



NORTH COASTAL NEWS

NAMI North Coastal San Diego County

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NAMI Affiliate Offices

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NAMI SIT
Copper Hill Living & Learning Center
Creative Arts Consortium
Advocacy Works
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In this Issue

President’s Address..... 2

North County leaders say they fear impact of Tri-City psych unit closures..... 3

Well-meaning proposals to change California’s mental health law fall short ... 4

Meeting, Treatments and Support Group Resources..... 7

Announcements 8

July Education Meeting

SUMMER CELEBRATION

Date: Thursday, July 19, 2018

Time: 6:30 p.m.— 8:00 p.m.

Place: St. Michael’s Episcopal Church Hall
2775 Carlsbad Boulevard, Carlsbad

NAMI’s educational meetings are free and open to the public. Everyone is welcome

We will not hold our regular education meeting this month. Instead, we will celebrate summer and our members with a cookout on the lawn at St. Michaels Church. We will be grilling hot dogs veggie dogs and serving potato salad, chips, tossed salad, desert and more.



The decor will be patriotic featuring a red, white and blue theme.

Entertainment will feature musically and other artistically talented performers.

This event is free. You don’t have to bring anything — just your appetite and a desire to share in the fun and celebrate our achievements.

Call the NAMI office at 760 722 3754 to suggest who may be able to perform at the BBQ.

After a short break, our NAMI family support group will meet in the church library from 8:30 - 10 p.m. The NAMI Connection peer support group will meet from 5:30 to 6:30 pm in the parish library for the cookout.

President's Message

by Michael Bagby

Volume 18 No. 7

2

July 2018

For the past 10 years NAMI State and NAMI National have been slowly trying to create a more uniform organization nationwide. To that end, a re-affiliation process was created. It requires that all affiliates nationwide comply by providing 32 documents, including but not limited to Bylaws, 12 months of board minutes, various insurances, IRS information, Articles of Incorporation, Proof of NAMI Signature Programs & Policies (E.g. Policies of Ethics, Compensation, Board Operation, Conflict of Interest, Whistleblower, Public, Legislative Agenda, & Document Retention). This is a partial list of requirements. All information submitted will be downloaded to a national database.

Out of a prior 1300 NAMI affiliates nationwide, there are now 750 and so far only 232 affiliates have completed the process. At the end of the process, NAMI expects to be down to 500 affiliates nationwide going down to a target of perhaps 200. The goal of NAMI is not to weaken the organization but to strengthen it. The object is to eliminate "Aunt Edna or Uncle John working out of a file cabinet in the den" and centralizing a coalition of strong affiliates all working together.

In a large state like California, with 58 counties, the hope is that some counties would merge with others and smaller affiliates in a county would merge with the more dominant affiliate in the county. The issue of paring down the affiliates seems to be a desire for a more centralized approach to marketing and the national data base (mentioned above) is integral to that end. Having a national data base allows National to prove their worthiness and competence to secure charitable donations for research and services. Ultimately this will better provide for the needs of the growing number of those seeking help.

While we have been aware of the process and our affiliate has much of this information ready to provide, we also had a very cordial meeting with the board president of NAMI San Diego to discuss what it would look like for NAMI North Coastal to merge with them.

NAMI San Diego is perhaps the most powerful and well connected NAMI in the nation with funding in the millions of dollars from County of San Diego

behavioral health contracts. By contrast, our nearly all volunteer members (with the exception of one part-time staff member) must raise the money to provide for all of our free programs which is becoming more challenging. Our board voted nearly unanimously (with one abstention) to look into what NAMI San Diego could offer us in the way of benefits and programs. Here is a list of the items we discussed for a merger:

1. Our Family to Family Program runs seamlessly and successfully with teachers and locations in place. We are looking to continue and hopefully increase the number of F2F classes offered in the north county. This includes Familia a Familia, our course in Spanish.
2. We would like NAMI North Coastal to be serviced with the same programs provided to the rest of the county with support representative of the size of our geographic area and population (representing 1/3 of the county). We would want any additional programs offered through NAMI San Diego in the future to be offered in the north county as well.
3. Continuance of In Our Own Voice presentations, Peer to Peer and Connection and perhaps expansion of them. We have asked for stipends to be increased for our Peers and Connection classes.
4. Continuation of our Support Groups & continuation of our monthly General Education meetings with invited professional guest speakers on the 3rd Thursday of each month in the same location and times at St. Michael's Episcopal Church hall.
5. Representation from a north county NAMI member on the NAMI San Diego board.
6. Continuation of our annual resource fair in August as well as our July BBQ and Holiday Party for Peers, supported monetarily.
7. This year, NAMI North Coastal is looking toward expanding elementary education, supporting NAMI On Campus, LGBTQ education, multicultural education and NAMI faith based support and education. We would need assurance that personnel could be provided to help us expand these programs

North County Leaders Say They Fear Impact of Tri-City Psych Unit Closures

Reprinted from the San Diego Union Tribune, July 3, 2018 written by Paul Sisson

One week after its board voted to shutter coastal North County's only inpatient mental health facility, Tri-City Medical Center is getting some pushback from local leaders who say the alternatives should be identified before the plan moves forward.

Hospital directors voted unanimously on Tuesday, June 26, to indefinitely suspend Tri-City's 18-bed behavioral health unit and its 12-person crisis stabilization unit within the next 60 days, a move expected to displace 80 workers and send hundreds of residents with psychiatric emergencies much further away for treatment.

This week, local leaders made it clear they were not consulted before the decision was made.

Oceanside Mayor Peter Weiss said he had a visit from a hospital representative last Wednesday, one day after the board voted.

"The way it was presented to me was, 'we decided, we're just letting you know,'" Weiss said.

Carlsbad Mayor Matt Hall reported a similar interaction, and, like Weiss, he said he is not quite sure what to make of the sudden change in psychiatric resources.

"Our management team is working with Tri-City to figure out what the best approach is," Hall said.

Both mayors said they are concerned not just with the additional strain it would put on families if patients have to be transported to locations that can take more than an hour to reach, but also with the additional hours their officers would spend transporting patients far outside the communities they're sworn to protect.

"The reduction in efficiency is something we're really going to have to look at," Hall said.

"It's likely we're going to be asking Tri-City to extend their 60-day closure estimate until we can find some viable alternatives," Weiss added.

Officials with Palomar Health, the inland hospital operator closest to Tri-City, expressed concern Tuesday that, at present, excess capacity is not readily available.

Sheila Brown, Palomar's chief operations officer, said that the demand for inpatient psychiatric stays is so severe in inland North County that the units, including a 12-bed geropsychiatry unit for older patients at Palomar Medical Center Poway, are always full with waiting lists and patients regularly waiting for placement in the hospitals' very busy emergency departments.

"We do not have the capacity in, I think, the entire county," Brown said. "Everyone's busy and challenged with what they need to do in serving their communities."

Last week, Alfredo Aguirre, director of behavioral health services at the county, said he would have to formally decertify Tri-City before it could stop taking behavioral health patients and close its units.

He added that he would want a better understanding of how other facilities would receive those patients before such a decertification could take place. He said in an email Tuesday afternoon that no solutions have yet been identified.

The public hospital's elected board of directors cited extensive new federal regulations that require hospitals to remove all "ligature" risks — features which patients could use to hang themselves — as well as budget and staffing difficulties as the main reasons why they made the sudden decision that the units should close so quickly.

It was clear during the board's regular monthly meeting Thursday that the decision took pretty much everyone in the mental health advocacy world by surprise. Many parents of residents who need the units' services predict dire consequences if the decision stands and law enforcement agencies are forced to start driving those detained on "5150" holds to hospitals in Escondido, Rancho Bernardo or San Diego.

While Tri-City said last week that it will increase the amount of outpatient mental health services it offers, many at last week's meeting, and psychiatric

Well-meaning Proposals to Change California's Mental Health Law Fall Short

Reprint from the Times Editorial Board, June 23, 2018

Volume 18 No. 7

4

July 2018

L.A. County Supervisor Kathryn Barger, Dr. Susan Partovi, Homeless Health Care Medical Director, Brittney Weissman, Executive Director of the National Alliance on Mental Illness, Los Angeles, and Anthony Ruffin, Supervisor for Skid Row Outreach, walk in L.A.'s skid row. (Los Angeles Times)

At the core of the homelessness crisis in Los Angeles and around California is the simple fact that thousands of people spend their nights beneath overpasses, beside freeways and on the street because they cannot afford other places to live.

There is a significant subset that is homeless because mental illness leaves them incapable of doing much of the day-to-day business of living beyond finding a place to sleep, something to wear and a little to eat; but for most of those street-dwellers as well, the problem is essentially the same: There is no other place for them to go. The community-based residential and outpatient treatment facilities that were supposed to go hand in hand with the closure of state psychiatric hospitals beginning in the 1960s never got the promised funding or political support.

Society broke its promise, and the solution — even 50 years later — is simple: Stop breaking it. Build and staff the residences and clinics.

So it's odd that so much attention is devoted instead to making it easier for authorities to force mentally ill homeless people into involuntary treatment even if they are not an immediate danger to themselves or to others. Once we grab them — and remove them from whatever comfort or support structure they have managed to create — where do we put them? If we force them into hospitals for medical treatment they say they don't want, then what? It won't be long before we have to send them back out to the street, to the same conditions that contributed to their medical problems in the first place.

That's the quandary surrounding two bills moving through the state Legislature. One is Assembly Bill 1971 — a proposal by Los Angeles County to amend the landmark Lanterman-Petris-Short Act to make it easier to involuntarily commit mentally ill people.

But California's failure is on the service supply end. Current law already gives officials the ability to take into custody people who can't see to their most basic care. But it doesn't actually supply any of the care. Neither would the proposed change.

The move to amend the law arises from the best motivation — to help those who cannot help themselves.

More than 800 people died on the streets of Los Angeles County last year, frustrating officials who believe they could have saved them with timely, if unwelcome, medical intervention. But proper motives do not by themselves make workable policy. Under the bill, officials would be able to check people into hospitals against their will if the officials believe “a failure to receive medical treatment [would result] in a deteriorating physical condition or death.”

“Deteriorating physical condition” is almost certainly an unconstitutionally vague term that could apply to any person living on the street, with or without a mental illness. That raises the specter of homeless sweeps and re-institutionalization, an unwelcome prospect that some bill supporters — although not its authors — say they would like to see.

But the bill neither requires nor provides any housing or clinical care, either in the near term or on a continuing basis. Without them, changing the law to get more people off the street just makes the revolving door of street-to-hospital-to-street spin faster.

The bill wouldn't apply just to the homeless, and could in theory be used to commit anyone suffering with a potentially deadly addiction, or even anorexics who are starving themselves. Proponents say they want only to reach seriously sick, mentally ill homeless people — but their bill is not similarly limited.

Hospitals oppose the bill because they know they could not legally release people who have no place to go, nor could they legally treat them against their will, absent an emergency or time-consuming court hearing and judicial order.

The second bill making its way through the Legislature, Senate Bill 1045, suffers from similar shortcomings, although its reach is limited to homeless people.

As written, the bills express good intentions but would do more harm than good. They should be recrafted to ensure a workable plan for housing and healthcare for people forcibly removed from the street for medical treatment. They should be more narrowly tailored to cover only those who cannot be reached under existing law. They should better respect the right of people to make their own choices about their medical care.

And perhaps these bills should take a back seat to efforts to finally do what California committed to do more than 50 years ago: build enough community-based residential and outpatient clinics and supportive housing to meet the needs of people evicted from inadequate and often abusive state psychiatric institutions.

President's Address

Continued from page 2

in the north county

- 8. We would like the assurance that we would be allowed to continue our bi-annual NAMI Plant Sales at the Carlsbad Street Fair. This fair brings in \$2,500-\$3,000 twice a year. We would like to use those net funds generated to support existing programs which may not be covered by NAMI San Diego such as NAMI High School Clubs or to support peer events.
- 9. NAMI North County has a small office in the almost finished SDC HHS Administration Center at 1701 Mission Avenue, Oceanside. We would

The object is to eliminate "aunt Edna or Uncle John working out of a file cabinet in the den" and centralizing a coalition of strong affiliates all working together.

like to continue to offer a presence to people in the north county area by use of that office.

We have a part-time employee working to answer phones, offering local as well as county-wide resources and support to the community. Funding of this office would provide greater help for the north county region.

These items were well received and we intend on having further discussions. It is our sincere desire that NAMI will continue to be a supportive presence in our community. It is our hope that a merger with NAMI San Diego will provide more benefits to the north county rather than less while keeping our families and peers sustained with the same warmth and caring support we have always offered. We will be keeping our membership apprised of the outcome.

BECOME A MEMBER!		
Join NAMI North Coastal San Diego County		
When you join now, you become a member of your NAMI Local Affiliate, NAMI State Organization and the national NAMI Organization.	Mail to: NAMI NCSD, P.O. Box 2235, Carlsbad, CA 92018 or pay online using your credit or debit card at our website - www.naminorthcoastal.org	
Yes, I want to: (Please Check One) <input type="checkbox"/> Join NAMI North Coastal <input type="checkbox"/> Renew My Membership to NAMI North Coastal Dues: ___ \$60 Household Membership** ___ \$40 Regular membership* ___ \$5 Open Door (for low income) Member benefits include NAMI's flagship magazine, the Advocate, as well as NAMI's monthly e-newsletter, NAMI Now if you subscribe at www.nami.org/subscribe . All members receive the same benefits. NAMI membership is valid for one year. *Dues increased July 2017. ** New category as of July 2017	Title: Mr. Mrs. Ms. Dr. <hr/> Last Name: <hr/> First Name: Middle Name: <hr/> Address: <hr/> City State Zip <hr/> Phone: <hr/> Email:	
Payment Information: Charge my: <input type="checkbox"/> Vista <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
Name as it Appears on Card	Card No.	
Expiration Date	Validation Code	Signature

North County leaders say they fear impact of Tri-City psych unit closure

Continued from page 3

services experts, have made it clear that those deemed a danger to themselves or others cannot be effectively treated as outpatients. They are often judged by psychiatrists to need up to 72 hours of treatment in a locked unit before they can be safely released.

It's not clear exactly how many emergency transports law enforcement makes to Tri-City each year, but Oceanside alone reported this week that its police department made 893 trips to the hospital in 2017 with 495 so far this year.

Many of those transported to the hospital stay for less than 24 hours before they're discharged, though some are checked into the hospital's behavioral health unit for much longer. The county's Behavioral Health Services Department tallied 445 72-hour stays and 136 14-day intensive treatment sessions at Tri-City's locked behavioral health unit during the 2016-2017 fiscal year.

Tri-City cited new federal guidance, published in December, which requires hospitals to remove any features of rooms used to house patients on psychiatric holds that could be used for "ligature," the clinical word for suicide by hanging.

Last week, Tri-City's board chair said that all of the rooms in the hospital's behavioral health unit had "drop" ceilings which conceal various structures that the government would consider ligature risks. Board members said they were taken by surprise by this new guidance and said the unit would have to be shut down for at least one year in order to retrofit the unit.

But Palomar has been able to address the new guidelines without shutting down.

Luckily, the behavioral health unit rooms at its downtown Escondido facility do not have drop ceilings, but they do have plenty of other issues that the law says have to be fixed, said Don Myers, director of Palomar's Center for Behavioral Health.

Over the last year, he said, workers have meticulously screened off plumbing in restrooms right down to the hinges on shower doors. They've modified electrical outlets and furniture, even addressing the enclosures of wall-mounted thermostats, adding a slope to their tops so that no one could loop a rope or other material over the top and use the fixtures to do themselves harm.

While a thermostat might seem too close to the ground to be a threat, Myers said that history has shown any point of possible fixation above floor level can be a risk.

Oceanside alone reported this week that its police department made 893 trips to the hospital in 2017 with 495 so far this year.

"You don't have to be high off the ground, and you don't have to have much pressure on the front of your neck to kill yourself," he said.

Unlike the Escondido facility, Myers said the Poway hospital's 12-bed geriatric psychiatric unit does have drop ceilings that have to be replaced. Rather than close the unit for renovations, he said, Palomar decided to do six rooms at a time, keeping the other six open. The second wave of upgrades, he said, is expected to be complete in August.

"We did what we could to meet these anti-ligature issues and, at the same time, still care for the patients in the community," Myers said.

Palomar has spent about \$3 million to perform the upgrades, roughly the same amount Tri-City estimated for its needed changes. Tri-City also cited a budget deficit for inpatient psychiatric services as a reason why closing its units is necessary. Palomar said it too operates its services at a loss, though precise figures were not available Tuesday.

It's not clear how many San Diego County or California hospitals have taken similar steps.

Aguirre, the county behavioral health director, said Tuesday that he surveyed his fellow directors in all 25 of California's counties and could not find one inpatient facility that had tried to close its unit or units as a result of the new federal ligature guidelines.

Meetings, Treatment and Support Group Resources

CRISIS SUPPORT

24-Hour Domestic Violence Hotline
1-888-DVLINKS (385-4657)
Posters and safe cards advertising this number are available for distribution. Please contact Aneesa Bharwani at (858) 272-5777 or abharwani@crisisteam (888)-724-7240 & (800) 479-3339

Suicide Prevention

(888) 784-2433
Warm Line (Consumer Support)
800-930-9276 & 619-295-1055
5 PM – 11 PM daily

SSI Consumer Advocates

Is available at the Mariposa Clubhouse to answer SSI questions or to provide help in completing and filing SSI applications (760) 439-2785

In-Home Outreach Team (IHOT)

MHS Inc. (760) 591-0100

SUPPORT GROUPS

NAMI North Coastal Family Support Group

3rd Thursdays 8:30 – 10 pm
St. Michael's Episcopal Church
2775 Carlsbad Blvd. Carlsbad

NAMI SD Escondido Family Support Group

Tuesdays from 4-6 pm
Escondido Senior Center—Cedar Room
210 East Park Ave., Escondido

NAMI Family Support Group in Spanish

1st Friday of Every Month 6:30-8:30 pm
Tri City Medical Center Room #7
(760) 722-3754

Connection Consumer Support Group

3rd Thursdays 5:30 – 6:30 pm
St. Michael's Episcopal Church
2775 Carlsbad Blvd. Carlsbad
Wednesdays from 1:00-2:30 pm

Mariposa Clubhouse
2964 Oceanside Boulevard, Oceanside
Mondays from 11:00-Noon

Escondido Clubhouse
474 West Vermont Escondido, CA

STEPS

Every Friday, from 12:15-1:00 pm
Mariposa Clubhouse
2964 Oceanside Boulevard, Oceanside

Sibling & Adult Children's Support Group

2nd Wednesdays 7-9 pm
Scripps– Memorial Campus
Schaezel Center/Noble Room 833

Spouses/Partners of Person with

Diagnosis of Bi-Polar Disorder
3rd Tuesday, 6:30 – 8 pm
Clairemont Lutheran Church, Luther Hall
Room 2, 1st Floor
4271 Clairemont Mesa Blvd, San Diego

Depression & Bipolar Support Alliance

VA San Diego Medical Center
www.dbsasandiego.org
Mondays – Room 2011 – 6 PM
Thursdays – Room 2436 – 6 PM

Depression & Bipolar Support Alliance

Wednesday, 2:30 PM-4:00 PM
510 W. Vista Way, Vista

Borderline Personality Disorder

UCSD Outpatient Psychiatric Services
140 Arbor Dr., San Diego
2nd Floor, Room 247
sboone@bpdglobal.com

Substance Use Disorder &

Co-Occurring Disorder Family and Friends

4th Fridays, 6 – 7:30 p.m.
NAMI San Diego Office
5095 Murphy Canyon Road, Ste 320,
San Diego

BEHAVIORAL HEALTH MEETINGS

NAMI SIT

Board Meeting—2nd Monday, 4:30 pm
144 Copper Avenue, Vista, CA

NAMI North Coastal

Board Meetings—2nd Thursdays, 7:00 pm
General Meetings—3rd Thursday 7:00 p.m.
St. Michael's Episcopal Church
2775 Carlsbad Blvd. (Library)
Carlsbad, CA (760) 722-3754

North County Mental Health Forum

2nd Thursday at 12:30 pm
Tri City Medical Center, Room #6
4002 West Vista Way, Oceanside, CA

NAMI San Diego

Monthly meetings held at various sites throughout San Diego County with speakers on various topics including health and wellness with an emphasis on mental wellness. For more information contact the NAMI San Diego's Helpline at (800) 523-5933 or email outreach@namisd.org

RECOVERY CLASSES

RICA Well

Call (858) 274-4650 for next class
Tuesdays from 1:30-3:30 PM

WRAP Well Meds for Success

Escondido Clubhouse
474 Vermont Ave. #105 (858) 274-4650

BEHAVIORAL HEALTH PROGRAMS

Aurora Behavioral Health

Monday-Friday 9:00 am-3:00 pm
11878 Avenue of Industry
San Diego, CA (858) 675- 4285
Monday - Friday 8:30 am - 4:00 pm

TriCity Medical Center Outpatient Behavioral Health

510 West Vista Way, Vista, CA
(760) 940-5050

Palomar Outpatient Behavioral Health

125 Vallecitos del Oro, Ste 125, San Marcos
(760) 739-2988 (760) 510-8352

Kinesis North/Inland BPSR Center

Monday-Friday 8 – 4 pm
474 West Vermont, Escondido, CA
(760) 480-2255

SOCIALIZATION CENTERS

Escondido Clubhouse

Monday-Friday, 8:00 am to 4:30 pm
1st Saturday, 10:00 a.m. - 2:00 pm
474 West Vermont Escondido, CA
(760) 737-7125 Fax (760) 737-8348

Sarah Bowdoin-Jones Mariposa Clubhouse

Monday-Friday, 8:00 am - 4:00 pm
2964 Oceanside Blvd, Oceanside
(760) 439-2785 Veronica Aguilar

Friends Clubhouse

Activities temporarily suspended
(858) 481-7069

OUTPATIENT TREATMENT

Exodus Recovery Walk-In Assessment Centers

524 West Vista Way
Vista (760) 758-1150
Monday-Friday 10:30 am-6:30 pm
1520 S. Escondido Blvd
Escondido (760) 758-1150

Mental Health Systems

Monday-Friday 8 am-4:30 pm
3609 Ocean Ranch, Oceanside
Oceanside (760)-967-4475

INPATIENT TREATMENT

Tri-City Hospital Behavioral Health Unit

(877) 299-0664

Palomar Center for Behavioral Health

555 E. Valley Parkway, Escondido



**North Coastal
San Diego County**

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Carlsbad, CA

Your Local Voice on Mental Illness

NAMI NCSDC
P.O. Box 2235
Carlsbad, CA 92018

Phone: 760 722 3754
Email: info@naminorthcoastal.org
www.naminorthcoastal.org

Announcements!

NAMI NCSD Annual Resources Fair

Thursday, August 16, 2018
St. Michael's-by-the-Sea Episcopal Church
6:30 pm. - 8:0 pm.

Family-to-Family Class Coming Soon

September 17, 2018
North Coast Calvary Chapel
Call the office at (760) 722-3754
for more information and to register!



A big Thank You to St. Michael's by-the-Sea Episcopal Church for their many years of support. Once again, St. Michael's is donating the proceeds of the Cinco de Mayo Celebration to NAMI North Coastal.

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This newsletter is published by NAMI NCSDC, an affiliate of NAMI California and NAMI National. Any opinions expressed in this newsletter do not necessarily reflect those of NAMI NCSDC. Editorial contributions, humorous non-copyrighted stories, personal recovery stories and articles on mental health are invited and may be sent via e-mail by the 20th of each month for publication consideration in the following month's edition to: info@naminorthcoastal.org.

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