NAMI EAST BAY NEWSLETTER

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

March-April 2018

How Can Families Locate and Screen Adult Residential Facilities

Wednesday, March 28

Locating decent housing for a loved one is among the greatest frustrations families face. **Megan Liu** is the second generation in her family to manage licensed board and care facilities for people living with mental illness in the East Bay. She has a wealth of information to share on elements of quality licensed adult (age 18-59) residential housing, and the trends that are responsible for the closure of decent housing for people living with mental illness.

Join us for an interactive evening of discussion about an issue that affects us all. Check our website under *What's New* for updated information.

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 March 14, April 11, and May 9.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: March 20, April 17, and May 15.

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.

Introduction to Newcomers

NAMI East Bay welcomes new board members **Chris Hunter, Karen Muhlin,** and **Karen Dawson.** They join our group of family members and consumers who lead the organization.

And we are pleased to announce that the new role of part-time Office Manager, funded by the county, is being assumed by **Sally Pugh.** She will be handling messages we receive via phone, mail, and email, processing memberships, producing newsletter labels, and handling the newsletter distribution process. Perhaps the word "efficient" may grace our office work from now on.

Training Opportunities

If you have attended our family support groups or taken the 12-week Family to Family class and would be interested in helping lead a group or co-teach a class, let us know. We will keep that in mind for future state training.

The folks who do this are volunteers and have received the training which "informs" our current work. Note that we don't use the word "dictates," since we all bring our own personal style to this. We'd like to build up our group of trained volunteers. Some local training opportunities may be available this spring.

Hearing Voices Group for Families

This Hearing Voices group has gone on hiatus for now. When it returns, we will post an announcement online and in the newsletter.

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SPEAKER NOTES

Issues Related to Single-Payer Healthcare

Summarized by Thomas T. Thomas

Among the legislative actions being taken statewide and nationally, health care is one that perhaps most impacts NAMI families. Specific health insurance plans, treatment options, best practices, medications, etc.—these take up a lot of conversation at support groups and general meetings. Because of this, on January 24 we presented an evening of discussion devoted primarily to the issue of providing universal healthcare with members of the group Healthcare Action Committee: **Ernest Isaacs, MFT,** is a psychotherapist with a practice in Berkeley; helping him with Q&A was **Donovan Wong, MD,** Medical Director of Behavioral Health in Solano County.

"Our current health insurance system is terrible," Isaacs said. As just one example, he cited the case of a woman who suffered a brain tumor at the age of 14 and has experienced recurring tumors over the years—she currently has three at the age of 50—who is being treated by one of the top oncology specialists in the field. Last year, her health insurance provider withdrew from Alameda County. Covered California, the statewide implementation of the Affordable Care Act, won't cover her because her disability income is not enough. And MediCal will not cover the doctor she has trusted for years.

Isaacs noted that medical bills are one of the leading causes of bankruptcy in this country.

The United States now has 1,300 different insurance companies, each with its own plan, panel of doctors, medication formulary, and utilization review process. Doctors' offices and hospitals carry a tremendous overhead in justifying billing and dealing with the inevitable denial process—because insurance companies are incentivized not to provide or pay for care. Businesses in this country must staff a large part of their human resources departments to process employees' medical insurance.

All other developed countries have some form of single-payer healthcare. Of the eleven major industrial countries, the U.S. is dead last in healthcare outcomes, including infant mortality. At the same time, we pay twice as much as the next country on the list for our health services.

Isaacs showed clips from *Now Is the Time*, a DVD prepared by Educational Videos Plus, to promote "Healthcare for Everybody." Among the points the DVD made:

- A company in Canada with 200 employees pays about $48,000 a month in health costs. A similar U.S. company pays $96,000 a month. In addition, Canadians when interviewed did not experience medical copays or denials of service.
- Under the current insurance system in Vermont, people pay about 14% of salaries on healthcare, plus premiums and copays, in addition to any government subsidies. A single-payer proposal there in 2011 found that it could provide a much better level of care with just an 11% payroll tax.
- About 20% of U.S. health insurance premiums are attributed to overhead: salaries, administration, and profits. By comparison, Medicare and MediCal pay 3% to 4% in overhead. Kaiser-Permanente pays between 12% and 15%.
- Under our representational system of government, bills with either popular support or popular opposition pass about 30% of the time. Bills with backing or opposition from special interests, such as the insurance companies in the case of single-payer healthcare, are passed or defeated at a much higher rate. The Affordable Care Act, for example, was largely written by insurance executives and benefits their industry.

The Healthcare Action Committee and other supporters of a single-payer system in California believe that healthcare is a human right, just like education. Everyone needs healthcare. They support legislation that is currently stalled in the California Assembly, Senate Bill 562, The Healthy California Act. The principles behind this bill are, first, "Everybody In, Nobody Out" and then "Everybody is Covered for Everything."

The bill would provide coverage for all residents of the state, including the 10% to 12% who are currently not covered, such as homeless people and undocumented immigrants. It would provide coverage for all doctor visits—and the patient can visit any licensed healthcare provider—as well as surgeries, dental and vision care, and mental health services. The bill states that all fees would have to be reasonable, which would be negotiated between the funding authority and provider groups.

"Any procedure based on clinical need would be covered," Isaacs said. (This would rule out cosmetic surgeries.) The bill provides a list of 35 services, of which mental health is one, so it is well positioned and described. In the bill's current form, these mental health services would be provided by any licensed therapist.

Unlike socialized systems such as the British National Health Service, where the government owns and operates the hospitals and employs the medical providers, SB562 only provides a financing authority, the Healthy California trust fund, which would pay for all for services provided by the current infrastructure of doctors and hospitals. This simplifies things for the patient, removes the administrative overhead in doctors' offices, and puts the insurance companies out of business.

The original legislative analysis of SB562 estimated that Healthy California would need a $400 billion budget—about twice the current statewide expenditures. But a private economic analysis shows that Californians currently pay about $370 billion a year for healthcare, of which $214 billion is covered through federal subsidies such as Medicare, Medi-Cal, and the Affordable Care Act. The rest of the cost is from individual and corporate insurance premiums and copays.

SB562 would actually reduce the state's medical bill to about $320 billion, realizing a savings of $50 billion from reductions in insurance company, employer, and provider overheads. Small businesses would be paying about 22% less under the single-payer system, medium businesses between 6.8% and 13.4% less, and large employers up to 5.7% less. Low-income households would spend about 5.5% less, middle-income families between 2.6% (if employer insured) and 9.1% (if individually insured) less, and high-income families would pay about 1.7% more for healthcare.

In one funding strategy, offered by the private economic analysis, the additional $106 billion would be paid for by a 2.3% sales tax that excluded housing, food, and utilities and a 2.3% gross receipts tax on businesses after their first $2 million in revenue. These taxes would replace current healthcare funding based on individual premiums, deductions, and copays and corporate health insurance costs. Individuals would still pay federal payroll taxes for Social Security and Medicare, with their medical benefits directed to the Healthy California trust fund.

SB562 would hold down costs by eliminating insurance company overhead for duplicate plans, advertising, salaries, and profits; holding down prices of medical services and prescription medications through bulk-purchasing negotiations; and allowing better health system planning to avoid unnecessary expenses.

The bill was introduced in the California Senate in February 2017 as barebones legislation to establish the Healthy California trust fund, similar to the Canadian single-payer system. It defined providers and services but did not include a taxation structure—which would have required a two-thirds vote in the Senate. It was passed out of committee in May and approved by a Senate majority.

The bill went to the California Assembly in July 2017 but was held up by Speaker Anthony Rendon and not sent to committee for evaluation. There the bill languishes because conservative Democrats and Governor Jerry Brown are influenced by the insurance and pharmaceutical industries and do not want to see it passed. The bill is also opposed by the California Medical Association, representing physicians, but is supported by the California Nurses Association.

An Assembly Healthcare Select Committee has held local hearings on the bill in Los Angeles and Sacramento, with others planned as of this printing.

The Healthcare Action Committee recommends people take action by sending postcards and letters urging approval of SB562 to:

Anthony Rendon, Speaker of the Assembly
State Capitol, Room 219
Sacramento, CA 95814

and to your assembly member, whose name and address can be found at assembly.ca.gov.

"We need to work together to change the current system," Ernest Isaacs said. "We need to go out, inspire, and educate."

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

Musings from the President

This column was provoked by three statements I recently heard on the media.

#1 - It was around Halloween on *Science Friday* on NPR. The guest, an entomologist, was being asked about the symbols of the holiday. Along these lines, she remarked casually that at all times there is a spider within four feet of you. Why can't I get that statement out of my head? I admire spiders and their webs, save them in my insect-catcher vacuum thingy, and deposit them outside. But I don't really want to explore the fact that I am surrounded by them.

Guess what else is in our surroundings—at all times but not necessarily within four feet? People who are hurting. And we are talking about those who are obviously in distress through behavior and overt mood expression as well as those holding their distress internally and suffering silently. Many of our relatives with mental illness display their hurt, sometimes with counterintuitive words and gestures. Those among us with depression and anxiety may put on a happy face and an upbeat act, but deep inside they are frightened and in despair for some meaning and cheer in their out-of-control lives. Our families share their hurt, grief, and confusion in support groups but perhaps not to the world. People in trouble surround us, which leads to …

#2 - "A fish doesn't see water." I heard that in a video about cultural humility, and it tells us how we don't have a perspective on the medium in which we live. Our vision doesn't always include the sadnesses or stresses mentioned above. We are often blind to our surroundings, perhaps assuming that everyone else is doing just great and there is no worry outside of one's own. The more we hear others' stories, the more our eyes are open to the reality of lives around us. And those who people our surroundings are not just passively getting by. It is an interactive world, and one who hurts will deal with another who hurts. Which leads to statement …

#3 - As heard on an early morning NPR traffic report: "There are a lot of cars out there, and they're bumping into each other."

—Liz Rebensdorf, NAMI East Bay President

Report on the NAMI Affiliates Advocacy Survey

In late 2017, a survey of priorities was sent out to California NAMI affiliates. Here are responses from 75% of the state's 61 local affiliates.

To the question "What would you like to see NAMI CA prioritize in state legislation in 2018?" the priorities in order of rank were:

1. Access to treatment (65%)
2. Housing (56%)
3. Crisis Services (43%)
4. Criminal Justice (41%)
5. Family Involvement in Treatment (39%)

Other listed priorities include assisted outpatient treatment (AOT) funding and implementation, LPS Conservatorship accessibility, trauma informed care, and stigma reduction.

Many respondents (68%) felt their affiliates would benefit from advocacy training and technical assistance.

Recruiting for Sleep Study

The UC Berkeley Sleep Study is recruiting participants for their ongoing research project through the Golden Bear Sleep and Mood Research Clinic. All participants will receive 20 to 26 sessions of individual Cognitive Behavioral Therapy (CBT) at no cost. Please contact Haruka Notsu, Project Coordinator, at hnotsu@berkeley.edu.

DVDs to Borrow

Along with books and magazines that are available to lend out, we have accumulated some DVDs of interest to our family members. Contact the office if you'd like to view one and we'll make arrangements to get it to you. Here is a sampling of three, all from the Institute for Brain Potential's seminar series:

- *Reasoning with Unreasonable People: Focus on Disorders of Emotional Regulation* - Joseph Shannon, PhD, Clinical Psychologist. This is a six-hour presentation.
- *Listening to the Body: Understanding the Language of Stress-Related Symptoms* - Bill Siebert,

PhD, Clinical Professor of Psychiatry and Family Medicine, UC San Diego.

- *How the Brain Forms New Habits: Why Willpower is Not Enough* - George Koob, PhD, Professor of Neuroscience at UC San Diego, Chair of Committee on the Neurobiology of Addictive Disorders at Scripps Institute.

Plans for Our NAMI East Bay Affiliate in 2018

We all know the story of the blind men and the elephant—as each individual touches and senses the elephant, each comes away with a different perspective. So it is with NAMI East Bay, and we'll refrain from calling it the "elephant in the room." Some of you know us through support groups, others through the Family to Family class or the website or our speaker meetings. If you're reading this now, either electronically or on paper, you're on our mailing list.

We've been taking a look at ourselves as well, and in mid-February our group of 14 energetic board members, all of whom are volunteers and who have a relative or personal connection with mental illness, met at a retreat site in the Oakland hills. There, under the wonderful leadership of Adrienne Seale from Dragonfly Consultants, we reviewed our mission, our goals, and how we can improve.

This is being shared with you because we're a team. If any of the topics listed below catch your fancy, energize you, or relate to one of your skill areas, join us. Contact the office and we'll get you connected with the appropriate work group. We're all in this together.

Seven areas of focus were identified:

1. **Support groups:** We need more trained facilitators. Since groups have been running large, we should offer the groups and the Family to Family classes more frequently. We are committed to providing an active Peer Support Group or two—we have one trained facilitator and need more.
2. **Online presence:** We need to beef up our social media presence through Facebook, Twitter, YouTube, online support, etc. The website will be improved with more opportunities for interaction and will include an online donation process.
3. **Advocacy:** We want to increase our county presence and take visible, researched stands on areas that affect our family members. We will explore the legalities of making political endorsements and supporting initiatives on housing, health care, criminal justice, addiction, respite care, etc. We will receive training in methods of effective advocacy.
4. **Diversity:** We will develop and increase our efforts to engage individuals from different races, ages, ethnicities, and gender identifications. We will explore and develop resources for non-English speaking communities.
5. **NAMI connective-ness:** We will explore how we can offer more NAMI signature programs, such as NAMI Basics, Peer-to-Peer, and Ending the Silence, as well as other non-NAMI programs, such as WRAP (Wellness Recovery Action Plan), MHFA (Mental Health First Aid), and Mental Health 101. We will work on the re-chartering process for this affiliate and maintain a collaborative relationship with other Alameda and Contra Costa County affiliates.
6. **Alternative and complementary offerings:** We will explore and provide resources that offer non-Western medical model interventions. At the same time, looking at the differences between scientific research and anecdotal evidence, we will provide a forum for discussions of such.
7. **Leadership succession:** This will be dealt with by board members.

Do let us know if you'd like to participate in any of these actions.

Reminder for Amazon Users

NAMI East Bay is registered as a participant in the Amazon Smile program. If you sign up, a tiny percentage of your Amazon purchase heads our way—and it does add up. Thank you.

NAMI East Bay

National Alliance on Mental Illness

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid for 2018?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2018 MEMBERSHIP

Please check your mailing label. If the code "18" is over your name on the right side of the label, your dues are current through 2018. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2018 dues now. And if you can afford to add a bit more, please do so. Your $40 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, $60 per year** ☐ **Open Door Membership, $5 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