



NAMI Ohio's

NEWS BRIEFS

Vol. 27
No. 1
Spring 2007

Ohio's Voice on Mental Illness

NAMI Ohio Celebrates

1982
2007
25
YEARS

Herb Reisenfeld
"The Father of NAMI Ohio"



In this issue:

- Board President Reflects on Past 25 Years
- Governor Taft Signs Parity Bill
- Medication Access Day at the Statehouse
- Interview with CIT Officers
- A Day in the Life of an Ombudsman
- NAMI Ohio Election Guide

NAMI Ohio Board of Directors

President - Harvey Snider
1st Vice President – Paul Quinn
2nd Vice President – Judy Thomas
Treasurer – Rory McGuiness
Secretary – Phyllis Putnam

Trustees-at-Large

Jon C. Alder
Anamaria Tejada

Central/Southeast Region

Anne Robinson
Tom Walker
Amy O'Grady

Northeast Region

Dianna Mason
Nancy Walker-McCain
Joseph Locala, M.D.
Jodie Ross

Northwest Region

Lawrence McGlinchy
Pam McGlothlin
Candace Renner
Linda Farias
Rena Wolf

Southwest Region

Marianne Helmlinger
Rev. J. Donald Mosley
Denise Nichols
Geraldine Frazier
Mike Brown
Linda Rath

Consumer Council Representative

Linda Robinson

Ex-officio NAMI

Fred Frese, Ph.D.

Member Emeritus

Arthur Lynn, Jr.
Glenn Cramer
Herb Reisenfeld

Executive Director – Jim Mauro

Coming Attractions



NAMI Ohio's 25th Anniversary

Annual Conference

June 1 – 2, 2007

Hyatt Regency Columbus

From Despair to Hope to Recovery
Registration materials available at www.namiohio.org
Deadline for Hotel Reservations: May 3, 2007
Deadline for Conference Registrations: May 18, 2007

To register, go to www.namiohio.org

Celebrating 25 years of Education,
Advocacy and Support



NAMI News Briefs Contents



Ohio's Voice on Mental Illness with more than 55 affiliates statewide

Features

Rediscovering Recovery	4
Governor Taft Signs the Mental Health Parity Bill	5
Medication Access Day at the Statehouse	6
Understanding Guardianship	7
New Skills Make a Big Difference	8
NAMI Ohio Remembers Bob Kloes	10
Excerpt from Testimony before the House Finance Subcommittee on Human Services On H.B. 119, the Biennial Budget Bill	18
A Day in the Life of an Ombudsman	19
A Consumer View Understanding Major Depression	23
Reverse Raffle & Dinner Party	26

Departments

Letter from the President	2
Letter from the Executive Director	3
Ask the Doctor	20
Ask the Psychiatrist	21
Wall of Honor	28
NAMI Ohio Extends Appreciation	28

News

NIMH: Minorities Differ in Depression Risk, Treatment	5
Local Affiliate Reaches out to Latino Community	10
The NAMI Ohio Election Help Choose NAMI Ohio's Leadership and Direction	11
Ohio's Mental Illness and the Courts Initiative Gains National Recognition	18
Supportive Housing Surpasses \$5 Million	22
Jonathan Slavens Wins the Yes, I Can Award	22
Trusts Help Safeguard Benefits and Improve Quality of Life	24
State Launches Network of Care Website	25
NAMI Advocate Testifies Before General Assembly on Stigma Busting Bill	27

Letter from the Executive Director



By Jim Mauro

NAMI Ohio has been at the forefront of activity with regard to many issues facing those whose lives are impacted by serious mental illness. After working very hard for many years, NAMI can take a significant part of the credit for Ohio's new health insurance parity law that levels the playing field for those who have private insurance and require treatment for a mental illness. But no sooner do we accomplish that feat than we find ourselves faced with other daunting tasks.

Access to appropriate treatment, especially medications, has long been an issue that our members view as critical to recovery. The work done by physicians and patients in determining the most appropriate treatment is at the heart of sound mental health care. But the cost of medications, tight public budgets and an increased demand for service is driving public policy toward restricting access in order to reduce the cost of providing health care.

For the first time since the famous "Russell-Hayes handshake" in 2001, Ohio's Medicaid office has placed an atypical anti-psychotic medication on its "Preferred Drug List." The Handshake Agreement between then Director of the Ohio Department of Jobs and Family Services, Tom Hayes, and then NAMI Ohio Executive Director, Terry Russell, provided patients and families relief from any restrictions on the availability of a typical anti-psychotics.

This carve out, if you will, has served us well and represented the

State's Medicaid policy as one of acknowledging the importance of these medications and the unique nature of the illnesses they treat. It further supported the special relationship between a doctor and patient in making the treatment decision. By placing a drug on the Preferred Drug List, the State of Ohio, interestingly enough, determines that the medication is not really "preferred", but rather, is not preferred over other drugs. In essence, a patient must either fail first on a medication that is available as actually being preferred by Medicaid or the patient's doctor must make the case with Medicaid for the prescribed medication before it can be issued to the patient. Generally, the medication available will be a less expensive one.

The same theory of service delivery is a part of the new private managed care effort the state has adopted as it relates to kids and families and the aged, blind and disabled populations. Many of you have experienced the transfer to one of the seven private companies serving our loved ones in these programs.

We at NAMI have no issue with saving money. In fact, we urge Medicaid to do everything in its power to reduce the cost of providing services to our loved ones. After all, every dollar saved is another dollar available to help someone else. But how the money is saved makes all the difference. Cost reduction and quality care are not mutually exclusive.

We know that over 50% of the care given to the seriously mentally ill

is provided by family. Families value medication as basic and fundamental to treatment for their loved one. When treatment fails or is not available, both the individual patient and the family pay a dear price. But the cost of failed treatment goes well beyond the family. Public systems at both the state and local levels also pay a heavy price.

We know that individuals who do not receive adequate treatment will utilize emergency rooms and state hospitals in addressing crisis needs. Inadequate treatment often leads to long hospitalizations and recovery times. We know that inadequate treatment also leads to unnecessary involvement in the criminal justice system and homelessness. All of this costs public budgets far more than the cost of open access to the medications identified by physicians and patients as most appropriate for that patient's needs. But, these costs pale in comparison to the all too often cost of a life lost to the ravages of serious mental illness.

We at NAMI have a new call to action...ensuring that treatment, in particular medications, are openly available to those who need them, when they need them. We at NAMI Ohio will be calling upon you for your active support in a campaign to ensure open access. We know you will be there, as always, to support and advocate on behalf of those Ohio citizens who are the least able to speak for themselves.

Rediscovering Recovery



By Justice Evelyn Lundberg Stratton

Bob has a mental illness - he has bipolar or schizophrenia - only no one has ever figured that out. He knows when he drinks and uses drugs, it helps him feel better and drowns out the voices. But the damaging combination of drugs, alcohol and mental illness has left him a wreck. He has lost contact with his entire family; he lives in a plywood lean-to in the woods; he steals to eat. He often goes hungry. He has been in and out of jails and hospital emergency rooms several times in the last few years. Bob has no hope.

Bob is desperate. He is stealing copper pipe from a construction site to sell for food. He is arrested again. He has a new defense attorney, Joe. Joe explains to him that he wants to get Bob into a mental health court program. But that means that Bob won't just serve two months in jail - it is a 2 year outpatient commitment. But in return, the people at the court will help him with the voices, make sure he has both food and a home, and help him find a new life. "This is court?" Bob wonders, but he is desperate; he knows he won't live much longer the way he is going. He will try anything.

Two years later, Bob is in the graduating class of the mental health court. Strangely, he feels he has a real family for the first time - a court family. He has been diagnosed with a mental illness he never understood; he is receiving Medicaid and "legal" medication; he is in a supportive housing apartment and a job training program. He has started writing to his

sister, who had given up on him. Bob has hope. Bob is in recovery.

We in Ohio believe in recovery. Whether we are a judge or a mental health clinician, we want the individuals that come before us on a daily basis to avoid the "revolving door" of repeated offenses and court appearances due to the lack of treatment and support. We face individuals when they are at their wits' end. They are confused, displaced and isolated. Many of them live painful, lonely lives because of their disabilities. Criminal activity is often merely a symptom of their illness. But by emphasizing recovery, we can turn the tide and change how we treat persons with mental illness.

In Ohio, we emphasize recovery-driven programs and initiatives. By establishing a restored sense of dignity and empowerment, our consumers find a renewed feeling of "self" endowed with purpose that will increase their chances of becoming productive members of their community. But we will also decrease the amount of tax dollars spent on their cycling in and out of homeless shelters, emergency rooms and jails. We enforce accountability for their actions and hopefully steer them on the road to a successful and sustaining recovery. But recovery, like many other aspects of our systems, is an endless process that needs to be consistently re-evaluated to ensure its utmost efficiency.

Although Ohio leads the country in mental health and drug courts and has

forged alliances between systems, we must continue to foster the partnership and collaboration between the legal system, national and state agencies, county boards, counseling centers, universities, committees and numerous other organizations to make a positive difference in the lives of consumers and their families. Despite thousands of dedicated, compassionate professionals serving this population, communities still struggle to provide sufficient care for those in need. This equates to a loss of recovery opportunities and raises questions about how we should move forward to respond to these new challenges.

We must be open to new ideas, to sharing resources, to better ways of collaboration. But our goal must always be recovery for consumers. We must rebuild hope in their lives. We must be focused on the consumer, the person with the mental illness, not the system itself.

As stated in the *President's New Freedom Commission on Mental Health*, "In a transformed system, consumers and family members will have access to timely and accurate information that promotes learning, self-monitoring and accountability."

Our consumers should not only hope to recover, they must believe it is possible. In the criminal justice system, with our mental health dockets, that is also our goal also - full recovery.

Governor Taft Signs the Mental Health Parity Bill

On Friday, December 29th, Governor Bob Taft signed S.B. 116, the Mental Health Parity Bill, into law at a signing ceremony in the Statehouse. In his remarks, the Governor thanked the advocates from around the state for all of their calls, letters and e-mails and said that their persistence made the difference.

During the ceremony, the bill's sponsor, Senator Bob Spada, shared that he thought this was the most important piece of legislation to pass the General Assembly during his tenure with the Senate. He thanked the advocates for all of their hard work over the years. He paid special tribute to NAMI Ohio Board Trustee-at-Large, Charlie Alder, who could not attend for his tireless advocacy. Senator Spada also recognized his colleague and

sponsor of the House version of the bill, Jon Peterson, for his leadership.

mental health parity during his years in the House of Representatives.



Terry Russell, former Executive Director of NAMI Ohio, was asked to say a few words and gave an emotional synopsis of the years of work by the advocates that went into making this day possible. Congratulations advocates!

Those in attendance gave a standing ovation to Senator Spada's son, James, who testified in both the House and Senate about his personal experience with mental illness. Former Representative Lynn Olman also received a standing ovation for his leadership on

NIMH: Minorities Differ in Depression Risk, Treatment

Although African Americans are less likely than whites to have a major depressive disorder (MDD), when they do, it tends to be more chronic and severe. They are also much less likely to undergo treatment, a major NIMH-funded study of mental health status shows.

The National Survey of American Life also shows striking differences among blacks. Fewer than half of African Americans with MDD undergo treatment, but the rate drops to about one-quarter in Caribbean blacks who emigrated to the U.S. or were born there. Results were published in the March issue of the Archives of General Psychiatry.

To read more about this study, go to: <http://www.nimh.nih.gov/press/mdd-race-ethnicity.cfm>

Medication Access Day at the Statehouse



▲ NAMI Ohio members pause in front of the Statehouse before visiting with their legislators. In front are Tom and Anne Walker, and Tom and Margaret Quinn. In the back are Marty and Jane Grimm.

On March 20, 2007 mental health advocates from every corner of Ohio gathered at the Statehouse to educate their legislators about the importance of open access to mental health medications for individuals with mental illness.

“Since 2001, the State of Ohio has recognized the important role of new mental health medications in the lives of those who rely upon them. Today there appears to be a shift in that policy toward an emphasis on cost containment rather than good treatment. We want to call a halt to it before this shift backfires on our loved ones,” said Harvey Snider, Board President of the NAMI Ohio (National Alliance on Mental Illness) and the father of a son with mental illness. “We are here today to ask the General Assembly to protect our state’s most vulnerable citizens. We are asking them to look somewhere other than Medicaid’s mental health medication budget to save money.”

Under Ohio’s new Medicaid managed care system, Medicaid Managed Care Plans can adopt restrictive strategies such as prior authorization, fail first, generic substitution, or step therapy as a means to limit their health care expenditures. The Coalition for Healthy Communities is seeking legislation which will prevent Medicaid and Medicaid Managed Care Plans from using these strategies to limit access to mental health medications.

“When you look at the overall impact of limiting access to medications for individuals with mental illness, you can see the tragic long-term effect on both cost and quality of life. Certainly, increased hospitalizations, incarceration, homelessness, loss of employment and out-of-home care for children are among the costly results of this policy. However, there is no way to put a price tag on the devastating consequences on those who are denied the medication they need and the family members who share in their suffering,” said Jim Mauro, Executive Director of NAMI Ohio.

Medications are an important element in the successful treatment of mental illness. Over the past 15 years, the effectiveness of medication to manage mental illness has improved immensely. Restricting these medications is a life and death decision for over 500,000 Ohioans.

“Racial and ethnic minorities may be at a higher risk for negative outcomes and side effects due to pharmaceutical absorption rates, chronic diseases and illnesses and the accompanying drug interactions,” stated Charleta B. Tavares, Executive Director of the Multiethnic Advocates for Cultural Competence (MACC). “Allowing the physician

to determine which medications can and should be used based on the individual’s medical history, gender and other characteristics will help to ensure compliance and promote recovery and resiliency.”

The Coalition for Healthy Communities, made up of 27 member organizations, including NAMI Ohio, which advocate on behalf of individuals with alcohol, drug addiction and mental health disorders, believes that treatment decision-making and selection of medication is most effective when individualized to each person’s unique history and needs and is best left to the treatment providers and individual mental health consumers. As a result, the Coalition is seeking the inclusion of language in the FY ‘08 – ‘09 biennial budget which will prohibit Medicaid and Medicaid Managed Care Plans from limiting access to mental health medications.

Understanding Guardianship

By Jim Mauro

Rarely a week goes by that we do not receive a call in the NAMI Ohio office inquiring about guardianship. The call generally goes like this, "I have an adult child who has been diagnosed with bipolar disorder. He is treatment resistant, engages in unhealthy behaviors and is wasteful of what little financial resources he has available to him. I understand that becoming his guardian may help resolve these issues. What is involved in becoming someone's guardian?"

If you have a similar situation facing you, this is what you need to know. In very broad and general terms, guardianship over another is an authority granted to an individual Ohio resident by probate courts here in Ohio. You can seek guardianship over the person, the estate or both the person and estate of your child. Serving as guardian of your child's person means you will be able to do for him what he otherwise cannot do for himself because of his disability, such as make health care decisions. Being guardian of his estate means that you have authority to take care of his property and are responsible for the use of his money.

A guardianship is initiated by filing and application with the court. The forms used are prescribed by the court and are generally available from the clerk's office or on line at the court's web site. Most court clerks will assist you with getting the forms you will need and can advise you as to any fees that must be paid. The application will gather information about the applicant and includes an Expert Evaluation of your son to be completed by a medical

professional, generally a doctor, who has knowledge of your son's condition and can render an opinion as to the advisability of making your son subject to a guardianship. You are responsible for getting the Expert Evaluation completed.

After you file the application the court will appoint a guardian ad litem (GAL), someone who works for the court and who will investigate your son's situation and gather information about your fitness to serve as guardian. The GAL will file a report with the court and make

"Serving as guardian of your child's person means you will be able to do for him what he otherwise cannot do for himself because of his disability, such as make health care decisions."

a recommendation as to the advisability of the guardianship. The court will hold a hearing on the application. Depending on the county you are in that hearing may be before a judge or a magistrate. The hearing may be relatively simple and may include only a review of the GAL report and the Expert Evaluation, and an inquiry by the judge of your son and you to determine his condition and your fitness. The hearing could be more complicated. Your son may choose to fight the appointment of a guardian. This might entail testimony by medical experts or others. He is entitled to be represented by a lawyer. You may

choose to have a lawyer represent you.

Once you are appointed by the court, you will receive letters of appointment, which demonstrate your authority to act on behalf of your son. You will be required to file a report with the court (every two years in the case of guardian of the person and every year in the case of guardian of the estate) keeping the court advised as to the status of your son, the continuing need for the guardianship and, if guardian of his estate, as to the condition of finances. Unless specified otherwise by the court, the guardianship is continuous, subject to the reports you file and the authority of the court.

Guardianship can greatly help a family in assisting a loved one who is ill. It is a responsibility not to be taken lightly nor entered into without due consideration of the family dynamics (your son may not think highly of your seeking a guardianship) and the responsibility assumed. You should seek legal advice as to the specific issues that you may encounter. You should also try to locate someone who has experience in serving as a guardian for a person with mental illness, especially a family member. Their experiences and council may prove very valuable to you in making the decision to seek guardianship.

New Skills Make a Big Difference

An Interview with newly trained CIT Officers

NEWSBRIEFS had the opportunity to talk with two police officers from the Columbus, Ohio Division of Police who recently completed the 40-hour Crisis Intervention Team (CIT) Training Course. CIT is a pre-arrest jail diversion program that provides 40 hours of training to law enforcement officers in psychiatric disorders, substance abuse issues and de-escalation techniques, and issues related to mental health and substance abuse. Officers receive empathy training from individuals with mental illness and are exposed to the views of family members. They also receive information on community resources for people in a mental health crisis. The program is designed to create a seamless link between law enforcement and emergency mental health services. Since the program was implemented in May 2000, approximately 2,000 CIT officers have been trained throughout Ohio. NAMI Ohio plays a pivotal role in the proliferation of CIT programs around the state.

Officers Deryl Kowalski and Scott Plate patrol the area around the NAMI Ohio office. The two have served as partners for over three years and agreed to share their perspectives on the CIT training program. Their precinct includes many mental health facilities, including Netcare Access, a 24-hour mental health crisis intake and Assessment Center. Read on to learn about their first hand experience and its impact on their work.

"I really like working with people with mental illness. Bad guys have a choice. People with mental illness don't."

NEWSBRIEFS: Why did you volunteer for the 40-hour CIT training?

Officer Plate: I don't brag about it, but I always say I'm good with kids, animals and individuals with a mental illness. Bad guys, I don't do so well with.



I guess I'm a little bit softer than a lot of officers. I just try to treat everybody fair and with respect: people with mental illness, bad guys, stranded motorists. I think that helps a lot. But I really like working with people with mental illness. Bad guys have a choice. People with mental illness don't.

NEWSBRIEFS: How did the training change your perception of mental illness?

Officer Kowalski: I wasn't aware

until I heard the panel of consumers at the training talk about how the disease just takes hold of somebody. I can never fully understand it because I don't live it. Now I have a better idea of how difficult it is to manage this illness, like taking medication that sometimes works and sometimes doesn't. They have to constantly be aware of it, constantly trying to figure out how to get well and then stay well. It's amazing to me.

Officer Plate: We see so many repeat offenders you start to think, "Nobody changes." The panel helped me understand that people with mental illness are trying to get help – trying to fight their demons and get on with their lives. The panel helped me to see that there is hope. The bad guys are going to get caught and go to prison for thirty years and, when they get out, they're going to do the exact same thing. That is not the case with people with mental illness, who just want to get help.

NEWSBRIEFS: What part of your training had the biggest impact on you?

Officer Plate: I like how you learn you have other options rather than just taking someone to Netcare. You can contact someone to come over and talk to that person, or find someone who can help him get his electric turned back on if that is the problem.

Officer Kowalski: What the training does is help you be a little more patient.

If it takes you ten or twenty extra minutes to listen to someone and figure out what's going on and get them the help they need, then you or someone else is not going to have to handle another run there. Before I used to think, "Ok good, I got him in Netcare – we're good to go," and then I would get in the car as fast as I could. Now, when someone is in a crisis, I say, "Listen, I understand you're not feeling like yourself right now." Then

"Now, when someone is in a crisis, I say, "Listen, I understand you're not feeling like yourself right now." Then I try to do the best I can to get them what they need because I know they are turning to me for help."

I try to do the best I can to get them what they need because I know they are turning to me for help.

NEWSBRIEFS: There is a lot of debate about whether CIT should be voluntary or mandatory. What are your thoughts on that issue?

Officer Plate: I don't think anyone is avoiding the training. For me, the only part about the training was getting there. It ran from 8-4 and I work second shift. I had to ask myself, "What I am going to do with my kids?" That was my biggest concern. It had nothing to do with the type of training it was. Family issues and other commitments are what hinder officers from taking the class.

Officer Kowalski: And the class size is limited. That's another reason why some officers don't take it. They can't get in. Personally, I think all forty hours should be covered in the basic peace officer academy. It is just as important as anything else that we do. It's another tool on your tool belt.

Officer Plate: For someone who has been on the street for fifteen years, this training probably won't make a difference. It's hard to tell anyone who has been doing something for so long how to do his or her job. That's why I think it should be part of the academy. If they can certify you to be a CIT officer right out of the box, that is the best way to help people with a mental illness and in the long run, the Police Department. Getting this information is only going to help.

NEWSBRIEFS: Is there a case that stands out in your mind that you were called to since your training where you were able to use your new skills?

Officer Kowalski: A couple of weeks ago, we got called out when somebody was giving the staff at Netcare a hard time and refusing to take her medication. We were persistent but patient. We listened to her, gave her some options so that she felt like she was in control of the situation, and eventually she agreed to take her meds.

NEWSBRIEFS: I'm curious, how does the dispatcher know when to send out a CIT officer?

Officer Plate: Our dispatchers are good. They know the address and the phone numbers because we get a lot of repeat calls. They try to send the officers who are best equipped to deal with the situation. Just like when there is a bank robbery, they send out the officers that have the shotgun in their car. Our code for cases involving a person with mental illness is 16B. These are always two-officer runs.

NEWSBRIEFS: There are many law enforcement agencies around Ohio

that still have not sent their officers to CIT training. Some have chosen not to because they can't afford to spare their officers for 40 hours and others because they are not convinced the training is necessary since only a small percentage of their calls involve someone in a mental health crisis. What advice do you have for them?

Officer Plate: I understand that, if you live in an area with only a few police officers, it is hard to justify taking them off the street. That is another reason why providing the training in the academy would make a big difference.

Officer Kowalski: The only thing I can add is that if you're a police offer, some day you are going to encounter a person with a mental illness. Just like you have to know how to deal with someone with a gun, someone who is drunk or someone who wants to fight you, you have to know how to deal with someone with a mental illness. All of that comes back to whether or not you go home at the end of the night.

Officer Plate: Like my partner says, the training can make a difference in whether you come home at the end of the night and see your wife and kids. The thing is, you rarely get the chance

"Like my partner says, the training can make a difference in whether you come home at the end of the night and see your wife and kids."

to help someone out here. What we do is mostly reactionary. When we can help a person with a mental illness get some treatment, it really feels like we can make a difference. The CIT training is a really good program.

Officer Kowalski: Yes, it is really worthwhile.

Local Affiliate Reaches out to Latino Community

By Anita Martinez-Folger
Hispanic/Latino Program Coordinator of NAMI of Greater Toledo

The Hispanic/Latino population is now the largest minority in the United States. NAMI of Greater Toledo places considerable importance on meeting the needs of this population and goes to great lengths to work with and reach out to these members of our community.

Our support and education services include offering "Familia-a-Familia" classes in Spanish, a Hispanic Support Group and a Latino Women Support Group. In addition, we participate in NAMI National's "Latino Expert Group" and provide input into the development of a NAMI Spanish language newsletter, NAMI Avanzamos.

One of the biggest obstacles for the community mental health system in meeting the mental health needs of the Hispanic/Latino population is that

we do not have any Spanish speaking psychiatrists in the Toledo area, and very few Spanish speaking therapists. Unfortunately, this means the system must rely on interpreters, which is less than ideal when discussing feelings and emotions as they do not always translate directly. This reality makes our role even more critical, because we can bring individuals and families struggling with this illness together in a supportive environment.

One way that we have found to be successful in connecting with Latino families has been by visiting migrant camps. Because many of those living in these conditions are economically impoverished and struggling to meet their basic needs they are identified as a high risk group for depression, anxiety,

and substance abuse. Families have told us how comforting it is to them to have a NAMI presence in these camps and to know that they can connect with us in times of crisis.

The Latino families who are involved in NAMI look upon us as family. Often, they are relieved to learn that we are not mental health professionals, but are family members like themselves who are concerned about the family as a whole, and not just the individual who is ill. We have discovered that establishing relationships by providing education and support to Latinos struggling with mental illness has opened the door here in Lucas County for continued education to the Latino community as a whole.

NAMI Ohio Remembers Bob Kloes



Pictured are Harvey Snider, NAMI Ohio President; Brittany Harris, granddaughter & Christy Taylor, daughter of Bob Kloes; and Jim Mauro, NAMI Ohio Executive Director. NAMI Ohio presented Christy and Brittany with a

beautiful lithograph painted by Velma Beale, Past President of NAMI Ohio, in memory of Bob. Bob Kloes (Marietta, Ohio) served as a NAMI Ohio Board member from 2001 - 2007. Bob, who passed away in January, will always

be remembered by the NAMI family for his tireless advocacy on behalf of the consumers and family members in Ohio dealing with mental illness.



The NAMI Ohio Election

Help Choose NAMI Ohio's Leadership and Direction

Who should represent you on the NAMI Ohio Board of Directors? What changes in the bylaws do you support or oppose? As you read the following statements from the candidates, consider NAMI Ohio's potential leadership and future direction. Share your opinions with members of your local affiliate. You can influence the future of NAMI Ohio. This NewsBriefs insert is your primary source of information about the NAMI Ohio Board candidates and potential bylaw amendments before the vote is taken at our annual meeting on **June 2nd** at the Hyatt Hotel Regency in Columbus. This will be your reference for voting. After reviewing the information, contact your local NAMI affiliate to voice your preference for NAMI Ohio Board members and bylaw revisions. **There will be an opportunity to meet the candidate on June 2nd at 11:00.**

Who Gets To Vote?

Affiliates

- Each affiliate in good standing shall be entitled to cast a vote(s) based upon the number of current individuals or family members in good standing four weeks prior to the annual meeting.

What Do We Vote On?

Board of Directors Election-

Each affiliate will be given an official ballot. This ballot will list candidates representing four regions of the State of Ohio. **Affiliates vote for candidates in all four regions, not just candidates for their own region.** Each candidate has been asked to submit responses to these two questions:

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?
2. What do you think are the most pressing issues facing Ohio's mental health system?

Those elected will serve full three-year terms except in the Northeast where one of the three candidates elected will serve a one-year unexpired term.

Bylaw amendments-

The proposed bylaw changes appear on the pages after the candidates' statements. The NAMI Ohio Board of Directors has prepared them. Strikeout wording reflects proposed deleted text. All words appearing in bold text reflects proposed new language.

- *Bylaws or amendments must pass by a two-thirds (2/3) majority of the voting power of the affiliates voting.*

How Do We Vote?

Affiliates will receive a delegate form, a sample ballot, and instructions by mail. Local affiliates may elect anyone to serve as a delegate for their group. The delegate's name must be submitted on the delegate form prior to the annual meeting or presented on-site with written authorization from the president or executive director.

Statements Of Candidates

On behalf of NAMI Ohio, we are pleased to present the Board member candidates for the fiscal year 2008 elections. We are excited to have such a fine list of candidates to present to our membership. Each candidate was asked to answer two questions. The candidates are listed by alphabetical order in each region.

Central/Southeast Region – Select 3 Candidates

Anne R. Robinson
Columbus, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

I have been a Board member at NAMI Ohio since before Terry Russell became Executive Director, and a Board member, and now Executive Director of NAMI Franklin County. As a Board member, I'm interested in setting specific goals with workable objectives as a guide to forwarding a group's mission. There is a tendency for groups to spread themselves too thin and try to do too much, rather than focusing in on a few important issues and exploring them in depth. This can lead to nothing getting done.

NAMI Ohio does an excellent job of dividing responsibilities into manageable units. The Board meetings are interesting and easy to follow. Stacey makes the budget comprehensible. An important part of the Board meeting is the meals together and the fellowship they offer.

My qualifications to serve include pragmatism, passion for mental health issues, and willingness to be an active advocate for changes in our broken system of care. I hope to continue serving on the Board.

Steven W. Schierholt
Westerville, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

Near the beginning of my law enforcement career, while serving as a county Sheriff's Deputy, I became involved in my county's mental health association. Although my involvement wasn't long or in depth, it was educational and further elevated my interest in mental health issues. During that period of time, I volunteered on a local crisis hotline. As typical, we received training and then committed to a certain number of hours per month staffing the hotline's telephones. Because of work and family demands and the distance between my home and the hotline office, my involvement ultimately ended. I can say that the experiences gained there helped me a great deal as I continued my career.

I have been in law enforcement for nearly 30 years, working in nearly every level from patrol officer to command positions. For the past 2 _ years I served as the Executive Director of the Ohio Peace Officer Training Commission. During my tenure I

2. What do you think are the most pressing issues facing Ohio's Mental Health System?

The most pressing issues facing NAMI Ohio include:

1. Housing that's clean and adequate, including supported housing.
2. A revision of the laws of commitment to make it easier to hospitalize someone who cannot care appropriately for their needs, while protecting the person's rights.
3. Better coordination between hospital and agency, or release from any of them so that the patient gets to their next destination with adequate medication.
4. An adequate formulary available to everyone regardless of means.
5. Consumer-run programs and drop-in centers.

advocated to the Commission for the update of the Ohio Peace Officer Basic Training unit addressing among other things, the manner in which Ohio Peace Officers interact with emotionally disturbed and/or mentally ill persons. This training was increased from a mere 3 hours to a more respectable 16 hours. I worked with Justice Stratton, Mike Woody and others to incorporate CIT concepts into this training and have since worked to enhance the level of competence of those providing the training. I recognize that this is just a start, however, the best ideals and initiatives are for naught if they will not be properly received by those affected by them. In this instance, I believe that my law enforcement perspective has helped to provide balance and to achieve support from the law enforcement community. My knowledge of law enforcement practices, my experience as the director of a State agency regulating law enforcement training and my relationships with law enforcement executives across the state, positions me to provide NAMI Ohio with insight into what might be supported by law enforcement and the ability to network with Ohio's Chiefs of Police and Sheriffs.

This ability to network effectively is evidenced by the passage of Senate Bill 281 in the last legislative session. SB 281 mandated continuing professional training for law enforcement, an ideal that had been pursued at various times over the past 20 years. As the legislative agent for the Peace Officer Training Commission, SB 281 was one of my highest priorities and its passage I'm sure was due in part to my ability to work with the interested party's to gain consensus.

2. What do you think are the most pressing issues facing Ohio's mental health system?

A. Affordability of medications. Medical advances provide promise for those suffering from mental illness; however, if the medications are not accessible, they are of little value. The disruption of medications associated with the release from incarceration is being addressed and I would welcome the opportunity to assist these efforts.

B. Housing. I believe that homelessness and mental illness are closely related. Efforts to help the mentally ill, I believe, necessarily reduce homelessness and reductions in homelessness help the mentally ill.

Tom Walker
Athens, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

As the father of a son with schizoaffective disorder, my wife Anne and I have become active in advocacy and support for folks with mental illness and their families. I was the past President of NAMI Athens and a current member of its Board. The local NAMI projects in which he is deeply involved include the Ridges Cemeteries Project (Chair); The Crisis Intervention Training Committee (NAMI rep); NAMI's semi-annual conferences on "Mental Illness, Recovery and Hope;" a monthly local public radio program dealing with mental illness (Host); and fund raising projects such as the Kroger Gift Card Campaign and the NAMI Fall Fund Drive. Walker also serves on the Board of Advisors of Fred Frese' state consumer organization, the Adult Recovery Network and has served one term on the NAMI Ohio Board of Directors.

For my work in behalf of folks with mental illness and their families, I have received several awards including (with Anne) the Rita Gillick Mental Health Advocacy Award (2002), a NAMI Ohio Stigma Buster Award (2003) and The Ohio University Affirming Humanity award (2007).

2. What do you think are the most pressing issues facing Ohio's Mental Health System?

Currently, two problems stand out: The first is the possibility that, in order to cut costs, HMOs will chose to limit doctor/patient access to the more costly psychiatric medications. In fact, some are already doing so. Our NAMI is in the thick of a campaign to

C. Law Enforcement and the courts. A recent incident from Columbus highlights for me the need to further train and sensitize law enforcement. James Smith, a man described by his attorney as having obvious mental disabilities, was released from the Franklin County jail into the cold without transportation. His body was found five days later. He had frozen to death. The Sheriff defended his actions, citing policy and work load.

I believe that law enforcement needs to recognize special needs and be empathetic enough to properly react to that recognition. "Following policy" should not be a shield. The Ohio Revised Code requires that a law enforcement officer activate her emergency lights and siren to disregard traffic laws including speed restrictions. Anyone who has ever worked in the field recognizes the impracticality of this requirement and it is routinely ignored. It is ignored because that restriction gets in the way of getting the job done. Law enforcement policies are necessary; however, they should not get in the way of doing the right thing.

lobby regional senators and representatives to force HMOs not to restrict access.

In addition, the rising cost to public agencies of obligatory Medicaid-matching threatens to force ADAMHS boards to eliminate funding for most other programs to assist the mentally ill. Ironically, just as the provider community has come to accept the idea that the old "medical model" - shrinks and pills - is not sufficient, in itself, the "Medicaid gobble" threatens to devour the equally important programs of the "recovery model."

In Athens, public funds for recovery-related programs such as our drop-in center, CIT and Respite, the Athens Photography Project, NAMI, etc. will be completely gone in three years if nothing is done.

In addition to these political problems, NAMI Ohio must also work on building/rebuilding affiliates. We've been doing a good job, but a lot remains to be done. New NAMIs or atrophied NAMIs need to be helped to grow or rebuild.

And, of course, to do most of these things, money is important. We must constantly be brainstorming on ways to preserve and enhance NAMI Ohio's current position as the best endowed NAMI in the country.

Northeast Region – Select 1 Candidates

Joseph A. Locala, MD
Bratenahl, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

I've served on the NAMI-Ohio Board of Directors for three years, and believe that I have fostered stronger links between NAMI and the Ohio Psychiatric Association. We enter an era in which wonderful changes can happen in delivery of services and care for those with psychiatric illness. I have been honored to be chosen as president-elect of the Ohio Psychiatric Association and will take office as president of the OPA in 2008. My role in both NAMI and OPA will enable an even closer alliance between both organizations, which is critical to achieving our common goals.

I am a psychiatrist and have practiced for 13 years in Cleveland as a clinician, educator and researcher. I am currently director of consultation psychiatry and emergency services at University Hospitals Case Medical Center and have faculty appointment as Associate Professor of Psychiatry at Case Western Reserve School of Medicine. I'm board certified in both Psychiatry and the Subspecialty of Psychosomatic Medicine. My practice in consultation-liaison psychiatry affords the opportunity to care for patients with all types of brain disorders, including those which straddle the interface between psychiatry and neurology, as well as mental illness that presents as a co-morbid condition with severe medical problems and substance abuse. The scope of my practice also involves crisis management, emergency department consultations, outpatient clinics, group therapy, family counseling, legal assessments and ethics debates. I serve on the University Hospitals ethics committee and clinical operations and educational executive committees for the Department of Psychiatry. In this era of promise for the transformation of mental health care, I believe that a physician with strong clinical and research expertise would serve NAMI well in its mission to educate the public, influence the opinions of lawmakers and develop optimal plans for service.

My longstanding interest in mental health care reform has arisen from a wide variety of professional experiences. I've held numerous offices in the Cleveland Psychiatric Society and served as President from 2002-2003. I've been active in the Ohio Psychiatric Association for eleven years and served on Council for six years, as treasurer for the past two years and hold appointments as Chair of the Program Committee and in the Government Relations and Executive Committees. I've been a member of the Medical Advisory Board of NAMI Greater Cleveland for the past five years. I graduate from the Mental Health Executive Leadership Program at Case Western School of Management in June 2007.

I have a very personal motivation behind my desire to contribute to NAMI, which predates all of the experiences I've listed above and runs much deeper. Throughout my lifetime, our family has cared for the special needs of my younger cousin, Eric, who is autistic. As a child, I struggled with a lack of understanding and awkwardness of trying to discover a way to communicate with

Eric. The entire family became involved in his behavioral treatment and dealt with a frustrating lack of available guidance. Now, as a psychiatrist, I act as advisor for treatment options and assist with the difficult but necessary task of planning to ensure that his future welfare is protected. I've recently become his secondary guardian, and will assume responsibility for Eric should my aunt be unable. I am proud of Eric. Now, he lives independently, holds a full-time job and maintains his own apartment. My wish would be that all families affected by a member's mental illness might one day share this same feeling.

2. What do you think are the most pressing issues facing Ohio's mental health system?

I strongly believe that the primary obstacle to quality care and services for persons with mental illness is stigma. Other major issues include delay in diagnosis, lack of insurance parity, poor access to care, cuts in government funding, limited rehabilitation and housing, and the disparity in delivery of mental health services to specific populations. All of these problems stem to some degree from the stigmatization of persons with mental illness. Individuals and lawmakers in our society make decisions based upon their belief systems, and allocation of resources and funding is determined by personal choices and priorities. Stigma fosters an environment in which attitudes of avoidance and discrimination are condoned. Furthermore, patients begin to feel shame and hopelessness in response to stigmatization. What emerges is a society with little motivation to provide support, and a group of individuals who do not feel empowered to request equal treatment. Acceleration of research, development of evidence-based practices and widespread expansion of public education are necessary to combat stigma.

And yet, we face a predicament. How can valuable resources be utilized in advocacy efforts when the mentally ill lack basic needs, access to medical care and the money to afford medication? We need to fight for short-term victories to provide some measure of relief within the system. However, I hope that we never lose our ideal vision of a revitalized and fair mental health system.

Southwest Region – Select 2 Candidates

Jennifer Guthrie
Beavercreek, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

When I think of my experiences and qualifications that make me a good candidate for the NAMI Ohio Board, I have to think of my experiences as a consumer. I have been diagnosed with a severe mental disorder since I was 23. I have suffered with PTSD since I was 10 years old. Although I have been through many trials with the mental health care system, I have been lucky never to have been hospitalized for an extended period of time. I have experienced the mental health system in both Tennessee and Ohio. I have undergone many different treatments, including EMDR, ECT, many different medications, DBT, and talk therapy. I have been diagnosed with several different illnesses before everyone seems to have come to a consensus on schizoaffective disorder.

I have learned a great deal throughout my illness and recovery. I consider myself in a strong recovery program. I have returned to work part time and am starting school this summer to become a vocational counselor. I do everything I can to keep myself informed and to inform the community of new advances and programs in mental health. I love sharing my story and have recently been encouraged to get involved in the legislative process through my experience at the NAMI family reunion in March of 2007. I am going to be speaking to my legislative representatives again in May concerning issues of disability.

2. What do you think are the most pressing issues facing Ohio's mental health system?

Awareness, education, and better laws to protect Ohio's mental population are all issues I feel strongly about. Awareness needs to be expanded to consumers and those who are "chronically normal" (as Dr. Freise puts it). The message of recovery needs to be carried to all areas of our community, especially our faith community. So many people turn to their churches in times of crisis and our churches need to be better equipped to advise and to counsel those in these situations.

Education is so important. I will be going to Peer to Peer training in April and am excited about spreading the knowledge that I have gained through my recovery and from my research. Stigma against mental illness is reduced through education. I look at how NAMI has educated such companies as GM into changing their commercials. (I am speaking of the Super Bowl commercial that originally ended with a robot committing suicide by jumping off a bridge because it had failed at its job.) I want to be a part of the solution.

Our laws need to protect those with mental illnesses. While parity has passed, it is a very watered down bill. There are also concerns of access to medications for those on Medicaid. I want to become more involved in the legislative issues that affect our mental health community and pass this information on to our legislatures so they can make informed decisions about their votes. They need to realize how many people are impacted by mental illnesses and make it a priority in their political careers.

Linda L. Rath
Batavia, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

I have previously served on the NAMI Ohio Board and have experience on the goals and the operation of the Board. I have enjoyed my term and have learned much about the Ohio mental health system. I was very involved during the board's advocacy for parity. I spoke to many groups about parity and went before a televised session with our county commissioners. I have served on the Regional Board on Mental Health for the SW District of Florida. I traveled to all counties and met with Program Directors and viewed services in our district. I have been involved with NAMI in Florida and Ohio since the onset of my son's illness in 1985.

I have served on the Clermont County Mental Health and Recovery Board where I developed a working relationship with the executive direction. She and I meet on a regular basis and share information. I have been very involved in helping family members resolve issues they may have with the mental health system. I am proud to say that our providers now come to NAMI and want to be guest speakers

at our meetings.

2. What do you think are the most pressing issues facing Ohio's mental health system?

It is hard to choose the most pressing issue since every issue is important. Money is always a number one issue and we must unfortunately advocate for monies for programs, medication, services, etc. There is no other illness that we have to constantly work to keep from losing funding. After funding I feel very strongly about access to medications. It has been my concern for many years. We have to educate people about the effects medication have on people with mental illnesses. We cannot let the bureaucracy cause unnecessary hardship on people who are doing well on their medications. NAMI members must be involved and aware of our politicians and we must educate them about mental illness and how their decisions can affect consumers and family members.

Northwest Region – Select 3 Candidates

Larry McGlinchy
Norwalk, Ohio:

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

My previous experience on the Board of Directors gives me insight on NAMI's past, present and future goals.

As president of Huron County NAMI since its founding in May 1998, I have worked on taking the local goals from a monthly meeting as a family support group to adding separate meetings for consumers with Bi-Polar, CIT training for Police Officers (First class in October, 2006 and second class scheduled for April 23-27, 2007) and Family to Family (First Class January-March 2006 second class starting March 20, 2007). We also have a community education program on understanding mental illness scheduled for March 15, 2007 at our local Lutheran Church that I hope will be attended by our Faith Community as well as interested citizens. At our last meeting one of our NAMI members submitted plans for a chicken dinner to raise money and we also plan on taking part in

a NAMI Walk in an adjoining county.

I have personal experience with a family member (son with schizophrenia) and this adds to my incentive to help our citizens who have a mental illness as well as to work on the education of all to erase the stigma. The cost of medicine has always been of interest both now and when I worked as a county employee. I have done research in the past on the cost in other countries such as Canada and certainly would work for a way to reduce the cost here. Since I am now retired, I am able to devote more time as a mental health advocate.

2. What do you think are the most pressing issues facing Ohio's Mental Health System?

- A. Open Access to Medication
- B. Housing
- C. Limited number of psychiatrists, especially in rural areas

Pamela McGlothlin
Ottawa, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

In my life I have been a child, sibling, spouse and parent of someone with a mental illness. My parent and ex-spouse are people who have not been treated for their illness and I see how their lack of treatment has affected so many lives. My sibling and my daughter have both received treatment for their illnesses. I see the differences that medication and talk therapy have mattered in their lives. I also have seen the stigma that has occurred in my own family because of their illnesses.

I have had to deal with the juvenile justice system, law enforcement, the school system, and have seen what problems and lack of information on mental illness can cause. When we went from private to public mental health care, it was very evident to me that the mental health care system in our community is broken and not family friendly. In dealing with our local affiliate I see many families who don't know where to turn for help or what help is available to them.

I hope to transform our system so that if my grandchildren would

need it my children would find a family friendly and stigma-free system. In bringing my granddaughter Morgan to NAMI events, I hope to instill in her a passion for helping those who cannot help themselves.

2. What do you think are the most pressing issues facing Ohio's Mental Health System?

I feel there are two pressing issues facing Ohio's mental health system. The first being the restrictions that are trying to be placed on access to medications that our loved ones need in order to work on recovery. If our loved ones are restricted from the medications they need this will not only be devastating to them, but to their families as well. This will also, in the long term, put more of a drain on the Medicaid system.

The second being to qualify for affordable housing whether it be a group home or assisted living environment. The families in our community have to go out of county for most of their housing needs. We need housing where our loved ones learn living skills and are able to be as independent as possible. We need to advocate against our loved ones just existing in the group homes available.

Phyllis Putnam
Tiffin, Ohio

1. What experiences and qualifications do you have that make you a good candidate for the NAMI Ohio Board?

I am seeking re-election to the NAMI Ohio Board of Directors because of my sincere commitment to those who are in recovery and their families. Over the years I have served the mental health system in different capacities. I worked as a social worker in a

state hospital and a local mental health clinic. For over twenty years I served as the Executive Director of an ADAMHS Board in Northwest Ohio. Since retirement I have provided support to a group of consumers and serve on the local Mental Health and Recovery Services Board.

My relationship with NAMI started locally as a facilitator to a

Family Support Group and attending a Family to Family Class. A family member asked if I would like to serve on the NAMI Ohio State Board which I believed to be an honor.

Many changes have occurred since my coming on the Board. NAMI Ohio is recognized throughout the state and country as a true voice for those with mental illness. We have advocated and educated the public on the need for better mental health services throughout the state. It was NAMI Ohio that persevered to get Mental Health Parity passed this past year. I am proud to be part of this organization.

2. What do you think are the most pressing issues facing Ohio's Mental Health System?

Through my experience I saw the importance of safe, affordable housing in the recovery process of our loved ones. In addition, I

saw that consumers needed housing options that would meet their needs. Since being on the NAMI Ohio Board I have focused on seeing that additional housing becomes available to our consumers throughout the state.

In addition to housing, NAMI Ohio must take an active role to see that appropriate mental health services for both children and adults are available and accessible throughout the state. We must work closed with the State Department of Mental Health to assure that it understands the real needs of those with mental illness. We must also educate and advocate with the legislators to pass legislation that will benefit the consumers and their families.

Much needs to be done to help consumers in their recover including the stigma they meet every day. I would like to be part of the group (NAMI Ohio State Board) that will make this possible.

Proposed Bylaw Revisions or Amendments

The NAMI Ohio Board of Director is proposing the following revisions or amendments to our current bylaws. The intent of these changes is to operate in a way that makes our organization more effective in meeting our mission. Please review the proposed changes and be prepared to vote on these changes at our annual meeting. Strike out words reflect proposed deleted text. All words appearing in bold text reflect proposed new language.

Title of the Bylaws

~~NATIONAL ALLIANCE FOR THE MENTALLY ILL OF OHIO BYLAWS~~

Insert

NATIONAL ALLIANCE ON MENTAL ILLNESS OF OHIO BYLAWS

ARTICLE I

NAME

~~The name of this organization shall be the National Alliance for the Mentally Ill of Ohio (NAMI Ohio).~~

Insert

The name of this organization shall be the National Alliance on Mental Illness of Ohio.

Rationale:

The NAMI Ohio bylaws should reflect the correct name to be consistent with our national affiliate.

ARTICLE V

MEMBERSHIP MEETINGS/SECTION 1.

~~The annual meeting shall be held in late April or early May.~~ The President shall give notice of this annual meeting to the membership by mailing notice not less than thirty days prior to the meeting. At a membership meeting, a quorum shall be deemed to be present if one-fourth of the local affiliates are represented by at least one delegate or alternate. This meeting shall be open to all persons.

Replace first sentence in its entirety and in its place insert:

"In setting the date for the Annual Meeting, due regard will be given to the availability of appropriate space and facilities and to maximizing the financial resources of NAMI Ohio in supporting the meeting. Whenever possible, the Annual Meeting shall be scheduled in late April or early May in keeping with the tradition established by previous annual meetings."

Rationale:

The NAMI Ohio Board of Directors felt that there is a need for flexibility in scheduling the NAMI Ohio annual conference. Although there will be a definite attempt to hold the conference in April or May, there may be logistical and scheduling issues that factor into conference planning that may create a need to look at a broader time frame.

ARTICLE XII

NONDISCRIMINATION

~~NAMI/Ohio and its member Affiliates shall not discriminate against any person or group of persons on the basis of race, disability, creed, gender, religion, age or handicap in the requirements for membership, its policies, or actions.~~

Delete this section in its entirety and in its place insert:

"NAMI Ohio and its member affiliates shall not discriminate against any person or group of persons on the basis of race, disability, creed, gender, religion, age, sexual orientation or handicap in the requirements for membership, its policies or actions."

Rationale:

The NAMI Ohio Board of Directors felt that the inclusion of the language, "sexual orientation" rounds out the classes identified and appears to be in keeping with other nonprofit organizations.

Excerpt from Testimony before the House Finance Subcommittee on Human Services On H.B. 119, the Biennial Budget Bill

Jim Mauro, Ex. Director;
NAMI Ohio:

"There is no doubt that the system of care is broken and in desperate need of major overhaul. But we cannot ignore the here and now needs of thousands of Ohioans and their families while we discuss, plan, and implement yet another fix to this system. The erosion of real dollars in the system over past biennium has stripped the system of

its ability to meet even basic needs for Ohio's mentally ill. The few dollars that we have requested be added to the mental health related line items are little more than a weak effort to stem the rising tide of unmet needs. The fact is that substantially more is needed, some 70 million dollars more, just to bring the system back from the recent loss of inflation adjusted dollars. We urge you to look long and hard at this budget and give serious consideration to expanding

the dollars devoted to mental health treatment, especially to medication funding. We believe that over the entire budget, expanding treatment dollars is, at worst, dollar neutral in its effect. More importantly, it will reduce the devastating impact of serious mental illness on thousands of Ohio's most vulnerable citizens and the families who care for them."

Ohio's Mental Illness and the Courts Initiative Gains National Recognition

Seven states receive grant dollars to start similar program

Seven states that were recently awarded grant dollars to create a statewide task force led by their Chief Justices to develop and implement policy solutions to issues involving individuals with mental illness in the criminal justice system. The national initiative is modeled after the Supreme Court of Ohio's Advisory Committee on Mental Illness and the Courts, chaired by Justice Evelyn Lundberg Stratton. States selected to receive a grant include California, Florida, Georgia, Missouri, Nevada, Texas and Vermont.

"Chief justices, in particular, are in a unique position to bring together leaders from all three branches of state

government to improve their state's response to individuals with mental illness who are involved with the judicial process," Justice Stratton said. "The increasing number of individuals with mental illness cycling through our jails and prisons has a large impact on the administration of justice, public safety and tax dollars. "These statewide collaborative task forces are the next step to getting our nation on the right path to providing community treatment for this population who has been slipping through the cracks," Justice Stratton said.

According to the U.S. Bureau of Justice Statistics, nearly a quarter of

both state prisoners and jail inmates who reported they had a mental health problem, had served three or more prior sentences. The Ohio Advisory Committee has been successful in establishing local task forces throughout the state, resulting in Ohio having 31 out of the nation's 130 mental health dockets and court mental health programs. In addition, at the encouragement of the committee, Ohio also has more Crisis Intervention Team trained police officers than any other state with nearly 2,100 officers, which include officers from 43 sheriff departments, 175 police departments and 17 university campus security departments.

A Day in the Life of an Ombudsman



By Neal Edgar, LISW

For the past five years, I have been the Mental Health and Alcohol Drug Services Ombudsman for Mental Health America of Franklin County, Ohio.

My job is to advocate for consumers and family members in finding a resolution to problems in the mental health system of care.

While each day is unique, with activities varying between giving presentations to consumer and family member groups, or serving on a steering committee, the lion's share of the day is devoted to taking calls, or meeting with concerned persons who wish for resolution. I typically receive between four and ten new calls a day, and return all calls within twenty-four hours of a working day.

The following examples represent some of the calls received...

1. A former offender with a severe mental illness is released from prison and has run out of the 2 weeks of medication she received at the institution. It can be up to three months before she can see a psychiatrist at an agency where she is on the waiting list. She currently has no payer source for treatment. Unfortunately, I receive many calls like this, or from persons who have moved to our county and have run out of medications. In this instance, I called the agency Clinical Director who was willing to get the consumer in within the week. However,

I'm forced to be selective with asking agencies if they can "move someone up," as the demand for services increasingly exceeds the availability.

2. A consumer has learned that his case manager has spoken to his brother without having had a release of information signed. He is conflicted about what to do, as he likes his case manager. I educated

"I'm asked at times if this is a stressful job, given the nature of calls I receive. Any stress is more than balanced by the inspiration I receive by the sacrifice of family members and, ultimately, the courage and resiliency of consumers. "

the consumer with what options he had, such as filing a grievance and the seriousness of violating confidentiality. The supervisor was informed; the case manager was disciplined, but remained on as case manager per the consumer's request.

3. A parent who receives treatment for her mental illness states that bedbugs have repeatedly bitten her two young children. Following some calls, the landlord housed the family

in a motel while the apartment was sprayed.

4. A consumer is ordered by his Probation Officer to take an Anger Management course. He states an agency is refusing services because he was on probation. I contacted the agency and learned that the perceived discrimination was a misunderstanding. Nonetheless, he wished to get the service elsewhere, and I referred him to a different agency.

5. A woman calls saying her son has a mental illness and has been incarcerated at the county jail. She states that her son had been on psychotropic medication previously, but was being refused his medication. Upon calling the jail, I was informed that the consumer had received a psychiatric evaluation, but was refusing medication, which he legally had the right to do.

I'm asked at times if this is a stressful job, given the nature of calls I receive. Any stress is more than balanced by the inspiration I receive by the sacrifice of family members and, ultimately, the courage and resiliency of consumers.

The calls I receive vary in type and degree of challenge. I will always offer an empathic ear and treat the caller with the respect and dignity they deserve, and work with them to resolve their issue as quickly as possible.

Ask the Doctor



By Dr. Marion E. Sherman

Dear Dr. Sherman,

**My doctor wants to change my medication, but the medication I am currently on is working for me. What advice do you have?
-Satisfied With Where I am**

Dear Satisfied,

Communication between you and your doctor is *key*. Before you began the medication, you sat with your doctor and discussed the symptoms and difficulties that were impacting your life in a negative way. Now that you have been on the medication, you and your doctor can again sit together and look back at those original difficulties, and decide how effective your treatment has been in each area.

Let your doctor know why you want to stay on that medication, and ask why your doctor recommends change. Try to keep an open mind, because you are the one who stands to benefit by good short-term and long-term treatment plans. Perhaps invite a trusted friend or family member into the session, to help you make the best decision. Through honest and open discussion, you can partner with your doctor to make the most informed and safe decisions about your medication.

Warm Regards in Recovery,
Marion E. Sherman, M.D.

Dear Dr. Sherman,

**I have a family member with mental illness but he won't acknowledge that anything is wrong. How can I get him to see that he needs help?
-Frustrated in Fremont**

Dear Frustrated,

Mark Twain once said, "When I was a boy of fourteen, my father was so ignorant that I could hardly stand to have him around. But when I got to be twenty-one, I was astonished to see how much the old man had learned in seven years."

Perhaps your family member is at a developmental point where he will not *hear* what you *know*. In these cases, it may be all that you can do to keep an open channel with him, and be a person to whom he can confide. With an alliance built, you are in a better place to communicate should his reception ability increase. Even if he cannot now act on your recommendations, and he cannot feel *your* encouragement, he may someday recall your words and use them in making healthy choices.

If your relationship grows trusting, then ask him what he wants in life and ask him what he thinks that it takes to get there. He may find that some of his social styles, reactions, choices, or emotions are preventing him from reaching his goals, and may decide to allow others to help in the form of treatment. In the meantime, try to model good choices yourself.

Warm Regards in Recovery,
Marion E. Sherman, M.D.
Chief Clinical Officer,
Twin Valley Behavioral Healthcare
President, Ohio Psychiatric Association
Link: www.healthyminds.org/letstalkfacts.cfm



Ask the Child Psychiatrist

By Dr. Steven W. Jewell

**Dear Dr. Jewell,
My 13-year-old daughter has started cutting her arms. What causes this behavior and what should I do about it? - A Concerned Mother**

Dear Concerned,

This is more common than many think. A British study of nearly 6,000 students showed that over their lifetime, 13% of 15- and 16-year-olds carried out an act of deliberate self-harm, and that such acts were four times more common among girls than boys.

There are three broad reasons why a teen might do this:

1. For some, hurting themselves is a form of suicidal behavior. In fact, nearly half of the students surveyed above who engaged in the behavior said they had wanted to die.
2. For others, it can be a coping strategy to deal with intolerable pain. They inflict physical pain in order to distract themselves from severe emotional pain.
3. Less commonly, it can be "copycat" behavior. Some teens will mimic the behavior of peers in order to be accepted, even to the point of cutting themselves.

Thus, if you discover that your teenager is deliberately hurting themselves it is important to take action immediately. Because such behavior can be a sign of a serious underlying problem that may put your child's life at risk, you should arrange for an evaluation by a mental health professional as soon as possible.

Thanks for Asking,
Steven W. Jewell, M.D.

**Dear Dr. Jewell, How can I get my child's pediatrician and therapist to communicate with one another?
- Wondering in Westerville**

Dear Wondering,

If your pediatrician prescribes a behavioral health medication, it is important that he/she has active communication with your child's therapist, and also with you and (in most cases) your child's teacher. Thus the pediatrician gains the fullest understanding of the effects and side effects of the medication, and can adjust the dose accordingly.

If there is a breakdown in communication it is often because in a busy pediatric practice, where children are in and out of the office all day, there is limited time to take phone calls or talk with anyone at length. It is thus important to let your pediatrician know how important it is to you that communication occur, and ask his/her input as to how you can help make that happen.

The American Academy of Pediatrics (www.aap.org) offers its members tools to facilitate communication, including a number of checklists for tracking your child's response to medication. Your pediatrician should be willing to share those with you, especially if you offer to take responsibility for making sure that the right people fill out the appropriate forms at the right time.

Keep in mind that you, the parent, have both the right and the responsibility to insist on effective communication between all team members, and to hold each one accountable for their role in that!

Thanks for Asking,
Steven W. Jewell, M.D.
Medical Director; Child Guidance and Family Solutions
Co-Chair; Ohio Psychiatric Association's Child
and Adolescent Committee

Supportive Housing Surpasses \$5 Million



The Ohio Mental Health Housing Leadership Institute
Directed by NAMI Ohio

Housing is the cornerstone to Recovery. Since 2003, the Mental Health Housing Leadership Institute (MHHLI) has been involved in over a dozen supportive housing projects throughout the state. The institute has directly granted \$240,000 for four projects that will result in supportive housing worth \$4.3 million; these group homes will have case managers on site 24/7. The \$240,000 comes from an Eli Lilly & Co. grant. The projects also receive matching money from the Community Mental Health Boards, the Ohio Department of Mental Health, the Ohio Department of Development, and other sources.

In addition to direct grants, the MHHLI assists the Community Mental Health Boards in providing professional consultants to develop housing plans and write grants. Nearly \$100,000 in consulting fees paid by NAMI Ohio has generated over \$1 million in other supportive housing projects. The professional housing experts advise and assist Boards on assessing needs, preparing plans, obtaining grants and matching money, and monitoring development.

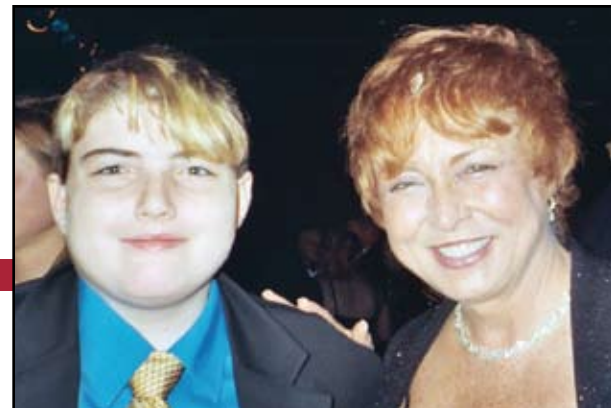
Three Habitat for Humanity houses have also been or will be built with contributions from the Institute. A

\$5,000 grant is combined with other donations so that a family experiencing mental illness can continue recovery in a home of their own.

NAMI Ohio looks for opportunities to expand the different types of housing to promote and support recovery for our loved ones throughout Ohio. For more information, contact the NAMI Ohio office at 614-224-2700.

Jonathan Slavens Wins the “Yes, I Can Award”

Jonathan Slavens with State Representative, Linda Bolon of Columbiana County at the Governor’s Ball in January.



The Council for Exceptional Children has awarded Jonathan Slavens a certificate of achievement for his nomination in Self-Advocacy for the Yes I Can! Awards.

Each year the selection committee has the difficult task of reviewing numerous excellent nominations and selecting the final Yes, I Can Award winners. This

year there was an extremely large pool of outstanding nominees in the nine categories.

Jonathan has been involved in various state and local activities; the Resiliency Ring with the Ohio Federation for Children’s Mental Health, speaking engagements with RED Flags, NAMI Ohio while attending Recovery Rocks!,

Suicide Prevention programs, and the Reauthorization of IDEA.

Jonathan is 15 years old, and in the 8th grade at Summit Academy Schools of Youngstown.

A Consumer View: Understanding Major Depression



By Reverend Pete Floyd, Retired

If you have a loved one diagnosed with major depression, you have probably struggled to understand what it must be like. If you're like most people, you have no doubt become frustrated to the point of anger, saying things like, "Why don't you just get up and get going?"

"When good things happen, we feel glad. When bad things happen, we feel sad. But in time, the feelings go away and our feelings return to normal; unless, of course, you have major depression. "

or "Why don't you stop thinking so negatively?" It is no surprise to me that you found these things unhelpful. As a person diagnosed with major depression, let me try to help you understand what it's like.

As human beings, we all experience feelings such as anger, fear, panic, love, hate, sadness, gladness and so on. When good things happen, we feel glad. When bad things happen, we feel sad. But in time, the feelings go away and our feelings return to normal; unless, of course, you have major depression.

People with major depression feel emotions that are disproportional to what others may view as normal. In other words, they have bad feelings even when things are not that bad. These feelings are caused by a biological dysfunction in the brain and not by some mysterious hidden unhappiness in their lives.

Think of it this way. If someone were to put a mood altering substance in your morning coffee, would life feel normal to you? Probably not. You would likely see, hear, and feel things that in reality are not there. You might feel high, or invincible. You may feel angry or aggressive. Maybe you would feel sad or paranoid.

The point is, nothing in your life has changed to make you feel these things, but something inside your brain has changed. Could you, by using positive thinking or willpower, change how you feel? No. Your loved one can no more control what he or she is feeling anymore than you could if you were involuntarily slipped a mood altering substance in your coffee.

Does that help? If not, try this. Imagine what it would be like to arrive home and find that your house has burned down to the ground and your family was killed in the fire.

Your brain would generate all kinds of crippling feelings, shock, fear, sadness, horror and on and on the list goes. No one would expect you to keep your golf game that evening or go to work the next day. Now, try to imagine if every day you awoke, you experienced the same intense sadness as you would if your home had burned down and your family had just died. Embrace your loved one as you would anyone else who has experienced this degree of sadness.

"Now, try to imagine if every day you awoke, you experienced the same intense sadness as you would if your home had burned down and your family had just died. "

Remember, this illness is no one's fault. Hopefully a treatment will be found soon to ease the pain of major depression. In the meantime, remember that it is as difficult to rise above as it would be if you were under the influence of a mind altering drug and as real as any pain you would experience if you lost your family in a fire.

Trusts Help Safeguard Benefits and Improve Quality of Life

By Karen S. Ausprunk, Esq. Executive Director
Community Fund Management Foundation

For most people, coming into a little extra money is a good thing, but for individuals with disabilities such good fortune can be a problem. Many people with disabilities receive means-tested benefits such as Medicaid and Supplemental Security Income (SSI). Means-tested means that an individual with a disability is not eligible for Medicaid if he or she has more than \$1,500 in resources and is not eligible for SSI if he or she has more than \$2,000 in resources. The receipt of assets from any source can impact the eligibility for these programs for a person with a disability.

As a result, many people who are concerned about the welfare of a family member or friend with a disability try to figure out ways to avoid the loss of benefits. It is not uncommon to hear of parents that do not leave an inheritance to a child with a disability because the inheritance would cause problems with Medicaid benefits.

Fortunately, there are ways for families and friends of individuals with disabilities to leave money for the benefit of individuals with disabilities through estate plans in a way that safeguards eligibility for means-tested government benefits. Similarly, disabled individuals who come into money through an inheritance, structured settlements, back-payments

from social security and even lottery winnings can set aside the money in such a way to safeguard their means-tested government benefits. Both federal and state trust laws exist that allow for the creation of specific types of trust vehicles for individuals with disabilities. Community Fund Management Foundation (CFMF) is a nonprofit, tax-exempt (501(c)(3)) organization that was created to establish and administer a trust program for Ohio residents with disabilities.

Community Fund Management Foundation (CFMF) offers trust accounts that are designed to help safeguard eligibility for means-tested benefits and allow the money in the trust account to be used to provide for quality of life needs and services of the individual with a disability.

Money in a CFMF trust account is held and invested by the CFMF trustee, U.S. Bank, NA. Community Fund Management Foundation reviews requests for distributions from the trust account to help safeguard eligibility for means-tested benefits. Distributions from a trust account must be for "supplemental needs," which under Ohio law are items or services not paid for by a governmental entity, but that provide joy, dignity or optimism to a person with a disability. Examples of supplemental needs include

cable TV, magazine subscriptions, vacations, including the cost incurred by helpmate; experimental or elective surgery; advocacy, including attorney fees; and items denied by Medicaid or other government programs. Supplemental services are items or services that do not duplicate government benefits but rather supplement them.

To maintain solvency and offset administrative costs, a CFMF setup fee is charged when a trust account is established. A CFMF annual fee is charged for accounts that have reached the level at which distributions can be taken. A minimal trustee fee is charged for the Pooled Medicaid Payback Trust.

Accepting the first trust account in January of 1996, CFMF has established over 1,100 trust accounts. As of March 2007, the market value of combined assets of the funded trusts was almost \$30 million. The Board of Directors of CFMF is composed of individuals from throughout Ohio familiar with legal issues and government benefits and services for individuals with disabilities. The Board of Directors and CFMF committee members serve as unpaid volunteers. For information about CFMF, visit www.cfmf.org or call (216) 736-4540.

State Launches Network of Care Website



Ohioans now have access to a breakthrough Web solution for individuals, families and agencies concerned with behavioral health issues. The Network of Care for Behavioral Health is an online resource that provides critical information, communication and advocacy tools with a single point of entry. The community-based websites were launched on March 19 at the NAMI Ohio Family Reunion held in Columbus for affiliate representatives.

The county-specific websites enable consumers and families to find behavioral health information, identify available services, supports and community resources; and keep personal records in a secure environment. A library on more than 4,000 health topics, direct links to legislators and bill tracking resources, access to low-cost insurance programs, and support and advocacy information

are all just a few clicks away on the Network of Care sites.

NAMI representatives who participated in the launch had these things to say about the Network of Care.

“Awesome!! The level of care for people with mental health issues just went sky high!!” ~ NAMI Tuscarawas/Carroll Counties

“This project is phenomenal. The scope for our population is just beyond belief. It is long overdue and so professionally done. Thank you so much!” ~ NAMI Mahoning Valley

“As a consumer and family member, I can easily say that this website is as wonderful as it is necessary. I cannot wait to navigate it on my own as well as

teach those around me in my county to do so. Thank you, thank you.” ~ NAMI Hancock County

Absolutely wonderful! Now we need to ensure our consumers have complete access and training! This empowers them to manage their recovery with all resources available! We finally have one-stop shopping! ~ NAMI Montgomery County

We really need this info and the internet is the most convenient way to have it available to the general public. Treatment works, but not half of the needy are receiving any care because they don't know what is available or how to reach help. ~ NAMI Medina County

What is The Network of Care?

The Network of Care is a one-stop online community resource, recognized as a model program by the President's New Freedom Commission on Mental Health. It provides vital information to help link consumers to support groups and personal advocacy resources in the community. The site also provides a repository of successful, creative ways for communities to respond to their behavioral health needs.

www.ohio.networkofcare.org

Reverse Raffle & Dinner Party



▲ Charleta Tavares, Executive Director of Multiethnic Advocates for Cultural Competence, helps Sos Codispoti draw tickets for the reverse raffle.



◀ Doug and Connie Weakley were among those that enjoyed the silent auction and went home with several nice items.



▲ State Representative Dan Stewart presents Jim Mauro with a proclamation from the Ohio House of Representatives.

The 2nd NAMI Ohio Reverse Raffle and Dinner Party was held on March 1, 2007 at the Confluence Park Restaurant in Columbus. The evening consisted of entertainment by the Buckeye Brass Band, a fine meal, and a chance to win the grand prize of \$5,000. The Master of Ceremonies for the evening was former local news anchor Holly Hollingsworth who has been an avid supporter of NAMI Ohio. The event was a huge success, raising over \$17,000.

Thanks are extended to all who attended, and to those individuals and corporations who donated items for the silent auction and door prizes. Special thanks go to event sponsors, Limited Brands and AstraZeneca Pharmaceuticals.



▲ Sherry Gilliam, Preventative Healthcare Services, Renee Hickman, Columbus Black Nurses Association, and Pauline Bryant, President of Columbus Black Nurses Association, were among the over 200 people who attended the event.



▲ Ohio State alumni comprise the Buckeye Brass Band who entertained at the 2nd NAMI Ohio Reverse Raffle and Dinner Party.



▲ Janet Shaw, Executive Director of Ohio Psychiatric Association, picks another ticket for the Reverse Raffle drawing.

NAMI Advocate Testifies Before General Assembly on Stigma Busting Bill



▲ Jon "Charlie" Alder

On March 14th, NAMI Ohio Board Member Jon "Charlie" Alder testified before the Senate Health, Human Services and Aging Committee and House Health Committee in support of legislation which would replace words from the Ohio Revised Code including idiot, imbecile and lunatic with the term "incompetent person." Senator Bob Spada (R-North Royalton) introduced S.B. 41 and Representative Jon Peterson (R-Delaware) sponsored an identical bill in the House, H.B. 53. Below is Charlie's testimony before the Senate Committee.

Thank you Mr. Chairman, and members of the Committee for the opportunity to testify in support of S.B. 41. My name is Charlie Alder, and I am here today representing the National Alliance on Mental Illness (NAMI) Ohio. NAMI Ohio serves as the voice of thousands of consumers of mental health services and their families throughout the state.

The last time I testified before a House Committee was on another bill sponsored by Representative Spada, the Mental Health Parity bill. I wish to thank those of you who voted in favor of that bill. It will go a long way toward helping to address the stigma associated with mental illness. The bill before you today, H.B. 53, will also help in this effort.

I am here today as a family member of a loved one that suffers from Paranoid Schizophrenia. My loved one is beautiful, intelligent, well read, and very talented. She can play a tune on the piano never having had a music lesson in her life. Give her an easel and a piece of charcoal and she can draw your portrait as well as any professional artist.

My loved one is not an imbecile, or an idiot....she's my mom. These terms such as lunatic, idiot, and imbecile are harmful and offensive to my mom and the over two million Ohio citizens with mental health disorders and their loved ones. The inclusion of these terms in our state's statute perpetuates the stigma associated with mental illness. Clearly, they need to be removed.

In the Surgeon General's Report on Mental Health, which was issued in 1999, the report identifies stigma as one of the greatest barriers to improved mental health care today. The reason for this is that stigma causes people to be ashamed of their illness and fearful of being discriminated against and this keeps them from seeking treatment. And treatment works. With proper care, individuals with mental illness can recover and lead meaningful and productive lives. Studies have shown an 80% recovery success rate

for bipolar disorder and over a 70% success rate for major depression, obsessive-compulsive disorder and panic disorder, and a 60% success rate for schizophrenia.

An increased awareness and understanding of mental illness can help close the door on stigma and the resulting discrimination and open the door to recovery and community acceptance.

One way we can all help to eradicate the stigma of mental illness is by listening to people who have experienced this illness. They are in the best position to tell us how mental illness and stigma affect their lives and to help us understand what must be done to improve the situation. I encourage you to seek someone out with mental illness and ask them about this issue. I am sure that they will have a strong opinion on the subject.

Ohio needs progressive public policy to improve the quality of life for thousands of Ohioans living with a mental illness. This bill is clearly an example of such a policy. I urge you to quickly pass H.B. 53 and send the message that the General Assembly recognizes the harm of stigma. Who knows, someone with mental illness may read about what you are doing here and have the courage to ask for help.

Wall of Honor

**In Honor of Richard & Marlene Paterson
and Shawn Cole**

Rebecca Cole

**In Honor of the patients of
Dr. Henry A. Nasrallah**

Dr. Henry A. Nasrallah

In Memory of Laverne Guerin

Brucella Meiser

In Memory of Nicholas Joseph Campo

Mr. and Mrs. Joseph Campo

In Memory of Margaret Mason Strab

Josiah and Jean Mason

**In Memory of William Chuko and Elinor
Alvord Sidner**

Barbara Chuko

In Honor of Jane Barman

Mary Jane and David Elsass

**In Honor of Michael, Eugene and Timothy
McGlinchy and Judith Giovanetti**

Larry McGlinchy

NAMI Ohio Extends Appreciation

**NAMI Ohio Extends Appreciation to the Following
Organizations for Their Generous Support:**

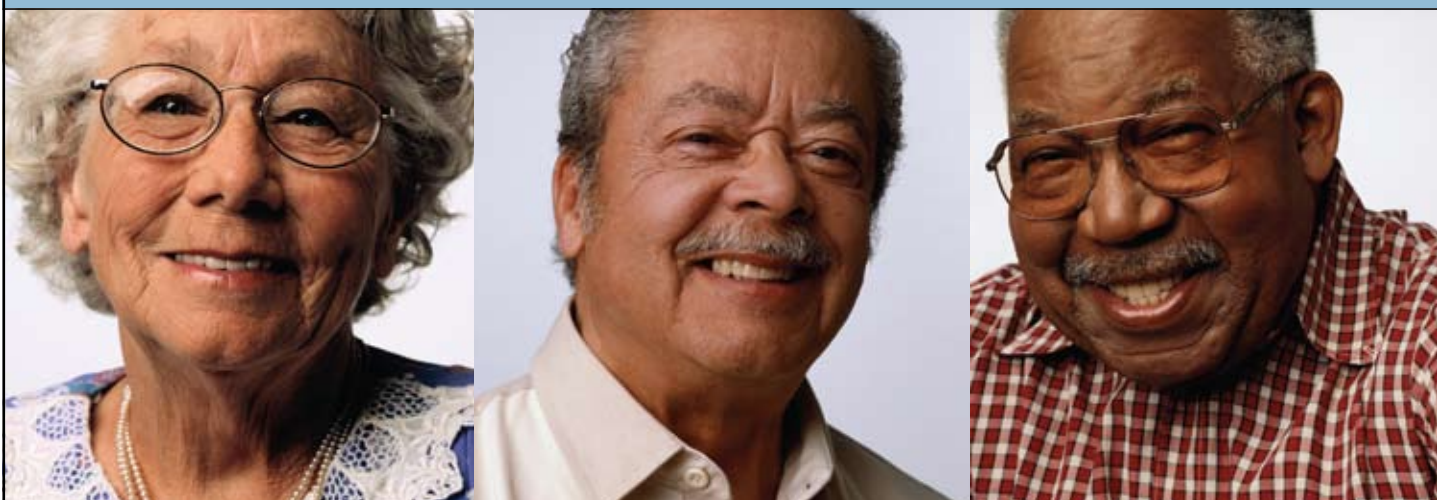
Abbot Pharmaceuticals
AstraZeneca
Bristol, Myers Squibb
Bob Evans Farms
Byers Chrysler
Cardinal Health
Centene Management Co.
CheckSmart
Eli Lilly and Company
Fifth Third Bank
Giant Eagle
GlaxoSmithKline
Harlow Marketing
Kiwanis
Kroger
Limited Brands

Moyer Financial Group
Ortho-McNeil Janssen Pharmaceutical Services
Pepsi-Cola Bottling Co.
Pfizer
Porter, Wright, Morris and Arthur
The Printed Image
Salvatori-Scott
Scotts Miracle-Grow
White Castle
Wyeth-Ayerst Pharmaceuticals

**NAMI Ohio Extends Appreciation to the Following
Individuals for Their Generous Support:**

Tom and Anne Walker
Jodie Ross
J. Donald Mosley
Diane Winfrey

Give people the hope they deserve by giving them the access to the treatments they need.



Access to affordable medications is a top priority for Eli Lilly and Company. This commitment is exemplified by Lilly's various patient assistance programs, which provide access to our growing portfolio of best-in-class and first-in-class medications that help people live longer, more productive lives, and reduce overall healthcare costs. (Medicines are generally less expensive than other forms of health care, such as surgery and hospitalizations.)

Ensuring access to medicines requires that many organizations and individuals work together, including the government, insurers, healthcare providers, patients

and pharmaceutical manufacturers. Lilly continues to lead and support efforts to improve access to medications.

That is why we are proud to introduce our newest patient assistance program, **LillyMedicareAnswers™**. This initiative is designed to give needy Medicare recipients the help they need to maintain vital continuity of care for bipolar disorder, schizophrenia, growth hormone deficiency and osteoporosis. To be eligible for this new program, individuals must enroll in Medicare Part D and meet certain eligibility requirements. For more information, call 1-877-795-4559 or visit www.lillymedicareanswers.com.

To learn more about all our patient assistance programs, call toll-free 1-800-545-6962, or visit our Web sites at: www.lillycares.com and www.lillymedicareanswers.com.

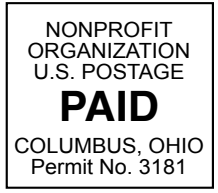
Lilly

Answers That Matter.



NAMI Ohio News Briefs

747 E. Broad Street
Columbus, OH 43205



Ohio's Voice on Mental Illness

747 East Broad St.,
Columbus, Ohio 43205

Phone: 614-224-2700
or 1-800-686-2646

Email: amiohio@amiohio.org

Website: <http://www.namiohio.org>

NAMI Ohio Mission Statement

"To improve the quality of life,
ensure dignity and respect for
persons with serious mental illness,
and to support their families."