



General Meeting

NO 4th TUESDAY GENERAL MEETING this month. **Family Support groups Will meet at 5:30 on the 4th Tuesday at St. Stephen's Church THIS MONTH as usual** . PLEASE ATTEND THE NAMI FORUM ON **Thursday MAY 26TH AT 6:00pm IN THE COUNTY LIBRARY COMMUNITY ROOM**. We will show a PBS documentary call "Unlisted: A Story of Schizophrenia" A woman's journey, as daughter, and now as a doctor to reconnect with her father after 10 years of hiding. There will also be a question and answer period.

PLEASE ALSO ATTEND THE PAAT-NAMI WALK ON SATURDAY MAY 21ST WHICH STARTS AT MITCHELL PARK at 9:30 AM. We will walk from Mitchell Park on Santa Rosa to Higuera St to Broad to Marsh to Osos and then back to Mitchell Park.

PAAT/NAMI Mental Health Awareness Walk

When: Saturday May 21st, 9:30 AM

Where: Starts at Mitchell Park goes through downtown and ends at Mitchell Park.

Come and help us raise awareness to mental health in our community. Food will be served at Mitchell Park at the end of the walk. Information about mental health resources will also be available after the walk.

Year at a Glance

January thru June: General Mtg, 4th Tuesday of the month

May: Walkathon May 21, Forum May 26th, **No Gen. Meeting**

July: Annual Picnic, no General Meeting

August: Summer Vacation: no meeting, newsletter or support group

September: General Meeting 4th Tuesday of the month

October: BMW Walk Oct. 1st. Mental Illness Awareness Event: 4th Tuesday

November: General Meeting 4th Tuesday of the month

December: Holiday Party: no Gen. Mtg.

Cognitive and Behavior Therapy or Medication for Non-psychotic and Psychotic Disorders.

From the Association for Behaviour and Cognitive Therapies Website - www.abct.org/

Cognitive and behavior therapies (CBT) have been shown to work for a broad range of mental health disorders, as well as for many life problems not typically classified as disorders in both children and adults. The same can be said, however, for the effectiveness of several psychoactive medications. The information below is intended to help parents/caregivers choose between these two treatment options for their child or adolescent or decide when they should be combined.

Non-psychotic Disorders (e.g., Disorders NOT involving a loss of contact with reality, such as schizophrenic or manic disorders)

As a general rule, findings suggest that CBT with children and adolescents can do anything that medications can do in the treatment of the nonpsychotic disorders and it can do so without causing problematic side effects.

Research suggests that pediatric medications often work but they do so only IF or for as long as your child keeps taking them. The reason for this is psychiatric medications typically treat the symptoms but do not cure the disorders.

(Continued on page 3)

Medicaid Block Grant Would Shift Financial Risks and Costs to States

Medicaid Block Grant Would Shift Financial Risks and Costs to States. States Would Bear Impact of Recessions, Higher Medical Costs

By Edwin Park and Matt Broaddus (Feb 23,2011)

Volunteers Needed

Marcia Bess needs happy upbeat volunteers to help with the Beautiful Minds Walk this year. It is guaranteed to be fun both in the planning and operation of this event. In addition this event is a huge help to NAMISLOCO efforts to raise support for our community's mentally ill loved ones

Some states may mistakenly believe that proposals to convert Medicaid into a block grant or otherwise cap federal funding would

make their Medicaid costs more predictable and stable over time. In reality, a block grant is intended to provide predictability for the federal government by replacing the current financing system, under which the federal government pays a fixed share of a state's Medicaid costs, with one in which the federal government would pay only a fixed dollar amount and leave the state responsible for all remaining costs. This is a radical change that would significantly shift both financial risks and costs to the states.

If federal funding proved inadequate under a block grant or cap, states would have to contribute more of their own funds or else cut back Medicaid eligibility, benefits, and provider payments. That is an almost

(Continued on page 2)

(Continued from page 1) Medicaid

inevitable outcome, since federal policymakers who favor a block grant seek to use the conversion of Medicaid to a block grant to secure tens or hundreds of billions of dollars in savings for the federal government. The only way for a block grant to produce those savings is for it to provide states with far less federal funding than they would receive under the current system.

Moreover, under a block grant, federal funding would cease to rise automatically in response to a recession or unanticipated costs resulting from epidemics or medical breakthroughs that improve health or save lives but increase costs. When those developments occurred, states would have to bear 100 percent of the added costs..... ☞

From NAMI.org – see NAMI.org for more info

Hope for Youth With Mental Illness at School

by Dana Markey

Program Manager, NAMI Child and Adolescent Action Center

From NAMI.ORG

When youth experience a psychiatric crisis in your school or community,

Who is involved?

What services and supports exist for these youth and their families and for those who respond to them?

How do you ensure these youth receive the help they need to prevent crises in the future?

For communities across the country, these questions can be difficult to answer.

Oftentimes, the process for effectively addressing the needs of youth experiencing a psychiatric crisis is ambiguous at best-school professionals, law enforcement officers, mental health providers and most of all, families struggle to do the right thing but do not necessarily know how to work together to make sure the right thing happens.

Instead of receiving help, far too many of these youth are landing in the juvenile justice system. This happens because there is a lack of crisis intervention services in schools and communities. All too often, the opportunity to intervene with these youth is lost-resulting in poor outcomes.

The Value of Community Partnerships

Fortunately, there is another way. With effective community partnerships, communities can responsibly support youth living with mental illness and their families. Community partnerships allow us all to think big and to hope for cost-effective answers to difficult questions.

Many Thanks to Dr. Karen Baylor for her update on the budget cuts and their impact on mental health treatment in San Luis Obispo County at our April General meeting. Thank you also for your tireless help for our mentally ill loved ones.

In this spirit of hope, we at NAMI, the National Alliance on Mental Illness, are working with communities in Illinois, Louisiana and Utah to expand and deepen the scope of Crisis Intervention Team (CIT) to focus on the needs of youth living with mental illness and their families. CIT is a model program that brings together community partners to make sure that individuals with mental illness who are at risk for encounters with law enforcement and the justice system are directed to appropriate mental health services and supports.

CIT for Youth provides training to law enforcement officers on preventing a mental health crisis and de-escalating a crisis when it occurs. However, CIT for Youth is more than just a training program. It is a dynamic partnership of families, law enforcement officers, school personnel, mental health providers and other community leaders committed to ensuring youth living with mental illness are referred to appropriate mental health services and supports rather than thrust into the courts and juvenile justice system.

With these partnerships in place, we can identify youth living with mental illness before they get entangled with the juvenile justice system, before they fail or drop out of school and before they develop a more difficult-to-treat, chronic condition.

NAMI plans to share everything we learn from this project this summer with the release of a step-by-step, hands-on

workbook that will include real-life stories and materials from these communities. The goal of this project and workbook is to promote the replication of CIT for Youth in

We'd like to invite both new and old-time NAMI members to consider coming to the **NAMI Family Support Group which meets from 5:30-6:45, before the regular NAMI meeting on the 4th Tuesdays of the month.** We all have valuable insights to share which can help others as well as ourselves. The love and support we give to one another is a special feature of our NAMI fellowship. All are welcome! --Joe and Madeleine, Facilitators

communities across the country.

Become a Partner

Serious mental illness impacts large numbers of our youth. Recent research indicates that 13 percent of youth aged 8-15 live with mental illness. This figure jumps to 21 percent in youth aged 13-18. Instead of receiving help for their conditions, far too many youth living with mental illness are landing in the juvenile justice system. In working on this guide, I am reminded of the need for solutions to address this problem as well as the value of community partnerships. We are each a part of our community and we have the opportunity to join and support others in offering help and hope to our youth.☞

ARE YOU CONCERNED ABOUT THE MENTAL HEALTH OF A CHILD OR TEEN? NAMI Basics can help. NAMI Basics is a FREE 6-week education class for Caregivers of Children and Adolescents with Behavioral/Mental Health issues. See contact information for NAMI Basics on page 4 if you are interested in this program.



It may be time to renew your NAMISLOCO Membership. Check the date on the newsletter mailing label. Please fill out the form on page three and send it in with your dues. Your funds support NAMISLOCO activities. Thank you for your past support.

NAMI PROGRAMS ACTIVE IN San Luis Obispo County



The NAMI SLOCO executive board meets from 11:30 - 1:30 on the second Friday of the month at The Boysdon Room, Saint Stephen's Episcopal Church, SLO.

NAMI SLOCO Officers

Lisa Kelley, President788-0869
 Darryl Elliott, Vice-president594-1056
 Pam Zweifel, Secretary543-1825
 Nancy Griffin, Treasurer543-9399

NAMI SLOC Standing Committee Chairs

Naoma Wright, Publicity543-5232
 Roger Gambs, Newsletter, Peer-to-Peer461-6590
 Ed & Kathy Garner, Newsletter & Website550-3117
 Carole Wallace, Librarian
 Pam Zweifel, Membership543-1825
 Rae Belle Gambs, Forensic461-6590
 Madelene & Joe Johnson Support Group544-2086

Special Committee Chairs

Lillian Bareither, Newsletter Mailing595-2821
 Jerry Howe, Farmers Market543-2261
 John Klimala, Family to Family Coordinator550-3889
 Lisa Kelley, Parents & Teachers as Allies788-0869
 Carole Wallace, NAMI Basics Coordinator
 Lisa Kelley, NAMI Basics Coordinator788-0869

(Continued from page 1) Meds versus CBT

CBT, on the other hand, can address symptoms on a more enduring basis by teaching children and adolescents valuable skills that may reduce the risk for subsequent symptom return long after treatment is over.

Young people with more severe symptoms may benefit from taking psychoactive medications—either alone or in conjunction with CBT treatment—particularly among disorders like depression, obsessive-compulsive disorder, and attention-deficit hyperactivity disorder. For the less severe instances of these disorders, however, the evidence for CBT is at least as strong as that for medications and for some disorders it is even stronger.

Medications tend to work a little faster than CBT (by a matter of weeks) and there are sometimes benefits from using the two in combination or in sequence. Currently, the best research evidence indicates that, for most children and adolescents, some combination of medication and CBT is the "gold standard" treatment for clinical symptoms of anxiety, depression, and attention-deficit hyperactivity disorder.

As a caveat, however, there are indications that taking medi-

cations may undermine the enduring effects of CBT in some patients.

Findings regarding the effectiveness of child/adolescent psychotherapy as an alternative to medication use are mostly available for CBT therapy. While there are many other approaches to psychotherapy, data indicating whether these other approaches are effective are still emerging.

Psychotic Disorders

A different rule applies for the psychotic disorders (those involving a loss of contact with reality, such as schizophrenia or mania). For these disorders, medication treatment has the best empirical support and represents the current standard of treatment.

The parents of young people with psychotic disorders are advised to seek good psychiatric treatment for their children and to keep them on their prescribed medication.

CBT and certain family focused interventions often can play a useful adjunctive role in these disorders but they should not be used instead of medications.

⌘

NAMI 2011 Membership (membership in NAMI SLO CO also includes membership in NAMI Cal. & NAMI Nat'l.)

National Alliance on Mental Illness
 San Luis Obispo County



NAMI SLO CO is a charitable, non-profit, tax-exempt organization affiliated with the NAMI California and NAMI National.

PLEASE PRINT

NAME(S) _____ DATE _____

ADDRESS _____

CITY/ZIP _____

PHONE (DAY) _____

PHONE (NIGHT) _____

EMAIL _____

DONATION _____

NAMI SLO CO
 P.O. Box 3158
 San Luis Obispo, Ca
 93403

- New
- \$30 Individual
- Renewal
- \$35 Family
- \$50 Friend
- \$7 Client

SLO Co. Mental Illness Referrals, Contacts, Locations – NAMI & T-MHA Programs: Programs for the mentally ill and their families, education for the public

1. EDUCATIONAL, SUPPORT, WELLNESS AND RECOVERY PROGRAMS FOR PEOPLE LIVING WITH MENTAL ILLNESSES

NAMI Hearts and Minds – A Roadmap to Wellness for Individuals Living with Mental Illness: Meets on 4th Tuesday every month (except Jul. Aug. Dec), 5:30-6:45 PM at St. Stephen's Episcopal Church (Pismo and Nipomo streets, SLO) Call Lisa @ 788-0869 or lisakelley2929@gmail.com.

NAMI Peer-to-Peer Education Class (9 week education class for people living with mental illnesses). Call Betty McGraw, T-MHA @ 540-6578 or bmcgraw@t-mha.org

Dual Recovery Anonymous: 452 Higuera St., SLO, 2:30-3:30 Friday. 8600 Atascadero Ave. Atascadero, 2:30-3:30 Thursday 203 ½ Bridge St. Arroyo Grande, 2:30-3:30 pm, Tuesday

WRAP - Group Wellness and Recovery Action Plan: T-MHA, 784 High Street, SLO, call 540-6578 for dates/times

Women's Support Group: There are no classes/meetings now.

Peer Support: Call Betty McGraw, T-MHA @ 540-6578 or bmcgraw@t-mha.org; 5395 El Camino Real B, Atascadero, Fri. 9:30-11:00 AM, 452 Higuera St. SLO, 12:30-2:00 PM, Wednesday

Mental Health Advocates: Call John Byers, T-MHA @ 440-5026 (c), 540-6580 or jbyers@t-mha.org. Or call Betty McGraw, T-MHA @ 440-9118 (c), 540-6578 or bmcgraw@t-mha.org

PEP Drop-In Center: 8-4 ,M-F, 5395 El Camino Real B, Atascadero, Call Karen Kusworth, T-MHA @ 464-0512, 540-6583 or kcusworth@t-mha.org

Peer Advisory & Advocacy Team: Call Darryl Elliott, T-MHA, 540-6579 or delliot@t-mha.org

2. EDUCATIONAL & SUPPORT PROGRAMS FOR FAMILIES AND FRIENDS OF PEOPLE LIVING WITH MENTAL ILLNESSES

NAMI SLOCO, MEETINGS/PROGRAMS: 4th Tuesday every month (except Jul. Aug. Dec); Program: 7:00 PM in the multi-purpose room at St. Stephen's Episcopal Church (Pismo and Nipomo streets, San Luis Obispo, CA.) Follow signs from parking lot off Pismo Street

NAMI SLOCO, Family Support Groups: (A) 3rd Monday of every month, 6:30-8:00 PM, at the T-MHA MHSA Support Center, 5395 "B" El Camino Real, Atascadero. Call James or Diane @ 461-1286 for more information. (B) 4th Tuesday every month (except Jul. Aug. Dec), 5:30-6:45 PM in the multi-purpose room at St. Stephen's Episcopal Church (Pismo and Nipomo streets, SLO) Call Joe or Madeleine @ 544-2086 for more information.

T-MHA Family Services: Assists anyone who has someone in their life that they know or suspect has a mental illness. Janice Holmes, Program Manager, 540-6571.

T-MHA Family Orientation Class and Family Support Group: Tuesday Afternoons; Orientation – 12:00-1:00; Family Support Group – 1:00-3:00. T-MHA, 784 High Street, SLO, Call Henry Herrera @ 540-6573 or Cami Rouse @ 540-6574 for more information.

T-MHA Family Support Group in Spanish (Grupo de Apoyo Familiar): Para Familias y seres queridos que tienen personas con problemas mentales; visite el grupo sin hacer cita – no hay costo y no es necesario llamar para asistir. Para más información llame a Enrique (Henry) Herrera, Asesoría Familiar @ 540-6573.

T-MHA Young Adult Family Support Group: Contact Cami Rouse at 540-6574 or crouse@t-mha.org

T-MHA Youth Family Partners, Parent Project and Active Parenting Classes: Multiple groups meet weekly throughout the county. Call Youth Family Partners: Jackie Garza (458-6388), Patty Ramirez (458-2596) or Linda Quesenberry (503-0009) for more information.

NAMI Family-to-Family Education Class (12-week education class for families and friends of people living with mental illnesses): Call John Klimala @ 550-3889 for time and place of next 12 week education class.

NAMI Basics Class (6-week education class for families and caregivers of children and youth living with mental illnesses): Connect Lisa Kelly at 788-0869

3. AWARENESS & RECOVERY PRESENTATIONS FOR THE PUBLIC

NAMI "In Our Own Voice" Program (2 hour public mental illness awareness and recovery presentation): Call Jessica Vieira, Transitions-Mental Health Association @ 540-6576 jvieira@t-mha.org.

"The Shaken Tree" Film/Presentation: Call Shannon McOuat, T-MHA Mental Health Service Act PEI Outreach Coordinator @ 540-6510

4. EDUCATIONAL PRESENTATION FOR PROFESSIONAL EDUCATORS

NAMI Parents and Teachers as Allies (2 hour mental illness education presentation for professional educators): Call Lisa @ 788-0869

5. WHERE CAN YOU GET HELP IN SLO COUNTY?

Mental Health Department 1-800-838-1381
24-Hr. MHD Crisis Service 781-4700
Behavioral Health Admin. 781-4719
Arroyo Grande Clinic 473-7060
Atascadero Clinic 461-6060
San Luis Obispo Outpatient Clinic 781-4700
Inpatient Service 781-4711
Youth Services (Vicente Dr.) 781-4179
Forensic MH Services (CON REP) 781-4190

**SLO Hotline 24-hour
mental health support** **1-800-549-4499**
Grievance Coordinator 781-4738

T-MHA Family Services Program
Adult Services 540-6571, 540-6572,
Youth Services 458-6388, 458-2596, 503-0009

San Luis Obispo County Behavioral Health Dept. web site:

< <http://www.slocounty.ca.gov/health/mentalhealthservices.htm> >

Transitions-Mental Health Association: (P. O. Box 15408), 784 High Street, San Luis Obispo, CA 93406, (Corner of High and Santa Barbara Streets); Ph. 805-540-6500; FAX: 805-540-6501; Email: info@t-mha.org; web site www.t-mha.org

NAMI San Luis Obispo County; P. O. Box 3158, San Luis Obispo, CA 93403; Messages: 805-546-4040; web site: <http://www.namislo.org>

Forum
May 26

Or Current Resident

NON-PROFIT ORGANIZATION
U.S. POSTAGE
Paid
SAN LUIS OBISPO, CA
PERMIT NO. 19

SAN LUIS OBISPO COUNTY
ALLIANCE FOR THE MENTALLY ILL
P.O. BOX 3158
SAN LUIS OBISPO, CA 93403