



**NAMI Butte County
GENERAL MEETING**

SPEAKERS:

1. Ann Robins & Betsy Gowen
(Positive changes & services now available at Butte County Behavioral Health)
 2. Sheriff Andy Duchs (C.I.T. the Crisis Intervention Team)
- A question & answer period will follow.*

DATE: Thur. March 15th

TIME: 6:30 p.m.

PLACE: Butte County Library
1108 Sherman Ave., Chico
(Corner of East First Ave and Sherman Ave)

INFO? CALL Cathy: 228-7100
OR e-mail:

namibuttecosecretary@gmail.com

*We are open to the public
Everyone is welcome*

Meetings are held 3rd Thur. each month

PEER-TO-PEER COURSE

**NAMI BUTTE COUNTY'S
SPRING 2012
Peer-to-Peer Education Course
CALL NOW TO SIGN UP**

894-8551

The course will be held in Oroville on
Thursdays starting
April 5th - 3:00 pm to 5:00 pm.

Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery. The course consists of ten two-hour sessions (one per week) and is taught by a team of two mentors who are personally experienced at living well with mental illness.

- All instruction and course materials are free to class participants
- Each class contains a combination of lecture and interactive exercise material and closes with Mindfulness Practice (techniques offered to develop and expand awareness)

COMMUNITY FORUM-MHSA

**MHSOAC presents a
COMMUNITY FORUM ON THE
IMPACT AND PROGRESS OF
PROPOSITION 63 (MENTAL HEALTH
SERVICES ACT)**

Facilitated by the MHSOAC Client and Family Leadership Committee and the Cultural and Linguistic Competence Committee

Specifically, the MHSOAC is interested in hearing from stakeholders about how MHSA services and supports that were funded as a result of Proposition 63 have made a difference for them, their families or their community. MHSOAC Committee members and staff will facilitate a semi-structured discussion with attending stakeholders designed to elicit feedback and diverse views.

Information and stories gleaned through this discussion will be summarized annually and used to provide feedback to the MHSOAC about how persons have experienced the MHSA in local communities throughout California. This information will be considered by the MHSOAC in shaping future policy direction.

When:
April 4, 2012
2:30 PM to 6:00 PM

Where:
Chico Masonic Family Center
1110 West East Avenue
Chico, California 95926

Space is limited. Please RSVP to:
mhsoac@mhsoac.ca.gov or
(916) 445-8696

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FAMILY-TO-FAMILY TEACHER

Are you interested in becoming a teacher for our "Family-to-Family" education program?

There is an open spot for the training in May! Please contact Nancy Oriol at 895-8933 or nancy@nesm.com for more information.

**NAMI WALK 2012
CELEBRATING
BEAUTIFUL MINDS**

Saturday, April 21st, 2012

This is our third annual NAMI Butte County Walk and our major source of funding and will make it possible to continue offering our education courses, support groups, community outreach, etc. This day is also an opportunity to reach out to the community in order to raise awareness and erase the stigma of mental illness.

**GET INVOLVED:
JOIN A TEAM OR
START A TEAM OR BECOME A
SPONSOR!**

Contact Linda at 343-8012 or
namibuttecosecretary@gmail.com

BIPOLAR-STAYING STRONG

Demi Lovato: Bipolar But Staying Strong

Demi Lovato is a 19-year-old Disney star best known for her role in the made-for-television movie *Camp Rock*. She was diagnosed with bipolar disorder in 2011 while receiving inpatient treatment at Timberline Knolls in Illinois.

MTV premiered a documentary about Lovato entitled "[Stay Strong](#)." In it, Lovato chose to share her story as a way to help others dealing with similar issues. "Why not air all my secrets? Why not share my story because some people need to hear it?"

"I didn't really realize I was sick," she confessed on the one-hour show. "I thought that writing seven songs in one night was normal. I thought that staying up until 5:30 in the morning is normal. Last night, I stayed up until five in the morning. I just couldn't sleep. My mind was racing and it's an ongoing thing and I still learn how to cope with it."

Lovato went to the treatment facility on her family's insistence and admitted that when she was in there, she thought that it was "the end of my life." But, she said, "I worked harder in those three months than I ever did in my life.... It was a battle, but I stuck it out." Lovato, like many others, had a hard time accepting her

diagnosis because she rationalized that, "There's always someone sicker than you."

While she admits that her life is still a daily struggle, Lovato feels that she is now in control of her whole life. Her goal in this documentary was to really inspire people. She said, "You know, I speak about a lot of serious issues, and I really hope to get awareness out there about the issues that I dealt with."

HELP LAURA'S LAW

Assemblymember Mike Allen has introduced [Assembly Bill 1569](#) to extend Laura's Law for another six years. AB 1569 is scheduled to be heard in the Assembly Health Committee on March 27.

California continues to see preventable tragedies. [One of the most recent](#) occurred in Berkeley on Tuesday, February 21st. An elderly businessman allegedly was beaten to death by a 23-year-old man with untreated paranoid schizophrenia. The suspect's family say the mental health system neglected their son. Laura's Law could have helped.

Laura's Law is at risk of expiring, and we need your help. For facts you can use to explain why we need Assembly Bill 1569, please see "[California Must Extend Laura's Law](#)."

What you can do to help
Contact our local Assemblyman Dan Logue and ask him to support AB 1569. Call him to

request a meeting or write to him to discuss the bill:

Dan Logue 895-4217
1550 Humboldt Rd. #4, Chico, CA 95928

Be sure to share your personal story as to why Laura's Law is so important.

Ask for letters of support from any group or organization you belong to and send them to committee members. Churches, community groups, businesses, NAMI affiliates, etc., are all good candidates. Be sure to [send us a copy](#) of the letters you collect.

Post a request for support of the bill on your Facebook page and link to the [Laura's Law page](#) on the Treatment Advocacy Center website.
www.treatmentadvocacycenter.org

*California Treatment Advocacy Coalition
Carla Jacobs, Randall Hagar, Chuck Sosebee & Mark Gale*

HOUSING BUDGET 2013

What's in the President's 2013 Budget Proposal for Mental Illness Research, Services, Housing and Veterans Programs

As is being widely reported, President Obama and his Administration on Feb. 13, 2012, presented their \$3.8 billion budget for FY 2013.

The President's budget is only the first step in a drawn out process that will likely extend through Dec. 2012. Included below are details of the President's budget as it relates to housing:

Supportive Housing Programs at HUD

The President's budget proposes a \$15 million reduction for the HUD Section 811 program, reducing the program from its current FY 2012 level of \$165 million, down to \$150 million. Section 811 funds grants to states and non-profit agencies to develop and maintain permanent supportive housing targeted to non-elderly people living with severe disabilities including serious mental illnesses. For FY 2013, HUD projects that \$96 million will be needed to renew expiring project-based operating subsidies (known as PRACs) and fund contract amendments for existing units. These funds cover the operating costs for the more than 30,000 existing 811 units across the country, paying the difference between actual costs (utilities, insurance, maintenance, reserves) and tenant rent contributions.

The remaining \$54 million in the President's request would go toward a second year for competition among states for new supportive housing units funded by additional PRACs. This new program option was authorized by Congress in 2010 as part of the Frank Melville Supportive Housing Investment Act. HUD projects that this \$54 million will fund as many as 1,900 new supportive housing units integrated into new affordable rental housing projects and leveraged from programs such as the Low-Income Housing Tax Credit program.

For programs under the McKinney-Vento Homeless Assistance Act, the President is asking for \$330 million increase for FY 2013, boosting funding to \$2.231 billion.

McKinney-Vento funds a range of permanent supportive housing programs such as Shelter Plus Care and SHP that are targeted to chronically homeless individuals living with serious mental illnesses and other disabilities. At the same time, the budget request is targeting most of the increased funds for McKinney-Vento to the Emergency Solutions Grant (ESG) program for activities such as rapid re-housing and other short-term homelessness prevention activities.

Finally, for the VASH (veterans supportive housing) program the President is requesting an additional \$75 million in FY 2013 for new supportive housing units—specifically, new rent subsidies to secure housing for homeless veterans, with separate support services funded by the VA.

www.nami.org

HAPPINESS RESEARCH

Here Are Some Happiness Research Results You Should Know About

By Elizabeth Scott, M.S.,

With the relatively new field of positive psychology growing in new and exciting directions, we have a wealth of new happiness research coming in, explaining (of course) what makes people happy, as well as what makes life worth living and what can combat stress by promoting its opposite: serenity. Below are some of the more interesting new findings in happiness research. Read on, and find tools to build a happier you!

Kindness Is Contagious

When people see others doing something kind, they're more likely to give as well, which can lead to other great benefits for the givers. And just think: if we were all a little more kind, how much less stress would there be in the world?

Winning The Lottery Won't Keep You Happy

That's right, winning the lottery may make you happy in the beginning, but that happiness dissipates pretty quickly; lots of money doesn't create lasting happiness (or, for that matter, lasting relief of stress). Perhaps surprisingly, perhaps not, the things that make us happy are the things that most grandmothers try to sell us on with their, 'The best things in life are free' truisms: good friends, a happy marriage, meaningful work, and good deeds, among other (similar) things. The following goals and changes can be relatively easily attained and can bring increased and lasting happiness.

Find More Time For Yourself

The feeling of not having enough freedom to pursue quality time with our families, revitalizing solitary activities, or other things that would nurture us can leave us feeling stressed and unhappy. Are there things in your schedule that could be dropped without serious ramifications? Carving out a little time here and there can add up to a greater feeling of personal freedom to do what you'd really enjoy.

•*Learn to delegate.* Are there responsibilities that you have at home or at work that could be delegated to assistants, family members, or others?

•*Learn to say 'no'.* Before you take on any new responsibilities, carefully think about how these activities would impact your life, both in a positive way and negatively. Learn to say no to unnecessary drains on your time, and yes to yourself.

Get Involved In A Cause That You Believe In

People are generally happier when they're living a life of meaning. And while you may not be able to cast off all of your worldly possessions in search of the true meaning of life, you can get involved in a cause that's important to you with minimal time, effort or cost. While you'll be helping others, you will truly receive more than you give.

Adopt Stress Relievers That Work For You

There are many things that contribute to a happy and satisfied feeling about life, but excess stress can put a damper on even the best conditions. Find some stress relievers you can use and you will feel more at peace when things get hectic.

Take Care of Your Body

If your health fails, it can overshadow everything else that's going on in your life. Making a commitment to taking on healthier habits this year can have a far-reaching payoff: you'll feel better in everything you do.

'It Pays to be Shameless'

- personally speaking

Three months after she was committed to the state hospital, my darling 25-year-old daughter is free of the demons that emerge when she's psychotic and getting ready for discharge from her third involuntary hospitalization in three years.

She says she learned from the relapse that quitting her medications is really dangerous. Like every parent of every other child with a severe mental illness who is moving into recovery, I pray this is true.

What I learned from her latest setback is that it pays to be shameless. All those admonitions my mother gave me about not imposing on others, not asking too much, not being stubborn? In their place are the tenacity and strategies from "[tips for busting through](#)" on the Treatment Advocacy Center website.

"Go over heads"? Always. When she was too ill to tell me anything about her own condition, I shamelessly asked for the top person on duty every time I called the hospital to find out how she was doing. I knew the charge nurse would have the most complete answers and be in a position to order changes if anything was amiss.

"Know what services are available in your community?" Absolutely. I explored discharge housing within days of her commitment and then shamelessly and regularly

called and emailed the best facility I found to keep track of space and begin a relationship with the people who might be taking care of her.

I found it paid to be shameless outside the system, too. My daughter spent Christmas, New Year's and Valentine's Day not only in a psychiatric hospital but in isolation. Even with infallibly kind and patient staff nearby, it's lonely in there. So I posted not-very-subtle messages on Facebook about how much she loved getting mail at the holidays. Cards and notes poured in, to her delight.

When family members said they never called because they didn't know what to say to her, I told them, "Ignore the part of her you don't recognize and just talk to the part you do. It's still there." Some called. In the dark hours when she was too tortured by inner voices even to make conversation with me, I'd tell her, "Then I'll read to you." I probably looked pathetic reading children's picture books to her over the telephone, but it was comforting to us both.

When I was growing up, my mother always admonished me not to impose on others, not to be demanding, not to be stubborn. If I did, she would scold that I ought to be ashamed. With my daughter's well-being at stake, I do all the things Mom said I shouldn't do, but I'm never ashamed because they pay off.

Doris A. Fuller

Communications director

Treatment Advocacy Center
www.treatmentadvocacycenter.org

ELIMINATING BARRIERS

Tips for Busting Through

It is extremely frustrating when you're trying to help someone and the system is unresponsive. Here are some tips for getting action from a slow-moving or unresponsive bureaucracy.

OBSTACLE:

Unresponsive system
SOLUTION?

Be tenacious.

Be an advocate first, a friend

second. Building relationships with service providers and letting them see how much you care about your loved one is vital to advocating and demonstrates your value as part of the treatment team. But don't get too cozy. It is more important to be an advocate than to be friends. Sometimes, cooperation is not possible. Feel free to disagree and to be respectfully assertive.

Document document document!

Keep a record of all communications. Log the date and time of each attempted contact and the name and role of any individual you reach - whether by telephone, email, fax, mail. Take notes during your conversation and keep them with the log. Print out any correspondence and keep it with the log, too.

Go over heads to decision

makers who can help. Jails, hospitals, treatment facilities – each has an established chain of command. Regardless of which system your loved one is in, ask questions until you know the chain of command and who occupies each link. Then work your way up until you get results. Write the agency's board members, trustees or directors – whoever has ultimate oversight – a short letter documenting the problems and lack of responsiveness. If you're dealing with a public agency, work your way up to state governor if you don't get results.

Use delivery systems that make a statement. When writing, use

overnight delivery, a registered letter, or another out-of-the-ordinary means of delivery. Set your message apart from others.

Involve law enforcement in your personal advocacy. If the person you are trying to help has repeated contacts with law enforcement, you may be able to get a sheriff or police chief to intervene. Explain that getting treatment for your loved one is in everyone's best interest and could help avert a tragedy. A call from a sheriff or police chief can be very influential in prioritizing services for someone you care about.

OBSTACLE: No services for your loved one

SOLUTION? Look into new places.

Get the media interested. If your situation is particularly egregious, heart-wrenching or representative of a systematic problem, your local media outlet might do a story. Find contact information on the outlet's website, identify a reporter who covers your community or who has reported on mental illness or crime issues before, then call or email. Many news organizations have online "Submit an idea" areas on their websites, often under "Contact us." Summarize your story in one sentence and keep your comments focused on one issue (e.g., treatment, criminalization, etc.). It may help to think of the headline that best states your theme (e.g., "Man jailed for tenth time in five years because the law can't help him: Mother demands answers") and phrase your comment with that in mind.

Know what services are available in your community. Your local NAMI affiliate is a good place to start, but specialized services are often a well-kept secret. Don't stop with NAMI. Contact your state or local mental health administrator. Research what is funded by the state budget in your local area. Visit the mental health center or local mental health service providers and

request a tour. Don't accept the first answer you get.

Document the costs of not providing services. Because people with the most severe mental illnesses often require intensive treatment that is expensive, providers may try to avoid providing outpatient services in order to save money. One way to counteract this tactic is to show what it costs *not* to provide those services. For example, multiply the cost per day of hospitalization by the total number of days your loved one has been hospitalized over a period of time. A state or county mental health administrator may be persuaded by the argument that providing the needed community services will be less expensive in the long run.

OBSTACLE: Confidentiality issues

SOLUTION? Understand the law.

Sometimes concerns about breaching confidentiality laws are raised by treatment providers as a reason not to talk to a third party. Here are some important things to remember about confidentiality.

Providers can listen even if they can't talk. When you reach a provider who needs information, start by saying, "I know you can't give me information, but you can hear the information I have" before they have a chance to tell you they can't talk to you.

Don't be intimidated when someone says "HIPAA." HIPAA stands for the "Health Insurance Portability and Accountability Act of 1996" and is designed to create a national standard for certain types of health care information. HIPAA is often used as an excuse to withhold health information, but it does *not* absolutely preclude families from obtaining medical information. A patient has a right to request copies of their medical records. At a time when your loved one is not in crisis, encourage them to request their own records and give them to you for safekeeping. Copies of past

treatment records can be invaluable if a future crisis occurs.

If you have a power of attorney or guardianship, you are considered a personal representative and are entitled to full access to the patient's medical records. You will have to show your authorization papers so keep a copy handy.

Health care providers cannot withhold information if the patient has authorized release of it. If possible, have your loved one sign a release to have on file with your local hospital in case of emergency. If hospitalization occurs without a release on file, ask your loved one to sign a release.

If a provider withholds information from you because there's no release, insist that they at least ask your loved one if they are willing to sign an authorization.

Even if no release has been signed, the provider can discuss treatment if the patient is present for the discussion and has an opportunity to "agree to object" to the disclosure. This discussion can take place by telephone as well as in person. Request to speak to the

provider with your loved one present.

There is also a "best interest" rule that applies when a patient is incapacitated, in an emergency situation, or not available. In those cases, a provider may disclose information determined to be in the "best interest" of the individual. Argue that it is in your loved one's "best interest" for the provider to talk to you.

Jails and correctional facilities are exempt from some HIPAA provisions and can obtain medical information about an inmate for many purposes, including the provision of health care. The jail can sometimes get medical information you cannot. Insist that they do.

For more about "HIPAA at a Glance," visit the Get Help section of our website.

At least 21 states have their own laws governing confidentiality. To learn about your state's law, visit the CDC.gov website and search for "privacy rules" or the Center for Democracy & Technology website at CDT.org and search for "HIPAA." www.treatmentadvocacycenter.org/get-help

BOOK CORNER

Reentry Planning for Offenders With Mental Disorders *Policy and Practice*

Edited by Henry A. Dlugacz, M.S.W., J.D.

Mental illness doesn't have to be a life sentence. Offenders with mental disabilities can be successfully re-engaged with their communities—when courts, corrections, probation, halfway and transition services, and mental health professionals work together. This important new book maps out a very specific set of strategies, responsibilities, program features, and guidelines that can guarantee a successful return to a productive life for offenders.

The book is available for purchase from the Civic Research Institute, Inc.: www.civicrosearchinstitute.com/rpom.html

www.consensusproject.org

For more information about this newsletter and to submit articles please contact:
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