Annual Convention 2005:
On the Frontier of Recovery

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Cover photo: Mike Ciesielksi, Photographer, NAMI National 2005

Michael J. Fitzpatrick, MSW, Executive Director of NAMI National, spoke at the Opening Plenary session of the NAMI National Convention on Sunday, June 19th in Austin, Texas. His topic was Campaign for the Mind of America: NAMI Drives the Debate on Mental Illness Across America. He closed his remarks by encouraging a rousing chorus of “Together We Can, Together We Will” from the crowd.

To find a NAMI Texas affiliate in your area, please call 1-800-633-3760 or visit www.namitexas.org
One of my favorite quotes comes out of my mother’s mouth – “Lead, Follow, or Get out of the Way.” A modification of that I’ve heard – “Leaders must Lead.”

Governor Perry hasn’t been identified by many in NAMI Texas as a “leader” in supporting persons with serious mental illness but his veto of HB 2572 may have been his finest hour.

For those of you who did not follow closely the continuation of the effort that sought to bring systems change to the community behavioral health level, it played out dramatically in the clash between two major bills this session – HB 470 and HB 2572.

HB 470 sought to transform the community mental health system by requiring a split between provider and authority; advancing the movement to a “fee for service” system and a regional governing structure.

But, HB 470 became too complicated to be swallowed during our 140 days.

HB 2572, legislation supported by the community centers, began to gather significant support and momentum as a counter-measure to HB 470. Its provisions stalled the implementation of “fee-for-service” and any systems change by requiring a study of each and a report to the legislature. HB 2572 addressed the “provider of last resort” by letting community centers continue to be the authority and the provider.

Governor Perry ultimately found HB 2572 objectionable and vetoed it. In his Veto Proclamation he spoke to the need to effectively deliver services and for consumers to encounter a system with greater choice, which he felt HB 2572 failed to address.

Let it be said here that there is blame to be shared by all for letting “systems change” occur within the Legislative process.

It is also wrong to believe that as a result of the veto, we have a “divided house.”

Governor Perry’s Executive Order is forward looking. It keeps in play the transformation of the behavioral health service system while protecting the community safety net.

Representatives of Consumers, Families, Advocates, Stakeholders, Providers, and State & Local Authorities should now come to the table to develop a plan (for we have plenty to work from) that includes a request for more funding (for we surely need that) to forge a consensus around what we need to say to the Legislature in 2007.

More to come on this at our Annual Conference in Austin on Saturday, October 1, 2005 as Department of State Health Services Deputy Commissioner Dave Wanser will give our Keynote Address.

Joe Lovelace
Executive Director, NAMI Texas
CONVENTION 2005

On the Frontier of Recovery

Photographs by Mike Ciesielski

NAMI members, friends and staff descended on Austin, Texas, June 18–21, for the 2005 NAMI Convention. The convention, with a theme of Transforming the Mental Health System in America, featured three days of workshops, seminars, program tracks, receptions and exhibits. Attendees came from around the country and the world to network, learn, gather materials and energize themselves.

The Convention ended with a bang at the NAMI Fiesta! held at the Alumni Center at the University of Texas. Convention goers left energized and looking forward to the 2006 NAMI Convention in Washington, DC.

Clockwise from top right: Eduardo Sanchez, MD, Commissioner, Texas Department of State Health Services; a full room at the session on spirituality; Ken Duckworth, MD, Graham Emslie, MD, and Thomas Insel, MD, Director of NIMH, answer questions from attendees; the hallways were always busy; Susan Beattie and Duane Thomassen from San Antonio volunteering in the Welcome Center.
Clockwise from top left: Officer Frank Webb of the Houston Police Department receives the Compassion in Law Enforcement Award from Tom Hamilton, Frances Wise and Sam Cochran; Roger Morin of San Antonio and Mike Katz of Dallas relax between sessions; Michael Schwartz, MD; Robert Scogin of Austin at an Ask-The-Doctor session; author Bebe Moore Campbell signing copies of her new book, *72 Hour Hold*; attendees take a break in the Welcome Center. Center: Leon Autrey of Houston and Charlotte Dallas of San Marcos making a little music.
Clockwise from upper left: Elvia Ruelas from Laredo at the “Salud Mental” session; attendees get information in NAMI Land; Melvin Miller of Austin speaking about the power of NAMI Walks; Mental Health Issues in the Asian American and Pacific Islander Community workshop; King Davis, PhD, Executive Director of the Hogg Foundation; convention ribbons; over 100 exhibitors filled the Exhibit Hall; Julie Noble, President of NAMI Dallas accepting a NAMI Walks award on behalf of her affiliate from Mari Pierce, National NAMI Walks Coordinator; Victor Ortiz of El Paso; a standing ovation; NAMI Walks Managers from around the country.

Center: Asian American Family Services Staff.
Clockwise from upper left: Marie Alkis, NAMI Texas staff member and NAMI Austin President, Pat Cramer taking pictures at the NAMI Texas/NAMI Austin photo booth in the exhibit hall; attendee Vicki Krimmer enjoying a coffee break; Derald Walker, Marion Shaw and Diane Liara, staff members for Value Options, sponsor of the Consumer Welcome Center; the new green “Expect Recovery” bracelets which you will see on more and more wrists; attendee checks his e-mail from the Connection Café during a break; dancing at NAMI Fiesta! – a fantastic dinner party held on the final evening of the convention at the Alumni Center at The University of Texas; Veterans Council meeting.
Insanity Defense Seminar
Reflects Tragedy, Pain and Inadequacies of Criminal and Mental Health Systems

by Joe Lovelace, Executive Director

Contrary to popular perceptions shaped by the media, “the overall contribution of mental disorders to the total level of violence in society is exceptionally small,” according to the U.S. Surgeon General’s Report on Mental Health (1999).

Similarly, the insanity defense in criminal cases is seldom used and seldom successful.

On June 20, NAMI’s national convention in Austin, Texas, convened a special seminar, “The Insanity Defense: Time for a New Model?” The discussion was especially poignant as a result of presentations from George Parnham, attorney for Andrea Yates, and David Kaczynski, brother of “Unabomber” Ted Kaczynski.

In 2001, Yates drowned her five children. In 1995, the Unabomber was apprehended after killing three people and for awhile becoming, with his identity still unknown – the most wanted man in America. Both were living with schizophrenia – a severe mental illness.

David Kaczynski reported his brother to the FBI after recognizing an anti-technology manifesto written by the Unabomber that was published in the national media. Ted is serving a life sentence in federal prison.

Yates is awaiting a new trial in Texas, after her conviction was overturned because a psychiatrist hired by the prosecution gave false testimony in opposition to her insanity defense.

Two weeks before her children’s deaths, Yates was discharged from the hospital. She had been taken off medication necessary to stabilize her condition. During the session, Parnham played a tape of her police interrogation. When asked why she had drowned her children, there were 14 seconds of silence.

“She [brain’s] frontal lobe was so impacted by her illness that she could not connect the dots,” Parnham said. “When it came to the ‘why?’ question, she couldn’t handle it.”

Under Texas law, and in many other states, the standard for insanity is whether a person “knows” an action is right or wrong at the time it occurs. But the American Bar Association, other legal authorities, and medical experts maintain that the standard is too narrow.

The preferred, alternative approach would hinge on whether or not a person lacked substantial capacity to “appreciate” right or wrong, or was incapable because of illness to conforming conduct to the law.

“What does it mean to ‘know’ when you are mentally ill?” Parnham asked. “Did [Yates] simply perceive that society would view her as wrong, when she knew she was right?”

Yates believed that killing her children at a young age was the only way to be sure that they would go to heaven, because she considered herself a bad mother, and could not raise them to be righteous.

David Kaczynski, who serves as executive director of New Yorkers Against the Death Penalty, told the audience: “I am the brother of a person with a very serious mental illness.”

Despite an assessment by a psychiatrist, based on letters received from Ted, that his brother was very sick, their family was unable to find a way to persuade him to get medical treatment. They had almost no options. Their efforts pushed him away and he became a recluse living in a cabin in Montana.

In making the painful decision to report Ted as a suspect to the FBI, David said, “We had to place our trust in the criminal justice system. We had no other place to turn.”

“But the system we placed our trust in then turned on us and tried to put my brother to death and to add to the violence. It was not about trying to find the…”

See Insanity Defense…page 26
Celebrating Success and Creating Hope

Photographs by Mike Ciesielski

Celebration Recovery 2005 sparked a new passion for recovery in cities across the country. By combining this year’s Celebration Recovery event with the NAMI National Convention, Austin’s passion for a purposeful celebration was shared with over 2,000 convention attendees and consumers, family and friends of the local community. Several consumers powerfully shared their message of hope and recovery. Thirty local and state organizations had booths with games, raffles, giveaways, recovery literature and even pet therapy!

Austin stayed true to its slogan “Live Music Capital of the World” as we listened and danced to local bands and singers, including Ruthie Foster, John Pointer, Sarah Sharp, and Newsboyz. Hundreds of consumers took the opportunity to create their personal rendition of recovery through writing and artwork on a banner provided by The Irwin Foundation.

Celebration Recovery offers an unique opportunity to celebrate the good news that those individuals with mental illnesses such as schizophrenia, major depressive disorders, bipolar disorders, and anxiety disorders can and do recover.

Our thanks to NAMI National, NAMI Austin, Austin Travis County Mental Health Mental Retardation Center and Fifth Column Music for their support of this year’s event. And to Glenda Pittard, of 3dASAP, and her wonderful committee of volunteers who spent many months planning this fantastic event.

Celebration Recovery is a program initiated and sponsored by The Irwin Foundation with support from both private and public sources, including AstraZeneca Pharmaceuticals LP. The Irwin Foundation is a nonprofit organization committed to advancing community, educational, research, and training and consultation initiatives and activities related to recovery from mental illness.

“Recovery is a triumph of the human spirit over illness and suffering. This triumph deserves to be celebrated.”

—Michael Schwartz, M.D. founder, The Irwin Foundation

Suzanne Worrell, Ermine Smith and George Worrell of Austin at the Imagine Art booth.
Clockwise from upper left: Austin State Hospital Pet Partners; people of all ages had fun; PLAN booth with Doris Goewey, Yvonne Hansen and Lisa Belli; Diana Kern speaks on Expect Recovery; Kelly Peck, Ann Nagle and Dianna Mason don cowboy hats to have their photos taken Texas-style; Rep. Garnet Coleman speaks on recovery from mental illness; fun with balloons; Imagine Art client Wallace Carpenter; MC Brenda Coleman-Beattie gets help from Adam Roch for the raffle drawing; NAMI board member Fred Frese.
Are You Ready for Change?

By Sam Shore, Assistant Director of the Center for Policy and Innovation, DSHS

Medicare Rx – The Basics

In January 2006, the largest expansion to Medicare since its inception will go into effect – Medicare Rx, otherwise known as Part D. Medicare Rx is a prescription drug benefit being made available to all people on Medicare. There is a lot to know, important decisions to make and actions to take before January 1, 2006. In this article you will find basic information provided by the federal Centers for Medicare & Medicaid Services (CMS) and information from the state perspective about this new benefit and how it may affect persons with mental illness.

In that Medicare Rx has a complex structure, meaning it affects each Medicare beneficiary differently, it is important to start with the basics and build ones’ understanding a step at a time. I will intersperse comments in the text of the basic information provided by CMS:

What are the Medicare prescription drug plans?

Beginning January 1, 2006, prescription drug coverage will be available to all Americans with Medicare. Every person with Medicare, no matter how they get their health care today or whether they have existing drug coverage will be eligible for drug coverage under a Medicare prescription drug plan. Insurance companies and other private companies will work with Medicare to offer these drug plans. Medicare prescription drug plans will be available in every part of the country, and all plans will cover both brand name and generic drugs.

Texas will be its own region for the implementation of Medicare Rx. Expect to see at least 10-20 prescription drug plans to choose from.

Medicare prescription drug plans provide insurance coverage for prescription drugs. Like other insurance, if people with Medicare join they will pay a monthly premium (generally around $37 in 2006) and pay a share of the cost of their prescriptions. Costs will vary depending on the drug plan that is chosen.

Drug plans may vary in what prescription drugs are covered, how much someone has to pay, and which pharmacies can be used. All drug plans will have to provide at least a minimum standard level of coverage, which Medicare will set. However, some plans might offer more coverage and additional drugs for a higher monthly premium. When a person with Medicare joins a drug plan, it is important for them to choose one that meets their prescription drug needs.

The good news for people with mental illness is that CMS is requiring each plan to have “all” or “substantially all” anti-psychotics and antidepressants in their formularies. Formularies are the list of drugs the plan will cover. In addition, plans will not be allowed to place extraordinary restrictions on access to these medications during the transition period beginning January of 2006. CMS has emphasized with the plans that restrictions to these medications could destabilize people who have found a medication that works well for them. The use of restrictive practices, referred to as “utilization management” will have to be monitored by CMS and each plan will have to have an appeals process for people who have been denied access to a medication.

Other good news includes the fact that people will have access to medications for other medical conditions and there is not the three prescription limit that many people experience today with Medicaid.

A person in a Medicare prescription drug plan that covers the minimum standard would expect to pay a $250 deductible and then 25% of their drug costs up to an out-of-pocket limit of $2,250. Medicare drug coverage includes coverage which begins when a person with Medicare drug coverage spends $3,600 for covered drugs in a year. Once this level is reached, the person pays only 5 percent of their drug costs. Again, some plans will offer additional coverage, this is a description of the minimum that must be offered.

When can people with Medicare join the Medicare prescription drug plans?

Those people who have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance), can join a Medicare prescription drug plan between November 15, 2005, and May 15, 2006. If they join by December 31, 2005, their Medicare prescription drug plan coverage will begin on January 1, 2006. If they join after that, their coverage will become effective the first day of the month after the month they join. In general, they can join or change plans once each year between November 15 and December 31.

Everyone should join a plan. Even if someone doesn’t use a lot of prescription drugs now, they still should consider joining a plan. If they don’t join a plan by May 15, 2006, and don’t have a drug plan that covers as much or more than a Medicare prescription drug plan, they will have to pay more if they decide to join later.

Is there additional assistance for those who need it?

People who qualify for extra help paying for Medicare prescription drug costs will get continuous coverage with a small out of pocket cost. The amount they pay out of pocket depends on their income and resources. A beneficiary with limited income and resources who enrolls in a prescription drug coverage plan and qualifies for the most generous help will have more than 95 percent of their drug costs covered.
Certain low-income beneficiaries will automatically qualify for the additional help and then will enroll in a prescription drug plan during the regular enrollment period beginning November 15.

An important thing to note is that almost all Medicare beneficiaries will have some out of pocket expenses.

If a Medicare beneficiary is also eligible for Medicaid, referred to as a dual eligible, that person is automatically eligible for a subsidy that pays the premium and deductible for a basic plan and the copay for each prescription will range from $1-$5, depending on if the drug is generic or name brand. That person will automatically be enrolled in a plan and notified as to which plan in October 2005.

It is important to review the plans to determine which one best meets the person’s medication needs and choose that plan when open enrollment begins in November 2005. A dual eligible individual can switch plans at any time if they need to. CMS will make comparison charts available before open enrollment begins. Dual eligible individuals who currently get their prescriptions through Medicaid will no longer be able to after December 31, 2005. These individuals must be enrolled in a plan to get their prescriptions paid for by Medicare.

If a Medicare beneficiary is not eligible for Medicaid but has an income below $14,355/individual or $19,245/married couple then that person may be eligible for a partial subsidy to help with out of pocket costs. This person must apply with the Social Security Administration (SSA), which will determine eligibility. Applications can be submitted beginning July 1, 2005. In addition, this person must choose a plan during open enrollment beginning November 15, 2005.

As you can see from this article, there is a great deal to understand about this new Medicare benefit. There are many issues not mentioned that one should review. Information is coming out of CMS in stages and can be accessed by going to www.medicare.gov or calling 1-800-Medicare. For information specific to Texas Medicare coverage you can go to www.TexasMedicareRx.org.

Sam Shore is currently the Assistant Director of the Center for Policy and Innovation at DSHS. In this role he coordinates the implementation of the Medicare prescription benefit for several DSHS programs including mental health, HIV, Kidney Health Care, Primary Health Care and Children with Special Health Care Needs. His background includes specialization in psychiatric rehabilitation services.
Mental Health Worker Knows Enemy

Alice Clark views her mental illness as a gift

By Marissa Alanis, The Dallas Morning News

“I’ve been able to reach goals that I would have never been able to reach,” the Plano woman said.

As a mental-health advocate, she uses her experience with depression and obsessive-compulsive disorder to speak and teach others about mental illness. It is a role she has always wanted to fulfill.

“I want to raise awareness about mental health issues for everyone – not just in our own community – because most social problems we have are interconnected due to mental illness,” she said.

However, Ms. Clark said it wasn’t easy to reach the road to recovery.

She said there was a lack of awareness about mental-health disorders when she started experiencing the symptoms. For six years, she said, she slept and cried, isolating herself either in a small bedroom of her mother’s house in Frisco or at a friend’s apartment.

“It never occurred to me that I had a mental illness,” she said. “People just thought I was lazy. They just wondered what was wrong with because I was so totally different than I had been before.”

Ms. Clark’s emotional state also had affected her physically. She said she gained 70 pounds.

Before her isolation, she had been a mortgage loan officer. She also was raising two children. However, in 1994, she said everything started going downhill. She had lost her ability to concentrate, which affected her career.

Twice divorced and no longer able to keep a job, she was unable to pay the bills and care for her children, so they went to live with their fathers. She divorced her third husband in 1990. In 1998, Ms. Clark learned she might be suffering from depression after a physician heard she had experienced weight gain, fatigue and a loss of interest in everything.

“I was just thrilled it had a name,” Ms. Clark said. “I had some kind of hope somebody could do something for me.”

In 1999, a psychiatrist diagnosed her with having major depressive disorder and obsessive-compulsive disorder.

In addition to taking medicine, Ms. Clark sought help from a therapist who had her work on five easy tasks, including opening the door and walking out of a room.

“That sounds elementary, but for me it was hard,” she said.

Since 2001, Ms. Clark has helped others who have been diagnosed with mental-health disorders through her involvement with the National Alliance for the Mentally Ill. She regularly facilitates peer-to-peer support groups for the organization’s Dallas and Collin County affiliates.

“When I help others, I can see it,” she said. “It means the difference between life and death sometimes.”

Ms. Clark was appointed to the organization’s Texas board of directors, which she said is the biggest honor she’s ever received. She is the Region II director.

When she talks to others about mental illness, she said she likes to use an analogy that illustrates her own experience:

“When you’re living with a mental illness, it’s like you’re drowning. If you take medication, you can hold your head above the water. When you take therapy, you start to swim.”

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Lawrence Jenkins was a Special Contributor for this article.

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My Son, Our Story
Steps to Recovery

By Marcia Williams
Reprinted from the NAMI Dallas News, March 2005

Shortly after Jeremy turned 16 and purchased his first vehicle, he was involved in a serious car accident. He had suffered a brain trauma which went undiagnosed until the onset of a mental illness at the age of 19. Battle after battle with physicians and insurance companies finally led to his receiving the testing necessary to diagnose his condition.

But before his diagnosis of Bipolar Schizoaffective Disorder could be made, we had entered into a new battle front – mental illness vs. the legal system.

During his first major break from reality, Jeremy encountered the most serious of his entanglements with the law resulting in his being put on probation for five years. More than three years into his goal of completing probation without incident, Jeremy due to non-compliance, had another psychotic breakdown and was once again hospitalized. Shortly after his release from the hospital, he was pulled over for a traffic violation. He was still in a delicate state of mind and very little external pressure was needed to push him towards another breakdown. The police due to lack of knowledge approached Jeremy aggressively which later resulted in excessive use of force, additional trauma to the brain and new charges being filed against him which violated the conditions of his probation.

Jeremy was arrested and spent a total of four months in two county jails. While he was found competent to stand trial, his thought process was not intact due to the brain trauma, the mania and psychosis brought on by the stress of being incarcerated.

The physician who conducted the neuropsychological testing of Jeremy held the opinion that incarceration of my son would only lead to further deterioration of his mental faculties and could be quite damaging and would be a major setback for him.

The legal system presented Jeremy with an offer of three years in prison. Jeremy was going to accept the offer. I managed to contact the attorney representing my son. Fortunately, he agreed to speak with me on my son’s behalf and accepted information I was able to present to him confirming Jeremy’s illness. During his first appearance before the court, the judge allowed me to present information to him regarding Jeremy’s illness, the support available to him from his family and treatment team and NAMI. I was given the opportunity to share with the court the education and support we had received from NAMI and the availability of the same education and support to Jeremy as a consumer.

The hearing was reset pending research by the probation clerk and the counsel for the judge. Upon return to court and once again presenting additional information to the court, the judge advised Jeremy’s attorney that he would give him seven years in prison but it just did not seem right. We had presented him with an abundance of information but no obvious solution. In the midst of what I felt would soon be defeat, a question was posed as to placing Jeremy on an electronic monitor (ankle bracelet) and to allow him to return home with his parents. It became obvious to the judge that Jeremy held the love and support of his family. This, as well as the trust and respect we had for one another and of his treatment team and support group, showed our strength and desire to make this a positive decision for Jeremy and for the court.

On November 10th of 2004, Jeremy was placed on the electronic monitor and has been living at home under the supervision of his parents, treatment team and adult probation. To date, we have been compliant and satisfied the terms and conditions of his probation. Although Jeremy remains on the monitor, he was recently granted permission to attend Capitol Day in Austin to represent NAMI on behalf of his peers. This was made possible by Jeremy’s willingness towards recovery and the support of his probation officers and their desire to see him succeed and once again become a productive member of society. It was a year ago that Jeremy was on his college honor roll.

We were told by a supervisor of the probation department that this is the first time this has been done in a situation such as Jeremy’s and should it prove to be successful, then it is something for the court to consider in the future in similar situations. We recently heard through NAMI that another consumer had been placed on a monitor in lieu of prison.

See My Son, Our Story...page 21
There is a special freshness in the air over the great State of Texas! During the weekend of July 15–17, over forty individuals traveled statewide to Austin to learn about *With Hope In Mind*, while training to be teachers for their community. Some attendees stayed an extra day to become state trainers for the various areas throughout Texas. *With Hope In Mind* is developed under the auspices of Center of Understanding.

For many years, families have been in search of program options offering education and support about mental illness. Recovery, although a concept we often discussed, had not been researched scientifically until recently. Now, scientific and advocacy organizations interested in this recovery concept, acknowledge that both individual and family recovery are a possibility. Each person affected with mental illness holds the realistic promise of recovery as a goal toward which they may strive.

Encouraged by recent evaluation results that empirically document that family-led education programs are effective in helping families cope with their loved ones’ mental illness, *With Hope In Mind* emerges. You will note the fresh and comprehensive curriculum with everything you need at your fingertips. There are seven videos which may be used to educate the participants about brain biology, depression, bipolar, schizophrenia, OCD, Panic Disorder and PTSD. These videos provide just one option for teaching *With Hope In Mind*; there are other choices.

Based on the recommendations of The President’s New Freedom Commission that urges families and consumers to work together, the Center of Understanding acknowledges the need to revamp several of its curricula. The *With Hope In Mind* curriculum incorporates the findings from a five-year NIMH (National Institute of Mental Health) funded, controlled study of 462 families. This study demonstrates the effectiveness in improving outcomes for families. It is, therefore, appropriate and timely to make programs such as *With Hope In Mind* available throughout the mental health service networks.

NAMI Montgomery County and Tri-County Mental Health Center, just north of Houston in The Woodlands/Conroe area, have successfully implemented *With Hope In Mind* in accordance with the Resiliency and Disease Management through Texas HB 2292. Staff from the Center and NAMI volunteers work collaboratively to meet the needs of the population in the community through this curriculum. It has been proven that flexibility, creativity and options are essential while working together to expand services throughout the community, as per the R/DM model. What many of us have often discussed and wished for in our local communities is now possible. It has been proven that we can no longer survive as an island or in a cocoon. We must break the barriers; lead with extreme uprightness proud to be whom we are; impact our communities; expect change with a new spirit; announce to the world that there is no shame in mental illness; and, become the leaders in today’s world of mental health matters. Mental health does matter! Recovery is an option and a goal attainable by individuals affected by mental illness.

As you let your fingers do the walking through *With Hope In Mind*, symptomatology is presented in an interesting and easy-to-understand manner. The symptoms of mood or affective disorders,
Visions for Tomorrow Curriculum Revision

By Dr. Marcela Garces, Stephanie Contreras and Pennie Hall

The rewriting of the Visions for Tomorrow Curriculum by Dr. Marcela Garces began on November 1, 2004. The following changes are being made to the current curriculum:

- Up-dating the medical and psychiatric information to stay current on best practices, research developments and reports, trial studies, medications, current treatment trends, and alternative treatments.

- Expanding the curriculum to age 22. We decided this action because Special Education services and IDEA continues to age 22. In addition, when assisting their college or college-bound child, parents may face and need to be knowledgeable about housing issues, transportation issues, insurance issues, transition of services, adult mental health laws. Please note: Caregivers whose children are beyond age 18, and are NOT attending college, will be encouraged to take the Family-to-Family or Journey of Hope course.

- The order of the disorders as presented in the current curriculum has changed to reflect the order of the DSM IV TR and the Concise Guide to Child and Adolescent Psychiatry, third edition. Group I are disorders common to adulthood but may be present in childhood. Group II is primarily childhood on-set disorders.

- We have added teenage driving. This issue is such a rite-of-passage, but when there is mental impairment, it can create stress and hardship in the family. Communication techniques, coping strategies, and questions to consider, traffic laws and juvenile justice involving vehicular citations will be included in this topic.

- We have had multiple requests nationwide to include adoption of children with mental illness. That will be included in the new curriculum.

- A new workshop on Psychiatric Rehabilitation will be added. Topics in that new workshop will be:
  1. Recovery Model
  2. Person Centered Planning
  3. Empowerment
  4. Advocacy

- The new format of the curriculum is divided into three major sections:
  1. Nature of Mental Illness (includes an introduction to mental illness in children and adolescents, an explanation of the brain, and a short description on how to use the DSM IV TR).
  2. Mental Illnesses (includes disorders usually diagnosed in childhood and adolescence).
  3. Practical information for families and caregivers (includes transition issues, legislation and legal issues, and psycho-social treatments).

- The discussion of mental illnesses in section II will follow a question and answer format. Each of the 24 disorders will answer the following questions:
  1. What is this disorder?
  2. What causes this disorder?
  3. How do you feel if you have this disorder?
  4. What are the most common symptoms of this disorder?

See Visions Revision…page 27
ELECTION

Meet the Candidates

*Bios for Candidates on the NAMI Texas Ballot*

You will receive your official ballot in the mail. Please follow directions to complete your ballot and mail it in the envelope provided by September 15th.

**Alice Clark**
Alice Clark lives in Frisco in Collin County Texas. She was diagnosed with Major Depressive Disorder and Obsessive Compulsive Disorder in 1999. Medication therapy was started and a month later, Alice began Cognitive Behavioral Therapy. At the age of 48, her healing and a better way of life really began.

Since 1999, Alice has found her purpose in life through education and advocacy revolving around mental illness recovery. It is not a journey she has chosen, but the trip has been priceless.

Presently, Alice serves on the Board of Directors for NAMI Texas representing Region 2. She works on the NAMI Texas Consumer Network as a Director. Facilitating consumer support groups since early in 2001 has been a major factor in her ability to maintain recovery.

In 2004, Ms. Clark graduated from an innovative leadership training program for persons with disabilities and their caregivers called “Partners in Policymaking.” Also, she completed the “Train the Trainer” course in New Jersey for Team Solutions. This year, Alice attended a training session in St. Louis for NAMI CARE mutual support groups.

Alice believes education is the key to recovery for consumers as well as understanding for their families. Her motto is: “Excellence does not require perfection.”

**Jim Blischke**
Jim Blischke is a founding member of Midland’s new NAMI affiliate (Region 4) and is completing his sixth year as a trustee for the Permian Basin Community Centers for MHMR. He is vice-chairman of the board, a member of the Finance and Public Liaison Committees, and meets with the Planning and Network Advisory Committee. Jim’s interest in mental health stems from his belief that all persons, regardless of income, are entitled to the best available care for both mental and physical illnesses. His wife, Alathea, suffers from fibromyalgia; one of the disease’s secondary effects is clinical depression. The disease is managed through medical care and joint changes in their lifestyle.

Currently retired, Jim’s professional background includes 34 years as a marketing and general management executive for a Midwestern insurance company plus stints as a bookseller and bookstore owner and public broadcasting fundraiser. He serves as an elder, Missions chairperson and adult teacher in his Presbyterian church. He and Alathea have four grown children and seven grandchildren. They enjoy travel, including this summer’s mission trip to Uganda.

**Paul Jurek, PhD.**
Paul has been a member of NAMI Texas since 1990. In the past, he belonged to NAMI in Midland, Odessa, Denton, Concho Valley and now serves on the Board of NAMI Andrews. He is eligible as a consumer, family member and mental health professional. Paul assisted NAMI and MHMR in creating a drop-in center and two mental health centers. He has also been very involved in the delivery and advocacy of children’s services.

Paul believes NAMI is a big influence on mental health delivery and should work closely with MHMR, but we need to become more visible to the private sector, while continuing our effort to eliminate stigma. We need to expand our education programs so NAMI will be more accessible and available to our communities. He also believes that NAMI Texas needs to focus efforts on attracting young families, teens and young adults and allow them to be a bigger voice in our organization. As someone who has worked with large budgets at MHMR, Paul has the knowledge to help with fiscal responsibility. He has experience with grant writing and marketing.

Paul believes he can be a good over-all representative for the West Texas area because of his urban and rural experience.

**Wayne Gregory, PhD**
Wayne’s career as a psychologist in the Veteran’s Administration (VA) has enabled him to be an effective advocate for people with serious mental illnesses and their families. While most of his work has been with veterans with Post Traumatic Stress Disorder, Wayne in recent years has become more involved with helping implement psychosocial rehabilitation and recovery concepts in local and state-wide venues. Because this work required him to get off the VA grounds and into the community, he was introduced to many wonderful people
associated with NAMI. Wayne became a member of NAMI Waco two years ago and is now the President of this affiliate. He felt NAMI Waco provided a very unique opportunity to create partnerships among the Waco agencies. The partnerships have produced a newsletter in which all the partnering agencies have columns and a consumer operated drop-in center, the Independence Center, has opened.

Wayne is very interested in helping stakeholders from all areas combine efforts to improve the quality of life for all people with mental illness.

**Donna Fisher**
**NAMI Gulf Coast**
Donna is the parent of a child diagnosed in 1993 with ADHD and in 2000 with bipolar disorder and a current member of the NAMI Texas Board. She has been working with the school system and the medical system since her child’s first diagnosis.

Donna advocates in the communities of Brazoria and Galveston Counties for the individual rights and needs of children who have mental illness. She educates families, agencies and the general community about mental illness and the rights of consumers. Donna’s duties include attending the Gulf Coast Center Children’s Mental Health PAC meetings, preparing families for ARD meetings and attend with them as necessary. She also attends NAMI meetings, facilitates when necessary and teach Visions for Tomorrow classes.

**Roger Morin**
**NAMI San Antonio**
Roger has over 30 years of in-depth experience in social services, including experience in gang intervention, consumer advocacy, group home supervision, respite and various projects for the homeless.

Roger’s current position is community liaison with the Center for Health Care Services, the MHMR authority in San Antonio. He promotes the center as a credible and responsive entity and develops relationships with local community centers, law enforcement, private behavioral hospitals, homeless organizations and shelters that deal with the mentally impaired. He investigates customer complaints and maintain good relations with advocacy groups.

Roger is a NAMI Texas Board member representing Region 7 since 2004; Member of the PAIMI Council (Advocacy, Inc.); Board Member of San Antonio Clubhouse; committee Member of the Bexar County and South Texas Family Support Conferences; and a Chairman of the San Antonio Area Homeless Action Coalition.

**Bruce A. Black**

Mr. Black is Chair of the Board of Directors of the EL Paso Advocacy for Mental Health, Inc. and Executive Director of Casa Esperanza, operated by the Advocacy. Mr. Black encourages you to come by and visit Casa Esperanza, House of Hope, and speaks to our fine volunteers on duty to find out more about the organization’s activities.

Mr. Black performs outreach to the community with the assistance of NAMI El Paso and NAMI, Texas. Mr. Black goes to in-patient mental health hospital wards and instructs patients on acceptance of their mental illness and teaches that such mental illnesses are not disabling for life, but, instead partial or full recovery are possible – along with return to the community as a fully functional community member. He also instructs the El Paso Police and Sheriff’s Departments on how to better handle encounters with the mentally ill on the beat and how to more effectively work with them in jail or prison, so as to better understand each other and allow the policemen to be, not an antagonist or minimally acceptable person in a stand-off, but to be a professional who actually signifies aids and assists mentally ill clients.

Mr. Black was appointed and is on many local and state boards, the most recent is NCED Mental Health Center, which years ago he was an in-patient many times in their hospital. In 2004, EPAMH, Inc received two demonstration start up grants from the Federal through the State governments to open and begin operations of the EPAMH, Inc. expansion and first operations facility called Casa Esperanza (The House of Hope) Activity and Learning Center, CEALC. CEALC houses a library of general non-fiction and fiction titles and brochures and medical journals on mental illness conditions, treatments, and causes some in Spanish as well as English. CEALC also houses a computer laboratory to assist clients, and even volunteer staff with their duties for the clients.

**Aaron Spencer**

Aaron Spencer, from NAMI Metropolitan Houston, has been involved in NAMI for 5 years. In 2004, he received the Marshall Consumer Advocacy Award from the Mental Health Association of Greater Houston. Aaron has been involved in the Harris County area since 2000 in promoting recovery through visiting inpatient facilities and talking about recovery from a personal standpoint. He has been a member of the Harris County MHMRA Planning and Advisory Committee since 2002. In this role, Aaron offers advice about issues that pertain to consumers: housing, medication, jobs, review of mobile crisis effectiveness, etc. Along with 13 years of service work in twelve step recovery programs, Aaron was featured in an article for the MHMRA Interfaith Newsletter sharing his experience of recovery.

**Thomas Cortino**

Upon becoming a consumer of mental health services some years ago, Thomas had very little information about these illnesses. He feared that he was alone, without knowing where to go or what to do. Then a friend referred him to NAMI South Texas. See Candidate Bios...
three years ago. NAMI has taught Thomas that education is an essential part of understanding and coping with mental illness. NAMI has enriched all the previous learning opportunities he has experienced in his life. Thomas was born and raised in the Rio Grande Valley of South Texas. The construction business formed an important part of his life. He has learned business techniques, how to deal with many different types of people, and how to instruct others from owning and working in residential/commercial construction companies. Thomas also worked for a school district as Director of Operations of Transportation, Food Services, and Inventory. This challenging yet rewarding opportunity fine-tuned his leadership skills.

As a volunteer with NAMI South Texas, Thomas now has the privilege of assisting other individuals and families; assuring them that they are not alone with their mental illness. At support group meetings every month in Hidalgo and Cameron Counties, Thomas provides the peer-to-peer based support group. In July, he will be teaching Texas Team Solutions to a group in Harlingen. The NAMI South Texas Board of Directors recently instated Thomas as the newest member of their board. He plans to assist others in every way possible here in South Texas.

Thomas would like to serve every consumer in Texas as their representative to the NAMI National Consumer Council. He would like your vote so that he might have an opportunity at the national level to continue to support NAMI Texas in its programs, workshops and educational courses directed by and to mental health consumers, family and the general public.

Watch for your ballot to arrive by mail!
diversion can work with the proper knowledge, trust and support.

We do not know how long Jeremy will be on the monitor, but for the time being, he is home, healthy and working diligently towards recovery. We are very proud of his success. We would like to express our thanks for those who have taken an interest and have been essential in Jeremy’s recovery. Thank you. You are in our thoughts and prayers. Thank you, most of all for your compassion. Thank you, Your Honor.

My Son, Our Story...continued from page 15
Significant Riders to the Appropriations Bill


- Rider 7 to DSHS – authorizes up to 17.5% of funds to be transferred from Mental Health State Hospitals to funding for Community Mental Health Services for Adults or Children and/or Community Mental Health Hospitals;
- Rider 80 to DSHS – requires local MHAs to conduct CARE system database checks within 72 hours of referrals for local and county jails to determine if offenders have a history of a mental illness and report such information to the requesting jail. Quarterly reports will be filed with TCOOMMI as a part of the community of care mandate;
- Sec. 29 Rider (to all Health & Human Services) – requires DSHS and DARS to implement an “equity” plan among local MHMR authorities from FY 2006 – 2013. Funding reductions to a local authority to achieve equity may not exceed 5%;
- Sec. 44 Rider (to all Health & Human Services) – authorizes local MHA to expend up to 15% of New Generation Medication (NGM) funding on related services and, if local MHA exceeds NGM to the extent that patient assistance programs have been maximized, this amount may be expended on direct services to clients;
- Rider 8 to HHSC – HHSC will develop a plan to prevent custody relinquishment of youth with serious emotional disturbances and request any necessary waivers from the federal government to do so;
- Rider 67 to HHSC – Continue Medicaid Coverage of certain excluded Medicare Part D Drug categories. Although there is a huge shift of full dual eligible clients to Medicare from Medicaid some categories of drugs where excluded from coverage under the new Medicare Part D. Texas will continue to provide coverage under Medicaid Vendor Drug. For persons with SMI – benzodiazepines are included in that category.

An interesting twist to the Medicare Part D participation is Governor’s line item veto of the payment of $444.3 million, which is, required of a state, under the Medicare Drug Benefit law, to help finance it, known as the “clawback.”

- Rider 69 to HHSC – $75,000 per year to provide a grant to a non-profit organization to develop a pilot project directed at enhancing the well being and care of citizens who are dually diagnosed with mental retardation and mental illness;
- Rider 83 to TDCJ – $160,000 per year for Permian Basin Mental Health Deputy Pilot Program for Ector & Midland Counties;
- Rider 2 to Commission on Jail Standards – Commission will amends its rules and procedures to require county and local jails to:
  - check each offender upon intake into jail against the DSHS’ CARE system to determine if the offender has previously received state mental healthcare;
  - record whether the CARE system was checked on the initial intake screening form; and
  - include any relevant mental health information on the mental health screening instrument and, if sentenced to the DCR, on the Uniform Health Status Update form.

Significant Legislation

The full text of each bill can be found by going to the Texas Legislature Online http://www.capitol.state.tx.us/ and typing in the bill number in the section Bill History and Vote History.

- HB 2572 – Vetted by the Governor. To read the Governor’s Veto Proclamation go to http://www.governor.state.tx.us/divisions/press/veto2005_files/hb2572.pdf
- HB 2572 changed the provider of last resort language from the 78th Session. Allowed a local mental health authority to be a qualified service provider if the authority makes every reasonable effort to solicit the development of an available and appropriate provider base that is sufficient to meet the needs of the consumers in its service area. The bill also stalled the implementation of “fee-for-service” requiring a study on the impact of various forms of payment for services and a report to the legislature. The bill also authorized a joint interim legislative committee to study the local mental health and mental retardation delivery system and to develop recommendations for improving the provision of services and increasing the accountability for funds management in the system.

In its place is an Executive Order by Governor Perry that directs HHSC to develop a plan for the implementation for the “provider of last resort” language. The Order also seeks an Attorney General’s Opinion whether that language applies to the provision of mental health services. The Executive Order can be found at http://www.governor.state.tx.us/divisions/press/exorders/rp45

- HB 291 – Requires notification of a victim upon the discharge or release into community outpatient care of certain defendants found not guilty by reason of insanity.
- HB 2518 – Conditions for a person’s participation in a mental health court program – requires appointment of an attorney; requires a court-ordered individualized treatment plan.
SB 826 – HHSC shall conduct a study to determine the feasibility of providing 12 months of health services under the Medicaid program to women who are diagnosed with postpartum depression.

SB 566 – Requires HHSC to implement a Medicaid buy-in program for persons with disabilities authorized by the Ticket to Work and Work Incentives Act no later than 12/1/2005. Participants must have a net income at or below 250% of the federal poverty level (approximately $24,000 for a family of one), and will participate in cost sharing.

HB 224 – Prevents a minor between the ages of 16 and 18, who has been admitted for voluntary inpatient treatment by a parent or guardian, from discharging him or herself if the parent of the patient objects in writing, and allows the parent or guardian who admitted their minor child to consent to the administration of psychoactive medication to the minor patient. State mental health facilities are required to consult with the parent or guardian who admitted the patient (instead of merely informing them) regarding the patient’s request for discharge, and continue treating the patient as a voluntary patient if the parent/guardian objects in writing.

SB 1473 – Requires 16 hours de-escalation and crisis intervention techniques training to facilitate interaction with persons with mental impairments for all peace officers as a part of their continuing education and certification.

SB 465 – Relating to the administration of psychoactive medication (forced medication) of patients in custody awaiting trial or those sent to a state hospital for competency restoration. This bill brings Texas law into compliance with a U.S. Supreme Court decision that set forth standards regarding forced medication in these cases.

SB 679 – Allows for videoconferencing between the court and the hospital for a defendant who has been committed as incompetent to stand trial and requires the defendant to remain in the hospital to await a competency hearing until 72 hours prior to the hearing, thereby reducing time spent waiting in jail.

SB 837 – Insanity Defense Reform. Does not change the substantive law in Texas, which still requires a Defendant to prove that as a result of a severe mental disease or defect he/she did not know that the conduct was wrong. The bill makes the provisions concerning release standards and post-release monitoring more explicit as well as conforming the standards for experts used in an insanity case to those standards for experts used to determine the competency of a defendant to stand trial. The bill includes specific release standards and provisions regarding post-release monitoring. The Trial Court must receive and approve an individualized treatment plan; must find that the services are available; may mandate participation in treatment and order supervision by TCOOMMI. The bill also requires HHSC to collect and report to the Legislature annually a report of all person’s found NGRI; ordered to inpatient services; or ordered to community supervision and the outcomes.

SB 410 – Although this bill reauthorizes the State Board of Pharmacy, it contains provisions that sets up a state sponsored Internet site listing Canadian pharmacies that meet Texas licensing standards and that sell drugs approved by the U.S. Food and Drug Administration. Texans could buy direct from the Canadian pharmacies despite rarely enforced federal restrictions. Purchases must be limited to renewal prescriptions, drugs for long-term use and 90-day supplies.

SB 1188 – Medicaid Reform. Contains many of the reform proposals from the Governor’s Medicaid Reform Workgroup that met during 2004, along with additional Medicaid – related provisions.

SB 1340 – Addresses the use of trained health professionals (telepresenters) other than physicians, registered nurses, advanced practice nurses, or physician assistants to present patients. Requires the Health and Human Services Commission to develop and DSHS to implement a pilot program to provide Medicaid mental health services through telehealth or telemedicine.

SB 325 – Sets limits on the use of restraints on a variety of state-licensed facilities, including substance abuse facilities and mental health facilities, and charges the executive commissioner with adoption of rules related to the use of restraint and seclusion. The bill also establishes a multi-agency workgroup that will make recommendations to the health and Human Services Commission related to uniform definitions, data collection, and minimum standards on the use of behavioral interventions.

HB 1771 and a special provision in SB 1 – Integrated Care Management:
- Requires HHSC to develop an integrated care management (ICM) model of Medicaid managed care.
- The ICM model is a noncapitated managed care model with enhancements to improve patient outcomes, improve access to care, constrain health care costs and integrate acute care and long term care services and supports.
- ICM will serve the aged/blind/disabled population.
- ICM is an alternative to STAR+PLUS, which is a capitated model.
- HHSC may contract with one or more administrative service organizations to perform care coordination and other functions of the ICM model.
- ICM model will be implemented in the Dallas service delivery area.
- HHSC will seek federal approval to convert the existing STAR+PLUS model in Houston area to a capitated model with a hospital carve out.
- In the service delivery areas of Bexar, Dallas, El Paso, Harris, Lubbock, Nueces, Tarrant and Travis Counties, HHSC will consult with public hospital officials and other county officials in determining the managed care model to be used for the aged/blind/disabled population in their areas. The managed care model options included Primary Care Case Management (PCCM), ICM or health maintenance organization (HMO) with hospital carve outs.
NAMI Waco Partners with Heart of Texas MHMR and the Waco Veterans Administration

By Wayne Gregory, President NAMI Waco

NAMI Waco, a relatively small affiliate, has benefited from participation from each of the large mental health service providers in the community. Representatives from the Heart of Texas Regional Mental Health and Mental Retardation Center (HOTRMHMR), the DePaul Center and the Central Texas Veterans Health Care System (CTVHCS) serve either in the general membership or on the board of NAMI Waco. As a result, NAMI Waco has become both a foundation and an incubator for partnered projects to improve the quality of lives for persons with serious mental illnesses in our community and for those who care about them.

The brainchild of former board members, Margaret Stratton and Maurice Dutton, this affiliation among service providers, consumers and advocates has undertaken a number of joint efforts. Recently, a new coalition in our state was conceived, calling itself the Texas Peer Recovery Specialists. This group, formed to promote peer supported recovery in our state, emerged from a training partnered by an impressive number of agencies. The training itself, provided by the Depression and Bipolar Support Alliance’s (DBSA) Peer-to-Peer Recovery Center and led by Lisa Goodale and her team including Ike Powell and Larry Fricks, was planned in a series of teleconferences by representatives from DBSA, NAMI Texas, NAMI Waco, HOTRMHMR, Tarrant County MHMR, Center for Health Care Services (San Antonio) and CTVHCS.

The desire to assemble participants from federal, state and advocacy organizations across Texas grew out of very positive experiences between CTVHCS, DePaul and HOTMHMR in the NAMI Waco environment. This weeklong training was completed by staff and consumers from each of the partnering agencies.

This training project followed close on the heels of a first Recovery and Peer Support Conference sponsored by the Veterans Integrated Services Network 17 and the national VA working group on peer support. Again, the NAMI Waco environment allowed for planning and participation in this conference by Moe Armstrong, the Paradise Center, CTVHCS, NAMI Texas, NAMI Waco, HOTRMHMR and the Texas Mental Health Consumers. While this conference actually began at the CTVHCS, Waco on a Monday, it became a celebration that ended at the Dallas VA on a Friday.

The initial project emerging from the NAMI Waco incubator, owed primarily to the vision and leadership of Tom Thomas from HOTRMHMR, was the development of a consumer-operated drop-in center in Waco.

In one of the NAMI Waco meetings, Tom proposed that CTVHCS’s established peer support program, Vets Helping Vets, team up with HOTRMHMR and each bring their own limited, but unique, resources to improve the lives of both veteran and non-veteran consumers in our community.

After visiting the well established Paradise Center in Fort Worth, this group of CTVHCS and HOTRMHMR staff and consumers planned and celebrated the opening of their center, The Independence Center, in May of this year in what may be the first, formal partnership between a state MHMR facility and a VA facility. The Independence Center has over 90 members within a two month period of business. Its 16 person Member Advisory Board provides a safe, consumer-friendly environment for 40-50 members each weekday from 9 a.m until 3 p.m. Modeled after the Paradise Center, members may socialize, go on outings, work in a garden, play games, take peer led courses and groups, or simply do nothing. Everyone is welcome to participate at whatever level desired.

This successful partnering has even changed the format of the NAMI Waco Newsletter. In addition to columns from consumers and family members, the newsletter has begun to print regular columns from the CTVHC, MHMR, DePaul, NAMI Waco and the NAMI Veterans Consumer Council. This forum serves to keep stakeholders of each organization informed about its own activities and functions as a vehicle for sharing information with the broader mental health community.

While each of the participating partners, agencies and organizations certainly retains its own special focus and priority, we have learned that we have much more in common than we have differences, especially when we remember the reasons we exist. We are a stronger community when we share our limited, but unique, talents, abilities and resources.
Affiliates of Region II of NAMI Texas raised over $100,000 in walker and corporate donations at its inaugural “NAMI Walks for the Mind of America” Walkathon at historic Old City Park on Saturday, May 7th. The walkathon is part of a larger, multi-year effort by NAMI to erase the stigma associated with mental illness and help local NAMI affiliates raise much needed funds for various educational and support programs. Proceeds from this event will be distributed among affiliates in Dallas, Fort Worth and Plano.

“North Texans were very generous with their contributions,” said Acting Executive Director Lori Palmer. “We expect to surpass our financial goal of $100,000. We are pleased with this outcome, especially since there is stiff competition for charity dollars here.”

NAMI also exceeded its goal of 1000 walkers, with at least 1,300 people completing a 5K (three miles) route that included some of the most scenic parts of downtown Dallas. “We had over 75 teams participate, with some of them very large (up to 100 members) and others very small” reported Palmer. “All aspects of the mental health community were represented, including consumers, caregivers, and providers.”

Palmer expressed her thanks to the committee that steered the walk to a successful conclusion. Committee members and their area of involvement included NAMI Dallas President Julie Noble, walk manager; John Dornheim, business teams; Patti Haynes, family teams; Marion Shaw, kickoff luncheon; Jeff Thiebeault, media relations; Karla Taddiken, event day logistics, and Sharon DeBlanc, SPN sponsors and walkers. Other representatives included George Elwell, NAMI Collin County; and Bette Cox, NAMI Tarrant County.

Dr. Eric Nestler, chair of the Department of Psychiatry, UT Southwestern Medical School, served as the honorary chair of this year’s event. Allison Draper, publisher of the Dallas Observer, served as the chair of walk sponsors.

Other key individuals who contributed to the success of the walk included David Henry, General Manager of Infinity Broadcasting, Valetta Forsythe Lill, City of Dallas Councilperson; Maurine Dickey, Dallas County Commissioner; Gary Smith, President of Old City Park, Celia Barshop, Special Events Manager for the City of Dallas; and Steve Leonard, National Consultant for NAMI Walks for the Mind of America.
Insanity Defense...continued from page 9

truth – not about my brother’s brain and his illness.”

Shannon Edmonds, legal counsel representing Texas county prosecutors, presented counterpoints to arguments for any major reform in the defense.

“Medical definitions don’t fit legal definitions. Where do you draw the line?” Psychiatry is still “a soft science…based on subjectivity,” he said.

“It’s difficult for two systems to come together when they can’t even come together to take care of their own problems…From our point of view, the failures of the mental health system end up in the criminal justice system…We have different goals. Protecting the many versus the few.”

He warned against legislating based on “aberrations” – such as the Yates case, or even the 1983 case of John Hinckley, who attempted to assassinate former President Ronald Reagan. Hinckley was found not guilty by reason of insanity, and public outrage at the time prompted the shift by states to a narrow standard.

Edmonds called the mental health system into which successful proponents of the insanity defense are committed with the possibility of early discharge a “black hole.”

“Before we widen the definition, let’s fix what we’ve got”—suggesting a possibility of finding common ground. Panel speakers noted that three states—Idaho, Montana and Utah—have actually abolished the insanity defense entirely.

Ron Honberg, NAMI’s director of policy & legal affairs, summarized NAMI’s position:

■ Preservation of the defense
■ Support for the broader “appreciate” or “incapable of conforming conduct to law” standard.
■ Opposition to a “guilty but mentally ill” standard, which is not essentially different from “guilty” and still results in a prison sentence without appropriate treatment.
■ Disclose to jurors prior to deliberations that a finding of not guilty by reason of insanity does not result in immediate release, but commitment instead to a secure state hospital, instead of prison.
■ Support for “psychiatric security review boards” or other mechanisms to ensure long-term care, treatment and supervision of a person even after discharge from a state hospital.

See the Legislative Report on page 22 for more info on how Texas currently deals with the Insanity Defense issue (SB 837).

With Hope In Mind...continued from page 16

thought disorder, anxiety disorders, self-injurious and addictive disorders are a major focus. The medication section is easy to access. Families will be amazed with the format and knowledge provided in this section. It can easily be updated as new medications and data are approved and released.

Communication skills including listening and de-escalation are presented with great clarity. Workshop participants are subjected to different and innovative experiences similar to what persons, who are affected with mental illness with psychotic features, often encounter, thereby enhancing empathy. The simplified problem management workshop is a breeze, providing focused methodology and allowing time to address concerns from many workshop participants. Actual hands-on activities for advocacy in your specific area present a perfect continuation from the study of curriculum to the transition to support groups.

With Hope In Mind offers exciting opportunities for workshops to be presented through non-profit organizations, local affiliates, houses of worship and community organizations and agencies. Upon contacting the Center of Understanding, you will be provided with specific, factual information regarding With Hope In Mind, its future and its continued role through a flexible, diverse and updated curriculum. Through With Hope In Mind, you will be revitalized with hope and fulfillment.

Linda A. Zweifel, Director of Center of Understanding, brings over 25 years experience in the field of mental illness and is responsible for education, support groups and outreach for the persons affected by mental illness, families and friends. Linda knows well the emotional processes experienced by family members, and it is her goal to provide hope for others through education and support efforts. Linda is co-author of several curricula including the “With Hope In Mind®” international education and support group program which addresses the needs of adults affected by mental illness.
5. What are the different types of this disorder?
6. What is the course and prognosis of this disorder?
7. How common is this disorder?
8. What are the most common treatments for this disorder?
9. What can families and friends do to help?

- The question and answer format will be highlighted by small vignettes, real stories from NAMI members, followed by a small section called: Let us think about this information (specific questions about the information presented to encourage comprehension and discussion).
- A reference list of resources (books, scientific journals and organizations, and websites) will be offered.

Dr. Garces, Stephanie Contreras and Pennie Hall made a presentation of the new Visions for Tomorrow curriculum at the NAMI National Convention on Tuesday, June 21, 2005. Joe Lovelace and Pennie Hall presented a beautiful plaque to Meg Propes and Marcelo Kort of the Eli Lilly and Company Foundation in recognition of their generous underwriting gift which made this re-write project possible. Dr. Garces presented the new curriculum followed by a Q & A forum moderated by Stephanie Contreras and Pennie Hall.

NAMI Texas has been receiving positive feedback nationally about the re-write and the future of Visions for Tomorrow.

An e-group website, Visions_For_Tomorrow@yahooogroups.com is available for all persons who are interested in becoming involved with Visions for Tomorrow. Periodic postings with critical information about VFT, teachers, trainings, etc. will be made available on this site. Please contact Pennie Hall at phall@texami.org if you wish to become a member of this e-group.

Have a great summer and Expect Recovery!
NAMI Texas Annual Conference Registration Form
The Woodward Hotel and Conference Center • 3401 South IH 35, Austin, TX • 512-448-2444 or 800-WOODWARD

Saturday, October 1, 2005

Name: ________________________________
Address: ________________________________

City: __________ State: __________ Zip: __________
Phone: ______________ E-mail: __________________________

Registration fee for the conference is $55. Please make your check payable to NAMI Texas. Mail your check and completed registration form to: Kristin White, NAMI Texas, 2800 S. IH 35, Suite 140, Austin, TX 78704. You may make a photocopy of this form if you don’t want to cut your newsletter.

If you have questions or need more information, please call Kristin White at 512-693-2000.

To find a NAMI Texas affiliate in your area, call 1-800-633-3760 or visit www.namitexas.org

Sunday, October 2, 2005
Auditorium Shores, Austin

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