



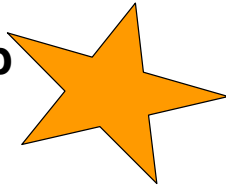
# OUT OF THE FOG

The monthly newsletter of NAMI San Francisco  
[www.namif.org](http://www.namif.org)

## Achievement Recap

### 2008 NAMIWalk Bay Area

By Laurie Williams, 7/30/08



Congratulations to the 2008 Steering Committee! With our concentrated efforts, we have achieved and exceeded our set goals:

- Achieved Goal of \$300,000 (actual as of 7/30 = \$301,207)
- Achieved Goal of 33% expenses (actual as of 7/30 = 32.63%)
- Increased Revenue: 16%
- Increased Walkers: 33%
- Increased Teams: 27%
- 1360 registered walkers
- 131 online registered teams



We achieved all of this all while implementing and accomodating several new publicity and incentive programs and first time expenses for 2008 including:

- Save the Date mailing - For the first time we produced, printed and sent a "Save the Date" postcard to all registered walkers with an address
- Printed and distributed 5000 more brochures than 2007
- Produced and distributed Team Captain buttons
- Instituted recycling on Walk Day
- Paid for additional permits - health and fire
- Supported a new sponsoring affiliate



PUBLICITY: KRON - 5:00 news and KCBS - interview with Katie Cadigan

3rd Wednesday of each month  
6:30 - 8:00 pm  
1010 Gough St.  
(between Eddy & Ellis)

## The Monthly Meeting

### September 17

Ask the Doctor with Dr. Patel former head of SF PES (psych emergency services)

### October 15

Jennifer Keller, PhD of the Stanford Depression Clinic will present: "Mood and Psychotic Disorders: Differential Diagnosis and Treatment"

### November 19

Teo Ernst, PhD, will speak on on PTSD. He has worked in PTSD with SF VA hospital and also worked for RAMS. His website is <http://www.drteoernst.com/home>

## Important Public Hearing

The Mental Health Board San Francisco is holding a public hearing on the mental health needs and services in the Southeast Sector of San Francisco: **Bayview Hunters Point and Visitacion Valley**. Call 415-255-3474 for questions

**Wednesday, September 10, 2008  
6:30 - 8:30 PM**

Visitacion Valley Playground Clubhouse  
251 Leland Avenue at Cora  
San Francisco

## "Why Borrowing For Budget Is Bad"

August 28, 2008

This article can be read in its entirety at:

<http://www.ocregister.com/articles/budget-billion-tax-2138546-borrowing-revenue>

Governor Arnold Schwarzenegger:

Most sensible households realize that paying off the American Express credit card bill by using the MasterCard is not a smart way to manage one's finances. Yet that's exactly what some lawmakers in Sacramento are proposing to help close our \$15.2 billion budget gap. What's more, they are suggesting we incur more debt by borrowing several billion dollars from cities, counties, transportation projects and schools while claiming the mantle of fiscal conservatism.

**Put me down as a "no" vote on that idea.**

A main principle of being fiscally responsible is to pay down outstanding debt. More borrowing is the opposite. I'm proud to have led two efforts at the ballot to limit Sacramento's ability to raid the coffers of local governments and transportation. In 2004, I campaigned to pass Proposition 1A, which took away Sacramento's ability to tap local revenue outright to make up for state shortfalls. And in 2006, I fought for passage of a second Prop. 1A, this one preventing the Legislature from permanently siphoning off revenue from the voter-approved Prop. 42 transportation fund.

Those two measures have prevented the outright taking of that revenue by Sacramento politicians, but there's a catch: They still allow those funds to be borrowed by the state and repaid within three years with interest. That makes it look like easy money, and in this difficult budget year it's tempting to rob Peter to pay

*continued on page 7*

## 4th Annual Schizophrenia Education Day

**Saturday September 20, 2008  
8am to 12:00pm**

William R. Hewlett Teaching Center  
370 Serra Mall  
Stanford University

Presented by the Stanford University School of Medicine  
Ira D. Glick, MD, Professor of Psychiatry and Behavioral Sciences; Director, Schizophrenia Disorders Clinic  
Stanford University School of Medicine

*Keynote Speaker:* **Sophia Vinogradov, MD**  
Professor of Psychiatry in Residence, UCSF School of Medicine

*Additional Speakers:* **Maurice W. Fried, PhD**  
Stanford Schizophrenia Disorders Clinic  
**Robert Villanueva**- NAMI

Individuals with Schizophrenia Disorders, family members, caregivers, friends and all community members interested in adult issues related to Schizophrenia are invited to attend this FREE event.

- Continental Breakfast will be provided
- Free parking at the Oval, off Main Quad
- Pre-registration or RSVP is not required

For Additional information, please contact:  
(650) 498-6861 or email

## Family To Family Education Class

We are currently enrolling family members and friends of persons with a mental illness in a free 12-week course which starts soon.

Leave your name, number, and interest in the Family-to-Family class on our hotline (905-6264), and we'll get right back to you!

### County Mental Health

The County mental health access line  
for all consumers is  
**415-255-3737**

The Mobile Crisis Unit is  
**415-355-8300**

# Mental Health Act Doomed By Initiative Origin

By Rose King - Special to The Bee, 8/11/08

Proposition 63, the Mental Health Services Act passed by voters in 2004, may make its mark not as a turning point in California mental health but as a classic illustration of the pitfalls of "ballot box budgeting."

The failure to deliver results for the state's mental health system argues against problem-solving through initiative – no matter the expertise of those crafting the law, or how worthy the cause and well-intentioned the proponents.

As a member of the drafting committee for the measure, with professional and personal experience in mental health reform, I believed the proposal was clear in its intent. Voters thought so too and signed on to a special tax to expand successful programs. The public intended to make good on decades of unfulfilled promises to fund community mental health, taking action where legislators and governors had not.

Almost four years after passage, however, there is little evidence that the system has improved, and an infinitesimal number of clients are getting better treatment. What ails this new law?

For starters, the problem is that too much money is sitting in Sacramento instead of being allocated to counties. Second, there is still no coherent, systematic implementation plan. Third, the state Department of Mental Health decided to direct the major portion of funds to new programs for new clients, instead of raising the standard of treatment in the existing system, which was never adequately funded or staffed.

Proposition 63 funding is stalled by a complicated, expensive, and unnecessary bureaucracy invented by the DMH – starting with 67 pages of requirements for the first application form in 2005. Five different components of the new law are operating independently, each on a different timetable, and all requiring different progress reports.

These problems are politely understated in a June performance audit by the Department of Finance, pointing out to the DMH that approximately \$3.2 billion in new revenue had been collected by March 31, but that the state had distributed only \$726 million to counties. Auditors also noted the wholesale inefficiencies involved in operating without a documented plan, while the DMH reported a \$45 million budget for two years of Proposition 63 administration.

The other major ailment afflicting Proposition 63 – a subject of controversy not yet audited – is the DMH policy creating a parallel, two-tier mental health system,

giving priority to funding new programs rather than improving the existing system. DMH progress reports for 2007-08 acknowledge this problem of its own making, but offer no fix and no satisfactory rationale.

Proposition 63 outreach funds recruit new clients for comprehensive services, while clinic waiting rooms remain full of people deprived of needed treatment and budget cuts further restrict services. This troublesome and suspect practice is largely unchallenged.

I believe the initiative process facilitated all this botched implementation. Because there is no paper trail documenting intent, the DMH is licensed to decide the priorities and purpose of Proposition 63. The only test of compliance is the language of the law and ballot arguments.

There are no public records of drafting committee meetings; provisions of the law were not amended in open, public hearings. Debate took place in private, and among stakeholders and prospective proponents. Political ambitions and policy differences escaped the scrutiny of any independent eyes and ears, and principals did not have to contend with news stories about conflict and contrary arguments.

Policy-making by initiative often minimizes accountability for the integrity of programs. Proposition 63 passed with little controversy or visibility, no well-financed opposition, and a simple appeal to fund community mental health. Thus, public expectations were vague, editorial reviews of the complex measure were cursory, and the DMH was not required to meet known objectives. The end result is that the DMH can determine policies, such as the decision to shortchange current programs.

I was provided a recent example of the result when a Sacramento psychiatrist treating a member of my family at a county clinic informed us that he has 800 clients; a follow-up appointment could take five months. County service coordinators have caseloads of at least 130 consumers with serious mental illnesses.

Unfortunately, the appointed Oversight and Accountability Commission created by the the proposition has yet to define an independent role for itself or critique the pace of implementation and DMH strategies. Proper management of the Mental Health Services Act now requires the bright lights of public review in order to meet voter expectations and the promises made in 2004 ballot arguments.

The wasted time and money are nothing less than heartbreaking to everyone anticipating a change for the better. The magnitude of the revenue and lives in jeopardy warrant serious investigation by major news sources.

*This story is taken from Sacbee / Opinion.  
Copyright © The Sacramento Bee*

## Check Out This NAMI Survey!

NAMI is conducting a survey of individuals living with serious mental illnesses and their family members. Help NAMI understand the real world experiences of individuals who need public mental health services. NAMI is working with TeleSage to conduct an online survey to learn about how well states are providing publicly funded mental health services.

The survey:

- is available online through September 30, 2008; takes only about 10-15 minutes to complete;
- is completely anonymous (NAMI will have no way of identifying you or your family member);
- was created in partnership with TeleSage, a leading independent survey technology company.

The results of the survey will be summarized and incorporated into the NAMI report, *Grading the States 2009*, which will be released in early 2009.

To participate in this survey, you must be 18 years or older and have been diagnosed with a serious mental illness or have a family member who has been diagnosed with a serious mental illness (for example, schizophrenia, major depression, bipolar disorder, etc.)

Find the survey online at: [http://www.nami.org/Template.cfm?Section=national\\_surveys&Template=/customsource/telesage\\_survey.cfm&lstd=933](http://www.nami.org/Template.cfm?Section=national_surveys&Template=/customsource/telesage_survey.cfm&lstd=933)

Know someone who might be interested in participating? Please forward him/her this email and help us distribute this survey far and wide.

## Thanks Renee!

With this issue of *Out of the Fog* we bid farewell to Renee Deger, who has been our editor for more years than I can count. She is one of NAMI San Francisco's unsung heroes. She was our president for 7 years, she was one of our first Family-to-Family teachers and, as though that was not enough, she has been our newsletter editor on the side. She has given us so much and has preferred to do so out of the limelight.

She has started a new job on the Peninsula and will probably be moving there to be closer to work. We will miss her energy and commitment. We will miss her. We wish her well and wish to express our heartfelt thanks.

Pam Fischer  
Past President

## “A Death In The Family” Article

*The Wall Street Journal* published an important story this weekend titled, "A Death in the Family: Aided by advocates for the mentally ill, William Bruce left the hospital -- only to kill his mother."

The Bruce family's tragic experience makes a compelling case for assisted treatment for individuals with severe mental illnesses. It also raises questions about the practices of some federally funded Protection and Advocacy attorneys whose mandate is to protect patients but instead they create barriers to both treatment and family member involvement.

"No matter how psychotic," Helen Bailey an attorney with the Maine Disability Rights Center told *The Wall Street Journal*, "that voice is still worthy of being heard." Bailey, one of the attorneys who stopped Bruce from getting needed treatment, also dismissed the role of families in making decisions. "There are some God damn nasty families out there," Bailey said.

The Bruce family story is not an isolated occurrence. The Treatment Advocacy Center is collecting stories from people about their experiences with federally funded Protection and Advocacy attorneys. If you have had an experience where they tried to keep a loved one from getting needed treatment, or were involved in lobbying against treatment law reforms, please send us your story at [info@treatmentadvocacycenter.org](mailto:info@treatmentadvocacycenter.org)

You can read the full Wall Street Journal article online at: <http://tacenews.c.topica.com/maal9GFabJLXmbl1IXvbafpMHS/>

—From: *Treatment Advocacy Center*  
[enews@treatmentadvocacycenter.org](mailto:enews@treatmentadvocacycenter.org), 8/19/08

Remember to donate to the

**Community Thrift Store**

This is our *best source* of income  
for the NAMI SF Chapter!!

**625 Valencia Street at 17th Street**  
**415-861-4910**



# Incorrectly Cleaved Protein Leads to Schizophrenia

Leuven, Belgium - Schizophrenia is a disease that strikes an average of 4000 Belgians every year. The causes of this psychiatric disorder are not yet clear. But now, VIB researchers connected to the Katholieke Universiteit Leuven have discovered that a disturbed cleavage of the Nrg-1 protein lies at the basis of the development of the disease. Greater understanding of this molecular process is a first step toward improved diagnosis and more effective treatment of schizophrenia and other related disorders.

## What is schizophrenia?

Schizophrenia is a mental disorder that appears in about 1 out of every 250 Belgians, manifesting most often between the ages of 15 and 30. This disease of the brain seriously disturbs the person's thinking, emotional life, and behavior. The disease is characterized by episodes of psychotic symptoms: abnormal ideas and changes in perception, behavior and thinking occur, through which it is difficult to understand how the person feels. Typical symptoms of the disorder are: delusions, hallucinations, chaotic behavior, etc.

## The origin of the disease

Up to now, no clear cause of schizophrenia has been found, although hereditary factors certainly play a role in the development of the disease. In addition, living and working conditions determine the disorder's progress. Research into schizophrenia has also shown that there is a disturbance of the activity of the frontal and temporal areas in the brain, which is connected with a disturbed equilibrium among the substances (proteins) that are needed for neuronal functioning. Schizophrenia is treated using anti-psychotic and neuroleptic medicines.

## Research leads to new insights into the molecular causes

The molecular story hidden behind schizophrenia is still not at all clear. However, previous scientific studies have indeed shown that a disturbed functioning of the Nrg-1 protein is linked to the development of the disease. Now, the recent research results obtained by Tim Dejaegere and his colleagues connected to VIB and K.U.Leuven reveal how the functioning of Nrg-1 becomes disturbed.

The Nrg-1 protein is an essential factor in the development and proper functioning of our nervous system and, consequently, in the functioning of our brain

## In Memory

### Emeric Kalman

March 22, 1931 - March 22, 2008

We have lost a very kind and dedicated advocate. Emeric Kalman died on his birthday. He was a devoted father to his son, Ronald, and he was a constant advocate working to improve services for the disabled, homeless and the mentally ill. He researched the issues and participated in all Mental Health Board, Board of Supervisors, various commission hearings, and NAMI meetings. Our hearts go out to Ronald and his mother, Valeria Kalman.

It can carry out its function properly only after it has been cleaved in the right way. This cleavage is the responsibility of a molecular 'scissors' called Aph1B/C-gamma-secretase. When this scissors is absent, Nrg-1 is not cleaved, which leads to behavioral disturbances in laboratory animals that bear a striking similarity to some of the symptoms of schizophrenia. This syndrome can be corrected by administering anti-psychotic medicines. Additional studies have also shown that a genetic alteration near the site of Nrg-1 cleavage, which was detected in schizophrenia patients and which increases the risk of this disease, results in incorrect cleavage of Nrg-1 by the gamma-secretase.

The researchers are suggesting that a disturbed cleavage of Nrg-1 plays a crucial role in the development of schizophrenia and other related psychiatric disorders. This discovery is a new step forward in the quest for improved diagnosis and targeted treatment of the disease.

Source: VIB (the Flanders Institute for Biotechnology), 7/14/08



### The SFGH CAB CLOTHING PROJECT



This program is a big help to consumers who are in need of clothes while they are at SF General Hospital.

Just call and they will pick up your donation or meet you at the front door of the hospital when you bring it in.

Please call Amelia Truman, 415-206-4465

## Support Groups



### Family Members' Groups

#### *African American Family Support*

1st Thursdays, 5:30-7:30 pm at  
1380 Howard St., Rm 537. Call Wanda at 255-3694

#### *San Francisco Family Support Group*

Tuesdays, 5:15-6:45 p.m. at SF General Hospital, 1001 Potrero St., Room 7M30. Info: Susanne at 415-558-5900

#### *Sibling & Adult Children Network*

Call Mary Gullekson at 474-7010 for information

#### *Berkeley Sibling Support Group*

Call Carolyn Defay at (510) 644-8579

#### *Support Group for Family Members, Friends & Care Givers*

Tuesdays, 5:30- 7:30 pm at Mission Mental Health,  
2712 Mission St. Child care and refreshments provided.  
Call Carmen Burgos at 415-401-2733

### Bilingual & Monolingual Support Groups

*Chinese Families Mental Health Alliance.* Ed Koo 352-2047

*Spanish Language Support Group* for family members and caregivers has started. Info: Carmen Burgos 415-401-2733.

Tuesdays 5:30-7:30 p.m. at Mission Mental Health, 2712 Mission Street in San Francisco.

### Consumer Self-Help Groups

*Depression & Bipolar Support All. (formerly DMDA)*

Saturday afternoons at 1:30-3:00 and  
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital,  
900 Hyde St., 2<sup>nd</sup> Floor Conf. Room. Call 519-0171

*OASIS (Office of Self Help)*

1095 Market Street at 7<sup>th</sup>, Suite 202 (415) 575-1400

*RECOVERY, Inc.* for nervous ailments

(415) 333-6454 Community Miracles Center,  
2269 Market Street (between Noe and Sanchez

*Consumers with Schizophrenia*

3rd Wednesday of each month, 5:30 pm  
1380 Howard St., 5th floor. Info: Susanne at 558-5900

*Hoarding & Cluttering Support*

2nd Monday and 4th Wednesday of each month.  
Antonio (415) 421-2926 x306

*Health and Wellness Action Advocacy*

1st Thursday of each month, 1-3pm. Antonio at  
(415) 421-2926, x306

*Alcoholics Anonymous:* San Fran: (415) 621-1326

Marin: (415) 499-0400 San Mateo: (650) 573-6811

*Narcotics Anonymous SF Helpline:* (415) 621-8600



## NAMI-SF Support Groups

- 1) **For Caregivers and Friends Only**  
1010 Gough  
2<sup>nd</sup> Wednesday at 6:30  
Contact Vickie at 661-5208
- 2) San Francisco General Hospital  
7<sup>th</sup> Floor, Room 7 M 30  
Tuesdays, 5:15 – 6:45 p.m.  
Call Susanne Killing at 558-5900

### Asian Mental Health Resources

The Culture to Culture Foundation's directory of Asian-American mental health services in the Bay Area can be accessed at [www.asianmentalhealth.info](http://www.asianmentalhealth.info) or call 925-938-9988

## DBSA

### Depression and Bipolar Support Alliance of San Francisco



#### **Regular Support Group:**

every Monday at 6:45-8:15pm and  
every Saturday at 1:30-3:00pm.

#### **Young Adults Support Group:**

1st and 3rd Monday of each month at 6:45-8:15pm for 18 to 25+ year old people.  
Contact Harry at 650-430-2909 for information.

#### **Friends And Family Support Group:**

1st and 3rd Monday of each month at 6:45-8:15pm. Contact Jane at 415-519-0171 or Harry at 650-430-2909 for information.

#### **Location:**

2nd floor of St. Francis Hospital  
900 Hyde St.

between Pine and Bush in San Francisco  
Conference rooms B, C, and D

Meetings are on a drop in basis and are open to peers, please note we do not allow observers. You do not need to be a member to attend, however memberships are \$20.00 a year and you are encouraged to join and support the organization.

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

Paul and avoid tough decisions. But it will end up putting California in a worse financial situation in coming years.

Just like putting your American Express bill on your MasterCard, it only postpones a payment you will ultimately have to make and adds interest onto the future debt that will eventually have to be paid off. If the Legislature were to borrow the maximum amount from both local government and transportation, Sacramento would have compounded the state's budget problem for next year by about \$3 billion. It would mean that at the end of next year's budget, we already would have a budget hole of more than \$9 billion. This is the very definition of kicking the can down the alley.

I've proposed a compromise. It does not rely solely on increased taxes, as the Democrats would have, and it does not rely on only cuts and borrowing, as the Republicans would like. It is in the middle, and given the choices on either side, it is the fiscally responsible option. However, in order to get a responsible budget done this year, it will require that everyone be willing to compromise.

My plan would call for additional cuts – \$2 billion on top of what the Legislature's conference committee has already discussed, for a total of approximately \$10

billion. It would also call for new revenue, in the form of a temporary, 1-cent increase in the sales tax. It would be temporary because in three years it would be reversed. It would also ultimately be a tax cut because we'd then permanently reduce the state sales tax rate by one-quarter cent lower than it is now.

Most importantly, my budget compromise will enact true and lasting budget reform that will stabilize our revenue, smooth out the peaks and valleys of our volatile budget process and reduce the pressure for future tax increases or borrowing. It would once and for all create a strong rainy-day fund and allow those funds to be accessed only in the event of a deficit and only with the approval of two-thirds of the Legislature.

I am willing to compromise because if I do, look what we get: true budget reform, additional necessary cuts, an economic stimulus package that will put people back to work, and the guarantee that this tax increase will be temporary and ultimately be a tax decrease.

I think if we stand together, we can cure California of its borrowing addiction, help put a stop to our annual budget drama and enact meaningful reforms that reduce the temptation for taxes and borrowing in the future.

*From NAMI California Global Email Distribution List  
Grace McAndrews, Executive Director*

*Out of the Fog* is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

[www.namif.org](http://www.namif.org)

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PLAN: Baron Miller  
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Send newsletter additions/submissions/  
change requests to [roopa2nami@gmail.com](mailto:roopa2nami@gmail.com)



## Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:  
NAMI-San Francisco Treasurer  
1010 Gough St.  
San Francisco, CA 94109

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This is a: •New Membership •Renewal •Address change  
What is your relationship to a person with a mental illness?  
•self • parent • sibling • spouse • health care/professional  
Other \_\_\_\_\_

Please Check One:  
• \$10 Consumer  
• \$45 Individual or Family Membership  
• \$100 Organization or Benefactor Membership  
• \$250 or more for Patron Membership  
• \$500 or more for Sustaining Membership  
  
• I cannot join NAMI-San Francisco at this time but I would like to receive *Out of the Fog* or I am enclosing a donation of \$ \_\_\_\_\_ to help cover the cost of *Out of the Fog*.

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