MARCH 15, 2017

How to Get Your SSI and SSDI Benefits and Keep Them  (This will be preceded by a brief business meeting)

JOHN B. ALLEN, JR., Special Assistant to the Commissioner
NYS Office of Mental Health

John Allen has been giving a much praised two-day training on the subject for years, called Myths, Tips, Tricks and How to Make It Work. This is your chance to get an overview on the topic and get answers from a true expert in the field.

APRIL 19, 2017

Working to Pass NAMI-NYS’s Legislative Action Agenda in Albany

MATTHEW SHAPIRO, NAMI-NYS Associate Director of Public Affairs
LORENZO STEELE, Visual Artist, Behind These Prison Walls

Get the latest on the mental health budget from Matthew Shapiro and learn about the vital legislation we still need to pass. Added bonus… Lorenzo Steele, a visual artist with 12 years of experience working as a prison guard, will tell us why it is so important to pass HALT legislation, Humane Alternative to Long-Term solitary confinement.
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<thead>
<tr>
<th>GROUP</th>
<th>LEADER/PHONE</th>
<th>DATE/TIME</th>
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<tbody>
<tr>
<td><strong>Sharing &amp; Caring</strong></td>
<td>Hillside Hospital Social Worker</td>
<td>3rd Wednesday of each month 6:00—7:15 p.m.</td>
<td>The Zucker Hillside Hospital Sloman Auditorium 266th St. &amp; 76th Ave., Glen Oaks</td>
</tr>
<tr>
<td><strong>Evening Family/Sibling/Adult Children</strong></td>
<td>Rosalie Weiner, LMSW (718) 776-4790 Please call first</td>
<td>1st &amp; 3rd Mondays 7:30—9:30 p.m.</td>
<td>NAMI Queens/Nassau office 1981 Marcus Ave, Suite C117 Lake Success, NY</td>
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<tr>
<td><strong>Afternoon Family &amp; Friends</strong></td>
<td>Rosalie Weiner, LMSW (718) 776-4790 Please call first</td>
<td>1st Tuesday of each month 12:30-2:00 p.m.</td>
<td>Advanced Center for Psychotherapy 103-26 68th Rd. Forest Hills</td>
</tr>
<tr>
<td><strong>Family/Friends</strong></td>
<td>Christine Scotten, CSW (516) 521-8341 Please call first</td>
<td>2nd &amp; 4th Wednesdays 7:30—9:30 p.m.</td>
<td>NAMI Queens/Nassau office</td>
</tr>
<tr>
<td><strong>Those with Bipolar Disorder</strong></td>
<td>Sandra Kalman, LCSW (718) 470-9552 Please call first</td>
<td>1st &amp; 3rd Tuesdays 7:00—8:30 p.m.</td>
<td>Zucker-Hillside Hospital Kaufman Building, Room 115</td>
</tr>
<tr>
<td><strong>Family to Family</strong></td>
<td>Jeannette Wells, LCSW-R (646) 483-3885</td>
<td>Call the office (516) 326-0797 or (718) 347-7284 Registration is required</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 15 Manhasset Locations: Manhasset North Bellmore Glen Oaks Jamaica</td>
</tr>
<tr>
<td><strong>Whole Family Support Group</strong></td>
<td>Ellen &amp; Michelle Ritz (516) 330-9778 <a href="mailto:el.ritz@yahoo.com">el.ritz@yahoo.com</a> Please call or email first</td>
<td>2nd Wednesday of each month 7:00—9:00p.m.</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 15 Manhasset</td>
</tr>
<tr>
<td><strong>Family to Family Graduates Support Group</strong></td>
<td>Ellen Ritz (516) 330-9778 <a href="mailto:el.ritz@yahoo.com">el.ritz@yahoo.com</a></td>
<td>4th Wednesday of each month 7:00—9:00 p.m.</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 19 Manhasset</td>
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<td><strong>Sibling Support Group</strong></td>
<td>Ruth Proller &amp; Lisa Horowitz-Tambor, LCSW Email <a href="mailto:rrproller@aol.com">rrproller@aol.com</a> or call (718) 767-8481 Please call or email first</td>
<td>3rd Thursday of each month 7:00—8:30 p.m. Registration is required.</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 19 Manhasset</td>
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<tr>
<td><strong>South Asian Support Group</strong></td>
<td>&quot;Raghu&quot; Raghavendran (516) 944-8537</td>
<td>3rd Saturday of each month 10:30 a.m.</td>
<td>YICG New Hyde Park</td>
</tr>
<tr>
<td><strong>NEW LEADER! Family Support Group</strong></td>
<td>Steve Rutter (646) 483-1930 Please call first</td>
<td>4th Thursday of each month 7:00—9:00 p.m.</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 19 Manhasset, NY 11030 (use Chapel lot)</td>
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<tr>
<td><strong>NEW LEADER! For Families with Young Adults</strong></td>
<td>Steve Rutter (646) 483-1930 Please call first</td>
<td>2nd Thursday of each month 7:00—9:00 p.m.</td>
<td>Unitarian Universalist Congregation at Shelter Rock (UUCSR) 48 Shelter Rock Rd, Room 19 Manhasset, NY 11030 (use Chapel lot)</td>
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<tr>
<td><strong>Senior Caregivers and Their Adult Children 40+</strong></td>
<td>Isabelle Mesholam, LMSW (516) 626-3258 Please call first</td>
<td>2nd &amp; 4th Thursdays of each month 1:30 pm</td>
<td>NAMI Queens/Nassau office</td>
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From the President

Educating the Next Generation About Mental Illness

By JANET SUSIN
President

I still recall vividly the early days when our son was hospitalized with what was eventually diagnosed as schizophrenia. You see, I was a teacher in the same school where he was a student, so I saw up close how it affected his friends, his teachers, and how the guidance staff handled it.

Why did he suddenly disappear from school, his friends wondered. When they went to guidance to ask that question, nobody would give them an answer. Confidentiality, they said. His teachers couldn’t share information either. And when they asked me that question, all I could do was burst into tears, hug them and say, “Don’t worry, he’ll get better.” So many tears and so much pain!

Finally, at a loss for words, I found my way to the school health teacher. What, I wondered, were they learning about mental illness in their health classes? If I knew that, then maybe I could find the words to talk to his friends about the significance of the dramatic change in our son’s behavior and what they could do to support him and get him through this difficult period.

Anna Eng was then the much beloved health teacher at Manhasset High School. I made an appointment to meet with her and still recall vividly her taking me to the back of the classroom to show me the wealth of educational materials she had received from other health advocacy groups. She said that those were the basis for what she taught in her classes every day. I searched the shelves, and there were lesson plans, posters, and videos on a wide range of subjects but absolutely nothing about mental illness.

It was time to spring into action. If I could give Anna some information about mental illness and suggestions on how to approach the subject, would she be willing to work with me in developing a lesson for her classes?

What was supposed to be a twenty-minute meeting turned into a two-hour brainstorming session and the beginning of what eventually became the Shhhh Lesson Plans Got Us Started.

The Shhhh Lesson Plans Got Us Started

The cover of the plans had a strong anti-stigma message. The word SHHHH in large print was followed by this statement: This devastating illness will strike one out of five of our children at some point in their lives. Yet we keep quiet about it out of shame… Isn’t it time to break the silence through education?

This was clearly an initiative whose time had come, because the lessons spread like wild fire throughout the NAMI network and were sold in the NAMI bookstore. And in 1999 when NAMI had special funds as part of their five-year Campaign to End Discrimination, they turned to us to work with a professional educational publisher to create an attractive packet of expanded materials that would encourage health teachers to include mental illness education in the curriculum.

The result were lessons titled Breaking the Silence: Teaching the Next Generation about Mental Illness. They are composed of packets for upper elementary, middle school, and high school that include story-based lessons, posters, games, role-plays, worksheets, and more. At the time they were published, Harold Koplewicz, MD, author of It’s Nobody’s Fault and More Than Mood, said of Breaking the Silence, “Programs like this designed to destigmatize mental illness will help millions get the help they need.” And I’m happy to report that by the end of 2016 we’d received more than 20,000 orders for our educational packets from around the country and outside the country as well, most recently from Haiti.

Evaluating the Effectiveness of Our Educational Materials

But how effective are these lessons? Can they really make a difference in the way young people view mental illness and their behavior?

In 2007 there was a brief period of time when the National Institute of Mental Health (NIMH) offered advocates the opportunity to partner with academics and apply for funding. We were thrilled to work with Dr. Otto Wahl, author of two outstanding books on stigma, in writing a grant to study our Breaking the Silence plans, and much to our delight we received the NIMH grant in 2008.

Partnering with four schools in diverse locations—Florida, New Mexico, South Carolina and New York—we tested the value of our materials from 2008-2009, and in 2010 we shared our results. According to the executive summary, “The BTS program is effective as a means to improve knowledge, attitudes, and behaviors related to mental illnesses among middle school students. Even brief instruction (2–3 hours) can produce change in how students understand mental illnesses.”

Another academic who was motivated to test the value of Breaking the Silence is Dr. Stephen J. Glatt. In 2015, Glatt, a PhD and associate professor of Psychiatry and Behavioral Sciences at Upstate Medical University in Syracuse, used Breaking the Silence in 30 schools in the Syracuse area with the goal of having BTS taught on every grade level, beginning in the 4th grade. On an area radio show, Health Link on Air Radio, Glatt described the lessons as getting a great response and said that the kids were very receptive. He believes it’s best to reach out to school age children, rather than parents, when their minds are still open, and you can teach tolerance, compassion, and acceptance. Glatt also believes that teaching BTS may be helpful in preventing bullying and substance abuse.

What role can you play in getting mental illness into the health curriculum?

Reach out to the health teacher in your local school district. Whether it’s encouraging them to use Breaking the Silence, invite an In Our Own Voice speaker into their classroom, or have a family member speak to their students, it’s all good. The main thing is let them know we’re out here and can help. For more information about Breaking the Silence or to order materials, go to www.btslessonplans.org or call the office (516) 326-0797. To get an In Our Own Voice speaker call Jean Mulvey at (516) 297-8642. Or volunteer to speak yourself. However you do it, you can make a real difference in the life of someone struggling with mental illness and help take our cause out of the shadows into the bright light of hope and understanding.
What’s at Stake for Mental Health Care

**KEEPM WHAT WORKS**
The 114th Congress passed important mental health reforms as part of the 21st Century Cures Act to address the mental health crisis in our nation. This brings hope to the 60 million Americans living with mental illness, but these reforms are in peril if mental health coverage is not preserved.

The Affordable Care Act includes provisions that improve coverage for mental health care and promote independence and self-sufficiency for people who live with mental health conditions. With fair and equal mental health coverage and Medicaid expansion, more Americans are getting treatment when they need it—helping them to stay in school, on the job and in recovery.

**Insurance Safeguards and Mental Health Care**

- Today, individual and small group health insurance plans are required to cover mental health conditions—and at the same level (parity) as other health conditions—due to insurance safeguards, or legal requirements, in the Affordable Care Act.
- Families can now cover their children on their health insurance plan until age 26, an important protection because 75% of mental illness begins by age 24.1
- 45 million Americans with a mental health or substance use condition are protected from losing or being denied coverage because of safeguards for people with pre-existing conditions.2

**Medicaid Expansion and Mental Health Care**

- Nearly 1 out of 3 people covered by Medicaid expansion live with a mental health condition.3
- With Medicaid coverage, people have access to critical services, like Assertive Community Treatment and First Episode Psychosis programs, that improve lives and keep people out of hospitals, off the streets and out of jails.4,5
- States that expanded Medicaid have significantly reduced costs for uninsured hospital visits and uncompensated care.6
- Medicaid expansion is important because it covers single adults with mental illness who fall through the cracks, including:
  - Young adults with first symptoms of a serious mental illness who are not ill enough to meet disability criteria (and Medicaid eligibility). Without Medicaid expansion, many young adults will not get the early intervention they need to manage symptoms and avoid a lifetime of disability.
  - People whose mental health symptoms are so severe they cannot navigate the complex federal SSI/SSDI disability determination system (which leads to Medicaid eligibility).
  - People with serious mental illness whose symptoms have been stabilized with psychiatric hospitalization and therefore are frequently ineligible for traditional Medicaid at discharge because they do not meet disability criteria.
- Without mental health treatment covered by Medicaid expansion, people’s conditions frequently worsen and result in costly and avoidable hospitalizations, homelessness and incarceration. With Medicaid expansion, young adults with first symptoms and adults living with serious mental illness can get the treatment they need to get well and stay well.

**The High Cost of Untreated Mental Illness**

* Without treatment, mental illness exacts a high cost on individuals, families and our economy.
  - Suicide is at a 30-year high. Every day, an average of 117 people die by suicide.7
  - Mental health conditions cost the economy an estimated $193 billion dollars in lost earnings each year.8
  - Mental health conditions are the number one cause of disability and workplace absenteeism.9
  - 1 out of every 8 emergency department visits involves a diagnosis of mental health or substance use condition.10
  - Mood disorders are the 6th most common hospital stay and resulted in $5.2 billion in hospital costs in 2013.11
  - Up to 25% of people who are homeless live with a serious mental illness.12
  - People with serious mental illness are over-represented in our jails and are booked into custody at nearly 4 times the rate of other individuals.13

“I dare say there’s probably not a family in America that doesn’t have to deal with this (mental illness) in some way or another, either at work, people you go to church with, people who live next door.”

Sen. John Cornyn (R-TX)

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Below is a description of what people gained in mental health and substance abuse coverage when the Affordable Care Act (ACA) was passed.

The Affordable Care Act provided one of the largest expansions of mental health and substance use disorder coverage in a generation. Beginning in 2014 under the law, all new small group and individual market plans were required to cover ten Essential Health Benefit categories, including mental health and substance use disorder services, and were required to cover them at parity with medical and surgical benefits. The Affordable Care Act built on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA, or the federal parity law), which required group health plans and insurers that offered mental health and substance use disorder benefits to provide coverage that was comparable to coverage for general medical and surgical care.

While almost all large group plans and most small group plans include coverage for some mental health and substance use disorder services, there were gaps in coverage and many people with some coverage of these services did not receive the benefit of federal parity protections. The final rule implementing the Essential Health Benefits directed non-grandfathered health plans in the individual and small group markets to cover mental health and substance use disorder services as well as to comply with the federal parity law requirements beginning in 2014.

To summarize: The Affordable Care Act and its implementing regulations, building on the Mental Health Parity and Addiction Equity Act, expanded coverage of mental health and substance use disorder benefits and federal parity protections in three distinct ways: (1) by including mental health and substance use disorder benefits in the Essential Health Benefits; (2) by applying federal parity protections to mental health and substance use disorder benefits in the individual and small group markets; and (3) by providing more Americans with access to quality health care that includes coverage for mental health and substance use disorder services.

SAVE THE AFFORDABLE CARE ACT

Call (202) 224-3121 or email your U.S. Senators and Representatives today. Our U.S. Senators are Kirsten Gillibrand and Chuck Schumer. To find the name of your Representative go to www.house.gov/representatives/find

What to Say:
- 1 in 5 Americans experience a mental health condition and coverage for mental health care is critical to early identification, treatment, and recovery.
- I am a person living with a mental health condition or I am a family member of someone living with a mental health condition or I am a professional in the mental health field.
- The Affordable Care Act and Medicaid provide life-saving mental health coverage so Americans get treatment when they need it.
- Do NOT repeal the ACA without a replacement that maintains or improves mental health coverage and insurance protections.
- Do NOT allow cuts or caps to Medicaid funding that leave states and communities paying more.
Keep Obamacare to Keep Progress on Treating Opioid Disorders and Mental Illnesses

By Richard G. Frank and Sherry A. Glied, Opinion Contributors

In enacting the 21st Century Cures Act this past December, Congress took important steps toward promoting access to high quality care for mental and substance use disorders. The Act directs new resources to two long-standing challenges: federal opioid misuse and abuse ($1 billion over two years) and serious mental illnesses (about $200 million in 2017). These new appropriations, secured through a broad bipartisan vote, will fund critical investments in treatment capacity and quality.

But these investments will be squandered if the new Congress rolls back recent gains in the quality and level of substance use and mental health insurance coverage generated by the Affordable Care Act (ACA) of 2010. Building upon the Mental Health Parity and Addictions Equity Act, the ACA gives people suffering from these devastating illnesses the purchasing power that will allow them to use this new treatment capacity.

Without the foundation of that ongoing financial support, those in the eye of the opioid storm and those who live in society’s shadows due to serious mental illnesses will continue to die of untreated illness, and their communities will continue to pay for the jails, prisons and homeless service shelters that serve as our de-facto service system for many with these conditions.

Repealing the ACA—and its behavioral health provisions—would have stark effects on those with behavioral health illnesses. We estimate that approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, of whom about 222,000 have an opioid disorder, would lose some or all of their insurance coverage.

One impetus for passing the Cures Act was to address an opioid treatment gap of about 420,000 people that reported money or availability of care were key impediments to obtaining substance use treatment—repealing the ACA would increase that gap by over 50% with the stroke of a pen.

The impact of repealing ACA provisions related to mental and substance use disorders would have particularly adverse effects on states that have experienced some of the most tragic increases in opioid related deaths. Many of these states—including Alaska, Kentucky, Maine, Ohio, West Virginia—have seen their adult uninsured rates drop by more than 5 percentage points since the implementation of the ACA coverage expansions in 2014.

Several states—Kentucky, Massachusetts, Maryland, Ohio and West Virginia—have addressed the opioid overdose problem by promoting use of effective Medication Assisted Treatment (MAT) in the context of their Medicaid expansions. The result is that Medicaid pays for between 35% and 50% of all MAT in those states. They would find it much more challenging to maintain these evidence-based programs in the face of a repeal of those expansions.

To put this in dollar terms, repealing the mental and substance use disorder coverage provisions of the ACA would withdraw at least $5.5 billion annually from the treatment of low income people with mental and substance use disorders. The Cures Act’s two-year, $1 billion increase in treatment capacity would not even serve as much of a bandage if it were coupled with a cut in annual treatment spending that is more than five times greater.

The Congress and the American people have come to realize that stemming the tragic toll of opioid misuse and addiction and serious mental illnesses takes funding as well as policy. The Cures Act reflects bipartisan agreement on this point.

It would be a cruel sham for Congress to take an important, but modest, step forward in investing in treatment capacity, while withdrawing funds from the enormous recent progress made in addressing the needs for care of those with mental health and addictive illnesses.

Congress should not backtrack on the promise of the Cures Act by repealing the ACA.

Richard G. Frank, Ph.D., is the Margaret T. Morris Professor of Health Economics in the Department of Health Care Policy at Harvard Medical School, and Sherry Glied, Ph.D., is Dean of the Wagner School of Public Service at NYU.
The imminent repeal of Medicaid expansion and the ACA, and proposals to convert Medicaid to a block grant or per capita program, threaten millions of people's access to health care, with disproportionate consequences for vulnerable populations. While these changes will create significant savings for the federal government, states will in turn experience both immediate and long-term pressures to fill the void - allegedly in exchange for more control and "flexibility." Under a block grant plan previously proposed by former House Budget Chair and Health and Human Services Secretary nominee Tom Price, the Medicaid and Children's Health Insurance Program would receive 34 percent less funding in 2025 than under the current federal law.

Decreases in affordable housing assistance resulting from cuts to non-defense discretionary (NDD) programs like those at HUD will disproportionately affect the same populations impacted by cuts in Medicaid. We don't have to look too far back to see how this plays out: the March 2013 sequestration cuts forced state and local housing agencies to decrease the number of households using tenant-based vouchers by more than 80,000. About half of all voucher recipients are seniors or people with disabilities, most of whom live on fixed incomes such as Social Security or Supplemental Security Income (SSI) and rely on Medicaid. In not a single rental housing market in the country can a person with a disability who is living on SSI afford housing at the "fair market rent" determined by HUD. According to the National Low Income Housing Coalition, the United States has a shortage of 7.2 million rental units affordable to extremely low-income renter households. Yet President Trump has proposed a one-percent reduction to NDD each year for the next ten years. Even a simple freeze, suggested by several members of Congress, would result in the defunding of housing vouchers currently used by more than 100,000 families in 2017 alone.

Faced with such a significant loss of federal support, Democratic and Republican governors, legislators, and mayors will have to make some very difficult budgetary decisions. Will these leaders, as many have suggested, find ways to sustain access to health benefits, affordable housing assistance, and social services once federal policymakers shift the financial burden onto states?

Hard Choices

Recent history shows that as resources are squeezed, many states are unable or unwilling to prioritize vulnerable populations. Most Medicaid expansion states were in a position to increase coverage only because of significant federal matching. Without such support, states have generally opted to provide only limited benefits to people who are traditionally ineligible for Medicaid, and several states have established highly restrictive eligibility criteria.

There is indisputable evidence that the availability of health insurance and access to health care and affordable housing improve people's lives. As lawmakers contemplate dramatic reductions that will hurt people and economically burden states, we find ourselves at a pivotal point. There is little evidence to suggest that state governments can or will assume the financial responsibility offloaded by the federal government under current proposals. Yet, it is state and local budgets that must absorb the preventable economic consequences when individuals engage costly, crisis-oriented health care, correctional, and homelessness systems. Federal policymakers must understand that a cost shift to states under the guise of flexibility and efficiency will have dramatic and unfortunate consequences for vulnerable individuals and their families.

NAMI FaithNet presents

RELIGION: A MENTAL HEALTH SUPPORT TOOL

You can save a life!

Clergy may be the only source of support for congregants and families struggling with mental health issues.

You can make a difference!

Wednesday, May 17, 2017
Unitarian Universalist Congregation
at Shelter Rock
7:30 pm

Featured presentation:
Bridges of Hope

Refreshments will be served.
NY DOC Receives Grant to Help Mentally Ill Inmates

The grant will help create clinic and intake support teams to dually assist inmates with mental health needs and provide reinforcement to COs during peak incident times

New York Department of Corrections
Jan 12, 2017

East Elmhurst, NY — The New York City Department of Correction will share in a $250,000 U.S. Department of Justice grant that will help create clinic and intake support teams to dually assist inmates with mental health needs and provide reinforcement to correctional officers during peak incident times, Correction Commissioner Joseph Ponte announced.

The grant is being shared among the Department of Correction; NYC DOC’s health provider, NYC Health + Hospitals; and the Vera Institute of Justice, a not-for-profit that works to improve justice systems in the United States. The new teams will help conduct mental health interventions, expedite clinic cases, educate individuals on the resources available to them, and identify individuals with mental illness who may have gone undiagnosed during intake, the process by which inmates enter DOC facilities.

“A large portion of our inmate population – about 42% – have mental health needs,” said New York City Department of Correction Commissioner Joseph Ponte. “Today, we thank the U.S. Department of Justice for providing us with the opportunity to better serve this special population and helping us create support teams who will assist in providing the care and attention they need. In the last two years, DOC, along with NYC Health + Hospitals and the Vera Institute, have worked to expand programs and services to help those with mental health needs. With this new grant, we will be able to serve those in our custody even better than before.

In addition to providing services to inmates, support teams will also offer support to correctional staff by providing skill refreshers and reinforcement of Mental Health First Aid training and techniques, bringing care packages to staff, and offering guidance. Through their emphasis on mental health first aid and de-escalation, the support teams will strengthen the efforts of the agency’s 14-Point Anti-Violence Agenda, aiming to reduce uses of force in these historically volatile areas.

The pilot phase of the program is scheduled to begin later this winter in three facilities. By July 30, 2019, the Department of Correction hopes to have clinic and intake support teams operating in all DOC facilities.

How to Get Information About a Child’s Mental Health Status When They’re In College

By Barbara Ricci, NAMI board member

12th Grade parents — Is your child willing to share his or her grades as well as health status with you when they get to college? What if your college freshman can’t make a rational decision because he/she is struggling?

Over age 18, one can decide whether or not to authorize the sharing of health information with parents. While many people believe that parents would be contacted in a serious situation, that is not always the case. The interpretation of “emergency” or “imminent threat of harm to self or other people” can vary, and college health providers may choose to protect the health information of your child.

Parents should discuss with their child if they will sign an authorization for release of health information. The child’s written authorization is important if he/she wants his/her mental health provider to share information with a parent if the student experiences a serious situation or a mental health crisis. The form can be good for up to a year and then must be renewed, and the student does retain the right to revoke the authorization at any time.

Because failing grades or academic probation can be a warning sign of distress, substance use or a mental health condition, you should also discuss completing an authorization form (FERPA) with your child for releasing academic information.

Here is a link to a guide from NAMI (the National Alliance on Mental Illness) and JED to help start the conversation. It offers both parents and students the opportunity to learn more about mental health, including what the privacy laws are and how mental health information can be shared.

The health authorization form is included in this guide: http://www.nami.org/collegeguide/download
CIT Training for NYC Police

Excerpted from a segment that appeared on Channel 2, CBS News with MAURICE DUBOIS

NEW YORK (CBSNewYork) — We often think of police as crime fighters, not psychologists—but increasingly, the NYPD’s interactions are with people in extreme mental distress.

On Friday, CBS2’s Maurice DuBois went behind the scenes at the police academy where new training pits actors against officers as they re-learned how to handle volatile encounters with emotionally disturbed people—or EDPs.

In one training exercise, actors portrayed a couple who got into a fight.

It’s all part of the NYPD’s ‘Crisis Intervention Training’ for patrol officers. Dr. Tracie Keesee is the deputy commissioner of training. “Our vision is for them to have a really good understanding of folks that have mental illness,” Dr. Keesee explained.

The four-day course includes role play between actors portraying mentally ill citizens, and officers learning how to deal with them.

“Eighty percent of what we’re doing is listening,” Lt. Mark Turner explained. “Remember, when your emotions are high, your rationale is low.”

Every year approximately 130,000 calls involving emotionally disturbed people are made to 911. “One in five New York adults meet the criteria for diagnosable mental illness,” Gary Belkin of the Department of Mental Health and Hygiene explained.

While the vast majority of calls do end peacefully, some have not. Over the years, police have tried a variety of tactics to deal with the emotionally disturbed.

In 1984, CBS2 reporter and former NYPD detective Chris Borgen demonstrated a metal restraining pole with handlebars that was known as the psycho bar.

In 2007, Dustin Grose—a schizophrenic—said police forced him into a ‘mesh restraining device.’ “I was wrapped up in like a blue mat,” Grose recalled. “I just wished that they kind of empathized with me a little more,” he said.

And in 2016, the highly publicized case of Deborah Danner—a mentally ill woman—who was killed by police in her home, forcing the department to re-evaluate procedures.

“I would never forgive them because she didn’t have to die,” said Danner’s cousin Wallace Cooke, a former NYPD officer.

“Did I run into mental illness? Plenty of them. How did I handle it? All you have to do is show people a little kindness.”

On Friday, the training incorporated both kindness and empathy.

“That someone could be a functioning person and have a family and be happy, but have a crisis periodically. That’s a really important lesson,” said Susan Herman, NYPD Deputy Commissioner of Collaborative Policing. It’s a lesson that’s taught to the officers by real people living full lives, including dealing with mental illness.

Since the course began in 2015, more than 5,000 NYPD officers have been trained. So is it working?

The city’s Inspector General recently criticized the NYPD, saying it doesn’t have an efficient system to dispatch the officers who’ve received this training. The NYPD said its goal is to train the entire patrol force.

Congressman Murphy Wants to Revamp HIPAA Privacy Rules

Representative Tim Murphy (R-PA) discussed how HIPAA’s “stringent privacy regulations hurt people suffering from mental illness rather than help protect them.” Congressman Murphy points out that when a family member is engaged in a loved one’s treatment, the individual has a better chance for recovery. However, since medical records must be kept confidential, the family member can be essentially shut out unless explicitly authorized by the individual, yet in many circumstances the individual may be too incapacitated to provide permission. Murphy believes the privacy rules should be better clarified, so that medical professionals know when to release information to families or law enforcement. Although he acknowledges that protecting privacy while still providing the best care to a patient can be challenging, he states, “I would rather be facing a family in a courtroom than face a family in a funeral home.”

NAMI Queens/Nassau Advocacy Committee Seeking Members

We have formed an Advocacy Committee to educate legislators about NAMI Queens/Nassau and promote the NAMI-NYS 2017 legislative agenda. At this point we have no representatives from Queens. If you are interested or have questions, please contact David Sills at sillsdavid1@yahoo.com.
Increasing Savings for a Loved One Through an ABLE Account

By Ruth Wolosoff, Board Member

As we are all painfully aware, millions of mentally ill adults and children depend on public benefits for income, health care, food, housing assistance, etc. In order to get these benefits, individuals are limited to having no more than $2,000 in savings accounts. I have always felt this to be extremely inhumane.

Fortunately, in 2014 a federal law, the ABLE Act, was passed, recognizing that people with disabilities need access to more funds. For the first time, eligible individuals and their families were allowed to open accounts that will NOT affect their eligibility for SSI or Medicaid and other public benefits. The beneficiary will have access to the account unless there is a guardian or someone with power of attorney.

Different states have different limitations on how much can be in the account. In NYS, the account limit is expected to be $100,000. However, currently if you want to open an ABLE account you can do it through another state which may have higher maximums.

However, in all states there is a cap of $14,000 which can be deposited in a given year. Under current tax law, $14,000 is the maximum amount that individuals can make as a gift to someone else and not report the gift to the IRS (gift exclusion tax). Another advantage is that income earned from an ABLE account will not be taxed.

The following expenses are allowable under the ABLE Act. These may include education, housing, transportation, employment training and support, assistive technology, personal support services, healthcare expenses, financial management and administrative services, and other expenses which help improve health, independence and/or quality of life.

There is one disadvantage. Upon death of the beneficiary, the state in which the person lived may file a claim to all or a portion of funds in the account equal to the money spent by Medicaid from the time the ABLE account was opened.

If you would like to learn more, go to the website for the ABLE National Resource Center at www.ablenrc.org. The phone number for the ABLE National Resource Center is 202-296-2040.

HERE'S A REASON TO 😊

Shopping online? NAMI Queens/Nassau is an Amazon Smile partner!

Before you go to Amazon, go to Smile.Amazon.com and designate NAMI Queens/Nassau as your charity. Amazon will remember your choice and we will get a percentage of your Amazon purchase at no cost to you!

Family-to-Family

FREE EDUCATIONAL PROGRAM

for family members, and friends of individuals with

Major Depression
Bipolar Disorder (Manic Depression)
Schizophrenia and Schizoaffective Disorder
Borderline Personality Disorder
Panic Disorder and Obsessive Compulsive Disorder
Co-occurring Brain Disorders & Addictive Disorders

Family to Family is a FREE series of 12 weekly classes structured to help caregivers understand and support individuals with serious mental illness while maintaining their own well being. The course is taught by a team of trained NAMI family member volunteers who know what it’s like to have a loved one struggling with one of these brain disorders. Over 1,300,000 people in the U.S., Canada and Mexico have completed this course. We think you will be pleased by how much assistance the program offers. We invite you to call for more information and register.

Call now to save your seat for a Spring 2017 course.

Pick a site convenient to you:

Walk in Love for Jesus Church
906 Newbridge Rd., North Bellmore, NY 11710
Thursdays, March 2—May 18, 7:00-9:30 PM
Class full—accepting registrations for waitlist and Fall 2017

Unitarian Universalist Congregation at Shelter Rock
48 Shelter Rock Rd., Manhasset, NY 11030
Tuesdays, April 4—June 27, 6:30-9:00 PM
Class full—accepting registrations for waitlist and Fall 2017

The Greater Allen A.M.E Cathedral of New York
110-31 Merrick Blvd., Jamaica, NY 11434
Saturdays, June 3—August 26

To register call (516) 326-0797 or (718) 347-7284 or email namiqn@aol.com

Registration and interview required. Classes limited to 25 participants.

Funded and sponsored by NAMI NYS and NAMI Queens/Nassau
TWO UNIQUE NAMI QUEENS/NASSAU SUPPORT GROUPS

Sibling Support Group
for individuals with a sibling who has a mental disorder

Join us as we share our challenges and discuss ways to support our siblings with a mental health condition while maintaining our own wellbeing. The group will be co-led by experienced group leaders, Lisa Tambor and Ruth Proller, both of whom have the lived experience of having a sibling with mental illness and experience leading groups.

WHERE: Unitarian Universalist Congregation at Shelter Rock, 48 Shelter Rock Rd., Manhasset
WHEN: 3rd Thursday of each month, 7:00 PM-8:30 PM
REGISTRATION: Contact Ruth Proller, 718-767-8481

Support Group for Senior Caregivers and Their Adult Children 40+

As parents and their adult children age there are special problems faced by both. Finding ways to communicate more effectively with our older children, modifying expectations, and planning for the future are some of the topics we'll discuss as we learn from one another and the group leader.

WHERE: NAMI Queens/Nassau office, 1981 Marcus Avenue, C-117, Lake Success
WHEN: 4th Thursday of each month, 1:30 PM - 3:00 PM
REGISTRATION: Contact Isabelle Mesholam, LMSW, (516) 626-3258
Remembering NAMI Queens/Nassau in Your Will

NAMI Queens/Nassau depends upon the generosity of our supporters to continue to be able to provide support and education for those living with mental illness who are in need. Leaving a bequest in your will is one way to support our efforts.

Sample Language

Once you’ve determined that you would like to make a bequest to NAMI, the following sample charitable bequest language can be used in your will or revocable living trust. However, it is important to consult an attorney when drafting your will.

An Unrestricted Bequest:

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, the sum of $_____ to be used for the general purpose of the organization, at the discretion of its Board of Directors."

A Restricted Bequest: (to support a particular program or area of interest to you)

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, the sum of $_____ to be used for the purpose of_____________."

A Residuary Bequest: (which leaves any remaining assets from your estate after all other obligations have been met)

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, all the rest, residue and remainder of my estate.

Thank you!

NAMI Queens/Nassau gratefully acknowledges the following donations

Katherine Moran-Miller in honor of Maria Ceraulo’s birthday
Rhoda & Ron Nadell in memory of Jacob Spiegel
Michael Aryeh in honor of Nicole Santopietro
Rhoda & Ron Nadell in memory of David Gold
Rhoda & Ron Nadell in memory of Barbara Cate
In Memory of Arnold Gould: William Mathon; Louise & Neil Slater; Janet Reilly; Mr. & Mrs. Magosi; Steven Greenwald; Janet & Myron Susin; Sandra Kalman; Ruth Wolosoff; Rosalie Weiner; Arnold Gould Estate; Thomas Gould
In Memory of Jordan Adam Steward: Jill Tulchin; S. Patricia Tulchin; Annie Reich; Francine Gordon
General Contributions: Leslie Granoff; Gloria Wilens; Hofstra University; Dale Brill; Robert Pollsen; Bennett & Cynthia Bishop; Amy Morey

Friendship Network gratefully acknowledges the following Donations

Barbara Garner in memory of Donald Stark
Rochelle Golus in memory of brother Michael
Mr. & Mrs. Don Bienenfeld in memory of Cliff Cohen
Terry Grossman in memory of Jocelyn Grossman
Maureen & John Josel with get well wishes to Elizabeth Reilly
Alice Cohen in honor of Elizabeth Reilly
Alice Cohen in memory of Arnold Gould
Jeri & Jake Schindler in memory of Arnold Gould
Maureen & John Josel in memory of Cliff Cohen
Rose & Arnold Sofer in memory of daughter Rhonda
Barbara Garner in memory of Phyllis Neugesser’s sister, Gloria

Save a tree!

If you’d prefer to get your newsletter as an email, please contact us at office@namiqn.org and let us know. It will save postage and paper.
Eulogy for Arnold Gould

By JANET SUSIN
Spoken in Arnold’s memory at his funeral service.

Some years ago I was asked to speak at a dinner honoring Arnold, and I remember I came up with words to define him that started with the first letter in his first and last name. I can’t find what I wrote at the time, but I’m sure that the A must have stood for Amazing because that’s what he was. Arnold was always starting things and Astonishing us (another A) with his leadership and never give up spirit.

Many of the things he did was with his beloved wife Pearl. Arnold and Pearl were one of three families who, along with the Pollacks and the Roses, worked together in 1980 to start our chapter of what eventually came to be known as NAMI Queens/ Nassau, the National Alliance on Mental Illness. But first we were called PATH (People Acting Together with Hope), and from the beginning that’s what PATH was – HOPE – for families with a loved one struggling with life altering mental illnesses like schizophrenia, bipolar disorder, and major depression.

Arnold recalled advertising meetings the old fashioned way—by posting flyers on signs and lampposts in the area around what is now known as The Zucker Hillside Hospital. Even when the police asked him to take those signs down, they came down just for a short time only to appear again magically a few minutes later. Arnold was intrepid, and although always courteous, he wasn’t one to take no for an answer.

He quickly came to be known as Mr. Mental Health. Everyone appreciated his can-do spirit and the dedication with which he approached every task. And it wasn’t just NAMI that had the gift of his talent. He held leadership positions on the boards of the Mental Health Association of Nassau County and Central Nassau Guidance and Counseling. Clearly everyone appreciated his dedication and skill as a problem solver. Perhaps it was the leadership skills he learned in the military or as a school guidance counselor, where he became an outspoken union leader. Or maybe it was his days as a salesman. Even when he was ailing he answered the phone with an upbeat and hearty “hello!”, a holdover from that career when establishing a positive relationship with a customer at the outset was vital to making the day.

During his days as a NAMI leader, serving both on the board of NAMI Queens/Nassau, frequently as president, and the NAMI-NYS board as 1st vice-president, NAMI Queens/Nassau grew into the thriving chapter it is today. For years he and his beloved wife, Pearl, also a guidance counselor, ran a Caring & Sharing group for NAMI Queens/Nassau and at the NAMI-NYS conference. Members flocked to it for their sage advice on coping strategies and how to negotiate the daunting mental health system. He was also the face people saw for years at NAMI Queens/Nassau’s monthly meetings, obtaining outstanding speakers through his wide network of connections within the mental health field. It was, in fact, at one of those meetings that he recruited me.

Arnold’s influence was also felt well beyond our NAMI chapter. He was instrumental in starting not one, but three, clubhouses: NAMI Connections, the Nassau Clubhouse, and Venture House. Venture House has been a particularly successful clubhouse, and with a model three-level employment program, continues to thrive in Jamaica, Queens.

Arnold was also a leader in bringing PLAN, a community trust for our families, to New York. In fact, it still exists today, although under a different name.

Although Arnold is no longer with us, his legacy still lives on in NAMI Queens/Nassau. And we work every day to fulfill the promise of what Arnold and those founding families envisioned when they named us PATH, People Acting Together with Hope.

The following tribute was one of many received in Arnold’s memory:

Enclosed is our contribution to Friendship Network in memory of dear, wonderful Arnold Gould. Lewis and I shared so many beginnings with Arnold (and his sweet wife, Pearl) at FAMI meetings in New York City and then going to PATH (NAMI Queens/Nassau).

There are no words made to adequately describe all the involvements and achievements that was Arnold! He used his skills and his intelligence, his time and his efforts, and his sincere caring about the mentally ill community and created better lives for all.

He made his mark, and leaves a legacy and good name for his family and for all those he touched.

May his name be a blessing for all.

Jeri and Jake Schindler

GOULD, ARNOLD R., 94

Beloved son, brother, nephew, husband, father, grandfather, uncle, cousin, teacher and guidance counselor. Friend and mentor to dozens. Never afraid to speak up and stand up for doing the right thing. Pioneering and relentless advocate for people with mental illness. Co-founded NAMI Queens/Nassau in 1979 when stigma still prevailed. Led the boards of NAMI Q/N, NAMI NYS, Mental Health Assoc of Nassau County, Pilgrim Psychiatric Center Board of Visitors, Central Nassau Guidance & Counseling, Venture House and Connections clubhouses. Successfully lobbied for NYS mental health insurance parity law. Predeceased by his wife of 38 years, Pearl Dinin Gould (2013), his first wife, Pearl Garfunkel Gould (1959), and brother Bruce. Survived by four children: Richard J., Diane (Sdy), Richie (Lenore), Rebecca (Mark) and six grandchildren: David, Steven, Matthew, Gabby, Michael, and Kevin. Donations can be made to NAMI Queens/Nassau.

The New York Times, 12/16/16
Profile of Rosalie Weiner

Rosalie Weiner, LMSW, has worked for her entire career by helping severely and persistently mentally ill and their families. Initially she worked at Pilgrim Psychiatric Center, which was the largest mental hospital in the free world prior to the 1950s, when tranquilizers were first invented. The latter part of her career was at Bronx Psychiatric Center, where initially she was an inpatient social worker and later became an Intensive Case Manager (ICM).

In July 1988, she went to the national NAMI convention in Boulder, CO, where she attended a workshop on siblings, after which she realized that siblings were largely a group not serviced by the professional community.

In October 1988, she started a Sibling/Adult Children support group for NAMI Queens/Nassau with the late Annette Aronow as co-leader. At that time Rosalie’s group was the only NAMI Queens/Nassau support group other than the Caring & Sharing group which was led by NAMI Queens/Nassau’s founder, the late Arnold & Pearl Gould. Years later, Rosalie started doing public speaking about mental illness, presenting the professional side, alongside the late Ruth Posner who presented the parents’ side. (All the above-mentioned people were among the “giants” of NAMI Queens/Nassau, and they were each great role models.)

Currently, Rosalie leads an afternoon support group in Forest Hills and an evening support group in the NAMI office. She also does public speaking about mental illness when and where invited, all under the umbrella of NAMI Queens/Nassau.

Through the years Rosalie has attended most monthly NAMI meetings and all the NAMIWalks (when they were held on Sundays). She encourages everybody to do the same and would like to see more people involved in support groups.

**Profile of Rosalie Weiner**

Rosalie Weiner, facilitator of the support group for families, is an invaluable resource for our group members. She is an emotional resource because she reminds us to care for ourselves so that we will be able to help our loved one(s), and she tells us ways to do that.

She is also a practical resource because she gives us concrete, straightforward information on programs and services which we and our loved ones can access to improve our lives.

Hilda K (evening support group member)

On Dec. 26, 2016, our family got together to celebrate my son’s 50th birthday. It was while planning that party that I remembered all the years I spent trying to get help for my mentally ill son. It was very hard to find help. He was under care with ever-changing psychologists who gave different names of illnesses it might be.

I was very lucky to find him housing through FEGS. That was a big help, but I had no one to talk to and I was confused because each new doctor had a different diagnosis for his illness. Then someone said to get in touch with NAMI.

That’s when I met Rosalie Weiner at a NAMI Queens/Nassau afternoon monthly meeting. If I say it changed my life that would be a true statement. It enabled me to meet other parents going through the same alones as me. She is a wonderful, caring and knowledgeable woman who gives her time freely. I know I couldn’t have found this comfort anywhere else.

Barbara Taylor (Afternoon Support Group member)

Volunteers Needed!

We are in need of volunteers for the NAMIWalks in May. We need help setting up on May 5 and the morning of May 6, breaking things down in the afternoon of May 7, and general assistance during the Walk on May 6.

If you are interested in helping, please contact David Sills at sillsdavid1@yahoo.com or leave a message for him at the NAMI Queens/Nassau office.

Volunteers Needed!

Carol Ann Viccora raised $150 for her NAMIWalks team, Tina Marie’s Hope, by raffling off a beauty basket for Valentine’s Day on Tuesday, February 7, at the Rockville Centre Bowling Alley. The basket included chocolates and Avon beauty products.

Way to go, Carol Ann!
Help Us to Reach Our Fundraising Goal of $260,000

There are numerous ways people, corporations, organizations and business owners can partner with NAMIWalks to help build better lives for families and individuals on Long Island and in Queens affected by mental illness. NAMI-Walks sponsors show everyone in the community their commitment to helping those impacted by mental illness. You can ask for sponsorships from:

- Friends & Family  
- Employees Past & Present  
- Hospitals  
- Rotaries  
- Colleges  
- Mental Health Agencies  
- Mental Health Professionals  
- Doctors  
- Dentists  
- Foundations  
- Brokers  
- Accountants  
- Local Businesses  
- Gym/Fitness Centers  
- Drug Stores  
- Hairdressers  
- Insurance Agents  
- Social Organizations  
- Civic Organizations  
- Professional Organizations  
- Houses of Worship  
- Barber Shops  
- Supermarkets  
- Restaurants

Sponsorships range from $250 to $15,000.

Sponsorship opportunities include publicity in press releases, name on Walk website, brochures, T-shirts and more, depending on the level of sponsorship.

To obtain a Sponsorship Brochure, sign up and/or for help in reaching out to a sponsor contact:

Natasha Edwards, Walk Manager  
namiwalksliqn@gmail.com or 516-325-0428
NAMI Queens/Nassau Donation & Membership Form

Yes! I want to join NAMI Queens/Nassau to receive useful information and to help improve conditions for those with mental illness. I will receive newsletters from NAMI Queens/Nassau, NAMI, and NAMI-NYS.

MEMBERSHIP DUES: Basic $35____ Open Door $3____

(A portion of the dues goes to NAMI and NAMI-NYS)

ADDITIONAL DONATION:_______ TOTAL:_______

Name ____________________________________________
Address ____________________________________________
City __________________________ State ____ Zip_______
Phone Number ________________________________
E-Mail Address ________________________________

DONATION IN MEMORY OR HONOR OF (please indicate by circling)
Name of honoree or decedent: ____________________
Name of person to be notified of your gift: ______________
Address ____________________________________________
City __________________________ State ____ Zip_______

Please send form and check made payable to NAMI Queens/Nassau, 1981 Marcus Avenue, Suite C117, Lake Success, NY 11042.

Save a tree! If you would prefer to receive a digital copy of the newsletter, email office@namiqn.org to indicate your preference.

Nassau County NAMI Affiliates Meeting Info

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<th>Location</th>
<th>Date/Time</th>
<th>Contact</th>
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<tbody>
<tr>
<td>NAMI Long Island Regional Council, Inc.</td>
<td>North Shore University Hospital 888 Old Country Rd. Plainview</td>
<td>3rd Thursdays 7:00 p.m. Support 7:30 p.m. Business 8:00 p.m. Speaker</td>
<td>Barbara Roth (516) 694-7327</td>
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<tr>
<td>NAMI North Shore</td>
<td>Glen Cove Hospital 101 St. Andrew’s Lane Glen Cove, NY 11542</td>
<td>3rd Tuesday 7:00—9:00 p.m.</td>
<td>Al Dunlop (516) 671-3957</td>
</tr>
<tr>
<td>South Oaks NAMI</td>
<td>South Oaks Hospital 400 Sunrise Highway Amityville</td>
<td>4th Thursdays 7:00—9:00 p.m.</td>
<td>Una Ward (631) 264-4000 Ext. 1-2004</td>
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<tr>
<td>NAMI LAMP/ SW NASSAU</td>
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<td>Maureen Hennessey (516) 572-6888 <a href="mailto:libaqmbh@hofstra.edu">libaqmbh@hofstra.edu</a></td>
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