

Mendocino County Local News

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Camille Schraeder, Chief Systems Director, Redwood Quality Management Company

Growing up, Camille and her 5 siblings experienced almost every difficult problem a child could encounter and out of this was born her passion to help young people. By the time she was a teenager, she knew about everything that could go wrong in a young person's life. She also glimpsed for a summer what a normal life was like, with loving and kind grandparents. Camille was born in Boise Idaho. At two months old, she and her twin sister Corinne were taken away from their parents for "failure to thrive" and put into foster care with a young couple in a loving, stable environment. Their older sister and brother were placed with grandparents. They eventually returned to their mother and she had two more children. Corinne was later found to be developmentally disabled with the learning capacity of a third grader, but full of common sense.

At 18, Camille was a “house parent’ in the foster care group home where she had been placed. She admits that she was “a little young to be running a house of kids,” but it was really the only thing she knew how to do. “When I left the group home community, I didn’t know how to drive a car, had not been in a store in eight years, and did not know how to get a real job or how to obtain housing.”

Camille married at 19 and had a daughter Victoria. They moved to Ukiah and Camille eventually earned an M.S. in Psychology, and in 1995 founded Redwood Children’s Services (RCS) to provide safe, nourishing foster care. Camille is clear and thorough in her vision of what children need and how to provide that with love and reach them, one by one. She says, “ You don’t get over the fact that you were abused or neglected as a child. You make it a part of your strength instead of your weakness. You’ve got to find a way to find a meaningful life and give back.”

Camille’s top priority is to have a comprehensive Children and Youth System of Care that meets their entire spectrum of need including: social services, medical, meaningful life, and safe housing. Her greatest challenges are: 1. To stay on top of the multitude of changes in child welfare and health care. These “absolutely must be understood, anticipated and planned for, if we’re going to maximize the opportunity for funding development and services.” 2. To “stabilize the RCS fiscal picture such that we can have a certain amount of faith in sustainability and can respond to our staff, our staff development needs, and growing our capacity because there’s not enough capacity in this County to meet needs.”

Overview of Children’s Services

1. Redwood Children’s Services (RCS) is the largest provider of Foster Care and Children’s Mental Health Services in Mendocino and Lake Counties. As of July, RCSs name will change to Redwood Community Services to reflect additional programs in their continuum of care such as: transitional housing, work with families and transitional age youth. <http://rcs4kids.org>

Their Mission is to improve the lives of at-risk children and families by providing community support and quality therapeutic services. RCS believes that through staff commitment and providing a sense of community we will assist our youth to: develop healing relationships, gain power in their lives, believe in themselves and ultimately trust others enough to give and receive love.

RCS provides: emergency, temporary, or long-term placement, permanency, counseling, and community service options for foster children and their families. They work closely with placing agencies, therapeutic staff and foster parents; and if appropriate, the biological family, to provide for a: family sensitive, child focused, strength based approach to care in the home, school, and community. RCS works closely with Redwood Coast Regional Center and the criminal justice system.

RCS Youth Resource Centers are The Arbor in Ukiah and The Harbor in Lower Lake. They provide classes, support groups, tutoring, a Young Parent Program, and a hub where young people can access computers, want ads, housing notices and more.

RCS provides 24/7 Crisis Services in Ukiah and Fort Bragg for emergency evaluation and intervention for children, youth, young adults, and their families; and Crisis Assessment at local Emergency Rooms. Both Crisis Centers are open M-F, 10 am to 3 pm for walk-ins, with appointments scheduled on weekends as needed. **Ukiah Access/Crisis Center** 723 S. Dora St.; 707-467-9065; **Fort Bragg Access/Crisis Center** 32670 Hwy. 20, #6; 707-961-0308. A 24-hour crisis line is **855-838-0404**.

2. Tapestry Family Services provides programs and services to support and advance the health and wellbeing of children with special needs and their families (foster, adoptive and birth) in Ukiah and Willits. A major goal for Tapestry is to enable local children with emotional challenges to remain in our community and thrive here. Tapestry services include: individual and family therapy; peer groups to build self-esteem and social skills; therapeutic activities at an after school program that encourages: self-expression, self-awareness, individuation, and communicates acceptance and belonging; and relationship enhancement training for families. <http://www.tapestryfs.org>

3. Mendocino Co. Youth Project provides: outreach activities, leadership and girls empowerment groups, community and school interventions; crisis intervention; peer counseling, peer support groups; anti-bullying/gangs, substance use programs; therapy for child and sexual abuse. www.mcyp.org

4. 10 Family Resource Centers provide: parent education, after-school programs, information and referrals, health insurance application assistance and other local community support for families. Some provide childcare and transportation. www.mendocinokids.org

The Wrap Around Services that these four Child and Youth Programs provide offer opportunity and hope to people. The same would be true if adults received similar comprehensive and humane services during their recovery. We are all affected when Mendocino County chooses not to use the \$27 million annual dollars to provide community mental health crisis and recovery services to adults. Under previous County Administrations, all state and federal mental health patient funds went into services. This administration has chosen to take 10% off the top of mental health patient funds to put into the County General Fund and much of the rest is used to hospitalize people (in the absence of early crisis intervention) at the expensive Ortner facilities in Yuba City, or to incarcerate people. The absence of 24/7 Crisis Residential Treatment Centers results in a patient's decompensating to a "dangerous" or "gravely disabled" state. It is more cost effective and humane to provide treatment for people in our communities. What follows shows the stark contrast between Children and Adult Mental Health Services in Mendocino County. Most other counties in California provide the state mandated services defined in Welfare & Institutions Code 5600.4. First, the results of the Mendocino Coast District Hospital Mental Health Forum.

“What an Effective Mental Health System Looks Like” March 2014

Panel: Andrea McCullough MD, Sonya Nesch, John Wetzler, Reverend Tanya Wyldflower

Mental Health Needs and Solutions

Sixty people attended the Forum and half signed up to talk to the supervisors about adult mental health needs and solutions. Welfare & Institutions Code (WIC) 5600.4 defines where state and federal funds should be spent and calls for a minimum array of services for adults that includes the following modes of service in every geographical area.

- a. Pre-Crisis and Crisis Services**
- b. Assessment**
- c. Medication Education and Management**
- d. Case Management**

- e. 24-hour Treatment Services**
- f. Rehabilitation and Support Services**
- g. Vocational Services**
- h. Residential Services**

a. Pre-Crisis and Crisis Services -- *Immediate response to individuals in Pre-Crisis and Crisis and to members of the individual's support system, on a 24-hour, 7 day a week basis. These may be provided through mobile services. The focus is to offer ideas and strategies to improve the person's situation and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolutions, assessment of precipitating and attending factors, and recommendations for meeting identified needs.*

We need 24/7 Crisis Residential Treatment Centers where people can stay for up to 30 days. Staff can include: medical providers, mental health workers, recovered clients, supportive family. Our local hospitals are not set up for psychiatric patients causing stress for hospital medical staff, the patient and family. We need: immediate care for someone in crisis, more psychiatrists, medical treatment instead of jail for someone in psychiatric crisis, inpatient hospitals, and more counseling (individual and group).

b. Assessment -- *This includes evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided through mobile services.*

We need all of this.

c. Medication Education and Management -- *This includes the need for administration of, and education about, the risks and benefits associated with medication and is to be done prior to administration of medications. Families and caregivers should also be informed about medications.*

We need this.

d. Case Management -- *Clients are assisted in gaining access to needed medical, social, educational, and other services. Can be provided through mobile services.*

We need assistance for people with mental illness who do not know they are sick and do not want help (anosognosia). Their family members and significant others also need support to deal with the daily trauma that their ill family member can bring. We need Laura's Law with Case Managers that use Assertive Community Treatment to reach out and help the sickest of the sick, people frequently hospitalized and jailed because of untreated severe mental illness. It is estimated that 280 people could be offered Laura's Law help with MHSAs full-service partnerships.

e. 24-hour Treatment Services -- *Treatment provided in any of the following: Acute Psychiatric Hospital, Acute Psychiatric Unit of a General Hospital, Psychiatric Health Facility, Institute for Mental Disease, Community Treatment Facility, Community Residential Treatment Program -- including crisis, transitional and long-term programs.*

24/7 Psychiatric Crisis Residential Treatment Centers can provide early intervention and eliminate the need for most hospitalizations and the inhumane waiting for patients to become dangerous or gravely disabled before they can be helped.

f. Rehabilitation and Support Services -- *Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. This can include: individual and group counseling, Day Treatment Programs, collateral*

contacts with friends and family, and peer counseling programs. These services may be provided through mobile services.

We need all of this including a mobile unit that goes to outlying areas. Classes to include: Medication Education and Management, Symptom Management, Relapse Prevention, Life Skills, Self-Help Support Groups, Individual and Group Counseling.

g. Vocational Services -- *Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.*

We need: Pre-vocational and Vocational Training; Supported Employment; and Mendocino College on the Coast with certificate programs in Health and Human Services such as Alcohol and Drug Counseling, Psychiatric Technicians, Health Aides and more.

h. Residential Services -- *Room and Board and 24-hour care and supervision.*

We need many kinds of housing – permanent, board & care homes, transitional, group homes, respite care, and Supported Housing Services.

Other Needs -- Training and support for law enforcement and first responders. Police to do wellness checks. Conservatorships are needed for people who are gravely disabled and unable to take care of themselves. Community education about mental illness to decrease stigma and discrimination.

2014 Mental Health Board Report “Adult Services Committee” Vonna Kindred Myers

a. Pre-Crisis and Crisis Services WIC 5600.4

Needs: 24/7 Crisis Residential Treatment Centers (Coast and Inland) with stays up to 30 days when necessary. Access to medical staff to supervise all medication issues, and primary health screening. Mental health peers, mental health workers, and family supporters: attend to clients’ daily needs, conduct self-help support groups, conduct classes on relapse prevention, medication education, family relationships, symptom management, finding healthy recreational activities, health education classes on diabetes, smoking cessation, nutrition and more.

Services: 800 number answered in Ukiah

Facilities: None locally. The Ukiah Access Center (1050 N. State St.) is primarily a business office where people answer telephone calls.

Special Problems: There is no local crisis care with early intervention before someone is a danger to self or others and requires hospitalization. If they break the law before they are 5150d and hospitalized, they go to the jail which has limited psychiatric medical care. There is no integrated treatment for people who suffer from both Severe Mental Illness and Substance Use Disorder.

b. Assessment WIC 5600.4

Needs: We need a mobile unit to do evaluation and assessment on the South Coast, in Boonville, Willits, Laytonville and Covelo. Until a mobile unit is available, the County could perhaps use Clinic space in these areas, working out hours of service in cooperation with the Clinics.

Services: Assessments in Ukiah and Fort Bragg during business hours

Facilities: 1120 S. Dora and 790 S. Franklin

Special Problems: New patients cannot see a doctor for their immediate medication needs until they have had 2 appointments for intake and assessment. As they wait for medical treatment, they may be

arrested, suffer a crisis and have to be hospitalized, and may harm a family, community member or self. The Fort Bragg facility shares the reception area with others and there is no privacy as the receptionist asks “Why are you here?”

c. Medication Education and Management WIC 5600.4

Needs: Open Clinics one day a week (coast and inland) are needed to address medication and other issues. Classes on medications are needed with time for audience questions and answers. The classes can be for patients, family members, significant others and caregivers since all are involved in the necessary and important medication monitoring.

Services: Doctors and Nurses give information about medications before administering them.

Facilities: 1120 S. Dora, Ukiah; 790 S. Franklin, Fort Bragg

Special Problems: Patients and people they live with need to understand about medications, monitoring medications, the problems around too little or too much medication. When and how to contact medical providers when a medication adjustment is needed.

d. Case Management WIC 5600.4

Needs: Mobile unit for outlying areas, that includes Case Management. Fort Bragg day program for people with severe mental illness with classes and self-help support groups that is separate from the Homeless Resource Center. There is a need for qualified people to run this program – recovered patients, supportive family members and mental health workers.

Services: Manzanita Program Ukiah – M-F 10:30 to 2 pm Care Management (by appointment) patient navigation; benefits, housing, primary and behavioral appointment support.

Facilities: Manzanita Services 270 N. Pine Ukiah and 286 School St. Willits
Homeless Resource Center & Wellness Center 474 S. Franklin, Fort Bragg

Special Problems: At the Fort Bragg facility, people have to enter through the back alley (pot holes and trash cans) because the adjacent businesses do not want to see homeless people and people with severe mental illness. The blending of homeless people and mental health patients does not work because their needs are different. Mental health patients need: self-help support groups, education classes about: mental illnesses, medications, relapse prevention, symptom management and more. There is no privacy at the site because you can hear all conversations, even behind a closed office door. The homeless center staff has no experience in working with mental health patients.

e. 24-hour Treatment Services WIC 5600.4

Needs: 24/7 Crisis Residential Treatment Centers can provide early intervention and eliminate the need for most hospitalizations and the inhumane waiting for patients to become dangerous or gravely disabled before they can be helped.

Services: none locally

Facilities: none locally

f. Rehabilitation and Support Services WIC 5600.4

Needs: This can be part of the mobile unit. Staff to include: Mental Health Workers, Recovered Mental Health Peers and Family Supporters.

Services: none

Facilities: none

Special Problems: Patients have almost no support to maintain their health in their communities.

g. Vocational Services WIC 5600.4

Needs: People need to have a meaningful role in life says Mark Ragins, MD and founder of The Village. Jobs, school, volunteer work all give meaning to a patient’s life. Classes in pre-vocational

training, vocational training and supported employment are needed. The colleges need to have 2-year programs for: Health and Human Service Worker, substance use counselors, psychiatric technicians.

Services: None locally

Facilities: None locally

Special Problems: No vocational training or opportunities

h. Residential Services WIC 5600.4

Needs: Board & Care Homes (with County paying a patch to owners); Transitional Homes; Permanent Homes; with Supportive Housing to teach living skills and relationship resolutions.

Services: None

Facilities: None

Special Problems: Mental health patients with no homes, live on the streets and in cars. This impacts law enforcement, businesses, other people in the community.

2014 Mental Health Board Report “Jail-First Responder Committee” Jim Bassler

The focus is on solutions to the revolving door problem, where people with severe mental illness require repeated use of an expensive and over-worked Criminal Justice System without ever getting the less expensive Mental Health Treatment and Recovery Supports that would end or reduce their criminal behavior. A Mental Health Court/11 O’Clock Calendar began in early 2013 with success in getting people on a better track that has slowed or stopped the revolving door for most of them. This success was achieved with very little money; and with a large increase in communication and cooperation between the Criminal Justice System and the Mental Health System. This is not as easy as it sounds because there are so many involved in both systems; but was achieved through the dedication of many to the shared goal of keeping people out of jail with compassionate treatment. This new cooperation gives people a way into treatment after years of problems and arrests when the separate systems acted alone. Cooperation allows a carrot and stick approach that can get people over the hump and into treatment. People that have been treated badly because of their illness are positively affected when so many people, including the Judge, care and want to help you when you’re in trouble. Outreach is important but so is the authority of the Court and Judge.

Mental Health Court could be improved if we had more mental health services available in our County, including housing. The other limiting factor is how those in need get into this program and treatment. You need to commit a crime that puts you in the court system and everyone in the court system (none of whom are mental health professionals) needs to agree you’re ill and that this program will help you. In addition to the criminal Mental Health Court, we need Assisted Outpatient Treatment/Laura’s Law found in 45 states, where people with untreated severe mental illness that are frequently hospitalized and/or incarcerated can receive recovery support services in the community. With a Mental Health Court the Mental Health System assists the Court. With Assisted Outpatient Treatment/Laura’s Law the Court assists the Mental Health System to do a better job.

Assisted Outpatient Treatment/Laura’s Law (AOT/LL)

The Mendocino County Mental Health Board voted unanimously to advise the supervisors to implement AOT/LL in order to offer supportive help to some of the sickest and most vulnerable people in our County who are hospitalized and/or incarcerated over and over again. They heard presentations by Carol Stanchfield, Director of the LL Providence Center in Nevada County and John Buck, CEO of Turning Point. www.tpcp.org

Orange County Supervisors voted unanimously to adopt Laura’s Law. In San Francisco, Supervisor Mark Farrell introduced a ballot initiative to fully implement Laura’s Law within the city and county of San Francisco. Farrell says, “There are individuals who are suffering from severe mental illnesses that are falling through the cracks of our city’s current mental health services system, and we owe it to those individuals, their families, and our residents to provide the best care possible. Laura’s Law will be another tool to help those with a clinically

identified severe mental illness, and will provide compassionate, community-based mental health treatment services for the most vulnerable in our City. Laura's Law will reduce hospitalization and incarceration rates, and improve public safety for our residents. The success of Laura's Law is clear – it gets people with severe mental illness engaged in treatment, saves lives and saves money.”

Grand Jury 2013-2014 Reports on Mental Health <http://www.co.mendocino.ca.us/grandjury/13-14/index.htm>

1. “An Appearance of a Conflict of Interest in the Adoption of the Mental Health Privatization Contract”
Tom Pinizzotto, Director of Mental Health and Assistant Director of Health and Human Services had a business and financial relationship with Ortner and North Valley Behavioral Health. Pinizzotto did not recuse himself from the deliberations and Ortner received the contract to provide Adult Mental Health Services as of July 2013.

2. “Privatization of Mental Health Delivery Services” The County is not complying with the intent of State Law. Routine services required to be in place within 30 days were not available six months after the Ortner contract was active. Ortner does not provide the most seriously impaired mentally ill clients with adequate wraparound resources such as housing, transportation, education and staff training. There is a discrepancy of approximately \$12 million between the billing and payment for the 2009-2010 Medi-Cal reimbursement and no one knows why; so it remains unresolved.

STATE NEWS: Sonoma County Mobile Support Team (MST)

Sonoma County's Behavioral Health Division partners with police departments, sheriff's office, and NAMI to form the Mobile Support Team (MST). This team includes licensed mental health clinicians, and certified substance abuse specialists. MST's goals are to: promote safety and emotional stability, minimize negative outcomes, help community members obtain sufficient support and treatment, and prevent overly intrusive intervention. NAMI works with the family members providing direct links to resources to help them.

NATIONAL NEWS: 97 People Cost a Florida County \$13 Million. Surprising?

Miami-Dade County Judge Steve Leifman says “Give people with mental illness treatment, not a jail cell”. A University of South Florida study examined the costs of 97 people with severe mental illness over a five-year period in Miami-Dade County. Almost all were homeless. They experienced 2,200 arrests, 27,000 days in jails and 13,000 days in hospitals and emergency rooms. The total cost to taxpayers was estimated to be \$13 million. “Shocking? Yes. Surprising? No.” Leifman writes. “Florida ranks 49th nationally in funding for community mental-health treatment.” . . . According to our [2012 bed study](#), the miserable national average is 14 hospital beds per 100,000 people, but Miami-Dade musters only 3. This means that of the 185,000 people diagnosed with serious mental illness in the County, only a tiny percentage receives treatment through the public mental health system.

Of course, the scarcity of psychiatric treatment means that “the county jail has become the largest psychiatric institution in Florida.” “If we treated people with primary healthcare needs the way we treat people with mental illnesses, there would be rampant lawsuits and criminal indictments. But people in a psychiatric crisis without financial means who are admitted to a hospital receive treatment only as long as they are considered dangerous to themselves or others . . . Such people are then discharged, often to homelessness, and eventually find their way into the criminal-justice system again — and again and again.” *Miami Herald* 5-20-14

Helping Families in Mental Health Crisis Act.” H.R. 3717, Tim Murphy (R-PA)

Representative Murphy says, “In 34 states, Elliot Rodger's family would have been able to ask a court to order an emergency psychiatric evaluation. In California, the law says they cannot. The families know when their loved one is in a mental health crisis and their condition is gravely deteriorating, but as my Oversight and Investigations Subcommittee report (5-29-14) describes, families are shut out from being part of the care

delivery team.” Report excerpts follow.

Recently, a young man in Isla Vista, known by his family and therapists to be mentally ill, killed six people and himself in another awful episode of mass violence. Before there was Elliot Rodger, there was Adam Lanza in Newtown, Jared Loughner in Tucson, James Holmes in Aurora, Colorado, and Aaron Alexis at the Washington Navy Yard. There was Gus Deeds, another young man who was in a mental health crisis but was denied extended inpatient care before he stabbed his father, a Virginia state senator, and killed himself. All had untreated or undertreated serious mental illness. All spiraled out of control within a system that lacked the basic mechanisms to help. Many had parents who were **pleading** for more help. Violence among persons with mental illness is extraordinarily rare, and is far more likely to be self-directed. There are 40,000 suicides annually. Almost one million attempts. The mentally ill are more likely to be the victims of violence, robberies, beatings, rape, and other crimes. The mentally ill are also ten times more likely to be in jail than a hospital. That’s because the seriously mentally ill encounter law enforcement after refusing medical care.

What makes these painful episodes so confounding is the reality that so many tragedies involving a person with mental illness are entirely preventable. “The lessons for Americans from the horrifying tragedy in Connecticut is that we had better take off our blinders and deal with such illness or we are sure to face the same problem again. It is not only what’s in a person’s hands that makes his act violent, it’s what is in his mind.” How many more must die before we finally deal with our broken mental health system? Murphy’s report addresses the unworkable commitment standards, and the lack of response until after a crisis has occurred, because we do not empower parents, patients, clinicians, and law enforcement to stop it from happening. Other findings are:

1. Families have been shut out of the treatment team. The inability of an individual experiencing a serious mental illness to recognize that they have an illness, called anosognosia, occurs in 40% of people with schizophrenia and bipolar disorder.
2. Health care providers often misinterpret the Health Information Portability and Accountability Act’s (HIPAA) privacy rule, leaving family members in the dark about essential and timely information about their loved one’s condition. Some misunderstand HIPAA and won’t even receive medical information from family members.
3. There is a critical shortage of psychiatric beds, providers, and outpatient treatment options for persons in the midst of a psychiatric crisis.
4. A person with mental illness must be homicidal or suicidal before we’ll give them treatment. It’s like denying a patient care until AFTER the heart attack occurs.
5. Federal resources are not targeted towards serious mental illnesses like schizophrenia, bipolar disorder, and major clinical depression.
6. Legal advocates and anti-psychiatry activists have used federal resources to block care for the hardest-to-reach patients.
7. Proper intervention can get people back toward being independent, holding jobs, and finding recovery.

Our report provides a legislative path for rebuilding our mental health system and finally taking serious mental illness out of the shadows and into the bright light of hope and recovery. With a focus on delivering acute psychiatric care to the most challenging cases of serious mental illness, it also includes provisions to expand access to inpatient and outpatient psychiatric treatment, training for law enforcement and first responders to understand how and when to properly intervene when a person is experiencing a mental health crisis. States are encouraged to adopt a “need for treatment” standard of commitment rather than the “imminent danger” standard and breaks down convoluted legal barriers preventing family members from helping a loved one with a serious mental illness. <http://energycommerce.house.gov>

NAMI Mendocino County
National Alliance on Mental Illness
P.O. Box 1945
Ukiah, CA 95482
www.namimendocino.org

NAMI Family Support Groups:
Fort Bragg – First Thursday
of each month 5:30 pm to 7 pm
201 E. Fir St. 937-3339
Ukiah – Every other Tuesday 485-0239

Mental Health Board 3rd Wednesday
10 am to 2 pm see website for location
www.co.mendocino.ca.us/hhsa/mh_board.htm

New Family and Peer Self-Help Support
Groups can be formed throughout the County
Call 937-3339 for assistance.

NAMI Membership/Renewal Application

Name

Address

Phone

email

3-Way NAMI Membership (Local, State & National)	\$35
Local Quarterly NAMI Newsletter only	\$10
Open Door/Low Income Membership (\$3 or sliding scale)	\$_____
Benefactor/Patron Membership and Donation	\$_____

Mail to NAMI Mendocino County P.O. Box 1945, Ukiah, CA 95482