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The VOICE of NAMI Washington

Speaking for Everyone Living with or Affected by Mental Illness

In this "Voice"

Help for Consumers in Crisis: New Programs Provide Alternatives to Hospital, Jail

By Anne Koch

Human service leaders around the state are coming to the same conclusion: The most effective way to treat many mental health crises is with a proactive, focused response and an eye toward keeping an individual connected to his or her home or community.

With this in mind, programs from Spokane to Yakima to Bellingham to the Seattle/Tacoma area are being designed to include more 24-hour mobile outreach counselors and special centers that offer a person in distress treatment, a place to rest and a concrete follow-up plan. Increasingly, programs are hiring peer specialists and endorsing new ways of communicating with people in distress to help them relax and feel more empowered.

Treatment Centers Offer Calm, A Place to Rest

At their core is this idea: If behavioral health crises – ones of untreated mental illness, chemical dependency or a combination – are responded to with the right resources and with the right touch, there's a good chance of getting people involved in lasting treatment.

"When you have them in that crisis situation, that's when you have an opportunity for impact," said Tim Holmes, a mental health counselor by training who now administers the Mobile Outreach Crisis Team program in Pierce County. "We're really focused on trying to partner with people when they're in crisis."

At the same time, the right kind of intervention helps individuals in crisis avoid the over-burdened systems that aren't designed for behavioral health emergencies and usually make them worse: hospital emergency rooms, jails and prison cells.

"For people in behavioral health crises, it's essential to have an alternative to emergency rooms and jail that provide a humane and safe environment in which to stabilize the crisis," said Dave Stewart, Pierce County Human Services Director.

Here's a look at some of those alternatives around the state – some

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The Editor's Page!

Sharing an hour and a half over coffee and tea with **Jim Adams** was a rare and real treat. Jim is a true hero of NAMI. Hearing in great detail the history of this man's wending his way through the labyrinth of local, state, regional and national mental health organizations was a mind-exploding education. On this Saturday morning in September, Jim instantly steered us away from dwelling on the fact that in August the organization he has fought so hard for over so many years had just awarded him the first NAMI Washington "Lifetime Achievement Award".

Jim's focus was entirely on the future and the enormous tasks ahead for NAMI advocates, urging us to keep a watchful eye on budget cuts at every level – whether private or public sources. He is fearful that those advocates affected by the ravages of mental illness will lack the voice, organizational depth or the power to counteract threats to the progress achieved in support of vulnerable mental health programs.

Five Years Growing

Hero House, the model clubhouse which serves upwards of 300 consumer-members on the Eastside, will observe its fifth anniversary in December. The fact that it has just held a major fund-raising luncheon illustrates the unique standing of this program as a self-sustaining, independent project that must stand on its own.

Erica Horn has been its director from the start, having been recruited from Spokane to open the facility in a business park in Bellevue. "We've knocked out a few walls to expand," she notes proudly, adding services and members along the way. Other clubhouses in the state are subject to the uncertainty of a parent organization's ability to annually sustain a clubhouse operation. "Not here," Erica said, "as we have no choice but to support ourselves through fund raising and grants." More on clubhouses next Voice.

Honored for commitment to NAMI

The Voice extends congratulations to dedicated NAMI volunteers whose work in the mental illness field were recognized by community and by beneficiaries of their important work.

Woodinville Rotary Club named **Mike Maloney** its Citizen of the Year for 2010 and recognized him at their 20th annual charity fund raising event. Mike has been involved in each of the past six NAMI Walks and has served as president of NAMI Eastside.

Rotary president Erv DeSmet wrote, "your commitment to the advancement of education, support and advocacy for those who suffer the ravages of mental illness was most impressive. Your dedication to easing the stigma of mental illness serves many in our community and will have far reaching effects for the betterment of all our citizens."

The club awards $1,000 to a charity of the recipient's choice. Unsurprisingly, Mike announced NAMI Eastside as beneficiary.

NAMI Washington paid tribute to three police officers at the summer NAMI conference in Ellensburg – Snohomish city detective **Kendra Conley** and Snohomish County deputy sheriff **Jeff Ross** were cited for untiring efforts to develop crisis intervention training for law enforcement and to de-criminalize mental illness. The support of Kendra and Jeff, along with Snohomish Police Chief **John Turner**, were recognized by outgoing NAMI Vice President **Jim Bloss** (see photo below).

Former NAMI Greater Seattle director **Eleanor Owen** was presented a lifetime achievement award last month by Molina Healthcare of Washington and will be recognized at a community champions dinner later this year. She was nominated by NAMI GS board member Maryam Borghey.

Which first?

Take your pick, "Generics First" or "Failure First". The troubling topic of prescription drugs for Medicaid recipients is well covered on pages 6 and 7 of The Voice. But, from the standpoint of compassion and doing right by a vulnerable population, NAMI Washington past president **Barbara Bate** perhaps has the most comprehensive view of the "bottom line". She asks, "Where is the proof that cheaper meds – or none – save money? We in NAMI know that people survive and can live their lives within communities when, and only when, they have respect, a place to live, the medicines their brains and bodies require, and the human dignity we all deserve."

'Normal' Reception

Those attending the March 3 performance of Broadway award winning stage play "Next to Normal", will be treated to a reception at the Fifth Avenue Theater. The 6 p.m. reception will feature **Delaney Ruston** who will share her personal experiences filming "Unlisted: A Story of Schizophrenia", which has begun airing on PBS stations nationwide this fall. See page 15 for how NAMI will benefit from that night's play performance.

New director

NAMI Greater Seattle has appointed **Christine Lindquist** as executive director, effective September 1.

Board committee

Among actions by the NAMI Washington Board in September was the establishing of a Board committee for "Advancement and Public Awareness." Board member **Martha Monfried** was appointed to be the Board's representative. The Committee will have responsibility for the NAMI Washington website, the annual NAMI Walk, and "Voice", the state newsletter.

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already in existence as well as others about to open, including a new Crisis Solutions Center in King County.

PIERCE COUNTY

The Recovery Response Center near Tacoma opened in February and in its first eight months, according to program managers, has treated more than 1,000 people in psychiatric distress with symptoms of mental illness, chemical abuse or both.

Temporarily located within a wing at Western State Hospital, the facility neither looks nor smells like a hospital.

It's an assessment and short-term treatment center with 16 beds and recliners in rooms with names like "Healing" and "Resilience." The full-time staff, which at all times includes two or three peer specialists (trained consumers in recovery), is dedicated to treating each client as "a guest." Whether they've been picked up off the street by police or brought there by worried family members, clients are urged from the get-go to focus on their strengths and hopes for the future.

Given the time and tools to recoup and recharge, clients usually spend several nights at the center before leaving in stable condition with a place to go and a list of future appointments.

"A lot of time you just have to get that recovery bug,'' said Jodie Leer, a mental health professional and shift supervisor.

Operated by Recovery Innovations Inc. of Arizona, the Recovery Response Center is just one of the services administered by OptumHealth, the private company chosen by the state last year to run mental health services in Pierce County.

After a slew of community meetings made it clear to company officials that the top concern on everybody's mind was crisis response, OptumHealth made changes to the county's 24-hour mobile outreach program, said Executive Director Cheri Dolezal. The company contracted with MultiCare Good Samaritan Outreach Corporation to provide the service. (About 30 mental health professionals and several peer support specialists now serve as mobile crisis responders.)

Whereas in the past, mental health professionals usually met people in crisis in hospital emergency rooms, the new system has a greater emphasis on community outreach and is designed whenever possible to stabilize people in their homes or wherever they are without bringing them to a hospital, Dolezal said.

YAKIMA COUNTY

A crisis triage center in the city of Yakima has been in operation since 1991. Now run entirely by the region's largest mental health provider, Central Washington Comprehensive Mental Health (CWCMH), the center offers treatment for mental illness and substance abuse to residents in Yakima, Kittitas and Klickitat counties. It has 16 beds.

Rick Weaver, who heads CWCMH, said the idea for the center began in 1990 when Yakima Valley Memorial Hospital, facing under-funding and a squeezed psychiatric staff, began turning away from the emergency room people with mental health crises. A series of meetings among Yakima County officials, health care providers and community members led to the conclusion that the area needed "something like a psychiatric emergency room only not at the hospital," according to Weaver.

Right from the beginning, the triage center has relied on tremendous cooperation among numerous groups, including the small staff at the facility, mental health professionals in the field, mental health aides and on-call psychiatrists, said Weaver. It has been a place where people in crisis get both the attention and space they need.

What started out as small operation moved in 2005 to a new building, now also home to a jail diversion program and the region's mobile "Crisis Outreach Professionals." Workers on those teams respond to behavioral health crises in the community and try to keep people out of hospitals, referring them to the triage center if necessary. After several days of treatment and rest, many are ready to return home.

"As soon as someone is moved from their community supports, it becomes incredibly difficult to get them back into the community," Weaver said.

Twenty years ago, the average daily number of residents from Yakima and Kittitas counties at Eastern State Hospital was 65 people, Weaver said. Today the average number of residents at the hospital in all three counties served by the crisis triage center – CWCMH started serving Klickitat County residents in 1998 – ranges from12 to 16, he said.

KING COUNTY

With a $6 million per year price tag, it's the most expensive program outlined in King County's Mental Illness and Drug Dependency Action Plan: The Crisis Solution Center, scheduled to open in February.

One of the services financed through collection of the one-tenth of one cent addition to the sales tax for funding chemical dependency, mental health treatment services or therapeutic courts, the center is comprised of three closely linked programs. They are: a crisis diversion facility where people will be stabilized, treated and allowed several days of rest; an interim services facility where they may continue to live for up to two weeks if they have no place to go, and a Mobile Crisis Team program.

All three programs, including the dozen behavioral health professionals assigned to the mobile squad, will be located in the same building, with the 16-bed diversion facility on the first floor and the 24-bed interim facility upstairs. The programs will be fully

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Consumers in Crisis: *from page three*

staffed around the clock with mental health professionals, chemical abuse specialists, nurses and other medical personnel.

"This is a really big deal," said Amnon Shoenfeld, Division Director of the county's Mental Health, Chemical Abuse and Dependency Services Division. "We are all very excited."

Downtown Emergency Services Center will operate the center with a staff of about 85, said Bill Hobson, the agency's executive director. It will be located in an existing two-story building at South Lane Street and 16th Avenue South within easy access of Harborview Medical Center, the jail and I-5 and I-90 corridors, officials said. The building will be renovated.

Shoenfeld said police and sheriff's deputies across the county will be able to contact the mobile teams for help with behavioral health emergencies. If appropriate, team members will refer people in crisis to the diversion facility for assessment.

The hope is that even those who have committed a minor crime, so long as they are not experiencing a true medical crisis, will agree to be transported to the diversion center instead. If someone is admitted who has been detained for shoplifting but is clearly psychotic, for example, mental health professionals will work to calm the person down, figure out what's happening, then work to stabilize the person.

Whether clients stay a night at the diversion center or end up transferring to the interim facility for two weeks, they will leave armed with a list of follow-up appointments and support services, including residential placement if necessary.

"First responders are excited about it," said Hobson, adding that police get as frustrated as family members by the high number of repeat arrests of individuals in need of treatment.

"They understand that nobody gets better in jail."

SNOHOMISH, SKAGIT and WHATCOM COUNTIES

Crisis stabilization and a more responsive mobile outreach program. These were the top priorities raised when officials from the North Sound Mental Health Administration (NSMHA) held meetings with consumer advocates, health service providers, law enforcement and others, said Greg Long, the agency's deputy director.

NSMHA provides behavioral health care services to the three counties as well as to Island and San Juan counties. The meetings, which took place in Mt. Vernon over the course of a five-month period beginning in November of 2009, were an effort by agency officials to hear from the public they serve.

Administering behavioral health services in the five-county area is more complicated than in King County because under the way Washington's mental health system works, King County administers its own programs, whereas the state has contracted out to NSMHA the job of overseeing behavioral health programs in the five less populated counties.

Like the other 12 Regional Support Networks (RSNs), NSMHA receives state funds and federal Medicaid dollars to administer mental health and chemical dependency programs. But NSMHA officials must work with the five different jurisdictions to sort out service priorities and how additional county money will be spent. For example, while the governing bodies in all the five counties have approved the one-tenth of one cent addition to the sales tax option, the five county councils have different plans for how to spend those extra dollars.

Despite the complexity, NSMHA officials resolved after the community meetings to work with the different jurisdictions to improve crisis facilities and mobile response over the next three to four years, said Long.

In Snohomish County, a respite area inside the Bailey Center in Everett will be converted to a triage facility to treat individuals in crisis from untreated mental illness and substance abuse. The Bailey Center is operated by Compass Health, the largest provider of behavioral health services in northwest Washington.

Currently, the respite wing includes 16 beds and most often is used to provide support and shelter for several nights to mentally ill individuals, said Becky Olson-Hernandez, Director of Emergency Services for Compass Health.

Plans call for the area to be upgraded and converted to a triage center, which will be able to handle more serious cases of mental illness as well as cases of drug and alcohol overdose, so long as they are not acute, said Olson-Hernandez. The facility will include 16 beds for several-day stays as well as four recliners for short-term observation, she said.

Scheduled to be in operation no later than April, the triage center will be staffed round the clock by a small group of medical personnel and mental health professionals, including a peer specialist, said Ken Stark, director of Snohomish County's Human Services Department. The inside will be designed to provide a calm space for workers to de-escalate a crisis and try to stabilize a client.

Initially, the center will cost about $1.3 million a year to operate, Stark said. About a third of the money is expected to come from sales tax revenue, with the balance coming from the NSMHA budget, he said.

Meanwhile, Whatcom County has a triage center in Bellingham and Skagit County has a small triage center in Burlington.

The facility in Bellingham has been in operation since 2004. Located in an industrial area, the facility has 13 beds and offers stabilization, treatment and short-term stays to those in crisis. Over the next several years, plans call for expanding the facility to include additional medical services, including an

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Consumers in Crisis: *from page four*

evaluation and treatment center for longer stays. Funds over the next several years also will be used to improve mobile outreach, said NSMHA's Long. In Snohomish County, there are currently two groups of mental health professionals who respond to emergencies in the community, with one group primarily responding to hospitals for potential involuntary commitment cases and the other more widely available for behavioral crises in the community. Plans call for adding a second such group to the mobile outreach programs in Skagit and Whatcom counties, Long said.

With more outreach professionals, Long said, team members will be able to respond more quickly and aggressively to crises in the community and will have a better chance of keeping people experiencing behavioral health crises out of the hospital if they would be better served at home or at the triage centers.

THURSTON, MASON and GRAYS HARBOR COUNTIES

Two crisis stabilization facilities operate in the region.

While behavioral health services are administered through two different Regional Support Networks, the primary provider of mental health services in all three counties is Behavioral Health Resources (BHR) of Olympia.

The company operates a 10-bed crisis stabilization facility in Olympia for residents of Thurston and Mason counties and a second 10-bed crisis clinic in Hoquiam for residents of Grays Harbor County. Dubbed the Crisis Stabilization and Transitional Unit (CSTU), the facility in Olympia is part of the larger Thurston County Evaluation and Treatment Center.

Like most other crisis centers currently operating around the state, both facilities accept only those willing to be treated. Clients may include people who have committed a minor crime in psychiatric distress or when under the influence of chemical abuse.

Both facilities offer individuals in crisis a calm, safe place to rest, eat, sleep and recover. While working to stabilize a crisis, mental health professionals try to figure out what caused it in the first place. Staff members also work with clients on strategies to avoid future crises and help direct them to appropriate services in the community when they leave. Stays vary in length.

Both centers help reduce unnecessary, expensive stays in hospitals, said BHR Chief Executive Officer John Masterson.

Meanwhile, mobile outreach teams work from both centers and are available on a 24-hour basis to respond to emergencies in the community. Unless an individual in crisis is experiencing a true medical emergency or clearly requires long term psychiatric care, the mental health professionals on the squads may treat people in their homes or bring them to the crisis centers.

"The evidence is clear that treating people in the community is effective," Masterson said. "Treatment works. People can recover and do recover from mental illness."

SPOKANE COUNTY

Spokane Mental Health, the county's largest provider of behavioral health services, has an array of programs aimed at keeping people experiencing mental health crises out of state and local hospitals, said David Panken, the company's chief operating officer.

The programs have worked. On any given day in the mid- to late-90s, Spokane County residents were using an average of 135 beds at Eastern State Hospital; today that number is down to 86, Panken said.

Community treatment is provided through telephone crisis intervention services, triage facilities and a mobile crisis outreach program. Like a number of other areas around the state, Spokane also has a stand-alone 16-bed evaluation and treatment center, primarily used for involuntary commitment cases.

Two small crisis centers in the city of Spokane – a seven-bed stabilization center and a 10-slot crisis observation facility – will become part of a larger treatment center expected to be in operation by next fall, said Panken. The larger facility will be located in north central downtown in a one-story 15,000-square-foot building, scheduled for renovation.

Among other things, the building is expected to house a fully-staffed, 16-bed Crisis Stabilization Unit (CSU), licensed to hold individuals up to 12 hours. This allows police to drop off people in crisis without their permission and gives staff members time to stabilize them and try to persuade them to stay voluntarily. (The Recovery Response Center in Pierce County is currently the only CSU in the state.)

Other than that distinction, the CSU will operate in the same way as other crisis assessment centers, with staff members working to de-escalate the crisis, treat the client and offer the individual a place to rest.

"We're about helping people stay in their homes and in their community," said Panken, adding the strategy makes sense on so many levels.

"Mental illness is a devastating illness," he said. "It's very reaffirming for an individual to make it through hard times and not need hospitalization."

***Anne Koch** is a former reporter for The Seattle Times. She has worked as a staff member at NAMI Greater Seattle and volunteers as a support-group facilitator and Family-to-Family teacher. She can be reached at anniekoch@gmail.com*

'Generics First' marching to March 2011

Washington State continues its march toward a March 2011 date when newly-qualified Medicaid recipients will receive only "generic" prescriptions for atypical antipyschotic medications.

NAMI and allies aligned against the new policy appeared at the most recent public meeting conducted to implement and refine a 2009 legislative act requiring doctors to prescribe "Generics First" for their new Medicaid patients.

The program falls within the maze of the Depart-

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Medicaid Prescription drugs in jeopardy

Here's what Gordon Bopp, chair of the NAMI Washington Public Policy Committee, has to say about the budgetary mandate to eliminate prescription drug coverage for the state's Medicaid recipients:

I'm sure the word has gotten around the State by now that the Adult Medicaid Prescription Drug Program is on the chopping block as a result of the State's projected $1.4 billion revenue shortfall. If this proposed budget cut comes to pass, it will result in immeasurable consequences for the roughly 500,000 Washington adults who are now receiving their medications through the Medicaid Program. Everyone who is a part of our statewide NAMI WA family must step up and do whatever is necessary to assure that this does not happen!

Let me give you a brief summary of how this situation has evolved, and some thoughts on what actions we can take to prevent it from being implemented by the State Legislature when they convene in January 2011.

On October 1st, Governor Gregoire's mandated 6.3% "across-the-board" cuts in the State's budget went into effect. This happened because the Legislature refused to convene a special session to deal with the $1.4 billion shortfall by making "targeted cuts" in a variety of State programs. Thus, the Governor had no choice but to mandate the 6.3% cuts "across-the-board".

This mandated budget cut translates into a required $280 million reduction in the DSHS budget of which $110 million would have to come from the Medicaid Program. The Medicaid Program is a Federal-State partnership and the Feds REQUIRE that the State allocate Medicaid funds for certain specific programs such as the children's prescription drug program and cover medications dispensed in hospitals and nursing homes. This requirement left little choice for the DSHS but to target the adult prescription drug program for elimination.

At this point, the only alternative is for the State Legislature to identify some $40 million by February 1st to plow back in on a priority basis to keep the Adult Rx Program in place.

None of us needs to be reminded of the dire consequences of eliminating access to prescription drugs for our neediest citizens who suffer from mental illnesses, but we all must make sure that our lawmakers understand what will happen to these folks and commit to rectifying this situation. It would be unconscionable to do otherwise.

The NAMI-WA Public Policy Committee is addressing this situation and will be partnering with other advocacy organizations around the State to put pressure on the Legislature to correct this ill-advised action. We'll be keeping our affiliates apprised of any actions that may be needed. In the meanwhile, please speak or write to your area lawmakers and urge them to use "targeted cuts" in less vital programs so as to avoid eliminating the Medicaid Adult Prescription Drug Program.

Gordon Bopp, Chair:
NAMI WA Public Policy Committee.

Which really comes first?

While a push against the "Generics First" policy is important, even more crucial is a movement to save the adult Medicaid prescription drug program from budget cuts. Program elimination could make the "generics" issue moot.

Meanwhile, NAMI WA Vice President Stephanie Lane is calling for a coalition to begin writing legislators:

NAMI Washington will be joining with other organizations around the state to build awareness and understanding about brain-based medical illnesses, and to join together with our many partners who believe in and support mental health, wellness and recovery. Keep looking for information about our coalition, and think about how you can play your own part in this growing and essential movement.

The coalition is in its infancy stage. The purpose is to create a cross system and non-profit collaborative effort in order to "watch dog" the many changes that are occurring due to the economy and the sad but necessary changes that are happening in the mental health field.

NAMI wants to be a part of the solution as always and this coalition will ensure sustainable partnerships well into the future. These systems, groups and organizations will leverage each other's knowledge base and resources in order to maintain a stronghold on current services and bring light to the services that are still desperately needed for Washington's most vulnerable populations.

'Generics First'

-- from page six

ment of Social and Health Services (DSHS), the office managing the state's Medicaid prescription drug plan under the state Health Care Authority. It was the Pharmacy and Therapeutics Committee of HCA that convened the recent daylong session at SeaTac Marriott which included public comment on the effectiveness of specific medications.

While the plan is seen as a cost-saving measure for the state, DSHS says "the purpose of the P&T Committee is to evaluate the relative safety, efficacy, and effectiveness of prescription drugs within a class of prescriptions drugs and make recommendations to the state on the development of the Washington State Preferred Drug List." The committee also serves as the Drug Utilization Review Board. The quarterly October meeting was the only meeting at which atypical antipyschotic drugs were on the agenda for review during 2010 and 2011.

Among the few appearing on behalf of consumers was NAMI WA President Farrell Adrian. She observed that "it became clear that funding for our family members' and peers' medications is more at risk than in any other state in the nation."

While the controversy surrounding the state's "generics" policy continues, President Adrian noted, "the State is now attempting to completely obliterate the entire drug benefit for Medicaid recipients. This, of course, would be an enormous tragedy for all of us affected by mental illness. It will also shift costs to hospitals and law enforcement, both of which have already come out against the policy. NAMI volunteers must unite to stop this effort and must also be prepared for additional assaults on the already eroded and inadequate Medicaid benefits."

Doctors will be compelled "to use generics for new patients – risperdone in the case of those dealing with schizophrenia."

Last April, then NAMI WA President Barbara Bate and NAMI WA Public Policy Committee Chair Gordon Bopp praised King County Sheriff Sue Rahr, who joined them before the state committee in questioning the prescription policy.

In a letter to Sheriff Rahr, NAMI wrote: "Your input, along with our own and that of other stakeholders, can still make possible more comprehensive discussions about issues related to medications: access, usage, costs, and outcomes, including the factors increasing the likelihood of mental health recovery."

The subject has caught significant media attention. In late October, the Yakima Herald's coverage noted that the new prescription policy "has been controversial among some doctors and mental health professionals, who say generics aren't always equivalent to brand-name drugs."

The paper quoted Dr. Stan Flemming, president of Pacific Northwest University of Health Sciences, who said the rules to administer the law box physicians into a corner.

Dr. Flemming was quoted: "You're forcing the physician to be overridden by someone with no

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NAMI WA Statement on Access to Mental Health Medications

As a statewide grassroots organization of people who live with mental illness and their families, the National Alliance on Mental Illness – Washington State (NAMI WA) is concerned about recent discussions by the State's Pharmaceutical and Therapeutic (P & T) Committee regarding implementation of recent legislation on prescription drug use. In particular, the use of a preferred drug list (PDL) and prior authorizations for access to atypical antipsychotic medications used in treating patients who suffer from serious mental illnesses represent major barriers to recovery for this vulnerable population. Additionally, and of most concern, is the issue of a "fail first" approach to initial treatment therapies for mental health patients. Any measures taken by state purchased health care programs that interfere with the patient/doctor relationship are likely to have serious and costly consequences.

While NAMI WA supports any efforts to improve cost effectiveness and efficiency in the delivery of health services in general, the use of antipsychotic medications in the treatment of mental illness presents unique challenges that require unfettered medical decision-making between the patient and his/her prescribing health professional. Successful treatment requires access to a full array of medication choices because of the great variations in symptoms exhibited by different patients. Brain chemistry disorders are distinctly different for each individual and thus their medications must be tailored to their specific needs.

According to a report by the National Association of Mental Health Program Directors [(1)], "Antipsychotic medications should be available and utilized as clinically appropriate on an individualized basis. Efficacy, safety, tolerability, personal preferences and vulnerabilities, and cost considerations should guide antipsychotic selection.." NAMI WA believes that, at the very least, any drug formulary must include open access to a wide range of antipsychotic medications having significant clinical differences; and, ultimately, there must be access to any antipsychotic in a timely fashion.

Clearly, the consequences of creating barriers to medication access are unacceptable in terms of both the financial burdens and the costs of human suffering.

Finally, in regard to any "fail first" therapeutic limitations, NAMI WA would note that the use of a first course generic medication has a very high likelihood of resulting in the consequences listed above when access to the proper medications is limited. Of particular concern is the fact that the state does not offer sufficient protections to ensure that prescribers and their patients will have timely access to all atypical antipsychotic medications without having to go through a prior authorization process. Moreover, in selecting medications including first course treatments, the use of such advanced techniques as Referenced Electroencephalography (rEEG) should be encouraged since this would reduce the likelihood of failure.

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NAMI Washington

From: Farrell Adrian, President, NAMI Washington

To: All Washington Affiliate Leaders and Members

Subject: Participation in the May 14, 2011 NAMI Walk in Kirkland

Hello Friends/Colleagues/Partners,

If you attended the NAMI WA conference in August, I am sure that you will agree that the caliber, the commitment and the hearts of the people who were there are the very best reasons we have for believing that NAMI can help more people, more deeply, where they are hurting the most.

That belief is one of the reasons why I joined the state board a year ago. I also wanted to use my years of nonprofit work to help affiliates become more financially stable. Furthermore, I fervently believed that we could do all this and more if we just worked together, pulling in the same direction at the same time!

So here, based on 30-plus years of experience raising money for good causes, is my first recommendation on how to do that: join me, and more than half of our affiliates, in the next NAMI Washington Walk!

Last year was the first year we looked for more affiliates to get involved and it was a whopping success! A success of $170,000, raised by 13 affiliates, 124 teams and 1023 walkers – money raised to help more people, just like us, dealing with mental illness, just as we have and still do.

Why am I writing now? Because now is the time to think about it, to let the possibility percolate a little in your mind, to talk to your board members and then hopefully, to say "Yes, our affiliate is in!"

You might be thinking that you cannot participate because you are too small and/or far away, or because it is too much work, but let me assure you this is a special experience and you will be overjoyed if you join this extraordinary band of volunteers. The Walk helps us combat stigma, build new friendships and renew old supporters' commitment to our cause.

It is also a great way for your program graduates to stay in touch and give back. Certainly our cause is just and the money we take home will be "unrestricted" – that is, it can fund any need or dream your affiliate chooses. 75% to 85% of what you raise is returned to you and the rest covers Walk expenses and meets our commitment to NAMI national. There are ways to 'walk" without being present. We have a website that makes it easy for people to donate and a Walk Manager who takes care of the logistics, so your main job will be to get your team captains (who will recruit walkers) and sponsors.

Those of you who participated last year know how it's done and have seen the rewards. This year The Walk Committee plans to recruit and invite you "old hands" to join us in the efforts required to stage the 2011 Walk. (Remember what I said about "pulling together in the same direction at the same time – this is your opportunity.) We'll need help securing sponsors,

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NAMI Walks

National Alliance on Mental Illness

The seventh annual NAMI Washington Walk will be held Saturday, **May 14, 2011** at Kirkland's historic Marina Park in the heart of Kirkland.

NAMI Washington is challenging each of 24 affiliates to find a way to participate in 2011.

For those affiliates participating, the Walk will provide a special incentive to join in developing a list of Walk sponsors whose contributions will offset the cost of staging the event. Affiliates bringing new sponsors to support the 2011 Walk will earn back 65 per cent of the sponsor's donation to be used for affiliate programs, resources and operations.

Having established the NAMI Washington Walk as the fourth largest in the nation in 2010, the new NAMI Washington Walk Committee has set a 2011 goal of $200,000.

The committee estimates that between 73 to 81 per cent of each "walker" donated dollar will also go to the affiliate designated by the walkers. Bringing in more sponsors to cover the underlying expense and commitments to state and national NAMI organizations could drive that percentage higher.

The organizing committee for 2011 includes Kate Butcher, John Hughes, Christine Lindquist, Mike Maloney, Oscar Peterson, and Farrell Adrian.

"With individuals and families so hard pressed to cope with issues of mental illness, it is ever so important that this public awareness and fund-raising project contnue to grow and serve more and more families."

Circle Your Calendar

Saturday, May 14, 2011

Marina Park

Kirkland

-- from page eight

building teams, arranging for media coverage, helping out on Walk day, and sharing ideas on how to make the Walk a grand and entertaining event.

Please call or email John Hughes, organizing chair for our 2011 Walk Committee, and let him know you want to participate, or to get your questions answered.
You can reach him at (206) 890-8346 or jb.hughes@comcast.net. The NAMI Washington Walk Committee will take it from there.

I'll be there next May 14, in Kirkland at the Marina Park with my team ...and I will be looking for you!

Warmest Regards,

Farrell Adrian,
President, NAMI WA

P.S. Here is a parting factoid for you: There are 204,000 millionaires in Washington State. If one quarter of our citizens are affected by mental illness that means 51,000 millionaires in Washington State understand the need. That fact makes me think that we should be able to raise at least $200,000 in 2011. Whaddya say?

Top Priority for NAMI

Call to Action!

These are painful times. On page 6 and 7 of the Voice, you will read about the devastating cuts being proposed by Washington State's Medicaid Program. These cuts do not nibble at medication benefits, they eradicate them! Ours is the only state in the nation where such an unconscionable destruction is being proposed.

I urge YOU to make the fight to save our medication benefit your number one concern and priority this year! Our public policy committee will stay in touch with all the folks for whom we have email addresses. We will be forming coalitions and we need members. We need you to go to Olympia and tell your story. We need you to fight this shocking attack! Call our office at (360) 584-9622 or email me at fadrian@seanet.com so we can get busy.

Thank you for caring,

Farrell Adrian,
President, NAMI WA

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Speaking Out Supports Value of 'Awareness'

*NAMI Washington Board Member **Martha Monfried's** second "op-ed" contribution to The Seattle Times appeared October 16, 2010. It is reprinted here.*

In January, *The Seattle Times* published my op-ed about my distraught sister who jumped off the 520 bridge on New Year's Day. Thankfully, she was rescued by a holiday boater.

Nine months later, I hope to spur you to action. We must speak out and work together to find a cure for the alphabet soup of brain disorders from autism to Alzheimer's.

The morning my op-ed appeared, my teenagers asked, "Mom, will it make a difference?" I instinctively replied, "Probably not."

But it has. And, I thank everyone with whom I have connected since then who is dedicated to helping those with a mental illness or a brain disease recover and lead productive lives.

At work, a former company board member called to congratulate me. He shared that his mother had suffered from depression and his daughter experienced mental health challenges. He and his wife established a foundation to help teenagers.

Several colleagues shared their tragic stories. A woman whose mother suffers from a brain disorder sent flowers, thanking me for having the courage to speak out.

Leaders of NAMI (the National Alliance on Mental Illness) asked how they could help and invited me to work with them. They all live with the heartbreak of having loved ones with chronic mental illness. With their hands often tied by a system where civil rights come before medical needs, they find solace and hope in supporting, educating and advocating for others who share their trauma.

A former hospital executive, whose mother was institutionalized, and his wife, a former professor, whose first husband was murdered by a mentally ill person, are working with area hospitals to build a psychiatric facility.

REI's general counsel told me about Plymouth Healing Communities, where she is a board member, and Mental Health Chaplain Craig Rennebohm, a local hero, who for decades has helped street people in Seattle.

NAMI asked me to speak at their fundraising walk kickoff luncheon. I was honored and also proud to lead TeamPSE. I am now a board member of the state and Eastside NAMI affiliates.

King County opened two Eastside Mental Health Courts. A community mental health professional is working with the Seattle Police and we are moving forward with a Crisis Diversion Center.

The inaugural class graduated from Seattle University's Mental Health Law Clinic, the first in the country. It was spearheaded by Russell Kurth, defense attorney and instructor, whose sister has a mental illness, and Liz Browning, whose son suffers from schizophrenia. Browning is now working to build a private residential treatment facility in Seattle - another first.

The Thomas C. Wales Foundation is planning a mental health symposium. Linea Johnson, a 24-year-old dynamo with bipolar disorder, and her mother Cinda Johnson, a special education professor at Seattle University, are involved. Book contract in hand, they will present at the March 4 and 5 event at UW's Kane Hall. So will Department of Social and Health Services Secretary Susan Dreyfus, King County Sheriff Sue Rahr, Dr. Richard Veith, head of UW's Psychiatry and Behavioral Sciences, and the Rev. Rennebohm.

The Broadway musical Next to Normal is coming to the 5th Avenue. Local advocates will speak before performances on Feb. 22 (Linea and Cinda Johnson) March 1 (Eleanor Owen, a national and Greater Seattle NAMI founder) and March 3 (Seattle's Dr. Delany Ruston whose film: "Unlisted: A story of Schizophrenia" – airs beginning this fall on PBS stations nationwide).

My daughter started a mental health club at Bellevue High School. I am proud of her.

Schools need to teach about mental health and parents need to intervene early knowing that brain disorders often first strike teenagers.

Take action. Tell your stories. Help your loved ones and others. Mental illness and brain disease can be treated. People can recover and lead productive lives. Others can be helped through research. This is a desperate need and only hope for my sister, 55, who has just been diagnosed with dementia. We all must work together to find a cure.

A Glowing Story of Recovery ... by Craig Smith

Want a guy to root for? Meet Quinn Pitcock.

Pitcock was an All-American and co-captain at Ohio State and a third-round draft choice of the Indianapolis Colts in 2007.

He had a solid rookie season as part of a three-man defensive tackle rotation. One writer described him as having the "the look of a solid, multi-year contributor at the spot."

Then, in what amounted to an NFL mystery, he quit football for two seasons. He emerged as a free agent with the Seahawks in early August after training camp had started.

Where had he been?

He had been suffering from anxiety and depression. What confidence he had possessed evaporated before the 2008 season. He withdrew and played video games. Finally, professional help enabled him to move forward with his life and return to the field.

"In my depression, my drug of choice was Xbox Live," he said in late August after a practice at the Seahawks' facility in Renton. "There are a lot of people who don't take video-games addiction as seriously as it may be."

Pitcock said he suffered from anxiety because he wanted to do everything perfectly.

"I thought it was being normal and making sure I was on time and doing the right thing," he said. "In reality, I was over-anxious and that's where sometimes my sleepless nights happened. . . . I over-analyzed. Same thing with being humble – I was too humble. I lost my confidence because I was too humble."

Pitcock isn't ashamed or bashful to talk about his battles with depression and anxiety. He traces them to his high-school years in Piqua, Ohio. He said it is now "his calling" to help others and that involves being public about himself. He said he wanted to explore the possibility of establishing a charity with Microsoft to help people with video-games addiction because X-Box Live was such a part of his down years.

Pitcock, who is 6 feet 2, 299 pounds, admits it seems out of context for many people to think of professional athletes suffering from mental illnesses.

"We're alpha males and we're all big and strong," he said. "It's hard for any of us to ask for help or think we have a problem."

Pitcock said his own stubbornness was a factor in his reluctance to get help.

These days, seeking help is some of the best advice he offers anyone.

A psychologist helped Pitcock understand himself in new ways.

He said the psychologist became "someone who knew me better than I knew myself."

The psychologist provided Pitcock with insights that had escaped him. He also felt more comfortable talking about "personal things' with a psychologist than he would have had discussing them with a coach or team employee.

Professional help enabled Pitcock to get back on the field.

"I'm doing what I love right now so I'm having fun," was the first thing he said when he came off the Seahawks field. As the interview ended, I wished him good luck and mentioned that he certainly isn't the only professional athlete who has had to overcome mental-health issues.

"You're not the Lone Ranger," I said.

"Right," Pitock replied. "Exactly."

Other NFL teams are aware of Quinn as the season progresses and injuries mount. Philadelphia gave him a tryout recently and at press time it wasn't known whether the Eagles were going to sign him.

***Craig "Sideline Smitty" Smith** is a retired Seattle Times sportswriter who earlier worked as a news reporter for the Seattle Post-Intelligencer, Associated Press, Fairbanks News-Miner, Charleston (W. Va.) Gazette and Northshore (Bothell) Citizen*

Housing support grant

Washington state has been awarded a Mental Health Transformation Grant from the federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. The grant, $734,500 per year for five years, will support the Permanent Options for Recovery-Centered Housing (PORCH) project.

PORCH promotes sustainable access to evidence-based permanent, supportive housing in Pierce, Chelan and Douglas Counties. PORCH supports recovery for people with serious mental illnesses by providing meaningful choice and control of housing and support services, using Peer Housing Specialists, and reducing homelessness.

The PORCH project is a partnership between the Washington Department of Social and Health Services' Division of Behavioral Health and Recovery, OptumHealth Pierce Regional Support Network, the Chelan-Douglas Regional Support Network and local mental health and housing agencies. The Washington state Department of Commerce and local housing authorities are also partners in the project, providing rental subsidies to make housing affordable for many of the clients.

This partnership between federal, state and local mental health and housing agencies will provide special training for peer support specialists, and access to a comprehensive array of clinical and housing services.

PORCH also works to reduce the length of stay in psychiatric care, and reduces homelessness and discharges to inappropriate housing and shelters. The project will help approximately 150 individuals and families per year during the five-year period.

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Recovery and Resilience, a love story

...a Voice Series

Contributed by Beth Gould

When I was first hospitalized in 1979, my family was told that I may well be institutionalized for the rest of my life.

In those days, a psychiatric diagnosis could be a life sentence. For the next twenty years, my life vacillated between chaos and coping as I lived in denial of the illness and struggled to act normal, keep it together and fit in. Twenty years later and stressed to the breaking point, I accepted the diagnosis and began treatment. I was completely baffled by my doctor's faith in my ability to recover. You see, I had internalized stigma for two decades and believed, deep down inside, that I was fatally flawed. I also believed that, once I was discovered, my life would be essentially over.

In 2006, Washington's Mental Health Transformation Project launched *Recovery Principles & Practices*, a workshop for people with psychiatric diagnosis and everyone who supports them in their recovery process. The program reflects the changing way we perceive possibilities for people diagnosed with psychiatric disorders. The workshops have been presented at least twice in each of the six regions of DSHS and attended by well over 1,000 people including mental health professionals, police, probation officers, peers, family members and social workers.

Recovery & Resilience was compiled and adapted by Jill SanJule of the Washington State Mental Health Transformation Project and was implemented by Mary Jadwisiak, through her company MATAC LLC. Mary is also a person who has experienced mental health recovery. She said, "This training has changed my life. Traveling around the state and meeting people, learning the principles of recovery, and hearing the stories of recovery has helped me get well and stay well." Each year Mary has worked with co-trainers from across the state. In 2006, I had the pleasure of presenting this material with her. In 2007, I developed the training for trainers.

The workshop, based on material developed by RISE at Boston University, Mary Ellen Copeland, Martin Seligman, Patricia Deegan and others includes:

The Origins of Recovery – showing how ideas of mental health recovery developed over the years.

Studies Show – evidence from 10 compelling studies.

Recovery Definition – definitions from recovery experts.

Consumer Panel Discussion – real stories from real people living in recovery.

10 Components of Recovery – The SAMHSA Consensus statement brought to life.

Resilience – Washington's 11th component

Initially offered in a full-day workshop, *Recovery & Resilience* (R&R) is now available in condensed sessions running from 90 minutes to 6 hours through MATAC, LLC. From the beginning, Recovery & Resilience workshops were funded through the transformation grant. While that funding has come to an end, a free electronic version of R&R training will soon be available on-line at www.matac.net.

Some would say that recovery isn't possible for everyone, and they are probably right. It certainly wasn't possible for me until I met a psychiatrist who believed in recovery. I am not able to work a full-time, traditional job but I do have my own business as a Life Coach and Professional Trainer and have worked with hundreds of peers across the country. With the principles and practices described in R&R, I believe that recovery is **not only possible but probable** for most of us.

How one firm addresses cognitive and behavorial disabilities in the workplace

The Partnership for Workplace Mental Health this month recognized Puget Sound Energy as an innovator for the utility's disability case management approach to address the effects of psychiatric and cognitive functioning issues on employee behavior and work performance.

"Recognizing that wellness includes more than physical health alone, we have a disability program to accommodate cognitive and behavioral restrictions coupled with a positive workplace culture to help keep people working productively," said Marla Mellies, PSE vice president of Human Resources. "In addition to decreasing the stigma of mental illness and learning disabilities, our disability program has the added benefit of encouraging individual employees, co-workers and families to use the services at their disposal particularly in this time of economic distress."

"When compared with other diseases – including cancer and heart disease – mental illness ranks first in causing disability in the United States."

According to the website of the Partnership for Workplace Mental Health, a program of the American Psychiatric Foundation based in Arlington, Va., "disability due to mental illness is a significant and prevalent issue. When compared with other diseases – including cancer and heart disease – mental illness ranks first in causing disability in the United States."

The partnership promotes the business case for quality mental health care, including early recognition, access to care and effective treatment. Its searchable *Employer Innovations* online database at http://www.workplacementalhealth.org/search.aspx helps employers take action to address mental health at the workplace by providing case examples of successful corporate approaches.

Jenny Haykin, PSE's integrated leaves and accommodation consultant since 2007, gained experience in this area as the disability services team lead with King County government (an employer of 13,500) where she facilitated accommodations for employees with psychiatric, learning, and other disabilities.

"Working for King County, I found that methods for addressing employees' physical impairments were more advanced than for mental impairments," explained Haykin. "Evaluation forms were available to help obtain documentation from an employee's physician or clinician regarding a worker's specific physical limitations to determine whether reasonable accommodations might help address a physical impairment. However, no forms were available for mental impairments and documentation of specific restrictions was rarely received."

Haykin spearheaded an effort to develop forms and procedures that would facilitate accommodations for workers with diagnosed psychiatric or learning impairments. She worked with King County's team of vocational rehabilitation counselors and area psychiatrists to develop the following forms for health care providers to assess the worker's capacities and limitations when evaluating or treating employees with psychiatric and cognitive conditions:

The Cognitive and Behavioral Capacities Evaluation form which lists a variety of job demands for the health care provider to review and respond to.

The Cognitive and Behavioral Job Analysis form to document the cognitive and behavioral requirements specific to an employee's job.

Both forms list the same cognitive and behavioral capacities so they may be used separately or in conjunction with one another.

Haykin continues to use these forms at PSE as a step in the accommodation process for employees with cognitive and/or behavioral limitations. The procedure for using the forms begins when it becomes known there is a psychiatric condition or learning disability. The employee, or a vocational rehabilitation counselor, case manager or human resources representative (all with permission from the employee) then provides information to the health care provider or learning disability specialist on the demands of the job. At the same time, information about work performance concerns and specific questions are provided. This educates the health care provider or learning disability specialist so that as they make their assessments, they will better understand what is expected of the employee at work, and what information the employer will need to be able to facilitate potential accommodations with the employee.

Our Local Jails --

'Defacto Mental Health Institutions' -- Sheriff Rahr

In a 2009 census of the King County jail inmate population, Jail Health staff determined that over 700 inmates or 32% of the entire jail population had been diagnosed with mental illness. In June 2010, our jail had a daily average of 150 inmates housed in the jail's psychiatric unit, with an average of 44 of those inmates in acute psychiatric care.

What does this mean? While the county has experienced a 17% decrease in overall jail population since 2004, the offenders with mental illness population has increased by over 12% during the same period.

Mentally ill defendants spend an average of 28 days in jail while all other inmates spend about 18 days. For the past 30-plus years, federal policy has been to suspend benefits such as Medicaid and Medicare for eligible inmates (including juveniles with mental illness) as soon as they are booked into jail - before any determination of guilt or innocence has been made.

The burden then shifts to *our* community to pay for all health benefits for those inmates - including the extremely complex needs of mentally ill offenders.

The inmates with mental illness and public safety act of 2010

The local jails in America have become the defacto mental health institutions in this country— with skyrocketing costs being shifted to our local economy and county budgets. It is why I have been working for the last three years with our Congressional delegation, the National Sheriffs Association, and a growing national coalition of first responder, treatment, and healthcare advocates, to demonstrate that the current policy is the wrong public policy where mentally ill offenders are concerned.

It is hoped that **THE INMATES WITH MENTAL ILLNESS AND PUBLIC SAFETY ACT OF 2010** will be introduced in Congress this year with bipartisan support. It is time to change the way we deal with those offenders with mental illness who should be properly treated rather than continuously recycled through our criminal justice and local jail system. It is a change that could save lives as well as critical local resources. More to come...

(Reprinted from King County Sheriff Sue Rahr's newsletter to constituents and law enforcement colleagues)

Police collaborate with Mental Health Cohort

A mental health professional from Downtown Emergency Services Center was expected to be working alongside Seattle police by the end of October, officials said.

The Seattle Police Department in August hired the agency to provide a fulltime mental health worker to assist officers with calls involving people with serious mental illness.

The pilot program makes Seattle police just one of a handful of departments around the country offering a similar such service.

"I'm really excited," said Graydon Andrus, Director of Clinical Programs for DESC. "It's the first time we've taken the step to so overtly collaborate."

The mental health professional chosen for the job has a Master's degree in Social Work and has worked in the field for more than six years, Andrus said. He has worked at DESC for four years, gaining experience with the population he'll be working with, Andrus added. Two mental health supervisors also will participate in the program and serve as backup when the worker is sick or on vacation, he said.

Seattle police say they have about 130 contacts a week with mentally ill people. While the incidents usually don't involve serious crimes, they're some of the most time-consuming and difficult to resolve.

Nearly 300 of the department's 1,350 officers have received week-long training on how to respond to crises involving people with mental illness. Partnering with a mental health agency represents another step toward more effective response to those situations, police said.

Funding for the program comes from a two-year, $250,000 grant from the Bureau of Justice Assistance.

— Anne Koch

New NAMI Treasurer appointed

Kathy Chiles of Woodinville and a member of NAMI Snohomish affiliate, has been appointed treasurer of NAMI Washington and to serve on the state board. Kathy brings a strong background in construction management to the office.

President Farrell Adrian said Ms. Chiles will succeed Evonne Noble, elected to the Board in August, but whose work and educational pursuits would prevent her continuing as treasurer.

NAMI

National Alliance on Mental Illness

Kyle Dean Massey, Alice Ripley and Bobby Spencer in Next to Normal

Don't miss the Broadway Musical ***Next to Normal***
Support **NAMI** Night at the 5th Avenue Theatre
March 3, 2011, 8 p.m.

The 5th Avenue will donate $10 of each ticket sold March 3 to sustain vital NAMI Statewide and Eastside efforts to support, educate and advocate for those and their families and friends who suffer from a mental illness.

Next to Normal ***is an emotional powerhouse—a story about the stop/start life of a bipolar mother and the hell her unreality wreaks on her family as she rides the sharp edge between coping and insanity.***

Come early to join Seattle physician and filmmaker, Delaney Ruston as she shares her experiences of using film to affect change in the public's understanding of how mental illness impacts families. Her latest film: **Unlisted: A Story of Schizophrenia** - begins airing this fall on PBS stations nationwide.

To order tickets:

- Visit the website: **https://www.5thavenue.org/account/login.aspx**
- If you **HAVE** previously created an account and purchased tickets on this site, click the FIRST button that says "Sign In", put in your email and password, then enter the exclusive promotion code **NAMI**.
- If you have **NOT** previously purchased tickets on the site, click the SECOND button that says "Sign Up", fill out the form and then put your exclusive promotion code **NAMI** in the last box.
- When you have properly entered the promotion code, you will be taken to a page where you can select your seats and pay for your tickets.

ORDER NOW USING PROMO CODE "NAMI"

Please share this with everyone who should see *Next to Normal* and support NAMI!

NAMI Washington

NAMI EASTSIDE
National Alliance on Mental Illness

THE 5TH AVENUE THEATRE

The Voice
of NAMI Washington
4305 Lacey Blvd. SE # 5
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...more 'Generics first'-- from page 7

history of that patient. They're putting money ahead of patient safety."

Dr. Jeffrey Thompson, chief medical officer for the state Medicaid program, has said that no one currently on a brand-name drug will be forced to switch to a generic, and if a prescriber can tell his office the rationale for a branded drug, Medicaid and the state would pay for it.

Rick Weaver, chief executive of Central Washington Comprehensive Mental Health, said he is concerned the new system will not recognize the drug that worked for the patient and will automatically assign a generic, leaving the patient vulnerable to a medical setback.

In a television news segment in early September, KOMO-TV reporter Tracy Vedder challenged the cost saving impact of "generics first" by pointing out the state gets rebates on many brand-name drugs paid for through Medicaid. She cited a state report in which a brand-name pain patch provided a cost saving of $1.3 million when compared with a generic costing nearly five and a half dollars more per unit.

DSHS Budget Director Thuy Hua-Ly last fall testified before the Legislature that switching to generics already costs the state $29.4 million in lost rebates.

for your Calendar

March 1 and 3, 2011 - NAMI nights at "Next to Normal" Pulitzer Prize winning stage play at 5th Ave. Theater

May 14, 2011 - Seventh Annual NAMI Walk - Marina Park - Kirkland

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