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**Grace Fantulin, Patients' Rights Advocate**

A very warm welcome to our new Patients' Rights Advocate Kathy "Grace" Fantulin. Some of you may know her as the County's Mental Health Nurse from 2011 until recently, or as a Parent Partner before that. Grace's experience includes many years as a Parent Advocate on disability rights for children in Special Education, and 20 years as a

Respiratory Care Practitioner for MCDH. She serves on the Board of Directors for Symphony of the Redwoods and for 7 years has been a State Parks Docent at McKerricher for the birthing of harbor seals. In addition, Grace volunteers with Mendocino Area Parks Association (MAPA) working on fundraising and interpretive signs.

Grace has a 26-year old son, a 41-year old daughter, and a 7-year old granddaughter, her great joy. Grace was born in Memphis, Tennessee and raised in Kailua, Hawaii. She has a "Happiness Centered" approach to life and her goal as Patients' Rights Advocate is to support Clients in developing their own advocacy skills in order to get their individual needs met. She also wants to help Clients design their unique purpose in life. She is currently immersing herself in learning the laws that need to be upheld so she can protect people's rights, and is learning what resources are available to her and her clients.

Lisa Burtis says, "It is the spirit of Grace that I admire most. She is a brave and dedicated soul who sees beyond her own life to touch the lives of others."

### **Patients' Rights Advocate Responsibilities--California DHCS**

The Patients' Rights Advocate (PRA) is an advocate for all clients and families receiving mental health, and alcohol and drug services to help them resolve grievances. The PRA works independently from all service providers to ensure the client's rights are upheld and can be reached at 707-463-4614. The Grievance Form can be found on the Mendocino County Mental Health website or in their County offices.

The California Department of Health Care Services (DHCS) is required to ensure that mental health laws, regulations, and policies for the rights of mental health service recipients are observed in licensed mental health facilities, including for those persons subject to involuntary commitment. They are guaranteed numerous rights under Welfare and Institutions Code (W&I Code), Section 5325, including the right to be free from abuse and neglect, the right to privacy, dignity, and humane care, and the right to basic procedural protections in the commitment process.

DHCS in agreement with Department of State Hospitals is required to enter a multi-year contract with a nonprofit organization to provide investigative and advocacy services. Currently, the contractor providing the patients' rights investigative and advocacy services required in W&I Code, Section 5370.2 is the Disability Rights California, Office of Patients' Rights (OPR). The OPR also provides training and technical assistance to all County Patients' Rights Advocates.

### **The Disability Rights California Advocacy Plan 2013-2017**

**Vision:** We envision a world in which people with mental health disabilities can live life to the fullest and on their own terms, and where they are not abused, neglected, or forcibly medicated. People with disabilities who reside in facilities will have the services they need to lead fulfilling lives and transition to communities of their choice to live, work, and play as they want.

**Goals:** 1. Improve the quality of life for people with disabilities in institutions, by protecting their rights and ensuring that they have effective, client-centered, culturally competent services that will help their transition into the community. 2. Ensure that people with mental health disabilities have access to a full range of community services and supports to enable them to live in the community and avoid institutionalization, consistent with the principles of the Supreme Court's Olmstead decision. 3. Through direct representation or systemic advocacy, ensure that adults and youth with mental health disabilities in facilities (IMDs, adult homes, board and care) and in the community have access to a full range of community mental health services and supports and access to supported housing. 4. Reduce or eliminate use of forced treatment of mental health clients.

## **What the Patients' Rights Advocate Does (from the L.A. County Mental Health Website)**

**Represents Clients at Inpatient Psychiatric Hospitals:** Travels to psychiatric hospitals and represent patients who are involuntarily detained. Prepares consumers for their Certification Review Hearings. The hearings are held to determine if the treatment facility has sufficient cause to hold the patient without his/her consent. Represents consumers at Medication Capacity Hearings/Riese Hearings to determine whether or not an involuntarily treated patient has the ability to consent to or refuse psychiatric medication.

**Responds to Inpatient and Outpatient Psychiatric Grievances and Complaints:** Investigates and responds to grievances and complaints about inpatient and outpatient mental health providers. The complaints can come from consumers, family, friends, and even staff. Advocates also provide other advocacy and mediation services to consumers involving outpatient providers.

**Provides Residential Advocacy:** The Patients' Rights Advocate, along with the State of California Community Care Licensing, investigate complaints about Licensed Board and Cares and unlicensed residential facilities where consumers live. They also provide training on residential law and rights to consumers, family and providers.

**Responds to Inmate Mental Health Concerns:** Provides support and a voice for male and female mental health consumers that are in the County Jail by investigating and responding to inmates' mental health complaints and concerns. Advocates also educate Jail Mental Health and Sheriff staff on patients' rights issues.

**Advocates for Minor's Rights:** Specializes in minor's rights and parental rights/responsibilities. Investigates complaints regarding minors, monitor facilities providing services to minors to ensure compliance with laws and regulations and represent minors at hearings.

**Responds to Long-Term Placement (IMD) Client Concerns:** Work directly with clients living in IMDs, providers, families, and interested parties. Provides training and educational presentations on patients' rights and mental health law to consumers, providers and interested parties.

**Locates Missing Persons:** Assists families and friends to find missing mental health clients without violating client's privacy or HIPAA regulations.

**Provides Medi-Cal Beneficiary Publications and Forms:** Distributes information explaining Medi-Cal Mental Health Services and Grievance Forms.

### **Chair's Column – Donna Moschetti**

2015 was a good year for NAMI Mendocino. In October NAMI California held Family-to-Family and Peer-to-Peer Teacher Trainings in Ukiah where some of our local members were trained and are now teachers. We held a Public Forum in which Sheriff Tom Allman graciously gave of his time and spoke about "Mental Health and the Jail". We sponsored "Families and Addiction Forums" in Fort Bragg, Willits and Ukiah with ongoing monthly support groups.

As we enter 2016 I am excited about what has transpired and what the future holds for us. Membership has grown as have our programs and community outreach. An inland ten-week Peer-to-Peer class wrapped up in January, a Peer-to-Peer class held in Fort Bragg ended in March, as did a 12-week inland

Family-to-Family class. On March 30<sup>th</sup> we held a Panel Discussion Forum which focused on our Veterans and Post Traumatic Stress Disorder. We will be holding other forums as the year progresses.

As we look forward to continued growth we hope to bring more NAMI programs to our communities such as “NAMI Connections”. These are Recovery Support Group for adults living with mental illness providing a place that offers respect, understanding, encouragement and hope. The groups are run by people living with mental illness. Groups are free of charge and open to anyone with a mental illness, regardless of diagnosis. There has been a great deal of interest in Connections and there is definitely the need.

I hope this Spring brings everyone a fresh start and more growth for NAMI Mendocino. If you have any questions, comments, ideas or concerns please feel free to contact me.

Donna Moschetti [livefromoz@yahoo.com](mailto:livefromoz@yahoo.com) 707-391-6867

### **Mendocino County 2015-16 Adopted Mental Health Budget Revenue -- \$26 Million**

\$20,694,480	Mental Health
\$ 3,799,634	Mental Health Services Act (MHSA)
<b>\$24,494,114</b>	<b>Total</b>
\$ 1,644,172	Alcohol & Other Drug Programs (AODP)
<b>\$26,138,286</b>	<b>Total of MH, MHSA and AODP</b>

### **Sheriff Allman’s Initiative – Revive Mental Health in Mendocino County**

<https://www.facebook.com/ReviveMentalHealthService>

<http://revivementalhealthservices.com>

Signatures are being collected to place on the November ballot Sheriff Tom Allman’s “An Initiative to Add a Temporary Half-Cent Sales Tax to Fund Facilities in Mendocino County to Assist in the Diagnosis and Treatment of Mental Health and Drug Dependency.” The purpose is:

1. To impose a temporary five-year one-half (1/2) cent sales tax for the specific purpose of developing facilities to assist in the diagnosis and treatment of mental illness and drug dependency;
2. To create a special fund for these tax proceeds to be used exclusively for planning, preparation, development, furnishing and maintenance of mental health facilities. They are not to be used for staffing said facilities. Ten (10) percent of this fund is to be dedicated to establishing and maintaining a public safety/mental health training facility; and
3. To establish an eleven (11) person Oversight Committee to review the expenditure of these funds.

For more information and to help, see the webpage and Facebook page for revivementalhealthservices. Currently, Mendocino County **does not** have facilities for inpatient treatment of psychiatric and substance use disorders. People who need these services either don't get them, or wind up in jail, or must be sent to hospitals several hours away – **an ineffective system that is enormously costly to Mendocino County**. The \$26M in Federal and State money for Mental Health patients can be spent for these local services that will also provide good jobs and a better quality of care.

**Staff Changes at HHS and MH**

Jenine Miller Psy.D., former Deputy Director of Mental Health and AODP has replaced Tom Pinizzotto as Director of Mental Health. Miller has worked for the Department since 2008 as Public Guardian, Clinical Manager, Clinician, and Program Administrator.

Replacing Stacy Cryer as Health and Human Services Agency Director is Tammy Moss Chandler MPH, MBA, former Assistant Director of Placer County HHS and Assistant Director of Health Services in Sonoma County. Anne Molgaard LLD starts May 16<sup>th</sup> as the HHS Chief Operating Officer. Molgaard was the Executive Director of First 5 Mendocino for 15 years.

**Presentation to BOS on December 15, 2015**

**Increase in Emergency Room 5150s over Five Years  
As Community Mental Health Services Declined  
Mendocino County (12-15-15)**

<u>YEAR</u>	<u>UVMC</u>	<u>MCDH</u>	<u>HH</u>	<u>Total</u>
2011	76	14	14	104
2012	109	16	15	140
2013	97	17	31	145
2014	214	52	53	319
2015	273	79	66	417+

**Redwood Community Services Replaces Ortner Management Group**

On March 1<sup>st</sup>, Supervisors Dan Gjerde, Tom Woodhouse and Carre Brown voted not to renew Ortner Management Group's (OMG) contract to provide Adult Mental Health Services. On March 2<sup>nd</sup>, Ortner gave verbal notice to the County to terminate their contract effective June 30, followed by a letter on March 9. With that, the County's number one priority is to transition Adult Mental Health Services to an Interim Provider without service interrupted to the clients. Redwood Community Services (RCS) has agreed to provide needed Adult Mental Health Services (in addition to Children's Services). See the NAMI Newsletter Spring 2014

“Camille Schraeder Interview” at [namimendocino.org](http://namimendocino.org). RCS is starting to create Crisis, Outpatient, and MHSA Services for Adults. Medication Management and LPS (Conserved) Placements are transferring back to the County.

There are major positive Mental Health changes for 2016. Supervisor Dan Gjerde is Chair of the supervisors this year and he is interested in bringing excellent mental health services to our County for all people. He is committed to transparency in government so there is a new availability of financial and other data available to the public. The Kemper Report validated Grand Jury Reports on Mental Health, MH Board Reports, Federal Audit Report and the numerous patient, family member, advocate and media reports of the failed County Mental Health system. <http://www.co.mendocino.ca.us/administration/>

The County has contracted with Lee Kemper to assist in development and implementation of the Transition Plan (from OMG to RQMC/RCS). The Transition Plan is on the Mendocino County website.

### **Creating Local AODP Substance Use Disorder Services**

The Kemper Report pointed out the: 1. Lack of Interface with County Substance Use Disorder (SUD) Services and 2. The Lack of Services in Remote Coastal Areas. Their recommendations included: Preparing a plan to establish a stronger service delivery presence in remote coastal and inland areas within 90 days. AODP, MH, and Redwood Community Services define service linkages and responsibilities between them and join with community health care providers to begin discussions about opportunities under the State’s “Drug Medi-Cal 1115 Waiver” to expand SUD treatment.

<https://www.whitehouse.gov/ondcp/healthcare><https://www.whitehouse.gov/ondcp/healthcare>

### **Mendocino Health Measures and Rankings**

<http://www.countyhealthrankings.org/app/california/2016/rankings/mendocino/county/outcomes/overall/snapshot>

**Robert Wood Johnson Foundation** and the **University of Wisconsin Population Health Institute** has an interesting website that compares California counties and the State averages on 34 different health-related metrics as well as a variety of socioeconomic and demographic information. Mendocino County ranks 40<sup>th</sup> of 57 counties on “Health Outcomes” 48<sup>th</sup> on “Length of Life”, 37<sup>th</sup> on Quality of Life, 36<sup>th</sup> on “Health Behaviors”. We rank higher than State averages in violent crimes, injury deaths, children in poverty, and teen births. There’s much more so check it out.

### **NAMI Mental Health Forum with Sheriff Tom Allman**

Sheriff Tom Allman says Mental Health Care is our Number 1 Public Safety concern and he is doing something about it. “With a \$20 (\$26M) million mental health budget, we deserve to be in the driver’s seat,” Allman said. “If I had one goal for 2016, it’s that we as a County could resolve crisis care for our mentally ill,” Allman said. (Adam Randall, UDJ 1-21-16)

“Let me tell you, what this County needs to do is build a building where we can have services provided in Mendocino County. We’re paying a lot of money outside of this county to take care of our citizens; law enforcement agencies at the jail and on the street are basically the defacto mental health directors many times of the day. We’re standing by at hospitals when the Mental Health Department—the private contractors can’t get there,” he said.

“By increasing Pre/Post MH Crisis Services and Supports, we can better serve emergency MH situations without relying on Law Enforcement agencies to be the de facto MH provider. We can revitalize a Continuum of Crisis Care that puts less strain on County emergency services, medical services, and communities, while still empowering consumers, families, and providers to have better access to MH Services.”

### **Proposed Continuum of Crisis Care**

**1. Medical Outpatient** through our Mendocino County Community Clinics. Their staff of Doctors, Nurses, Clinicians, Case Managers, and Complementary Practitioners provide the medical, counseling, life managing skills and support for patients.

**2. Crisis Residential Treatment Centers** provide a voluntary residential setting for up to 30 days of the support people and their family members need to get through a crisis, avoid hospitalization, and get back to life in their community. This is where to get help instead of in Emergency Rooms or with Law Enforcement.

**3. Follow-up/After Care** support and services in all our communities with access to treatment, and multiple self-help support groups.

**4. Intensive Day Treatment/Social Rehabilitation Programs** (5 or 6 hours/day and mobile teams to cover very rural areas on particular days each week). Staff members are professionals, and people with first-hand experience such as recovered patients, family members and others. People learn to manage their own health and wellbeing in their community.

**5. Psychiatric Hospital** for people in advanced crisis that need 24/7 medical treatment in a safe, locked setting until they are able to go home or transition to the Crisis Residential Treatment Center.

**6. Innovative Drug and Alcohol Recovery Center** that uses holistic, scientific, and clinical principles to recover from chronic addiction illnesses. Use of Conventional and Complementary Treatments (Acudetox, Neuro-Feedback, Neurological Muscular Skeletal Integration, Cranio-Sacral, Brain Computer Interface to develop new neuropathways, and more). Alcohol and Drug Detox Program with follow-up and supported transitional housing.

**7. Residential Services** that include: shared housing, supported housing, clean and sober housing, independent living with a choice of support when needed.

Conventional AND Complementary Treatments are accessible to all. Staff will have the personal qualities of: compassion, patience, common sense, and some wisdom. There is Integrated Treatment for people with Substance Use Disorder and another illness such as Depression, Bipolar Disorder, Schizophrenia. New federal funding is directed to programs such as these.

### **Dustin Dilley Memorial Housing Loan Fund**

Dustin Dilley died at the age of 29 on October 8, 2009. His parents Michael Dilley and Bonni Davi, and his brother Patrick Dilley of Boonville set up a “Housing Loan Fund” to honor Dustin. The Fund is administered by NAMI Mendocino County and helps people with mental illness obtain housing. It is a revolving fund and the money is to be paid back and reused to help as many people as possible. Recently, a 51-year old homeless woman with mental illness and physical illness used the small loan to pay the security deposit on an apartment and she has since paid it all back. Another woman was helped when she needed to have her “in arrears” City of Ukiah bill



paid off to receive housing. Anyone wishing to donate to this Fund can send a contribution to NAMI Mendocino County, P.O. Box 1945, Ukiah, CA 95482 and note that it is for “Dustin’s Housing Fund”.

### *State News*

#### **Shortage of Psychiatric Beds** <http://www.treatmentadvocacycenter.org>

California is facing a serious shortage of psychiatric beds, said Randall Hagar, Director of Government Affairs for the California Psychiatric Association. The state eliminated 16 percent of its beds between 2005 and 2010, according to **a 2012 Treatment Advocacy Center report**, leaving just 14.2 public psychiatric beds per 100,000 people – far below the 50-bed standard considered necessary to provide minimally adequate mental health treatment. In 25 counties in the state, there were no psychiatric beds at all.

“We have to use the beds we do have and we have to know where they are. It can be a hit or miss process. It needs to be more reliable,” said Hagar. “We’ve heard instances where people were told there were no beds when in fact it turns out later that there were. An online registry would fix that issue.”

AB2743, an Assembly bill backed by the California Psychiatric Association, seeks to address this problem by establishing an online registry to collect and display information that would help find psychiatric beds. Facilities with psychiatric beds would be required to update the registry as the beds became available, and emergency medical providers would be able to use it to search for openings.

But the California Hospital Association is firmly opposed, saying that finding the right placement for a patient is much more complex than identifying an empty bed. Part of the problem is the national shortage of psychiatric beds, in part due to the Federal IMD (Institute of Mental Disease) exclusion that prevents payment for needed psychiatric care. IMD Reform will increase the availability of psychiatric beds.

### *National News -- Treatment Advocacy Center*

#### **Clozapine for Treating Schizophrenia, E. Fuller Torrey M.D. et al**

Clozapine is the only antipsychotic medication ever approved by the FDA for the prevention of suicide and for treating the 20-30% of people with schizophrenia whose symptoms are treatment-resistant. Clozapine is regarded as the “gold standard” for treating schizophrenia. It became available in the 1990s and is helpful for patients who are violent. Nationwide in the U.S., fewer than 5% of individuals with schizophrenia are being treated with clozapine. In Germany, 20% of the candidate population receives clozapine; China, 30%; and Australia, 35%. Only six states achieved the “bare minimum of treating 10% of the population -- South Dakota, Connecticut, Colorado, Washington, Vermont Maine. California use is under 5%.

#### **Assisted Outpatient Treatment (AOT)/Laura’s Law Federal Grant**

The federal government has allocated \$15 million for Assisted Outpatient Treatment (AOT), known as Laura’s Law in California. SAMHSA posted a grant announcement inviting state and local authorities to apply for up to four years of federal support for new AOT programs. Applications are due July 16, 2016. The Treatment Advocacy Center (TAC) is the nation’s leading expert on AOT – and will help local mental health officials implement the life-saving program. TAC will help: **Design** an AOT Program; **Identify** Target Populations; **Develop** a Program Budget; **Educate** Community Stakeholders; and **Draft** an Application for AOT. TAC staff will travel anywhere in the continental U.S. to help you prepare an application and implement a great AOT program.



## **Substance Abuse and Mental Health Services Administration <http://www.samhsa.gov>**

The impact of untreated behavioral health conditions on individuals' lives and the cost of health care delivery in the United States is staggering. SAMHSA data from its [National Survey on Drug Use and Health \(NSDUH\) – 2013](#) indicates that people with mental illness are more likely to have chronic health conditions such as high blood pressure, asthma, diabetes, heart disease, and stroke than those without mental illness. And, those individuals are more likely to use costly hospitalization and emergency room treatment. Similarly, people with physical health conditions such as asthma and diabetes report higher rates of substance use disorders and serious psychological distress. According to the Centers for Medicare & Medicare Services:

- 50% of Medicaid enrollees have a mental health diagnosis.
- People diagnosed with mental illness and common chronic health conditions have health care costs that are 75% higher than those without a mental health diagnosis; for individuals with a co-occurring mental or substance use disorder and common chronic condition, the cost is two to three times higher than what an average Medicaid enrollee pays for health care.
- For those with diabetes, the cost of treating this health condition is as much as four times higher when a co-occurring condition such as depression or alcohol addiction is untreated.

A recent review indicates that major mental health diagnoses are associated with death from 7 to 24 years earlier than for those without such disorders; substance use disorders also were associated with increased mortality. Housing, employment, and transportation must also be addressed.

### **Stepping Up Initiative**

The Stepping Up Initiative is a national effort to reduce the number of people with mental illness in jails by diverting them into treatment. The campaign brings together a powerful coalition of national organizations, including NAMI, the Council of State Governments Justice Center, the National Association of Counties, the American Psychiatric Foundation and numerous law enforcement associations, mental health organizations, and substance abuse organizations.

Each year, an estimated 2 million people with serious mental illnesses are admitted to jails across the nation. That's equivalent to the combined populations of Vermont and New Hampshire. Almost three-quarters of these adults also have drug and alcohol use disorders. Once incarcerated, individuals with mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses.

Jails now house more people with mental illnesses than psychiatric hospitals. The human toll of this problem, and cost to taxpayers, is staggering. Jails spend two to three times more money on adults with mental illnesses that require intervention than on those without those needs, yet often do not see improvements to public safety OR these individuals' health.

More than 230 U.S. counties have stepped up to join the initiative. We are proud to say Mendocino County stepped up and joins 13 other California counties: Alameda, Contra Costa, Del Norte, El Dorado, Kern, Madera, Merced, Orange, Santa Clara, Santa Cruz, Solano, Sonoma & Yolo. NAMI Mendocino County will work with the Sheriff's Office, Police Departments, Courts, AODP, Mental Health and local leaders to reduce the number of people in our jail, make connections to treatment, improve public safety and promote a wise use of funding toward these goals.

**NAMI Mendocino County**  
**National Alliance on Mental Illness**  
**P.O. Box 1945**  
**Ukiah, CA 95482**  
[www.namimendocino.org](http://www.namimendocino.org)

**NAMI Family Support Groups:**  
**Fort Bragg** – First Thursday  
of each month 5:30 pm to 7 pm  
201 E. Fir St. 707-937-3339

**Ukiah** – Every other Tuesday  
410 Jones St. S.C-1 (at Dora)  
707-485-0239

**Mental Health Board** 3<sup>rd</sup> Wednesday  
10 am to 2 pm see website for location,  
agenda, minutes  
[www.co.mendocino.ca.us/hhsa/mh\\_board.htm](http://www.co.mendocino.ca.us/hhsa/mh_board.htm)

### NAMI Membership/Renewal Application

Name

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Address

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Phone

email

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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