with the words “School — Tomorrow,” and a 14-year-old girl who said she respected Adam Lanza, the gunman in Newtown, because by killing 20 children he had saved them from the misery of life.

At a recent morning meeting to discuss current cases, the team members reviewed the students’ history, statements, actions and family dynamics and came up with an assessment of the seriousness of the threats, judging whether a student was “on a path to violence,” as Dr. Beliz puts it, or instead was experiencing emotional difficulties unlikely to erupt into violent behavior.

“If a child’s really depressed and has been bullied and is feeling on the fringes and nobody’s doing anything, they say, ‘I’m going to bring a gun to school and shoot up the school,’ and suddenly everybody is paying attention,” said Linda Boyd, the program manager for the threat assessment team.

In most cases, the more the team finds out, the less worrisome the case becomes. In the three recent cases, the students, upon further investigation, were judged in need of various

kinds of help but not to pose a risk of imminent violence. But Ms. Boyd said that the team had also dealt with students who had made hit lists or been discovered with caches of weapons — knives and guns, but also crossbows and bombs.

“There are some kids that we end up being really, really, really worried about,” Ms. Boyd said.

Dr. Beliz noted that some school gunmen — Mr. Lanza, for example — have already left school when they turn to violence, and that such cases are the most difficult to identify and prevent.

“We’ll stay with these people as long as we can, and it makes a difference, because we’re knocking on their door or their therapist’s door,” he said. “That’s the missing piece in some of these school shootings. They were in engaged in some sort of way, but dropped out and no one really thought to follow them.”

Yet the concern for community safety can bump against individual rights, especially when no crime has been committed.

At a recent case meeting, Dr. Beliz and his team discussed a worrisome high school senior who had made serious threats in school and was now applying to colleges. Could they notify the university where the student eventually enrolled about his behavior? It was, they agreed, murky legal territory.

Safe Haven Celebrates 5 Year Anniversary

March 13, 2013



After five years in existence and one year in its bigger facility in downtown Colusa, Safe Haven Drop-In Center had cause for celebration early this month.

Behavioral Health consumers, staff, community supporters and county and state officials attended the Center's anniversary celebration on March 1.

On behalf of Assemblyman Dan Logue, his field representative Yvonne Henderson presented the center with a State Resolution commending its efforts and accomplishments in the community.

Henderson commented that she was very impressed with the center and the strides it is making to assist in the ongoing recovery of its consumers. "This is very impressive, and I know that Assemblyman Logue will look forward to touring the center as well," she said.

Safe Haven participants, Workforce Education and Training volunteers and the consumers' 'pay it forward' project are noted in the resolution as playing a vital role in improving the quality of life in the community.

Henderson added that consumers themselves should be commended for their day-to-day efforts in keeping the center very well maintained. "They have managed to create an atmosphere that is more than just a place of refuge, it's truly a 'home' for all of them," she said.

Colusa County Behavioral Health Director Terence 'Terry' Rooney attended as well.

Rooney stated that he is especially pleased with the progress he sees at the center. "It is a joy to see people being themselves and celebrating themselves in fellowship. For those who have been lost, marginalized or disenfranchised within their community it is a pleasure to see their return, their recovery. I am impressed by the courage of those who ask for help and inspired by those who both provide it," he said.

Mental Health Services Act coordinator Dereck Parks and peer support specialist Valerie Stirling who oversee the center agreed the day was a great success.

"This event is huge for our consumers," said Parks. "This is a consumer-run center. They take great pride in what is accomplished here and its success is a group effort by the consumers," he added.

Jennifer Whitney with the Mental Health Oversight and Accountability Commission also made the trip to Colusa from Sacramento to attend the open house. While visiting the site she conducted an interview Parks and with one Safe Haven participant; John Davis.

The interview will be aired on an upcoming segment of Whitney's weekly MHOAC radio broadcast.

"What a warm and welcoming environment," Whitney said of Safe Haven. "The client I talked with for the OAC's radio show couldn't say enough about how much he has been helped by Safe Haven. Congratulations to everyone for making a difference in people's lives!"

Safe Haven Drop-In Center is open Monday through Friday from 8:30 a.m. until 4:30 p.m. and is located at 131 5th Street in Colusa. For more information contact Valerie Stirling at (530) 458-0856 or Dereck Parks at (530) 458-0857.