



**Of Walla Walla**

**NAMI NEWS February 2014 Volume XXVII No.2**

**NATIONAL ALLIANCE ON MENTAL ILLNESS**

**P.O. Box 401, Walla Walla, WA 99362 (509) 529-6160**

---

### **Coming Events**

Monday, February 10, 2014 NAMI Walla Walla Board meeting, 6:30 pm at the Rising Sun Clubhouse, 1520 Kelly Place

Saturday, February 15, 2014 Applebee's Flapjack Fundraiser for the Rising Sun Clubhouse, 8 am-10 am, 1604 Plaza Way, Walla Walla Tickets are \$8.00 per person.

Monday, February 17, 2014 Rising Sun Clubhouse Board meeting, 6:30 pm at Rising Sun Clubhouse

Wednesday, February 26, 2014 NAMI General meeting, 6:30 pm at SonBridge, 1200 SE 12<sup>th</sup>, College Place. Speaker will be award-winning Washington State Penitentiary psychologist Dr. Tamara Russell

### **ANNUAL MEETING NAMI BOARD ELECTION RESULTS**

The following people were elected to the NAMI Walla Walla Board of Directors at January's meeting: Justine Taylor, President, Liz Fry, Vice President, Dale Goodson, Secretary, Kay Maxfield, Treasurer, and Board at Large: Charles Eichler, Bobi Goodson, Tam Lennox, Michelle Meyer, and Shelby Paulsen.

**Local NAMI Support Groups** Family Support group and NAMI Connections, a Mental Health Support Group, have started! Family support meets the second and fourth Thursdays at 7 p.m. in the New Library at St. Paul's Episcopal Church on Catherine Street off of Birch. NAMI Connections meets the 1<sup>st</sup> and 3<sup>rd</sup> Thursdays, also at 7 p.m. in the New Library at St. Paul's Episcopal Church. Liz Fry is the support group facilitator. Please call 529-7974 if you need more information.

### **WALLA WALLA COUNTY COMMISSIONERS AWARD MENTAL HEALTH CONTRACT TO COMPREHENSIVE MENTAL HEALTH**

Although Comprehensive Mental Health began offering some services in Walla Walla beginning in 2013, that long-standing agency will be offering the complete array of mental services beginning in approximately July of 2014, thanks to their receiving the contract to deliver all services currently being offered through the Walla Walla County Department of Human Services. Because Comprehensive is a private non-profit provider of mental health and chemical dependency services, it

will be eligible to offer services not only to Medicaid-eligible individuals but to all persons in the community including those with medical insurance. The agency will accept all referrals and will offer services to all adults and children seeking behavioral health services.

Originally opened as a complete service provider in Yakima County over 30 years ago, Comprehensive currently provides mental health services in six eastern Washington counties. In addition to

outpatient mental health, they will provide housing services, case management and crisis services.

Comprehensive is a leader in the state for providing evidence-based local care. The services they offer include mental health and psychiatric evaluations and treatment for children, adolescents, adults and seniors experiencing a broad spectrum of behavioral or emotional problems. They have certified or board eligible psychiatrists, advanced registered nurse practitioners and physician assistants who provide the best in professional care. Their case

management services include accessing and coordinating appropriate treatment, monitoring clients' behavioral and psychiatric symptoms, and helping obtain income and medical assistance, housing, employment and transportation. They will assume crisis response responsibilities by July of 2014, while working cooperatively with community entities such as law enforcement, community service, and health care agencies. (Thanks to Debbie Dumont for making sure this information is accurate!)

---

## NAMI IN OLYMPIA 2014

By Kay Maxfield

As a newly elected member of the NAMI Washington Board of Directors, I felt obligated to show up at the January 19-20 state board meeting and NAMI day in Olympia, which is an annual event; in fact, I remember attending an occasional NAMI in Olympia day back in the early days of our NAMI Washington affiliate—in the late 1980s and early 1990s—but I have not attempted to do that for a long time. Since those days of my relative youth, I have become far more nervous about driving; and, in fact I persuaded poor Lisa Utter, the NAMI state office program manager, to pick me up at Sea-Tac after flying in.

The flight schedule these days has only two flights out of the Walla Walla airport—my choices were the 6:15 am or the 2:00-ish pm flight. I had no choice but the early flight if I were to make the 1:30 board meeting in Olympia Sunday. So I sat at Sea-Tac from 7:15 till 10:30 when Lisa could pick me up. I was never so glad to see anybody, bless her heart.

The board meeting provided healthful sustenance and a lively discussion of issues dear to the hearts of NAMI members and board members, though we must confess that there were possibly somewhat fewer attendees thanks to the irresistible draw of the final game between San Francisco and the Seattle Seahawks—not a great choice of day, as it turned out, for a Strategic Planning board meeting! Some issues for discussion were the need for enhanced fund-raising, particularly needed to be able to hire and pay an Executive Director (whose major job, of course, is fund-raising!). Another important issue facing the board is deciding on options to improve the State NAMI's relationship with its affiliates. To prove they are willing to not let inexperience stop them from giving responsibility to new board members

—and just because I consider it a very important issue!—I have been put in charge of working on a strategic plan to make this happen.

By the end of April, the NAMI Washington board intends to seek information from each affiliate as to its strategic goals, objects and needs. To do that, the board has agreed to contact each affiliate on a quarterly basis through 2014 and document these efforts and communications to give to the new Executive Director.

At this point affiliate members who were present spoke about some of their concerns, particularly mentioning a bill that could eliminate SAMHSA (Substance Abuse Mental Health) which allows for Protection and Advocacy organizations. Another issue is an affiliate liability insurance policy which many feel is unaffordable. Efforts to get more information about this from National have not been effective. A formal request from the former affiliate Citizens Guild, connected with Western State Hospital, was made to reinstate that affiliate.

Monday, which was the official day to meet with our legislators in Olympia, began with an early meeting to organize and be re-informed as to legislative points to make. I got together with Gordon and Nan Bopp and Melody Otness and her grandson, all from the TriCities, along with Jackie Herum from Kittitas County, and we visited our legislators—first State Representative Maureen Walsh, who has always been supportive of mental health legislative issues and then with Senator Mike Hewitt's administrative assistant Jeri and intern Zack. Mike was ill and unable to attend but we had a good informative meeting with Jeri, and Melody Otness's grandson made a splendid plea for the importance of services for kids 18 and under. TriCities is particularly in desperate need for more services, as Benton and Franklin County Commissioners—unlike Walla Walla County Commissioners, have been

unwilling to vote for the 1/10<sup>th</sup> of 1 percent financing to add desperately needed services.

To my surprise, over and over again, I felt that Walla Walla community has responded creatively and positively to our local mental health needs. All is not resolved, particular the dearth of inpatient beds, but we have some very important new services to make the situation better for people with mental illness, all our family members and citizens here in Walla Walla. We also met briefly with Terry Nealey, our other representative in the legislature, and begged him to support the issues that improve services and lives here in the 16<sup>th</sup> District, as well as across the state. As he is on the Judiciary Committee, we urged him to support pulling HB 1963 out of that committee. HB 1963 changes the wording of the Involuntary Treatment Act from Imminence of to Substantial Likelihood of (danger to self or others).

I came away feeling that this effort was well worth doing, and also with a new sense of pride in how Walla Walla compares with many other areas in the state. And I cannot say enough about the pleasure I had in getting to know the NAMI Washington board members with a face-to-face meeting after several considerably inadequate telephone conference calls. I do hope it will be possible to drive next time, though! You don't have to be on the NAMI board to come. I hope more NAMI members try this next year.

### **OXFORD HOUSE REPRESENTATIVES PRESENT TO HOMELESS COMMITTEE**

By Kay Maxfield

There are dramatic efforts at this time to improve life for people who are homeless in the Walla Walla community. To learn more about options for housing, the Homeless Committee invited two representatives from Tri-Cities to tell us more about what Oxford House can offer homeless people. An important stipulation for housing at Oxford House is the necessity of agreeing to renounce the use of drugs and/or alcohol but in return there is an abundance of advantages. At the moment there are three houses in Walla Walla, one for women and children and one for men and one for women, which opened in December of 2013.

After a one month probationary period, those whose applications are accepted are usually able to have a room of their own. For the rent they pay (\$350 a month in Walla Walla), they receive many benefits, including

kitchen use and supplies purchased by the house, a chance to be one of the officers elected to help to run the house, and on-going support from fellow residents for not using, as well as making positive changes in their lives through work or other activities. It is these expectations that seem to lead to the remarkable success rate for Oxford House residents and "graduates" of 82%, and the cost of this program is far below that of inpatient drug and alcohol treatment, when so many people go back to life-styles that encourage using again.

What Jason Bliss, the local area representative, has noticed is that renting houses to use for Oxford Houses is more expensive in Walla Walla than in the Tri-Cities. That may be partially why TriCities can boast of 20 Oxford Houses and lower rent per person than is possible in Walla Walla. Benton and Franklin Counties can also find more financial help for those people and local communities are more ready to donate to Oxford Houses in the way of furnishings. Much of what makes Oxford House such a successful program would carry over to a housing program for persons with mental illness. It is sad to me that this was a very successful part of the housing program offered in Spokane in the mid-1980s. That it no longer seems to be an option is a sad commentary on what our mental health system lacks today. Shared housing, with shared responsibilities, brings individuals with mental illness a built in support system and a chance to feel close to each other—exactly what all human beings need in their lives.

### **WALKING THE HOMELESS WALK**

To the amazement of the members of the Homeless Coalition, some 150 members of the community joined together to learn more about what happens to the hundreds of people in Walla Walla who are designated as homeless. Sheila Hagar, Union-Bulletin reporter and photographer Greg Lehman joined one of the groups who left from St Paul's Episcopal Church in January 15, after enjoying a bowl of soup made by those who regularly feed homeless people lunch two days a week, and walked some of the streets of Walla Walla. The coverage of that walk was the result in next day's Union-Bulletin, and it served to educate a lot of Walla Walla citizens in regard to what agencies like the Christian Aid Center and the YWCA, as well as area churches do for those who need help to survive—especially in the winter.

## Neuroplasticity: how the brain is capable of change

Scientists have historically believed that once a person reaches adulthood, their cognitive abilities are immutable. But beginning in early twentieth century, that theory has been contested by evidence suggesting that the brain's abilities are in fact malleable and plastic. According to this principle of neuroplasticity, the brain is *constantly* changing in response to various experiences. New behaviors or physical injuries may all stimulate the brain to create new neural pathways or reorganize existing ones, fundamentally altering how information is processed.

### Mapping changes in taxi drivers' brains

One of the most dramatic examples of neuroplasticity at work comes from a 2000 brain scan study on London taxi drivers (Maguire et al., 2000). In order to earn a license, London taxi drivers typically spend about two years to learning to navigate the city's serpentine streets. What mark, the study's researchers wondered, did this long, rigorous period of training leave on taxi drivers' brains? Under the scrutiny of fMRI scans, 16 male taxi drivers were revealed to have larger hippocampuses than a control group of 50 healthy males. And the longer the time spent as a taxi driver, the larger the hippocampus tended to be. As a brain area involved in memory and navigation, the hippocampus seemed to have changed in response to the taxi drivers' experiences.

Most instances of neuroplasticity-based changes in the brain are much more subtle. But in recent decades, it's cases like that of the London taxi drivers that have inspired members of the scientific community to pursue the next logical step in research, rather than passively waiting to see how the brain might respond to circumstances, is it possible to direct that capacity for change, targeting improvements in specific abilities?

### The expanding field of cognitive training

The science of cognitive training seeks to answer this question. In 2013 alone, 30 cognitive training studies were registered on the government database **ClinicalTrials.gov**. Lumosity scientists, with the help of outside collaborators, contribute to this research effort: so far, 7 peer reviewed studies have been published using Lumosity as a cognitive training tool for diverse populations, including

health adults, cancer survivors, elderly people, and children with a genetic disorder.

### How Lumosity is designed to challenge the brain

Research has found that certain types of activities may impact the brain more than others (Mechelli et al., 2004; Gaser and Schlaug, 2003; Drsaganski et al., 2006). It's believed that as an activity is repeated, the brain tends to fall back on the same set of existing neural pathways. To continue changing, the brain must be exposed to novel, adaptive experiences that challenge it to work in new ways.

Drawing on this idea, Lumosity is designed to give each person a set of exercises that challenge their cognitive abilities.

Lumosity "games" are based on a combination of common cognitive and neuropsychological tests, many of which have been used in research for decades, and new tasks designed by an in-house science team. Working with experienced game designers, Lumosity neuroscientists have transformed these games into over 40 challenging, adaptive games.

Lumosity's game-based training program is designed to expose your brain increasingly harder challenges, adapting game difficulty to your individual ability level. As your scores increase, you may also encounter new games. Modeled from the concept of a physical personal trainer, Lumosity pushes you to operate at the limits of your abilities and stay challenged. **(Reprinted from 2013 "Lumosity" newsletter)**

**February's Speaker** Dr. Tamara Russell, who was recently named Outstanding Clinician for 2013 by the American Psychological Association, will be February 26 speaker foNAMI Walla Walla's general meeting at SonBridge. She won for her innovative program of therapeutic activities for some of the state's most dangerous mentally-ill offenders at the Washington State Penitentiary. Her "programs include cooperation with community resources and focus on giving back to the community," said association officials in a news release, and have led to ways for prisoners with a mental health diagnosis at the prison to better cope with life behind bars. She has been at WSP since 2010.

**2014 DUES DUE**

**You may pay any time. If you need to find out when your dues are due for renewal, you may call Kay.**

If you have not already done so, it may be time to renew your membership in NAMI Walla Walla. NAMI Walla Walla is a not-for-profit organization under IRS rules. Dues and/or donations are tax deductible. If you prefer to join online, please go to [www.nami.org](http://www.nami.org) and click on the join button. We urge you to send us your e-mail address so we may send you your newsletter via e-mail. To do that, contact [klmaxfield@live.com](mailto:klmaxfield@live.com)

*PLEASE RETURN THIS SLIP WITH YOUR CHECK TO:*

*NAMI Walla Walla P.O. Box 401, Walla Walla, WA 99362*

Member \$35.00

Open Door member 3.00

I would like to be a member under the "Open Door" policy

Agency 50.00

Sponsor 100.00

Newsletter only 10.00

**Name** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/ZipPhone** \_\_\_\_\_

**Enclosed is my check for** \_\_\_\_\_

\_\_\_\_ **I am unable to participate at this time, but would like to make a donation for** \_\_\_\_\_.

Contact Kay Maxfield (509) 529-4854 or [klmaxfield@live.com](mailto:klmaxfield@live.com) for offering newsletter submissions.



Of Walla Walla  
PO Box 401

Walla Walla WA 99362