The State’s Voice on Mental Illness in the 79th Legislative Session:

Delivering on the Promise of Recovery

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Affiliate News

The NAMI Texas News is published four times a year by the National Alliance for the Mentally Ill of Texas, Fountain Park Plaza III, 2800 S. IH35, Suite 140, Austin, TX 78704. Phone: (512) 693-2000.

This newsletter does not offer medical advice. Readers should seek advice from qualified professionals.

NAMI Texas is a grassroots, family and consumer, self-help, support, education, and advocacy organization dedicated to improving the lives of people with severe mental illness. Severe mental illnesses are biologically-based brain disorders that can profoundly disrupt a person’s ability to think, feel, and relate to their environment and others.

Cover photo: The Texas House Chamber, courtesy of the State Preservation Board, Austin, Texas, Photographer Jesse Herrera, P7-C3.el.1/24/95, frame 2.

“The House Chamber is the largest room in the Capitol, epitomizing the grand scale and tour de force that is Texas. Located on the second floor west wing of the Capitol, the House Chamber—like the Senate—is one of the few rooms still used for its original purpose. During legislative sessions, 150 representatives convene in the room. The Speaker presides from the podium. Restored to its circa 1910 appearance, the House Chamber includes some of the Capitol’s most treasured historical artifacts, including the remains of the original Battle of San Jacinto flag, displayed behind the Speaker’s desk.”

To find a NAMI Texas affiliate in your area, please call 1-800-633-3760 or visit www.namitexas.org
In December the NAMI Texas Board and leaders from key NAMI Texas Affiliates gathered in Austin for a Strategic Planning Retreat.

The Board believed this planning meeting was necessary because NAMI Texas and our Affiliates have been “changed” by the transformation of our public mental health system resulting from HB 2292. That legislation and our mission statement seem to match up well — both expect the improvement of the lives of all persons affected by serious mental illness.

With the implementation of HB 2292, comes the requirement of a Recovery-based delivery system including: Resiliency and Disease Management; Jail Diversion and Accountable Care.

NAMI Texas, and our affiliates, are also modifying our services because of the demand upon our support, education and advocacy through our grassroots network as a result of new focus of the public mental health system.

If we continue to do business as we always have, we will not be supportive of our mission. We will become irrelevant as an organization.

Our current business model lacks sufficient financial resources, frustrates leadership and exhausts volunteers.

The result is an unprofitable, no-growth, unhappy, overworked family organization that is fragmented, with no focus and operating in chaos.

Before our December meeting, five strategic planning meetings were conducted in Affiliates in Houston, San Antonio, Ft. Worth, Dallas, and Austin.

The results revealed that our Affiliates have significant infrastructure needs in development, funding, membership recruitment, leadership retention, and marketing — just to name a few.

No need to sugarcoat anything.

We must become unified, vertically aligned, and better organized in order to better serve the individuals and families for whom our mission statement says we are here to serve.

Following the suggestions coming out of the Strategic Planning processes in December will be a “first step” toward an effective and cohesive organization where everyone is fighting FOR the same cause.

The membership of NAMI Texas is The Voice of Serious Mental Illness in Texas.

We stand alone with no other Advocacy group contending against us.

We have No External Threats.

Our Threats are only Internal.

NAMI Texas and our Affiliates have created a prescription for change that will lead us to our future.

# A Prescription for Change

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Now What?

by Jackie Shannon
Chair, Public Policy Committee

The advocacy role ahead for NAMI Texas has changed due to the events in the past legislative session and the work that was done through our Public Policy Committee and Joe Lovelace, who, at the time, was our Public Policy Consultant. Even though Joe is now the NAMI Texas Executive Director, he will have a dual role during this next legislative session, spending part of his time lobbying on our behalf. The Public Policy Committee will still have a major role in refining our particular issues and reacting to new challenges.

Since NAMI Texas is considered an important part of the House and Senate teams that are guiding policy on Health and Human Services issues affecting serious mental illnesses, primarily HB 2292, we will likely need to view our approach to the 79th Legislative session entirely differently from any we have had in prior years.

For example, we do not plan to host a traditional “Legislative Day” where we have a large number of our folks descend on the Capitol for a rally with posters and chants. Since NAMI Texas now has a ‘preferred’ inside track, who will we be rallying against? Much more effective will be to bring in groups of NAMI Texas members in stages to meet with their legislators on targeted issues. Perhaps as a Region 2 Day, or a Region 8 Day, and coordinate the visits. We may not have as many people at a time, but we will have more effective use of our members.

So, what are the NAMI Texas positions on the major issues ahead of us? There were several issues that came forward in the workshops at the NAMI Texas Convention in October:

- Implementation of Resiliency/Disease Management/Jail Diversion/Accountable Care under HB 2292.
- Changing the Method of Financing of the State Hospitals and bringing the indigent inpatient services into the Disease Management Model so that we have a ‘system of care’ across the state.
- Pursuing meaningful changes in the Not Guilty by Reason of Insanity Defense by putting forward the NAMI Texas proposal for reform — Guilty Except for Mental Illness.
- Maintain funding for the Enhanced Mental Health Services Initiative (TCOOMMI).
- Insuring a viable community framework of providers in a service environment open to competitive bidding to both private and public providers throughout the state with clear performance standards and no preferences shown.

As the NAMI Texas Public Policy consultant has advised and counseled many times: Keep the policy goals simple, consistent (build upon prior success to keep momentum), and attainable.

For now, the most important issue that NAMI Texas will be focusing on is the State Hospital issue. We are the only organization that is carrying the argument to change the alignment and the funding. A change like this will only begin with steps toward integration of the funding mechanism. If we are successful and this is accomplished, coming on the heels of the 78th Legislative session, NAMI Texas will have helped to move Texas to a true ‘system of care.’

There will likely be other issues that develop over the next several months — for example, there is something new awaiting us regarding behavioral health services...perhaps regionalization or a new carve-out managed-care model, but no one knows. For now, the bulleted items are the major issues ahead of us. Each of them has a position paper that has been developed to go along with it. And, good news, you will be able to view these position papers when the new NAMI Texas web site goes online the week of January 17th!

The Public Policy Committee, along with Joe Lovelace, will keep the NAMI Texas membership informed, as this approaching Legislative session looms larger.

Don’t Forget to Include NAMI Texas in Your Will

Including NAMI Texas in your will is one way to ensure that the good work NAMI does will continue after you are no longer able to actively give. The following language will be helpful to your attorney when drawing up your will:

“I give, devise and bequeath to NAMI Texas, Austin, Texas, the sum of $_______ or _______% or (real or personal property herein described), to be used for the general purpose of the organization, at the discretion of its Board of Directors.”

4 NAMI TEXAS © Winter 2005
Delivering on the Promise

By Diana Kern, Special Events Coordinator

Photographs by Fred Flores

The NAMI Texas Convention with the theme “Delivering on the Promise” was held at the Omni San Antonio October 14 – 16, 2004. Over 550 NAMI Texas members, mental health professionals, state agency employees and mental health community center staff came together to experience a dynamic event focused on recovery.

Keynote speakers were Representative Carlos Uresti, Chair of the House Human Services Committee, and Commissioner Eduardo Sanchez, Department of State Health Services (via the miracle of modern technology). Over 50 speakers gave of their time and expertise to present on issues ranging from disease management and jail diversion to housing options and suicide prevention. The Peer Support and Consumer Networking sessions were overflowing with consumers from around the state interested in starting new models of peer support based on recovery for all persons with mental illness.

Joe Lovelace, Executive Director of NAMI Texas, delivered a rousing luncheon address. NAMI Texas offered three workshop sessions in Spanish and also had translators available for eight different breakout sessions. A mariachi band from San Antonio energized the crowd at the Friday night reception while attendees took over the dance floor moving to the lively music!

Clockwise from top right: President Linda Groom addresses the convention; Texas Military Institute Honor Guard; Executive Director Joe Lovelace delivers the luncheon address; and Aaron Spencer of NAMI West Houston sings the national anthem at the opening ceremony.
CONVENTION HIGHLIGHTS

Representatives John Davis and Carlos Uresti were convention speakers addressing legislative issues.

Special Events Coordinator Diana Kern receives flowers from Executive Director Joe Lovelace and his daughter Jessie. Diana did an outstanding job of putting on a first-class convention!

Roger Morin, NAMI San Antonio, honors Senator Leticia Van de Putte as NAMI Texas Legislative Champion.

Tom Hamilton, Past President of NAMI Texas, accepts his award for NAMI Texas Volunteer of the Year.

Linda Parker, CEO of Hill Country MHMR, and staff are recognized by NAMI Texas as the Professionals of the Year for their contributions to the Resiliency/Disease Management Model.

Leon Autrey of Houston plays his harmonica during a convention break.
CONVENTION HIGHLIGHTS

Lupe Morin, President of NAMI San Antonio, and members of her affiliate enjoy the Friday night reception including the food and a mariachi band.

Left: Robert Garrett of the Dallas Morning News receives the NAMI Texas Media Award for his article “A Loud Voice for the Mentally Ill.”
Right: June Scogin accepts the Top Fundraiser Award for NAMI Texas Walks on behalf of the Sunshine Walkers, who walked in memory of her husband, Harold Scogin, a NAMI Austin past president.

Election Results

- The Revised Bylaws were approved by a vote of the general membership, 230-26.
- Elected by a vote of the general membership to two-year terms:
  - PRESIDENT: Linda Groom
  - SECRETARY: Stephanie Contreras
  - NOMINATING COMMITTEE: Roger Morin
- New Regional Directors elected to two-year terms on the Board of Directors during regional caucuses held at the Convention:
  - Region 1: DeAnna Gibson  
  - Region 2: Andy Dillard  
  - Region 3: Victor Ortiz  
  - Region 5: Lee Burns  
  - Region 6: JoAnn Arscott  
  - Region 7: Bill Matthews  
  - Region 8: Mary Robins  
  - Region 9: Nina Shannon
- New members of the Board of Directors elected during the Convention were installed at the NAMI Texas Board meeting on December 5, 2004.
I was blessed to grow up in the 1950s as the third youngest of dozens of cousins in a large, acculturating family. Irwin, one of these cousins, was very different. Ten years older than me, older even than my big sister Marilyn, he struggled with a serious mental illness. He could not be calm with others and was always going into the mental hospital. We were told that there was no hope.

Our family was close and the other older cousins, including my teen-aged sister, often hung out together. In the 1950's, nothing could be more embarrassing. Irwin was loud, unpredictable and vulgar. For me a 10-year-old budding *Dennis the Menace* — he was REALLY cool — better than Jerry Lewis! The things he said and did! I loved Irwin all the more for his irreverence, and we bonded.

Years later in medical school, a psychiatrist named Dr. Arthur Shapiro talked about some patients in a way that fit Irwin to a “T”. Irwin came in and Dr. Shapiro’s approach led to prompt relief of his signs and symptoms! Irwin Foundation now partners with local NAMI affiliates to throw “Celebrations of Recovery” all over America. The first of these occurred in Texas, a State that has embraced “Celebrations of Recovery” more strongly than anywhere else.

There is more. To tell you all a secret, I was celebrating the recovery that Irwin deserved but never could reach and yet I confess that I did not fully understand what this “recovery” was all about. What might Irwin have “recovered” when he never had much going for himself in the first place? What could possibly be “recovered”? How can you “get your life back” if you live with an illness that keeps you from having a life in the first place?

I must say that the answer to this question came to me in a way that I never would have expected. In October 2003, Austin, Texas threw a fabulous Celebration Recovery. I came down to Austin for the event from my home in Cleveland but never actually got there. Instead, on the way from the hotel, I had a massive heart attack. At 58, I had not even known that I had heart disease. Life does throw you these curve balls.
Now I might have gotten frightened. And I should have gotten religious. But what happened is that I got self-conscious and humiliated. Pretty dumb, you might say, but truth is truth. I am, I think, rather typical of a lot of guys my age. I pride myself on my ability to handle situations. NOTHING rattles a guy like me — I take care of myself!

Well the last thing I wanted was to lie there, in front of all of those strange men and women — helpless, out of control, vomit-covered and pathetic. I really hated this! And then, it came to me in a flash. I had lost my cover! The real helpless me was lying there — exposed!

Well, now I have my cover back. I am in recovery. I can run 5 miles, do sit ups, write columns, be charming and witty and play all of the numerous roles in life that mean so much to me. And be 20 pounds slimmer! I got “cover” back! Better cover than ever. THAT’s what recovery is all about.

We are all of us born naked and helpless and without cover and the first thing that happens is they swaddle us. We get cover! If we are fortunate, it is wonderful and loving cover. Or it may be rotten cover, but cover nonetheless. No infant can live without it. And when you are sick, certainly when you are mentally ill, you lose that cover. And without cover you are exposed and raw. And then, in recovery, you start to get your cover back. Perhaps the same cover, perhaps a better cover. It is really wonderful to be in recovery and to get that cover back.

I do think that I now understand the meaning of recovery and I have tried my best to explain this to you. I can describe my heart disease and my recovery without stigma — people smile as I describe how I exercise and eat better and deal better with stress (and I will not deny that there are slips).

Of course, if you were not NAMI friends and advocates, telling a story of recovery from mental illness would take infinitely more courage than my story of recovery from cardiac disease. This must change! Every story of recovery is essentially the same. Aren’t we humans wonderful — isn’t the Grace that sustains us all wonderful — we stumble and fall, and we can and do recover!

When I got back from the hospital I told my kids that I had a new role model — a guy named Scrooge. They were puzzled. Yeah, I said, the guy in Charles Dickens’ A Christmas Carol. Scrooge AFTER Christmas! In fact I like my new cover better than my old one and I think others do too. And best of all, I am very proud to say, Joan and I share my new life in recovery in our new home in Austin, Texas, the very place where my recovery began. This past June, the two of us moved here. Austin is now our home and the home of The Irwin Foundation.

And may you all be in recovery! Each and every one of you! This IS something to celebrate! I look forward to meeting all of you at NAMI’s Celebration Recovery in Austin on June 19, 2005. And Cousin Irwin, famous for his big, broad grin, will gaze down on us all and join us as we celebrate.
Antidepressants and Early-Onset Depression

By Graham Emslie, MD

This is a summary of the Grand Rounds that Dr. Graham Emslie presented at the University of Texas Southwestern Medical Center at Dallas on October 6, 2004. The lecture was part of the UTSWMC Mental Illness Awareness Week events. Dr. Emslie is an expert in the treatment of depression in children and adolescents.

Recently, concerns surrounding antidepressants and children have been raised, particularly about whether these medications cause increased risk of suicidal behavior in this age group. The FDA held a meeting on September 13–14, 2004 to review the studies of children and adolescents taking antidepressants. The studies reviewed were studies of depression and anxiety disorders, and an Advisory Committee discussed the effectiveness of these medications, as well as the concerns about the increased risk of suicidal behavior with the medications. This article attempts to explain some of the details about this controversy and the findings.

What did the Advisory Committee determine?
After two days of hearings, the advisory Committee determined that there is some increased risk of suicidal behavior in some youth taking antidepressants. About 3–4% of patients with depression who were taking an antidepressant had some type of suicidal behavior (suicide attempt, suicidal thoughts, or self-harm behaviors), while 1–2% of those taking placebo (inactive pill) had similar behaviors. Therefore, there was almost a 2-fold increase in suicidal behavior in youth taking an antidepressant to treat their depression. There were NO completed suicides in any of these studies which included over 4,000 youth. In youth with an anxiety disorder, there was no difference in suicidal behavior for those being treated with antidepressants as compared to placebo.

The Advisory Committee recommended that a stricter warning label be placed on all antidepressants. The type of warning label they recommended is called a “black box.” What that means is that any doctor prescribing one of these medications has to clearly warn patients about the risks associated with the medication. In this instance, the black box will likely warn that there is a chance of increased risk of suicidal thoughts and behaviors in youth taking these medications. Although there were some minor differences between the various medications evaluated, the Advisory Committee decided that the label should be on all antidepressants.

How does that affect your child?
If your child is already being treated with one of these medications and is doing well, then your child should continue on the treatment. In most cases, these increased risks occur during the first several weeks of treatment. If your child has recently started one of these medications or is about to start, then you and your doctor will need to closely monitor him/her for any changes in behavior.

Suicidal thoughts are a symptom of depression. Additionally, depression is one of the largest risk factors for suicide.

What should you do?
First, be upfront and honest with your child about these risks. Second, talk to...
New, Long-acting Schizophrenia Treatment Option Approved as a Medicaid Benefit

Effective November 17, 2004, Risperdal Consta has been added as a benefit of the Medicaid acute care program, announced The Health and Human Services Commission. Risperdal Consta is a new injection formulation of the atypical antipsychotic Risperdal. It is the only atypical antipsychotic available in a long acting or depot formulation as a shot. Risperdal Consta only has to be given once every two weeks, so persons taking Risperdal Consta do not have to remember to take a pill every day. It contains the same medication that is in the oral Risperdal pills. For more information about Risperdal Consta you can go to the NAMI Website.

<nami.org/Content/ContentGroups/Helpline1/Risperdal_Consta.htm>

Medication Access Alert

Should the Risk of Diabetes Limit Atypical Antipsychotic Medication Access?

As you may be aware, some television and newspaper ads, along with communications to patients, caregivers and advocates, have appeared across Texas by lawyers in search of clients who may have suffered diabetes while taking atypical antipsychotics.

Some of these advertisements have caused undue concern about the safety of these products, which has in turn caused some patients to interrupt or discontinue their treatment.

As you know, abruptly discontinuing medication can have a negative effect on a patients’ quality of life and occasionally lead to tragic consequences.

If you have a concern, you should always consult with your treating physician.

NAMI National has an information update on this issue available on its website at: <www.nami.org/Content/ContentGroups/Policy/NPRI/Medication_Access_Alert_Should_the_Risk_of_Diabetes_Limit_Atypical_Antipsychotic_Medication_Access_.htm>

For more information about these issues or the research being conducted at UT Southwestern and Children’s Medical Center, you can contact the Pediatric Psychiatry Research Program at (214) 456-8918.
“Best Practice” Business Models and the Treatment of Mental Illness

By Luniece Obst, M.Ed., LPC

The following paper was presented at a community forum hosted by Obst & Associates. The forum featured “best practice” business models used to construct HB 2292 and the new mandates concerning treating those with mental illness who are funded by the Department of State Health Services.

There are three elements that I want to address concerning “best practices”:
• What Best Practice Is;
• Changing government practices; the tension in our system; and
• Why we need good models and the discipline to be a learning organization in mental health practices.

What is Best Practice
Best practice is a way of showing how businesses have become more efficient, competitive and profitable through evidenced based outcomes.

Why do we use them?
We use them for benchmarking, innovation, and to maintain a competitive edge in the marketplace.

Innovation enables you to compete successfully and profitably in today’s fast-changing environment.

How does that relate to what we do?
Using Best Practices is a way to save time through efficiency in utilizing human and financial capital. It is not necessary to completely re-invent the wheel.

Best Practice models give organizations a blue print toward excellence by allowing those organizations to measure their performance, compare practices, and innovate according to their goals and to measure through the utilization of facts and evidence.

Successful organizations don’t stand still they are always looking for places to improve.

Bringing in more intelligent organizational form will motivate innovation, efficiency and effectiveness.

The use of Best Practices is simply about becoming more efficient, competitive and profitable.

This means:
• Measuring how well your business is performing based on indicators and facts;
• Seeing where you need to improve and doing something about it;
• AND Learning from “HOW” others have done it.

Best practices can help your organization:
• Become more competitive;
• Increase capacity;
• Reduce cost and become more efficient;
• Improve the skills of your workforce;
• And use technology more effectively.

Best practice is based on the idea that the best way to learn is from the experience of others.

Changing Government Practices, the tension occurring in our System
Federal and state monies are dwindling, external and internal pressures are forcing providers to cut new paths of performance.

Right now there is an extreme amount of tension in our community because of the new mandates that have come about through HB 2292 and because bureaucracies as we know them are being forced to change.

In the book “Change ABLE” Organizations, Daniels and Mathers state: “It is extremely difficult to instill creative tension in the culture of bureaucracy. The bureaucracy usually has to be in the late stages of disintegration before members awaken from their habitual passivity. Such awakenings come about only after a large monopoly is torn asunder by its government, when the institutions of banking or transportation are deregulated, or when an enterprise such as the military-industrial complex is forced to commercialize its services. We are beginning to see it in the privatization of much of what has been historically considered the services of public administration.
Why we need Good Models and the Discipline to be a learning organization in Mental Health Practices

How can Best Practices help us today in Mental Health? Best Practices by nature lend us information for innovation and help us to “Think outside of the Box.”

It IS Time to Think out of the Box! If our institutions are going to survive the external forces they will have to change their way of doing business. Otherwise free enterprise will take over and win.

What does this mean to you as providers and care takers for people with mental illness?

There has been a great deal of debate in our community concerning HB 2292 both negative and positive. There have also been newspaper articles about some of these models that we have seen and we have given opinions on them both individually and collectively. But those opinions are only opinions and assumptions because we know that newspaper articles, like those that observe them, are generated and processed through phenomenological views of the world that are usually attached to “agendas.” Having worked for and within the mental health community here in Travis County for some time now, it concerned me that quite often, when we bring new ideas in to our community, they are easily shot down. I began to wonder if we were becoming an impenetrable fortress only willing to subscribe to our own “way of doing things?” Both collectively and individually.

Now we have the legislative mandate called HB 2292. I ask “Could this actually be an opportunity?”

Would it be possible for us to:
• Use these new mandates to become “better”;
• Explore HB 2292’s best practice models and have the courage to ask “relevant” questions; and more importantly
• Challenge ourselves to seek excellence by emulation and augmentation, based on models that could be used to better indicate whether or not we were truly having an impact on our consumers, and at the same time build momentum both through sustainable funding and a learning and Change ABLE organizational approach?

Maintaining the organizational discipline to utilize facts within an empirical model sets the tone for integrity and trust.

Can we create Change based on fact driven evidence?

Psychologists by definition are science/practitioners and we welcome evidence-based practices. I would be the first to tell you though, that most cases in real life (not in empirical studies) are complicated. Taking a cookbook approach with no leeway for professional clinical judgment usually will not get the outcomes you are seeking. But that does not mean that we should not be using good models and endeavoring to make them great!

We strive to make our field a science that can generate and rely on facts. Facts in this sense are what “all observers can agree upon!”

Very important definition. Facts must have more than one observer and they must be a group of observers that anyone can join. It can’t be a private club. And just being an observer is not enough, one must be an informed and interested observer.

Empiricism is only as good as the integrity of the observer(s) and the set of tools used to measure, indicate, and appraise. Why we think we can be effective in the application of treatment for those with mental illness and “bring along” (if you will) changes with out such integrity, I just don’t know? The pharmaceutical industry and the American Medical Industry certainly have to adhere to those levels of integrity. (And we all know that even they are far, far from perfect.) You would not go to a third world country to have stints put in to your heart, in this day and age, where they were practicing medicine like they did in the early 19th century. You wouldn’t know if you were more likely to die because of the procedure or the systemic exposure to germs and inadequate care.

It is equally unreasonable to put money into a system that does not have a delivery process that is at the very least using a model that can be measured based on practices and behaviors that relate to consumer outcomes.

What I am saying is at the very least we need a model that can lend us a framework to manage disease by “weeding” out extraneous variables and applying good business practices. Adhering to a model for consistency, and for continuity of care, along with feedback indicators.

What other way are we to know how to take care of the mentally ill? How are we to know what is working? And what is not?

And just using a Best Practice model is not enough. If the human resources are not working the model and appraising it, you can’t prove significance levels and adjust actions. Appraising external and internal forces are NECESSARY to be and to maintain, a learning, dynamic, viable organization that is relevant in this day and age.

Continued on next page
Best Practice Business Models...continued from page 13

There has to be good leadership that is willing to create a culture that is motivated, curious, innovative and understands that the stewardship of consumers, and tax payers dollars, is given in “trust.”

It is incumbent upon us as intercessors (as those monies do not belong to us) to return on community investment through our business practices. The relevance of that return is not just observed by a private club.

All of the Best Practice models that you are going to hear about today I have seen. These models have great merit and I hope that our community is willing to explore their value.

I ask you the practitioners, administrators, public servants and stewards “Why best practices?”

Will you be willing to think out of the box?

I invite all of you to join me as we ask ourselves...“How can we find today, the value in this opportunity?”

I borrow now from the period of Enlightenment, that period that marked a transition from man subscribing to superstitious behavior as opposed to Empiricism:

“Of vital Importance was a growing sense that man as the individual could fundamentally transform his own existence through scientific process and discovery, and by applying the same principles of close observation and rational thought to the social phenomena by which societies are organized.

When men are empowered at the individual level it leads to the conclusion that their destinies should be determined, not by the dictates of monarchy or the divine right of kings, but by the emergence of the “best ideas” from dialogue among educated peers, by free thought, by expanded awareness, and by the realization of individual human potential through education, reading, and study.”

In that spirit we are all here today, with the freedom to ask questions, to observe best practices, unfamiliar models and to gain insight as to HOW to approach problems that our community faces.

And let it BE that no one should be accused of not supporting an institution because they are seeking facts, better practices, asking questions, and are motivated by the desire to continuously explore the best way to achieve excellence for our consumers. I know everyone shares that commitment!

Carpe diem!
As NAMI members, you have a great opportunity to impact the way all Texas law officers will approach a person in a mental health crisis from this day forward.

Acknowledging the need for better mental health training for Texas law enforcement cadets, TCLEOSE, the state commissioners that oversee our officers, has expanded Basic Police Training to include a 16-hour course in mental health.

It is representative of the more in-depth 40-hour Crisis Intervention Training (CIT) course offered by Officer Frank Webb. The course gives officers a more humanistic and appropriate language and pace to use when dealing with someone in crisis. We applaud them in their endeavors.

The House Committee on Law Enforcement is the Legislative Committee that oversees TCLEOSE and has the power to mandate courses that officers must take every four years, not just once, to meet their continuing education credit quota. Currently, and for many years, the committee has mandated Special Investigative Topics, Cultural Diversity, Racial Profiling, Asset Forfeiture, and Identity Crimes courses to be taken once every four years.

We would like to see De-Escalation Communication Training be added to that list of courses.

This past August, the Committee on Law Enforcement, received our request to do just that, and was presented with the new 16-hour cadet curriculum for them to review.

We now need letters from consumers and organizations to the Chair of that committee to demonstrate the timeliness and relevance of such a course.

Your words will work wonders!

Please feel free to e-mail me with any questions at <patsygillham@yahoo.com>.

The Charley Shannon Advocate of Justice Award was presented to Patsy Gillham, Frank Webb and Stennie Meadours for their work in promoting Crisis Intervention Training for Peace Officers at the NAMI Texas Convention in October, 2004. Officer Webb has been instrumental in implementing Crisis Intervention Training (CIT) throughout the state of Texas.

Senior Officer Frank Webb, M.Ed., of the Houston Police Department was a presenter at the NAMI Texas Convention in October, 2004. Officer Webb has been instrumental in implementing Crisis Intervention Training (CIT) throughout the state of Texas.
Hay siete cosas sencillas que todos podemos hacer para ponerle fin al estigma y eliminar las barreras para el tratamiento de personas con enfermedades mentales.

Cosas para combatir el estigma:

■ Sea positivo. Hable con las personas que tienen enfermedades mentales de esa manera, como personas. Infórmese más sobre la persona y trate con él/ella basado en esa información, no en sus suposiciones.

■ Aprenda. Mientras más sepa, más podrá ayudar. Escuche a las personas con enfermedades mentales. Entienda que ellos tienen las mismas necesidades básicas y derechos humanos como todos los demás.

■ Cambie su lenguaje. Las palabras expresan percepciones. Describa primero a la persona, no la enfermedad. (Por ejemplo: Sue es una persona que tiene esquizofrenia; no una esquizofrénica.) Evite utilizar lenguaje inapropiado como — “lunáticos,” “locos,” etc. — cuando se refiera a personas con enfermedades mentales.

■ Apoye a las personas. Apoye los esfuerzos de las personas con enfermedades mentales para reintegrarse a la sociedad — para que obtengan un trabajo provechoso y vivienda decente y que puedan pagar. Déles a las personas que se están recuperando de una enfermedad mental que más necesitan: una oportunidad.

■ Hable sin miedo. No tenga pena de contarles a otros de su enfermedad mental o la de uno de sus seres queridos. Si seguimos manteniendo las enfermedades mentales como algo oculto, muchas personas seguirán creyendo que es algo vergonzoso que debe esconderse.

■ Apoye el desarrollo de recursos comunitarios (or comunicativos) para las personas con enfermedades mentales, así como para sus amigos y familiares.

■ Organice y reúna a las personas de su comunidad que son líderes — personas de negocios locales, líderes religiosos, policías, la prensa — y déles información de cómo la salud mental les afecta a ellos y a la comunidad.

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Team Solutions

By Cliff Gay, Consumer Education Coordinator

NAMI Texas consumers have been very active since I last reported to you in identifying an exciting education program we believe can be used in our NAMI Texas affiliates to encourage greater consumer participation. **Team Solutions** is a comprehensive educational program that encourages healthy lifestyles for people with mental illness. Divided into three detailed segments, it provides an excellent training tool and resource.

Just as an added note, it provides strategies that I had to learn the hard way over a 30+ year time span. If I had Team Solutions when I had my first episode, I would have recovered much earlier in my illness.

NAMI Texas consumers who have recently completed Team Solutions training are: Aaron Spencer of Houston, Alice Clark of Plano, Bruce Black of El Paso, Letty Trinidad of San Antonio, and Cliff Gay of Austin.

Team Solutions is a strong compliment to the Wellness Strategy and the Focus of Recovery, which are the basic tenets of the Disease Management Model of the Community Mental Health Services being delivered by the Department of State Health Services in Texas.

NAMI Texas encourages the development and/or expansion of a Consumer Network within each Affiliate. Those recently trained in Team Solutions will be available soon to train others in the program.

If you are interested in this or other NAMI Texas consumer support and education programs or the Consumer Network, call the NAMI Texas office at (512) 693-2000 or e-mail Cliff Gay at cgay@swbell.net.
San Antonio resident and NAMI Texas member Sherron Cantu joined mental health consumers, treatment providers and advocates, including United States Senator Gordon Smith (R-OR), as winners of the 2004 Helping Move Lives Forward Reintegration Awards sponsored by Eli Lilly and Company.

Ms. Cantu was honored in the Inspiration category at the awards ceremony held at Lilly’s corporate headquarters in Indianapolis on November 11, 2004. The Reintegration Awards are designed to help persons with bipolar disorder, schizophrenia and related schizophrenia-spectrum disorders acquire the educational and vocational skills necessary to move their lives forward and reintegrate into society. Awards are presented in 10 categories and honor programs that help people move forward in reintegration (Advocacy, Clinical Medicine, Home Sweet Home, Keep Learning, On the Job, Social Support, and Lifetime Achievement), and also honor consumers in the categories of Mentorship, Inspiration, and Artistic Achievement.

“Seven years ago, Sherron Cantu was ready to end her life after losing her job, home, and marriage. She was admitted to a state hospital where she came to accept her mental illness and the responsibility to work toward recovery. Before Ms. Cantu left the hospital, she knew that her new goal in life was to make a difference for others living with mental illness. Ms. Cantu was hired as a manager of an apartment complex for individuals with mental illness. She has maintained this job for the past six years, during which time she has surpassed the duties of her job to promote recovery to her residents. She encourages them, transports them to events they would otherwise not attend, and serves as a mentor. Ms. Cantu has also been involved in NAMI as a consumer support facilitator, and served on the NAMI San Antonio board. Ms. Cantu was the first consumer to serve as president. She often educates the community and combats stigma by speaking about mental illness at conferences, universities, churches, and police trainings. Ms. Cantu is presently attending college with the goal of acquiring her Ph.D. in psychology and masters degree in mathematics.”

To learn more about these awards, and also about the 2005 Moving Lives Forward Reintegration scholarships, go to <www.reintegration.com> to download applications. Although the applications for the scholarships were due by January 14, 2005, the applications for the 2005 Moving Lives Reintegration Forward Awards will be available on the same website later in the spring.
NAMI Dallas Helps to Build Two Houses for Families Touched by Mental Illness

On October 30 and November 6, 2004 NAMI Dallas volunteers worked on two houses under the direction of Dallas Area Habitat for Humanity. These two homes are being built for families touched by mental illness. This is an exciting opportunity for NAMI Dallas to literally build for the future.

NAMI Dallas and MHA representatives joined in the October 2, 2004 opening ceremony for two “builds” on Chinkapin Way in Greenleaf Village in west Dallas. They met the precious single mother who will live in one of the houses being built. She has five children and hoped to be in their new home by Christmas. We assured her that she was not “all alone” and we invited her to meet our large and caring NAMI family. She looked so relieved, and said she would come to one of our meetings. Funds for building her home were provided by Comcast.

October 2, 2004 was Comcast Cares Day nationwide. Thirty thousand Comcast employees worked on 200 projects across the country. In the Dallas area, Comcast employees partnered with Habitat for Humanity to work on the Greenleaf Village home, and they refurbished Tyler Elementary School in the same neighborhood.

Norm Wilbur, Executive Director of Dallas Habitat for Humanity, said the Comcast home is the 400th home built by Habitat for the Humanity in the Dallas area. Dallas Area Habitat for Humanity is the seventh largest builder in Dallas and ranks sixth in homebuilding among U.S. Habitat for Humanity affiliates. The Dallas Area Habitat for Humanity is an ecumenical housing ministry in partnership with families, volunteers and others, building communities of hope, dignity, and self-worth through the construction of quality, affordable housing and the nurture of decent, safe neighborhoods. Their goal is to eradicate substandard low-income housing in Dallas County.

HUD Apartment Housing Project to Move Forward in Kerrville

Bill Matthews, NAMI Kerrville president, and Phil Jones, project chair, reported that construction would begin on Cedar Elm Place before the end of 2004. The initial closing was scheduled for November 16 in San Antonio and then the building was to commence.

This project will consist of 15 apartment units, one providing for an on-site manager, plus a community building for social activities for the consumer residents. Not only does the grant provide for the building of the units, but also provides for rent subsidy for the consumers. A project management agency will be hired to manage the complex and its residents.

From the very beginning when this goal was first dreamed of by NAMI Kerrville, many persons have had a hand in keeping the goal in our sights. We especially owe a tremendous thanks to Phil and Bill for their patience and perseverance in seeing this third application through to the initial closing. Also our consultant, Oscar San Miguel, has been very faithful to “hang” with us since the beginning of our second turned-down application in 2000.
NAMI National Convention Registration

The NAMI National Convention will be held in Austin, Texas, June 18 – 21 at the new Hilton Austin. There are three ways to register for the 2005 NAMI Annual Convention:

1. Online at www.nami.org. MUST have a valid credit card in order to register online.

2. Mail to: NAMI Convention Department
   2107 Wilson Blvd., Suite 300
   Arlington, VA 22201-3042
   Registrations sent by mail MUST be received no later than May 20.

3. Fax to: NAMI Convention Department at (703) 516-0692.
   Faxed registrations MUST be received no later than May 20.
   Faxed registrations MUST include complete credit card info.

Hotel Accommodations

The convention will be held at the Hilton Austin Hotel. Room rates at the Hilton Austin are $112/single and $122/double per night (plus room tax). Call 1-800-HILTONS to make your room reservation.

To receive this special convention hotel rate, you must make your reservation by May 18, and tell the reservations clerk you are attending the NAMI 2005 Annual Convention.

Rooms are also being held at the Crowne Plaza Austin Hotel, located three blocks from the Hilton Austin. Room rates are $104/night single or double plus tax. You may contact Crowne Plaza reservations at 1-800-684-7241. Be certain to tell the clerk you are attending the NAMI Convention.

For more information about registration go to www.nami.org.
NAMI Texas Launches New Web Site

NAMI Texas is getting ready to unveil a newly designed web site to extend and enhance our mission. The new design will provide high-value content and will be easy to navigate for the individual new to NAMI who needs to know about the information, services and support we offer. What’s more, we will be participating in the NAMI.org Membership Pilot, which will allow new members to join online.

For NAMI Texas affiliates, the new web site will provide increased visibility and branding of the NAMI name, image and outreach, as well as an Affiliate Center that includes forms and templates, a discussion group and the capacity for each affiliate to have a professionally designed, database-driven web site.

Go to http://www.namitexas.org during the week of January 17th to see and participate!