

# The Alliance Advocate

NAMI San Diego--San Diego's Voice on Mental Illness

Formerly San Diego Alliance for the Mentally Ill

Fall Edition - September 2001

Volume V, Issue 9

## How PERT Can Help

When a person's condition constitutes a "danger to self" (suicidal) or a "danger to others," one should call 911 or the local law enforcement number. When 911 is called, the nearest law enforcement unit will usually respond. That unit will assess the situation and request PERT. Family members may also request PERT, when the dispatcher is first called or when officers arrive. If PERT is available, it will be dispatched to the scene.

The Psychiatric Emergency Response Team (PERT) program is a collaboration of law enforcement and mental health agencies to effect appropriate response by law enforcement to people with mental illnesses, usually during crisis situations.

Each PERT team is comprised of a clinician and a uniformed law enforcement partner. The team travels in a marked law enforcement vehicle. All clinicians are licensed; they may be psychologists, psychiatric R.N.s or L.V.N.s, Marriage & Family Therapists, or clinical social workers. Clinicians are bound, as is law enforcement, by California Welfare & Institution Codes. Only those who, due to a mental disorder, are a "Danger to Self, Danger to Others or Gravely Disabled (unable to provide for or utilize food, clothing, or shelter) may be transported involuntarily for a psychiatric evaluation. Clinicians can also use information from reliable third parties in determining whether a person meets these (W&I 5150) criteria. Individuals

*(Continued on page 7)*

## Education & Advocacy Meeting

Thursday, September 6, 2001  
6:30 – 8:30 p.m.

### How to Get the Most Out of an Inpatient Stay

Dr. Eric Raimo will give a presentation for people with mental illnesses and their families and friends from the point of view of a psychiatrist that understands the need for consumer, client and family, participation in treatment planning and knows what, why, and how the hospital staff is working to help. As he states on his web site, "I place an emphasis on patient education because I think patients feel the best when they are educated about their illness, and take an active role in their care".

**Eric Raimo, M.D.** is in Private Practice. He was recently Director of Emergency Psychiatric Services at Grossmont Hospital AS well as Director of Assessments at API Alvarado. <http://raimomd.salu.net/>

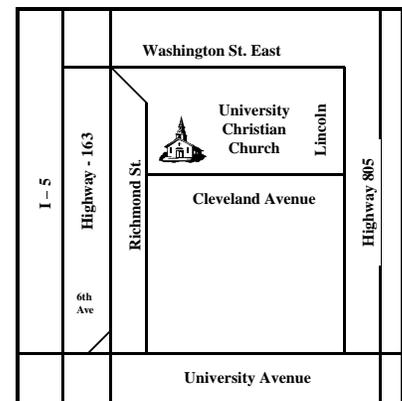
The schedule for the upcoming months' meetings:

**October:** Dr. James Lohr, UCSD, research on Bipolar and Schizophrenia using MRI and more.

**November:** Dr. Dan Kripke, UCSD, research on bright light therapy to alleviate depression.

**December:** Assistant Police Chief Bill Mahue, San Diego Police Department's liaison to the mental health community

**The monthly meeting is open to anyone interested in learning about mental illness. The meetings are held on the first Thursday of the month at**  
**University Christian Church,**  
**Friendship Hall,**  
**3900 Cleveland Avenue**  
**San Diego, California**  
**(see map)**



**Additional AMI meetings in the San Diego County area are listed on Page 5**

## July and August-at-a-Glance

Bettie Reinhardt, Executive Director

Our early experiences can set us up for unfulfilled expectations. Take, for instance, a long, lazy summer. The Oklahoma farm I grew up on seemed to have lots of those summers (for me, not for my farmer father or my farmer's wife mother). More than midway through my life, I still have visions of daily hammock tours when I think of summer. This summer, for NAMI San Diego, has been the very antithesis of my old expectations.

We have attended the NAMI National Conference in force, attended a national Advocacy Conference, planned for the NAMI California Conference, worked hard on the Meeting of the Minds conference sponsored by Mental Health Association, begun work on next year's events: Employer Education, Fun Walk/Resource Fair, and Consumer Conference, opened escrow on a property to house NAMI, implemented a drive to fund consumer peer education, developed support for education for families and caregivers of children and adolescents, worked on a federal Community Action Grant to help us take family education into the Latino community, trained new staff, investigated mental health courts, worked on integrating dual diagnosis services, and continued the day to day work of improving the quality of life of all affected by the serious mental illnesses.

### **Celebrate Mental Health! 2002**

The Employers' Breakfast event of the last two years is being nurtured into multiple mini events that can reach more employers. The purpose of the Employer Education is to facilitate more job openings and workplace support for people with mental illnesses by educating employers about the benefits and means of accessing this great job candidate pool.

The NAMI fundraising committee is forming the core of the group planning the next Fun Walk. Look for lots of Fun associated with next spring's walk. Not to be outdone, the committee planning the Resource Fair that is held in

conjunction with the Fun Walk, is creating excitement on its own.

### **Board News**

the Board actively discussed actions to purchase a building to house NAMI San Diego.

The Board meeting schedule: meetings from 5:30 p.m. to 7 p.m., third Wednesday in August, third Tuesday in September, October, and November, and no meeting in December. The Board meets in Suite 314 in our office building. Meetings are always open.

### **Family-to-Family Education Program**

The next class scheduled for September 10 – November 26, County Health Complex, Rosecrans Street, 6:30 – 9 p.m is full and has a long waiting list. Teachers will meet in September and announce future classes in the October newsletter.

### **Schizophrenia: Education for Families and Caregivers**

The next class is September 26 at the Health Services Complex on Rosecrans. Please preregister by calling the Albright Center.

### **Advocacy Works**

We are working on presenting this class again, we hope regularly. We need to know that you are interested in this one-day workshop that provides a tool box of skills families can use in their own advocacy. Please call us.

### **Living with Schizophrenia & Other Mental Illnesses**

Call Chuck Sosebee at 619.275-7165 to schedule a presentation to your group.

### **To Register for Classes**

Call the Albright Center at 800.523.5933 or 619.543.1434 to sign up for any class or workshop described above. All of the classes are provided at no charge.

**Our objective this year: do more of what NAMI does well – better, and in more places.**

*To register your opinion on any of these issues, call Bettie*

### A HOME OF OUR OWN

What the Board is considering: With the help of Dave Spierman from the July Education and Advocacy meeting panel, a property has been located at 4476 – 4480 30<sup>th</sup> Street that appears to meet NAMI San Diego's needs. It is comprised of two commercial buildings with off-street parking for each building in a mixed use area just south of Adams Avenue. The front building that NAMI would inhabit has 2500 square feet, more than twice the current leased space on Cudahy Place. That means that all service programs and many meetings and trainings could be held on site.

Such a big step towards the stability of NAMI San Diego was made possible by a bequest from the Dupuy Family Trust. Details of the purchase will be published if and when escrow closes. Until then, call Bettie Reinhardt or any Board member for mortgage, payoff, and other information.

If you decide to look the building over yourself, take the Adams Avenue exit off I-805, go west one block and turn south on 30<sup>th</sup> Street. The building is on the west side of the street. The number 2 bus stops in front of the building. (Do not bother the current

## The Alliance Advocate

NAMI San Diego is a nonprofit organization that provides self-help advocacy, education, services, and support for consumers, families, and friends of people with severe mental illnesses and is dedicated to eradication of those mental illnesses and to improvement of quality of life of those affected by these diseases.

NAMI San Diego is an affiliate of  
NAMI and NAMI California

### Board of Directors:

President - Marjorie Joramo  
Vice-President - Karen Gurneck  
Treasurer - Carol Venable, Ph.D.  
Secretary - Dorothy Shelton, Esq.

### Directors at Large

Deborah Conklin  
Paul Cumming  
Paul DeMartini  
Margaret England  
Hugh Pates, Ph.D.  
Mary Truman  
Judy Wasik, M.S.  
Stephanie Watson, M.S., C.R.C.

### Medical Advisory Board

Neal Swerdlow, M.D., Ph.D., Chair  
Alan Abrams, M.D., J.D., FCLM  
Kristin Cadenhead, M.D.  
Gabrielle Cerda, M.D.  
Dan Sewell, M.D.

### Executive Director

Bettie Reinhardt  
exudir@namisandiego.org

### Education & Development Director

Sylvia Padilla

### Consumer Education & Outreach Coordinator

"Chuck" Sosebee

The Alliance Advocate is a monthly publication of NAMI San Diego,  
1094 Cudahy Place, Suite 120  
San Diego, CA 92110-3932

### Mailing Address:

P.O. Box 710761  
San Diego, CA 92171-0761  
Phone: (619) 294-9941 or  
800 523-5933

Fax: (619) 294-9598 or  
(619) 543-1498

TTY: (619) 275-7164

E-mail: sdami@adnc.com

Web Site: www.namisandiego.org

### The Alliance Advocate Editor:

Pete Truman  
E-mail: sdami@adnc.com  
Fax: (619) 294-9598

Submission of articles must be received by the 15th of the month for consideration for publication in the following month's newsletter.

*The opinions expressed in the newsletter do not necessarily reflect those of NAMI San Diego.*

## A Message From NAMI San Diego's President

### Who is a consumer?

One of my goals is for NAMI San Diego to be more inclusive.

I had an interesting exchange with a person attending a recent education meeting. I asked her if she is a consumer. She said that she takes medication but doesn't think of herself as a "consumer." I don't know much about her except that she came to the meeting with a friend and that she is a "normal" contributing member of the community. I do know that we want to include people like her as members of NAMI San Diego.

Just who do we want to include as consumer members? What do you think about some of the people listed below? Are they consumers?

One who has not had a major break for 5 years but takes medication.

One who works as an unpaid volunteer and takes medication.

One who suffered clinical depression 25 years ago but has learned to use medication, and adjust his lifestyle as needed to control symptoms.

One who has never been treated but lives a homeless shadow life on city streets.

One who maintains a regular job and takes medication.

One who has learned to manage her illness with nutrition, exercise, and general healthy living and does not take medication.

We are somewhat limited in what we can call a person with a major brain disease within NAMI because we need to use the same terms as the national and state organization, which seem to be client or consumer. I am sure that we have some members who fall into the above categories who do not disclose that they have brain diseases, and that is fine. I only hope that we will be able to add activities and programs that will benefit each member's quality of life and also enable us all to give back to society.

I think that all of the persons listed above could benefit from the Peer to Peer program! I would personally like to have lots of consumers who are out in the working world take and/or teach this series.

---

From

**Drug Benefit Trends®**

**Behavioral Health Matters**

**The Next 10 Years in Behavioral Health Service Delivery**

**Jay M. Pomerantz, MD**

[Drug Benefit Trends 13(7): 26,40, 2001. © 2001 Cliggott Publishing Co., Division of SCP/Cliggott Communications, Inc.]

Since I am a privately practicing psychiatrist, codirector of behavioral health for a local HMO, and clinical researcher, my predictions for the future of behavioral health may be of interest. My comments, like those of all prognosticators, may or

*(Continued on page 9)*

## Peer to Peer Appeal Report

As of August 13 we have received  
**\$5,269 from 31 donors toward  
our goal of \$20,000 .**

Thank you so much to each of you who has donated. We received gifts ranging from \$5 to \$2,000. Each one of these gifts will have a part in launching this program of hope for our consumers.

We plan to proceed with the program. The amount we have now is enough to pay for the training of "mentors." We hope to do this in November. Most of the other funds we still need will be used during the next two years to pay a stipend to the three consumer "mentors" for each series of classes.

If you aren't among those who have given to launch Peer-to-Peer, now is the time to become part of this exciting program

**DON'T LET THIS  
OPPORTUNITY  
GET AWAY FROM YOU**

### DEPRESSION AND MANIC DEPRESSION SCREENING

Screenings for adults, older adults, children and adolescents. Thursday October 11 2001, various times and locations.

Call National Depression Screening Day Site Locator at 1-800 520-6373

### Contributions through United Way

NAMI's code for United Way/CHAD contributions is **6470**

## Legislative Update, September 2001

by Caroline Hamlin

### State

LPS Reform Bills:

AB 1421, Assisted Outpatient Demonstration Project, which would bring treatment to high risk individuals suffering from severe mental illness who have a history of repeated hospitalizations, homelessness, and incarcerations, is on hold in the Senate until the next session begins in January. Why did this happen again? The funding for the proper enactment of this bill, which includes the PACT model, was pulled when it reached the Senate budget committee. More likely than not, it had to do with the uncertainty of the state's budget surplus owing to the energy crisis. Assemblywoman Thomson made the decision that it was in our best interest to hold off until next year's budget. In January we will take up our campaign to get this bill passed.

AB 1424 is a bill of particular interest to us as it gives families a greater voice in commitment hearings. The bill, as you may recall will do the following:

1. Require that the historical course of the person's mental illness be considered when it has direct bearing on the determination of whether that person is a danger to self/others or gravely disabled.
2. Require that relevant evidence in available medical records or presented by family members, treatment providers, or anyone designated by the patient be considered in determining the historical course.
3. Require that facilities make every reasonable efforts to make information provided by the family available to the court.
4. Require that the person authorized to take the person into emergency "5150" custody consider information provided by the family or treating professional regarding historical course when deciding whether or not there is probable cause for hospitalization

Hopefully, by the time you receive this newsletter, the bill will have safely completed its route through the senate committees and be on its way to the Senate floor and then, finally, on for the governor's signature.

**CONTACT YOUR STATE SENATORS AND ASK THEM TO SUPPORT AB 1424**

39th. District, Deirdre Albert, 1557 Columbia St. San Diego, 92101; Ph. 619 645 3090, Fax 619 645 3090, e-mail: senator.alpert@sen.ca.gov

40th. District, Steve Peace, 7877 Parkway Dr., La Mesa , 91942; Ph. 619 463 0243, Fax 619 463 0246, e-mail: senator.peace@sen.ca.gov

Governor Gray Davis, State Capitol Building, Sacramento, CA 95814; Ph. 916 445 2841, Fax 916 445 4633, e-mail: [www.governor.ca.gov/state/govsite/gov\\_homepage.jsp](http://www.governor.ca.gov/state/govsite/gov_homepage.jsp)

### National

*(Continued on page 7)*

# Schedule of Meetings

**NAMI SAN DIEGO**  
**University Christian Church**  
3900 Cleveland Ave., San Diego  
Call (619) 543-1434 or  
1-800-523-5933

First Thursday, Sept 6  
6:30 - 8:30

**Speaker: Eric Raimo, MD.**  
**Topic: How to Get the Most Out of  
an In-Patient Stay**

**Evening NAMI Support Group**  
Third Thursday, 6:45 p.m.  
University Christian Church, Room 104  
3900 Cleveland Ave., San Diego

**Morning NAMI Support Group**  
Third Tuesday, 10:00 - 12:00 a.m.  
University Christian Church, Chapel  
3900 Cleveland Ave., San Diego

**Sharp Mesa Vista Hospital  
Sharing and Caring**  
Fourth Thursday, 6:30 – 8:30 p.m.  
Executive Conference Room  
Sharp Mesa Vista Hospital  
7850 Vista Hill Avenue (858) 278-4110

**Sibling and Adult Children's Group**  
Second Wednesday, 7:00 - 9:00 p.m.  
Scripps Well Being Center  
Adjacent to the UTC Mall  
Call Monica Astorga at (858) 483-9370

**Clairemont Area NAMI Support  
Group**  
Second Monday, 7:00 - 8:30 p.m.  
St. David's Episcopal Church (Library)  
5050 Milton St., (619) 276-4567

**La Jolla NAMI Support Group**  
First Tuesday, 7:15 - 9:00 p.m.  
La Jolla Presbyterian Church Lounge  
7715 Draper Avenue, (858) 459-4905  
(Entrance on Kline St.)

**El Cajon (East County)**  
Second & Fourth Wednesday  
6:30–8:00 p.m.  
562 E. Main St., El Cajon,  
Call Donna Hawkins: (619) 401-5500  
or Forough, Douraghi: (619) 401-5440

**South Bay—Spanish**  
Fourth Monday, 6:00 - 8:00 p.m.  
Call Luz Fernandez (East County clinic)  
for location (619) 401-5500

**Filipino Family Support Group**  
UPAC,  
1031 25th St., Broadway & 25th

For information on date and time  
call (619) 235-4282

**NAMI NORTH INLAND  
SAN DIEGO COUNTY**  
P. O. Box 300386  
Escondido, CA 92030-0386  
(760) 745-8381

Second Tuesday, 7:00 p.m.  
Education Meeting  
Bradley Center (Kinesis North)  
474 W. Vermont Ave, Escondido  
(760) 745-8381 or 1-800-523-5933

**September 11th, At Kinesis  
7:00 - 8:30 p.m.**  
**Speaker: Dan Sapin plus an  
associate from Vista, will explain  
the Social Security system and will  
answer questions**

**Share & Care**  
First, Third, Fourth & Fifth Tuesday  
4:00 - 5:30 p.m.  
210 Park (Joslyn Senior Center), Escondido  
Call (760)745-8381

North Inland NAMI announces a **FREE 12  
week family education program for people  
who have family members suffering from  
brain disorders. Taught by trained family  
members, this course will help you further  
understand every aspect of mental illness  
including facts, feelings, brain biology,  
medications, treatment, communication,  
coping skills, advocacy and fighting the  
stigma.**

**"FAMILY TO FAMILY" classes will be held  
beginning Sept 12th on Wednesday  
evenings from 7:00 to 9:00 pm, at the First  
Methodist Church, 341 Kalmia St.,  
Escondido. Classes will fill quickly.  
To enroll or for further information, call  
Bob or Millie Borden at (760) 480-0057.**

**Alpine Special Treatment Center  
NAMI Support Group**  
Last Wednesday - 6:00 - 7:30 p.m.  
Community Room  
(619) 445-2644, ext. 20 or  
800-427-5817 (voice mail)

**El Centro Sharing and Caring**  
Contact Dr. Ng's office for  
date/time/location (760) 352-8171

**NAMI PATTON**  
c/o Patton State Hospital  
3101 E. Highland Avenue  
Patton, CA 92639  
Fax: (714) 963-9961

Third Sunday, 11:45 a.m. - 1:15 p.m.  
Administrative Meeting Room  
3101 East Highland Avenue  
Patton, CA (909)425-7000  
**NAMI NORTH COASTAL  
SAN DIEGO COUNTY**  
P. O. Box 2235  
Carlsbad, CA 92018  
(760)722-3754  
St. Michael's by the Sea Episcopal  
Church Parish Hall, 2775 Carlsbad Blvd.  
(760) 722-3754 or (800) 523-5933

**Third Wednesday, 7:00 p.m.**  
**Education Meeting followed by  
Share & Care at 8:40 p.m.**  
**Third Wednesday, Sept 19, 7:00 p.m.**  
**Speaker: Nick Macchione**  
**Deputy Director and General  
Manager of the Health and Human  
Services Agency**

**Topic: Dual Diagnosis Services  
Offered in North County.**  
**"Exploring Opportunities for Mental  
Health in North County  
"Visions of Change"**

**Share & Care**  
Fourth Tuesday - 5:00-6:30 p.m..  
North Coastal Mental Health Center  
1701 Mission Avenue #A, Oceanside  
(760) 967-4475 or (760) 722-3754

**Share and Care**  
Second Thursday at 6:00 - 7:00 p.m.  
Tri-City Medical Center, Mental Health Unit,  
4002 West Vista Way  
Oceanside (760)940-5700

**Pastoral Share & Care**  
Fourth Thursday - 7:30 p.m.  
2807 Ocean St., Apt. 301, Carlsbad  
Jane or Tim Hird, (760)435-2536  
Call first for security reasons.

**NATIONAL DEPRESSIVE &  
MANIC DEPRESSIVE  
ASSOCIATION**  
Call (800) 826-3632  
for meeting places and times.

**San Diego-La Jolla Chapter**  
Sponsored by  
**Dr. John Kelsoe, UCSD**  
Every Monday at the  
VA Hospital La Jolla,  
Room 2011 – 6:00 – 8:00 p.m.  
(858) 535-4785

## Client Corner

### SCHOLARSHIP FUNDS AVAILABLE

Mental health clients may apply to NAMI San Diego for scholarship funds for course-related expenses such as tuition, fees, books, and supplies.

To apply, call the Albright Center at (619) 543-1434 and request an application.



Applications up to \$500.00 will be considered.

The scholarships are made possible by a donation made fifteen years ago and are limited to the income from the scholarship fund.

### Living with Schizophrenia And Other Mental Illnesses

A recovery-education program presented by trained consumer presenters/facilitators to other consumers, families, friends and professionals.

It is for anyone who needs to know how people with schizophrenia and other serious mental illnesses cope with the realities of their disorder while recovering and reclaiming productive lives with meaning and dignity.

If you are interested in training as a presenter or attending a presentation, please call:



Chuck Sosebee  
Coordinator of  
Consumer Outreach & Education  
(619) 275-7165  
TTY/TDD (619) 275-7164  
Email: EducNamiSD@cs.com

### The Consumer Center for Health Education and Advocacy

If you need help getting mental health care services, please call or write us. We are ready to help you.  
1475 Sixth Ave., 4th Floor  
San Diego CA 92101  
1-877-734-3258 Toll Free

### The Meeting Place, Inc.

4034 Park Blvd., San Diego  
(619) 294-9582  
Open Monday - Saturday  
10:00 am. - 4:00 p.m. Monday to Friday  
11:00 am - 3:00 p.m. on Saturday

### Corner Clubhouse

2852 University (at Utah)  
San Diego (North Park) #7 Bus Line  
(619) 683-7423  
Open Monday - Friday  
8:00 a.m. - 4:00 p.m.

### Friend to Friend

1009 "G" Street  
San Diego  
(619) 238-2711  
Open Monday - Saturday  
10:00 a.m. - 6:00 p.m.  
A peer advocate is available  
Thursday, Friday (morning) and Saturday

### Mariposa Clubhouse

560 Greenbrier, Suite .102, Oceanside  
(760)439-6006  
Open Monday - Friday  
8:00 a.m. - 4:00 p.m.  
Open Saturday & Sunday  
10:00 a.m. - 2:00 p.m Brunch

### Friends

144 Copper Ave. Vista  
(760) 941-2153  
Open Saturdays  
1:00-4:00 p.m.

### East Corner Clubhouse

562 East Main St., El Cajon  
(between Mollison and Avocado)  
(619)401-6902  
Fax: (619)401-1751  
Open :  
Mon., Tue, Thur, Fri.: 8:00 a.m. - 2:00 p.m.  
Wednesday 8:00 a.m. - 6:30 p.m.  
Saturday - 10:00 a.m. - 2:00 p.m.

### Visions @ 5<sup>th</sup> and H

499 "H" Street, Chula Vista  
(619) 420-8603  
Open Mon., Wed., Fri., Sat.  
Noon - 7:00 p.m.  
Sun. -- Noon - 5:00 p.m.

### Employment Services

1202 Morena Blvd., Suite 201  
San Diego, (619) 276-8071

### The Access Center of San Diego

1295 University Avenue  
San Diego, (619) 293-3500

### The Creative Arts Consortium

P. O. Box 3053  
San Diego, CA 92163-3053  
Admin—Call Jane (858) 481-7069  
Art—Call Michelle (619) 589-2434  
Literature—Call Jim (619) 299-1753

### Job Options

2727 Camino del Rio South  
San Diego  
(619) 688-1784 (Valorie)  
Open Monday - Friday  
8:00 a.m. - 5:00 p.m.

### San Diego Parks and Recreation Disabled Services Program:

Ask for "The Leisure Seekers" group activities and calendar. No formal registration. Simply call ahead of event and say "I want to sign up for the event"  
(619) 525-8247

### Patient Advocacy Program

5384 Linda Vista Road, Suite 304  
(619) 543-9998 or 1-800-479-2233  
Mon. - Fri.  
8:00 a.m. - 5:00 p.m.

### The Access & Crisis Line

1-800-479-3339

24-hours a day 7 days a week

- Professional counselors
- Multi-lingual capability
- Spanish speaking

## SAN DIEGO AFFILIATE HONORED FOR OUTSTANDING IMPLEMENTATION OF NAMI PROGRAM

Washington, D.C.— Today the National Alliance for the Mentally Ill (NAMI) presented its first annual *Living with Schizophrenia and Other Mental Illnesses* Awards at the organization's 22<sup>nd</sup> annual convention. NAMI San Diego was the affiliate awarded for successfully and creatively implementing the "Living With" program. The San Diego, CA affiliate has gotten consumers centrally involved with the organization, empowered them, and then trained them to take the message of recovery out into their communities.

"Living With" is a recovery-education program given by trained consumer presenters for other consumers, family members, friends, and professional and lay audiences. A comprehensive interactive presentation including video, personal testimony, and discussion, "Living With" is specifically designed to offer insight into how people with serious mental illnesses cope with the realities of their disorders while recovering and reclaiming productive lives with meaning and dignity.

"Living With" has made the greatest difference in my life," said NAMI San Diego Program Coordinator Chuck Sosebee. "Through this program I have seen consumers have their lives changed, and have even seen some members move on to full-time employment. I know that this program has certainly changed my life."

"Living With" provides a collaborative model for consumer and family members working together to promote NAMI's messages and mission. Many states have now instituted the "Living With" program, and its success has made it one of the affiliates' most valued outreach tools. NAMI proudly salutes its San Diego affiliate as an outstanding example of implementing *Living with Schizophrenia and Other Mental Illnesses*.

"How PERT Can Help" ——— (Continued from page 1)

placed on 5150 holds are transported to a psychiatric hospital. Law enforcement policy requires that for safety reasons all individuals must be handcuffed prior to transport. A client may be transported by ambulance in circumstances such as an unstable medical condition, frailty, or being wheelchair-bound.

If the client is in need of acute treatment, does not require a locked facility, and agrees to voluntarily be transported for an evaluation, he/she may be placed in a Short Term Acute Residential Treatment (START) facility, usually called a crisis house.

PERT clinicians respond to referrals and provide consultation to families and clients. The goal is to meet the needs of the clients in the least restrictive setting appropriate to each case. Often the PERT team assesses an individual and determines that he/she does not meet the criteria for involuntary hospitalization at that time. That client may, however, meet the criteria at another time. PERT teams may see clients repeatedly over time.

PERT can be contacted for general information on how the team operates and for non-emergency referrals at the administrative office, Mondays through Fridays, from 9 a.m. to 5 p.m., at 619.276.8112. The administrative staff will forward all referral or clinical question calls to a PERT clinician. Because PERT's top priority is response to 911 radio-dispatched calls, there may be a delay before the call is returned. PERT is not available to provide ongoing therapy or case management services but will make every effort to facilitate referral to these services for individuals in need.

---

"Legislative Update" —(Continued from page 4)

Congress will return from a month long recess in early September. There are a number of very important bills they will be considering. Here are the highlights of a few that NAMI is supporting:

The Parity bill, namely the Mental Health Equitable Treatment Act, S 543, (HR 162) will put an end to health insurance discrimination against people with severe mental illness and their families.

The Family Opportunity Act, FOA, S321 (HR 600), will give middle income families the opportunity to buy into the Medicaid program (MediCal in California) program on a sliding scale.

The Mental Health Courts program at the Department of Justice, is a jail diversion program for the mentally ill. We are urging Congress to allocate full funding (10 million dollars) as part of the FRY 2002 Labor-Health and Human Services-Education Appropriations bill.

**We are in process of forming a Legislative Action E-Mail Group. If you are interested in being informed when a call to action occurs, and if your are seriously committed to participating in a legislative action group, please call the NAMI office and give us your name and e-mail address.**

## NAMI NATIONAL CONFERENCE

NAMI San Diego was well represented at the national conference in Washington, D.C. during July. It was such a busy and rich event that it is a good thing several of us attended. The most difficult activity was choosing what to attend because so much happened at once. Consequently, each of us had a different learning experience.

What follows are descriptions from two members of the gang: the best thing learned or the best experience, the most vivid

My 'Wow, I'm really doing this and it is really important that I am' experience was the legislative lobbying. It began with a briefing the afternoon of July 11 by Andrew Sperling, NAMI's deputy executive director for public policy. I was spell bound by Andrew's depth of knowledge and clarity of thinking as he described the key legislative issues until I remembered that I needed to remember what he was saying so I could convey it to a legislator. We rose early the next morning to breakfast with Senator Pete Domenici (R), New Mexico and Senator Paul Wellstone (D), Minnesota, sponsors of S543, the national insurance parity bill. Well, we didn't exactly rub knees at the same table – they spoke while a ballroom full of people ate.

But, then, we boarded buses and headed for the 'Hill'. It wasn't just a show, it was real life! A flood of NAMI members sporting big green buttons supporting S543 and NAMI name tags poured through the halls of the Senate and House office buildings. We met with Senator Feinstein and Senator Boxer's staff. We lunched in the Senate cafeteria (and looked for celebrity interns). Discovering that marble floors are hard on the feet and legs, we walked more long halls to get to our local representatives' offices. The best part: staff members did listen to us and ask good questions AND Senator Feinstein did join the S543 co-sponsor list!

I will be more knowledgeable and better prepared the next time the national conference is held in our nation's capitol but I will never be as thrilled with the awareness that I

I spent most of my time at the conference in Washington D.C. attending presentations, visiting with people from all over the country, and learning as much as possible about what our National organization has to help us do our job at the grassroots better. Bettie and I both had a chance to look at and evaluate the new NAMI database. I attended several things related to the NAMI education programs.

At Family to Family (FtF) meetings I learned that there is a great deal of variety in how the program is funded: In Indiana the local affiliate gets \$4,000 for each series of classes that is taught from their state department of mental health. In Arizona funding comes from a foundation. In Ohio Family-to-Family is recognized as a "best practice", funding comes from state department of mental health and is relatively secure. The New Hampshire state department of mental health pays for the statewide coordinator of FtF in the state NAMI office. There was lots of sharing about problems that came up and how different people coped with them. We got results of research that has been done on the program.

I went to several presentations and meetings, and visited with people involved with the Peer-to-Peer (PtP) program. I was very impressed by Kathryn Cohan-Haerry who told about how the curriculum has been developed. We received a week by week look at the program. I especially enjoyed hearing from consumers who have been presentors in PtP. Some things they said were: "blossoming," "pulled together ten years of work for me," "this program is the logical next step for people involved with the "Living with" program," "writing my own story and hearing others was significant," "life changing," "search for significance," and "working on repairing relationships with family, providers,

## NAMI CALIFORNIA CONFERENCE, — GOING MY WAY?

Are you going to the NAMI California conference? Are you thinking about going? It is not too late. Lost your registration form? We can help with that. Need a ride? Have a ride to offer? Want a roommate?

The NAMI California conference is a quick, painless way to gain a tremendous amount of up-to-date information and understanding about mental illness management and client recovery. This year's plenary speakers are outstanding: Lon Altshuler, M.D., New Treatment in Bipolar Illness; Xaviar Amador, Ph.D., author, "I am Not Sick, I Don't Need Help"; Chris Amenson, Ph.D., (author of Schizophrenia: Education for Families and Caregivers), Collaboration for Recovery; Alex Kopelowicz, M.D., Advances in the Understanding and Treatment of Schizophrenia; Michael Gitlin, M.D., Treatments for Stubborn Depression; Ramiro Guevara, consumer/provider, Against All Odds, Recovery is Possible; Stephen Mayberg, Ph.D., Director, California Dept. of Mental Health; Keith Nuechterlein, Ph.D., Predicting and Improving the Work Outcome for People with Schizophrenia; and Steven Shon, M.D. and Joe Lovelace, NAMI Texas, Texas Medication Algorithm Project.

## MENTAL HEALTH COURTS

Mental health courts are one form of court-based, “problem-solving” initiatives that seek to address the “root causes” that contribute to criminal involvement of persons in the criminal justice population. Other such courts address community issues (community courts), family violence (domestic violence courts), and drug offenders (drug courts). The U.S. Department of Justice, Bureau of Justice Assistance, states, “Mental health courts. . . represent important court-based community justice initiatives. They are strengthening the effectiveness of community mental health treatment approaches by offering their close attention and supervision. They are returning mentally ill persons from custody and processing in the criminal justice system to the community to function there. They are encouraging community-based justice and health approaches that would prevent mentally ill and disabled individuals from entering the justice system in the first place”.

San Diego County has no such court. San Bernardino, however, developed one of the country’s first four mental health courts. George Doyle and other members from NAMI North Inland San Diego County partnered with Mental Health Systems, Inc. to host a go-see tour on August 15<sup>th</sup>. It was encouraging to see people convicted of felonies demonstrating to the court that they were actively working in treatment, were clean and sober, and were making progress toward their life goals.

Work on this issue has just begun. Still to be resolved are the thorny issues of whether and how mental health courts would work in this county and developing political and judicial support for the courts. For a wealth of information about mental health courts, go to [www.google.com](http://www.google.com) and type “mental health court” in the search window.

## ADVOCACY CONFERENCE

“Achieving major change in mental health care can only occur with the alignment and shared commitment from all major shareholders and with strong political support”. Mike Hogan, Ph.D., Director, Ohio Department of Mental Health, began his presentation with that reminder. Although he was one of several excellent speakers, his clear presentation kept the audience of mental health advocates from across the country enthralled. He reminded us that deinstitutionalization happened a long time ago and is not the cause of our current problems, e.g., criminalization and homelessness. The cause is the lack of adequate and appropriate community-based services. State funding for mental health, adjusted for inflation and across the country, remained flat in the 1980s but began to decline in 1990.

Several speakers, including Camille Barry, Deputy Director, Center for Mental Health Services, and Don Muse, statistician and actuary, joined Dr. Hogan in alerting us to the increasing reliance on Medicaid (Medi-Cal in California) and power of the agency that administers it, Center for Medicare/Medicaid Services (CMS) at the same time that state funding is decreasing.

NAMI’s executive director, Rick Birkel, joined Cynthia Folcarelli, executive vice president, National Mental Health Association, Lydia Lewis, executive director, National Depressive and Manic Depressive Association, and E. Clarke Ross, chief executive officer, Children and Adults with Attention-Deficit/Hyperactivity Disorder in welcoming the conferees to Indianapolis during a real mid western hot spell.

Nine people from California attended, including Chuck

*“The Next Ten Years in Behavioral Health Service Delivery” (Continued from page 3)*

may not be accurate, but at least they reflect a broad perspective.

Before venturing these predictions, a review of what the field has experienced in the past decade is in order. Obviously, one has to marvel at the impact of managed care on what had been a quiet backwater of medicine. Psychiatry has changed radically. Even the name is different. The field is now called behavioral health to acknowledge the inclusion of substance abuse treatment; the expanded provider base (psychologists, psychiatric social workers, nurse practitioners, counselors, etc); and managed care’s focus on measurable symptoms, outcomes, and expenditures.

Nomenclature aside, the most important development in the past 10 years is the overall contraction of available dollars for care. A recent report, which drew on data from 1000 medium-sized and large businesses in the United States, showed that per capita expenditures for behavioral health were down by 54.1%. In comparison, expenditures for overall medical services showed a decline of 7.4%. Whereas behavioral health accounted for 6.1% of total health care benefits in 1988, spending on behavioral health declined to just 3.1% of the total in 1997.<sup>[1]</sup> The unfettered competition for behavioral health contracts between Magellan, Value-Options, and the other national carveout companies has sharply curtailed spending in both the private and public sectors.

Implementation of the subsequent contraction of behavioral health services has been accomplished by industry-wide, strict, pre-authorization programs for both inpatient and outpatient services -- with no let up in sight. For example, United Healthcare recently eliminated almost all preauthorizations for medical treatment for its subscribers; the major exception to this policy is the entire behavioral health area. Obviously, despite recent well-intentioned efforts, such as the Surgeon General’s recent reports on both mental health<sup>[2]</sup> and suicide,<sup>[3]</sup> the stigma of mental illness and addiction continues.

*(Continued on page 10)*

## **PRESERVE MENTAL HEALTH CARE FOR VETERANS**

Over the past several years the Veterans Health Administration has reduced funding for critical mental health services in an effort to reduce overall costs. Regionally, some VISNs (Veterans Integrated Services Network) have implemented severe restrictions on atypical antipsychotics based on cost alone. Newly diagnosed patients must fail two "first line" atypical antipsychotics before gaining access to other atypicals.

The Veteran's Health Administration is now proposing to expand its "fail first" policy nationwide, reducing access to life-saving medications for our nation's veterans in a misguided attempt to reduce treatment costs.

Locally, Dr. James Lohr, Chief of Psychiatry Services at the Veterans Administration Medical Center in La Jolla, has assured NAMI representatives that clients will receive the medications they need when they need them.

This is important because medications of the same "class" are structurally different and not therapeutically interchangeable. Congress has mandated and funded a National Institutes of Health study (CATIE) now underway to evaluate the differences between all of the atypical antipsychotics. Five VA hospitals (including the one in La Jolla) are active participants in the 35 state, \$40 million study.

## **VETERAN'S ADMINISTRATION CALLS FOR CONSUMER COUNCILS**

The national VA has embraced the concept of consumer councils in its 22 regions (called VISNs for Veterans' Integrated Service Network) as well as in its individual facilities throughout the country. Dorothy Davis and Jane Fyer recently gained support at our local VA for formation of a Mental Health Consumer Council, to be composed of consumers and their advocates. The VA is expecting that all Veterans' Service Organizations (VSO's) be included as well as NAMI and others. We have insisted that the Council include at least 50% direct consumers, so we need your help in recruiting veterans with mental illness for this very important project. Please call Jane Fyer at 858-481-7069 if you know any direct consumers who would like to be on this Council.

### **Local VA Supports Family to Family Education**

We also are thrilled to announce that we got approval to initiate Family to Family in our local VA. The hospital staff are cooperative and enthusiastic about this and will do their part within the VA. The first classes will likely be organized at the La Jolla facility by the beginning of the year, and later be established at other sites. If you know of VA families that would like to participate, call Dorothy

*"The Next Ten Years in Behavioral Health Service Delivery" (Continued from page 9)*

Nonetheless, there is evidence of great progress for behavioral health patients. The bulk of treatment no longer goes on in the mammoth state hospitals. In western Massachusetts, where I practice, the state hospital closed a number of years ago. The patients have been relocated to nursing homes and supervised living arrangements, or somehow reside in the community with only outpatient and aftercare services. Some of these de-institutionalized individuals have ended up on the street or in jail, but many have benefited from community-based treatment. The new atypical antipsychotic medications, mood stabilizers, and selective antidepressants have helped maintain many patients in the community who once required long-term hospitalization. This change in the venue of care has been just as dramatic in the private sector. For example, in the HMO mental health program that I help direct, only 20% of the total behavioral health expenditures goes for inpatient care. The rest is spent on outpatient treatment. Consequently, most behavioral health dollars now pay for psychotherapy and medication management rather than for food, shelter, or custodial care. Although the major contraction in overall dollars spent on behavioral health hurts, at least the money that remains is spent on active treatment and reaches more patients.

The past decade has also seen increased availability of short-term inpatient treatment in general hospital units, for both privately insured and public sector patients. Although it is much harder to approve patients for hospitalization now than in the past, at least treatment is available in the community rather than at the stigmatized and remote state hospitals.

So much for the recently passed decade -- accomplishments for patients because of the increased efficiency in care and improved medicines, but fewer dollars and falling fees for providers. What will the next 10 years bring? I will bypass general, long-term trends that are already much discussed in the literature, such as cloning, genetic screening, brain imaging, pharmacogenetics, and computerized patient information databases, so that I can focus on more immediate behavioral health service restructuring.

I see 3 important developments, which are not widely commented on, that surely will have a dramatic impact on behavioral

### **Axid (nizatidine) reduces weight gain in people treated with Zyprexa (olanzapine)**

A preliminary study found that Axid -- a drug used to treat stomach and intestinal ulcers -- reduced weight gain by approximately 50 percent in people with schizophrenia taking the antipsychotic Zyprexa. Axid is one of the first pharmacological interventions for controlling weight gain in people taking antipsychotic medications to be studied. Additional studies on Axid and other weight-reducing medications are sure to follow. The U.S. Food and Drug Administration has not approved Axid as a weight-reduction therapy.

-----NAMI ADVOCATE, Sum-



**NAMI -- CALIFORNIA  
STATE CONFERENCE  
SEPTEMBER 6 - 7, 2001  
MARRIOTT HOTEL  
TORRANCE, CALIFORNIA**

This conference will feature medical researchers, government leaders and other experts who share the very latest information on such things as the status of new medications.

**Call NAMI San Diego for details on the above conferences--**

**Volunteers Needed.  
Make a Difference.**



**Wanted:  
Individuals who want to  
make a difference.  
Training provided.**

**Call NAMI San Diego at  
(800) 523-5933  
for an application.**

**ALBRIGHT INFORMATION & REFERRAL CENTER**

1094 Cudahy Place, Suite 120 San Diego, CA 92110-3932

Do you need information about mental illness?

Talk to someone who understands Call the Albright I & R Center  
(619)543-1434 or 1-800-523-5933

7 Days a Week 24 Hours a Day

We have a library of books and tapes available for you.

**Attend NAMI San Diego meetings listed in this issue "Schedule of Meetings" and receive educational materials to send to your far away family members and friends**

**Visit NAMI San Diego  
Offices**

1094 Cudahy Place, Suite 120,  
San Diego, CA 92110

*Directions to the office and the Albright Information and Referral Center:*

- 1 Going north on I-5 toward I-8, take the Morena Boulevard exit from the east bound I-8 ramp.
- 2 Going west on I-8 toward I-5, take the Morena Boulevard exit just before the I-5 exit.
- 3 Stay in the left lane of Morena Boulevard, which becomes West Morena Boulevard.
- 4 Turn left on Buenos Avenue. The three-story building called the Morena Office Center 1094 will immediately be on your left.
- 5 Going south on I-5 toward I-8, exit at Tecolote Road/Sea World. Go left on Tecolote Road and right on Morena Boulevard and right again at the first traffic light (Buenos Avenue). Cross West Morena Boulevard and the office building will immediately be on your left.

**SUPPORT  
THE MEETING PLACE, INC.**

**RUMMAGE SALE  
SATURDAY, SEPTEMBER 8TH  
8:00 A.M.**

Contact Jeanette at 619.294-9583 if you have item that could be donated for the sale.

All proceeds will be used by the members for recreational activities. Your support and contributions are greatly appreciated.

***Save This Date!***  
Tuesday, October 23, 2001  
Town & Country Convention  
Center  
**Meeting of the Minds**

Fourth Annual  
Behavioral Health Conference  
and Resource Fair  
"Achieving Empowerment"  
Registration forms will be mailed to previous attendees in September.  
Call 619.543.0412 for more informa-

**NAMI San Diego Invites you to an OPEN HOUSE  
Tuesday October 9, 2001, 4:00 p.m. – 6:30 p.m.  
During Mental Illness Awareness Week**

**to promote a community-wide effort to recognize, treat effectively, and perhaps prevent the serious mental illnesses**

**Featured Guests: Representatives and Artists  
from NARSAD Artworks**

**1094 Cudahy Place – Courtyard  
(corner West Morena and Buenos)      RSVP (619).294-9941**

# The Alliance Advocate

Vol. V, Issue 7/8, Summer Edition--July/August 2001

Non-Profit  
Organization  
U. S. Postage  
Paid  
San Diego, CA  
Permit No. 2695



1094 Cudahy Place, Suite 120  
San Diego, CA 92110-3932

## RETURN SERVICE REQUESTED

### *Inside This Issue:*

*July and August-at-a-Glance*

*A Home of Our Own*

*Legislative Update*

*How PERT can Help*

*Calendar of Events & Meetings*

*Behavioral Health Service Prediction*



## NAMI San Diego

### 2001 MEMBERSHIP APPLICATION

NAMI San Diego relies on its membership and your generous contribution to continue providing support and services to people with mental illness and their families. To join NAMI San Diego, renew your membership or make a contribution, complete the information below and **enclose your check payable to NAMI San Diego and mail to: P. O. Box 710761, San Diego CA 92171-0761.**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Dues are from January 1 to December 31 of each year and include membership and newsletter subscription to NAMI and NAMI California.**

**I would like to join NAMI San Diego at the following level:**

- \_\_\_\_\_ Regular Membership – \$35.00 Check one: ( ) New Member ( ) Renewal
- \_\_\_\_\_ Professional Membership – \$75.00 (includes office display of NAMI brochures)
- \_\_\_\_\_ Consumer Membership – \$10.00 \_\_\_\_\_ Newsletter Subscription Only – \$15.00
- \_\_\_\_\_ Open Door Membership \$3.00 (consumer, consumer family & friends in financial need)

#### ANNUAL SUSTAINING DONORS

- \_\_\_\_\_ Bronze Donor – up to \$99.00 \_\_\_\_\_ Benefactor – \$500.00 – \$999.00
- \_\_\_\_\_ Silver Donor – \$100.00–\$249.00 \_\_\_\_\_ Patron – \$1,000 +
- \_\_\_\_\_ Gold Donor – \$250.00–\$499.00 \_\_\_\_\_ I prefer my contribution to be anonymous
- \_\_\_\_\_ Donation for Open Door Memberships (\$ \_\_\_\_\_)  
(to help consumer, consumer family & friends in financial need)

#### Check relation to client:

- \_\_\_\_\_ Parent of Adult
- \_\_\_\_\_ Parent of child (under 18)
- \_\_\_\_\_ Sibling
- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Professional
- \_\_\_\_\_ Other \_\_\_\_\_
- \_\_\_\_\_ Self

\_\_\_\_\_ Please send me volunteer information and application.