

## General Meeting

**Peninsula Medical Center  
Medical Office Building "B"  
Auditorium  
1501 Trousdale Drive  
Burlingame  
Free parking in front  
(New hospital!)**

**Wednesday, March 27**

6:00 Meet the Director: Steve Kaplan  
Director, SMC BHRS  
7:00 Annual Membership Meeting:  
Voting on Board of Directors  
7:15-8:30 Program

### **Standards of Care: The Modified Therapeutic Community at Psynergy**

*Christopher Zubiato, MSW, ACSW  
CEO, Psynergy*

Psynergy in Morgan Hill, CA is a mental health treatment center that uses a Modified Therapeutic Community approach to bring people out of locked institutions into successful community living. Founded in 2006, Psynergy offers a new standard of care focused on total health, often at a lower cost than many facilities and programs with far fewer therapeutic services. (See [www.Psynergy.org](http://www.Psynergy.org))

Says Chris: "I believe that if you create the right environment and the right set of circumstances, people can be successful. For me, there's nothing innovative about treating mentally ill people as people first. I'd like to make this a minimum requirement ... everywhere."

*NAMI San Mateo County General Meetings are free and open to the public. We welcome all who support our mission to improve the quality of life for people with mental illnesses and their families.*

## Notice Of Annual Meeting

The March 27, 2013 General Meeting serves as NAMI-SMC's annual meeting for election of 2013 officers and board members. During the business portion of the General Meeting prior to the featured presentation, all members in good standing will be asked to vote on the slate of officers and board members. Please plan ahead to attend this meeting.

Current candidates for the NAMI San Mateo County board are:

Co-Presidents: Steve Robison and Jerry Thompson, RN

Co-Vice Presidents: Sharon Roth; Juliana Fuerbringer; and Maureen Sinnott, PhD

Treasurer: Mike Stimson

Secretary: Ruan Frenette

Board Members: Carol Goshu, Melinda Henning, Stephen Way, Greg Wild

Advisory Board: Margaret Taylor, Pat Way

## Proposals from BHRS

*On February 5, Louise Rogers, Behavioral Health and Recovery Services (BHRS) Deputy Chief; and Stephen Kaplan, BHRS Director, sent a paper of recommendations to the SMC Board of Supervisors. Below is an excerpt of the letter; attached at the end of this newsletter is the complete 5-page document.*

### **Responding to concerns of family members who advocate for implementation of Laura's Law**

The system of care for people with serious mental illness has advanced a great deal since the 1960's, when most of the mental health hospitals were closed. However, the legal structure for handling people with serious mental illness has not changed much; it is still based on the notion that anyone who is sufficiently seriously mentally ill to require forced medication is also going to be in an institution. Accordingly, in most counties, judges will only order forced medication if a patient is in an institution. Patients who then become stable and are able to care for themselves (and thus no longer meet the legal requirement for being confined) are released from the institution and from the order requiring them to take medication. As a result, some patients stop taking medications when they are released and decompensate. Family members know that their loved ones could live outside of an institution if only they continued their medication; families are frustrated that they cannot get the courts to require medication while the patient is living in the community.

An additional frustration is that in many communities, families struggling with a relative in crisis find it very difficult to get their loved one into mental health treatment until and unless the relative so declines that the police or an ambulance must be called. This is particularly true for middle-income families whose children are covered by private insurance, since the county system is almost entirely funded through, and geared toward serving beneficiaries of, Medi-Cal.

*Continued on page 6*

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## **NAMI Peer-to-Peer Education Class**

Starts Wednesdays, April 3

A free 10-week class for people with mental health issues taught by people with mental health issues

"Learning to Live Well with What We've Got"

No cost - just a commitment to attend each class  
Call 650-638-0800 now to register (required)

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## **Free Mental Health First Aid Class**

Wednesdays, March 6, 13, 20, & 27 • 6-9pm

The Barbara A. Mouton Multicultural Wellness Center  
903 Weeks Street, Second Floor, East Palo Alto

This 12-hour course has been developed to improve mental health literacy. It is being presented by The Barbara A. Mouton Multicultural Wellness Center (One East Palo Alto Neighborhood Improvement Initiative) and San Mateo County Behavioral Health and Recovery Services.

What is Mental Health First Aid? First aid is the help given to an injured person before medical treatment can be obtained. Mental Health First Aid is the help provided to a person developing a mental health problem or in a mental health crisis. First aid is given until appropriate professional treatment is received or until the crisis resolves.

While people often know a lot about common physical health problems, there is widespread ignorance of mental health problems. This ignorance adds to stigmatizing attitudes and prevents people from seeking help early on from colleagues and family members, simply because they do not know how. In order to help people provide initial support for someone with a mental health problem, a Mental Health First Aid (MHFA) training course has been developed.

Participants have been very varied, including teachers, nurses, case managers, support workers, personnel staff, members of the public, parents, and staff of many state and local government departments. CEUs can be earned (inquire about qualifications). Those who have completed the course have been very positive about the knowledge and skills they have acquired. Contact Viliami Young, [toyoung@lepa.org](mailto:toyoung@lepa.org) or 650-330-1040.

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## **Inner Resources for Stress**

Inner Resources for Stress is for family and friends of loved ones with mental illness; an eight-week class in mindfulness and meditation, offered through Palo Alto University. Starting in April. For information, contact Molly at [IR@paloalto.edu](mailto:IR@paloalto.edu) or (650) 433-3874.

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## **MHA Conference: Tools for Change: Freeing Our Communities from the Stigma of Mental Illness**

March 21 and 22

Westin San Francisco Airport, Millbrae

The statewide conference will include 3 keynote speakers and 25 presentations from mental health experts, mental health consumers, and individuals with lived experience. In addition there will be presentations focused towards individuals, family members, and service providers. Conference topics include: Stigma & Discrimination Reduction; Cultural Responsiveness and Practices in Underserved Communities; Student Mental Health Initiatives; Self-Stigma and Peer Support Groups; Social Media & Marketing; Stigma & Discrimination Reduction in Families and Children; and Advocacy and Public Policies that Reduce Stigma & Discrimination.

Interested in attending? The registration fee for the full conference is \$250.00 (includes continental breakfast and lunch) and registration is now open at <http://www.mentalhealthsf.org/stigma-conference/>

If you have any questions or would like to sign-up to receive information, contact: Daniel Esparza, The Center For Dignity, Recovery & Stigma Elimination, Mental Health Association of San Francisco, 415.421.2926 ext. 312, [daniel@mentalhealthsf.org](mailto:daniel@mentalhealthsf.org) / [dignityandrecoverycenter.org](http://dignityandrecoverycenter.org)

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## **Games of Hope**

Thursdays until March 21 • 2:00pm  
Mel's Bowl in San Mateo



Along with many other programs, Mateo Lodge is now hosting the "Games of Hope" Bowling league. This event runs for 6 weeks in the Spring and Fall.

The bowling league is a great opportunity for mental health clients/consumers to socialize in a supportive fun environment. It is a wonderful platform for the mental health community and families to interact and create constructive relationships, as well as building "Team Identities," consistency and follow through. We are averaging 30 clients, from all parts of the mental health system, per week. MHA is currently sponsoring 10 clients. It is a great atmosphere, people supporting each other and having fun! Come and join us!

Clients contribute \$15 for the season and we fundraise for the rest as this program is not in our budget. The total cost per client is \$65- which includes a pizza party and prizes at the end. Please contact us if you'd like to donate!


Thank you very much from "Games of Hope"  
Denby Adamson / 831-252-0446 / [denby@baymoon.com](mailto:denby@baymoon.com)


## Volunteer With NAMI!




Thursday, March 14 • 6:30pm  
Wednesday, April 10 • 6:30pm  
1650 Borel Place, Ste 130, San Mateo  
(use entrance on Borel Ave.)

Monthly meetings will begin to alternate Wed/Thurs nights starting on Wednesday, April 10.

 **New Website Research and Writing** Join the website team creating a new website for NAMI SMC. We need people who can work on developing content. 1-2 people to research and update our community resources lists; 1-2 people to write and edit content describing our services, information and support. This is a project you can put on your resume.

 **General Meetings** We need people to take care of small duties at our Wednesday night general meetings - a popular community builder and great way to connect with others struggling with mental health issues. Help with contacting speakers, meeting registration, food set up...all needed to create engaging, meaningful meetings, which are held every other month.

 **NAMI Walk** on June 1 - join our NAMI Walk Committee. We are a team working on publicizing the event and seeking sponsors and walkers. We want to hold a dinner at a local restaurant as a special event! Help us do it. Contact the NAMI office at 650-638-0800 or call Juliana at 650-342-5849.

*Questions? Interested? Get on the mailing list!*  
Call Juliana at 650-342-5849 / julianafuer@gmail.com, or the NAMI office at 650-638-0800/namismc@sbcglobal.net.

**Show up and be a part of it all.  
No one need do any of this work alone!**

## Community Resource Fair

Saturday, March 16 • 1-3pm  
Half Moon Bay Library, 620 Correas St., Half Moon Bay

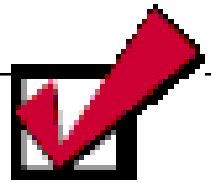
Connect with free resources! Visit with more than 20 participating organizations. Sponsored by Coastside Hope. For more information, call Claudia Carreno (650) 726-9071

**San Mateo County Crisis Center**  
650-579-0350

**1-800 Suicide (1-800-784-2433)**

**Chat Room for Teens**  
Open Monday-Thursday, 4:30pm to 9:30pm  
[www.onyourmind.net](http://www.onyourmind.net)

## Save The Date



- **Saturday May 18**  
**Car Wash/Raffle** for Annie's Sparkler's NAMIWalks Team, 11:00-3:00, 3218 Alpine Rd., Portola Valley
- **Saturday, June 1**  
**NAMI Walk 2013** - Lindley Meadow, Golden Gate Park.  
Information: 800-556-2401 or visit [namiwalkSFbay.org](http://namiwalkSFbay.org).
- **June 27-30**  
**NAMI National Convention** in San Antonio, TX  
[convention@nami.org](mailto:convention@nami.org)
- **August 16-17**  
**NAMI California Annual Conference** at the Airport Marriott Waterfront, 1800 Old Bayshore Highway, Burlingame. <http://www.namicalifornia.org/>

## Psychiatric Grand Rounds Programs

*Open to the Public*

### SMC BHRS Division

Health Services Building, Room 100  
225 W. 37<sup>th</sup> Ave., San Mateo / 650-573-2530  
12:15 - 1:30 pm **BRING LUNCH**

- Mar 12 **Psychiatric Ethics**  
Harvey Dondershine, M.D., *presenter*  
Psychiatrist, Behavioral Health and Science, Department of Psychiatry, Stanford School of Medicine, Palo Alto
- Mar 26 **Jungian Dream Theory**  
Thomas Kirsch, M.D., *presenter*  
C. G. Jung Institute, San Francisco

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### Mills-Peninsula Health Services

Burlingame and San Mateo / 650-696-5813  
12:15 - 1:45 pm **BRING LUNCH**

- Mar 5 Peninsula Medical Ctr, Clinic Bldg. Auditorium 2S  
1501 Trousdale Drive, Burlingame  
**Panic Disorders: An Update**  
John Chamberlain, M.D., *presenter*  
Assist. Dir., Psychiatry and the Law Program UCSF
- Mar 19 Mills Health Center - Hendrickson Auditorium  
100 South San Mateo Drive, San Mateo  
**Treating Gifted Children: Social And Emotional Challenges**  
Sherrie Friedman, *presenter*  
Educator, CA Association for the Gifted, Sacramento

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## **NAMI Volunteer Appreciation Valentine Lunch....Fun for All!**

On February 12th, the NAMI San Mateo County Board of Directors hosted this annual event to honor and thank its many volunteers...NAMI-SMC's most important people!

This year 56 volunteers gathered at the Poplar Creek Grill on a beautiful winter day. The Valentine theme was evident with the table decorations and the many guests wearing reds and pinks. Office Manager Natalie Lynch did another great job this year of pulling the event together. Co-President Mike Stimson briefly welcomed everyone just prior to the meal. As the meal ended, Co-President Steve Robison more formally welcomed all and had each person in turn introduce themselves explaining what they do for NAMI. What a diverse and amazing group of active volunteers!!! After a few more announcements, Board member Steve Way stepped forward for his annual *orchid plant lucky number drawing* which he preceded by calling special attention to Lynda Frattaroli (recently retired) as a thanks for her faithful years of volunteering at the NAMI San Mateo Medical Center Support Group. Many left the luncheon with beautiful orchid plants which we hope will keep on blooming...and may everyone keep on volunteering because we couldn't do all we do without you!



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## **Generous Community Grant from Mills-Peninsula Health Services**

Good news! NAMI San Mateo County has recently received a very generous Community Grant for \$8,000 from Mills-Peninsula Health Services to support our education programs and presentations which are offered free in the community by trained NAMI-SMC members. We believe that education is the key to understanding the impact of mental illnesses on the families, the consumers of mental health services and especially those who provide behavioral health services. Education also greatly decreases stigma and is a very important step toward insuring the best care possible for people with mental illness. This grant helps bring us closer to working with SMC Behavioral Health and Recovery Services as well as Mills Peninsula Behavioral Health and service to the community.

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: **Need help with SSI issues?** :  
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Call Joe Hennen at 650 802-6578  
: .....

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## **New Support Group In Burlingame**

**8 Thursdays starting March 21 • 7-9 PM  
Peninsula Temple Shalom**

**1655 Sebastian Drive, Room 11, Burlingame**

Registration Required -- FREE and OPEN TO ALL

Join us for a new mental health support program beginning in March. This 8-week series is for family members and friends who have been affected by a loved one's mental illness. Also for people living with a mental illness. We gather in a safe setting to share our experiences and support one another. For more information and/or to enroll, contact Maureen Samson at 415-420-5097 or maureensamson@comcast.com.

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## **SSI/SSDI Attorney**

I am starting a solo practice in Social Security and Family law in San Mateo County, and am sharing the word of my services as a SSI/SSDI private attorney for NAMI clients and their families who would like assistance accessing public benefits. I have worked for over 4 years as a Social Security advocate, and am a licenced attorney now practicing in San Mateo County.

SSA representatives and attorneys like myself do not charge clients up front, but rather take a 25 percent fee out of any past due SSI or SSDI benefits awarded. Where a client is unsuccessful, I would not collect or expect any fees. I am also willing to (on a case by case basis) assist a small number of people pro bono to get benefits reinstated (as reinstatement cases usually are not taken on by private attorneys).

Athena McMahan, Attorney at Law  
P.O. Box 2074, San Mateo, CA 94401  
mcmahan\_at@yahoo.com / (415) 379-0621

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## **The NAMI Office Library**



The lending library in our office is used by many and several of our books have been borrowed and not returned, especially copies of I Am Not Sick, I Don't Need Help by Xavier Amador. Please return borrowed books to our office as soon as possible. Thank you!

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

## **NAMI-SMC Support Group Meetings (call 650-638-0800 for more information)**

**Cordilleras MHR Center Family Support Meeting**, 200 Edmonds Road, Redwood City, 367-1890

1ST MONDAYS, 6:30-8pm (2ND Monday if 1st Monday of the month is a holiday).

Penney Mitchell, NAMI SMC facilitator; Crystal Hutchinson, MFT; Leah Ladouceur, BSW.

**Parents of Youth Support Meeting**, NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800.

2ND MONDAYS, 7-8:30pm. Kristy Manuel and Ginny Traub, facilitators.

**San Mateo Medical Center** for family members.

1ST & 3RD TUESDAYS, 6:30-8pm. 222 W. 39th Ave. & Edison, Board Room (main entrance elevator to 2nd floor, left to the end of the hall). Terry & Polly Flinn, Juliana Fuerbringer and Rosemary Field, NAMI SMC facilitators; L. Frattaroli, Ed.D.

**South County Support Meeting** for family members, Mental Health Clinic, 802 Brewster St., Redwood City, 363-4111.

2ND TUESDAYS, 6-7:30pm. Pat Way, NAMI SMC facilitator; Liz Downard RN, MSN.

**Coastside Support Meeting** for family members, Coastside MH Cntr, 225 S. Cabrillo Hwy, #200A, Half Moon Bay, 726-6369.

7-8:30pm. Marie Koerper, NAMI SMC facilitator; Mary Em Wallace, RN, NP, MFT, Ph.D.

**Jewish Family & Children's Services**, family and friends are welcome. 200 Channing Ave., Palo Alto, 688-3097.

4TH TUESDAYS, 7:00 pm. Sharon & Ron Roth, NAMI SMC facilitators; Laurel Woodard, LMFT.

**Spanish-Speaking Support Group** for family members. South County BHRS, 802 Brewster Ave, Redwood City.

2ND TUESDAYS, 6-7:30 PM. Contact Claudia Sagese at 573-2189.

### **Other Meetings**

**Asian-Language Family Support Groups**

THURSDAYS, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas (650) 261-3701 or (650) 573-3686.

**Coastside Dual Diagnosis Group**, development for clients in all stages of recovery.

THURSDAYS, 4-5pm. 225 S. Cabrillo Hwy #200A, Half Moon Bay. 726-6369 for information.

**Consumer Support Groups**, Heart and Soul, San Mateo. Call 650-343-8760.

**DBSA Mood Disorder Support Group** for persons with uni- and bi-polar, depression, or anxiety.

• WEDNESDAYS, promptly 6:30-8:30 pm. Contact: DBSAPaloAlto@gmail.com. Supporters may attend with their consumer.

VA Hospital, 3801 Miranda Ave, Hosp Bldg 101, Room A2-200, Palo Alto.

• TUESDAYS, 7-9pm College Heights Church, San Mateo 1150 W. Hillsdale Blvd. Families welcome. Fred Wright, 299-8880.

**Dual Diagnosis Group for Consumers**, no charge.

MONDAYS, 2:30 pm. The Source, 500 A Second Ave., San Mateo. Call 650-343-8760 for more information.

**Eating Disorders Support Group** for parents and loved ones. Contact: 408-559-5593 or info@edrcsv.org

2ND and 4TH SATURDAYS, 9:30-11am. El Camino Hospital, 2500 Grant Rd, Mountain View, New building, Conf. Rm A

**Eating Disorders Support Group** for family & friends of loved ones. Visit [www.edrcsv.org](http://www.edrcsv.org) or call Kira Olson at 408-356-1212.

1ST and 3RD SATURDAYS, 9:30-11am Mills-Peninsula Hosp., Rm 4104, 100 S. San Mateo Drive

**Hoarding Education Group** for significant distress with clutter. Contact hoarderdoctor@gmail.com or 650-799-3172

1ST and 3RD THURSDAYS, 5:30 - 6:15pm. Mills Health Center, Room 4104, 100 S. San Mateo Dr. \$5 donation requested.

**Hoarders' Support Group** for persons with a history of extreme hoarding and chronic disorganization.

2 THURSDAYS a month. To register or to get more information call (650) 343-4380.

**H.E.L.P. for those coping with a mental illness and/or those in a supporting role**, Menlo Park Pres., 950 Santa Cruz Ave.

THURSDAYS, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Garden Court. Contact Jane at 650-464-9033.

**HOPE (Hope, Offering, Prayer and Education)**, for those with mental illness and/or in supporting roles.

1ST and 3RD TUESDAYS, 6:30pm, First Pres Church, 1500 Easton Dr., Burlingame. Call 355-5352 or 347-9268 for info.

**Japanese Education & Support Group**, call (415) 474-7310 for information.

**Jewish Support Group**, for those with mental illness and families and friends, Beit Kehillah, 26790 Arastradero Rd., Los Altos

2ND WEDNESDAYS, 6:15-8:30pm. For info, contact Carol Irwin (408)858-1372.

**Korean Support Group**, a family/consumer group. Info: Kyo, 408-253-9733

4TH TUESDAYS, 6:30-8:30pm. Full Gospel Mission Church, 20920 McClellan Rd. (opp. De Anza College), Cupertino

**North County Support Group** for clients, family and friends.

2ND and 4TH THURSDAYS, 5:45-7pm, 375 89th Street, Community Room, Daly City. More info: 650-301-8650.

**Obsessive-Compulsive Foundation of SF Bay Area**, information: 415-273-7273; [www.ocd-bayarea.com](http://www.ocd-bayarea.com).

3RD SATURDAY, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2nd Fl. Conf room near cafeteria, Daly City.

**Telecare**, for family and friends of residents. 855 Veterans Blvd, Redwood City, 817-9070.

2ND WEDNESDAYS, 5:30-7pm.

**Women Living With Their Own Mental Illness**, Redwood City - *sliding scale fees apply for this meeting*.

MONDAYS, 6:30-8 pm. Contact Deborah at 363-0249, x111.



Proposals from BHRS from page 1

Check out the new website!

Have you been a Bay Area Walker Before?  
Were you a Team Captain in 2012 or before?

We have a new website with great new features! You will need to create a new login in and password at [www.NamiWalkSFbay.org](http://www.NamiWalkSFbay.org). The new website is not connected to MyNami so logging in to the Nami National Website, as you have in the past, will not work.

Take a look at some of the new features:

- Streamlined Registration - for both Individuals and Teams
- Log in using Facebook!
- Pages are automatically created!
- Easily add video to your personal page!
- Connect to friends, family, and donors through Facebook and Twitter
- Email donors with an e-card!
- Donors can choose to remain anonymous or post just their names!
- Use our new Mobile App!

Team Captains! Check out the new features here:

- Sign up yourself and teammates at one time (when you register for the first time only)!
- Donors can donate to the team as well as individual teammates!
- Use the new Team Message Board to post updates, upload photos, make announcements and recognize team members!

**NAMI Walk SF Bay Area**  
**[www.namiwalksfbay.org](http://www.namiwalksfbay.org)**  
**800-556-2401**

## MHSARC Meetings

**Wednesday, March 6 • 3:00 - 5:00pm**

*(first Wednesday of every month)*

*Time/locations vary, please check with*

650-573-2544 or [www.smchealth.org/MHSARC](http://www.smchealth.org/MHSARC)

Health Services Building Room 100

225 W. 37th Ave., San Mateo

**All meetings are open to the public**

**AGED-FOCUSED COMMITTEES:**

225 37th Ave., Diamond Room, San Mateo

**Older Adult Services Committee • 10:30am to 12:00**

**Adult Services Committee • 1:30pm - 3**

**Children and Youth Services Committee • 4pm - 5**  
(2000 Alameda De Las Pulgas., Room 209)

In response to these frustrations, some family members advocated for a law allowing courts to require mentally ill patients to take medication even when the patients are outside of an institution. They also advocated for a legal route for family members to be able to get relatives into mental health treatment before the family has to call the police.

When family members were making this argument to legislators, advocates for people with mental illness were very concerned about the potential loss of rights for mentally ill people. They had good reason to worry, as in the past some family members used mental health laws to restrain relatives for bad reasons.

The result of this conflict was Laura's Law. What Laura's Law does do is offer families a way to petition for review of the mental status of a relative who meets certain criteria (hospitalization or incarceration twice in the last 36 months or violence towards self or others in last 48 months) and has not complied with voluntary treatment. What Laura's Law does not contain, however, is a process for force medicating patients. That is why only one county has implemented it fully. Unfortunately, many advocates do not understand this and press for implementation based on the mistaken impression that patients suffering from anosognosia (the inability to recognize one's own mental illness) can be force medicated under Laura's Law.

We are fortunate in San Mateo County that our courts do not read the mental health laws as restrictively as in many other counties. Our judges will allow mentally ill patients to remain conserved even when they are released to the community. We call these "community conservatorships," meaning that the patient is able to live in the community with the support of our Full Services Partnership (also known as Assisted Outpatient Treatment).

There are currently 230 San Mateo residents conserved in the community. These community conservatorships are more powerful than Laura's Law as they include (subject to a court decision) the power to medicate clients involuntarily. Thus, we already accomplish one of the main goals of the advocates for Laura's Law. However, the number of people we can treat in the community is limited by the number of community conservatorship and Full Service Partnership slots we have.

The other goal - getting people into treatment before they decompensate and families have to call the police - is a very legitimate one. Recognizing the horrible dilemma this creates for family members, last year Health and Behavioral Health System representatives worked with NAMI-SMC family

member representatives, the Sheriff's Office, Probation, local police, the District Attorney, and the Private Defender to develop a plan to address this issue. The plan is outlined in the attached paper Fine-tuning SMC Alternatives to Incarceration for People with Mental Illness and/or Substance Use Problems: Consensus Recommendations for Strategies.

The highest priority strategies in that plan are summarized here. Together these strategies represent an effective alternative to Laura's Law for families in crisis in SMC.

First, NAMI-SMC family representatives and BHRS worked together to develop the concept for early response to families with a loved one experiencing a serious deterioration in their mental health. Families will be able to call for help by contacting the BHRS outreach team directly. The response should be immediate and include an in-the-field evaluation of their loved one and timely linkage to resources. We are planning for a summer 2013 implementation.

Second, sometimes the response to a family calling for help for a loved one with mental illness in crisis will reveal a need for short-term residential respite (approximately ten days) for a person to stabilize. Police officers also have asked for a program for people with mental illness that police can use in lieu of taking them to jail. They reference the success of our First Chance program for DUI/public intoxication where police can leave people under the influence of alcohol knowing they will be stabilized and offered services. Currently, there is no equivalent program for adults with mental illness. We believe that the early intervention for families in crisis must be paired with a residential respite program as an alternative to incarceration or hospitalization for men and women with a serious mental illness.

Third, there are times when families in crisis need access to residential substance abuse treatment for youth. Unfortunately, currently substance use treatment for youth is only available once they get arrested. Families have requested that we add some substance use treatment for youths that is available before they get arrested.

Fourth, families complain that there is no help for those who fall through the cracks of the mental health safety net and end up in jail. They point out that over two-thirds of the adults in our county jail with a mental illness/substance use disorder were unknown to BHRS prior to their arriving in jail. In the worst situations, individuals are held for months while their competence to stand trial is determined, even when they are charged with minor crimes. You may recall the sad case of the woman with severe mental illness whose husband picketed outside the county courthouse for weeks asking that his wife be treated, not jailed.

Currently, there is no organized system for reviewing the cases of mentally ill inmates and providing information to the DA, PD, Probation, Sheriff and Courts before decisions are made by the criminal justice system to see if a more cost-effective and/or humane response is warranted. As a pilot program to see what might change, we propose to have BHRS staff member review every individual with significant mental illness and low level crimes identified by Correctional Health, Sheriff, District Attorney, Probation, Private Defender, or the Court for information about the person's community treatment providers, plan and social supports and suggestions for an immediate alternate disposition that would be provided upon client consent to the Probation division in charge of preparing information and recommendations for the Court.

Recommended programs to respond to advocates for Laura's Law:

1. Pre-crisis Enhanced Outreach to Families. Cost \$250,000, already fully funded using Mental Health Services Act funds. Estimate 80 individuals and families served annually.
2. Expand the number of community conservatorship slots and increase Full Service Partnership slots for youth and adults. Estimate 60 transition age youth and adults served in the first year, could rise to 125 clients in second and out years. Cost \$1,400,000 in first year, possibly rising as high as \$2,650,000 in second year and thereafter.
3. Create a short term residential respite, stabilization, and reconnection to treatment program for police/others to take people with mental illness. Cost \$1,200,000 plus \$750,000 one-time capital expense. Estimate 365 people will be served annually.
4. Expand residential co-occurring treatment for youth. Cost \$300,000. Estimate 15 youth served annually.
5. As a pilot, review mentally ill individuals caught up in the criminal justice system for dispositions other than jail. Cost \$104,000 annually for two year pilot phase. Estimate 150 adults served annually.

Visit <http://www.namicalifornia.org/> to get the latest on legislative activity.

*We appreciate your interest in advocacy!*

**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: \$ \_\_\_\_\_

Change Address (print new address below, include bottom half of page with old address)

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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- Please check all that apply: I/we am/are
- Family
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Your membership in NAMI San Mateo County is tax deductible to the extent allowed by law. Thank you for your support.

**General Meeting**

March 27 - see page 1

**\*Temporary Relocation\***

**Peninsula Medical Center**

**1501 Trousdale Drive**

**Burlingame**

**\*\*Annual Meeting\*\***

*Please attend to elect board members*

**Community Resource Fair**

March 16 - see page 2

**Mental Health First Aid Class**

Starts March 6 - see page 2

**MHA Conference**

March 21 & 22 - see page 2

**Volunteer Meeting**

March 14 - see page 3

**NAMI San Mateo County**

1650 Borel Place, Suite 130  
San Mateo, CA 94402  
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namismc@sbcglobal.net  
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Office open: 9am-1pm, M-F (or by appt.)

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**COUNTY OF SAN MATEO  
Health System**

To: Honorable Board of Supervisors

Through: Jean S. Fraser, Health System Chief

From: Louise F. Rogers, Deputy Chief  
Stephen Kaplan, Behavioral Health and Recovery Services Director

Re: Follow-up Recommendations for Early Intervention with Mental Illness

Date: February 5, 2013

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Thank you for asking us for ideas in three areas:

- 1) What we can do in the mental health arena to prevent tragedies like the deaths at Sandy Hook school; and
- 2) What we can do to respond to the concerns of families who advocate for implementing Laura's Law.

Preventing a Sandy Hook crisis here

While it is important to note that people with mental illness are rarely violent, and are in fact more frequently the victims of violence themselves, the tragic events at Sandy Hook Elementary and other poignant examples remind us that even one person slipping through the cracks can devastate many lives. Immediately after the event, Behavioral Health and Recovery Services (BHRS) and the County Office of Education began meeting to design a response. This paper presents some initial recommendations.

People with mental illness who exhibit violent behaviors towards others (a very small percentage of mentally ill people overall) usually have been deeply traumatized by events that occurred when they were children or young adults. There are evidence-based practices that prevent and mitigate the effects of childhood trauma, but early identification and treatment are essential.

The Health System's Pre to 3 program has had excellent results in reducing child abuse in San Mateo by sending public health nurses to visit all low income pregnant women in the county to assess them for risk factors and following up with appropriate education, treatment, and other interventions to give every family the tools and education they need to give their child a healthy, safe start in life. There is a waiting list for mental health services for 50 families in Pre to 3. There has also been a waiting list of 30 families referred by the Child Welfare System for Partners for Safe and Healthy Children. Prompt and appropriate treatment is essential in order to reduce risk and increase families' ability to provide safe and supportive environments.

When abuse prevention fails, it is critical to identify and treat traumatized children as quickly as possible. BHRS and Human Services Agency staff work together to respond immediately to children and youth in abusive and/or traumatic relationships. Recent advances in the field call for new interventions that historically have not been part of the menu of options. Additionally, the reach of our trauma response program was narrowed only to families on Medi-Cal as county funding declined. We propose to restore funding so we can respond to every child in need with the appropriate treatment.

Additionally, while schools work with BHRS to provide mental health services for children in special education, a child's problems must severely impact their school performance for the child to qualify. Children who are still "getting by" in school but have experienced traumatic events, are socially isolated, are victims of bullying, or are depressed or otherwise vulnerable and deteriorating do not qualify for special education services. If we can train teachers and other adults at schools to recognize children's distress early, and then provide interventions at school to get the children back on the right track, we can avoid the need for special education services later and decrease the bullying and other victimization that so isolates and distresses these children. BHRS and the County Office of Education have agreed to adopt Youth Mental Health First Aid as an evidence-based teacher/parent training model to achieve this recommendation.

Sadly, the initial onset of schizophrenia and bi-polar disorder, which usually occurs when youth are in high school or shortly thereafter, rarely is recognized for what it is. As a result, youths with these disorders deteriorate, and their behavior becomes so odd that their relationships and lives come apart before the disease is recognized. New research shows that when young people are identified and treated correctly when they have their first episode they can avoid the devastating impacts of the disease for themselves and their families and lose little of the momentum of their life's trajectory. We have instituted a model program to help clinicians identify the first schizophrenic crisis and get the youths immediately into treatment, thereby keeping the youths stable and functioning. A similar approach is needed for bi-polar disorder.

Finally, sometimes families in crisis with a child or youth present to us for the first time at the San Mateo Medical Center's Psychiatric Emergency Services (PES). Of the 260-300 young people who present to PES each year, slightly more than half are unknown to us previously. At this time, BHRS only has the resources to follow up after discharge only with those individuals who are publicly insured. We believe that assessing, following-up, engaging and treating youth and young adults who appear in PES will prevent more significant problems later. We recommend expanding our young adult service to assure clinical follow-up occurs for all young people seen by PES.

Initial recommended programs to prevent a Sandy Hook tragedy in SMC:

1. Expand Pre to 3/Partners for Safe and Healthy Children mental health treatment to reach every high-risk low-income family in the county. Cost \$420,000. Estimate 110 additional families served annually.
2. Provide children who have been abused or traumatized with interventions to enable them to overcome the trauma. Cost \$525,000, plus \$10,000 one-time start up. Estimate 700 children/youth served annually.

3. Train teachers, parents, other adults and young people to recognize early signs of mental distress through Youth Mental Health First Aid training; link at-risk children to services. Cost \$200,000. Estimate training 700 school personnel and high school juniors/seniors and 25-50 parents each year.
4. Establish an early onset bi-polar disorder program to identify youths experiencing their first break. Cost \$400,000. Estimate 40 additional youth and young adults served annually.
5. Expand follow-up and support for youth/families after Psychiatric Emergency Services Cost \$390,000. Estimate serving 130 young adults annually.

#### Responding to concerns of family members who advocate for implementation of Laura's Law

The system of care for people with serious mental illness has advanced a great deal since the 1960's, when most of the mental health hospitals were closed. However, the legal structure for handling people with serious mental illness has not changed much; it is still based on the notion that anyone who is sufficiently seriously mentally ill to require forced medication is also going to be in an institution. Accordingly, in most counties, judges will only order forced medication if a patient is in an institution. Patients who then become stable and are able to care for themselves (and thus no longer meet the legal requirement for being confined) are released from the institution and from the order requiring them to take medication. As a result, some patients stop taking medications when they are released and decompensate. Family members know that their loved ones could live outside of an institution if only they continued their medication; families are frustrated that they cannot get the courts to require medication while the patient is living in the community.

An additional frustration is that in many communities, families struggling with a relative in crisis find it very difficult to get their loved one into mental health treatment until and unless the relative so declines that the police or an ambulance must be called. This is particularly true for middle-income families whose children are covered by private insurance, since the county system is almost entirely funded through, and geared toward serving beneficiaries of, Medi-Cal.

In response to these frustrations, some family members advocated for a law allowing courts to require mentally ill patients to take medication even when the patients are outside of an institution. They also advocated for a legal route for family members to be able to get relatives into mental health treatment before the family has to call the police.

When family members were making this argument to legislators, advocates for people with mental illness were very concerned about the potential loss of rights for mentally ill people. They had good reason to worry, as in the past some family members used mental health laws to restrain relatives for bad reasons.

The result of this conflict was Laura's Law. What Laura's Law does do is offer families a way to petition for review of the mental status of a relative who meets certain criteria (hospitalization or incarceration twice in the last 36 months or violence towards self or others in last 48 months) and has not complied with voluntary treatment. What Laura's Law does not contain, however, is

a process for force medicating patients. That is why only one county has implemented it fully. Unfortunately, many advocates do not understand this and press for implementation based on the mistaken impression that patients suffering from anosognosia (the inability to recognize one's own mental illness) can be force medicated under Laura's Law.

We are fortunate in San Mateo County that our courts do not read the mental health laws as restrictively as in many other counties. Our judges will allow mentally ill patients to remain conserved even when they are released to the community. We call these "community conservatorships," meaning that the patient is able to live in the community with the support of our Full Services Partnership (also known as Assisted Outpatient Treatment).

There are currently 230 San Mateo residents conserved in the community. These community conservatorships are more powerful than Laura's Law as they include (subject to a court decision) the power to medicate clients involuntarily. Thus, we already accomplish one of the main goals of the advocates for Laura's Law. However, the number of people we can treat in the community is limited by the number of community conservatorship and Full Service Partnership slots we have.

The other goal – getting people into treatment before they decompensate and families have to call the police – is a very legitimate one. Recognizing the horrible dilemma this creates for family members, last year Health and Behavioral Health System representatives worked with NAMI-SMC family member representatives, the Sheriff's Office, Probation, local police, the District Attorney, and the Private Defender to develop a plan to address this issue. The plan is outlined in the attached paper *Fine-tuning SMC Alternatives to Incarceration for People with Mental Illness and/or Substance Use Problems: Consensus Recommendations for Strategies*.

The highest priority strategies in that plan are summarized here. Together these strategies represent an effective alternative to Laura's Law for families in crisis in San Mateo County.

First, NAMI-SMC family representatives and BHRS worked together to develop the concept for early response to families with a loved one experiencing a serious deterioration in their mental health. Families will be able to call for help by contacting the BHRS outreach team directly. The response should be immediate and include an in-the-field evaluation of their loved one and timely linkage to resources. We are planning for a summer 2013 implementation.

Second, sometimes the response to a family calling for help for a loved one with mental illness in crisis will reveal a need for short-term residential respite (approximately ten days) for a person to stabilize. Police officers also have asked for a program for people with mental illness that police can use in lieu of taking them to jail. They reference the success of our First Chance program for DUI/public intoxication where police can leave people under the influence of alcohol knowing they will be stabilized and offered services. Currently, there is no equivalent program for adults with mental illness. We believe that the early intervention for families in crisis must be paired with a residential respite program as an alternative to incarceration or hospitalization for men and women with a serious mental illness.

Third, there are times when families in crisis need access to residential substance abuse treatment for youth. Unfortunately, currently substance use treatment for youth is only available

once they get arrested. Families have requested that we add some substance use treatment for youths that is available before they get arrested.

Fourth, families complain that there is no help for those who fall through the cracks of the mental health safety net and end up in jail. They point out that over two-thirds of the adults in our county jail with a mental illness/substance use disorder were unknown to BHRS prior to their arriving in jail. In the worst situations, individuals are held for months while their competence to stand trial is determined, even when they are charged with minor crimes. You may recall the sad case of the woman with severe mental illness whose husband picketed outside the county courthouse for weeks asking that his wife be treated, not jailed.

Currently, there is no organized system for reviewing the cases of mentally ill inmates and providing information to the DA, PD, Probation, Sheriff and Courts before decisions are made by the criminal justice system to see if a more cost-effective and/or humane response is warranted. As a pilot program to see what might change, we propose to have BHRS staff member review every individual with significant mental illness and low level crimes identified by Correctional Health, Sheriff, District Attorney, Probation, Private Defender, or the Court for information about the person's community treatment providers, plan and social supports and suggestions for an immediate alternate disposition that would be provided upon client consent to the Probation division in charge of preparing information and recommendations for the Court.

Recommended programs to respond to advocates for Laura's Law:

1. Pre-crisis Enhanced Outreach to Families. Cost \$250,000, already fully funded using Mental Health Services Act funds. Estimate 80 individuals and families served annually.
2. Expand the number of community conservatorship slots and increase Full Service Partnership slots for youth and adults. Estimate 60 transition age youth and adults served in the first year, could rise to 125 clients in second and out years. Cost \$1,400,000 in first year, possibly rising as high as \$2,650,000 in second year and thereafter.
3. Create a short term residential respite, stabilization, and reconnection to treatment program for police/others to take people with mental illness. Cost \$1,200,000 plus \$750,000 one-time capital expense. Estimate 365 people will be served annually.
4. Expand residential co-occurring treatment for youth. Cost \$300,000. Estimate 15 youth served annually.
5. As a pilot, review mentally ill individuals caught up in the criminal justice system for dispositions other than jail. Cost \$104,000 annually for two year pilot phase. Estimate 150 adults served annually.