



NAMI Ventura County

Ventura County's Voice on Mental Illness

Newsletter

February 2008



SPEAKER'S MEETING

7:00 P.M., Tuesday February 12, 2008

ASK THE DOCTOR

with

Michael Turek, M.D.

Medical Director
Ventura County Behavioral Health
Adult Services
Alcohol & Drugs Program

Bring your questions on any topic relating to mental illness or substance abuse, including treatment, therapy, medications etc. Dr. Turek will be happy to answer them if he can.

**St. Columba's Episcopal Church
Parish Hall
1251 Las Posas Road, Camarillo**

**PLEASE ARRIVE EARLY IF YOU CAN.
WE NEED HELP SETTING UP TABLES AND CHAIRS**

CRISIS TEAM – 24/7 RESPONSE Luckey Announces 24-hour East County Crisis Team

Susan Luckey, Clinical Lead of the Ventura County Behavioral Health Department Crisis Team, announced plans to expand the county's 24-hour response team to the East County. Speaking at the NAMI General Meeting on February 8, Luckey's presentation was an "everything you've always wanted to know" about crisis response, with nearly half of the program given to an audience-speaker, question-and-answer session.

The Crisis Team actually consists of two teams, a West County and East County Team with the West County team currently operating 24-hours a day, 7 days a week. With new funding, the East County team will soon be available on the same basis. The team currently consists of 17 members, and will expand to 21 with the addition of the East County 24/7 response. The Crisis Team averages approximately 90 field calls or visits per month, and responds to 600-1500 phone calls per month. Two crisis sectors currently exist in Ventura County – the Crisis Team and the Children's Intensive Response Team (CIRT), which responds to crises involving children up to age 21.



January featured speaker Susan Luckey staffed the BHD resource table at NAMIwalks 2007 - on the Ventura Beach boardwalk

Luckey emphasized that while the Crisis Team is able to help in a variety of ways, including grief counseling and in-service educational programs on suicide, there are several limitations on their services. For example, they cannot forcibly enter a residence; they can't hospitalize someone for

INSIDE THIS ISSUE

1	Speaker's Meeting / Crisis Team 24/7 Response
2	Meet the Board / State Budget Proposals
3	Casa de Esperanza / Circle of Care / Homeless Survey
4	Doctor Donation / Drug Study on Aggression
5	Keeping In Touch / PEP and F2F Classes
6	Support Groups / Mental Health Services Act

medical treatment not related to mental illness; they can't issue a 5150 for physical medical treatment.

Responding to an audience question regarding a what-if situation: what if a 5150 is issued on a person without private insurance and county hospitals are full? Luckey responded that in such cases where hospitalization is required, and the individual is not in an Emergency Room, they are still transported to Hillmont. When asked her opinion as to what changes would help those in crisis the most, Luckey responded that a crisis hospital in East County would be most beneficial at the present time.

Luckey began her career 27 years ago at Camarillo State Hospital. She later moved to Vista Del Mar and joined the crisis team in 1990. She was asked to take on the position of Clinical Lead in 2004. She states, "Crisis work has always been my passion and I find it very rewarding. I wouldn't want to do anything else." ❖

MEET THE BOARD: CONNIE HALL - TREASURER



I first came to know of NAMI Ventura County about three and a half years ago. My daughter was on a seventy-two hour hold at Hillmont Psychiatric Center. I was at a very low point trying to cope with her illness. I knew so little about it, and I seemed unable to

discuss it with anyone. I was at a total loss and on a downward health spiral of my own. One day as I was leaving from a visit with my daughter, the mother of another patient in the unit came up to me and told me about a NAMI Family to Family class that had just started two weeks earlier in Oxnard. She told me that people were allowed to enter the class anytime up to the beginning of the third week. She said call Debbie Hurt and tell her you want to enter the class.

I called Debbie and hers was the first NAMI Ventura County voice I heard. I completed the class. Each day that I attended I learned so much from the lessons, and from the other participants, all people so much like me, trying to cope with an illness that seemed to me to have no boundaries or limitations to its devastation.

"Except for the names and a few other changes, if you talk about me, the story's the same one." We seemed to all be in this strange place together. I came to know that each bit of information and each story filled in gaps, and I came to believe that some answers would come and that surely I could find the hope to move on to each day. There is strength in numbers. And as I learn more about mental illness, I have also come to learn what tremendous strength my daughter has, as well as intelligence and creativeness. I marvel every day at her abilities and stamina.

The spring of 2005, I signed up as a member of Debbie's Walk team. Rather, she signed me up on line, since I couldn't seem to manage that, and I became a member of NAMI. What did I know? I ended up helping to clean up the Walk site afterwards. I've been doing it ever since. I love the day of the Walk. And as my friend and NAMI spokes-person Karyn Bates, says, "The Walk Luncheon has become an event of its own!" To me, they are events **not to be missed.**

Two years ago, Sonna Gray and Irene King, two other dear NAMI friends and early sources of information, comfort and inspiration, gently pushed me into accepting the position of Treasurer for NAMI Ventura County. It's more work than I ever expected, but really a nothing thing compared to the support, education and friendship that NAMI gives to me every day.

Join us. It's easy to do. Our classes, programs and speaker meetings shed light into the dark corners of mental illness. And NAMI friends and community care providers together bring light into the dark corners of families lives, hearts and souls. ❖

STATE BUDGET PROPOSALS REVEALED

NAMI California reports that to eliminate the \$14.5 billion deficit projected for FY 2008-09 and finish the budget year with a projected reserve of \$2.8 billion, the Governor proposes a combination of spending cuts, delayed repayments on the state's outstanding debt, and the sale of the remaining deficit reduction bonds authorized by Proposition 58.

The Governor also formally declared a fiscal emergency pursuant to Proposition 58, as had been expected, and called for a special session of the Legislature to respond to the declaration and his proposals. To deal with the "fiscal emergency," the Governor proposes both current year (FY 2007-08) and budget year (FY 2008-09) budget reductions. His FY 2008-09 budget is predicated on the passage of his proposed current year reductions. The Governor stated that he was not offering revenue increases as part of the budget solution package, saying it "would be wrong to raise taxes on people to cover Sacramento's overspending and since we have not yet fixed our budget system."

Finally, the Governor has indicated he will once again propose a constitutional initiative ("The Revenue Stabilization Act") to give him the authority to make mid-year budget reductions without legislative approval when expenditures exceed revenue by certain percentage. Proposed State Department of Mental Health cuts include:

1 - Community Treatment Facility Rates: Elimination of the Community Treatment Facility (CTF) supplemental rate, for savings of \$1.2 million SGF in the current year, and \$1.2 million in the budget year.

2 - Early Mental Health Initiative: A 10% reduction to this program (which provides mental health assistance to school-aged children) only in the budget year, for a total reduction of \$1.6 million.

3 - Cathie Wright Technical Assistance Center: A reduction of 10% to the grant for technical assistance provided by the California Institute for Mental Health (CiMH) for the children’s public mental health system, for a total of \$10,000 in the current year, and \$40,000 in the budget year.

4 - DMH Headquarters: A reduction of \$722,000 in current year for the state Department of Mental Health headquarters, and \$1.95 million in the budget year.

Other proposals/programs of interest:

Mentally Ill Offender Crime Reduction (MIOCR): A 10% (\$4.5 million) reduction in this program for the budget year, from \$44.6 million to \$40.1 million.

Implementation of AB 900: Under the California Department of Corrections and Rehabilitation (CDCR) budget, an increase of \$6 million to expand mental health services for mentally ill parolees. According to the proposal, CDCR will work with county providers to ensure that parolees receive the necessary services when in mental health crisis and transition them to appropriate services.

Proposition 36/Substance Abuse Offender Treatment Program: A 10% current and budget year reduction in this program, for a \$3.3 million in current year, and \$10 million in budget year.

NAMI California will be more carefully analyzing the Governor’s budget in the coming weeks.❖

NAMI BOARD AND STAFF VISIT CASA DE ESPERANZA

Late last month the NAMI Board and staff were invited to an informational tour of Casa de Esperanza given by Telecare Corporation’s Regional Administrator, Greg Swift, LMFT.

The approximately 22,300 square foot housing project is located on 3.77 of an acre and contains five “casas”. Each “casa” houses 15 persons, for a total capacity of housing for 75. Each housing unit has its own separate kitchen, dining area, living area and laundry facility. There is a separate large community building which is comprised of two recreational rooms, two group rooms, three offices, bathrooms, storage space and a reception area.

One “casa” houses transitional age youth, three “casas” are dedicated to transitional housing (18 months or less), and one “casa” is set aside for permanent housing.

The Telecare program follows an ACT – Assertive Community Treatment – model, with each “casa”

having its own casa director and resident counselor. Currently Telecare has eight staff members on the ACT team, as well as an XP2 team that is providing jail outreach.❖

CIRCLE OF CARE EXPANDS SERVICE AND SUPPORT MODEL TO INCLUDE TAY, ADULTS, OLDER ADULTS

Meetings have begun to identify the supports and services needed by transitional age youth (TAY), adults and older adults in order to effect a “Circle of Care” to support a person with mental illness.

The “Circle of Care” model was used to initially to identify services and supports needed for Children with SED. At the December meeting, the group – which included a variety of county and private agencies – began to map current services available in the county within geographical areas and by age group, in order to help identify any gaps of service within the local community.

Broad categories where services and supports are necessary were: alcohol or drug-related, physical; recreational and family; legal issues; emotional; supportive services; educational and vocational; housing, financial and eligibility. For children, listed under legal issues were services for needs such as guardianship custody, adoption, probation, immigrant status and foster parents. A comparable listing will be developed for TAY, adults and older adults.

The “Circle of Care” organizational chart below illustrates how different services and supports would interact with the individual in need.



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273 HOMELESS ADULTS SURVEYED 37% OF HOMELESS REPORT MENTAL ILLNESS DIAGNOSIS

In a survey taken for the Ventura County Homeless and Housing Coalition and reported on by the Institute for Urban

Research and Development, 273 homeless adults were interviewed during a 10-week period between mid-March through May of 2007. More than one-third of those surveyed (37%) reported that they have been diagnosed with mental or emotional problem and almost 35% stated that they had been prescribed medications for these problems.

The surveyed adults represented approximately 20% of the total number of 1,679 homeless adults who were counted in the County of Ventura 2007 Homeless Count. Of the 273 surveyed, 134 were living on the streets and 139 were living in emergency shelters or transitional housing programs. Approximately 14% of those surveyed said that they had been hospitalized for psychiatric problems within the past year and another 13% stated that they had been hospitalized at some point in the past. More than three-quarters of the respondents stated that they first became homeless while living in Ventura County and of this group, nearly 30% had been living in the city of Ventura and 26% in Oxnard.

The purpose of the survey was to obtain a wide range of information about the County's homeless population. Not only is the information required for HUD grant applications, but it also serves as a basis for developing strategies to end homelessness and filling in the gaps in services in the County continuum of care.

The survey was conducted on the streets and at various residential and non-residential social services sites that participated in the homeless count and was conducted by representatives from more than 30 public and private agencies. All of the surveyors who participated in administering the survey questionnaire were oriented and trained by staff of the Institute for Urban Initiatives with assistance from staff with the Ventura County Homeless and Housing Coalition.

From a demographic standpoint, the survey included 31% women, and 69% men with 60% being White, 27% Hispanic or Latino, 6% Black or African American and 5.5% American Indian or Alaskan Native. 58% were adults 40 years of age or older, 35% were between ages 25 and 39, 7% were between ages 18 and 24 and 5% were adults 62 years of age or older. The survey assessed service needs by focusing on areas including domestic violence, education, ethnicity, familial status, geo-history, health care, income, mental health history, residency, substance abuse history, and veteran's status.

Interestingly, nearly two-thirds of those surveyed reported being homeless for one year or more with one-third reporting being homeless for three years or more. One in five said that they had been homeless five years or more and one in ten had been homeless 10 years or more.

A copy of the County of Ventura 2007 Homeless Survey can be found on the Ventura County Homeless and Housing Coalition website, www.vchhc.org. ❖

DOCTOR DONATES ON BEHALF OF SURVEY PARTICIPANTS BENEFITS NAMI VENTURA COUNTY

Thank you to Dr. Vincent Caimano and responders to the Conejo Valley Depression Support Plus Group Survey. Dr. Caimano offered a \$5 donation to NAMI on behalf of each responder to a survey of the support group's mailing list of over 80 people. Twenty-eight people completed the survey.

The Conejo Valley group meets every Monday evening and features a combination of a traditional support group with an educational segment. Discussion topics have included What is Depression and How Can It Be Overcome?, Causes of Depression: Chemical Imbalance, Genetics and Will-Power, Depressing Thoughts and Rumination, Depression Self-Care, The Use of Mindfulness to Reduce Depression, Food and Mood, How Thinking Can Change the Brain, Sleep and Depression, Self-Destructive Behavior and chapters from the book *Ending the Depression Cycle*. Dr. Caimano emphasized that support group participants need not prepare for the discussions in advance of attending.

The support group meets Monday evenings from 7:00 p.m. to 8:30 p.m. at the Church of the Epiphany, 5450 Churchwood Drive (Churchwood and Kanan), Oak Park in the Education Building, Room 6. For more information call Vince at (818) 707-9799 or email him at depressiongroup@mindspring.com. ❖

Study finds drugs don't work in treating aggression

LONDON (Reuters) - Two antipsychotic drugs long used to treat aggressive behavior in people with limited intelligence do not work and should not be prescribed for these patients, researchers said, in early January 2008.

For the past 60 years doctors have treated aggression in people who are not psychotic with the drugs, but placebos seem to do a better job, said Peter Tyrer, a community psychiatrist, who led the study published in UK medical journal *The Lancet*.

"For most circumstances people shouldn't be given these drugs because there is no indication they work," said Tyrer of Imperial College, London. "What we have shown is the placebo is the most effective component."

About 1.5 percent of the population have IQ's below 70 and are defined as disabled because of their lower intelligence, Tyrer said. These people have difficulty expressing themselves and are often aggressive when trying to do so.

Writing in a commentary in *The Lancet*, a pair of U.S. researchers said the study was important because of the

sparse evidence of how well these drugs work in treating aggression for people with lower-than-normal intelligence.

And while they questioned whether the measures used to assess aggression were sensitive enough to detect the impact of treatment, they said the findings add much to the debate on a highly vulnerable group.

"Tyrer and colleagues present an important study on a prominent topic in mental health," Johnny Matson and Jonathan Wilkins of the Department of Psychology at Louisiana State University wrote.

Tyrer and colleagues measured the effects of the drugs haloperidol and risperidone against a placebo on the aggressive behavior of 86 non-psychotic patients from ten locations in Britain and Australia.

Risperidone is sold under the brand name Risperdal, a top-selling schizophrenia drug. Haloperidol is an older drug which Johnson & Johnson markets as Haldol.

Johnson & Johnson, which sells the drugs through a subsidiary, had no immediate comment.

They found that the placebo reduced aggression by nearly 80 percent compared with 50 percent to 60 percent for the drugs. The researchers used a widely accepted measuring scale to gauge aggression.

"This is the first study carried out which has not been funded by the pharmaceutical industry and which most of the people have had severe learning disabilities," Tyrer said.

One of the reasons the placebo may work so well is the simple psychological effect these often ignored patients gain from the attention of a doctor when given the treatment, Tyrer said in a telephone interview.

Haloperidol and risperidone cause dry mouth, dizziness, constipation as well as serious side effects such as tremors. These problems likely offset any psychological benefits the drugs would also have, he added.

"The main effect is the people just don't feel right on them, or comfortable with them" Tyrer said.

(Reporting by Michael Kahn; Editing by Julie Steenhuysen and Erica Billingham)❖

KEEPING IN TOUCH: THE TOLL-FREE WAY

If your loved one does not live in your home, it is important to keep in contact and to allow them to telephone you when they need help. Many facilities have pay phones for incoming and outgoing calls, but sometimes it is difficult - and expensive - for a client to call out from a pay phone. Calling cards may tend to get lost or used inappropriately. So how can you provide a good "phone home" capability?

One way to do so is to set up a toll-free number that rings on your existing home telephone line. Go to www.kall8.com and sign up. For just \$2 a month, you can have your very own 888 or similar toll-free number (\$5 a month for 800 area codes). Calls made using this service will cost you 7 cents a minute. Calls made from a pay phone cost an additional 50 cents.

The client just has to dial this one toll-free number, no money needed, and it will ring through to your home. You can even set up different "ring-to" numbers so that calls between certain times go to your cell phone or work phone, and at other times to your home phone. You can allow calls from only one or two pay phones, or block calls altogether, instantly, using the web site. This is a very flexible service.

If you have other ways of keeping in contact with your loved one, let us know and we will share that in our next newsletter!❖

VENTURA PEP AND WESTLAKE F2F CLASSES FULL VENTURA, SIMI F2F AND CAMARILLO FAMILIA A FAMILIA STILL TAKING REGISTRATION

As of the publication of this newsletter, the Provider Education Program class in Ventura and the Family to Family class in Westlake are both at maximum capacity.

The Provider Education Program has enrolled 25 providers of mental health services in its 10-week session that began on January 24. The class is being offered at Turning Point Foundation which generously donated their meeting space to NAMI for the ten Thursdays that the class is in session. A wait list has already formed for those interested in taking the class when it's offered next.

The Family to Family class in Westlake, which began on January 17, is near capacity with 23 registered. There is still time to register for the Ventura Family to Family class which begins January 30, the Spanish-speaking familia a familia class which began on January 24 and the Simi Valley class which begins February 18. To register or for more information, please call the NAMI office at (805) 641-2426.❖

SUPPORT GROUPS FOR CONSUMERS/CLIENTS

Please note – These groups are for consumers/clients. Family member support groups are listed separately.

Depression/Bipolar Support Groups:

Ventura: DBSA Support Group meets every Tuesday, 6:30 p.m. to 8:00 p.m., Bible Fellowship Church, 6950 Ralston Street (& Johnson Drive), Building 300, Room 301, Ventura. For more information, call (805) 201-0619. See: <http://health.groups.yahoo.com/group/DBSAVentura/>.

Ventura: DBSA Support Group meets 1st and 3rd Wednesday, 2 p.m.- 4 p.m. At the Adult Wellness and Recovery Center, 56 E. Main Street (at Ventura Avenue in Ventura). For directions and information, call (805) 671-5038

Oak Park: The Conejo Valley DBSA Depression Support Groups meets every Monday from 6:30 to 8:00 p.m. at Church of the Epiphany, 5450 Churchwood Drive (Churchwood & Kanan), Oak Park. Watch for sign "CVDSG". Info: Vincent F. Caimano, Ph.D., (818)707-9799 home, (818)292-8551 office.

**MORE SUPPORT GROUPS ARE FORMING.
WATCH HERE FOR LISTINGS.**

SUPPORT GROUPS FOR FAMILY MEMBERS

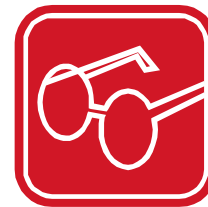
Please note –These groups are for family members. Consumer/client support groups are listed separately.

NAMI in Camarillo – Meets at 5:30 p.m. the second Tuesday of each month at St. Columba's Episcopal Church, 1251 Las Posas Rd., Camarillo. The meeting is prior to the General Meeting. Info: (805)641-2426.

NAMI in Thousand Oaks – Meets at 7:00 p.m. the 3rd Monday of each month at 72 Moody Court in Thousand Oaks (Mental Health Adult Services Center). Info: (805)641-2426.

NAMI in Ventura – Meets at 6:30 p.m., the 1st and 3rd Tuesdays of each month at College United Methodist Church, 4300 Telegraph Road, Ventura. Info: (805)641-2426.

**MORE SUPPORT GROUPS ARE FORMING.
WATCH HERE FOR LISTINGS.**



MENTAL HEALTH SERVICES ACT COMMISSION TO MEET

The Mental Health Services Act Oversight and Accountability Commission (MHSOAC) will hold a stakeholders meeting in Sacramento January 24 and 25th. In November 2004, California voters passed Proposition 63, the [Mental Health Services Act](#) (MHSA) with 53.4% of the vote. This law called for the establishment of the Mental Health Services Oversight and Accountability Commission (MHSOAC) which is charged with overseeing the Adults and Older Adults Systems of Care Act; Human Resources; Innovative Programs; Prevention and Early Intervention Programs; and the Children's Mental Health Services Act. The goals of the MHSOAC Work Plan are to ensure that California counties and the State Department of Mental Health are accountable for the following outcomes identified in the **MHSA, section 5840, section d. (1-7)**:

1. A reduction in suicide (Individuals living with mental illness are safe)
2. A reduction in incarceration (Individuals living with mental illness are living in the community with access to "help first" care)
3. A reduction in school failure (Individuals living with mental illness are succeeding in school)
4. A reduction in unemployment (Individuals living with mental illness are employed and earn a living wage)
5. A reduction in prolonged suffering (Individuals living with mental illness have friends and perceive themselves as living in a supportive community)
6. A reduction in homelessness (Individuals living with mental illness are in independent or supported living situations)
7. A reduction in removal of children from homes (Individuals living with mental illness are living with families and experience consistency, support, and love)

**Ventura County Behavioral Health
Adult Outpatient Service Sites**

If You Live In:	Contact The Officer of the Day:
Ojai or Ventura (excluding Zip code 93004)	Ventura Outpatient Clinic 4258 Telegraph Rd Ventura, CA 93003 477-5700
Fillmore, Piru or Ventura 93004	Santa Paula Outpatient Clinic 333 W. Harvard Blvd. Santa Paula, CA 93060 933-4868
Oxnard, Port Hueneme or El Rio	Oxnard Outpatient Clinic 1911 Williams Dr., Suite 110 Oxnard, CA 93036 981-4200
Camarillo, Thousand Oaks, and Ventura County areas of Agoura, Westlake, Bell Canyon	Conejo Outpatient Clinic 72 Moody Court Thousand Oaks, CA 91360 777-3500
Simi Valley or Moorpark	Simi Valley Outpatient Clinic 3150 Los Angeles Avenue Simi Valley, CA 93065 577-0830

**NAMI Ventura County
Contact Information**

Mailing Address: P.O. Box 1613, Camarillo, CA 93011
Office: 1339 Del Norte Road, Camarillo, CA 93010
Phone: (805) 641-2426
Fax: (805) 275-2188
e-mail: namiventura@gmail.com
website: www.namiventura.org
Executive Director: Margaret Yun
Program Coordinator: Chris Novak

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**NAMI Ventura County
Membership Application 2008**

Please fill out the form completely, and mail with check payable to:
NAMI Ventura County, P.O. Box 1613, Camarillo, CA 93011-1613

Check One: _____ New Member _____ Renewal Date _____

Name(s) _____

Address: _____ City _____ Zip _____

Phone _____ E-mail _____

Membership Level (check one):

_____ Single (\$30)* _____ Family (\$40)* _____ Silver (\$50)* _____ Gold (\$100)* _____ Peer/Client (\$5)

Membership Dues \$ _____

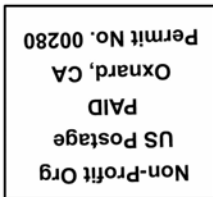
Donation Amount \$ _____

Total Enclosed \$ _____

**A portion of your membership dues (\$20) is sent to NAMI National and NAMI California.
Dues and donations to NAMI Ventura County are tax deductible to the extent permitted by law.

NAMI Ventura County needs your help. Please mark the activities in which you can volunteer:

<input type="checkbox"/> NAMI Office Work	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Family-to-Family	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Outreach	<input type="checkbox"/> Legislation	<input type="checkbox"/> Membership	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Publicity	<input type="checkbox"/> Speakers Bureau	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other



ADDRESS CORRECTION REQUESTED
Camarrillo, CA 93011-1613
P.O. Box 1613
NAMI Ventura County



**SAVE THE DATE – MAY 17, 2008
VENTURA COUNTY NAMI
NAMIWALKS FOR THE MIND OF AMERICA**

IF YOU WISH TO:

- **DONATE ON-LINE**
- **REGISTER FOR THE WALK**
- **START A TEAM**

**LOG ONTO WWW.NAMIVENTURA.ORG
CLICK ON THE LEFT-SIDE COLUMN
SIGN UP NAMIWALKS VENTURA COUNTY**