



Dear Families and Consumers,

Judy Williams, President NAMI-SCC

When people call me about the Family-to-Family Class, I find out how little support we have locally for those people who end up at the Dominican Hospital Behavioral Health Unit and no Day Treatment Programs in our county to attend. In Santa Cruz County there is no rehabilitation facility for those people who **have** insurance and can afford to pay and there is no rehabilitation facility for people who **have no** insurance and are not in the County Mental Health System.

In speaking with George Jarrow, Manager of the Behavioral Health Services, I was told that the Community Hospital of Monterey, Good Sam Hospital and El Camino Hospital all have excellent Day Treatment Programs. Where is our Day Treatment Program for our family members?

Too many people leave the hospital without the support needed to continue treatment and stabilize their illness. There is definitely a need for this here in our county.

From MHCAN's Executive Director

I used to think of myself as a fairly private person. I used to believe my mental health diagnosis was best kept hidden from as many people as possible. Despite occasional lapses in judgment, I did a pretty good job of staying below the radar. So it's ironic that I now find myself in a job where I talk publicly about my own experience as a person with a psychiatric disability almost every day.

It can be draining to speak about something so personal. Conversations can call up memories that I was trying to forget. I never know just how whoever I'm talking to will react. I often wonder how they will think of me differently, and if it will make them not want to associate with me.

It was a luxury to be able to keep my diagnosis

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Out of the Snake Pit, a Personal Odyssey:

New hope dawns for mental health system.

Rose King Has Seen It All. A widely recognized expert on mental health issues, she has served in the trenches of the mental health wars for more than 30 years—even before the 1969 suicide of her husband, who suffered from what was then called manic depression. Years later, her son also committed suicide—after suffering from the same illness, known now as bipolar disorder.

She saw the emptying of the state hospitals during the 1960s—ultimately, some 87 percent of 36,000 patients were “deinstitutionalized”—that began under Gov. Ronald Reagan and continued through the 1970s by Gov. Jerry Brown. She saw the legions of homeless mentally ill roaming the streets, passing through temporary shelters and jails, victims of the state's failure to pay for community mental health care as promised when the state hospitals were shuttered.

Today, only 4,700 mental patients remain in state hospitals. She saw families struggling with health insurers and public mental health programs to get help from a failed system plagued by lack of money, understaffing and disorganized services. The hard lesson learned: Care is often available to the mentally ill only when they are in a state of severe crisis.

“It hasn't really changed since my husband became ill,” says King, who lives in East Sacramento. “It remains crisis-driven, crisis-perpetuating and fragmented.”

“We turn mental health clients away and tell them to return when their symptoms are so severe and persistent that they cannot meet their own needs, and may no longer even recognize that they need care,” the Little Hoover Commission noted in a 2000 report.

But last year, voters approved Proposition 63, the landmark mental-health initiative that taxes the wealthy at 1 percent of all income over \$1 million. That means Californians will now see the

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Survivor Guilt

Mael Dinnell

The community we live in as “chronic mentally ill”—people largely dependent on mental health services—is one that contains a lot of pain. Mental illness itself can be an expression of protest by the mind and body against abusive or difficult circumstances during development. Like an Achilles’ heel in the body, the mind has its vulnerable aspects, which strain and stress can turn in to illness. So difficulty in living can be compounded by one’s own reaction to the difficulty.

Among the difficulties we deal with is peer death. Recently, for a period of about a year, we witnessed and experienced it with numbing regularity.

As mental health clients our life expectancy is already 15 (women) to 20 (men) years shorter than the average persons’. In the last year suicides, overdoses, cancers and conditions of the liver and kidneys took life from at least twelve people whom we were friends with, or at least familiar with. Only two were over fifty years old.

The professionals who worked with them and their families suffer their own separate and similar distress. But for us there is always the gnawing, underlying awareness that we are as vulnerable as they were. And in such a circumstance as this there is always “survivor guilt”.

It is evidenced in denial, discomfort or despair, but it strikes every one of us, adding depression over very real losses to already difficult circumstances. It raises questions about the quality of our lives, our relationships, our usefulness, the general lack of justice in life, and the seeming unfairness of death. Perhaps it rekindles carefully suppressed anger about being cast the lot of chronic recurring mental illness, which it sometimes seems can only be managed at best.

Medication is literally a bitter pill to swallow. Many of the physical ailments complicating our lives and killing us are directly related to taking it. Thank God they are steadily improved. Still, any drug such as a powerful psychotropic inevitably has powerful side effects: many unknown to the F.D.A.—or us—until decades after their introduction. But in some cases it is no less necessary than Insulin is to the diabetic.

With support groups and informally we try to deal with peer death as best we can. Here at MHCAN we have our large board with the heading “Dead But Not Forgotten,” an overflowing collage of pictures, poems and biographies. The many of us who also have substance abuse issues do learn and remember, where drugs are a factor. Otherwise, a lot of us just feel increasingly helpless.

Perhaps the only advantage to be made of this is the reflection on life that death brings with it. In spite of such affirmations as “one day at a time” most people live as if time were unlimited, and there will still be a chance tomorrow to do what we have in mind.

But time flows by even as we make our resolutions, marked by events and circumstances that were never planned. Being a suicide survivor (my husband) has taught me that if something is important enough to do or say, it is important enough to do or say it now.

If our lives must be complicated by these mental illnesses, it is all the more reason to find the real value in every ordinary moment and every passing friendship.

The NAMI Family Support Group meets WEEKLY and is free of charge!

NAMI On-Going Family Support Group meets every Thursday year-round (except Thanksgiving).

The support group gives people a safe place to talk and ask questions, provide information (including free hand-outs as needed) and education!

Meetings are held at Community Connection 300 Harvey West Blvd.

7-8:30 PM

Call 427-8020 for more information

Thank you
for your
generosity!

Thank you for your donation to NAMI-Santa Cruz County.

Laura N. Geist.

William and Constance Holmes

Geraldine R. Isaacs.

From MHCAN's Executive Director, continued from page 1

invisible. Many people who come to MHCAN don't really have that option. Either because of their socioeconomic status or their illness, their diagnosis is known to almost everyone they come in contact with.

Realizing how important it is that those of us who can remain invisible actually make ourselves visible is what compelled me into my role as Executive Director of MHCAN. Society needs to see the wide spectrum of people who face serious mental illness. Mental illness doesn't just affect people who are homeless or poor. It isn't an

indicator that you came from a dysfunctional family. Most importantly, it is not a life sentence. People can and do recover. People go on to live great lives and do great things.

The only way that discrimination against people with psychiatric disabilities will end is if people who are affected and their families start talking about it. Go ahead—come out of the closet—it is kind of nice out here.

Out of the Snake Pit, a Personal Odyssey, continued

first major infusion of money into mental health care in decades—an estimated \$1 billion a year, specifically for community mental health care.

King and other activists hope that the money will transform the wretched conditions that blight urban streets and consign millions of afflicted Californians and their families to lives of poverty and desperation.

But the story of Rose King and her family is not just a story of the struggle for mental health care. It is the story of a system so flawed that it harms the very people it is supposed to protect.

Rose and Joseph King first sought help from their health insurer—Kaiser—as Joseph began to experience frightening symptoms of depression and paranoia in 1968. Joseph “saw the doctor who had treated him for asthma, and was told there was no psychiatrist on staff in Sacramento,” Rose recalled. An urban planner who worked for regional planning agencies in California and Alaska, Joseph soon became so disturbed that he could no longer work.

Desperate, they drove to DeWitt State Hospital in Auburn—which was in the process of closing.

“They wouldn’t accept him at DeWitt,” she said. “He didn’t look ill, and they said he ‘didn’t meet their criteria.’ We had no idea where to go.” He was finally admitted “for a couple of weeks” to a mental health clinic run by Sacramento County, where his wife said he was seen by a psychiatrist twice, and sent home on a weekend pass. That night in 1969, at age 36, Joseph King killed himself.

Grief-stricken and now a single mother to 8-year-old twins and their 6-year-old sister, King, who had been a homemaker and volunteer political activist, went back to college, earning a Bachelor’s in government-journalism at California State University, Sacramento, and a Master’s in journalism at the University of California-Berkeley.

She interned in the Capitol for Democratic Sens. George Moscone and Mervyn Dymally, and worked for \$25 a week in the unsuccessful 1970 gubernatorial campaign of Assembly Speaker Jess Unruh. She later worked in paid jobs for a succession of powerful Democratic legislators—including Assembly Speaker and Lt. Gov. Leo McCarthy, Senate Leader David Roberti and Assembly Speaker Antonio Villaraigosa.

But her first introduction to mental health issues had been in 1967, the year before her husband became ill, when she ran an unsuccessful but well-publicized campaign to recall Reagan,

in which many of the core activists were medical and psychiatric workers infuriated by conditions for the mentally ill.

As she became more involved in the issue, she pressed politicians, pollsters and the media to lift the heavy curtain of ignorance and stigma that has long surrounded mental health policy. She helped staff a statewide task force on mental health issues under McCarthy when she was his chief of staff in the lieutenant governor’s office.

“Nobody even asked what public opinion was on the subject,” she says. “I asked Mervin Field to start putting [questions about mental health] in his surveys, and there were two statewide polls done for the [Senate] Rules Committee when I was working for Roberti in the 1980s. The importance of the subject of mental health to citizens was first in one poll, second in the other.”

In 1984, her 23-year-old son Michael was diagnosed with bipolar disorder, which is often hereditary and can surface with frightening symptoms in late adolescence or early adulthood. Years later, after battling the disease for nearly two decades, Michael committed suicide. He was 42 years old.

In 1990, King worked on an initiative to raise the alcohol tax to fund mental health care.

“It was unsuccessful, but not because people didn’t think something should be done about mental health,” she says. She was chief consultant to the Joint Legislative Committee on Mental Health Reform convened by Senate Leader John Burton in 2000 and co-chaired by former Assemblywoman Helen Thomson, author of numerous mental health measures over the years and a former psychiatric nurse who is now a Yolo County Supervisor. Thomson was term-ed-out of the Legislature in 2002, and King, who was principal consultant to the Assembly Health Committee that Thomson chaired, retired the same year.

King’s oldest daughter, Michael’s twin sister, does not have the condition, says King, but her youngest daughter was diagnosed with bipolar disorder at age 30, following childbirth, which can be a “trigger” for emergence of the disease. King’s youngest daughter, now 43, a college graduate with two degrees earned before the onset of the disease, “manages her condition quite well and works in her profession,” her mother says.

Recently, a teen-age grandchild has shown symptoms of the disease, and the 66-year-old King once again finds herself in the mental health trenches, seeking help from a still-fragmented

Mission, NAMI-SCC

NAMI-SCC is a movement of families, friends and individuals dedicated to improving the quality of life for people affected by serious mental illness. NAMI-SCC provides support, education, advocacy and promotes research.

Mission, MHCAN

MHCAN helps clients reclaim their dignity through self-help. We do this by:

- providing mutual support and networking;
- having a voice in all matters which affect us;
- creating client controlled programs;
- advocating for the right to choose our own life path;
- educating the public from our perspective;
- confronting discrimination.

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Mental Health Service Planning Update: September 2005

Message from Norm Wyman, Director of Mental Health and Substance Abuse Services

The draft plan will be available on the Santa Cruz County web site and Norm will be having two meetings with NAMI-SCC members to get input. NAMI-SCC will be sending out information concerning these important events so keep an "eye out" for upcoming information concerning this very important issue.

The State Department of Mental Health released the final Community Services and Supports Requirements in August, and the requirements for One-Time expenditures that must accompany the plan in September. The Final Requirements have important changes from the May Draft requirements. The most important change is the new requirement to develop separate work plans and budgets for each MHSA proposed program.

The Phase II planning meetings are complete and Mental Health is in the process of writing the Draft Plan that is expected to be complete in the later part of October to start the 30-day review process. During the review period, Mental Health staff will be providing many meeting forums to discuss and get feedback on the Draft Plan. We want to encourage participation and comments on the plan. I am pleased to report that 1181 attendees have participated thus far in the various Phase I and II planning meetings for children, transition age youth, adults and older adults, and a total of 1241 surveys were submitted from all ages.

To truly transform the mental health system with the improvements and expansion envisioned in the Mental Health Services Act will require a vision and plan that has community support. I invite and welcome community participation in the Draft Plan review and comment period. We will have an evaluation form for the Draft Plan so we can track what people like as well as what they would like to see changed. Please join in. Together we can make a difference.

To All Clients Receiving both Medicare and Medical,

I am writing to address the changes coming in January 2006. Medicare will start paying for medications at that time.

There are a lot of unknowns right now about how that will affect your medications come January. Please be reassured that your doctor and coordinator here at Santa Cruz County will continue to learn about the changes and inform you during these next 4 months.

In the meantime, please bring in and share with your doctor or coordinator any mailed information you receive from Medicare. This is to address any problems that may arise with your prescriptions and costs of medications.

Please also be reassured that your doctors will ensure that your regular and necessary medications will be available to you in January.

Sincerely,
David Lo, M.D.
Medical Director, Mental Health and Substance Abuse Services

ANNUAL MENTAL HEALTH CLIENT HOLIDAY PARTY

This year it will take place on December 10, 12 Noon to 3PM. MHCAN's staff is already starting to plan for our annual Holiday Party. It's always a great time to celebrate our friendships and resilient spirits. We serve a turkey dinner for over 400 people, and Santa delivers a small gift to each person.

NAMI families have always been huge supporters of this event—cooking turkeys, preparing side dishes, bringing pies, and serving that day. Individuals also contribute small gifts such as scarves or socks to make sure no one goes away empty handed. We couldn't do such a big event without you!

We need your help this year too:

If you can help in any way, please contact Carla McSweeney MHCAN's Assistant Director, at 469-0462.

HELP! NAMI NEEDS YOU!

NAMI of Santa Cruz County is a non-profit organization dedicated to helping families, relatives, friends, and caregivers of someone they love who has a mental illness.

We are a totally VOLUNTEER organization. Services are offered free to everyone whether or not they are a member of NAMI. NAMI relies solely on membership dues and donations to support its activities.

Family to Family Classes are free to participants. Three sessions a year (one in Spanish) barely meet community needs. But we need to raise \$4500 to pay for them.

Membership Meetings bring critical issues to your attention and give you a chance to improve the community services we all depend on. It costs \$250 to advertise each meeting.

NAMI of Santa Cruz County is appealing to everyone who gains from the organization. **Please support us.** See the back page for membership and/or donation information or call 427-8020.

NAMI Family-to-Family

Education Program Free Education and Support for Families Who Have Relatives with Brain Disorders (Mental Illness)



The Keys to Understanding



The NAMI Family-to-Family Education Program is a 12-week course for families of individuals with severe brain disorders (mental illnesses).

The course is taught by trained family members. All course materials are furnished at no cost to you.

The curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

1. Learning about feelings, learning about facts
2. Schizophrenia, major depression, and mania: diagnosis and dealing with critical periods
3. Subtypes of depression and bipolar disorder, panic disorder and OCD; diagnosis and causes; sharing our stories
4. The biology of the brain/new research
5. Problem solving workshop.
6. Medication review
7. Empathy workshop – what it like to have a brain disorder
8. Communication skills workshop
9. Self-care and relative groups
10. Rehabilitation, services available
11. Advocacy; fighting stigma
12. Review and certification ceremony



**On-Going Classes Fill Up Quickly,
So Call To Register:**

The National Alliance for the Mentally Ill Santa Cruz County

688-3385

Santa Cruz County Mental Health Advisory Board Seeks New Member

The County Mental Health Board is seeking a new Board Member. One of the family member representatives is retiring this month.

Please contact Carole Birndorf at 688-7707, if you are interested. You can email Carole at cbirndorf@aol.com

DRA

BBQ

Join us for the

10 Year Anniversary

Sponsored by DRA
(Dual Recovery Anonymous) Meetings

October 17
at
Harvey West Park Club House
11am to 2pm.

Music
Dance
Raffle Prizes
All You Can Eat!

Any questions please call Ron Myers at 454-9620

Out of the Snake Pit, a Personal Odyssey, continued system of mental health care that has bedeviled California families like the Kings for decades.

As California gears up to put Proposition 63 into effect, former Assemblyman Darrell Steinberg, who authored the measure, King and other supporters are carefully following its progress.

“I’m hopeful,” King says of the flawed, crowded mental health care system. “It’s not like we don’t know what works or what needs to be done...It’s not unusual for a case manager to have a caseload of 120, all people in crisis.”

She adds: “The system today is really no better than it was in the late 60s when my husband became ill.”

By Sigrid Bathen (published September 1st, 2005)

If you want to learn more about mental illness, take the Family-to-Family Class. Call Judy Williams, Coordinator at 688-3385 between the hours of 9 am and 7 pm.

Be a “Stigma Buster” by:

- Protest stigma perpetuated by local media;
- protest advertising or commercial products;
- contact civic groups and organizations with information.

Keep in mind: An important way to make stigma disappear is to talk openly, whenever it’s appropriate, about mental illness and how it has impacted your or your family—just as we do about other devastating illnesses like cancer, diabetes, Parkinson’s, or Alzheimer’s.

Visit www.nami.org and click on the stigma alert listings at the bottom of the homepage.

The Puentes Work Crew Wants to Work For You!



We are available Monday - Friday to do the work you don't have time to do (or don't want to do)!

We are happy to provide:

- ✓ Light and deep cleaning services for bath rooms, homes, cars and offices
- ✓ Basic landscaping
- ✓ Help with moving
- ✓ Anything you need help with

Our prices are on a sliding scale and are negotiable to fit your needs (starting at \$10/hr)

Don't call an overpriced commercial service, call us first, we want to work for you!

All crews are organized and supervised by Alice Marine (831) 454-5195. Please call for more information.

Stanford Psychiatry Cutting-Edge Research

Dr. Ira D. Glick and his team at the Department of Psychiatry and Behavioral Sciences at Stanford University, School of Medicine, are currently conducting cutting-edge research in schizophrenia.

There are many research efforts that are trying to not only find a treatment that may result in a more lasting improvement of symptoms, but focus on what has become the major concern with the second generation of antipsychotics - weight gain and abnormal lipid metabolism. These symptoms can put people at high risk for diabetes and heart disease. The introduction of a third generation of antipsychotics, with a different mechanism of action, presents a possible new opportunity for managing this significant side effect. Our lab is dedicated to evaluating the effectiveness and metabolic effects of Abilify in patients who now have both schizophrenia and weight gain associated with atypical antipsychotic medications.

Even though the new generation of antipsychotics can improve the outcome of schizophrenia, often there is only a partial response. Accordingly we are studying whether the addition of a mood stabilizer to an antipsychotic medication will result in improvement in symptoms and function.

Our research team is also studying the effectiveness of an antipsychotic, Abilify, as a monotherapy in patients whose symptoms of schizophrenia are concurrent with symptoms typical of obsessive-compulsive disorder like obsessive thoughts, checking, etc.

Newly Formed Recovery Task Force

A group of consumers, family members and service providers have recently formed a Recovery Task Force, with collaborative leadership from County Mental Health and MHCAN. If you're interested in learning more about this group and how to get involved, contact Yana Jacobs at 454-4539, yana.jacobs@health.co.santa-cruz.ca.us.

The mission of the Santa Cruz County Recovery Task Force is to:

- Develop a shared vision of recovery and wellness among consumers, providers and the larger community;
- Promote a sense of hope that recovery and wellness are possible;
- Support client involvement and empowerment throughout the system; and,
- Identify areas in need of increased understanding and facilitate education and training where needed.

What does "Recovery" mean? Some sample definitions:

Recovery is a process of developing healing and management of life's changes with a sense of hope and wellness. (Ron Myers/ Consumer Advocate)

Recovery is an individual's journey of healing and transformation to live a meaningful life in a community of his/her choice while striving to achieve maximum human potential." (SAMHSA/HHS)

Recovery is about getting back what you lost. Because of our diagnoses, many of us have lost things: friends, jobs, schooling, family relationships, hobbies & interests. To me recovery means you can get a lot of those things back. (Stefan Dubose/ Consumer Advocate)

Stanford Psychiatry Cutting-Edge Research, continued

We are continuously examining the effectiveness of the new antipsychotics as they come to market. We have been funded to study the long-term safety, efficacy, and tolerability of a new antipsychotic, bifeprunox. Bifeprunox is a dopamine D2 partial agonist and a serotonin 5-HT1A partial agonist.

We are looking for volunteers who are suffering from schizophrenia and interested to participate in our research. For additional information please contact Oxana Ivanova, MD at (650) 723-6678, oivanova@stanford.edu



Compeer Santa Cruz matches trained volunteers with children and adults in mental health treatment to create supportive friendships. For more information please call the Interfaith Compeer office at (831) 459-6817

NAMI-Santa Cruz County has Spanish speaking people on the crisis line 1-800-952-2335, if anyone here in Santa Cruz needs help.

Family and Consumer On-Going Support Groups

Tuesdays

Marijuana Anonymous with Ron
1051 Cayuga, Santa Cruz, MHCAN
11:00-12:00 PM 469-0462 or 476-8474

Women's Support Group Peer facilitator: Wandis
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Dual Recovery Anonymous with Ron
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Wednesdays

MHCAN, Drop in Center is closed

Mood Matters Support Group
1051 Cayuga, Santa Cruz, MHCAN
7:00-9:00 PM 469-0462

Thursdays

NAMI-SCC Family Support Group
300 Harvey West Blvd. Community Connection
7-8:30 PM 427-8020

NAMI-SCC Surviving Fear of Loss Support Group
For families with loved one who has made multiple suicide attempts.
Call 429-8791

Emotions Anonymous with Ron
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Relapse Prevention Group with Ron
1051 Cayuga, Santa Cruz, MHCAN
2:00-3:00 PM 469-0462

Alcoholics Anonymous
1051 Cayuga, Santa Cruz, MHCAN
7:00-8:00 PM 469-0462

Anxiety Disorders Support Group
On going support for clients with anxiety, social fobia, panic disorder or O.C.D. Family members are invited.
Twin Lakes Church, Rm M-23, Library, Cabrillo College Dr., Aptos
7:30 PM to 9 PM

Fridays

Schizophrenia Support Group with Sam
1051 Cayuga, Santa Cruz, MHCAN
11:00-12:00 AM 469-0462

Co-ed Peer Support with Matt & Carolyn
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Peer Support/WRAP with BJ
Mental Health, 1400 Emeline Avenue, Building K
12:00-2:00 PM 469-0462

Christian Support Group with Bert
1051 Cayuga, Santa Cruz, MHCAN
1:00-2:30 AM 469-0462

For complete MHCAN schedule call 469-0462.

Medicare Part D, For Clients With Dual Coverage

Beginning January 2006, people with both Medicare and MediCal will no longer have their prescription drugs covered by MediCal. Instead, drugs will be covered by Medicare Part D.

In October 2005, clients will receive information from plans in their area. Sign up starts on November 15th. Beneficiaries with this "dual coverage" who don't enroll in a Part D plan by the end of 2005, will be automatically assigned to a plan. This auto-enrollment into a Part D plan will help prevent people with dual coverage from having a gap in their drug coverage between the time that MediCal drug coverage ends and Medicare Part D begins.

Unlike other Medicare beneficiaries, people with both Medicare and MediCal who decide they would rather be in a different Part D plan, can switch plans as often as they need to. They will be automatically enrolled in the low-income subsidy to help cover their prescription drug costs under Part D.

County Mental Health has a brochure entitled "Medicare Prescription Drug Coverage" which gives more details. It is available from a pamphlet rack in front of the Building K (Emeline Street) reception/waiting room. More information is also available from HICAP—the California Health Insurance Counseling and Advocacy Program—on these important changes to Medicare.

If you have questions or want to make a free counseling appointment, call HICAP at 1-800-434-0222. HICAP in Santa Cruz County is sponsoring a series of information meetings. For a list of dates/locations, call them at 462-5510.

Listening Well for Mental Health
Presents

TRUST-TRUTH-TRIUMPH
THE 2ND ANNUAL COMMUNITY MENTAL HEALTH
EDUCATION AND AWARENESS EVENT

CONTACT NINA STRATTON AT 831.469.3197 OR
ninaeliza@hotmail.com
www.listeningwell.net

Surviving the Fear of Loss

Free NAMI support group for families with a loved one who has attempted multiple suicides. Meeting time will be changed to evening hours. For information and to sign up, call 429-8791



NAMI-SCC
 P.O. Box 360
 Santa Cruz, CA 95061
 www.namisc.org

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 ORGANIZATION
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 SANTA CRUZ, CA 95061
 PERMIT #398

Psychiatric Emergency Phone Numbers:

- Adult Day (8-5; Mon.-Fri.) (831)462-7644*
- 24 hour 1-800-952-2335*
 (during the day the 800# would get access team)
- Youth North County (24 hr.) (831)425-0771
- South County (24 hr.) (831)728-2226
- Children’s Day (8-5; Mon-Fri). (831)454-4900
- After hours call. (831)462-7644*

*Dominican Hospital; adult 24 hour 800# goes to Dominican after hours)

Suicide Prevention Service

- 24 Hour (831)458-5300
- 24 Hour Toll Free. (877)663-5433

Patients Rights Advocacy Program

- Santa Cruz (8-5; Mon-Fri) (831)429-1913

Legal Services

- Calif. Rural Legal Assistance (under 55 yrs.) 458-2089
- Sr. Citizens Legal Services (over 55 yrs.) 426-8824

NAMI-SCC Board of Directors:

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- Ellen Adams, elenji@earthlink.net

Friends:

- Lisa Deberg, Interfaith Compeer
 lisa@interfaithcompeer.org

NAMI-SCC Board Meetings:

2nd Monday of the Month. Time and location can vary. Open to anyone interested. Please join us.

Meetings are held at the Community Foundation of Santa Cruz County, 2425 Porter Street, Soquel, California. Call for times (427-8020).



If you are an ongoing member of NAMI-SCC your dues are due!

Thank you for your support!

Yes, I would like to join NAMI-SCC!

Make check payable to NAMI-SCC, PO Box 360, Santa Cruz, CA 95061. Your Contribution helps pay for your membership in NAMI California and NAMI National.

- Family \$45 Individual \$35 Client (free)
- Patron \$50 Life Member \$500 Benefactor \$100
- Donation\$ _____

Dues and donations to NAMI-SCC are tax deductible.

Name
 Address
 City, State, Zip, Phone

Call 427-8020 for more information.