
NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

July-August 2016

Dr. Todd Mitchell: The Psychiatrist from Berkeley Mental Health Wednesday, July 27

Todd Mitchell, MD, is a board-certified psychiatrist who joined Berkeley Mental Health in 2015 and currently sees patients on the Full Service Partnership (FSP) Team. He previously served as the Chief of Psychiatry at University Health Services at UC Berkeley. Dr. Mitchell has also worked in various community mental health agencies and academic institutions in the Bay Area. He maintains a private practice in Berkeley. Dr. Mitchell trained at Vanderbilt University and the University of California San Francisco.

Speaker Meeting starts at 7:30 pm

Albany United Methodist Church
980 Stannage Avenue, Albany
Corner of Stannage and Marin

Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are July 13, August 10, and September 14.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: July 19, August 16, and September 20.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

Save the Date!

Chorus Without Borders Concert Sunday, August 14, 3:30 pm Arlington Community Church, Kensington

We are thrilled to announce a wonderful musical summer afternoon in a local church setting. Three musical groups—Minsteracres Rubato Singers from England, the Rockridge Chorale from Oakland, and The Variety Pack Singers from the East Bay—will perform English and American favorites, with soprano Rebecca Megwa and emcee Fred de Sam Lazaro, special correspondent for the PBS NewsHour. Tickets are \$20/\$25 at the door or ordered through PayPal at www.rockridgechorale.org. Paper tickets are available through the NAMI East Bay office (510-524-1250 or namieastbay@earthlink.net).

NAMI families are under a great deal of stress, and this fund-raiser will give our families a distraction and something uplifting for a change. We are putting together a fun raffle and will serve refreshments at the reception afterwards. Please plan to join us for a musical afternoon. And, if festivity planning is something you like to do, let us know so you can help with behind-the-scenes organization.

Family Social Night

Our next social evening for families and relatives with mental illness will be a picnic, Monday, July 18, at 5 pm. We will provide food—you provide your presence. The local site will be determined based on how many attend, so send your RSVP to 510-524-1250 or namieastbay@earthlink.net. Be sure to leave contact information.

NAMI California Convention

NAMI California's annual convention will be held at the Burlingame Marriott on August 26 and 27. It's an opportunity to sample the organization's involvement in advocacy, research, and support. Go to namica.org for more information.

SPEAKER NOTES

Berkeley Mental Health: A Time for Growth

Summarized by Thomas T. Thomas

Steven Grolnic-McClurg, LCSW, is manager of the Berkeley Mental Health (BMH) Division,¹ which provides services for Berkeley and Albany residents. Coming from a similar position in Contra Costa County two and a half years ago, he brings more than twenty years of experience in leading organizations and developing programs that are results-oriented and responsive to community needs. As someone who takes antidepressants himself, whose family is dealing with mental health issues, and was homeless as a teenager, he has a deep passion for increasing health integration and fighting disparities.

“I always mention my background in introductions,” he said, “because it helps to reduce stigma around mental health issues. There have been profound changes in California in the last few years with the Mental Health Services Act [MHSA], which also provides funding for anti-stigma programs.”

Berkeley-Albany is one of just two communities in the state that have their own mental health plans funded by MediCal, which normally provides services through the county. While BMH tries to coordinate services with Alameda County, our residents actually get two-for-one benefits.

BMH runs two mental health clinics: one for adults at 2640 Martin Luther King, Jr. Way, and one for children up to age 18 at 3282 Adeline Street.

“**The children’s clinic** is smaller,” he said, “and has no dedicated money from the state, so we need to be strategic.” This clinic is a level-one provider for children with high-end emotional disturbances, and it has a psychiatrist who can prescribe medications. The clinic offers full-service partnerships for both children with high needs and for transition-age youth, age 16 to 24, providing a licensed clinician and a social services coordinator who is also a family member. These services are available to residents with MediCal. The clinic also plans to focus more on the very young, babies and toddlers up to age five, with more screening and influence over their care.

BMH also partners with the Berkeley Unified School District to provide care in the public schools, with service locations at Berkeley High School and Berkeley Technology Academy. The division also provides Educationally Related Mental Health Services (ERMHS) to students receiving special education services without restriction on funding.

“We are making changes in our approach to school-age children,” he said. “We are adding staff, focusing our services more on prevention than on triage, and trying cognitive behavioral treatment in dealing with trauma. We can’t prevent trauma in children, but we can give them skills for coping.”

BMH is also seeking an Innovations Grant under MHSA to create a “Trauma-Informed System of Care,” which means that if a teacher or administrator sees a child acting in a certain way, he or she can understand the issues involved, then respond and make appropriate referrals without stigmatizing the child. This program will start as a pilot in Berkeley’s elementary schools, with hopes to expand to the rest of the district.

“**The adult clinic** is larger, but the site is in a bad state of repair and needs complete refurbishing,” Grolnic-McClurg said. So, starting in the fall, and using MHSA funds and the division’s savings, BMH will relocate this clinic to a site on University Avenue for the time needed to gut the Martin Luther King, Jr. Way location—except for the chapel—and rebuild it into a secure, first-class facility. Since the temporary site will also require some rebuilding, once the adult clinic moves back to its refurbished facility, the children’s clinic will permanently move to the University Avenue site, which is conveniently located on bus lines and between BART stations.

“We’ll really be busy with this move,” he said. “And changes like this are always stressful for both staff and patients. But the new clinic locations will be safer, cleaner, and more respectful of our patients’ needs.”

The adult clinic is open for walk-in assessments Monday through Thursday, and on Friday the staff meets for an assessment conference and referral to the correct level of care. “We don’t treat most of our walk-ins directly,” Grolnic-McClurg said, “because we treat only the most severe cases. But we refer the rest to other care providers as quickly as possible—usually within a week of coming to us. We consider ourselves the ‘front door of care.’”

¹ See their website: www.ci.berkeley.ca.us/mentalhealth/.

The clinic offers a full-service partnership that serves about 60 to 65 patients at a time, taking people with the most serious mental health conditions plus a secondary major risk like homelessness, impaired physical health, or a history of jail time. “We can do a great job,” he said, “but we’re not successful with everyone—usually people without insight into their condition or who can’t commit to a system of care.” BMH is also part of the pilot program for Assisted Outpatient Treatment in Alameda County.

In addition to the full-service partnership, the adult clinic offers a Community Care Team (CCT) consisting of a clinical case manager and a nurse. “As people do better,” he said, “we try to move them down in the system to a lower level of care.” Another program is Focus on Independence (FIT) to help patients become more stable at that lower level. FIT offers the services of a psychiatrist for medication and a clinical case manager for making referrals.

Services for people not in the system include the Mobile Crisis Team, which operates 11:30 am to 1 am and will soon add a second team for the peak call hours of 2:30 to 10 pm. “Last year we saw a rise in the number of 5150s² to more than 1,200 annually,” Grolnic-McClurg said. “That’s four a day—and about a 30% increase over three years ago. Our best theory is that this increase is due to methamphetamine use in the community—which means that people can usually calm down once the drug leaves their body. The good news is the suicide rate is lower in Berkeley, in Alameda County, and in California than for the nation as a whole.”

BMH will soon be offering a Transitional Outreach Team, consisting of a licensed clinician and a non-licensed support person, who is either a peer or family member with experience in the system. This team will contact families the day after the Mobile Crisis Team visits to follow up on referrals.

Another new program, to be funded under the division’s MHSA plan, is Homeless Outreach with a five-person program, including licensed and unlicensed clinicians and a case manager. “We estimate there are 150 to 200 homeless people with mental health issues in the community,” he said.

“Our plan, when we contact a person who is open to receiving help, is to rapidly provide housing. These services would be for six months, during which time we can hope to move the person to a lower level of care and into permanent housing,” he said. “Of course, with the current boom, there is not much housing available in the Bay Area.”

Another new program, which BMH will pursue with the county, is a mental health wellness center, to be located in Berkeley or Albany. This would be a place where anyone could go in and receive services provided by peers, such as meals, trips, and other activities. Smaller subsets of this population would receive case management and medications. The wellness center might open sometime next year, depending on finding a suitable location.

Other initiatives in the BMH Division are to provide culturally competent services to a community of recipients which is less than half African-American, about equal amount Caucasian, and the remainder Asian and Pacific Islander. And the division is also planning a new contract to provide additional case management to transition-age youth.

Q. What services does BMH provide for older patients?

Grolnic-McClurg said that their services were for people insured by MediCal, or with MediCal and Medicare. Older people with Medicare only are supposed to receive a full range of mental health services under that system of coverage—but, of course, many providers won’t take Medicare payments.

Q. What services are available for drug and alcohol abuse?

California has a new MediCal waiver for substance abuse which will organize a complete system of care, similar to its mental health services. Alameda and other Bay Area counties are among the first to opt in on this waiver, but Berkeley won’t have a separate system and so will partner with the county.

“This is a time of change and growth for BMH,” he said. “We will be providing 35% more provider positions than just 18 months ago. So we can begin to imagine a system of care that really works.”

Past articles in the Speaker Notes series are available online at www.thomasthomas.com under “NAMI East Bay.” Also available is a copy of the brochure “Medications for Mental Illness.”

² An involuntary, 72-hour hold under the Welfare and Institutions Code 5150 for people who are a “danger to self or others or gravely disabled.”

Musings from the President

We talk about empathy a lot in our classes and groups. It seems to me that most of us can empathize relatively easy with a mood disorder since it's not rare to have good days where the world is bright and hopeful and then down days where things just seem more pessimistic and dreary. This is not meant to diminish the incapacitating element of a serious mental illness which includes a psychotic mood disorder with oftentimes devastating consequences. However, most of us experience ups and downs ... it's the human condition.

Thought disorders may be more difficult to empathize with, although we may get a sampling of what it's all about as we age and may experience some periodic confusion and forgetfulness—all normal. In our family class, we offer a simulated exercise in which participants are bombarded with incoming stimulation along with expectations to perform a complicated task. It's always an eye-opener as to the internal preoccupations with which our relatives struggle continually. Indeed, the awareness of this is deemed valuable enough to have it included in the Crisis Intervention Training (CIT) workshops given to local law enforcement agencies. The hope is that as officers empathize with the individual's cognitive processing of the environment, there is more understanding of how to handle a situation involving an ill individual.

We also talk about anosognosia, the inability to have an accurate perspective and self-awareness of oneself—a very common and complicating issue brought up in support groups when a relative doesn't see that s/he is ill. I recently experienced an opposing variation of that issue when I had a health scare. A dear friend had died suddenly and another was having serious heart surgery. I did some catastrophic thinking about my own longevity based on some issues and slid into the world of anxiety and panic. In short, I made some rash impulsive decisions—along with some okay ones—and came out of it all wiser and intact. Throughout, and this is the point that is most meaningful, I felt and knew that my core of stability and rationality would reappear. The assumption that that internal core would get stronger and overpower the siege of chaotic thought kept the wild ride from overtaking my life.

I doubt that our ill relatives have this basic trust that it will all be okay, that the confusion and upset will dissipate. Of course, if the sense of insight is impaired, as it commonly is, this is all irrelevant. If one doesn't think one is ill, there is no perspective about rational and irrational thought or mood. Empathy is painful.

—Liz Rebensdorf, President, NAMI East Bay

ABLE (Achieving a Better Life Experience) Act of 2014

The ABLE Act, passed by Congress in December 2014, is now being rolled out ... slowly. It represents an acknowledgment that there are added costs in living with a disability, and the federally imposed asset limits (\$2000) for public benefit eligibility have been an obstacle to financial independence for individuals living with a disability.

An ABLE Account is a type of investment/savings account account that people with disabilities on SSI, Medicaid (Medi-Cal), and/or other means-tested programs can use without jeopardizing their benefits eligibility. At this point, account holders must have been disabled before the age of 26, although legislation in the House of Representatives (H.R. 4813: ABLE Age Adjustment Act) would change the age limit to 46.

Account holders can have direct access to the funds in their account to spend on “eligible expenses” without going through a third party. “Qualified disability expenses” may include education, housing, transportation, employment training, personal support services, etc.

This particular program is based in Ohio but is open to people nationwide. California doesn't yet have its ABLE Account up and running, and it's totally fine for Californians to use this one. Here's the link to the Ohio program: www.stableaccount.com.

Here are highlights from an abbreviated overview of the legislation:

- Up to \$14,000 per year can be deposited into this account.
- Up to \$100,000 is exempt under the the SSI resource limits.
- Money can be transferred from a Special Needs Trust to an ABLE Account.

- You can use money from an ABLE Account for rent without affecting SSI as long as it's spent within the same month it's withdrawn.
- Earnings made on these investment accounts are tax-free as long as the earnings are spent on Qualified disability expenses.
- Account holders using the Ohio ABLE Account program can choose from among five different investment options, including four mutual fund-based investments and one FDIC-insured investment. They can change their investment options up to twice every calendar year.

NAMI Connection Groups

Connection groups are recovery support groups that offer respect, understanding, encouragement, and hope. They are free, confidential, held twice monthly for 90 minutes, led by trained facilitators, and designed to connect, encourage, and support participants. These groups meet at the following locations: **Oakland**, TeleCare Heritage, 2633 E. 27th Street, 11 am to 12:30 pm, 2nd and 4th Saturdays; **Union City**, Holly Center, 31600 Alvarado Boulevard, 6:30-8 pm, 2nd and 4th Tuesdays. Contact Bev at 510-333-7821 for more information.

Housing Information

- The Supportive Housing Collaborative (SHC) group continues to meet. Down the road, there may be some organizational affiliation with the Housing Consortium of the East Bay.
- Several members of the SHC went to Sacramento and met with Craig Cornett, Senate President *pro-tem* budget director, about the upcoming State Bond Act (\$2 billion for homeless individuals with serious mental illness), aka No Place Like Home Grant Program. We stressed the need to specify both current and anticipated housing needs of individuals with serious mental illness, along with the necessity of built-in supportive services. The state thinking, per one attendee, is to put the MHSA housing element "on steroids." Counties are lobbying for changes which would reduce the need to compete for funds.
- Alameda County is planning to have a \$500 million housing bond on the November ballot to ad-

dress homeowner and tenant assistance in low to very low income situations. Our relatives living on SSI would qualify. For latest information:

acgov.org/board/housingbond.htm.

- Landlord/tenant counseling and mediation services are available for free through the Eden Council for Hope and Opportunity (www.echofairhousing.org). Contact counselors at 855-275-3246 (855-ASK-ECHO)

Long Term Care Discussion Group

This group met in May at the office and realized that we all had different situations and concerns, and started compiling a resource file. We will meet again on Monday, July 25, at 7 pm at the office. Brief notes: Special Needs Trust—recommend Nolo Press books (www.nolo.com/info/special-needs-trust), also local attorney Linda Durston; Proxy Parent Foundation (www.proxyparentfoundation.org); fiduciary agency—IMT Associates (www.imtassociates.com); support services—case management, contact John Whitty (john.whitty@rocketmail.com), In Home Support Services (www.ac-pa4ihss.org), Center for Independent Living (www.cilberkeley.org).

Call for Volunteers

Since we're all volunteers at NAMI East Bay, we don't have a good perspective on when who should do what. We know our families are subject to intermittent crises and planning is difficult—and that goes for board members as well. That said, let us know if you're interested in being a family representative on one of the infrequently held county committees, helping out with office overhaul, or lending some ideas and energy to our August 14 musical event.

Request for Recommendations

We are frequently asked for recommendations for effective local psychiatrists and therapists—professionals who truly understand serious mental illness and who have been helpful to you. Let us know of any clinicians whom you feel really know the territory so we can develop our resource list.



NON-PROFIT ORG.
U.S. POSTAGE PAID
BERKELEY, CALIFORNIA
PERMIT No. 1242

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

**Are your dues paid
for 2016?**
(Check Mailing Label)
**Your Support Matters
Renew Now!**

NAMI EAST BAY 2016 MEMBERSHIP

Please check your mailing label. If the code "16" is over your name on the right side of the label, your dues are current through 2016. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2016 dues now. And if you can afford to add a bit more, please do so. Your \$35 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

Family Membership, \$35 per year Open Door Membership, \$3 per year

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

Contact me for Family to Family Education Class

Name: _____ Phone No.: _____

Address: _____

Email: _____

I'd like to volunteer: In the Office Grant Writing Membership Committee
 Hospitality Committee Labeling Newsletters Computer Committee