

In This Issue

NAMI Mendocino County & Local News

Mental Health Court
Mental Health Board
Mental Health Privatization
Grand Jury 2012/2013
Grand Jury 2011/2012
County Budget
Mendocino County Resources

NAMI CA & State News

Outpatient Treatment Plan Policy
Laura's Law/AOT Funded
MHSA Audit

NAMI & National News

President Obama's Message to NAMI
Affordable Care Act
NIMH Withdraws Support for DSM-V
The Kennedy Forum

News You Can Use

National Suicide Rate
Zyprexa Relprevv
NAMI Mental Illness Facts/Numbers

Board of Directors 2013

Mel Lockey, President
Diane Zucker, Vice President
Donna Moschetti, Secretary
Gladys Telschow, Treasurer
Charlene Holbrook, Education
Sonya Nesch, Newsletter
Raven Price, Peer to Peer
Dan Holbrook Computer Support
Wynd Novotny, Programs

NAMI Mendocino County & Local News

Diane Zucker

June 7, 1943 to October 28, 2013



Diane Zucker passed away on October 28th after being hospitalized for nearly a month for a complicated surgery to remove a stomach tumor. She was "placed in intensive care after developing breathing difficulties and lapsed into a coma, her heart stopped, and doctors were unable to revive her." The Anderson Valley Advertiser 10-30-13
<http://theava.com/>

Diane was Vice President of our local NAMI. Mel Lockey says, " She leaves a legacy of love and an ability to touch those around her in a positive way. I will treasure the friendship that we had and remember her for her constant quest to advocate for others and her desire to make a better world." She facilitated NAMI Family Support Groups, taught the Family-to-Family Education classes and always

advocated for all people affected by severe mental illness. Diane served on the Boards of: NAMI, Ford Street Project, Manzanita and the County School Board.

What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal.” Albert Pike

Mental Health Court/11:00 Calendar under the direction of Judge Ann Moorman is successfully working with 11 clients in Ukiah and has been extended to June 30, 2014. The Coast Mental Health Court is stalled as D.A. David Eyster deals with staffing issues.

Mental Health Board (MHB) meets next in Mendocino at Preston Hall 44831 Main St. on November 20, 2013 from 10 a.m. to 1 p.m. The October meeting went 6 hours with Chair Jim Shaw resigning at the end for personal reasons. Denise Gorney is Vice Chair and next in line. An extra meeting was scheduled for October 31 at 10 a.m. at 221 S. Lenore St. Willits. John Wetzler, Secretary, asked that all Board members read the 14-page Laura’s Law legislation before the meeting. All MHB meetings are open to the public. Dina Ortiz said that our population is 22% Hispanic and she wants to know the Ortner statistics for adult mental health services provided to this population. Other Mental Health Board members are: Jim Bassler, Alyson Blair, Judy Judd, Jane McCabe, Vonna Kindred Myers, Jeff Nerney, Debra Ponton, William Russell, Roger Schwartz, Ken Scofield, and Dan Hamburg represents the Supervisors.

At the September MHB meeting, Chair Jim Shaw said, “I’m concerned about the equitable access of mental health services” countywide. “It seems to me the struggle to secure services in the second most populous city in the county, Fort Bragg, only portends that there won’t be mental health services in outlying areas such as Round Valley, Point Arena and Anderson Valley.” Todd Harris, Psychologist/MFT with Ortner said they were currently handling 30 cases on the coast and 44 inland. Susan Wynd Novotny said there are 16 additional clients inland. www.co.mendocino.ca.us/hhsa/mh_board.htm

Mental Health Privatization

In June, the Supervisors gave Ortner Management Group (OMG) \$80,000 and Redwood Quality Management Group (RQMG) \$68,000 to prepare for the July 1, 2013 takeover of mental health crisis and recovery services. Of the \$15.5 million total, OMG received \$6.7 million (43%) to provide adult mental health crisis and recovery services. RQMG received \$8.8 million (57%) to provide children and youth mental health crisis and recovery services. That leaves the County with around \$6.5 million for oversight of the contractors, and few remaining staff. The following are excerpts from 1st Quarter Report to Supervisors. *Ukiah Daily Journal*

“Jim Shaw, chairman of the Mental Health Board, said more outreach is needed in outlying areas of the county, despite promised crisis access centers in inland and coastal areas – specifically in Covelo, Point Arena and Laytonville.” There is still no Crisis Access Center in Fort Bragg.

“As of Oct. 1, 846 children” and youth under 21 “had accessed children’s mental health services since the contracts went into effect July 1 according to Camille Schraeder of Redwood Quality Management Group.”

“Jackie Williams, director of the Ford Street Project, said she believed the direction the mental health system was going was the right one, but urged the county to ‘hold the bar higher,’ as the transition could have been more organized . . . Williams also cautioned that

there were likely 'three or four times more people in the community who need to be in care.' Ford Street asked to withdraw from the (Ortner) contract because the administrative burden on the organization was higher than the amount for which the organization is compensated, Williams said."

"Susan 'Wynd' Novotny of subcontractor Manzanita Services said she was happy about the 'continuity of care' she's seen resulting from collaboration between the involved partners, and that she'd heard positive feedback from people who use the system as well. She also mentioned a need for training to increase confidence in the Medi-Cal billing process."

"Asked if the Medi-Cal funding is part of the contract or additional funding, Novotny said she wasn't sure, but 'the language of the Medi-Cal piece ... was enough for us to consider walking away from the contract. It is a concern."

"That said, she added that she was 'confident enough to go forward,' referring to ongoing efforts to help subcontractors with Medi-Cal billing."

Redwood Children's Crisis Centers (Coast and Inland) offer early intervention crisis support for people under 21. During office hours, you can drop in at either Center and a Team Member will listen, provide emotional support, and begin to help you create your plan to: develop and strengthen coping skills, build a support network, and find the resources that will be most helpful to you.

24/7 Crisis Number 800-555-5906

Ukiah Access & Crisis Center

723 S. Dora St.
707-467-9065

Fort Bragg Access & Crisis Center

32670 Hwy. 20, S. 6
707-961-0308

Grand Jury Report 2012/2013: Cut Backs in Mental Health Services Impacting Law Enforcement May 1, 2013

The following is a summary from the Report.

Every 5150 (danger to self or others, or gravely disabled) arrest takes an officer away from patrol duty for hours at a time as they wait at the hospital for a Crisis Worker to arrive or until preliminary procedures are complete. In small communities, where only one officer may be on duty, this can leave the streets unprotected for several hours. UVMC reports one to two 5150 cases in the ER daily. Lab work and evaluation is required at the hospital with no guarantee of payment. This can represent an average loss of \$4000 per 5150. Law enforcement officers are required to complete burdensome paperwork. Of the 5150s, less than one-third are placed in a mental facility.

Crisis Workers have the authority to release patients over the objections of psychiatrists, physicians, and law enforcement officers. Crisis Workers must obtain Mental Health administration approval to hospitalize someone. Mental Health does not recognize a psychiatric emergency when a person in crisis has a dual diagnosis of mental illness and substance use disorder. This is in direct conflict with what medical staff at UVMC believe.

Jail psychiatric services have been cut from a psychiatrist 20 hours/week to 8 hours/week and now to telepsychiatry just 2 hours/week. The cost is the same for a psychiatrist on site

and telepsychiatry. There is no counseling. Patient inmates are often placed in solitary confinement for their own safety, and the safety of others. Jail staff said, "solitary confinement in jail is the worst thing we can do to someone . . . safety cells are a horrible, horrible necessity. There is no other way."

A senior jail official stated, "We provide more mental health services than the Mental Health Department. We are the end recipient for the people the Mental Health Department no longer services." Law enforcement officers stated they no longer have confidence in statements made by Mental Health. The Grand Jury heard testimony at the jail that their biggest issue is mental illness. www.co.mendocino.ca.us/grandjury/

Grand Jury Report 2011/2012: A Report on the Mendocino County Mental Health Branch: GOING . . . Going . . . gone? March 7, 2012

The following is a summary from the Report.

Administration and management – High turnover in administration resulted in a lack of continuity in leadership. There were problems with: unlicensed and untrained administrators, lack of transparency, administrative indecision, and inconsistent direction for employees, and top-down directives without explanation or input from employees and others.

Programs and finance -- Mental Health lacked internal audit and training procedures to discover billing and other errors prior to an audit.

Technology -- Medications prescribed and details of the last patient appointment are not computerized.

Client Services -- Mental Health hospitalizations were greatly reduced from the previous year (by 96 patients, 272 to 176) and admissions must now be approved by a supervisor, who may or may not have a medical license. Mental Health services were cut to a minimal operating level. Two years ago, Mental Health had 125 employees and now has fewer than 45 active employees. There are almost no licensed clinicians and caseloads are excessively high. Some crisis workers have limited experience and others have not received the proper credentials or licensing to assess and diagnose clients. Recruiting and hiring high-quality employees is hampered because Health and Human Services has created their own Human Resources Department instead of using the County's HRD. Transporting patients to hospitals was contracted to Black Talon in Napa County which means a long waiting period for patients on the Coast. www.co.mendocino.ca.us/grandjury/

County Budget \$6.7 million Carryover from 2012-13

State Realignment money to Mendocino County has been up to \$25 million annually. In September 2013, the *Ukiah Daily Journal* reported that the County budget included a \$6.7 million carryover from 2012-13 and \$1.6 million was a carryover of funds from Health and Human Services. Was this from the massive Mental Health staff and program cuts?

Mendocino County Resources 11/2013

NAMI Mendocino County
P.O. Box 1945 Ukiah CA 95482
Fort Bragg Family Support 707-937-3339
Ukiah Family Support 707-485-0239
Family-to-Family 707-467-9116
Peer-to-Peer 707-972-9040
www.namimendocino.org

Adult Protective Services-24 hours
800-575-4357
Fort Bragg 707-962-1000; 877-327-1799
Ukiah 707-463-7900
Willits 707-456-3740

Child Protective Services-24 hours
707-463-7992; 866-236-0368
Fort Bragg 707-962-1100; 877-327-1677
Ukiah 707-463-7990; 866-739-4079
Willits 707-456-3700

Benefits/Social Security

Food Stamps & Medi-Cal
Fort Bragg 707-962-1000; 877-327-1677
Ukiah 707-463-7700; 877-327-1711

Medi-Cal Helpline (toll free) 877-597-4777
Social Security Application for SSI/SSDI
800-772-1213 www.ssa.gov
Ukiah SS 521 S. Orchard Ave.
888-590-2706; 707-462-0225

Medicare Fraud Services
Hotline 800-447-8477

Adult Services

Access Center 472-2304
1050 N. State St. Ukiah
Coast 707-964-4747

Manzanita Peer Wellness & Care
Management Support 707-463-0405
www.manzanitaservices.org

Crisis Care

Adults ~ 24 hours 800-555-5906
Fort Bragg 707-964-4747
Ukiah & Willits 707-472-2304

Children ~ 24 hours 800-555-5906;
855-838-0404
Ukiah Access & Crisis Center --
723 S. Dora St. Ukiah 707-467-9065
Fort Bragg Access & Crisis Center --
32670 Hwy 20, S. 6 Fort Bragg --
707-961-0308

Children's Services (under 21)

Mendocino County Youth Project
24 hours 800-575-4357; 707-463-4915
www.mcyp.org

Redwood Children Services --
707-472-2922; 800-219-5800
www.rcs4kids.org

Tapestry Family Services 707-463-3300

Mental Health Department

Alcohol & Other Drugs:
Fort Bragg 790 S. Franklin 707-961-2609
Ukiah 1120 S. Dora 707-472-2637

Mental Health Outpatient Services:
Fort Bragg 790 S. Franklin 707-964-4747
Ukiah 1120 S. Dora 707-472-2304
Willits 221B S. Lenore 707-456-3850

Psychiatric Emergency Services:
1120 S. Dora 707-472-0126

Patients Rights Advocate 707-463-4614

Health Clinics

Anderson Valley Health Center
13500 Airport Rd. Boonville 707-895-3477
Consolidated Tribal Health Project Inc.
6991 N. State St. Redwood Valley

707-485-5115

Long Valley Health Center
50 Branscomb Rd. Laytonville
707-984-6131
Mendocino Community Health Clinics Inc.
333 Laws Ave. Ukiah 707-468-1010
45 Hazel St. Willits 707-456-9600

Mendocino Coast Clinic
215 South St. Fort Bragg
707-961-3492; 707-964-1251

Redwood Coast Medical Services
46900 Ocean Dr. Gualala 884-4005
30 Mill St. Point Arena 707-882-1704

Round Valley Indian Health Center
Hwy. 162 & Bigger Lane Covelo
707-983-6404

Hospitals

Howard Hospital
One Madrone St. Willits 707-459-6801

Mendocino Coast District Hospital
700 River Dr. 707-961-1234

Ukiah Valley Medical Center
275 Hospital Dr. 707-462-3111;
800-540-3611

National Resources

American Foundation for Suicide
Prevention 888-333-2377 (not a crisis line)
www.afsp.org

Balanced Mind Foundation
Family resources for our kids with mood
disorders www.thebalancedmind.org

Bipolar Network News – latest news from
around the world www.bipolarnews.org
Borderline Personality Disorder

National Education Alliance for BPD
www.borderlinepersonalitydisorder.com

Child & Adolescent Bipolar Foundation
847-256-8525 www.bpkids.org

Depression & Bipolar Support Alliance
800-826-3632 www.dbsalliance.org

Mental Health One Stop Shop
Information on symptoms and how to get
help www.mentalhealth.gov

National Acupuncture Detoxification Assn.
(NADA) Acudetox for addictions and
mental illness 888-765-6232
www.acudetox.com

NAMI (National Alliance on Mental Illness)
703-524-7600; 800-950-6264
3803 N. Fairfax Dr. S100 Arlington VA
22203-1701 www.nami.org

NAMI California 916-587-0163
1010 Hurley Way #195 Sacramento CA
95825 www.namicalifornia.org

Obsessive Compulsive Disorder
Foundation 616-973-5801
www.ocfoundation.org

Proxy Parent Foundation 888-574-1258
Personal support services for
beneficiaries of special needs trusts
www.proxyparentfoundation.org

Treatment Advocacy Center
Advocates for effective treatment
of severe mental illness
www.treatmentadvocacycenter.org

Wellness Recovery Action Plan WRAP
802-254-2092
www.mentalhealthrecovery.com

NAMI California & State News

NAMI Outpatient Treatment Plan Policy

3.5 Outpatient Treatment: Outpatient treatment must be readily accessible to the individual in his or her own community. Ideal treatment should meet the needs of the consumer and can include new-generation medications, symptom therapy, supportive psychotherapy, assertive community treatment (ACT), recovery/wellness (encompasses body mind and spirit) and peer support.

Easily accessible emergency services are available 24 hours a day, seven days a week. Emergency services should not have to be accessed through the criminal justice system. If a person is in a psychotic state and is subject to arrest, specially trained personnel must have authority to: determine the intervention needed, and to refer the person to the appropriate level of care.

Partial hospitalization should be used selectively with monitoring to ensure that the stay is goal-oriented.

Community systems must be comprehensive, person-centered, and integrated. They should include: medical, dental, and personal-care services; as well as daily-living skills, supported housing; education; and pre-vocational and vocational training. www.namicalifornia.org

Laura's Law/Assisted Outpatient Treatment Funded

SB 585 clarifies that MHSA and County Realignment money can be used to provide mental health services under Laura's Law. This passed 68 to 4 with a bipartisan vote and ends the dispute over funding sources. Now people with severe mental illness who are frequently hospitalized and jailed can receive comprehensive recovery support in their community. The Mental Health Board and Board of Supervisors are expected to revisit this life and money saving treatment that provides: a new option, and allows family member and others to request services to help noncompliant people with severe mental illness get into treatment. www.treatmentadvocacycenter.org
www.mynevadacounty.com/nc/hhsa/bh

MHSA Audit

State Auditor Elaine Howle looked at the last six years of MHSA funding (almost \$7.4 billion) for county mental health programs for people with severe mental illness and found there has been little State oversight particularly regarding effectiveness. Some counties have been using funds for programs for non-mental health patients. MHSA/Prop 63 placed a 1% income tax on individual income above \$1 million. www.auditor.ca.gov/reports/summary/2012-122

NAMI & National News

President Obama's Message to NAMI

“ . . . All of us know a family member, a neighbor, or a friend who struggles with mental health issues at some point in their lives. . . . Today, less than 40% of people with a mental illness receive treatment.

And even though three-quarters of mental illnesses emerge by the age of 24, only about half of children with mental health problems receive the care they need.

As a nation, we can do something about statistics like these. In many cases, treatment can help people who suffer from mental illness continue to be the great colleagues, friends and parents we know and love. But it will require all of us to act.

We launched www.mentalhealth.gov, a new one-stop shop for easy-to-understand information about the signs of mental health problems, how to talk about mental health, and how to seek help . . .

But it's not enough to help more Americans seek treatment; we also need to make sure treatment is available when they do.

That's why, as part of the Affordable Care Act, we're expanding mental health and substance abuse benefits and parity protections for more than 60 million Americans. New health plans are now required to cover preventive services like depression screenings for adults and behavioral assessments for children at no additional cost. And beginning January 1, insurance companies will no longer be able to deny health coverage to anyone because of a pre-existing mental health condition . . .

Organizations, like NAMI have waged a long and sometimes lonely battle to change the way we treat mental illness in this country, and I want to thank you for everything you've done. I look forward to working with you to let more Americans who are suffering in silence know that treatment is available, that recovery is possible, and that they're not alone.

Affordable Care Act

In 2014, more people will be eligible for Medi-Cal as the limits will increase to 138% of the poverty level. All new insurance policies must cover Mental Health and Substance Use services. Also covered are: Emergency Services and Hospitalization, Office Visits, Prescription Drugs, Lab Services, Prevention, Wellness and Chronic Disease Management and Rehabilitative Services and Devices. Your medical expenses cannot exceed 9.5% of your annual income. Insurance companies must spend 80% of their income on your health care and you cannot be denied coverage from pre-existing conditions. There is no gender discrimination and no dollar limits on coverage. Insurance in Mendocino County will be provided by Anthem Blue Cross and Blue Shield of California.

NIMH Withdraws Support for DSM-V

Just two weeks before revised *DSM-5* is due to appear, the National Institute of Mental Health, the world's largest mental health research institute, has announced that it is withdrawing support for the manual.

The DSM-5 is the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, that mental health professionals use to diagnose patients. It spells out the symptoms and diagnostic guidelines for each mental illness. Thomas R. Insel, M.D., Director of the NIMH, made clear the agency would no longer fund research projects that rely exclusively on *DSM* criteria. Of the decision to steer research in mental health away from the manual and its parameters, Insel states: "Patients with mental disorders deserve better." May 6, 2013

<http://www.psychologytoday.com/blog/side-effects/201305/the-nimh-withdraws-support-dsm-5>

The Kennedy Forum

The Kennedy Forum has been launched by Patrick Kennedy In conjunction with the 50th Anniversary of President John F. Kennedy's signing of the Community Mental Health Act. Kennedy says, "The Kennedy Forum will focus on good public policy at a time when we have tools, thanks to the Affordable Care Act, to actually implement better mental health policy." www.thekennedyforum.org

News You Can Use

National Suicide Rate rose 31% from 1999 to 2010, driven by a spike in suicides among baby boomers in their 50s. Mental health experts pointed to hopelessness brought on by job loss, foreclosures, and the pressures of caring for aging parents and difficult teenagers. The Wall Street Journal 5/2013

Zyprexa Relprevv (olanzapine pamoate) – Intramuscular Injection:

FDA is notifying the public that it is investigating two unexplained deaths in patients who received an intramuscular injection of the antipsychotic drug Zyprexa Relprevv. The patients died 3-4 days after receiving an appropriate dose of the drug, well after the 13-hour post-injection monitoring period required under the Zyprexa Relprevv Risk Evaluation and Mitigation Strategy (REMS). Both patients were found to have very high olanzapine blood levels after death. High doses of olanzapine can cause delirium, cardiopulmonary arrest, cardiac arrhythmias, and reduced level of consciousness ranging from sedation to coma." July 18, 2013 www.fda.gov

NAMI Mental Illness Facts and Numbers October 2013

One in four adults – approximately 61.5 million Americans, experience mental illness in a given year.

Approximately 20% of youth ages 13 to 18 experience severe mental disorders in a given year. For ages 8 to 15, the estimate is 13%.

Suicide is the tenth leading cause of death in the U.S. (more common than homicide) and the third leading cause of death for ages 15 to 24 years. More than 90 % of those who die by suicide had one or more mental disorders

Although military members comprise less than 1% of the U.S. population, veterans represent 20% of suicides nationally. Each day about 22 veterans die from suicide.

Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.

Approximately 60% of adults, and almost one-half of youth ages 8 to 15 with a mental illness received no mental health services in the previous year.

African American and Hispanic Americans used mental health services at about one-half the rate of whites in the past year and Asian Americans at about one-third the rate.

Mood disorders such as depression are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44. www.nami.org

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

Family Support Groups:

Fort Bragg – First Thursday
of each month 5:30 pm to 7 pm
201 E. Fir St. 937-3339

Ukiah – Every other Tuesday
485-0239

Family-to-Family Classes
467-9116

Mental Health Board

3rd Wednesday
November 20, 10 am to 1 pm
Preston Hall 44831 Main St. Mendocino
www.co.mendocino.ca.us/hhsa/mh_board.htm

NAMI Membership/Renewal Application

Name

Address

Phone

email

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

Mail to NAMI Mendocino County P.O. Box 1945, Ukiah, CA 95482 or join at
www.namimendocino.org