Message From Your President, Brenda Scott

We had another exciting year at NAMI California. There are many things happening all over the state, including the MHSA programs and the recovery movement, and the various legislative activities we have been keeping the membership informed about.

At the NAMI California Conference in August at the Torrance Marriott, the NAMI California Board elected me as its new President. Let me introduce myself. I have been in NAMI since I took the Family to Family class in 1999. It was my first experience in NAMI, and it was life changing for me. When I attended my first NAMI Conference I was welcomed by many of you and started to feel that I had a new family.

My own family did not want to recognize mental illness as an important issue that needed to be addressed. Some did not understand my passion that arose as I became involved with NAMI. I have had experience with mental illness my whole life, with a mother in Patton Hospital who took her own life when I was 14 years old. My mother was diagnosed with schizophrenia, but our family did not talk about it. I am sure that some of you had this same reaction in your families. Had my father taken the Family to Family class, he would have understood her illness and perhaps things would have been easier for my family as we were growing up.

My experiences have made NAMI an important part of my life. Mentors in the organization have guided me, and to them I will be eternally grateful. We all meet new members. Please make them feel a part of the organization — you never know where future leaders will come from. We have a special organization that gives us a common link unlike any other organization. (Continued on page 2)

The delivery of health care services to consumers with Medi-Cal is under review for a major overhaul. NAMI California is watching carefully to determine the impact on people with mental illness. We want to be sure that the interests of people with mental illnesses and their family members are included as stakeholders in the restructuring of service. The current proposal by the Department of Health Care Services comes about as expiration, or “sunset,” of a Medicaid waiver approaches.

What is a Medicaid waiver? A waiver allows use of federal funds for care not normally covered under Medicaid, known as Medi-Cal in California. Section 1115 of the Social Security Act allows the federal government to authorize pilot or demonstration projects that can help promote the objectives of the Medicaid program.

California’s current 1115 waiver is a demonstration project entitled the Medi-Cal Hospital/Uninsured Care, commonly known as the hospital waiver. That waiver expires on August 31, 2010. The waiver enabled California to draw $180 million dollars annually in federal funds to supplement state funding of safety net private and public hospitals. Because of the state’s economic crisis, Governor Schwarzenegger wants to slow spending on the Medi-Cal program in an effort to restore the state’s fiscal balance. (Continued on page 7)
The work they do every single day is tremendous and they are willing to assist you in every way they can on a daily basis. Please feel free to call the office and thank the staff for their commitment to the organization.

We encourage you to stay informed on Legislative issues. The National Health Care Reform issue is an important one for NAMI at the state, local and national level. We need to advocate for mental health benefits for children and adults, along with physical health benefits in this reform plan. The progress this holiday season at the national level has been very positive and we continue to monitor and stay informed on health care reform. These times are financially difficult for counties and the state, and we urge you to stay involved in your local county mental health boards. This is a time for us to be working together even more. Stay in communication with your mental health partners. Counties are facing layoffs, program cuts and clinic closures. Cuts are being made in all departments. We need to be sure that mental health issues are being addressed at the table. I attended a meeting in Napa in September of California Mental Health Directors, who are very concerned about the financial problems facing mental health. They encouraged NAMI members to establish communication and contact them if necessary. Many counties have family programs which are a liaison between you and your county department. Be sure to use them — they can be very beneficial to you.

I am proud to be part of this organization. Thank you for all you do to make a difference in the lives of our members and all those affected by mental illness.

Thank you for your courage in the face of stigma for going out and saying that something needs to change for the better. Thank you for your patience in seeing that it happens. We will negotiate through these "rough waters" and be a stronger organization because of it.

— Brenda Scott, President, NAMI California

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Upcoming Board Meetings

January 21–23, 2010, Midtown Marriott, Sacramento
April 30–May 1, 2010, DoubleTree Hotel, Ontario
August 19–22, 2010, San Francisco Airport Marriott, Burlingame

Submission Requests: NAMI California wants to know what is going on in your affiliate, program, or your perspective on the mental health community. The Connection is making a continuous request to all recipients of this newsletter for submissions. Entries must be between 250 and 500 words and may be edited for length and content.

Please send submissions to catherine.isidro@namicalifornia.org by March 10, for the next newsletter.
EXECUTIVE DIRECTOR’S MESSAGE

Parity in California: More Needs to be Done

Beginning in January 2010, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act ensures that coverage for mental health and substance abuse under insurance policies match those for other physical diagnoses, opening up equal services to an estimated 113 million Americans. This federal legislation requires that group health plans apply the same treatment and financial limits for mental health and substance abuse treatment as for health and surgical plans.

Unfortunately, the bill targets only employers with over 50 employees and individuals with group health insurance. Under the new federal law, costs including co-pays, out-of-pocket costs, and deductibles cannot be greater for mental illness treatment than for physical health issues. Even as the federal government begins implementing the landmark law, many turn for advice to California, where we have experienced levels of parity for a decade.

In legislation affecting the mental health community, California passed its first, real mental health parity law in 1999. AB 88 required health insurance providers in the state to offer equal levels of coverage for physical health and mental health conditions in children and adults, but included only nine selected diagnoses: major depression, bipolar disorder, panic disorder, anorexia or bulimia, obsessive-compulsive disorder, autism, schizophrenia, and schizoaffective disorder. Children's severe emotional disturbances and pervasive developmental disorder also were included.

AB 88 differs from the new federal legislation in two fundamental ways: (1) It does not cover all mental diseases in the Diagnostic and Statistics Manual (DSM) of the American Psychiatric Association; (2) It goes beyond the federal bill to cover all health plans, including those purchased by small employers or in the individual plan market.

According to a report in the Journal Psychiatric Services, researchers found that the largest barrier to implementing parity was in educating consumers about their rights to equal coverage and helping them to report plans not conforming with the law. Almost half the California consumers who participated in the study were not aware of parity in coverage, even though they had an active diagnosis. The Office of the Patient Advocate (1-888-466-2219) is available to resolve managed health care complaints and encourages consumers to report problems.

Latest Efforts and Roadblocks

Last fall, California State Assembly member Jim Beall, Jr., introduced AB 244, legislation to require every insurer and participant in a health care service plan under regulation of the Department of Managed Health Care (DMHC) to expand mental health coverage to include all diagnoses. Beall had introduced two similar bills in the 2007-2008 legislative session, AB 423 and AB 1887. Among other problems with limiting parity to nine diagnoses, one study suggested that providers have an incentive to use one of the covered diagnoses when, in fact, a different diagnosis is more accurate.

Opponents to AB 244 said the mandate would increase health costs, which likely would lead more individuals to drop existing coverage, further increasing the uninsured population. Supporters said California needs to update its statute to be in full compliance with the federal law, and to fill in the gaps in service that will be left uncovered by the federal provisions.

County governments and a coalition of mental health advocates argued that: (1) a growing body of evidence suggests that mental health parity outweighs the societal costs and risks associated with untreated illness; (2) studies have shown that early intervention leads to a better prognosis for full recovery and that appropriate treatment reduces suffering, saves lives, and eliminates cost shifting to other governmental agencies and services; and (3) California was a national leader in passing a landmark mental health parity law a decade ago, but would fall behind other states if it failed to pass the bill.

AB 244 cleared the Assembly and Senate and was sent to Governor Schwarzenegger. The governor vetoed the legislation on October 11, stating, “I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system and for that reason, I cannot support this bill.” Governor Schwarzenegger clearly does not understand the interaction between physical and mental health or the high medical costs attributable to under-treated or untreated mental illness.

The Mental Health Parity and Addiction Equity Act is a landmark federal bill that aims at correcting huge loopholes that barred our consumers to fair and equal services. Federal healthcare reform may make our battle for full parity easier. Both the Senate and the House bills, now being reconciled in the Conference Committee, add protections and coverage for mental illness. Assemblyman Beall has said he definitely will introduce another parity bill this year. Hopefully, the bill will require that California statutes conform to the federal parity bill and any health care reform that is passed, and will cover loopholes that remain. NAMI California will be prepared to advance any such effort.

— Trula M. LaCalle, Ph.D., Executive Director
NAMI San Gabriel Valley
We had our annual Holiday Potluck in December, and about 55 consumers, most of them residents of local board and care homes, attended along with about 50 members of our affiliate. Besides having wonderful music, fun, and food — and a visit from Santa — we collected over 90 shoe boxes full of gifts for our Quality of Life Program. The wrapped shoe boxes were distributed at Christmas parties at Pasadena area board and care homes.

Our Quality of Life Program provides many “extras” to board and care residents: libraries in bookshelves; trips to baseball games, the county fair, and movies; Target gift cards and bus tokens; as well as Christmas and birthday gifts to about 90 consumers. We also donate televisions, clothing, and other useful items. We have a potluck at a park in August as well, attended by 40 to 50 board and care residents. Our August and December parties are opportunities for consumers to mingle with NAMI members as equals, and we all benefit from the interaction. We feel this is an important part of our “inclusion” efforts.

— Marty Giffen, President

NAMI Sacramento
Four affiliates have banded together to bring NAMIWalks to the Capital Region. The Northern California NAMIWalk will debut on April 24 at Sacramento’s William Land Park, and will benefit NAMI affiliates in Sacramento, El Dorado, San Joaquin and Yolo Counties. For details, contact Pat Pavone, Walk Manager, at 916.397-7831 or pat@namisacramento.org.

— Pat Pavone, President

NAMI Santa Cruz
We are proud to have launched and completed our first Provider Education Training Program, this fall.

Fourteen NAMI Santa Cruz members were trained last summer. First, we participated in the County process of planning for MHSA funds. That helped pave the way for NAMI SCC to contract with our County Mental Health Department to present two class series this year, and hopefully many more in the future.

The County agreed that the Provider curriculum was geared toward the Workforce Education and Training requirements of training staff in the real family/client experience and needs. The class is a 10-week series, 3 hours per week, and it covers everything. We had outstanding evaluations from our 19 Provider ‘students’. We expect this to be the beginning of many trainings, changing hearts and minds, building collaboration and understanding between providers, families, and clients.

We are also proud to have begun the NAMI Parents and Teachers as Allies Program. Our first presentation was to 30 administrators, counselors, nurses, from Santa Cruz County Schools, and we plan to present to school staffs this Spring. These are new programs. We also continue to grow in our Family-to-Family and Peer-to-Peer classes.

NAMI Santa Cruz County provided Christmas gifts for 160 people at the clients’ Holiday Party. Gifts included jackets, vests, socks, t-shirts, underwear, candy and other items.

— Carol Williamson, President

NAMI Los Angeles Central
We held an “Open House,” at our affiliate in November.

Young adults and teenagers are attending our Share & Care meetings with their parents. They are happy to attend — we are addressing their concerns. Young people represent growth. We are looking into starting young people Share & Care support meetings.

— Margie Harper, President

NAMI Santa Clara County
We held Peer-to-Peer, Family-to-Family, and Provider classes, support groups, general meetings, Holiday Gift Drive, Summer Picnic, NAMI Walk SF Bay, warmline/helpdesk, and outreach activities at public meetings. In addition, we joined a coalition of community groups to successfully fight against the stigmatizing practices of a local doughnut shop called Psycho Donuts. The shop continues to operate under that name, but has eliminated its most objectionable practices; it now emphasizes music rather than making fun of people with a mental illness.

We recently started our third year of our Peer PALS Program. In this homegrown program, consumers doing well with their recovery are paid a small stipend to meet weekly with an assigned partner who is isolated and not yet far along the road to recovery. This program under paid leadership of a mental health professional and a consumer has been helped isolated consumers progress, and it has helped the paid PAL continue on the recovery road.

We also are in our second year, under a small grant from the County Mental Health Department, of staffing a help desk at the county psychiatric facility. Trained staffs distribute printed information and discuss various NAMI programs and other programs available to help visiting family members learn about mental illness.

— John Mitchem, President
NAMI Westside Los Angeles
Even though last year was rough on many of us, we managed to provide the services our community relies on.

Generous support in 2009 enabled us to expand our family support groups from 7 to 14 meetings a month. We also expanded our geographic reach and now have meetings in Culver City, at UCLA in Westwood, in West Los Angeles and in Santa Monica.

Each year we have three or four free 12-week NAMI Family-to-Family Classes. These classes — which make family members advocates for their relatives instead of victims — are always full, and this year we hope to be offering twice as many classes.

Our Pathways to Wellness Conference, a free mental health conference, welcomed over 700 participants, up from 200 the year before.

Family Connections Classes were held for those with relatives with Borderline Personality Disorder.

We had a large response for our Peer-to-Peer Classes. They teach those with a psychiatric illness how to cope as best they can. NAMI Westside LA provides paid employment for those who teach this class.

We also believe our experience as family members and consumers can aid providers in the mental health field. We partnered this past year with the Chicago School of Professional Psychology to offer the NAMI Provider Course for Clinicians. In these new protocols, families are not excluded from the treatment team. Family strengths become part of the treatment plan with clinicians.

Our Free Speaker’s Series is offered twice a month. This past year we hosted a number of esteemed psychiatrists, psychologists, Department of Mental Health chiefs, crisis teams’ coordinators and other experts in the healing profession.

We continued to offer our warm line, a helpful voice during office hours, where family members call for help when in crisis or experiencing the myriad of problems with a mentally ill relative.

Our Outreach Committee made sure our NAMI Westside LA brochures were in all clinics and hospitals in the Westside.

We advocated for family and consumer rights and insurance rights. We informed members of pending legislation that will, or could, affect loved one, and what can be done in these events.

We continue to send out our NAMI Westside newsletter, with the latest updates in brain research, legislative activities and summaries of our Speaker Series, as well as a postcard to let members know of future speakers and events.

— Sharon S. Dunas, MFT, President

NAMI Kern County
We wrapped up 2009 with our Faith Net Team hosting the Affiliates Annual Christmas Party at the Olive Drive Church in Bakersfield on December 14th.

Nearly 250 persons attended the joyous catered event, with peers and family members and community partners alike! The 2008 NAMI California Clergy of the Year Pastor David Albright blessed the meal and Monsignor Stephen A. Frost, of Christ the King, told his touching story of recovery.

NAMI California 2009 Media Award Winner, Kurt Rivera, news anchor of the CBS/FOX Affiliate in Bakersfield, announced his latest news documentary on teens, “Dying for Help.” Many of NAMI Kern County’s Out Spoken Young Minds (Youth & Parents Team) participated in the documentary, telling their recovery stories that aired in November and again in December. Kurt Rivera’s “The War Within” 2008 Documentary on Combat Vet’s Post Traumatic Stress Disorder has won numerous National Awards and was featured at our 2009 NAMI California Conference with the FRONT LINE Project.

NAMI Kern County partnered with one of the top national Community Health Care Organizations, Clinica Sierra Vista and its 700 employees (based in Kern County), in this Fall’s 3rd Annual NAMIWalk. As a result, there were nearly 1,000 participants at the Walk on October 10th. CEO Stephen Schilling, opened doors for NAMI Kern County with the families and patients of Clinica Sierra Vista and also many community leaders as he served as our Business Team Chair. The majority of his contacts and employees had never heard of NAMI.

The Westchester Kiwanis Club in Bakersfield partnered with NAMI Kern County’s FRONT LINE project serving veterans and their family members. The First Annual Kiwanis & FRONT LINE Golf Tournament was held on November 14th. The golf tournament was a great success, resulting in a $2,800 gift from the Kiwanis to support the FRONT LINE efforts in Kern County.

FRONT LINE’s next Educational & Resource Conference is January 16th in Bakersfield from 9am–noon. The community is always welcome and it is always FREE.

This networking, public relations and community involvement has helped us reach out to our community increased our numerous weekly support groups and attendance, graduated two classes of Family to Family in November and increased our membership to over 300 persons.

Thanks to NAMI California and NAMI National for their support! Together we achieve more! We are happy to share our ideas and successes with any of our CA Affiliates.

— Russ Sempell, President
Our committee made great progress last year. The hard work of our dedicated volunteers can be viewed on our NAMI California website under Criminal Justice Resources. Our goal is to create a “one-stop shopping” resource for information to help families and consumers navigating the criminal justice system. In addition, we have aggregated information that can be useful to our member advocates with their work locally. And we aren’t done yet! We are creating rough drafts of a guide, “My Family Member is in Prison. What Can I Do?” and a like document for the State Hospital System. We hope to post these new guides in 2010.

The purpose of the Inmate Mental Health Information Form is to provide clinicians inside correctional facilities important mental health information about incarcerated family members. We have posted Arrested Guides and the Forms for the 12 counties that have adopted them. Our first “Form” for a state correctional facility is listed for North Kern State Prison. Soon you will see listings of every county in California with a Crisis Intervention Team (CIT) program or a mental health court. It is important that we establish baselines that can be used to measure progress, or the lack thereof. Not exactly “grading California,” but it’s a start. Much of the progress throughout our state is due to the diligent advocacy of our members and would not have been possible without your consistent efforts in your communities.

Small, definitive advocacy can blossom into new partnering possibilities. Advocacy directed to the California Department of Corrections and Rehabilitation (CDCR) about implementing the Inmate Mental Health Information Form has grown into new substantive initiatives. First, we are hoping for approval from CDCR to advance from a pilot to full implementation of the Form at every Reception Prison in California, and possibly all 33 prisons. There are discussions about potential re-entry partnerships with NAMI California affiliates to help families of returning offenders with mental illness, thereby reducing recidivism. This concept was highlighted at our workshop at the State Conference in August. CDCR has also invited NAMI California to partner in a new training program for prison guards and staff about mental illness. Pat Pavone, NAMI Sacramento President, and three consumer volunteers traveled to the CDCR Training Facility in Galt, California, and filmed a training video. I have received very positive feedback from CDCR on the results. Much thanks to our NAMI Sacramento volunteers!

The Judicial Council Task Force on Criminal Justice Collaboration on Mental Health Issues has completed an initial rough draft of its report and has been extended until December 2010. Our workgroups are focused into four areas: 1. Preventing entry in the criminal justice system and providing early intervention/diversion programs; 2. Improving Court Responses; 3. Developing Incarceration Protocols and Re-Entry/Supervision Strategies; 4. Providing Training, Education, and Research. I believe the work of the Task Force can bring real change to our court system by institutionalizing best practices throughout California.

Thank you all for your support, and all that you do every day.

— Mark Gale
First Vice-President, NAMI California Board of Directors
Chair, NAMI California Criminal Justice Committee

We are Grateful for Your Support
On behalf of the NAMI California Board of Directors, thanks to:

NAMI San Jacinto for sharing your 2009 Walk funds with NAMI California in the amount of $2,986.90.

NAMI Tulare County for sharing your 2009 Walk funds with NAMI California in the amount of $350.
Under the Dome

LEGISLATIVE WIND DOWN

The Mental Health Parity bill, AB 244 by Jim Beall Jr., (D-San Jose), made it through the Legislature and onto the Governor’s desk — only to be vetoed on October 11. The bill would have broadened the impact of recent federal legislation.

NAMI California lobbied the legislature, urged the Governor to sign AB 244 and worked to activate grass roots support. AB 244 would have required insurance companies to provide equivalent coverage for mental illnesses and substance abuse as for other illnesses. This is only fair; mental illnesses have physical causes and consequences. A current flaw is that not all policies are required to provide mental health coverage. The bill was financially sound, because people with mental illness who do not receive adequate, timely care through employee insurance may become severely ill, homeless or incarcerated, and require care through public systems at public expense. Recent federal parity legislation bans employers and insurers from imposing stricter limits on coverage for mental health and substance-use conditions than for other health problems. The Mental Health Parity and Addiction Equity Act of 2008 sets minimum standards. AB 244 would have extended the law to employers with fewer than 50 employees.

But the bill was terminated by the Governor with this veto message: “I have vetoed similar measures twice before. The addition of a new mandate, especially one of this magnitude, will only serve to significantly increase the overall cost of health care. This, like other mandates, also increases cost in an environment in which health coverage is increasingly expensive. California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer. I continue to have serious concerns about the rising costs of healthcare and must weigh the potential benefits of a mandate with the comprehensive costs to the entire delivery system, and for that reason, I cannot support this bill.”

However, another bill supported by NAMI California was signed into law. AB 235 by Mary Hayashi (D Hayward) extends existing law. It mandates admission and transfer to an appropriate psychiatric unit if a defined psychiatric emergency medical condition exists, without requiring pre-authorization by the patient’s health care provider.

The budget crisis swamped some good bills. More next session.

— Frances Tibbits
Member, NAMI California Board of Directors
Chair, NAMI California Government Affairs Committee

Health and mental health services for Medi-Cal beneficiaries are provided through managed care and fee-for-service provider networks. Analysis of state spending on Medi-Cal revealed that changing the current treatment delivery system to a more integrated delivery system that manages a person’s health and mental health needs would lower costs and cover more of the currently uninsured. The legislature passed ABX 46 to design and implement a better and more cost effective system of care and required there be a stakeholder process in developing the plan.

Under the status quo, the Department of Health Care Services oversees most Medi-Cal provisions. However, Medi-Cal eligible persons are provided mental health services through “specialty mental health” administered by the Department of Mental Health. Alcohol and drug abuse treatment is funded for Medi-Cal beneficiaries under the Department of Alcohol and Drug Programs. With the 1115 waiver expiring in August, the Department of Health Care Services is proposing to incorporate these specialty mental health Medi-Cal programs and integrate service delivery with health care under a medical model called the “patient centered medical home.” The medical home model facilitates partnerships between individual patients, and their personal physicians and, when appropriate, the patient’s family.

In coming months, NAMI California will provide its members more details about development of the new waiver and the proposals being considered. We will be monitoring the waiver planning and providing input at public meetings so that our values of family member rights, stigma reduction, and respect for consumers are part of any service delivery model that is created.
NAMI California 2009 Award Winners

DON AND PEGGY RICHARDSON MEMORIAL AWARD
For distinguished service to persons afflicted with serious mental illness.
Donna Wallis

CONSUMER OF THE YEAR AWARD For outstanding leadership and advocacy on behalf of mental health consumers.
Paul Cumming

FAMILY-TO-FAMILY AWARD For excellence in leadership.
Lou Goldsmith

MEDIA AWARD For excellence in reporting on serious mental illness
Kurt Rivera, CBS/FOX
Affiliate Channel 29 Eyewitness News, Bakersfield, CA

OUTSTANDING CRIMINAL JUSTICE ADVOCATE AWARD
For exemplary time and effort in advocating for accepted best practices that have resulted in the decriminalization of persons with serious mental illness.
Rod Pence

OUTSTANDING CRIMINAL JUSTICE PROFESSIONAL AWARD
For a criminal justice professional who has advocated for and has been an integral part in implementing accepted best practices resulting in the decriminalization of persons with serious mental illness.
Alisa Dunn, Los Angeles Mental Health Court Linkage Program

RECOVERY PRACTITIONER AWARD For the clinical staff person who consistently initiates, promotes and reinforces recovery principles in their practice, county and sphere of influence.
Dr. Timothy Pylko

ZERO TOLERANCE OF SECLUSION & RERAINTS AWARD
For a facility that has done outstanding work toward initiating and implementing Zero Seclusion and Restraints practices
Riverside County Regional Medical Center
Inpatient Treatment Facility, Arlington Campus

RECOGNITION AWARD For advancing consumer participation and leadership by an affiliate.
NAMI Kern County

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