



NAMI San Mateo County

National Alliance on Mental Illness

General Meeting



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

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

Wednesday, July 22

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

Understanding Conservatorships & Estate Planning Tools for Families with Mental Health Challenges

Don Weiher, LCSW
Conservatorships

Ellen S. Cookman Esq.
The Able Act

Don will discuss what is unique about LPS Conservatorship in SMC; how it is used and differs from other nearby Counties. Also, how to facilitate your loved one to receive involuntary treatment/conservatorship when they are not willing & who should serve as conservator?

Ellen will speak about planning tools for individuals with mental health challenges and their families, including the new ABLE savings accounts, Revocable Trusts and Special Needs Trusts & Durable Powers of Attorney and Advance Health Care Directives.

Please Mark your Calendar!



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.

We hope you enjoyed the
11th Annual Bay Area NAMIWalk!



Saturday, May 30 at Golden Gate Park

Thanks to all who walked, donated, volunteered and took part in the NAMIWalk - your participation is what mattered, and we sincerely appreciate yours! Thanks to our fabulous teams this year!: •Heart & Soul •Kathy's Hope •Mighty Neurons •Never Walk Alone •Nurses for a Better Tomorrow •SMC BHRS Help & Hope for All •Traubs Tigers and Trail Blazers

2015 Walk Sponsors to date (Thank You!):

Caminar for Mental Health
Telecare Corporation
Health Net
Sutter Health Mills-Peninsula Health Services
Macy's
NAMI San Mateo County

Samuel Merritt University
Gosho Financial Group
Anderson Yazdi Hwang
Minton+Horn
United American Bank
Afoa Insurance
Way Financial
R & D Technical

We will be taking donations until August 1st at www.namiwalksfbay.org, or mail directly to the NAMI office, noting the donation is for the NAMIWalk. Call the NAMI San Mateo County office (650-638-0800) or email nami@namisanmateo.org if you have any questions.

Thanks Again! Hope to see you again next year!



**Sign
Up
Now!**

Visit the website and check on the outstanding programs!

- Top-notch researchers and clinicians providing information and tools to advance and sustain recovery from mental illness
- People living with a mental illness and their families providing their own important perspectives on recovery
- The country's keenest minds and savviest policymakers offering strategies and tactics to effectively advocate for changing the mental health system in our nation
- Abundant networking opportunities so we can learn from each other about how we can improve the lives of all people living with mental illness and their families
- Inspiration, innovation and an exhilarating four days in this wonderful city

The fastest and easiest way is to register online.

<http://www.nami.org/Get-Involved/The-2015-NAMI-National-Convention/Registration-Information>



This issue is for two months - Check our website for updates in June and July! www.namisanmateo.org

Families for Bi-Polar Awareness Webinar

Wednesday, June 10 • 4:00 PM PT
Register at www.familyaware.org/trainings

Families for Depression Awareness is presenting a free, 1-hour “Bipolar Disorder in Adults” webinar designed for adults with bipolar disorder, their family caregivers, and the general public, the webinar covers

- How to recognize bipolar disorder
- What are treatment options
- How to help a loved one
- How to manage bipolar disorder
- How to address difficulties, such as refusal of help

Our expert presenter is Dr. Gary Sachs, Associate Clinical Professor in Psychiatry at Harvard Medical School; Founding Director of the Massachusetts General Hospital Bipolar Clinic and Research Program; and Clinical Vice President at Bracket, LLC. Dr. Sachs served as Principal Investigator of the NIMH Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD).

Watch the webinar live to submit questions to Dr. Sachs.

Those who complete the online evaluation form after the webinar will receive a free copy of our “Bipolar Disorder: Stories of Coping and Courage” brochure. Unable to attend the live broadcast? Register and we will let you know when the recorded version is available.

More information can be found at www.familyaware.org or by calling 781-890-0220.

911 Script Available on the BHRS Website

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

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.

It's Testimony Time in Sacramento

Dozens of bills impacting mental health care are moving through the California Legislature, and NAMI California is supporting many of them. Review them at <http://www.namica.org/advocacy-legislation.php?page=bill-list>

We can make a difference with your help!

Please contact Kiran@namica.org to share your story related to these pieces of legislation or for guidance writing a letter of support, or for questions regarding legislation on the list, or legislation not included that NAMI CA may be watching.

BE THE ONE in San Mateo County

Did you know one in four people have a mental health condition? Less than half are getting the help they need. Many people do not seek help for themselves or their loved ones because of the stigma surrounding mental illness and the fear that others will judge them.

The County of San Mateo Behavioral Health & Recovery Services has launched a “Be the One” campaign for Mental Health Awareness Month encouraging people across San Mateo County to pledge how they will help fight stigma surrounding mental illness.

Visit this site to see how you can participate and have a chance to win a \$25 Starbucks gift card: <http://smcbhrrsblog.org/betheonesmc/>. Sign the pledge online if you haven't already: www.smchealth.org/takethepledge. Find more ways to get involved at www.smchealth.org/stigma.

Entries must be received by May 31, 2015 in order to be automatically entered into a drawing for a \$25 Starbucks gift card!

Volunteers Needed!



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

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

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

Shopping Supports NAMI SMC

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

The **S.H.A.R.E.S. card** will donate 3% of your grocery purchases to NAMI SMC at all SAVEMART, LUCKY, SMART FOODS & FOODMAXX stores nationwide! No need to register your card. NAMI SMC has 250 pre-populated cards, directly linked to NAMI SMC! Simply swipe the S.H.A.R.E.S. card at the checkout before you pay & 3% of your total dollars spent will come back to NAMI SMC! To request a S.H.A.R.E.S. card please call our office at (650) 638-0800 or email us at education@namisanmateo.org. Tell a friend!



Remember, always start at **smile.amazon.com** and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases. Shopping is easy, and is free for both charities and customers to participate.

When you log onto smile.amazon.com please choose NAMI San Mateo County as your charitable organization; from there your shopping purchases will be linked directly to us! Tell a friend!

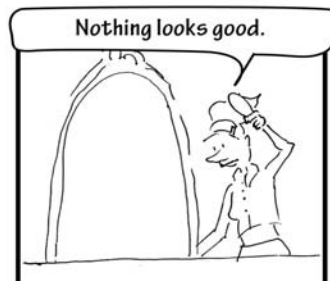
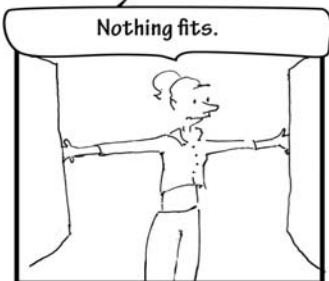
escrip is is easy, quick & secure!
Let's get started !



- Go to www.escrip.com.
- Click on "sign up"
- Follow the instructions to register your grocery cards and your existing credit/debit cards and start earning for NAMI SAN MATEO COUNTY! eScrip merchants pay it forward by contributing funds to NAMI SAN MATEO COUNTY an organization we care about! To learn more visit www.escrip.com Tell a friend!

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

Melanfolly by L Babbitt



Bringing Communities Together

NAMI California Annual Conference



**Friday and Saturday, August 21 - 22
Newport Beach**

Register Today and Save a Lot of Money With Early Bird Special Savings on Hotel and our 2015 Annual State Conference Rates! Go to <http://www.namica.org/annual-conference.php?page=register&lang=eng>. Contact Eugenia Cervantes at eugenia@namica.org or (916) 567-0167 for more information.

May SMC Board of Supervisors Meeting

Submitted by Carol Gosh, NAMI SMC Board Member

The Board of Supervisors voted at their board meeting on May 19, 2015 to delay for one month their vote on passage of Laura's Law, AB 1421. They asked Steve Kaplan, Director of BHRS, to get a more recent update on how Laura's Law is working in Orange County and clarify the provision for housing as an integral part of the program.

Supervisors were wondering if it might be less expensive and more beneficial to simply substantially increase funds to provide more treatment and services through their full-service partnership (FSP) platform, which is supposed to be equivalent to Assisted Outpatient Treatment (AOT) as required by Laura's Law.

Jerry Thompson, NAMI SMC President, addressed the Board and urged them to support Laura's Law. NAMI San Mateo would like feedback from anyone regarding their experience with the SM County providers of full-service partnership: Edgewood Center for Children, Caminar, or Telecare Corporation.

Please email nami@namisanmateo.org or call the office 650-638-0800.

For further info see: <http://www.treatmentadvocacycenter.org/storage/documents/ll-qa-2012.pdf>. Or S.F. supervisors should enact Laura's Law now at <http://www.sfgate.com/opinion/openforum/article/S-F-supervisors-should-enact-Laura-s-Law-now-2323391>.

May General Meeting Review: Prevention & Early Intervention in Psychosis

Our May 27th General Meeting presenter was Dr. Rachel Loewy, Associate Professor of Psychiatry, UCSF; Director, Prodrome Assessment, Research & Treatment (PART) Program; Executive Clinical & Research Director, PREP, Alameda. Dr. Loewy presented the latest scientific knowledge about identifying and treating psychosis in its earliest stages, including her own work on computerized cognitive training and how, with focused use during treatment – even 6 months out – the benefits were still effective. She also described early psychosis treatment resources available in San Mateo County and the Bay Area.

Dr. Loewy discussed the “2 year” window for early intervention treatment from the beginning of the development of psychosis, and the hopes to eventually expand this to “5 years.” The Prevention & Recovery in Early Psychosis (PREP) program was discussed as an innovative strengths-based treatment model for schizophrenia. San Mateo’s PREP program can be viewed at www.prepwellness.org.

Dr. Loewy was an eloquent and easy speaker to understand. Her presentation was informative and gave hope that treatment for early psychosis is very much under development and good results are achievable. Dr. Loewy’s PowerPoint presentation will shortly be available on our website at www.namisanmateo.org.

Incarcerating People with Mental Illness Helps Neither Them Nor the Public

Bill Berkowitz For Buzzflash At Truthout, May 13, 2015

The number of people with mental illness who are locked up in U.S. prisons is astounding. A Bureau of Justice Statistics report indicated that more than 700,000 prisoners in state prisons reported symptoms or a history of a mental health disorder at midyear 2005. Additionally, nearly 480,000 people with mental illnesses are incarcerated in city and county jails; nearly double the population of state mental hospitals held 50 years ago.

People with severe mental illness, including major depression, bipolar disorders and schizophrenia comprise up to 25% of local, state and federal prisoners. If prisoners with anxiety and personality disorders are included, the statistics rise to over 50%.

Prisoners, and prison authorities, are dealing with such issues as depressive disorder, manic-depression, bipolar disorder, schizophrenia, anxiety disorder, and personality disorder. {Read the full story at <http://www.truth-out.org/buzzflash/commentary/incarcerating-people-with-mental-illnesses-helps-neither-them-nor-the-public>}



In Honor of:
Terry Walker

NAMI SMC gratefully acknowledges the beautiful “Mother’s Day” gift in honor of long time activist and member Terry Walker.

NAMI San Mateo County appreciates those who send donations in *honor of or memory of individuals who have passed*. Our heartfelt gratitude, and our condolences to the families who’ve lost a loved one.

New Office Staff at NAMI-SMC

It is our pleasure to introduce two new people in our office to help take care of business. Debra Mechanic joined us a couple of months ago and is helping with general office needs. Lee Nash is our new Education Coordinator. Please join us in welcoming Debi and Lee to our NAMI-SMC family!

From: NAMI E-News <enews@nami.org>

Tell Congress to Help New Veterans Keep the Mental Health Medications They Need!

When someone is in treatment for a mental illness, it is common to go through several different trials of medication until they find the one that helps them feel better. It can take time to find a medicine that works for you. The slightest change could set someone back or even cause further illness. Now imagine if you are a service member who has found that right combination. You are feeling better and your medication is working. The way things stand now, if you decide to transition out of service and into veteran status, your medication might not transfer with you. **This is unacceptable.**

With an alarmingly high suicide rate of 22 veterans dying each day and countless others struggling, we simply cannot allow for delays in treatment, endless appeals or the risk of being switched away from a proven effective medication for serious conditions such as depression, anxiety or psychosis.

Our veterans deserve better. Write a letter to your congressman, ask them to co-sponsor H.R. 2123 the Enhancing Veterans Access to Treatment Act. Tell them it is not ok to take away a medication that works for a service member simply because they transitioned out of service.

Email: <http://cqrcengage.com/nami/app/write-a-letter?1&engagementId=100693&ep=AAAAC2Flc0NpcGhlcjAxbaNEygyTCIZB1bMDwm5M-vhuO1ayKcYo4iBbTeTArml2LES-g6zBVhl01knOAIx069HH9Y8E0F28xThYSzl23wDYaulMxr2Pjm5wJSCrV7g&lp=0>

Thank you for advocating for passage of this important bill!

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

<ul style="list-style-type: none"> • 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 & Young Adults (ages 6 – 26), 2ND Mondays, 7-8:30pm. NAMI SMC, 1650 Borel Pl, Ste 130, San Mateo, 638-0800. Kristy Manuel and Ginny Traub, facilitators. • Dual Diagnosis Group for Consumers, Mondays, 2:30pm. The Source, 500 A Second Ave., San Mateo. Info: 650-343-8760 	MONDAY
<ul style="list-style-type: none"> • NAMI Spanish-Speaking Support Group for family members. 2ND Tuesdays, 6-7:30pm. South County BHRS, 802 Brewster Ave, Redwood City. Contact Claudia Saggese at 573-2189. • 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, San Mateo. 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. 	TUESDAY
<ul style="list-style-type: none"> • NAMI Stanford for family & friends. 2nd Wednesdays, 7:00 -8:30pm. 401 Quarry Road #1206, Stanford. Dept. of Psychiatry & Behavioral Sciences (parking is between Vineyard & Quarry). Info: 650-862-2886 or pamelapolos@comcast.net • 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
<ul style="list-style-type: none"> • Asian-Language Family Support Groups Last Thursday, 6-7:30 pm, Cantonese/Mandarin. 1950 Alameda de las Pulgas, San Mateo. 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. • Body Image & Eating Disorders, Thursdays, 6:30-8pm, 1225 Crane St, Ste 205, Menlo Park. Open to family and friends. <i>RSVP required:</i> emlycaruthersmft@gmail.com. More info: 408-356-1212 or e-mail: info@edrcsv.org. • 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
<ul style="list-style-type: none"> • NAMI Connection - Consumer Recovery Support Group: June: No meeting; July: call NAMI SMC 650-638-0800 • 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

Cluttering & Hoarding Support Groups, Workshops, and Private Consultations - Groups/programs change, contact Emily Farber, MSW, 650-289-5417, efarber@avenidas.org

Psychiatric Grand Rounds Programs

Open to the Public

Mills-Peninsula Health Services

Hendrickson Auditorium, Ground Floor
100 South San Mateo Drive, San Mateo / 650-696-5813
12:15 – 1:45pm **BRING LUNCH**

- Jun 2 Inadvertent Patient Abandonment And Suicide
- Jun 23 Creativity And Mental Illness: Modern Perspectives On The Mad Genius Myth

Silicon Valley Community Foundation - Room 114

1300 South El Camino Real, San Mateo
12:15 – 1:30 P.M.

- Jun 9 Managing Media: Reflections On Video Game Usage From A Therapeutic Perspective

Peninsula Veterans Affairs Center

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

BHRS Family Contacts

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

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.
- **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.

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.

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

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.

Bills to Help People with Mental Illness in California Pass Mental Health Committee

(April 14, 2015) Several California bills proposed by Assemblymembers Eggman, Waldron and Brown passed the mental health committee today and go to other committees. The first two improve Laura's Law, California's Assisted Outpatient Treatment (AOT) program. It allows courts to order noncompliant persons with mental illness who have already become violent or needlessly hospitalized as a result of going off treatment, to stay in six months of mandated and monitored treatment while they live in the community. It's been very successful in counties and states that use it. The following summaries are based on bills before they were amended by the committees, so this may not be entirely accurate. Check the actual bills.

- AB1193 (Eggman) eliminates the requirement that counties vote to implement Laura's Law and eliminates the requirement that counties certify that voluntary programs are not being cut. Counties that don't want Laura's Law have to vote not to have it, rather than to have it as before. It also allows superior court judges to request a Laura's Law petition be filed for individuals who come before the court. It extends Laura's Law until 2022.
- AB 59 (Waldron) supposedly complements AB 1193. I believe it removes the sunset (whereas AB 1193 moved it until 2022, but maybe that was one of the provisions removed during the meeting.) It also removes the requirement that counties certify that no voluntary programs are cut before implementing Laura's Law. That certification requirement basically required counties to maintain failed programs before they could implement Laura's Law. The bill originally would have authorized the court to order a person to obtain assisted outpatient treatment for up to 12 months, rather than 6 months as is now the case. But that provision was removed at last minute. It allows hospitals to petition for AOT for people who are involuntarily committed to inpatient care (5150) and who are being released. That is a good idea as there are people who are involuntarily committed who could leave the hospital if Laura's Law was available to them.

Two other bills, not related to Laura's Law, but that help the seriously ill also passed the mental health committee and move to other committees.

- AB1194 (Eggman) allows courts to consider past history when deciding when to 5150 (involuntarily commit) someone. Past history is best predictor of future behavior (i.e., someone who went off meds in past, and became violent is more likely to become violent again if they again go off meds). AB1194 now goes to appropriations.
- AB 1237 (Brown) passed mental health committee and goes to next committee. It requires state hospital system to create pool of psychiatrists to evaluate people who are found mentally incompetent to stand trial or who has been found to be insane at the time he or she committed the crime.

<http://mentalillnesspolicy.org/states/california/bill2makelauraslawpermanent.html>

MHSARC Meetings - open to the public

Wednesday, June 3 & July 1 • 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, June 2 and July 7 • 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>.

Study on Adolescent Sleep Patterns

The Department of Psychiatry and Behavioral Sciences at Stanford is beginning a Stanford Daily REST Study

The study aims to investigate how sleep patterns might influence mood in adolescents with and without bipolar disorder. Understanding the role of sleep in adolescents with bipolar disorder could aid in early detection of the illness, and in the development of new treatments to improve quality of life of affected youth.

Interested parents and adolescents must first complete a brief phone interview with our staff. The interview will be with one of our trained staff members and will help determine whether the adolescent might be a good fit for the study. If it looks like the adolescent would be a good fit for the study, we invite both the parent and the adolescent to our lab to complete in-person interviews and questionnaires (3-4 hours). This visit finalizes the adolescent's eligibility. If eligible, the adolescent's sleep is assessed at home. He/she will also be asked to fill out three daily online diaries (3-5 minutes each) using his/her cell phone and to wear a wristwatch that measures movement for 3 weeks to help us better understand mood and sleep in daily life. We will compensate up to \$215 for completing all parts of the study.

For additional information call (650) 736-2689 or email dailyrest@stanford.edu.

•••••
• **Social Security Issues?** •
• Call Joe Hennen at Vocation Rehab Services: 650-802-6578 •
•••••

Please Become a Member of NAMI San Mateo County

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

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

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!

Families for Depression Awareness Webinar

June 10 - see page 2

NAMI National Convention in San Francisco!

July 6-9 - see page 1

General Meeting

July 22 - see page 1

Bringing Communities Together

NAMI California Annual Conference

August 21-22 - see page 1

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

Board of Directors

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Uncoordinated Care: A Patchwork Of Help Resulted In Suicide Attempt

By Mary Ellen Collins

SF Chronicle Op Ed articles in relation to the May 17 article titled: Serving the Next Generation. SFGATE.com.

Why did my son attempt suicide? Why would I give him psychotropic medications? Why do medical providers and social workers use words I couldn't hope to understand?

The professionals who talked to me about my son offered no translation or answers to these questions. I struggled and slowly learned. I was the active, involved parent that everyone says can make the difference.

When he was still very young, I noticed that my happy, outgoing son would move unsteadily, transformed with rage at some unknown thing. My heart ached when he asked me to make "it" stop. I had no idea what "it" was. But "it" got worse.

His kindergarten teacher urged me not to have more children. She said my son would take everything I had. Her words were prophetic.

As my son grew older, his rages got worse. Diagnoses kept changing. I'm not sure there was one medication we didn't try. God forgive me.

But "it" continued raging within my son. He bounced from school to school. Each offered more intense staffing. And still he was sent home so often — sometimes with a police escort — that I could not work.

Over the years, my son attended 14 schools. Twice he was placed in residential care. There were few explanations and almost no hope.

He grew up feeling he was a "bad kid." He didn't understand mental disorders, nor did he want to. He was arrested repeatedly while a juvenile. The mental health department did not initially share information with juvenile justice. The judge was left guessing why my son was acting out. I wrote letters and copied documents so sentencing could be more appropriate. The district attorney told me he was concerned my son would become a "monster."

There were many hospitalizations, some abusive. There were medications administered without my consent. He lost two teeth, was molested, and tattooed by an older kid. Eventually, he attempted suicide while in juvenile hall. I wondered: Who are these systems are designed for?

I wrote, I advocated, I prayed. And I eventually understood there was no quick fix. No magic bullet to my son's serious illness. But I also learned that whatever successes my son had only came when everyone that touched him sat down together to decide what he needed. Otherwise, each agency marched to its own drum and supports were neither comprehensive, nor fully informed.

In the 20 years since, I've dedicated myself to advocacy on behalf of children and families who need more help than they are getting. I've sat on dozens of boards and committees, including my own nonprofit. And I've seen progress. Some counties have impactful programs with positive results. Some include effective

interagency teams that come together to meet the needs of individual children, and confer on policy. But we have a long way to go. We have to dedicate ourselves to trying new approaches, expanding effective programs, and making sure that elected officials create laws that prioritize social, emotional and behavioral health.

There are thousands of kids like my son out there. Without the help they need, we will only have more suffering.

Mary Ellen Collins of Camarillo (Ventura County) is a trainer and consultant on mental health first aid. She is the former executive director of United Parents, a nonprofit that serves children with mental, emotional and behavioral challenges. To comment, submit your letter to the editor at www.sfgate.com/submissions.

California Youth: Trouble in mind

By Ron Powell

Collaboration: Agencies must work together to alter a life path

Gang membership, school dropout, juvenile delinquency and substance abuse are highly correlated with the chronic mental health disorders that affect 1 in every 5 children under the age of 17.

Because few community resources exist for early diagnosis and treatment, however, only 1 in 10 will ever receive the mental health treatment they need.

Certainly, public agencies face formidable barriers to change this life trajectory. But if communities can find a way to coordinate services to meet the mental health needs of children, then there is hope that early intervention will make a difference.

Fortunately for Mary, the mother of one of these children, models of agency collaboration already exist in some counties.

"Alan has a behavior," Mary began. "He hits himself and he hits other children. Instead of him trying to use his words, he would attack you."

For the past three years, Mary has retold the story. Like many young mothers, Mary had not noticed anything unusual about her baby's development. Somewhere around age 2, however, language development stopped and he became increasingly aggressive, especially toward his mother. Anxious for help, Mary started with her pediatrician and followed the path of referrals from one agency to another.

The journey was frustrating. At each encounter, the agencies offered a diagnosis and suggested interventions. But they did not talk to one another, and no one suggested that they should.

While everyone wanted to help, interventions were piecemeal and disjointed. Hope soon turned to frustration. After nearly two years, progress stayed minimal and the professional flow of new ideas ran dry. As the severity of the tantrums, screaming and aggression escalated, the likelihood that Alan would improve and not deteriorate further became increasingly remote, and Mary pessimistically awaited the outcome of one final referral.

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Mary's experience is not uncommon. Left to navigate a system of multiple service agencies, each with differing eligibility, funding, licensing and accountability standards, families must oftentimes accept services that lack the coordination necessary to address the complex needs of their children.

While collaboration within professions is common, collaboration across professions is rare. As a result, each agency interprets the needs of the child from their own perspective.

But this time, Mary's experience was different. Alan was referred to an inter-agency collaborative clinic where everyone was focused on his unique strengths and needs. As professionals with medical, psychological, educational and mental health expertise talked together, a new pattern of coordinated and intensive services was proposed.

The results were dramatic. At 4½, Alan went from functioning at a 14-month level to age-appropriate levels in expressive and receptive language, behavior and school readiness.

"Like I said before," Mary said and smiled, "he's wonderful! He's amazing! Family and friends are noticing a change and asking, 'Did you put him on drugs?'"

While Alan's progress is exceptional, it is not an outlier in a program with a decade of coordinated care. There have been many stories of child outcomes that are equally impressive. Each changed trajectory has been made possible because public agencies chose to work together for the good of the children and their families.

Alan's story holds out hope that other counties will choose the same.

Ronald Powell, Ph.D., is the former director of special education in San Bernardino County. To comment, submit your letter to the editor at www.sfgate.com/submissions.

'I am the problem': Mental health veteran offers a new strategy

By Richard Saletta

After 40 years dedicated to developing, implementing and promoting comprehensive integrated mental health services for children suffering from emotional, behavioral, social and academic problems, I'm sad to say, "I am the problem."

It's hard to hear stories from parents who have struggled at the hands of "the system" — be it educational, mental health/behavioral health, child welfare or juvenile justice — knowing that the outcomes they decry are nearly inevitable.

Their all-too-common stories of children struggling in school, experiencing crisis, landing in juvenile hall, committing crimes, ending up in jail, and not receiving the social, emotional or behavioral supports they need along the road, paint a picture of fragmentation and misplaced priorities; where individual agencies focus on narrowly defined responsibilities within written and unwritten rules that create an impenetrable maze for families who need help the most. Ultimately, it ends up being the parents' responsibility to try to make the system work for their child, whether they're

prepared or not. Given the complexity, most people could never be prepared.

This cycle of failure must be broken.

So why am I the problem? Because we allow these injustices to continue. We've been swimming against the current for so long we have come to accept that our systems ultimately will fail. Yet, we rarely stop and ask why. We enable a disjointed set of systems, which erodes the will, skill and wisdom we need to change things, instead of fixing it.

So why now, late in my career, do I so publicly address these issues? Because I remain optimistic that I/we don't have to continue to be the problem.

First, we must begin to think about the family and community as the true system of support for children, and prioritize school-based and community programs that support them.

Second, we must create new models of state and local accountability and quality assurance across systems that measure success through improved academic, social, emotional, behavioral and juvenile justice outcomes for children.

Third, we must align our processes around these values so that federal, state and local law and regulation institutionalize solutions rather than further complicate problems.

Some answers are beginning to arise. County systems are starting to coordinate across departments and settings. School and community-based health centers across agencies are emerging.

Each of these strategies has a common foundation: a commitment to being held accountable for improved outcomes; and collaboration across systems.

I believe it is possible to set a new course. However, we all have a role to play. We must realize the children of California are all "our children" and support a community of champions and heroes who will accept nothing less than success.

Richard Saletta is a licensed clinical social worker and marriage and family therapist; a past federal court special master who oversaw statewide class-action mental health and foster care lawsuits; a retired chief and co-developer of Placer County's integrated system of care. To comment, submit your letter to the editor at www.sfgate.com/submissions.

One child at a time: We must deal with trauma, not just behavior

By Rebecca Ross

A 13-year-old boy is found intoxicated, lying on the road, denying that he is suicidal but trying to goad the cops into shooting him. He is briefly held in a psychiatric hospital, then transferred to juvenile hall, where I first met him. I am his attorney.

His mother was given a phone number to call to arrange further health services, but never made that call because she knew he would just be put on a waiting list and she had no way to get him to a therapist anyway. She struggles with her own depression and alcohol abuse, was a victim of domestic violence, and simply can't manage the fight. The boy, her son, identified by every elementary school as needing special education to address his anger and behavior problems, was the subject of numerous referrals to child protective services but to date has received no

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mental health treatment.

Those of us who represent children in the delinquency system meet children like him every day. We walk into their lives in a moment of crisis, read a report documenting a long history of referrals to child protective services that resulted in zero intervention and repeated instances of acting out at school that were met with consequences or behavior plans but no therapy. All I can see when I read those reports are the many missed opportunities to intervene. I wish I could say that by the time these young people get to the point of hospitalization or juvenile justice involvement, they finally had begun getting the help they need, but too often I've seen those encounters simply further traumatize them. Interventions tend to focus on behavior and how to change it, but fail to recognize or treat the underlying pain and suffering.

How can children who have been exposed to such trauma, suffering and stress not have received the critical psychological services to help them cope, especially when they were identified by schools and social services at such a young age? Why did they receive interventions aimed at their behaviors but not at their trauma? How did caring, compassionate and well-meaning teachers, social workers and pediatricians not ensure that these children receive the treatment and intervention they'd demand for their own kids? Why is the suffering, anguish and trauma of students seen as separate from their education, physical health and basic safety in the home? The answer is unclear, but the path forward couldn't be clearer.

Science and experience have underscored the corrosive impact of trauma on learning and development, and linked early trauma to negative lifelong consequences. And we've got programs that work — school-based health clinics that connect youth to services at the first sign of trouble; social, emotional and behavioral supports built right into the classroom — to name just a couple. But too often they only serve a fraction of the kids in need.

It feels like, for all we know, these issues are only of interest to those of us whose job it is to try to solve them, one child a time. But I believe if more people listen, learn and stand up for these children at an earlier age, we'd spend less time dealing with the lifelong, societal consequences of missed opportunities.

Rebecca Ross is an attorney who represents children in delinquency and child welfare cases and serves on numerous commissions advocating state-wide reform of the juvenile justice system. To comment, submit your letter to the editor at www.sfgate.com/submissions.

New priority: Emotional stability as important as students' studies

By Elizabeth Estes

As a hostage survivor, PTSD patient, and 20-year attorney in the systems that serve California children, I had seen enough. I had watched too many families struggle to access mental health services only to be left to watch their children fall apart — ending up deteriorating, incarcerated or worse.

When I think about these situations, the same anxiety I felt as

a hostage wells up. I find myself back in September 1990, when my sister and I were taken hostage in Henry's Bar in Berkeley by a paranoid schizophrenic. I remember the people who were injured, our hostage-taker, and the authorities desperately trying to get us out. And I remember my own PTSD.

So, almost exactly one year ago, I penned a desperate plea to whoever would listen (Open Forum: "If there were political will, there'd be a way," San Francisco Chronicle, May 27, 2014).

That's when I realized I couldn't continue to just watch as we put the social, emotional and behavioral health of our children on the back burner — and then act surprised when terrible things happened.

In the days after my Open Forum piece was published, people started asking: "What can we do? How can we fix this?" Many were shocked by how I had exposed my inner fears; and others said the sharing would allow them to do the same.

People responsible to children — be they parents, therapists, teachers, counselors, social workers or advocates know: We simply do not make a priority of effectively addressing the social, emotional and behavioral health of our children and their families. We pay the price.

What surprises me most is it is a price we don't have to pay. We choose it.

We choose it by allowing disconnected systems attempt to serve the underlying social, emotional and behavioral needs for our children. We choose it by not recognizing that social, emotional and behavioral health are just as important as reading, writing or math. We choose it by encouraging people to bury their struggles of the mind, rather than acknowledging them. We choose it by saying we have mental health parity, when we know we don't. We choose it by accepting a reality where fewer than 1 in 10 California children access the mental health services they need. We choose it in not allocating the necessary resources to fix things.

But the past year has taught me there is hope.

I have spent my past year with veterans of these agencies, all dedicated to breaking the barriers to improved social, emotional and behavioral health

— and I am humbled by their commitment and tirelessness.

There is a tremendous amount of work to be done, but there is no reason we can't get it done if we prioritize social, emotional and behavioral health and build sustainable, effective, school-based and community programs that address these needs for all of our children, at all ages, and all stages.

If these stories speak to you, or someone you love, please spread the word. Please support efforts and programs that seek to put first the social, emotional and behavioral well-being of our children. Please choose health.

We can't change anything if we don't change that.

Elizabeth Estes is a mother, education attorney, and the founder of Breaking Barriers, a statewide initiative aimed at breaking down systemic barriers to social, emotional and behavioral health for California's children. To comment, submit your letter to the editor at www.sfgate.com/submissions.

Special thanks to NAMI member Carol Lamont for sending articles.