

General Meeting



**100 S. San Mateo Drive
San Mateo**

Hendrickson Aud. / Mills Health Center
Free evening parking in front

Wednesday, January 28

6:30pm Reception
7:00-8:30 Program

Saad A. Shakir, M.D.

Neuro-Psychiatrist & Distinguished
Fellow of the APA

The field of psychiatry has advanced significantly over the past several decades. Dr. Shakir's presentation will focus on the advances in science and technology that have allowed us to develop and implement fairly effective treatments that are well tolerated.

Dr. Shakir will also cover an overview of the advances in the knowledge of mood and anxiety disorders, as well as effective treatments available.

Please join us for this enlightening subject in January!



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.



This issue is for two months -
Check our website for updates
in December and January!

namismc@sbcglobal.net

General Meeting Review - Thanksgiving!

We celebrated Gratitude at our Annual Thanksgiving General Meeting on November 19! It was a warm time meeting old friends and connecting new people in the community, who enjoyed delicious pies from Heidi's Pies and board members.

Wayne Garcia, VP Programs, healthRight 360, talked about the new Respite Center which his agency would be managing. Board member Juliana Fuerbringer reviewed the latest at Clubhouse, and Moira Kavanaugh – our General Meeting volunteer arranger and stager - was presented with a lovely orchid in appreciation of her work. A short questionnaire was presented; contact the office if you have more to share.

After the introductions, we shared what we were grateful for. The comments were heartwarming: from how much people learned at the various classes put on by NAMI SMC, to the love and well-being of their family, to how privileged they were to have the person with mental illness enter and enrich their lives, and everything in between. To all who attended and contributed to our Thanksgiving General Meeting, Thank You. We wish everyone an enjoyable holiday season, and best wishes for a happy and healthy New Year.



Holiday Blues

NAMI.org

The Holiday Blues refer to feelings of anxiety or depression during the period between Thanksgiving and New Year's. They may be associated with extra stress, unrealistic expectations or even sentimental memories that accompany the season. They may include: Loneliness and isolation • Fatigue • Sadness • Tension • A sense of loss • Frustration.

The difference between the holiday blues and clinical anxiety or depression is that the feelings are temporary. They may come and go around specific holiday activities. However, if they are present for more than two weeks, especially every day, the mental health problem may be more serious.

It's also important to understand that people already diagnosed with a mental illness can feel the holiday blues—and need to take extra care of themselves.

What Causes the Holiday Blues?

Many factors can someone's mood over the holidays, including:

- Less sunlight (October –March).
- Changes in diet or routines.
- Alcohol is a depressant. Too much alcohol can create or intensify depressive moods, and the holiday season is filled with parties.
- Extra stress comes from holiday preparations or family demands. Buying presents, hosting events, preparing meals and even the pressure of getting holiday cards in the mail on time can wear a person down.
- Unrealistic expectations, such as wanting to attend every gathering you're invited to or wanting to spend more than your budget allows on gifts.
- Over-commercialization of the season through advertising and store sales.
- Inability to travel or attend family gatherings.
- Feeling a difference between past holidays and the present one—sometimes because of the loss of a loved one or change in your living or work situation.



(Continued on page 3)

BHRS Notes

from Steve Kaplan, Dir., BHRS

911 “Script”: The 911 “Script” document/project has been ongoing for a few months (a result of the shooting of mental-illness related persons in Half Moon Bay and Pacifica) and will need wide distribution to all NAMI families and beyond. The Script guides families dialing 911 to give and ask for very specific things.

The **Respite Center** has had many false attempts at getting started because of BHRS losing sites due to the high cost of real estate in San Mateo County. There is a promising site now being considered and due diligence is ongoing with key stakeholders to garner support. Once that is completed the team will be ready to start community engagement which may need some support and active involvement from NAMI.

Check out Wellness Matters,
the San Mateo County BHRS newsletter
<http://smchealth.org/wm>

- Several good articles in the November issue !-
- Respect! 24/7 Conference Draws a Crowd
 - MHSA Update - Annual Update and 3 yr Draft Plan
 - Cordilleras Corner - Redesign Project Update
 - Trauma Sensitive Yoga
 - Top of the Toolbox (WRAP)
 - 2nd Annual Latino Health Forum

Thank You NAMI Community!

On behalf of Mateo Lodge, we wish to thank the NAMI community for continued support over the years, and most recently for the fundraiser luncheon put on by the Peninsula League on November 7th. We are grateful to be a part of your family! And particularly a big heartfelt hug and thank you to Lisa Buris and Jane Kenyon for all their hard work on this.

—Gratefully, Ian Adamson, Mateo Lodge

FAST: Family Assertive Support Team

650-368-3178 or 650-371-7416 (pager)
24-hours, 7 days-a-week

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

See a full article about FAST in our November 2013 web version newsletter at www.namisanmateo.org.



Visit NARSAD Artworks for their beautiful holiday cards, notecards, calendars and gifts online at www.narsadartworks.org, or call 800-607-2599 or 714-529-5571.

NARSAD Artworks showcases museum-quality art products by and on behalf of mentally ill persons. All proceeds support the Brain & Behavior Research Foundation.

Place your order now for this holiday season!

Spring Bowling League



Thursdays, February 5 - March 26
2:00 - 5:00pm
Bel Mateo Bowling Alley
4330 Olympic Avenue, Belmont

The Games of Hope Spring bowling league begins Thursday, Feb 5th for 8 consecutive Thursdays. Sponsored by Mateo Lodge, the cost is \$15.00 per participant if you can afford it. Sponsorships and donations will cover the balance. Did you know just \$56.00 sponsors a participant for the season?

Now in its fourth year, it is a wonderful way to develop and expand interpersonal interactions with the Mental Health community. It is fun to bring people together, watch them encourage each other, smile at success, develop friendships, be a part of a team, celebrate personal accomplishment and have fun!

To be successful each team needs a team leader to help the team stay focused, call people each week, offer rides or other encouragement, maybe organize sponsorship. Teams may want to have their own name, team t-shirts and incentives.

Our last bowling session ends with a pizza party and prizes for the most consistent attendance, most improved, as well as for high scores fast and slow bowlers.

Last fall we had six teams, with more wanting to join. Cheerleaders, hanger-on's and family members are encouraged to come as well!

Come join the fun! **RSVP to Denby Adamson at 831-252-0446** to save your spot on the team and make a contribution.

BHRS Family Contacts

Suzanne Aubry, Dir. Family Service & Support: 650-573-2673
Claudia Saggese, Family Liaison (habla Español): 573-2189
Jade Moy, Dir. Chinese Initiative: 573-2952

Children and the Blues

Child and adolescent psychiatric hospitalizations peak during winter months, including the holiday season.

Children are perceptive. They pick up on the mood of parents and other family members. They also feel the loss of close family members who may have died with whom they have celebrated in the past, such as grandparents. They can feel loss from other changes, such as a deployed parent or family upheavals such as moving, divorce, etc.

It's important to keep in mind that children and teenagers also aren't limited to simply feeling "blue:" 50% of lifetime cases of mental illness appear by age 14 and 75% by age 24.

Does the Suicide Rate Rise During the Holidays?

It's a myth. In fact, the suicide rate tends to be lowest in winter. Suicides increase in the spring. But symptoms of depression and thoughts of suicide must be taken seriously any time of the year, including the holidays.

Avoiding the Holiday Blues

- Stick to normal routines as much as possible.
- Get enough sleep or rest.
- Take time for yourself, but don't isolate yourself. Spend time with supportive, caring people.
- Eat and drink in moderation. Don't drink alcohol if you are feeling down.
- Get exercise—even if it's only taking a short walk.
- Make a to-do list. Keep things simple.
- Set reasonable expectations and goals for holiday activities such as shopping, cooking, entertaining, attending parties or sending holiday cards.
- Set a budget for holiday activities. Don't overextend yourself financially with buying presents.
- Listen to music.
- Remember that holiday blues are short-term. Be patient. Take things week by week and day by day.

Beyond the Blues: When It Becomes Mental Illness

If symptoms of depression or anxiety last more than 2 or 3 weeks, it could indicate a more serious mental health problem. There are basic steps that a person experiencing symptoms or family members and friends can take. These are steps that can be taken any time of the year.

- Talk with your doctor (or pediatrician). A comprehensive physical exam needs to be part of assessment to rule out some physical causes.
- Get a referral to a mental health professional; a call from your doctor may help you to avoid a long waiting list.
- Educate yourself or recommend a resource to a person. Someone may know that something is off, but not recognize or understand symptoms or how to find help.
- If a friend or relative is showing symptoms, ask them privately how things are going. If needed, use a prompt like "You seem a little sad or frustrated. What's been going on lately?" Don't be judgmental or trivialize what they may be feeling.
- Offer to make the appointment for the person and accompany them to the doctor's office or mental health clinic for moral support. It can make a big difference.
- Local NAMI affiliates can offer resources.

2014 MHSA County Programs: An Annual Report Listing MHSA Funded Programs Published

It is with great pleasure that NAMI California presents the 2014 MHSA County Programs: An Annual Report Listing MHSA Funded Programs. This Report summarizes and highlights the many efforts carried out by different organizations and individuals statewide. NAMI California would like to acknowledge and extend its gratitude to those who contributed to this document's creation.

Ten years ago voters approved Proposition 63. The initiative's passage in November 2004 provided the first opportunity in many years to expand county mental health programs for children, transition-age youth, adults, older adults and families. The Mental Health Services Act (MHSA), as Proposition 63 became known, provides a broad continuum of prevention, early intervention and treatment and the necessary infrastructure, technology and advancement of the mental health workforce to effectively support the California public mental health system.

For the third consecutive year, NAMI California has taken the lead in compiling a list of MHSA - funded programs throughout the state in a county-by-county listing that comprises this year's report.

NAMI California gathered data for this Report by contacting all 58 California County Mental Health and Behavioral Health offices, reviewing county plans and annual updates. County Mental Health Directors were asked to review the data for their county to ensure accuracy and completeness before submitting it to us.

Organized by county, the Report names and describes each county's MHSA program, population served and the name and contact information for each county's MHSA coordinator and/or website link.

As evidenced by this Report's contents, without the support of county mental health directors and their staff, this report would not be possible. The county-specific data they compile helps NAMI create a comprehensive list of statewide MHSA programs.

Please contact David to receive a PDF of the report.

—David Czarnecki, Advocacy Coordinator - NAMI California
1851 Heritage Lane, Suite 150
Sacramento, CA 95815
Phone: (916) 567-0163
David@namica.org



Not enough room in 8 printed pages!
See more articles in our online version of the newsletter
at www.namisanmateo.org/

Wonderful Work Opportunity!

NAMI San Mateo is searching for an Education Coordinator. This will be a paid part time position (10-12 hours per week). The Education Coordinator will report to the NAMI Board Education Chair and to the office manager to keep them updated on the needs and activities surrounding NAMI's Education Programs. These programs include: Family to Family, Peer to Peer, Provider Education, Basics, In Our Own Voice, Parents and Teachers as Allies and Ending the Silence.

For more information and a full job description, please call the NAMI office: 650 638-0800 or email: namismc@sbcglobal.net.

California Clubhouse Update

By Diane Warner

Everyone who attended the first open house at California Clubhouse on November 7 was excited and pleased with the rapid progress being made. With continuing community support we will officially open in 2015.

“Our years of experience, study and research have taught us that access to a caring community of support can make all the difference to a person isolated by his or her disability. Belonging somewhere, in a caring community, might be the single most effective and accessible means of preventing acts of desperation, hospitalization, imprisonment or worse.”

—*International Clubhouse News*, <http://www.iccd.org/index.html>

With one in four families facing mental illness each year, it's high time we recognized our collective obligation to create and support places in every community, where people living with mental illness can find the hope and inclusion they so desperately need.

Establishing an Accredited Clubhouse in every town and city in the world - in much the same way that every community has a library, post office or community center - would provide a local base of support for the millions of people living with mental illness. It would widen the tent of our society. In place of the isolation, hopelessness and despair, the expanding ranks of Clubhouse members would experience community, employment, hope and a reason to wake up in the morning.

For information contact Juliana at julianafuer@gmail.com/650-342-5849 or visit: www.californiaclubhouse.org.

NOTE: NAMI-SMC endorses Clubhouse.

Visit <http://www.namicalifornia.org/> to get the latest on legislative activity.
We appreciate your participation in advocacy!

New Research Studies

- A NAMI member and student in Clinical Psychology at Notre Dame de Namur University in Belmont is doing research for a master's thesis. The study focuses on **couples who have been together at least 10 years, and especially wherein one partner has a diagnosis of Bipolar I or II.** The focus is on Emotional Expression between partners. The goal is to help intimate relationships last a lifetime! If you fit the criteria for the focus, please log onto: <https://www.surveymonkey.com/s/8BHCZLQ> and complete the survey. Contact Valerie Barrack, valerie.barrack@gmail.com for more information.
- **Project SERVE: Sleep Enhancement for Returning Veterans**, a joint program between Stanford University and VA Palo Alto is actively recruiting volunteers to join the next wave of participants for the program. The program involves non-medication insomnia treatment (4 weekly sessions) at no cost, and is for veterans experiencing insomnia and feeling down or depressed. Financial compensation is provided. Contact projectserve-email@stanford.edu or (650) 725-5030.
- **Hoarding Disorder Study.** A new 3-year UCSF & MHSF study on hoarding and cluttering begins late January 2015 & goes till late June 2015. You need to commit to 16 groups sessions (2 hours each). Groups are at a site TBD near San Mateo CalTrain Station; clinical assessment at UCSF Parnassus campus. Must be 18 years old or older; have a hoarding disorder, & have not received cognitive-behavioral treatment for Hoarding Disorder in the last 12 months. Payment for participation: \$100.00. Contact: Gillian Howell at 415-763-7489 or pcorisfstudy@gmail.com to initiate the screening process.

Membership Time!

Please renew your membership with NAMI San Mateo County - we value your support! If you haven't yet joined the 2015 membership, please use the request for membership renewal you receive in the mail, or there's a form on the back page of this newsletter. Or check our website! www.namisanmateo.org.



By joining *at this local affiliate level (preferred)* you will receive the local San Mateo County monthly newsletter promptly, which highlights local news and general information, advocacy activities, and support meetings. You will also receive the NAMI California web newsletter, and the NAMI National full-color magazine, each offering their respective level of coverage and commentary. Thank you for continuing to support NAMI-SMC!

SUPPORT GROUP MEETINGS (for information on NAMI Support Groups call 650-638-0800)

- **NAMI Cordilleras MHR Center Family Group**, 1ST Mondays (2ND Monday if 1st is a holiday), 6:30-8pm, 200 Edmonds Road, Redwood City, 650-367-1890. Penney Mitchell & Julie Curry, NAMI SMC co-facilitators
- **NAMI Parents of Youth**, 2ND Mondays, 7-8:30pm. NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800. Kristy Manuel and Ginny Traub, facilitators.
- **Dual Diagnosis Group for Consumers**, Mondays, 2:30pm. The Source, 500 A Second Ave., San Mateo. Info: 650-343-8760

MONDAY

- **NAMI Coastside Support Meeting** for family members, 2nd Tuesdays, 7-8:30pm. Coastside MH Cntr, 225 S. Cabrillo Hwy, #200A, Half Moon Bay, 650-726-6369. Karina Marwan, NAMI facilitator
- **NAMI Jewish Family & Children's Services**, family and friends are welcome. 4TH Tuesdays, 7:00pm. 200 Channing Ave., Palo Alto, 650-688-3097. Sharon & Ron Roth, NAMI SMC facilitators; John Bisenivs, LCSW
- **NAMI San Mateo Medical Center** for family members. 1st and 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, Carol Metzler & Judy Singer, NAMI facilitators.
- **NAMI South County Support Meeting** for family members, 2nd Tuesdays, 6-7:30pm. Mental Health Clinic, 802 Brewster, Redwood City, 650-363-4111. Pat Way, NAMI SMC facilitator; Liz Downard RN, MSN. **Park behind building and knock loudly on door.**
- **DBSA Mood Disorder Support Group** for persons with uni- and bi-polar disorders, mania, depression, or anxiety; family members welcome. Tuesdays, 7-9pm, College Heights Church, 1150 W. Hillsdale Blvd, San Mateo. Contact at DBSASanMateo@um.att.com or 650-299-8880; leave a message.
- **HOPE** (Hope, Offering, Prayer and Education), for those with mental illness and/or in supporting roles. 1st and 3rd Tuesdays, 6:30pm, First Presbyterian Church, 1500 Easton Dr., Burlingame. Call 355-5352 or 347-9268 for info.
- **Korean Support Group**, a family/consumer group. 4TH Tuesdays, 6:30-8:30pm Full Gospel Mission Church, 20920 McClellan Rd. (opp. De Anza College), Cupertino. Info: Kyo, 408-253-9733.
- **Women Living With Their Own Mental Illness**, Tuesdays, 1-2:30pm. Redwood City - sliding scale fees apply for this meeting. Contact Deborah at 650-363-0249, x111.
- **Spanish-Speaking Support Group** for family members. 2ND Tuesdays, 6-7:30pm. South County BHRS, 802 Brewster Ave, Redwood City. Contact Claudia Saggesi at 573-2189.

TUESDAY

- **DBSA Mood Disorder Support Group** 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.
- **Jewish Support Group** (open to all denominations), for those with mental illness and families and friends. 2nd Wednesdays, 6:15-8:30pm. For info, call Carol Irwin 408-858-1372. Beit Kehillah, 26790 Arastradero Rd., Los Altos
- **Telecare** for family and friends of residents. 2nd Wednesdays, 5:30-7pm. 855 Veterans Blvd, Redwood City. 650-817-9070

WEDNESDAY

- **Asian-Language Family Support Groups** Last Thursday, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, BHRS main entrance. Info: 650-573-3571.
- **Coastside Dual Diagnosis Group**, development for clients in all stages of recovery. Thursdays at 4-5pm. 225 S. Cabrillo Hwy #200A, Half Moon Bay. 726-6369 for information.
- **Hoarding Education Group** for significant distress with clutter. 1ST and 3RD Thursdays, 5:30 - 6:15pm. Mills Health Center, Room 4104, 100 S. San Mateo Dr. Contact hoarderdoctor@gmail.com or 650-799-3172. \$5 donation requested.
- **H.E.L.P. for those coping with a mental illness and/or those in a supporting role**, Thursdays, 6:00pm optional dinner; 6:30-7:30 program, 7:30-8:30 prayer. Menlo Park Pres., 950 Santa Cruz Ave. Garden Court. Contact Jane at 650-464-9033
- **North County Support Group** for clients, family and friends. 2ND and 4TH Thursdays, 5:45-7pm, 375 89th Street, Community Room, Daly City. Co-facilitators: Stu Berger, RN, CNS, & Adam Harrison ASW More info: 650-301-8650.

THURSDAY

- **NAMI Connection - Consumer Recovery Support Group**: 1ST & 3RD Saturdays, 3:30-5pm. 500 E. 2nd Ave, San Mateo, Heart and Soul. Questions, call NAMI SMC at (650) 638 - 0800.
- **Eating Disorders Support Group** (for parents and loved ones). 2nd & 4th Saturdays, 9:30-11am. El Camino Hospital, 2500 Grant Rd, Mountain View, new building, Conf. Rm A. Contact: 408-559-5593 or info@edrcsv.org.
- **Eating Disorders Support Group** for parents and friends of loved ones. 1st and 3rd Saturdays, 9:30-11am Mills-Peninsula Hosp., Rm 4104, 100 S. San Mateo Drive. Visit www.edrcsv.org or call Kira Olson at 408-356-1212.
- **Japanese Education & Support Group**, call (415) 474-7310 for information.
- **Obsessive-Compulsive Foundation of SF Bay Area**, 3RD Saturdays, 1:30-3:30pm, Seton Medical Center, 1900 Sullivan Ave., 2nd Fl. Conf room near cafeteria, Daly City. For more information: 415-273-7273; www.ocd-bayarea.com.
- **Consumer Support Groups**, Heart and Soul, 500 E. 2nd Ave., San Mateo. Call 650-343-8760.

SATURDAY

Individuals with mental health conditions are WELCOME to this recovery support group for people living with mental illness. They meet the **1st and 3rd Saturdays** from **3:30-5:00pm** (after the movie), at The Source (Heart and Soul), 500 E. 2nd Ave., San Mateo. Led by trained individuals who are personally experienced at living well with mental illness. No registration required, call NAMI SMC with any questions: 650-638-0800.

Psychiatric Grand Rounds Programs

Open to the Public

SMC BHRS Division

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

Dec 9 Incorporating Mindfulness And Wellness Approaches For Youth

.....

Mills-Peninsula Health Services

Saidy Conf. Rm., Ground Floor
100 South San Mateo Drive, San Mateo / 650-696-5813
12:15 – 1:45pm **BRING LUNCH**

Dec 2 Adolescents: Part II – Behind What We See

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

NAMI Education Programs

Call 650-638-0800 to register

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

- **Family to Family**—For adult relatives with a family member with mental illness. Class meets once a week for 12 weeks, every spring and fall.
- **Peer to Peer**—Better living skills for people with mental health issues taught by people with mental health issues.
- **Provider**—An overview program for Mental Health and AOD professionals, para-professionals and all others serving individuals with serious mental illnesses and their families. CMEs pending approval for qualified attendees.
- **Basics**—Focuses on the fundamentals of caring for you, your family and your child with mental illness.

Jail Chaplain

Spiritual counseling for incarcerated persons - Marty at St. Vincent de Paul Society: 650-796-0767.

Social Security Issues?

Call Joe Hennen at Vocation Rehab Services: 650-802-6578

San Mateo County Mental Health Emergency Numbers

Police: 911

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

24 Hour Crisis Line & Support Help: 650-579-0350 / 800-784-2433

Calling the local number will get you someone in San Mateo County. Calling the 800 number will get you the first person available. This person may not be in San Mateo County.

Psych Emergency: San Mateo Medical Center: 650-573-2662
Mills Peninsula Hospital: 650-696-5915

Kaiser South San Francisco: 650-742-2511
Kaiser Permanente SMC: 650-991-6455

FAST: 650-368-3178 | 650-371-7416 (pager)

Family Assertive Support Team - When your loved one is in emotional distress. Available 24x7.

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

It's Time To Look At Your Health Care Needs And Options

If you don't have health insurance or are looking for more affordable health insurance and haven't looked at the Health Insurance Marketplace—open enrollment is the time to look. During “open enrollment” you can buy private health insurance through the marketplace in each state. Depending on your income you can get financial help to pay for health insurance. If you have affordable employer-provided health insurance or are already covered by Medicaid or Medicare you cannot receive financial help paying for private health insurance coverage.

Do You Already Have Health Insurance through the Marketplace?

- If you do, you must re-enroll every year or you will be automatically re-enrolled.
- It is also important to report any changes to your income to the marketplace.
- This is a good time to check your health insurance coverage and see if it still meets your health and mental health care needs.
- Anyone can change health care plans during open enrollment, but most people will be re-enrolled automatically if they take no action.
- Carefully read all health insurance notices and updates.

Check Your Coverage

- Even if you like your health plan, new plans may be available and premiums or cost sharing may have changed since last year.
- Even if your income has not changed, you could be eligible for more financial assistance.

If You Live with a Mental Illness, Pay Attention to Possible Changes

- Are a broad range of health and mental health care providers included in the health plan's network of providers?
- Are there enough medical specialists in the network to meet your needs?
- Are needed medications included in the plan's list of covered prescription drugs?
- Is there adequate access to non-clinical, mental health-specific services and supports?
- Does the plan have service limits, such as caps on the number of office visits for therapy services?
- Are mental health and substance use services covered to the same extent as other “physical” health benefits are covered?

Where You Can Get Help

Health insurance can be complicated. If you or your family member needs help understanding your options, Healthcare.gov can help. It breaks down health insurance terminology and will tell you where you can get help in your local community. Each state has health insurance “navigators” to

assist individuals with enrollment in health insurance. You can also call the 24-hour Healthcare.gov phone line for help at 1-800-318-2596.

The Kaiser Family Foundation also put together some great resources including a video explaining health insurance and a calculator you can use to figure out about how much health insurance will cost for you if you buy it through the Health Insurance Marketplace.

Important Dates to Remember

- (Nov. 15, 2014 Open enrollment began)
- Dec. 15, 2014 Enroll before this date to have coverage Jan. 1, 2015
- Feb. 15, 2015 Open enrollment ends

More information on specific topics for each state can be found at the National Disability Navigator Resource Collaborative.

COMING SOON:

Be on the lookout for an invitation to NAMI San Mateo County's 40th Anniversary Celebration!

A most unusual event is being planned and everyone can be a part of it!

STAY TUNED!!

MHSARC Meetings - open to the public

Wednesday, Dec 3 and Jan 7 • 3:00 - 5:00pm

(first Wednesday of every month)

Time/locations vary, please check with 650-573-2544

or www.smchealth.org/MHSARC

Health Services Building Room 100

225 W. 37th Ave., San Mateo

AGED-FOCUSED COMMITTEES:

225 W. 37th Ave., Diamond Room, San Mateo

Older Adult Services Committee • 10:30am - 12:00

Adult Services Committee • 1:30pm - 3:00

Children and Youth Services Committee • 4pm - 5:00

(2000 Alameda De Las Pulgas., Room 209)

Board of Supervisors Meeting

Tuesday, Dec 2 and Jan 6 • 9:00 a.m.

Board Chambers

400 County Center, First Floor, Redwood City

Board of Supervisors agendas are found at

<http://www.co.sanmateo.ca.us/portal/site/bos>.

Please Become a Member of NAMI San Mateo County

1650 Borel Place, Suite 130, San Mateo, CA 9440

- 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 _____

City/State _____ Zip _____

Phone (_____) _____ E-mail _____

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

Credit Card# _____ Expires _____

Amount \$ _____ Signature _____

How did you hear about NAMI? _____

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

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

Thank you for your support!

Spring Bowling League

February 5 - see page 2

General Meeting

January 28 - see page 1

Happy Holidays!



NAMI San Mateo County
1650 Borel Place, Suite 130
San Mateo, CA 94402
650-638-0800 / FAX: 650-638-1475
namismc@sbcglobal.net
www.namisanmateo.org
Office open: 9am-1pm, M-F (or by appt.)

Board of Directors

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Steve Way

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Juliana Fuerbringer, Jerry Thompson

NAMI San Mateo County
1650 Borel Place, Suite 130
San Mateo, CA 94402

RETURN SERVICE REQUESTED

Time Value

Got news? email namismc@sbcglobal.net

The Case of Gina - How Integrated Med/ Psych Care Actually Works

No Health Without Mental Health's (NHMH) goal is to ensure that patients in primary care have both their medical and behavioral-emotional conditions addressed together in a coordinated fashion, which is what most patients/consumers seek. The collaborative care model is the most successful example of integrating behavioral health services into primary care. Here's what integrated care actually looks like for you, the patient:

Current Care:

Gina (Georgina) is a 54-year-old single female, non-smoker who weighs 285 lbs, and lives alone in as subsidized housing. She has been a patient at Clinic A for many years and comes in at least once a month. She wears clothes from second hand stores including poorly fitting shoes and frequently unmatched socks. Her problem list includes obesity, diabetes, high blood pressure, arthritis of the knees and hips, and depression.

Gina's primary care team has had a difficult time engaging her in care and helping her reduce her blood pressure. She has trouble walking because of her arthritis and her weight. She says that she cooks for herself in her apartment and denies having a sweet tooth. She has been offered a referral to the nutritionist, but says she knows what to eat. She claims to monitor her blood sugar at home, but seldom brings in any record of the readings. When asked what numbers she gets, she waives her hand dismissively saying, "Oh, after I eat it always goes over 200 or so."

Gina has a superficial jovial appearance and generally deflects suggestions for behavioral change with comments like, "Oh, we tried that once, but it didn't do anything." She has been on a moderate dose of an antidepressant for years, which she doesn't want to stop, and her questionnaire screen for depression is consistently over 12 (a score of 10 or more suggests a high likelihood of major depression), is hard to interpret because of her jovial affect and humorous acceptance of her symptoms. She has never followed through on referrals to psychiatry despite the care team's best efforts, stating that she doesn't have coverage, the psychiatrists are too far away, they don't know what they're doing, and she doesn't really need help.

The primary care team is concerned because her risk of a cardiac event is very high, and they are frustrated because of her poor blood sugar control and elevated blood pressure are preventing them from meeting the clinic's quality of care standards.

Collaborative Care Introduced:

Because of a change in public transportation, Georgina is forced to transfer her care to Clinic B where the doctors have integrated behavioral health care into the primary care setting using the Collaborative Care Model. The team consists of a social worker present in the clinic daily, as well as a Masters-

level therapist who is on-site several half days weekly and who works in close association with a psychiatrist who is off-site but consults by telephone.

On Gina's second visit to the new clinic, the social worker spots her during a care team meeting and encourages the physician to bring Georgina to her office after the visit, to introduce them. In the initial conversation, the social worker is able to schedule Gina to come back and spend an hour with her in the clinic the following week. During that conversation, and several others that follow over the next month, the social worker discovers that Georgina was sexually abused as an adolescent. She is able to connect Georgina to a specialized counseling resource for her in the community. The social worker also introduces Gina to the female therapist at the clinic, and Gina keeps the appointment. In that encounter, the therapist, in collaboration with a consulting psychiatrist, suggests a minor change in Gina's medications, which the primary care team makes, and sets up a series of behavioral therapy sessions that focus on her depression.

The primary care team continues to work with Gina on her diabetes management, cardiac risk factors, and depression, while the behavioral health team provides talk therapy interventions. All members of the integrated care team are able to view each other's documentation in the electronic health records. Over the course of the next year, Gina's engagement in managing her diabetes gradually improves. Her blood pressure, which had been consistently over 140/90, starts to come down closer to the target of 130/80. She begins walking daily, and starts losing weight. The care team notices that the depression questionnaire screen scores begin to come down slowly

Conclusion:

Gina's untreated depression and her underlying post-traumatic condition resulting from child sexual abuse were barriers to the care team's effort to engage her in behavioral essential for the effective management of diabetes. Her health was not improving and much of the care team's effort was unproductive. The behavioral health team's intervention reduced that barrier, and allowed Gina's care team's efforts, along with hers, to have their intended outcome.

This is the kind of collaborative physical-behavioral care we should all be receiving in primary care. If you are not, TELL your doctor you would like to see him/her begin collaborative care as soon as possible. To make integrated care a reality, doctors need to hear from their patients!

—November 2014

Source: *Safety Net Medical Home Initiative. Ratzliff A. Organized, Evidence-Based Care Supplement: Behavioral Health Integration. Phillips KE, Holt BS, eds. Seattle, WA: Qualis Health, MacColl Center for Health Care Innovation at the Group Health Research Institute, and the University of Washington's AIMS Center; 2014.*

<http://www.safetynetmedicalhome.org/change-concepts/organized-evidence-based-care/behavioral-health>

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Proposition 47 Ends The War On Drugs And Takes A Big Step Toward Reducing Criminalization Of Mental Illnesses

Prop. 47 Consequences from Monthly Blog by Rusty Selix (California Council of Community Mental Health Agencies) - November 2014 and forwarded to affiliates by NAMI California:

The headlines after Election Day focused on the Republicans taking over majority control of the U.S. Senate. While that will undoubtedly change the debate (but not necessarily any actions in Washington DC), a very clear big impact both in California, and eventually across the U.S. will come from the overwhelming California voter approval of Proposition 47.

This is the measure that converts all drug possession crimes and theft of under \$950 from felonies to misdemeanors. It does this retroactively meaning that people with such convictions on their current records can change their records and responses in job applications to say that they have not been convicted of a felony.

This undoubtedly includes thousands of people with severe mental illnesses who have had incredible difficulty in finding employment with their criminal records being a significant factor. We should soon have the forms needed to remove the convictions from their records, but even before that happens it would be proper to answer no to a questionnaire asking about any past felony convictions if the conviction is one of those affected by the act.

In addition the measure directs the state to calculate how much this will reduce the state prison population and to direct 65% of the savings to mental health and alcohol and drug programs, 25% for education and 10% to crime victim programs. That funding will become available in about one year.

This represents a major philosophical change for state policy to think of drug addiction as a medical condition that is part of behavioral healthcare rather than criminal behavior. The fact that it passed 59% to 41% in a year in which the election turnout was decidedly more conservative than normal means that in a normal year the margin would have been even greater.

As with Proposition 63 this reflects a subject on which the voters are way ahead of the politicians. Darrell Steinberg was one of only a handful of state or federal elected officials who supported the measure which was vigorously opposed by nearly all law enforcement leaders (a few supported it).

Put all together, this means that there will be efforts to have such laws enacted through voter initiatives in many other states with the thinking already having started about where to focus efforts for 2016.

I think it will take the passage of such laws in many states before legislators come around to taking such actions on their own but I believe that, too, is just a matter of time.

This reflects a voter sentiment that rejects the so called war on drugs with criminalization of possession at the center of American policy. We have come a long way from the three strikes and increasing all criminal penalties era of the 80s and 90s.