

NAMI Fresno Newsletter

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Newsletter

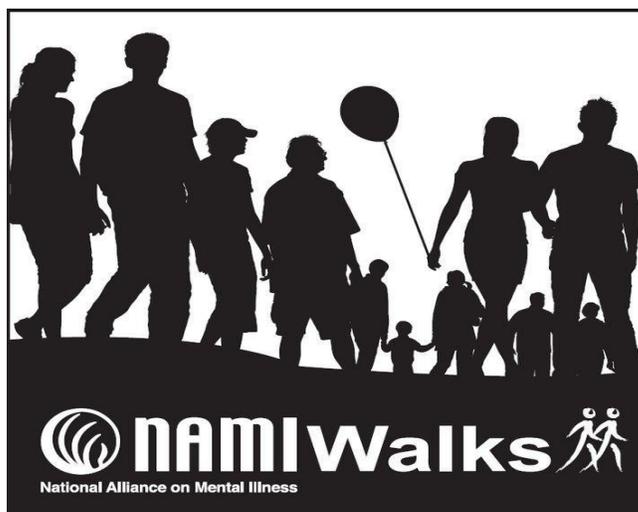
Fall 2011

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Save the Date May 12, 2012

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Reflections from NAMI California Conference



NAMI CALIFORNIA CONVENTION

Each fall, NAMI California serves families, consumers, state-wide decision-makers and treatment professionals at its annual educational and advocacy conference. As professionals, researchers, peers and families cover the latest in treatment options and upcoming legislation, program developments and leadership skills on the horizon were brought forth. NAMI really proved its strength and knowledge this year.

One of the keynote speakers Frederick Frese, Ph.D. spoke on “Recovery: Myths, Mountains and Miracles.” Dr. Frese, an associate professor in the Department of Psychiatry at the Northeast Ohio Medical University, has lived with paranoid schizophrenia since his discharge from the U.S. Marine Corps at age 26. His humor, thoughtfulness, and courage, not only living for the last 40 years with his illness, provides hope and encouragement to his many accolades and offers support for so many.

Through, tears of sadness, laughter, and joy, his standing ovation at the end of his speech was a testament of the individual and the message he brought to all of us fortunate to hear him speak. I personally had the pleasure of speaking with him and cannot tell you how blessed and fortunate I felt. Dr. Frese has agreed to come speak for us here in Fresno and is looking forward to meeting the rest of our NAMI family. He was fortunate to meet David Kazarian and Sergio Frausto, our consumer scholarship recipients.

The other highlight was meeting with The Honorable Stephen V. Manley and the Justice Task Force Presentation committee and speaking to them about the findings of the task force report. This report provides the review, the vision and their suggestions for working with local criminal justice, mental health systems, programs that need changes, and offers for personal support to NAMI Fresno and the valley.

This was the best conference I have attended and we have a tremendous wealth of knowledge to share. We are preparing for an exciting fall and spring education coming our way.

Cynthia Wells, Executive Director

*“Recovery :
Myths,
Mountains and
Miracles”
Fred Frese
Ph.D.*



The NAMI trip to Sacramento started with a locomotive ride on Amtrak, with a gleaming view of the state’s countryside. When we arrived, David Kazarian and I checked into the hotel with a couple of cookies in hand. In the morning, we had a breakfast buffet with a bounty of choices including pancakes, bacon, sausage, fruit and juices. There was so much to choose from!

In the Sacramento room, I attended the “You Can with NAMI CAN! Legislative Advocacy.” The presenters showed us how a bill becomes a law. A bill is introduced and it goes through committee hearings, floor action, return to the original house, then the bill goes to the governor. The bill first starts with an idea and the process begins when a politician decides to start the bill.

Reflections from NAMI California Conference

The presenters were interested in having people get involved in their local areas. They urged all of us fellow "NAMIans" to petition our local representatives for NAMI mental health issues. They informed us that it is easier for legislators if we fax letters to them because if you email them, they have to print them out before getting put into the pile. It is also better to have an individual write out a personal letter to a politician. If someone were to type up a petition and have a bunch of people sign it, it does not carry as much weight. One individual, handwritten letter is worth 100 emails.

I had a very good time. It was nice spending time with Cynthia, meeting Silvia, and seeing Carolyn and Mary Lou. I really appreciate the NAMI Board for allowing us to attend the conference. It was a wonderful experience!

Sergio Frausto, Volunteer



Dr. Frese talked about how he was discharged from the Marine Corps and the discrimination he received when he asked the Navy commanders and his commanding officer for a letter of recommendation to go to school or get a job. They just laughed at him, so Dr. Frese tells his story about his recovery back in the 1960's and how different it was back then to receive treatment. He talked about his personal issues during the time of his recovery. One of his issues was before he got his PhD. He was at a grocery store handing out dollar bills, due to his illness, and going in and out of hospitals before he was able to achieve his goals. After he became well, he slowly got better and received his PhD in psychiatry while living in Ohio.

Trudy Scott talked about food and nutrition. Food products and certain allergies can contribute to mental health issues. Gluten is a major inhibitor to mental health conditions. Whey protein is good for a person, but sometimes wheat can be an inhibitor to mental health. Vegetables, fruit, and meat are all good for you. She talked about how cattle eat corn, which can be an inhibitor in the meat people eat. She talked about avoiding caffeine and sodas which can cause anxiety. She stressed that one diet doesn't fit everyone. Every person has a different system, but if you can find a diet that fits your system, then your body and mind can heal better. She also talked about certain supplements that can help a person. We have to get gluten out of our food.



There is an art exhibit near Orange County that displays art from mental health consumers. Sometimes those with mental health issues can be very creative. They talked about music stimulating the pleasure systems in the brain and know where your talents lie within yourself. There were several skits and a luncheon during the class. Another class talked about the legislative process and how one letter from a consumer can represent ninety-nine people. They talked about new legislation and how a person can get involved in supporting certain legislation for mental health issues such as improving our criminal justice system, prevention, and getting the family involved for treatment.

We took the Amtrak to Sacramento. We caught a cab to the hotel and I was very impressed that the hotel was first class. Cynthia was so kind; she took us to the Elephant Bar. It was kind of her to insist that I get the dish I wanted. We all had the breakfast buffet. That was really kind of her and NAMI to offer that to us. At the official conference we had chicken and mashed potatoes. The food was really good. Cynthia, Sergio, and I had good talks and I loved making Cynthia and Sergio laugh. We had somewhat of a regimented schedule, but it's fun to keep on cultivating those relationships. I do thank the NAMI board and Cynthia for making us just like family. It brings up my self-esteem. Once again, I thank NAMI for loving me like a family and making my life meaningful.

David Kazarian, Volunteer

NAMI California Policy Statement

DMH Reorganization

NAMI California supports the position of the creation of a new Department of Mental Health and Drug and Alcohol Services for all related non-Medi-Cal services and programs.

NAMI California believes that any reorganization of the State Department of Mental Health should provide individuals living with mental illness with services and supports that increase health and recovery outcomes across the life span, are culturally and linguistically competent, and are integrated and coordinated to provide linkage to needed treatment and services regardless of funding stream. California should use this reorganization opportunity to truly integrate our Medi-Cal, **non-Medi-Cal**, and MHSA services to prioritize assistance to all Californians based on their severity of need.

As various reorganization proposals are discussed, NAMI California urges policy makers to answer the following questions:

1. How will a reorganized Department of Health Care Services (Medi-Cal) and Department of Mental Health (**non-Medi-Cal** mental health) and increased localization ensure that children, youth, adults and older adults with **the highest or most complex mental health needs are prioritized?**
2. How will a reorganized Department of Health Care Services (Medi-Cal) and Department of Mental Health (**non-Medi-Cal** mental health) and increased localization ensure that children, youth, adults and older adults with **the highest or most complex mental health needs are prioritized?**
3. How will reorganization ensure that a full array of services and supports are available, accessible, and culturally and linguistically appropriate throughout the state? In addition to traditional psychiatric services, an array of services should, at a minimum, include:
 - ◇ Housing with supportive services
 - ◇ Employment and education supports
 - ◇ Transportation services
 - ◇ Reduction in engagement with the criminal justice system
 - ◇ Wrap Around Services
 - ◇ Integrated mental health and substance use treatment
 - ◇ Prevention and outreach services
 - ◇ Case management and care coordination
 - ◇ Community skill building
4. How can California prioritize services and supports by severity of need, rather than by source of funding?
5. How can California facilitate decreased demand for state hospital beds and reduce rates of incarceration and re-hospitalization.
6. Any reorganization of California's mental health system can only be successful if it facilitates the coordination, integration, and linkage of Medi-Cal, non-Medi-Cal, and MHSA services. This integration must be accomplished in order to achieve positive outcomes for all persons living with serious mental illness.



NAMI California Policy Statement DMH Reorganization

To achieve this integration and coordination goal, NAMI California supports the position of the creation of a new Department of Mental Health and Drug and Alcohol Services for all related non-Medi-Cal services and programs.

State Hospital Care and Reorganization Proposals

Successful reorganization of mental health funding and functions should facilitate reduced demand (need) for state hospitalization, improved health and wellness outcomes for patients and fewer instances of re-hospitalization.

California will need to decide if:

- ◇ A new Department of State Hospitals be created under the Health and Human Services Agency;
- ◇ Or, the responsibility for the state hospital system remains within the domain of a new community-based mental health care department as described above.

NAMI California calls for a comprehensive review and analysis of the pros and cons of the above choices to determine the most appropriate placement of responsibility for California's state hospital services. NAMI California does not support the transfer of state hospital responsibility for forensic patients to the Department of Corrections and Rehabilitation.

Senior Policy Advisor

- ◇ NAMI California believes any reorganization of California's mental health system can only be successful if it facilitates the coordination and linkage between Medi-Cal and **non**-Medi-Cal services and programs. This integration must be accomplished in order to achieve positive outcomes for all persons living with serious mental illnesses.
- ◇ Effective coordination and development of policy can only be accomplished at the highest level of California's health care system.
- ◇ NAMI California supports the concept of a senior policy advisor at the highest level of the Health and Human Services Agency.

Upcoming NAMI Fresno Educational Classes

September 27th

Filing for Medi-Cal MEDICareBenefits 7-9p.m.

October- 25th

Filing for Social Security and changes in benefits. 7-9p.m.

Both Classes being held at Trinity Lutheran Church

NO CLASSES NOVEMBER & DECEMBER DUE TO HOLIDAYS

NAMI FRESNO Education Courses

Call NAMI Fresno office (559) 224-2469
For more information on the next classes available.

NAMI Basics:

NAMI Basics is the signature education program for parents and other caregivers of children and adolescents living with mental illness. This course is taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years. This free course includes an introduction to the normative stages of emotional reactions of the family to the trauma of mental illness. It also offers insights into an empathic understanding of the subjective, live experience of the child living with the mental illness and updated information about the many mental disorders that children are affected by.

Family to Family:

Call NAMI Fresno office (559) 224-2469 for information on the next class available.
This is a free 12 week, experimental education course on the topic of recovery for family caregivers of individuals with severe mental illness. The course uses a combination of lecture, interactive exercises and structured group processes, and the diversity of experience among course participants affords for a lively dynamic that moves the course along. The course is designed to offer an opportunity for growth to any individual who may have a family member or close friend that has been diagnosed with a mental illness. The course is taught by two trained family members who are themselves family members of an individual with a severe mental illness.

NAMI FRESNO Support Groups

Beautiful Minds Family Support Group

1st Tuesday of the month from 7-9 p.m.

Location: The home of Curt & Jeanine Thornton

They can be contacted for directions to their home at 439-0853. *This is a faith based adult support group which studies biblical principles helpful to family members of those who suffer from mental illness. This group offers peer support, referrals and the opportunity to be with others who can pray for you with understanding.*

Adult Support Group Meetings

2nd Tuesday of the month from 7-9 p.m.

Location: Trinity Lutheran Church located at 3973 N. Cedar Avenue in Fresno

These confidential meetings provide a safe place where family members and friends of individuals with a mental illness are invited to share experiences and explore possible solutions. The group is facilitated by Psychologist, Dr. Rick Adams.

Parents/ Guardians of Children and Adolescents Support Group

3rd Tuesday of the month from 9:30– 11:30 a.m.

Each quarter the group will meet from 7-9 p.m. and have a speaker (April, August, & December)

This group provides a safe place for parents, guardians, grandparents, and close friends of children/ adolescents affected by mental illness to share their frustrations and suggestions and hopefully find some strength by sharing with other parents. We are facilitated by Patricia Carver, LMFT. Please do not bring children as you need time for yourself.

Educational Meetings

4th Tuesday of the month from 7-9 p.m.

Location: Trinity Lutheran Church located at 3973 N. Cedar Avenue in Fresno

At the educational meetings community professionals offer their expertise on a variety of subjects related to medical, social, and legal issues pertaining to biological brain disorders.

To get more information on topics for the upcoming meetings, call the NAMI Fresno office at 224-2469.

Children and Adolescent News

Primary Care Psychiatry Collaborative

By Gary Rosenberg, M.D., medical director, Behavior Health Services, Bergen Regional Medical Center and Phil Lubitz, associate director, NAMI New Jersey

Over the past several years, NAMI New Jersey, the New Jersey Psychiatric Association (NJPA) and the American Academy of Child and Adolescent Psychiatry (AACAP) have collaborated to inform legislators and policymakers in New Jersey about children's mental health issues. In October 2010, NJPA formed a task to develop a Primary Care Child Psychiatry Collaborative Program under the leadership of Gary Rosenberg, M.D. The task force developed a white paper, *Improving Access to Child and Adolescent Mental Health Care: Integrated Collaborative Care*, which makes the case for the collaborative program model.

Currently, there are 7,000 child and adolescent psychiatrists practicing in the United States, with a need at about 20,000. Insufficient access to child psychiatry is a problem in New Jersey. There are only 10.5 child psychiatrists for every 100,000 children in New Jersey. Waits of six to eight weeks for child psychiatry appointments are not uncommon. Waits can be up to three months long for the first appointments.

As a result, many children with mental health needs and their families receive treatment from a primary care physician. As indicated in the task force white paper, the prevalence of mental illness in youth aged 13-18 is 22 percent, only one in five of them receive treatment and of these, at least 50 percent are treated by their primary care physician.

However, primary care physicians often feel overwhelmed and isolated in their efforts to treat youth with mental health needs who often require the attention of a mental health care provider. The Primary Care Child Psychiatry Collaborative Program will help to meet the needs of these youth and support primary care physicians by providing the following:

- ◇ Timely access to child psychiatry consultation services, including telephone consultations, for primary care physicians.
- ◇ Direct child psychiatric services;
- ◇ Care and case management for children and their families; and
- ◇ Education and training for primary care physicians.

The Primary Care Child Psychiatry Collaborative Program is an innovative strategy that marries existing strengths in the health care system to deliver unified treatment to families and their children.

There are presently 15 states in the country that have developed a collaborative program to address the shortage of child psychiatrists and child mental health workers. This initiative will help meet the needs of children living with mental illness when there are not enough mental health providers to meet their needs. It will be cost-effective and, more importantly, result in better outcomes for children in New Jersey. To learn more about the Primary Care Child Psychiatry Collaborative Program, contact Phil Lubitz at plubitz@naminj.org.

New Reading Brochure Available at your Local NAMI Office

A Family Guide: What Families Need to know about Adolescent Depression

Children's Mental Health Working Together To Keep Our Kids Safe FREQUENTLY ASKED QUESTIONS

Location:

Children's Mental Health Outpatient

3133 N. Millbrook
Fresno, CA 93703
CCAIR
3147 N. Millbrook



How can I contact Children's Mental Health?

Outpatient - (559) 600-8918
Crisis - (559) 600-6760
Rural Services - 1-800-654-3937

How do I know if my child has a problem?

- ◇ Making statements about wanting to die, “You won’t be seeing me again,” “it’s no use, “I feel rotten inside,” etc.
- ◇ Change in eating or sleeping patterns.
- ◇ Withdrawal from friends, family and regular activities.
- ◇ Violent actions, rebellious behavior or running away.
- ◇ Use of alcohol or other drugs.
- ◇ Unusual neglect of personal appearance or hygiene.
- ◇ Marked change in personality.
- ◇ Loss of interest in pleasurable activities.
- ◇ Persistent boredom, difficulty concentrating or a decline in the quality of schoolwork.
- ◇ Frequent complaints regarding physical symptoms often related to emotions, such as stomachaches, headaches, fatigue, etc. Giving away favorite possessions, throwing away important belongings, etc.
- ◇ Suddenly cheerful after a period of depression.
- ◇ Bizarre thoughts, seeing or hearing things that are not there.
- ◇ Hyperactivity, extreme hostility, aggressiveness, serious risk taking and promiscuous sexual behavior can all “mask” depression.
- ◇ Overwhelming guilt or self hate.
- ◇ Self-injury: scratching, cutting, biting, hitting, head banging, burning, etc.

I feel that my child needs help. Where do I begin?

Call Outpatient Services, or in the rural areas, They will guide you on your path toward mental health services. Currently many that provide Mental Health Services are undergoing vital transformations. DCFS's Children's Mental Health is participating in the process. The major goal is oriented toward welcoming everyone and helping them to find as quickly as possible, the services that they need.

For now, if you are eligible for services, the process is similar to the following:

- ◇ During your phone call you may be set up with an orientation.
- ◇ During or after orientation - you may be given an appointment for an assessment.
- ◇ After the assessment, you will be given options. Be sure to ask for resources to other mental health services if we are unable to provide them for you.
- ◇ A helpful reminder is to come to your appointments as scheduled and bring the people and information that you were requested to bring. We will be able to better serve you. If you need to reschedule - call us - we will find a better time.

What is an IEP?

An Individualized Education Program, commonly known as an IEP, is mandated by the Individuals with Disabilities Education Act (IDEA). The IDEA requires public schools to develop an IEP for every student with a disability who is found to meet the federal and state requirements for special education. The IEP refers to the educational program developed for and provided to a child with a disability. The IEP also refers to the written document that describes that educational program. It is sometimes called an Individualized Educational Plan.

What is AB3632?

AB3632 is a state law that requires agencies to coordinate services for students with disabilities. Under this law, county mental health departments are responsible for providing mental health services which are determined to be necessary for a child to benefit from special education but which are beyond the scope of the school to provide.

A student may be referred by the school for an assessment to determine if a child is eligible to receive AB3632 services when all of the following criteria are met:

- ◇ The student has a current individualized education plan (IEP) and is suspected of needing mental health services in order to benefit from his/her educational program.
- ◇ The student has emotional or behavioral characteristics which impede education, are of significant rate and intensity, are not attributable to "social maladjustment," and are not merely temporary adjustment problems.
- ◇ The student's functioning, including cognitive functioning, is at a level sufficient for the student to benefit from mental health services.
- ◇ The school has previously provided counseling, guidance, social work and/or other services and interventions to address the problems, or the IEP Team has determined the services to be inappropriate.

Once a referral is accepted, a mental health clinician will conduct an assessment to determine if the student qualifies for AB3632 mental health services. If services are recommended, the IEP Team will convene to authorize the services. The services must align with and focus upon the child's needs as identified in the IEP and must be designed so that children will benefit from their educational programs.

What is a "5150"?

Section **5150** is a section of California's Welfare and Institutions Code (specifically, the Lanterman-Petris-Short Act or "LPS") which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to their self, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, *5150* can informally refer to the person being confined or to the declaration itself.

Policy at School District and County levels have changed and still urge you to advocate and ask for services for your child.

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E-mail: namifresno.org

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www.facebook.com/NAMIOfficial
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Donor or Applicant:

NAME: _____ PHONE: _____
ADDRESS: _____ CITY/ZIP: _____ -- _____
E-MAIL ADDRESS _____

Gift or memorial presented to: NAME: _____ ADDRESS: _____
CITY/ZIP: _____ In honor of: _____

Membership Fees and Contributions are tax deductible

- Membership.....(.\$35.00 family per year).....(Jan – Dec).....{ }
- Membership Renewal...(\$35.00 family per year).....(Jan-Dec).....{ }
- Your \$35.00 donation includes membership to NAMI Fresno, NAMI California & NAMI National
- Professional Sponsor.....(\$50.00 - \$200.00 per year).....{ }
- Donation.....{ } ·Gift.....{ } ·Memorial Gift.....{ }

- I am interested in receiving more information on NAMI { }
- (an informational packet will be sent to you)
- I am interested in volunteering some of my time { }
- Contact number _____
- I am interested in participating in the NAMI walk { }
- Contact number _____

Thank you for your support!