



Wake County

National Alliance on Mental Illness

Wake County's Voice on Mental Illness

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Kathy Smith & Tovah Wax
twax1@nc.rr.com
Submissions Welcome

Ann Akland, Webmaster
aakland@nc.rr.com

www.nami-wake.org

NAMI WAKE COUNTY HELP LINE
Iris Kapil - 676-1772



For more information, contact:

Kathy Smith, President
NAMI Wake County
PO BOX 12562

Raleigh, NC 27605-2562

Phone: 363-6313, ksmith@nami-wake.org

THE IRIS

Support, Education, Advocacy

Vol 23, No. 6-7

June-July 2008 Issue

FROM THE PRESIDENT'S DESK

KATHY SMITH

Thanks to all of you who have volunteered in these first six months of 2008. You have really made a difference! Be sure to watch for details about the Volunteer Appreciation party coming in the fall.

And thanks to our newest NAMI Wake volunteers, Gerry and Ann Akland, who have agreed to serve as Advocacy Co-Chairs. Of course, Gerry and Ann are not new to NAMI Wake. Ann is a former president and current webmaster for NAMI Wake, as well as current Wake County Human Services CFAC co-chair, while Gerry is on the NAMI Wake Board with a special focus on CIT. Ann and Gerry are charged with helping your Board keep up with issues which affect NAMI Wake's membership, and particularly with formulating appropriate responses and action plans.

New Volunteer Opportunities

Because NAMI Wake is growing, we have new opportunities!

We are looking for

Membership Coordinator: to process memberships, maintain the mailing list, and work with the Membership Drive Team – this job requires basic computer literacy.

Public Relations Volunteer: to write NAMI Wake materials such as ads, announcements, brochures, letters, and other kinds of formal writing as needed – some experience would be helpful.

Newsletter Co-Editor: to work with the current Co-Editor, Tovah Wax, to produce the newsletter each month.

Advocacy Teams

The Advocacy Team committees will be meeting over the summer to research issues and come up with ideas. The two committees that have already formed will work on: (1) Affordable, Supported Housing for people with Mental Illness, and (2) Election Issues – Candidate Survey and Voter Registration. We are still looking for people who want to work on: Advocating for More Inpatient Beds in Wake Co.

Contact NAMI-Wake Volunteer Coordinator, Christine Olson, if you are interested in any of these opportunities (OlsonChr@aol.com; 919-662-0764)

NOTE: NO SUPPORT GROUPS FIRST MONDAY IN JULY

**NAMI WAKE COMMUNITY FORUM
EDUCATION MEETINGS**

Tuesday, June 10, 7:00 PM

**“Wake Health Services’ Role
In Mental Health”**

**Presenter:
Penella M. Washington
Chief Executive Officer
Wake Health Services, Inc.**



Tuesday, July 8, 7:00 PM

**Topic and Speaker
To Be Announced**

**Please check website at www.nami-wake.org
or look for flyer posted at **Richard B. Harrison
Library****



**These events will be held at:
Richard B. Harrison Library
1313 New Bern Avenue**

**You may also park in the tire store parking lot
directly across from the library lot.**

**NAMI WAKE FOURTH MONDAY
EDUCATION MEETINGS**

Monday, June 23, 7:00 PM

**“Mental Health Reform in NC:
A Reporter’s Perspective”**

**Presenter:
Lynn Bonner
Staff Writer
The News & Observer**



Monday, July 28, 7:00 PM

**“Guardianship Services: What They Are and
Aren’t”**

**Presenter:
Cheryl Theriault, LCSW
Owner
Aging Family Sevices**



**These events will be held at:
Highland United Methodist Church
1901 Ridge Road, Room 202**

(See page 10 for directions)

VOLUNTEER NEWS

Thank You Volunteers!!

**Thanks to all of you who have volunteered
so far this year. You have really made a
difference.**

**Watch for details about the Volunteer
Appreciation party coming in the fall. We want
to appreciate you for all your hard work!**

**Please see front page for new volunteer
opportunities to support our growing
organization.**

**Christine Olson
NAMI-Wake Volunteer
CoordinatorOlsonChr@aol.com919-662-
0764**

NAMI-Walks a Success!

Congrats to NAMI NC Walkers!! NAMI Walks in NC raised over \$89,000 and is still counting. 53 teams with over 350 walkers participated.

The event succeeded in raising awareness, too, as evidenced in the coverage of the Walk by the News & Observer in the Sunday paper following the walk.



Treasurer's Report

Our mailing list now has over 1300 entries. Most of those listed receive IRIS Newsletter by mail; 200 receive the E-mail version.

We have reached 236 paid memberships, way above any previous year!

21 donors have contributed a total of \$1,287 thus far in 2008.

Income Year to Date	\$ 12,324.80
Expenses Year to Date	\$ 10,464.33

Checking	\$ 139.63
Savings	\$ 45,996.68
Liabilities	\$ 594.94
Net Worth	\$ 45,541.37

Tom Hadley, Treasurer

Legislative and Budget News . . .

Governor Easley's budget recommendations for DMHDDSAS include expansion appropriations of 8.1% (about \$4.8 million) for 2007-08 and 10.2% (about \$5.6 million) for 2008-09. His recommendations for expansion include: increasing community capacity for MH services; increase staffing at the NC Special Care Center (mostly Medicaid); increase central office and field-based staff, by hiring 11 more positions to directly oversee the LMEs; increase MH services coordination for returning veterans. Details can be found at www.osbm.state.nc.us/files/pdf_files/bgt0709summary.pdf, as well as www.osbm.state.nc.us/files/pdf_files/bgt0709v.3r.pdf

Joint Legislative Oversight Committee has also approved some budget recommendations, to which Dempsey Benton, DHHS Secretary, has made some responses (for full report and recommendations, see http://www.ncga.state.nc.us/gascritps/Committees/Committees.asp?sAction=ViewCommittee&sActionDetails=Non-Standing_823 (and follow the links to meetings, minutes, and handouts)

LOC Recommendations (selected)	DMHDDSAS Director Responses
<p>Improve cash flow to the LMEs; add about \$675K to provide technical assistance to those not yet approved for funding system.</p>	<p>Use state appropriations to ease cash problems; I assistance/training already available; extra \$675K not justified.</p>
<p>Support this \$6m appropriation >>>>></p>	<p>\$6m for new regionally-funded and locally-hosted SA programs</p>
<p>About \$5.2m for a temporary Central Regional Hospital: Dix Unit , Dix campus.</p>	<p>To be an operating subset of CRH until havemore inpatient capacity in Wake Co.</p>
<p>Support this \$30 million appropriation. >>>>></p>	<p>\$30 million for 3 pilot Transitional Residential Treatment Program houses.</p>
<p>Direct DHHS to implement a tiered CAP-MR/DD waiver program with up to four tiers (e.g., up to \$10K at 1st level, over \$75K for 4th level), to serve more people with available resources.</p>	<p>Agree, propose capping 1st tier at \$20K, and make the "spread" more even for the other tier levels.</p>

Budget News Con't from Page 4

The Coalition (formerly, Coalition 2001) has also made some budget requests, some of which include: Cross-Disability Initiatives (e.g., Residential \$23m recurring, \$5.25m nonrecurring; Crisis Services \$15m); DD (1200 "Tier 1" Medicaid waiver slots \$10M; Flexible State DD Funding \$7.2m); SA (Continuum of Care Components \$10m); MH (Restore State Funding for Non-Medicaid Population \$17m, "Right Service Mix" \$15.8m recurring, \$300K nonrecurring).

For more details (and also for following legislative activity regarding budget appropriations for the current "short session", check out www.cpdmi.org)

Ready or Not, Hospital will Open

Michael Biesecker, Staff Writer

News and Observer, May 24, 2008

http://www.newsobserver.com/news/health_science/story/1083813.html

State mental health administrators are accelerating plans to open a psychiatric hospital in Butner. Despite internal projections showing severe shortages of qualified staff, the state DHHS plans to start moving patients to Central Regional Hospital by June 15 and close Dix and John Umstead hospitals July 1. The opening of the \$120 million hospital had already been delayed at least three times because of a fire and design flaws that inspectors worry could endanger patients.

Meanwhile, staff vacancy rates are 21% for nursing positions, 36% for medical doctors, more than 14% for psychiatrists, and 38% for psychologists. The hospital's pharmacy may not be able to open with the rest of the facility because of a shortage of pharmacists.

"There won't be enough staff available in a crisis," said Beverly Moriarty, a state nurse who helps coordinate staffing at Dorothea Dix Hospital in Raleigh. "This is a train wreck waiting to happen."

LEGISLATIVE OVERSIGHT COMMITTEE ON MH/DD/SAS MEETING SCHEDULE 2008 - 2009

DATE	MEETING	TIME	ROOM
9/25/08	LOC	10:00 a.m. - 3:00 p.m.	643
10/22/08	LOC	10:00 a.m. - 3:00 p.m.	643
11/20/08	LOC	10:00 a.m. - 3:00 p.m.	643
12/18/08	LOC	10:00 a.m. - 3:00 p.m.	643
1/14/09	LOC	10:00 a.m. - 3:00 p.m.	643

NAMI North Carolina 2008 Public Policy Agenda

The National Alliance on Mental Illness North Carolina endorses consumer and family participation in decisions made at all levels of government. Public Policy must meet the needs of those who use the system in NC, especially in these very challenging times. We support putting money into the right things after a year fraught with difficulties and money misspent. Our public policy agenda attempts to get it right in 2008.

1. **Restore the Public Safety Net**
 - Fully fund crisis services (e.g., mobile crisis teams and centers, local inpatient units)
 - Allow LMEs to provide the following services: system navigation (case management, care coordination and coordination for those in transition among services, jails, or institutions; other services not successful on private sector side)
 - Pass legislation against the death penalty for individuals with severe mental illness at the time crime(s) was(were) committed.
 - Request a study on effective use of NC court-ordered outpatient treatment
 - Reform prison rules
 - Support adoption of safe use of tasers in all 100 counties in NC
2. **Getting the Right Service Mix**
 - Increase per capita spending on mental health services from 43rd in the nation to above the national average.
 - Re-establish a required baseline of comprehensive services that every citizen can access locally from either public or private providers (inpatient, outpatient, crisis, prevention, psycho-education)
 - Create an individual peer support service definition. By employing consumers who have “been there” others are helped, and very effectively.
 - Adopt a no-reject/no-eject policy for providers
3. **Create Centers for Excellence**
 - Establish Centers for Excellence to ensure fidelity to evidence-based practice models, also in partnership with UNC system and the state.
 - Link the training and the standards to public policy and funding (e.g., rate incentives for providing MST, ACTT and other demonstrated effective services)
4. **Decriminalize Mental Illness**
 - Fund five more mental health courts statewide.
 - Implement Crisis Intervention Training (CIT) statewide so that 25% of officers receive CIT
 - Restore benefits post-incarceration so that SSI/SSDI, Medicaid, Veteran’s benefits, food stamps, and other assistance is available at release.
5. **Expand Insurance Parity**
 - Extend parity to cover substance abuse and addictive disorders.
6. **Services for Veterans, College Students**
 - Support effective programs such as ACTT, Integrated Mental Health and Substance Abuse Treatment, and Supported employment throughout the Veteran’s Integrated Service Networks (VISN)
 - Request that VA offer NAMI psycho-education programs for active duty military, veterans, National Guard personnel and their families.
 - Fund NAMI-NC to expand NAMI on campus
 - Provide state funding for those veterans not covered by the VA (national guard personnel)
7. **Housing**
 - Add 400 housing units, to reach 1,000 more people; expand from the current 33 counties to all 100 in NC
 - Expand Special Assistance to licensed facilities, to include broader choices in housing, as well as meet all housing needs.
 - Maintain data on those with psychiatric disabilities in need of housing
 - Fund interim housing expenses so that individuals will not lose his/her housing in the community during periods of hospitalization.
 - Create an emergency housing fund to stop the practice of discharge to homeless shelters

The Mercer Report Comments

In April, Mercer, a contractor for the NC Department of Health and Human Services, Division of MH/DD/SAS, publically released the results of an analysis of management performance of the 25 LMEs who manage the providers of services to the mentally ill across the State. The full report is available at: <http://www.dhhs.state.nc.us/mhddsas/>. In addition to providing their assessment of the LMEs' performance, they then ranked the 25 LMEs and placed them into 3 groups: bad, better and best. Wake County fell in the "bad" category.

Why did our LME rank so low, you might ask?

- There were three broad areas included for evaluation: financial and business management aspects, information technology and claims systems, and clinical operations. Neither the quality or type of services, nor consumer input were included.
- Second, the LMEs were not all created equal, nor did they morph into a single model program that was best suited for their communities. Some immediately divested services. The schedule for divestiture of services included in Wake County's business plan and approved by DHHS officials was much later than many other LMEs. From our perspective, we are extremely grateful that the Wake LME divested services gradually allowing time for providers to establish services to replace those being divested. Also, some services for Wake County were not divested, such as the Crisis and Assessment Services and some psychiatric and clinical services. In general, the staff needed for services that were not divested are higher paid than administrative staff, which negatively impacted the financial comparisons with other LMEs. Higher costs negatively impacted the financial and business portion of the review.
- Third, the review did not reflect the fact that changes are already underway. For example, the lack of a modern computerized system negatively impacted the second area covered during the review. But the LME has a system under development.

- Finally, the types of services available within each community varied across the LMEs. As an example, only a few of the LMEs had an established CIT program at the time of the review. The CIT program is a jail diversion program that seeks to provide treatment to the person in crisis rather than taking the person to jail. However one measure of performance of the LME was hospital utilization. If the consumer were taken to jail instead of to the hospital, it would score better under the Mercer system.

If the results of the Mercer report were to indicate areas that need improvement, it would be hailed as a example of how the State was working with the LMEs to strengthen their programs and be more responsive to the State's needs. However, the contractor then attempted to compare LME results and suggest ways to consolidate the LMEs. This exercise was performed simplistically and did not consider the impact of merging LME's on the quality of services that would be available to consumers if such a merger were to take place. Consumers and the impact on their services were completely ignored by the contractor.

So why should we care? The State is using the report as a basis for developing "State Facility Catchment Areas" or SFCAs. My interpretation of this approach is that the state is developing Regional Organizational Things (ROT). ("Things" is another word for "Entities" and "Organizational" would be a better word than "Management" since the State does not wish to work with the LMEs to improve their management performance, choosing instead to reorganize.) For the LMEs who choose not to voluntarily consolidate into ROTs, their funding will be reduced, which will directly impact services to the consumers. For those who do consolidate, who will make sure that the consumers are not left behind without services? Does the State really get it? Mental health reform should be about providing services to the consumers, not about adding more bureaucratic structure.

THAT is why we should all care!

--Gerry Akland

RESEARCH STUDY ANNOUNCEMENTS

Do You Have a First Degree Relative With Schizophrenia?? (IRB# 05-PSYCH-631)

We are looking for people between 9-18 years old who have a brother, sister, or parent with schizophrenia or schizoaffective disorder.

If you or someone you know meets these criteria, please contact us at 1-866-914-9679, or 919-843-3419, or via email to erin_douglas@med.unc.edu.

Participants will receive monetary compensation for their time and efforts.

Social Cognition and Interaction Training (SCIT)

If you . . .

- Have a diagnosis of schizophrenia or schizoaffective disorder
- Would like to improve your social relationships
- Are between the ages of 18 and 65
-

. . . then you may be eligible to participate in a study of Social Cognition and Interaction Training (SCIT).

SCIT is a group psychotherapy that teaches strategies for getting along with other people and improving the social lives of persons with schizophrenia or schizoaffective disorder.

Half of the participants in this study will receive 20 sessions of SCIT group therapy over a five-month period and their usual treatment services. SCIT will be provided to you free of charge. Half of the participants will receive their usual treatment services.

All participants can be paid up to \$200 to complete three assessments. These will involve evaluations of symptoms, cognitive and social functioning. Each of these assessments will take about 3 hours. The assessments will be done approximately 4-5 months apart.

To find out more about this study, please call Piper Meyer at (919) 843-5262 or send her an email at psmeyer@email.unc.edu

... AND SPEAKING OF RESEARCH

The Cost of Mental Disorders

Mental Disorders Cost Society Billions in Unearned Income

Colleen Labbe, NIMHPress@nih.gov

From the American Journal of Psychiatry (May, 2008): Among the "indirect" costs of mental illness are included lost earning potential, Social Security payments, incarceration, homelessness, and these losses about \$193 billion dollars, according to a study funded by the National Institute of Mental Health.

The researchers (Kessler, et al., Harvard University) analyzed data from the 2002 National Co-morbidity Survey Replication, representing American participants aged 18-64, who had serious mental illness impairing their functioning for at least 30 days of the year prior to the survey.

"The results of this study confirm the belief that mental disorders contribute to enormous losses of human productivity," commented Kessler.

More detail about this, and related, articles can be found at www.eurekalert.org

--Kent Goddard

Support Groups & Education EVERYONE IS WELCOME

FAMILY SUPPORT GROUPS

Garner United Methodist Church
Lori Darnell (661-7285 or loriptseminars@nc.rr.com)
or Gordon Gogola (601-3996 or gogolags@hotmail.com)
7-8:30 p.m. 1st and 3rd Mondays

Highland United Methodist Church, Room 202 & 204
Gordon Gogola (601-3996 or gogolags@hotmail.com)
or Jeanne Harris (850-0406)
7-8:30 p.m. 1st, 2nd and 3rd Mondays

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Norman (557-0309 or ncnormans@aol.com)
7-8:30 p.m., 3rd Tuesday

Bunn Family Support Group
Contact Yolanda Tant (496-7886)

Knightdale Baptist Church
Gordon Gogola (601-3996 or gogolags@hotmail.com)
7:00 p.m., 2nd and 4th Thursdays

CONSUMER SUPPORT GROUPS

Highland United Methodist Church, Room 209
George Blue (gmichaelblue@gmail.com)
or Giovanna Debiak (834-7036 or bingogee48@yahoo.com)
7-8:30pm, 1st, 2nd, and 3rd Mondays

cont'd next column

Southern Regional Center Groups Fuquay-Varina
Cliff or Renee Normam, 557-0309, ncnormans@aol.com
7-8 p.m. 3rd Thursday.

*For more information about support group meetings
or training, call Gordon Gogola (919) 601-3996*

Les Girls Social

This is a social opportunity for consumers and family members.
Everyone is invited. Lunch is Dutch-treat.

Golden Corral, 6129 Glenwood Avenue (Hwy 70), Raleigh NC
12:15 p.m., 4th Saturday

SE Raleigh Community Forum and Education Meeting

Come and Learn more about NAMI

Second Tuesday, 7:00 PM
Richard B. Harrison Library
1313 New Bern Avenue

See page 2 for details of this month's program

NAMI Wake Monthly Education Meeting

Fourth Monday, 7:00 PM
Highland United Methodist Church, Room 202
1901 Ridge Rd

See page 2 for details of this month's program

*****NOTE: NO SUPPORT GROUPS FIRST MONDAY IN JULY*****

Directions to Highland United Methodist Church:

The facility is located at 1901 Ridge Road in west Raleigh, at the corner of Lake Boone Trail. Take the Lake Boone Trail exit east (toward Raleigh, away from Rex Hospital) and turn left at the traffic signal at the top of the hill. Parking is off Ridge Road behind the church. Walk toward the facility so that the gym/general purpose room is on your right. When you come to the connector between the church on your left and the education wing on your right, turn right; enter building and take elevator to second floor.

Directions to Knightdale Baptist Church:

Drive east on Knightdale Blvd (Hwy 64) and turn right onto North First Ave. Continue for .7 mile and turn right onto Main St. The church will be on your left

NAMI Wake County
P.O. Box 12562
Raleigh, NC 27605-2562

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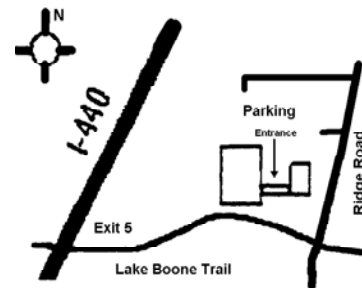
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May, 2008 Issue

An Affiliate of NAMI (the National Alliance on Mental Illness) and NAMI North Carolina

Too much mail in your mailbox? Join our members who read or print their copy of our Iris newsletter on the web. Just send an E-mail to admin@nami-wake.org asking that we convert your print subscription to E-mail.



Monthly Education Meetings continue into the summer -- See Page 2

