

Community Mental Health Coalition Newsletter

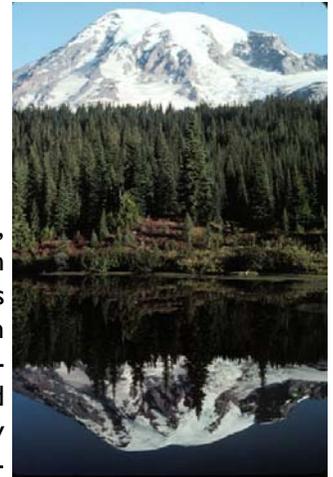
March 2009

Vol. 1, #4

Mental Health Coalition Update— An opportunity to learn

Carolyn Price - MH Liaison for Lewis County Public Health and Social Services Department

The Mental Health Coalition, made up of service providers, educators, counselors, and community members, has been meeting monthly since October 2008. Our goal is to address the mental and behavioral health needs of our community. In the effort to speak a common language, the Coalition has finalized its Charter statement (see below), as well as heard from individuals and providers about their programs: Early childhood programming from Susan Franck, Head Start; Access to Care Standards from Russell Funk, Cascade Mental Health Care; Valley View Health Center Behavioral Health Programs from Roxy Stadium, VVHC; Adults with Learning Disabilities from Barbara Oswald and Sheryl Mercer, Centralia College. The Coalition looks forward to learning from these presentations, to further understand the community. Speakers in the future include: Bill Hardy, Administrator of the Timberlands Regional Network; Kelly Olson, 211; and Holly Greenwood and Dr. Sherwin Cotler, Director and Clinical Director of Thurston County's Mental Health Access Program.



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The Mental Health Coalition also would like to invite other service providers, agencies, and advocacy groups to speak to the group. We want to hear what is you are doing, what is working, as well as ideas of how we may bridge the gap between services and needs.

Concurrent with hearing community providers and members, the coalition is also in the on-going process of revising the draft Mental Health Strategic Plan (12-2-08, version), as we work towards developing programming to address gaps in current service.

Coalition meetings occur on the first Thursday of the month, from 8-9:30 am, at 500 SE Washington, Chehalis, in the first floor meeting room. These meetings are open and anyone is welcome to attend!

Coalition Charter Goals Statement:

We want to a) reduce the impact of environmental factors such as housing, food and the economy that contribute to poor mental health conditions and substance abuse issues; b) provide improved mental health and substance abuse services and c) adequately fund a strong service delivery system.

What We Mean by Advocacy

Emily Marecle, HRN Domestic Violence Program Manager

Human Response Network offers many services to victims of domestic and sexual violence, all evolving to meet the individual needs of each survivor we work with. Some services include assisting survivors in accessing public benefits, accompanying survivors to forensic medical exams, helping survivors to find safe affordable housing, and facilitating survivor led support groups. While our services are diverse, they all have several things in common. Most people understand that all of our services are free and confidential. Least understood is that all of our ser-

vices are *advocacy based*. Advocacy based services means that we support the survivor in whatever their needs or desires are. We don't pressure survivors to make certain decisions; we provide options, information and emotional support. Advocacy based services are always provided *in partnership* with the survivor. Advocates facilitate support groups for survivors of both domestic and sexual violence on a weekly basis. Support groups increase a survivor's social support system by providing a safe place for survivors to feel validated and to connect

with each other. There is evidence that improving a survivor's social support system serves as a protective factor that enhances safety over time (Bybee & Sullivan, 2002). Currently our Empowerment! support group for female survivors of domestic violence is open to newcomers. Please call Human Response Network at 360.748.6601 for information about upcoming support groups for sexual assault survivors or for information regarding other services.

Coalition Contact Information

If you are interested in any of the projects mentioned and have not been contacted, please feel free to email or call the leaders.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) Lewis

Linda Dennis, a social worker from DSHS, came to the February business meeting on the 10th, to talk about DSHS services, how to access them, and provided an opportunity for attendees to ask questions. For the March 10th business meeting, Sue Killillay, Executive Director of Cascade Mental Health Care, will be talking about how the recent economic crisis is impacting community mental health services.

NAMI Lewis meets the second Tuesday of each month, 6:15 – 7:00pm business meeting, program meeting and round table discussion are at 7:00-8:00 pm. Providence Professional Bldg. (former St Helen Hospital) 1st floor round meeting room. Light refreshments are provided and everyone is invited. For information, contact Marilyn Gallagher, Chair 748-0569, danmar@compprime.com.

The NAMI Lewis Family Support Group meets on the fourth Tuesday of each month 5:30- 7:00 pm in the same room. For information, contact Judy Baskett 785-9668.



What is Lewis County Social Services?

April Kelley, Lewis County Social Services Developmental Disabilities Coordinator

When people think of social services they generally think of two things, welfare and social workers. Lewis County Social Services does not provide either of these services. So what do they do, you may be asking? Your local Social Services Office, which is part of the Public Health Department, houses several govern-

ment funded programs but does not actually conduct direct services. Instead they manage government grants and contract with agencies to provide direct service and also conduct outreach in the community. Social Services currently houses the Developmental Disabilities Program, Chemical Dependency Program, DUI

Traffic Safety, Substance Abuse Prevention, Tobacco Prevention, Oral Health, Housing Program, Mental Health Program, and Community Mobilization Against Substance Abuse and Violence. Watch for future newsletters to learn more details about each program.