

**President: Natalie Hussein 321-345-6365**  
**1st Vice-Pres: Linda Williams 321-536-0788**  
**2nd Vice-Pres: Dana Elliott 321-427-6533**

**Secretary: Ellen Audelo 321-259-8854**

**Treasurer: Bobbi Eberwein 321-432-5500**

**NAMI FAMILY SUPPORT GROUPS**

**NAMI Family Support Groups are for any adult with a loved one who has experienced symptoms of a mental health condition. Gain insight from the challenges and successes of others facing similar experiences.**

- ◆ Free of cost to participants
- ◆ Designed for adult loved ones of people with mental health conditions
- ◆ Led by family members of people with mental health conditions
- ◆ 90 minutes long and currently meeting in person three times a month in Brevard County (see below)
- ◆ No specific medical therapy or treatment is endorsed
- ◆ Confidential

Date	Location	Address	Time
1st Tuesday	Palm Point Behavioral Health	2355 Truman Scarborough Way Titusville, FL	6 - 7:30 pm
2nd Tuesday	Circles of Care ALC Follow signs from parking lot	2000 Commerce Drive Melbourne, FL	6 - 7:30 pm
3rd Tuesday	Central Brevard Library	308 Forrest Avenue Cocoa, FL	6 - 7:30 pm

**NAMI CONNECTIONS**

**NAMI Connections is a recovery Support group program that offers respect, understanding, encouragement, and hope. NAMI Connection groups are for Peers with Mental Illness:**

**Peer Support Group Meets every Tuesday at 6:00 pm via Zoom**

**ID # 814 1341 6162 Password # 083458**

**For more Information:**

**Website: [www.nami.org](http://www.nami.org) Email: [namibrevard@gmail.com](mailto:namibrevard@gmail.com)**



**The Family-to-Family course that is scheduled for September 9, 2021,  
at the Suntree United Methodist Church  
is changed to another location.**

**It will be held a  
Circles of Care, 2020 Commerce Dr, Melbourne, FL  
beginning  
September 13, 2021.**

## **Family-to-Family Education Program**

**FREE** for family members, partners, and friends of individuals with:

Major Depression, Bipolar Disorder (Manic Depression), Schizophrenia, and  
Schizoaffective Disorder, Borderline Personality Disorder, Panic Disorder,  
And Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder  
(PTSD), Co-occurring Brain Disorders, and Addictive Disorders

A series of 8 sessions 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. There is no cost to participate in the NAMI Family-to-Family Education Program. We think you will be pleased by how much assistance the program offers.

We invite you to call for more information.

321-345-6365 or Email: [namibrevard@gmail.com](mailto:namibrevard@gmail.com)



The Countdown has begun...

This year's conference will be held the weekend of September 17-18, 2021. It again will be a virtual conference and our theme for this year is "2021: A Year of Resilience and Recovery".

This year we are charging a nominal registration fee starting at just \$20.00. For the first time, we are offering CEU's Through NAMI Florida. These will be available as an add-on in the registration process. This conference has a wide variety of prestigious speakers. Learn more about who they are: speaker bios. If you cannot attend the broadcast on September 17th and 18th, all sessions will be available to registrants after the conference on Whova for streaming. Register Now on Whova!

**For Information on Registration visit:** <https://namiflorida.org/conference/>

## SCHEDULE FOR CONFERENCE

### Friday September 17

#### Morning Session

- 10:00 AM Welcome
- 10:10 AM NAMI CEO Address 1
- 0:35 AM NAMI FL Update
- 10:45 AM NAMI as Advocates 2021 Legislative Update
- 10:45 AM DCF Message
- 11:20 AM NAMI FL Program Update
- 11:35 AM Q & A Session
- 12:00 PM Networking

#### Luncheon

#### Afternoon Session

- 1:00 PM Ask the Expert
- 1:05 PM Alternatives to Hospital Admissions
- 1:10 PM Telepsychiatry: A paradigm Shift in Care
- 1:30 PM FACT Teams
- 1:55 PM Alternative to Hospital Admissions
- 2: 15 PM Q & A
- 2:30 PM Break
- 2:40 PM What is Residential Treatment?
- 3:05 PM What's New in Supportive Housing in Florida?
- 3:25 PM What is 988?
- 3:45 PM Q & A

### Saturday September 18

#### Morning Session

- 10:00 AM Opening Remarks
- 10:05 AM Invited Guests: Gov DeSantis or Casey DeSantis
- 10:10 AM How Central FL Behavioral Network Supports NAMI
- 10:25 AM Outreach Program for Children and Adolescent with Mental Illness
- 10:50 AM Integrating Mental Health and Pediatrics in Children and Adolescent Populations
- 11:15 AM Resiliency in Child Adolescent Populations
- 11:40 AM Q & A
- 12:00 PM Networking Luncheon Afternoon Session
- 1:05 PM Adverse Childhood Experiences
- 1:30 PM Mobile Response Teams in Children
- 1:55 PM Baker Act Requirement for Schools
- 2:20 PM Break
- 2:35 PM Our Voices: Nami Youth Speak
- 3:00 PM Q & A 3:15 PM Financial Preparation for the Family

## **NATIONAL LEGISLATIVE UPDATES**

### **Coming: 988, a mental health alternative calling to 911**

The Miami Herald Thursday, August 5, 2021

A new three-digit national phone number will be available in Florida to use as a help line for behavioral health needs starting in July 2022. The number, 988, which will replace the national 10-digit suicide - prevention hotline, 800-273-TALK, will be an alternative to 911 to provide around-the-clock response for behavioral emergencies.

Imagine calling 988 and speaking with someone who can send a mobile response team to your home, with workers trained to de-escalate a crisis.

Diverting behavioral emergency calls from 911 to a call center with backup services would save money. Law enforcement would respond to fewer behavioral calls. Taxpayers would pay for fewer emergency-room visits by uninsured patients. Fewer people with mental-health issues would be homeless. With proper care, fewer people would die.

But money is needed to pay for call centers, response teams and centralized facilities to screen patients and provide immediate care. As in Virginia, the money could come from a small fee added to phone bills, the same way 911 is funded.

The Florida Mental Health Advocacy Coalition, a network that includes local chapters of the National Alliance on Mental Illness and Mental Health America, will ask policymakers to embrace 988 as a cost-efficient way to address behavioral health crises. Our state legislators need to hear from citizens who understand that people having a behavioral health crisis need help, not handcuffs.

Building a robust crisis response system will move us closer to a respectful and effective response to everyone who experiences a mental-health, substance-use or suicidal crisis.

Gayle Geiss  
President  
Florida Mental Health Advocacy Coalition  
Fort Lauderdale

## **STATE LEGISLATION**

### **TALLAHASSEE, Fla.**

**June 2, 2021**

- Governor Ron Desantis grows capacity among Florida's integral 211 provider network to expand coordination initiatives for mental health services

### **Recently**

- Rep. Randy Fine got \$750,000 allocated to Circles Of Care for fiscal year 2021-22



## Personally Speaking: I Didn't Understand Mental Illness Until it Gripped my Son By Moryt Milo

My son reached a milestone in his life on May 27, 2021. He graduated from college. He had hoped to achieve this goal in 2014, but his mind had other plans. His dream of becoming a video game writer plunged into chaos when his concentration betrayed him and invisible voices overpowered him.

His mind raced, and he fell prey to delusions unaware they had supplanted reality. He lost his college friends who slinked away out of fear, and he hid his problem from me because he didn't know how to explain the unexplainable. Mental illness exposed the truth on December 26, 2012 when his mind broke

The next day I flew up to Spokane, Wash. where he attended college and ran through the hospital emergency department doors to hear my 21-year-old son shout, "You are not my mother!" This became my first encounter with a mental health crisis. I understood none of it other than the panic and pain that engulfed me.

Mental illness had erupted in my universe, but in reality it had been lurking for years.

My son's psychotic break had been filled with early warning signs going back to middle school. I beat myself up. I pondered how I, a news reporter and editor, who prided myself on keen observation skills missed the most important story of my life—my son's struggle with severe mental illness. Simple, mental illness had never touched me directly.

Over the next two years my son's fixed delusion of me not being his biological mother perched in his brain through six hospitalizations and three residential treatment facilities that ultimately dumped into homelessness. During the worst of times when he disavowed me, verbally abused me, and berated me for controlling his life, I knew that was not my son. I knew schizophrenia had twisted his brain. I knew his neurotransmitters were overreacting. I knew none of it was his fault. Frustrated, I had no solution to his horrific situation.

Still, I refused to listen to those who told me to let my son hit rock bottom. My son was filthy, hungry, penniless and homeless. If that didn't qualify as rock bottom what the hell did? He wouldn't have even been in this situation if California's mental health system hadn't tossed him to the curb. Who in their right mind would want that life? My son wouldn't have traded his dreams of being a video game writer for homelessness. It became clear early on in my efforts to save him that the real definition of insanity was our country's mental health system.

So, I left my position at the newspaper and went searching for my son. Through luck and good timing I managed after nine months to get him off the streets of San Francisco and eventually into treatment in California. The Hospital was able to get him conserved because he had a strong "history" of non-compliance. In other words he needed to be in the gutter to qualify. After close to six months of treatment – hospitalization, residential treatment programs, and intensive outpatient care – my son's genuine self started to re-emerge.

He returned home because success required a strong support system coupled to clinical care. He wanted to return to college. This meant staying local and enrolling in a two-year school to test the pressures of academic life. It meant taking his time. Life was too precious. Our priorities had changed. Each accomplishment – passing a class, running an errand, seeing a doctor – without any assistance was a win, and over time my son found his confidence. Through it all my son taught me the meaning of perseverance, patience, the value of life, and to never give up.

When my son graduated from college several of my friends said, "It couldn't have happened without you." I didn't see it that way. My son and I were a team. Yes, I helped guide him. I provided him with the tools. But it was up to him to pick up those tools and follow through. As his brain grew stronger, he did just that.

With the right medication, proper tools and support in the mental health system, those with SMI can succeed. My son proved it. But his story should not be the exception, his story should be the norm. There is still much work to be done.

Moryt Milo is a writer and NAMI-Santa Clara County (CA) board member who can be reached

## A LAW HINDERING TREATMENT FOR SEVERE MENTAL ILLNESS MUST BE REPEALED

*Michael Gray, Opinion Contributor to THE HILL*

At a time when movements for equity and social justice have captivated the nation's attention and galvanized activists, one of the most ongoing and notorious forms of discrimination in this country remains enshrined in federal law. Since 1965, a provision that denies vulnerable Americans with severe mental illness equal access to medically necessary health care services has been embedded within Medicaid's enabling legislation. The so-called Institutions for Mental Diseases (IMD) exclusion is not some nuance of the law, but open and flagrant federally sanctioned discrimination in plain view of lawmakers and the public.

Here's how this law works: The exclusion prevents federal Medicaid funds from covering inpatient services in a psychiatric facility with more than 16 beds, unless states and facilities meet specific requirements for waivers or utilize other mechanisms that allow for payment. It bars Medicaid enrollees with "mental diseases" from receiving the same level of care that enrollees without severe mental illness receive for physical ailments such as cancer and heart disease. In doing so, the exclusion denies equal protection under the law to the very group of 2 people it is supposed to help.

Congress should repeal this prejudicial practice. That's why, back in December, my organization and 12 other major mental health groups called for its repeal in a unified vision for mental health care.

Born of good but misguided intentions, the exclusion was meant to incentivize outpatient treatment for individuals with severe mental illness and disincentivize residential treatment. This simplistic and naïve approach to mental health care has led to dire consequences.

So many people with severe mental illness are being housed in jails and prisons that they've been dubbed "the new asylums." They are being boarded in emergency rooms for lack of available psychiatric beds. Tragically, they also frequently encounter police, where they are 16 times more likely to be killed than the general population.

Outpatient treatment is one effective part of the continuum of mental health care, but many people with severe mental illness need at least some periods of inpatient treatment to be stable. Individuals with schizophrenia, bipolar disorder, schizoaffective disorder, and other psychotic disorders need different kinds of treatment throughout their lives. The good news is that most individuals living with severe mental illness can become stable and resume their lives once they receive treatment.

But for the over nine million Americans with severe mental illness who are covered by Medicaid, the exclusion stands as a barrier between them and the inpatient services they need to eventually transition to community-based outpatient treatment.

Congress can put an end to the discriminatory exclusion and bring equity to Medicaid administration by passing the Increasing Behavioral Health Treatment Act. Sponsored by Rep. Grace Napolitano (D-Calif.), this legislation would strike the exclusion from the law and require states to report on their efforts to strengthen the continuum of mental healthcare for their residents.

The age-old legislative hindrance to doing the right thing — "it will cost money" — does not apply here. Repealing the exclusion would actually save money. Federal Medicaid funds are already being spent reactively on emergency care for people with severe mental illness who could not access inpatient treatment when they first needed it. Allowing them access to hospital beds at an appropriate time would proactively save money — we should not continue to spend it only when their mental and physical conditions have deteriorated to the point of horrible consequences. Until Congress repeals the IMD exclusion, states can seek partial relief through the waivers, but this option is sadly underutilized. So far, a paltry nine states and Washington D.C. have applied for mental health treatment waivers.

Policymakers are failing their constituents at both the federal and state level by not taking advantage of available measures to end healthcare status-based discrimination. Congress needs to show leadership by repealing the IMD exclusion.

In the meantime, states can pursue waivers. But these are only a stopgap measure to partially address statutory discrimination against a highly vulnerable class of people. A just and equitable society can no longer sanction such blatant injustice. Repealing the IMD exclusion will save money and — more importantly — save lives. The time for excuses and delay is over. For the sake of the most vulnerable among us, Congress must act now.

*Michael Gray is legislative and policy counsel at the Treatment Advocacy Center, a national mental illness policy nonprofit*



**CONTACT YOUR LEGISLATIVE REPRESENTATIVES**

**CLICK ON FIND YOUR REPRESENTATIVE**  
**FLSENATE.GOV OR MYFLORIDA.GOV**

**EXECUTIVE OFFICE OF GOVERNOR RON DESANTIS (R)**  
400 S MONROE ST  
TALLAHASSEE, FL 32399  
PHONE: (850) 488-7146

**SENATOR DEBBIE MAYFIELD (R)**  
900 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901  
(321) 409-2025

**SENATOR TOM A. WRIGHT (R)**  
404 SOUTH MONROE STREET  
TALLAHASSEE, FL 32399-1100

**REPRESENTATIVE RANDY FINE (R)**  
DISTRICT OFFICE:  
2539 PALM BAY ROAD NE, SUITE 5  
PALM BAY, FL 32905  
(321) 409-2017

NAMI Brevard County Inc.  
235 Crisafulli Road  
Merritt Island, FL 32935



## MEMBERSHIP FORM

You can Join NAMI by going online to [www.nami.org](http://www.nami.org) and click on JOIN or you may fill out the form below and write a check or money order made out to NAMI Brevard County and send to our treasurer: Elizabeth Eberwein PO Box 477 Capre Canaveral, Fl 32920 You will receive a monthly newsletter from NAMI Brevard County along with NAMI.org benefits and as a member attend our special events designated for Members.

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Household \$60** \_\_\_\_\_ **Regular\$40** \_\_\_\_\_ **Open Door \$5** \_\_\_\_\_