San Mateo County Board of Supervisors Approves Laura’s Law
Daily Journal Staff Report, June 17, 2015

At the June 16th Board of Supervisors meeting, a recommendation to implement Laura’s Law was approved. Laura’s Law provides for an adult living with a serious mental illness to be court ordered into Assisted Outpatient Treatment if they meet the additional eligibility criteria listed below.

- Unable to “survive safely” in the community without “supervision;”
- Has a history of “lack of compliance with treatment” as evidenced by at least one of the following:
  1. Been hospitalized/incarcerated two or more times in the last 36 months due to mental illness; or
  2. Demonstrated violent behavior towards self or others in the last 48 months.
- Has been offered treatment on a voluntary basis and refused it; and
- Is “deteriorating.”

This recommendation was first brought to the Board on May 19th. The Board members had questions on how this would be implemented and what has been the experience in Orange County which began implementation approximately six months ago.

Key findings from Orange County include that over 70 individuals have agreed to services voluntarily and 5 were referred to court but reached agreement to accept services. Staff from Orange County stressed the importance and value of outreach and engagement efforts, that they have successfully engaged individuals when released from jail, and they have received a high volume of calls most of which do not meet the eligibility criteria.

Included as part of the Board’s approval is establishing within BHRS a team to do outreach, engagement, assessment and referral and to establish over a two year period 50 Full Service Partnership slots. The Board also directed BHRS to return after one year of implementation to report on what has transpired and any recommendations.

Funding to implement Laura’s Law will be finalized in September. We estimate the start up phase to take up to six months. Referrals will be accepted after staff are in place, procedures established, and the FSP slots (our equivalent to Assisted Outpatient Treatment) are available.

As part of the start up phase we will be conducting community education for family members, law enforcement, and health and behavioral health providers to make sure that all have the most accurate information regarding the parameters of Laura’s Law and the services.

Thanks to all who joined us at the NAMI Walk! We hope you enjoyed the inspiring and heartwarming gathering in such a beautiful setting!
**Bringing Communities Together**

**NAMI California Annual Conference**

*Friday and Saturday, August 21 - 22*

*Newport Beach*

Don’t miss this great conference! See the film “Buried Above Ground,” by Ben Selkow or the documentary by Mariel Hemingway, “A Choice to Heal: Mental Health in California.” Also six conference tracks to choose from and dynamic workshops!

Go to [http://www.namica.org/annual-conference.php?page=register&lang=eng](http://www.namica.org/annual-conference.php?page=register&lang=eng) or contact Eugenia Cervantes at eugenia@namica.org or (916) 567-0167 for more information.

**SMC Civil Grand Jury’s Final Reports**


There is interesting and enlightening information in this report and the report is an excellent guide to all the areas of mental health services. The first two points cover mental health for youth and adults in SMC. There are many excellent recommendations for more MH in the schools; better communication among the agencies; that mentally ill offenders get treatment vs. incarceration; and that Pathways court be pre-adjudication.

**Louise Rogers: New Health Director**

Congratulations to Louise Rogers on her new position as Director of Health for San Mateo County. Louise was previously Director of Behavior Health and Recovery Services and has been a long time member of NAMI San Mateo County. Louise is well know and greatly appreciated by many former and current NAMI members. She has also been a participant and supporter of the NAMI SF Area Walk.

**FAST: Family Assertive Support Team**

*650-368-3178 or 650-371-7416 (pager)*

*24-hours, 7 days-a-week*

Call FAST when you are concerned about a family member who may be showing signs or symptoms of serious emotional distress - FAST for prompt and caring support!

*We Come to You!*

See a full article about FAST in our November 2013 web version newsletter at [www.namisannmateo.org](http://www.namisannmateo.org).

**Legislation on Mental Illness**


**An Opportunity for Comprehensive Mental Health Reform.** Representatives Tim Murphy (R-Pa.) and Eddie Bernice Johnson (D-Texas) have introduced HR 2646, the “Helping Families in Mental Health Crisis Act of 2015.” This introduction begins a legislative process toward long overdue mental health reform.

NAMI has submitted a letter of support to Representatives Murphy and Johnson indicating our appreciation of their leadership and our commitment to work with them to pass comprehensive mental health legislation.

**Money for Research and No Major Cuts to Mental Health Programs in Budget Bills.** In June the House and Senate Appropriations Committees passed spending bills for 2016 covering a range of programs including: research at the National Institute of Mental Health (NIMH), services at the Substance Abuse and Mental Health Services Administration (SAMHSA) and supportive housing at the U.S. Department of Housing and Urban Development (HUD).

The congressional bills were written under the current caps on overall spending, known as “sequestration.” This triggered veto threats from the White House whose 2016 budget asked for spending levels above these caps. The good news is despite this strict budget environment, there are no major cuts to mental health programs.

Even better are the proposed increases—above the President’s budget request—that are being proposed for research at the National Institutes of Health (NIH) in general and the NIMH in particular.

**U.S. Supreme Court Decision a Sigh of Relief for People with Mental Illness.** The Supreme Court’s decision in King v. Burwell is both a victory and a sigh of relief for millions of Americans, including people living with mental illness, who will be able to keep their health insurance. Loss of ACA health coverage insurance would have been devastating, indeed life-threatening for millions of individuals and families. In particular, equal mental health coverage required under the law would have been lost. What could have been a giant step backward is instead a giant step forward in building a health care system for the future, a system that must include mental health care.

**NAMI SMC Warm Line Training**

*Wed. Sept. 9, 2:00 - 4:00pm*

Do you want to help others as they learn the steps of how to best help their family member who has (recently) been diagnosed with a mental illness? If so, then becoming a new Warm Line volunteer phone responder is for you!

To sign up for the Warm Line training, or learn more about what is entailed, call 650-638-0800, or email nami@namisanmateo.org. Come join us on the Warm Line team!
I worry so much, that I feel sick. Do you know what I mean?

I’m worried about the worm I ate, but once I throw it up on your bed, I’ll feel just fine.

Worry, worry, worry. I can’t stop myself from worrying all the time.

The Bay Area Hearing Voices Network and NAMI East Bay invite you to join with other family members and voice hearers and explore compassionate approaches to being present with, understanding, and supporting our loved ones as they experience voices, visions, special messages, extreme states and unusual beliefs.

Learn coping tools and explore the recovery movement and the role of peer support and social engagement. Learn effective communication strategies for relationship building that help to overcome helplessness and fear.

Presented by Nev Jones - Phd, Psychologist, Stanford Univ., organized Chicago Hearing Voices, lived experience; Manton Hurd - RN, UCSF Psychiatric Mental Health Nurse Practitioner student, lived experience; Heath Hodge - MSW, hearing voices group facilitator; Ed Herzog - MA, family member, NAMI East Bay Board; Dina Tyler - Director Bay Area Mandala Project, lived experience

Fees: $40 (some scholarships available, voice hearers free. Send checks to: NAMI East Bay, 980 Stannage Ave., Albany, CA 94706. By PayPal, send payment to edherzog@comcast.net. For more information contact: edherzog@comcast.net or www.bayareahearingvoices.org.

Lunch on your own at several nearby restaurants.

We would like to introduce you to TARA for Borderline Personality Disorder (TARA 4 BPD), an important resource for family members and consumers needing help coping with Borderline Personality Disorder.

TARA 4BPD is a non-profit organization that, for the past 21 years, has provided resources, support and advocacy for BPD. We provide psycho-educational programs for families and present workshops at family and professional conferences. We have operated a national resource and referral helpline for over twenty years. We conduct surveys relevant to consumers and families and share our findings with researchers nationally and internationally.

Please call us for any information on BPD. 1-888-TARAAPD

—Valerie Porr, President/Founder TARA4BPD

The mission of California Clubhouse is to give those whose lives have been disrupted by mental illness the opportunity to recover meaningful work and relationships as they reintegrate into the broader community.

Thank you California Clubhouse! - members of NAMI SMC thoroughly enjoyed our tour of the Clubhouse. Lunch was delicious, Clubhouse made “Chicken Tortilla Soup” - gracias!

California Clubhouse is inspiring, and the work is both fun and fulfilling. For those 18 years old & older.

Please visit California Clubhouse and become a part of the very important work they do! Visit the activities at 2205 Palm Avenue, San Mateo, CA 94403.

More info: californiaclubhouse.org or 650-539-3345

Visit www.namicalifornia.org/ to get the latest on legislative activity.
In Honor of:
Nancy & Darwin Myers

Sharon and Ron Roth gave a generous donation to NAMI SMC on behalf of their friends, Nancy and Darwin Myers, in honor of Nancy’s 75th birthday and Darwin and Nancy celebrating their 25th Anniversary.

NAMI San Mateo County appreciates those who send donations that honor loved ones. Our heartfelt gratitude!

Camp for a Cause

Camp for a Cause kicked off their 2015 camp sessions with a cause that’s very near and dear to our hearts - Mental Illness Awareness. Amazing job! Thank you Camp for a Cause for raising over $1,500 for NAMI SMC!

Camp for a Cause presents NAMI with a check for $1,523 raised from their June 15th camp week! Visit www.campsforacause.org to learn more about these amazing young entrepreneurs and the very important work they do!

Congratulations to P2P Graduates

On July 23, Gilbert Cavallini, Chad Hermansen, Catherine Lewis, Brenda Nicholson, Andrew Peral & one other graduated from our early summer Peer to Peer Program—job well done! Congratulations graduates!

Thanks also to our inspiring facilitators, Calvin Shelton and Deborah Wright, and their most helpful and willing support person.

Peer to Peer is a free, 10-week recovery education program offering a holistic approach to recovery through a combination of lecture, discussion, interactive exercises and stress-management techniques. Take the class and pass on your knowledge and ability to live well to others. To sign up for the October class, contact 650-638-0800.

Check out Wellness Matters, the SMC BHRS newsletter http://smchealth.org/wm

NAMI Nat’l Convention in San Francisco

The July 6-9 conference, “Embracing the Future,” was a hit with over 2,000 attendees and a wide choice of informational & poster sessions & exhibitors to select from. The NAMI SMC booth presented our exclusive NAMI jewelry (soon to be available on our website) and NARSAD Artworks cards. Thanks to the many volunteers who helped at the Convention proper and at our booth—we couldn’t have done it without you! Next year’s convention is in Denver, Colorado.

Prodromal Research Study

Have you or someone you know had recent changes in your thoughts and/or feelings that are worrisome? People from ages 16 - 30:
• Are you experiencing unusual thoughts?
• Have you noticed any changes in how things look or sound?
• Are you worried about what other people are thinking or doing?
• Are you having more trouble with work, school, or getting along with other people?
• Are people worried about your behavior or how you are doing at work or school?

We are looking for individuals to participate in a study on memory, attention, and information processing and how they relate to risk for certain mental health symptoms or conditions. Individuals will participate in a detailed clinical assessment, neurocognitive testing, computer tasks, magnetic resonance imaging (MRI), and other related tasks. Participants will receive $15 to $30 per hour depending on the task. We can provide treatment referrals and assessment reports.

If interested, please call (650) 849-1930 or email us at brain-

Study for Parents of Adult Children with Serious Mental Illness

My name is Sabrina Gonzales and I am a member of NAMI Wood County in Bowling Green, Ohio. For my master’s thesis, I am conducting a study on the experiences of parents of adult children with serious mental illnesses. I have been posting announcements on online support groups and forums and have been distributing emails to anyone I know that is involved in the community. Could you forward this announcement to the NAMI members in your affiliate? And if you are a parent or know a parent that may be interested in participating, could you please forward this announcement for this study? The survey takes about 30-60 minutes and participants have the chance to be entered into a survey for a $20 Amazon gift card.

Here is the survey link: https://bgsu.az1.qualtrics.com/SE/?SID=SV_6D9sCi6KjP4H4Tr

If you have any questions, please feel free to contact Sab at gonzals@bgsu.edu.
**SUPPORT GROUP MEETINGS**  (for information on NAMI Support Groups call 650-638-0800)

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<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<tr>
<td><strong>NAMI Cordilleras MHR Center Family Group</strong>, 1ST Mondays (2ND Monday if 1st is a holiday), 6:30-8pm, 200 Edmonds Road, Redwood City, 650-367-1890. Penney Mitchell &amp; Julie Curry, NAMI SMC co-facilitators.</td>
<td><strong>NAMI Parents of Youth &amp; Young Adults</strong> (ages 6 – 26), 2ND Mondays, 7-8:30pm. NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800. Kristy Manuel and Ginny Traub, facilitators.</td>
<td><strong>NAMI Spanish-Speaking Support Group</strong>, for family members. 2ND Tuesdays, 6-7:30pm. South County BHRS, 802 Brewer Ave, Redwood City. Contact Claudia Saggese at 573-2189.</td>
<td><strong>DBSA Mood Disorder Support Group</strong> for persons with uni- and bi-polar disorders, mania, depression, or anxiety; family members welcome. Tuesdays, 7-9pm, College Heights Church, 1150 W. Hillsdale Blvd, San Mateo. Contact at <a href="mailto:DBSASanMateau@um.att.com">DBSASanMateau@um.att.com</a> or 650-299-8880; leave a message.</td>
<td><strong>Asian-Language Family Support Groups</strong> Last Thursday, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, San Mateo. BHRS main entrance. Info: 650-573-3571.</td>
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<td><strong>Dual Diagnosis Group for Consumers</strong>, Mondays, 2:30pm. The Source, 500 A Second Ave., San Mateo. Info: 650-343-8760</td>
<td><strong>NAMI Spanish-Speaking Support Group</strong> for family members. 2ND Tuesdays, 6-7:30pm. South County BHRS, 802 Brewer Ave, Redwood City. Contact Claudia Saggese at 573-2189.</td>
<td><strong>HOPE</strong> (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles. 1st and 3rd Tuesdays, 6:30pm, First Presbyterian Church, 1500 Easton Dr., Burlingame. Call 355-5532 or 347-9268 for info.</td>
<td><strong>Japanese Education &amp; Support Group</strong> for Japanese speaking families. 3RD Saturdays, 10-12pm, Menlo Park City Hall. Contact: 415-321-3788.</td>
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<td><strong>NAMI Moroccan Community</strong> 2ND Wednesdays, 7-8:00pm, 222 W 39th Ave &amp; Edison, San Mateo. Board Room (main entrance elevator to 2nd floor, left to the end of the hall). Terry &amp; Polly Flinn, NAMI facilitators.</td>
<td><strong>NAMI Jewish Family &amp; Children's Services</strong>, family and friends are welcome. 4TH Tuesdays, 7:00pm. 200 Channing Ave., Palo Alto, 650-688-3097. Sharon &amp; Ron Roth, NAMI SMC facilitators; John Bisenivs, LCSW.</td>
<td><strong>Women Living With Their Own Mental Illness</strong>, Tuesdays, 1-2:30pm. Redwood City - sliding scale fees apply for this meeting. Contact Deborah at 650-363-0249, x111.</td>
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<td><strong>Jewish Support Group</strong> (open to all denominations), for those with mental illness and families and friends. 2nd Wednesdays, 6:15-8:30pm. For info, call Carol Irwin 408-858-1372. Beit Kehillah, 26790 Arastradero Rd., Los Altos</td>
<td><strong>Telecare</strong> for family and friends of residents. 2nd Wednesdays, 5:30-7pm. 855 Veterans Blvd, Redwood City. 650-817-9070</td>
<td><strong>H.E.L.P.</strong> for those coping with a mental illness and/or those in a supporting role, Thursdays, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Menlo Park Pres., 950 Santa Cruz Ave, Garden Court. Contact Jane at 650-464-9033</td>
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Shopping Supports NAMI SMC

Together, shopping through any of these mediums makes a real difference. Last year, NAMI SMC received over $3,000 in merchant rebates!

The S.H.A.R.E.S. card will donate 3% of your grocery purchases to NAMI SMC at all SAVEMART, LUCKY, SMART FOODS & FOODMAXX stores! To request a S.H.A.R.E.S card please call our office at (650) 638-0800 or email us at education@namisanmateo.org. Tell a friend!

Remember, always start at smile.amazon.com and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases. When you log onto smile.amazon.com please choose NAMI San Mateo County as your charitable organization; from there your shopping purchases will be linked directly to us!

escrip is is easy, quick & secure! Let’s get started!
Go to www.escrip.com, click on “sign up,” follow the instructions to register your grocery cards and your existing credit/debit cards and start earning for NAMI SAN MATEO COUNTY! Tell a friend!

Peninsula Veterans Affairs Center

Are you a vet or know one who needs help, is experiencing PTSD and/or other symptoms? Call 650-299-0672 or visit Peninsula VA Center, 2946 Broadway, Redwood City.

BHRS Family Contacts
Suzanne Aubry, Dir. Family Service & Support: 650-573-2673
Claudia Saggese, Family Liaison (habla Español): 573-2189

San Mateo County Mental Health Emergency Numbers

Police: 911
Tell the dispatcher you are calling regarding a person who has a mental illness. Request a CIT (Crisis Intervention Team) trained officer and/or someone who has experience in dealing with the mentally ill. For non-emergency situations, call your local police department.

24 Hour Crisis Line & Support Help: 650-579-0350 / 800-784-2433
Calling the local number will get you someone in San Mateo County. Calling the 800 number will get you the first person available. This person may not be in San Mateo County.

Psych Emergency: San Mateo Medical Center: 650-573-2662           Kaiser South San Francisco: 650-742-2511
Mills Peninsula Hospital: 650-696-5915           Kaiser Permanente SMC: 650-991-6455

FAST: 650-368-3178 | 650-371-7416 (pager)
Family Assertive Support Team - When your loved one is in emotional distress. Available 24x7.

For additional non-emergency numbers relating to Mental Health issues, access www.namisanmateo.org.

NAMI Education Programs
Call to be added to the Wait List - 650-638-0800

Sign up for the evidence-based education class that fits your need (Support Groups on page 5). Courses are FREE, comprehensive, and popular. Gain skills and understanding in an interactive, supportive environment. Pre-registration is required.

Family to Family—For adult relatives with a family member with mental illness. Class meets once a week for 12 weeks.
**Class will be starting in September, please call to be added to the waiting list.**

Peer to Peer—Better living skills for people with mental health issues taught by people with mental health issues.
**Class offered Thursdays, Oct 8 - Dec 17**

Provider—An overview program for Mental Health and AOD professionals, para-professionals and all others serving individuals with serious mental illnesses and their families. CMEs pending approval for qualified attendees.
**Please call to set up an in-house program for your organization**

Trainers/Facilitators Needed
If you’re interested in becoming a facilitator for NAMI Support Groups or any of our education programs, please contact the NAMI office: 650-638-0800. Training classes are scheduled throughout the year.

We are also looking for individuals with lived experience who are interested in telling their story, as part of our In Our Own Voice presentations.

escrip is easy, quick & secure! Let’s get started!
Go to www.escrip.com, click on “sign up,” follow the instructions to register your grocery cards and your existing credit/debit cards and start earning for NAMI SAN MATEO COUNTY! Tell a friend!
Historic Milestone For Integration Of Behavioral Healthcare Services Into Primary Care!

NHMH  July 2015

On July 8, 2015, the Centers for Medicare & Medicaid (CMS) released its Proposed Rule for Calendar Year 2016 Physician Fee Schedule. The Proposed Rule includes allowing payment, in the Medicare program, for two essential components of the evidence based collaborative care model of integrated care, the care manager and the psychiatric consultant.

This is a major development as it reflects the Government’s recognition of the overwhelming scientific data supporting the effectiveness of the collaborative care model. And reflects its willingness to address the current barriers to the wider implementation of collaborative care, such as payment of key members of the collaborative care team in the Medicare program, setting an example for private insurers to follow.

In collaborative care, primary care providers treat patients with common mental health disorders such as depression and anxiety with help from a trained mental health professional (also called a care manager), and a designated psychiatric consultant. As CMS acknowledges, this model of integrated care has been extensively tested in research studies and in real-world clinics over the past 15 years. It provides access to evidenced based mental health services in primary care, where the vast majority of Medicare patients (and general public) go for care.

With this Proposed Rule, CMS moves closer to systematic implementation of collaborative care in Medicare, Medicaid and other publicly funded health plans. This will result in substantially improving access to and quality of care, patients’ health outcomes, and lowered total healthcare costs, especially in high-risk patient populations with co-occurring mental and medical illnesses, saving Medicare and Medicaid billions of dollars each year.

The Proposed Rule is a development NHMH - No Health without Mental Health has been working towards since our inception, along with our partners in the medical and scientific world and in the health advocacy community. The reality of quality, evidence based integrated medical-behavioral healthcare services being available for all of us in primary care, has just made a giant leap forward!

Search the web for more info:
MEDICARE PROGRAMS: Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for Calendar Year 2016

MEDICARE PROGRAM: Revision to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2016

—Florence C. Fee, J.D., M.A.
Executive Director, NHMH, Inc.
No Health without Mental Health
T: 415.279.2192
http://www.nhmh.org

Volunteers Needed!

As we look to expand our outreach into the community we need your help. If you would you like to make a difference, we invite you to sign up to become a volunteer.

With numerous opportunities to choose from, your involvement will allow us to further help those affected by mental illness and their families. For more information, go to www.namisanmateo.org and click on “Become a Volunteer,” or call 650-638-0800. We can’t do it without you!

911 Script Available on the BHRS Website

Help prepare yourself for a mental health emergency (calling 911) with this comprehensive brochure packed with current local information. Download “Mental Health Emergency” at www.smchealth.org/MH911. Or visit the blog: http://smcbhrsblog.org/2015/03/30/mental-health-emergency-materials-aka-family-script/.

MHSARC Meetings - open to the public

Wednesday, Aug 5 • 3:00 - 5:00pm
(first Wednesday of every month)
Time/locations vary, please check with 650-573-2544 or www.smchealth.org/MHSARC
Health Services Building Room 100
225 W. 37th Ave., San Mateo

AGED-FOCUSED COMMITTEES:
225 W. 37th Ave., Diamond Room, San Mateo
Older Adult Services Committee • 10:30am - 12:00
Adult Services Committee • 1:30pm - 3:00
Children and Youth Services Committee • 4pm - 5:00
(2000 Alameda De Las Pulgas., Room 209)

Board of Supervisors Meeting

Tuesday, Aug 4 • 9:00 a.m.
Board Chambers
400 County Center, First Floor, Redwood City
Board of Supervisors agendas are found at http://www.co.sanmateo.ca.us/portal/site/bos.

Social Security Issues?

Call Joe Hennen at Vocation Rehab Services: 650-802-6578
Please Become a Member of NAMI San Mateo County
1650 Borel Place, Suite 130, San Mateo, CA 94402

☐ Regular Member ($35 to $99)*
☐ Sustaining Member ($100 to $499)*
☐ Patron Member ($500 to $999)*
☐ Benefactor Member ($1,000 or more)*
☐ Mental Health Consumer ($10)
☐ Renewal or New Membership Amount Enclosed: $__________

* A portion of your membership donation is sent to National NAMI and to NAMI California

Name ________________________________________________________________

Address ______________________________________________________________

City/State __________________________ Zip __________

Phone (______) ___________________ E-mail ________________________________

Pay by: ☐ Check ☐ Visa ☐ MC ☐ Credit cards charged to billing address.

Credit Card# __________________________ Expires __________

Amount $______________ Signature __________________________________________

How did you hear about NAMI? ____________________________________________

Please check all that apply: I/we am/are ☐ Family ☐ Consumer
☐ MH Professional ☐ Business or Agency ☐ Friend

Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law.

Thank you for your support!

NAMI San Mateo County
1650 Borel Place, Suite 130
San Mateo, CA 94402
650-638-0800 / FAX: 650-638-1475
nami@namismc.org
www.namisanmateo.org
Office open: 9am-3pm, M-F (or by appt.)

Board of Directors
Jerry Thompson, RN - President
Sharon Roth - Co-Vice President
Maureen Sinnott - Secretary
Carol Gosho - Treasurer
Christopher Jump
Ann Baker
Bill Kerns
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Navigating Mental Health Services A Challenge: San Mateo County Civil Grand Jury Recommends Host Of Treatment Programs

By Bill Silverfarb, Daily Journal, June 19, 2015

Although there are plenty of services available to individuals with mental illness in the area, a report by the San Mateo County Civil Grand Jury released Thursday finds that accessing the services can be an extreme challenge.

Following its investigation into mental health support in the county, the grand jury recommends the county adopt a form of assisted outpatient treatment; establish a mental health diversion program; improve coordination and organization among the various divisions and contractors of the county’s Health System; and develop a comprehensive public awareness program so more people are aware of the services available to them.

Currently, up to 24 percent of inmates in county jail are diagnosed with mental illness and 70 percent are substance abusers. Many inmates are diagnosed with both disorders.

District Attorney Steve Wagstaffe, however, isn’t a fan of diversion as proposed by the grand jury. His office implemented a deferred entry of judgment program June 1 for individuals with low-level misdemeanor offenses.

It requires the individual to plead no contest to the crime they committed. The agreement delays sentencing until the individual completes a program. If they don’t complete a program, then they return to court for sentencing.

In a pre-plea jail diversion program, charges are never filed which could be problematic for the District Attorney’s Office if the individual does not complete a program, Wagstaffe.

The San Mateo County Board of Supervisors has already implemented one of the grand jury’s recommendations when it implemented Laura’s Law at its Tuesday meeting.

Wagstaffe wants to see how Laura’s Law and the deferred entry of judgment program works in the county before considering other options.

Other officials in the county, however, say a pre-plea program could work. “There are great benefits to a carefully crafted pre-plea mental health diversion program. If someone gets a felony conviction, their chance of getting stable housing and employment plummets. Also, getting rid of criminal charges can be a great incentive to participate in treatment.

We look forward to exploring with our partners in criminal justice ways to collaborate in improving the lives of our residents living with mental illness,” Jean Fraser, chief of San Mateo County Health System, wrote in an email.

Laura’s Law authorizes the courts to order outpatient treatment for individuals with mental illness. To qualify for the program, individuals must have a serious mental illness plus a recent history of psychiatric hospitalizations, jailings or acts, threats or attempts of serious violent behavior toward themselves or others.

In counties that have already implemented Laura’s Law, the results have proved effective, according to the report. In Nevada County, hospitalization of individuals with serious mental illness was reduced 46 percent; incarceration was reduced 65 percent; and emergency contacts by first responders were reduced 61 percent. Nevada County also saved $1.81 for every dollar spent on Laura’s Law, according to the report.

Implementing the law will hopefully lead to a decrease in emergency room admissions and help keep people out of jail, said Supervisor Don Horsley, the county’s former sheriff.

The Sheriff’s Office previously had a jail diversion program for the mentally ill called Options but funding from the state to support it was cut, Horsley said. The program provided transitional housing and case management. “It gave them their lives back,” Horsley said.

The grand jury is recommending that the District Attorney’s Office and the Health System coordinate efforts to develop a mental health pre-plea jail diversion program. The Sheriff’s Office does have a post-plea program that works well in conjunction with probation, Sheriff Greg Munks said Thursday. “I agree that jail is the worst place for the mentally ill. It’s in everybody’s best interest to intervene before they end up in jail,” Munks said.

The Sheriff’s Office also has a crisis intervention program that trains police to better recognize when an individual may have a mental illness, Munks said.

Other grand jury findings include that the county’s network of mental health services is highly complex with no central point of access. It also finds that medical record keeping is inconsistent within the Health System. Behavioral Health and Recovery Services and the San Mateo Medical Center’s Psychiatric Emergency Services have separate electronic medical keeping systems while the Correctional Health division, which provides services to inmates in county jails, does not have a computerized system for medical records.

It also finds that public awareness of mental health services is insufficient.

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LA Police Unit Intervenes To Get Mentally Ill Treatment, Not Jail Time

By Stephanie O’Neill, July 04, 2015

The Los Angeles Police Department’s mental evaluation unit is the largest mental health policing program of its kind in the nation, with 61 sworn officers and 28 mental health workers from the county. The unit has become a vital resource for the 10,000-person police force in Los Angeles.

Officer Ted Simola and his colleagues in the unit work with county mental health workers to provide crisis intervention when people with mental illness come into contact with police.

On this day, Simola is working the triage desk on the sixth floor at LAPD headquarters. Triage duty involves helping cops on the scene evaluate and deal with people who may be experiencing a mental health crisis.
Today, he gets a call involving a 60-year-old man with paranoid schizophrenia. The call is typical of the more than 14,000 fielded by the unit’s triage desk last year. “The call came out as a male with mental illness,” says the officer on the scene to Simola. “I guess he was inside of a bank. They said he was talking to himself. He urinated outside.”

If it were another department, this man might be put into the back of a police car and driven to jail, so that the patrol officer could get back to work more quickly. But LAPD policy requires all officers who respond to a call in which mental illness may be a factor to phone the triage desk for assistance in evaluating the person’s condition.

Officer Simola talks to the officer on the scene. “Paranoid? Disorganized? That type of thing?” The officer answers, “Yeah, he’s talking a lot about Steven Seagal, something about Jackie Chan.” Simola replies, “OK, does he know what kind of medication he’s supposed to have?” They continue talking.

The triage officers are first and foremost a resource for street cops. Part of their job entails deciding which calls warrant an in-person visit from the unit’s 18 cop-clinician teams. These teams, which operate as second responders to the scene, assisted patrol in more than 4,700 calls last year.

Sometimes their work involves high-profile interventions, like assisting SWAT teams with dangerous standoffs or talking a jumper off a ledge. But on most days it involves relieving patrol officers of time-consuming mental health calls like the one Simola is helping to assess.

The man involved in this call has three outstanding warrants for low-grade misdemeanors, including public drinking. Technically, any of them qualifies him for arrest. But Simola says today, he won’t be carted off to jail. “He’ll have to appear on the warrants later,” Simola says, “but immediately he’ll get treated for his mental health.”

That’s the right approach, says Peter Eliasberg is legal director at the American Civil Liberties Union of Southern California. “The goal is to make sure that people who are mentally ill, who are not a danger to the community, are moved towards getting treatment and services as opposed to getting booked and taken into the jail.”

Detective Charles Dempsey heads training for LAPD’s mental evaluation unit. He says pairing a cop or detective with a county mental health worker means the two can discuss both the criminal justice records that the health worker isn’t privy to and the medical records that a cop can’t access because of privacy laws.

About two-thirds of the calls are resolved successfully, he says. “We engage them, they get help, they get services and we never hear from them again,” he says.

But there are complicated cases, too. And these, Dempsey says, are assigned to the unit’s detective-clinician teams. Dempsey says most of the 700 cases they handled last year involved both people whose mental illness leads them to heavily use or abuse emergency services or who are at the greatest risk for violent encounters with police and others. “It requires a lot more work,” he says.

For nearly a decade, the LAPD has helped trained dozens of agencies both in and out of the U.S. in this type of specialized policing. Its emphasis is diversion over incarceration, for those who qualify.

Lt. Lionel Garcia commanded the unit for seven years until his retirement in April. “Low-grade misdemeanors we’ll try to divert them to placement rather than an arrest,” he says. But, he continues, “if it’s a felony in this city, they’re going to jail.”

Last year, Garcia says, about 8.5 percent of the calls resulted in the person getting arrested and jailed. When that happens, he says the unit tracks the person through custody and then, upon their release, reaches out to them with links to services. “It’s just common sense,” he says.

Lt. Lionel Garcia was the lead officer of the LAPD’s mental evaluation unit for seven years until his retirement in April. “Jails were not set up to be treatment facilities,” says Mark Gale, who serves as criminal justice chairman for the LA County Council of the National Alliance On Mental Illness. “People get worse in jail.”

Gale and other mental health advocates praise the LAPD unit’s approach and call it a good first step. But for diversion to work well, they say, the city and county need to provide treatment programs at each point a mentally ill person comes into contact with the criminal justice system — from interactions with cops all the way through the courts.

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People With Mental Illness Left Homeless, Helpless
Thom Jensen, KXTV 6:44 p.m. PDT July 15, 2015

It has become the de-facto system of caring for those with severe mentally illnesses. A large portion of the population is warehoused on our streets and in our courts, jails and prisons. California taxpayers foot the bill as patients and their families struggle to find solutions.

Homeless & Helpless
Crystal Thomas has lived on the streets of Sacramento for most of her 28 years. She and a dozen or so friends, who also have been homeless since childhood, call themselves "The Kids of K Street."

Crystal Thomas, 28, suffers from Bipolar Schizophrenia. She has been homeless since childhood.

And like most of the "Kids of K Street," Thomas has also battled mental illness since she was a child; she was diagnosed as bipolar and schizophrenic. Thomas said at times, she becomes delusional. "Sometimes I'll see things, and I'll hear things, and it's stupid and weird," Thomas explained.

But, Thomas is not only caring for herself. Now, she has a baby boy. She said she fears 2-month-old James Thomas Jr. (Continued on page 11)
Thomas and others parks and on the streets. 

sive ways to help the people with mentally illnesses living in Communities have been forced to invent new, inexpen-
psych beds as the federal dollars continued to dwindle. 

eral public mental health programs over the past 

Meanwhile, at least $4.35 billion have been cut from fed-

estimates there are 40,000 statewide. 

Since 2000, California alone has lost thousands of in-patient psych beds as the federal dollars continued to dwindle.

Mental Illness by the Numbers

2013 Sacramento Housing and Redevelopment Agency study found that there are nearly 400 homeless people with severe mental illnesses living in the city; U.S. Census data estimates there are 40,000 statewide.

Meanwhile, at least $4.35 billion have been cut from fed-

severe mental illnesses living in the city; U.S. Census data 

Band Aid Solutions

Communities have been forced to invent new, inexpensive ways to help the people with mentally illnesses living in parks and on the streets.

The Sacramento Police Department is trying to help Thomas and others find the treatment and housing they need. Officer Michelle Lazark and a clinician for Sacramento County Mental Health Services form a two-person team tasked with interacting and supporting this population in crisis.

Sacramento PD Officer Michelle Lazark greets a group of homeless people in a park. Lazark and her partner are the first line of help for homeless mentally ill patients in Sacra-

I saw when I was a bike officer downtown that I had a particular knack with dealing with people who have mental health issues," Lazark said. "I don't remember it ever being this bad, but I know it's because Sacramento Health closed. After that, I've seen a huge spike and a drain on our resources."

The two can't solve the problem alone, and they said they are handcuffed by funding cuts and policy changes, which continue to leave the "severely mentally ill" untreated. "Right now, the options we have are either jail, or the hospital to be medically cleared," Lazark said. "Let's face it, they're tapped out -- they're completely tapped out. It's not the best option for us, but that's the best option we have."

Budget cuts forced many Californians out of hospital beds and into the streets. Across the state, there are about 40,000 people with untreated mental illnesses.

Families Search for Help & Hope

Two Sacramento-area women have been battling the system to create change. Both of their sons were diagnosed with Schizoaffective Disorder when they were 21, and they have experienced similar frustrations.

Jeffrey Jurgens and Jason Murray have battled homelessness and have been in and out of hospital emergency rooms, psychiatric wards and jail cells for years.

Murray's mother Diane Shinstock said it breaks her heart. It's not safe to allow her adult son to live with her, and she has not been able to find permanent housing and psychiatric care for Jason. "There's nothing worse when it's cold and it's midnight and your kid is knocking on the door and he looks tired and he looks unwell and you have to say you can't come in," Diane Shinstock said.

Jeffrey Jurgens' mother Joanna Jurgens has the same nightmares. "As a mother you don't sleep. You get little sleep. You don't eat. You barely function," Joanna Jurgens explained. "Every siren you hear, 'oh my god,' every helicopt-
ter going over, 'oh my god.'"

Families of those with mental illnesses say the mental health system is broken because too many people go untreated and end up on the streets.

Where did the Money Go?

The 2004 Mental Health Services Act has raised more than $13 billion over the past decade. The money is supposed to be used to improve treatment and reduce homelessness.

Randall Hagar from the California Psychiatric Association said the money has not solved the problem. "The neglected part is that we've lost 2,000 in-patient hospital beds for psychiatric patients in the last 15 years," Hagar explained. "We have a 45-year-old treatment law that needs to be updated that is really not serving people well."

But, Hagar said a large percentage of severely mentally ill Californians are still treated like criminals and end up in prison. He said it's a huge cost for taxpayers and an injustice to families and patients.

"Just to house somebody in a jail, I think costs $45,000 to $50,000 per year," Hagar explained. "And then if you add treatment costs on top of that, you've got a very expensive situation for someone who's mentally ill."

According to the Department of Corrections, it houses 30,000 mentally ill inmates -- roughly a third of the entire prison population. "I tried to get help for my child. I truly knew my child was sick," Joanna Jurgens said with frustration in her voice. "I couldn't get help for my child. I'm trying to prevent a tragedy before it happens."

The Cost of Treatment

It would cost about $1.5 billion to care for all 30,000 inmates in the prison system with average counseling and housing expenses totaling $50,000.

Meanwhile, the estimated cost for psychiatric care in a home-based treatment system is estimated at about $30,000, with a $900 million price tag. That's a $600 million a year savings in what most experts and families of patients believe is the best system for now.

Waiting for the Other Shoe to Drop

Diane Shinstock and Joanna Jurgens said they've learned to be prepared for the worst. Between the mental illnesses, which have been impossible to control, and a system that they say is broken, the two moms say they have learned to be prepared for the worst. "Somebody's either going to beat him seriously or kill him, or he's going to hurt somebody else, or he's going to walk out in front of a car," Diane Shinstock said, "because he can't tell which end is up some days."

Both women hope for favorable court rulings this week that will place their sons in long-term mental health facilities. The moms said they have been down this road before, and in the end they found nothing but more heartache.