



NAMI Ohio's

# NEWS BRIEFS

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Ohio's Voice on Mental Illness



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# On the Cover:



About the Art and the Artist: Damaris Abreu was first diagnosed with manic depressive, now bipolar disorder, at the age of 21. She remained untreated for eleven years. She used painting during her years as an elementary teacher to illustrate characters in stories she read to children. Once the illness became full blown, she was forced to seek help and take a disability leave. During her absence from work, she went to a NAMI Peer-to-Peer program in Cleveland to learn more about what it meant to have a diagnosis of bipolar disorder. There she met fellow artist, De’borha, who encouraged her to act on the creative dreams she held inside.

Today, Damaris is married, and a mother of three. Her ambitions are to return to teaching part-time, do freelance writing, publish several books featuring some illustration and photography, become a strong advocate for the mentally ill through speaking engagements to help fight stigma, and to minister God’s hope through her poetry and artwork.

## Save the Date

Leadership & Affiliate Development Conference

May 14-15, 2010

The Renaissance Hotel  
Downtown Columbus

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

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## Legislative Mental Health Caucus



On October 28th, members of the Legislative Mental Health Caucus met to discuss such difficult issues as the stigma of mental illness, mental health funding, and the status of insurance parity.

*Pictured above are Laura Moskow Sigal, Mental Health America of Franklin County; Former Senator Bob Spada; Rep. Kenny Yuko; Rep. Ted Celeste; Betsy Johnson, NAMI Ohio; and Rep. Peggy Lehner.*



# Letter from the President

By Rory McGuinness

## Health Care Reform – Where Do We Fit Into the Debate?

With so much information coming at us about health care reform, it is difficult to know how to advocate most effectively for the interests of people with serious mental illness. For this reason, we have attempted to identify key elements that we believe would be of significant benefit to those with serious mental illness.

It is NAMI Ohio’s position that health care reform should:

### Guarantee equal coverage for adults and children:

Despite the fact that Congress and the Ohio General Assembly have passed mental health parity laws, there are still sufficient loop holes in these laws that result in unequal treatment for individuals with mental illness. For this reason, any health care reform legislation that is passed by Congress must specify that all health plans made available to uninsured individuals and families through a “Health Insurance Exchange” must comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Additionally, clear provisions need to be put in place that prohibit health plans from imposing restrictions on pre-existing conditions and prevent them from terminating coverage when individuals are sick.

“any health care reform legislation that is passed by Congress must specify that all health plans made available to uninsured individuals and families through a “Health Insurance Exchange” must comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. Additionally, clear provisions need to be put in place that prohibit health plans from imposing restrictions on pre-existing conditions”

### Remove barriers and provide incentives for the integration of mental and physical health care:

Gaps in the coordination of primary care with mental health services often lead to dire consequences. According to a study conducted by the National Association of State Mental Health Program Directors, people with severe mental illness die, on average, 25 years prematurely due to a range of common chronic conditions that often go unrecognized and untreated. Early recognition of mental illness and appropriate response can minimize the impact of the illness. Since forty percent of individuals with mental health problems initially seek care in primary care settings, it is extremely important that these settings adequately address mental health conditions. Integrating physical and mental health services will facilitate access to care and improve communication between the providers.

### Ensure that individuals with severe mental illness have access to patient centered medical homes:

Since patients with mental illness are sometimes unable to effectively manage their own care due to their illness, the medical home takes on that responsibility. A patient centered medical home coordinates a patient’s health care across care settings and services over time, in consultation and

*Continued on Page 12...*



# Letter from the Executive Director

By Jim Mauro, Executive Director

On October 20th, the Ohio House of Representatives Finance Committee approved H.B. 318. This bill authorizes the temporary halt to the income tax reduction otherwise scheduled for this year. H.B. 318 is an effort to fill a state budget shortfall and the funds will go to support public education. This bill is now before the Senate and its future is uncertain. We feel that the postponement of the tax reduction is good policy. Below are my remarks to the Senate Finance & Financial Institutions committee on November 5th.

“On behalf of NAMI Ohio and our 55 affiliates throughout the state, I want to thank you for considering the postponement of the currently scheduled personal income tax cut. While we recognize the difficult nature of such a decision, and while we recognize that your efforts today are aimed at supporting education, we also know that your work has the potential of serving both education and community mental health services. Directing a portion of these funds to the Department of Mental Health (ODMH) for use by local mental health boards will help support children’s mental health services. This will in turn reduce the burden upon schools in dealing with the growing impact of inadequately treated emotional disturbances among Ohio’s youth. Those programs often make the difference between life and death to those suffering with serious mental health issues.

It is important to recognize; however, that even with this action, the community mental health system will continue to spiral downward unless immediate steps are taken to replace the 34% cut that was part of H.B. 1. That bill contained an error that the

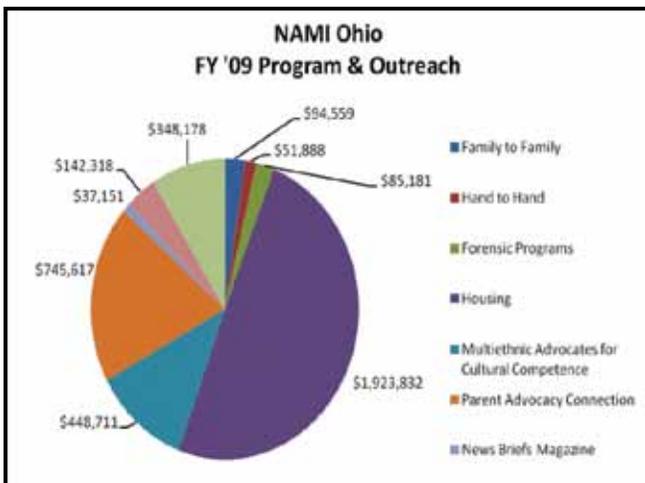
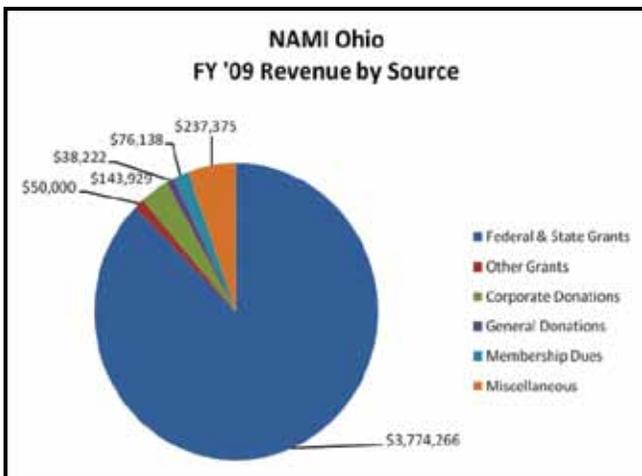
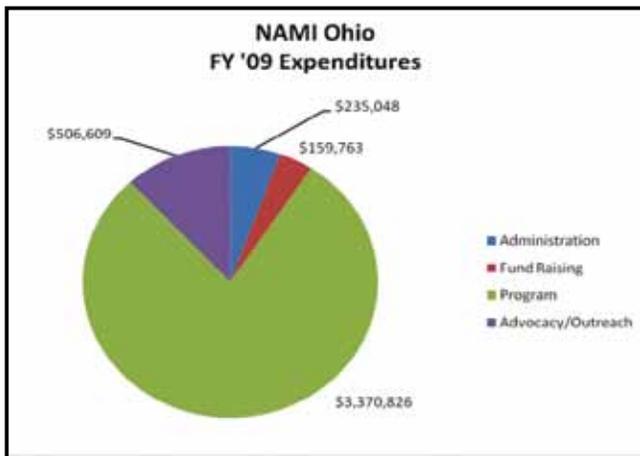
“It is important to recognize; however, that even with this action, the community mental health system will continue to spiral downward unless immediate steps are taken to replace the 34% cut that was part of H.B. 1.”

Governor and many of you have since committed to correcting. \$14.7 million was inadvertently omitted from the ODMH budget line 408 for hospitals and for months we have been waiting for the fix. Local mental health boards have but two choices with the loss of those funds: utilize fewer hospital beds even though they are critically needed for care or utilize local dollars for the use of the beds at the expense of other programs...including programs designed to help youth.

For years, mental health advocates have been warning that without adequate investment or attention, the day would come when only those with a Medicaid card would be served in the public mental health system. Well, that day has arrived. Individuals who are not enrolled in Medicaid are being refused treatment as a result of the lack of financial resources within the system of care. These individuals, who make up 40% of Ohioans previously served in the community, are being turned away only to see their conditions worsen to a point of crisis. Then they are served in state hospitals, emergency rooms, jails, or in a growing number of cases, morgues. All of these alternatives to adequately funded community based care come with much higher price tags in terms of human suffering and financial costs.

Please, as you, the leaders of our great state, work to identify the parts of the budget that will need to be corrected and adjusted, I beg each of you – on behalf of those with serious mental illness and their loved ones – to reestablish your priorities by placing Ohioans with these devastating illnesses at the top of your list.”

# This Year in Review



## NAMI Ohio Program Highlights

In providing knowledge, there is hope for understanding. Where there is understanding, acceptance and positive action become possible. Programs offered by NAMI Ohio seek to lay the groundwork for this to occur by providing education and support to members of our community who are affected by mental illness either directly or indirectly. Below are highlights of these programs.

### Forensic Programs

In FY '09, a total of 429 people attended 12 Jail and Court Personnel Training. The five hour training is entitled "Working with People with Mental Illness in the Criminal Justice System," and includes a 90 minute Crisis Intervention Team (CIT) training overview. Participants included police officers, sheriffs department staff, corrections officers, campus security, probation, parole, prosecutors, bailiffs, dispatchers, and more. In addition, NAMI Ohio provided technical assistance and approximately \$15,000 in mini grants to support community (CIT) training opportunities.

### Parent Advocacy Connection

In FY '09, the total number of open PAC cases reached 572, which are approximately 100 more families than were served in the previous year. As has been the case in the last few years, the level of intense advocacy needed by PAC families has increased. This increase is due in part to the growing level of trust that PAC has earned handling challenging cases and to the worsening economy which has had a dramatic impact on families with special needs children.

### Family to Family

In FY '09, NAMI affiliates graduated 760 family members from F2F classes across the state. Among exciting developments in the field is the completion of the first class comprised of 24 Old Order Mennonites in Richland County, the continued success of the classes taught by and for the Amish in Wayne and Holmes Counties (Ohio remains the only state in nation with classes taught in the Amish Community), the emergence of the NAMI Greater Urban Cincinnati as a vehicle to serve people of all backgrounds in the inner city as well as

Hamilton County's efforts to join Lucas County in offering F2F in Spanish. NAMI Ohio staff spend a tremendous amount of time supporting affiliates, educators and support group facilitators through training and technical assistance.

### Hand to Hand

In FY '09, 256 families completed Hand to Hand Training throughout Ohio. Efforts to reach diverse populations across Ohio have improved with the certification of more teachers who represent diverse backgrounds. The spring training hosted by NAMI Ohio was 50% Caucasian, 21% Hispanic/Latino and 29% African American. It remains a challenge for local affiliates to offer this class due to the nature of mental illness diagnoses in children. Often childcare is a challenge since families can find no one to watch their ill child. Even when there are sitters available, crisis looms making it difficult for parents to complete all nine weeks of the class.

### Housing

NAMI Ohio provided supportive housing technical assistance to local communities to grow and preserve housing opportunities for individuals with severe mental illness. As the economy worsened, technical assistance shifted away from expanding housing opportunities toward preserving existing housing. In addition, NAMI distributed \$1.5 million in operational subsidies to Ohio's Adult Care Facilities. The funds, provided by the State of Ohio's Housing Trust Fund, were used to make needed improvements to the homes which care for approximately 4,000 mentally ill residents.

### Multiethnic Advocates for Cultural Competence (MACC)

NAMI Ohio serves as the fiscal agent for MACC, the statewide advocacy organization whose mission is to enhance the quality of care in Ohio's behavioral health system and to incorporate cultural competence into systems and organizations that provide care to Ohio's most vulnerable and at-risk populations.

## Supported Employment Advocacy



*From left to right, Betsy Johnson, NAMI Ohio; Angela Lariviere, Youth Empowerment Program; Jaime Frederick, Youth Empowerment Program; Amy Price, Ohio Department of Mental Health; Jane James, NAMI Stark County*

Representatives from Ohio traveled to Dartmouth College in New Hampshire to participate in a training about involving family members and organizations in advocacy efforts to promote IPS (Individual Placement and Support) Supported Employment. The characteristics of this model include eligibility based on consumer choice, rapid job search; competitive employment; employment

integrated with mental health services; time-unlimited support (for as long as consumer desires them); and benefits planning. NAMI Ohio is in the process of establishing a work group to promote supported employment opportunities. NAMI members interested in participating should contact us at [amiohio@amiohio.org](mailto:amiohio@amiohio.org).



# NAMI Ohio Board Member Profile

## Jodie Ross: A Gem of a Board Member

By Paul Quinn

When the siblings of NAMI Ohio Board member Jodie Ross had troubles from the effects of mental illness, Jodie began looking for help. When someone suggested she contact NAMI, she showed up unannounced at the NAMI office in Cleveland. "NAMI has been very helpful to me and my family," she said. "Whether it's education, advocacy or support, NAMI has been there to help. I am proud to be part of the organization."

Jodie said her family had no idea what to do or where to turn when her siblings began having issues. "We just struggled through it," she said. "We didn't know what to do. It was a problem."

Although Jodie studied mental illness, she still didn't have answers. "NAMI was a godsend for my family," she said. "They provided the information and resources we needed to manage their illnesses."

NAMI helped Jodie and her family understand the prevalence of the illness. "It's amazing how many families are affected by mental illness," she said. "It was a real eye-opener for me!"

Motivated by her experience, Jodie joined the NAMI Metro Cleveland Board in 1994. There, she worked to help merge two Cleveland-area affiliates. She was elected to the NAMI Ohio Board in 2004. "I'm thrilled to be involved in NAMI," she said. "NAMI provides a structure and a vehicle for addressing serious issues surrounding mental illness."

Jodie is particularly concerned about the impact of state budget cuts upon services for the mentally ill. "The reduction of services is particularly discouraging," she said. "People are being displaced from group homes. Primary care physicians need more education regarding the treatment of brain disorders. Referrals are taking longer and there's a shortage of specialists. Physical health and mental health treatments need to be integrated."

Even with all those issues, Jodie views stigma as the biggest obstacle to system improvement. "Americans have always supported the neglected and abandoned," she said. "But, for some reason, mental illness is perceived differently. How do you make people realize 'mental illness' is not a bad phrase?"



Jodie Ross

In addition to a full-time job and her volunteer work with NAMI, Jodie is an avid reader who enjoys Christian-based non-fiction. And, as a tribute to her father, Jodie is working to publish a fictional story her father had written prior to his passing. "My father wrote a book about the Mafia during World War II based on stories from his friends," she said. "During his life,

he dreamed of publishing it. Shortly after he died, a publisher called to express interest in the book. I'm working to get it done."

Jodie pointed out that all these activities don't leave a lot of time for fun things with her husband of seven years. "He understands that I'm preparing for whatever is next in my life," she said. "He is a true gem." And, obviously, so is Jodie!



## Ask the Doctor

By Dr. Mike Unger

*Dear Dr. Unger,  
My ex-husband and father to my young children was recently incarcerated for committing armed robbery. He is being treated for his bipolar disorder in prison.*

*I'm struggling to understand how much of his behavior is related to his mental illness and how much is due to a criminal element in his personality. Can you shed some light on this? The Ex*

Dear Ex,  
It's difficult to answer without knowing some important details, but I will try to point you in the right direction. Committing armed robbery would be a rare behavior occurring as a direct result of a manic or depressive episode. If it was related to his mental illness, the armed robbery would have occurred during an acute manic episode, as depressed individuals don't usually have the energy, motivation and bravado to commit such an act. Also, his behavior and insight while committing the act would be significantly different than it was prior to the

onset of the mania, and may reflect a sudden shift in morals and values that is uncharacteristic of him.

If he has an existing criminal element in his personality, he may have longstanding attitudes and behavior that persist over time, despite being in a particular mood episode. Also, once incarcerated in a stressful environment, one can quickly learn how to obtain psychiatric medication for the appropriate purpose of stabilizing their mood. However, other inmates quickly learn the cardinal features of bipolar disorder and seek help from a prison psychiatrist in order to obtain strong medications to help them sleep, use as currency, or help make an excuse for their behavior in an effort to minimize their responsibility and get a lighter sentence.

Warm Regards,  
Mike Unger, MD  
Psychiatrist and Medical Director  
Southeast, Inc.



## Ask the Child Psychiatrist

By Dr. Steven W. Jewell

*Dear Dr. Jewell,  
I am a parent advocate for a family whose father recently took his own life. The children, ages 7 and 11 are devastated, and so is*

*the mother. They are all in counseling to help them deal with this tragedy. What advice do you have for me when I see them? I'm not a social worker, and I have never dealt with this sort of situation before. As a parent advocate, my role has been to help empower the parents to seek help for the 11-year-old who has a serious emotional disorder. Wanting to Help*

Dear Wanting to Help,  
Suicide survivors suffer in a variety of ways: one, because they need to mourn the loss of someone who has died; two, because they have experienced a sudden, typically

unexpected traumatic death; and three, because of the social stigma surrounding suicide they are often shunned by society.

Here are some ideas how a caring friend or family member can help.

- Accept The Intensity Of The Grief: Don't be surprised by the intensity of their feelings.
- Listen With Your Heart: Don't worry about what you will say. Simply listen and understand.
- Avoid Simplistic Explanations and Clichés: Be certain to avoid passing judgment or providing simplistic explanations of the suicide.
- Be Compassionate: Give permission to express feelings without fear of criticism.
- Respect The Need To Grieve: As a caring person, you may be the only one willing to be with the survivors.

- Understand The Uniqueness Of Suicide Grief: Keep in mind that the grief of suicide survivors is unique; and because of that, be patient.
- Be Aware Of Holidays And Anniversaries: Survivors of suicide may have a difficult time during special occasions like holidays and anniversaries.
- Be Aware Of Support Groups: Support groups are one of the best ways to help survivors of suicide. You may be able to help survivors locate such a group.
- Respect Faith And Spirituality: If faith is part of their

lives, let them express it in ways that seem appropriate. If they are mad at God, encourage them to talk about it.

Thanks for Asking,  
Steven W. Jewell, M.D.  
Medical Director; Child Guidance and Family Solutions

## Custody Relinquishment

**Note to families:** if your family has been impacted by custody relinquishment, we would like to hear from you. Please contact us at [amiohio.amiohio.org](http://amiohio.amiohio.org).

### An Open Letter to Ohio Senator John Carey

Dear Senator Carey:

Thank you for your efforts to include language in Am. Sub. H.B. 1, the biennial budget bill, to require the Family and Children First Council to track data on the number of families that relinquish custody of their child for the sole purpose of getting that child intensive mental health treatment.

We were disappointed that the language did not survive the conference committee. However, we do believe that it helped call attention to this ongoing issue. We continue to feel strongly that without any data on the number of families impacted by this practice, it is impossible to know if programs such as the Access to Better Care Initiative are having the intended effect.

We believe that requiring a family to give up custody of a child simply because they are financially unable to secure needed care for that child is unacceptable. While this situation may be caused by federal and state funding requirements, there are counties in Ohio where alternatives to custody relinquishment are employed in order for children to get needed care. Ohio must look to these and other alternatives.

Thank you for your continued interest in helping to shine light on this issue.

Sincerely,

Your friends at NAMI Ohio

# Olmstead: The Year of Community Living

By Stacey Smith  
 NAMI Ohio Director of Operations

The Ninth Annual Olmstead Conference was held September 21 – 23, 2009 in Washington DC. The theme for the conference was “The Year of Community Living”. Each of the several years that I have attended the conference there have been thought provoking workshops dealing with the issues of providing all of the services necessary for those with mental illness to live the highest quality of life in the least restrictive setting.

Kathryn Power, Director of the Center for Mental Health Services, delivered remarks most pertinent to this issue. The following are excerpts from her speech. I hope you find them thought provoking and a challenge to continue our advocacy for system transformation!

“Thank you for the invitation to join you today to celebrate the historic anniversary of the Supreme Court’s decision in the case of *Olmstead v. L.C.* and *E.W.* This landmark decision upheld the rights of all individuals with disabilities—including those diagnosed with mental health conditions—to receive needed services in the most integrated setting consistent with their individual need. Writing for the majority, Justice Ruth Bader Ginsberg said, “Unjustified isolation...is properly regarded as discrimination based on disability.”

“In 1962, seven years before Neil Armstrong set foot on the lunar surface, President John Kennedy ignited the country’s imagination in a passionate defense of his dream. “Surely the opening vistas of space promise high costs and hardships, as well as high reward,” he said. “So it is not surprising that some would have us stay where we are a little longer to rest, to wait.” “In mental health, as in space exploration, much has changed in the past 40 years...Yet, we too, live in what President Kennedy called “an hour of change and challenge...Ten years after the Supreme Court ruled..., too many individuals remain unjustifiably isolated.



*Stacey Smith, NAMI Ohio and Kathryn Power, CMS*

“We, too, have a goal that is difficult but worth our best energies and skills. Individuals diagnosed with mental health conditions literally are dying for want of appropriate, community-based services and supports...This is a civil rights issue and a human rights issue...Clearly, we haven’t a moment to lose.”

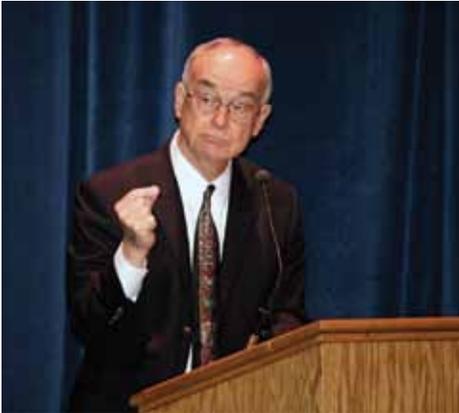
“We know that nearly every State in the country is facing budget gaps...States are enacting mental health funding cuts... how can we choose this moment in time to push forward with the goal of full community integration for individuals with or at risk for mental health conditions. But how can we not when the need is so great...The individuals we serve are counting on us more than ever.”

“... think about how far we have come in the mental health field in the last 10 years. Our understanding about mental health and mental illnesses has grown with lightening speed... But progress is as much about action as it is about knowledge...This morning I would like to share with you three ways that I believe you can help provide individuals with the tools and resources they need to create a better life: First, we must know where we are headed and we must always keep our goal in sight – social inclusion. Second, we must promote the evidence-based practices that will help us achieve our goal-peer support; self-directed care programs; supportive housing; employment. And third, we must recognize when our goal has been reached.”

“... Thomas Nerney said, “We will build an inclusive community where all people are invited, welcomed, and expected to become one of us,” ... he gave us a wonderful vision ...I want to leave you with another equally important vision... that of what it will look like when those of you who are working on implementation of the *Olmstead* decision can lay down your arms, so to speak, and finally rest.”

# Photo Gallery

## Mental Illness Awareness Week Event in Columbus



NAMI Ohio Board Member, Fred Frese, speaks to a group at the Capitol Theater in Columbus about his experience serving as a panelist on the Fred Friendly Seminar, **“Minds on the Edge: Facing Mental Illness”**. The event, which was open to legislators, state employees and others was co-hosted by NAMI Ohio and the Ohio Department of Mental Health in recognition of Mental Illness Awareness Week. The one-hour program, which features two prominent Ohioans, zeros in on wrenching and confounding situations that are playing out every day in homes and hospital ERs, on city streets and school campuses, in courtrooms and in jails, as Americans struggle with the challenges of severe mental illness.

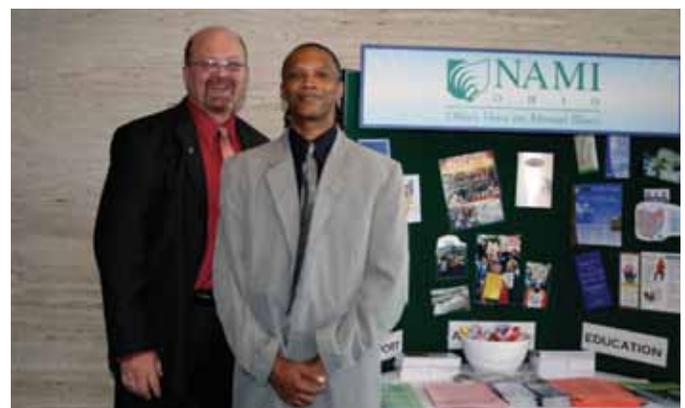


NAMI Ohio Executive Director chats with Janet Shaw, Executive Director of the Ohio Psychiatric Physicians Association and member of the NAMI Franklin County Board who volunteered her services at the Mental Illness Awareness event.

## Delaware-Morrow MHRB Observes Mental Illness Awareness Week



Ohio Wesleyan University and the Delaware-Morrow Mental Health and Recovery Board hosted an awareness event in observance of Mental Illness Awareness Week. College students as well as community members turned out to recognize the impact of mental illness on our lives. Former Representative Jon Peterson was a featured speaker. He is shown here with Dave Burgess, a member of Annie’s Outreach Center in Delaware.



NAMI Ohio Student Intern, Mark Williams, and NAMI Volunteer, Durrie Allen, Jr. greet visitors at the Mental Illness Awareness Week event at the Capitol Theater.

## NAMI Miami County Summer Picnic



Jim Mieding, Treasurer of NAMI of Miami County, participates in the corn hole toss at the NAMI Miami County's and SafeHaven annual get together in Piqua, Ohio. According to one participant, "it was a very special time with very special people."

## ODMH Partnership Event



State employees, consumers and family members take part in the Ohio Department of Mental Health's Transformation Partnership Event in July. Pictured above are just some of mental health's "super heroes".

## Lilly Reintegration Awards Recognize NAMI Ohio Members



Ohio was very well represented at this year's Lilly Reintegration Awards held in Indianapolis in October. Two individuals and one program were recipients in the Consumers' Awards Category, which celebrates recovery and recognizes special contributions by persons living with a mental illness.

Larry Wanucha, a NAMI Greater Toledo member is pictured above with Peg Morrison, who nominated him for the award. Larry won second place in the Artistic Contribution Category for his personal artwork. Athens Photographic Project won 1st place in the Artistic Contribution Category. Barb Ross, a member of NAMI Hamilton County, won 2nd place in the Mentorship Category for her outreach to college students, churches, and Family to Family classes.

## Let's Dance!



Steve Copper far right, NAMI of Southern Ohio, joins in the dancing at the Multiethnic Advocates on Cultural Competence's "New Shores :Health Messages for Emerging Populations" Annual Conference featuring the Somali Culture.

collaboration with the patient and his or her family. In order to be effective, several key components must be included. These are to:

- Enable community mental health providers to become medical homes for their patient population.
- Provide that consumer participation in the medical home is voluntary.
- Work closely with family caregivers, legal surrogates or other sources of support.
- Ensure smooth transitions by assisting patients and families as the patient moves from one care setting to another, such as from hospital to home. Also ensure that there is no disruption of services when youth transition to adulthood.
- Ensure that someone from the “medical home” is available 24 hours a day.
- Provide culturally and linguistically appropriate services to address racial and ethnic disparities, as well as disability-based health disparities.

Establish a payment structure that is flexible and incentivizes positive outcomes:

Too often, individuals with mental illness are placed in programs that are not appropriate simply because that particular service is covered by insurance. Payment should be based on positive health outcomes and not the number of “procedures” or “treatment hours” a patient receives in the current fee-for-service structure.

Make provision for privacy protected electronic medical records:

Patients with mental illness are often frustrated by the number of times they must repeat the problems that they are confronting or fill out forms that ask the same questions every visit. Additionally, individuals with mental illness are often prescribed several medications over the course of their treatment, many of which have adverse reactions when combined with a medication for another illness.

Shared electronic medical records will address both of these concerns. However, patients must be able to trust that their personal health information is never shared or used without their knowledge and permission.

Focus on wellness:

One of the features of mental illness is that it distorts thinking. Education and training for patients and their family caregivers in support of patient self-care and management is critical.

“patients with mental illness consume roughly half of all cigarettes sold in the United States”

that patients with mental illness consume roughly half of all cigarettes sold in the United States, and approximately 200,000 of the 435,000 annual deaths from smoking in this country occur among patients with mental illnesses and/or substance use disorders.

“health care reform needs to include incentives for healthy behaviors... such as smoking cessation and exercise programs.”

And obesity, which is already a public health crisis within the general population, is even more prevalent among persons with serious mental illness. This is due in large part to the fact that many of the medications used to treat serious mental illness cause weight gain.

Quitting smoking and losing weight are two of the most important things that individuals with mental illness can do to prevent premature death. For these reasons, health care reform needs to include incentives for healthy behaviors, and provide linkages to appropriate community based support services such as smoking cessation and exercise programs.

Ask your lawmakers immediately about where they stand on these critical issues. Remember, health care reform that does not adequately address mental health, is not true health care reform.



# Wall of Honor

NAMI Ohio wishes to extend our gratitude to the following for their support during the last quarters. Donations of \$250 or more are recognized on the NAMI Ohio Wall of Honor in our office.

Peter & Mary Virginia Frenzer  
Holly Papalia

Thomas & Susan Quinn  
Lee Schwebel

Stanley Tripp

# In Memoriam

**In Memory of Douglas Brown** Wendy Coffey

**In Memory of Zan Pesta** Mr. & Mrs. Kenneth Bill

**In Memory of Kelvin Lehwald** Ingrid Silvan

**In Memory of David Williams**

Cathy Baker  
Mr. & Mrs. Harry Bell  
Mr. & Mrs. Jerry Bogan  
Cassano's Trenton  
Mr. & Mrs. Doug Harris  
Bob, Janet, Danny, Ben, & Ryan Leahy  
Mr. & Mrs. Michael Long  
Magellan Health Services  
Mr. & Mrs. David Malott  
Families of John & Mark Osterman  
Jamie, Paula, Olivia, & Hilary Pierce  
Mr. & Mrs. Tom Puckett  
Mr. & Mrs. Al Rahal  
Mr. & Mrs. Ivan Theiss

**In Memory of James Paugh**

Mr. & Mrs. Steve Bennett  
Mr. & Mrs. Steve Carroll  
Emily Carter  
Christine Denise Chatfield  
Mr. & Mrs. Bob Crumm  
Mr. & Mrs. Eldon Freeman  
Gleam, Inc. (Larry, Kristina, Sonya, Kathlene)  
Mr. & Mrs. Larry Hill  
Paul Jones  
Mr. & Mrs. Roger Krohn  
Mr. & Mrs. Stanley Masters  
Judith Mowery  
Douglas Paugh  
Mr. & Mrs. Peter Pfeiffer  
Richard Sutherland  
Denise Downs Sutherland  
Mr. & Mrs. Terry Webner

Families that desire to remember the life of a loved one through a Memorial Gift to NAMI Ohio can request special cards that can be used by friends and family as a way to memorialize their loved one with a contribution to NAMI Ohio in lieu of flowers. For more information, please call us at 1-800-686-2646.

# In Appreciation

Mr. & Mrs. Samuel Anderson  
Mr. & Mrs. Jan Beaujon  
Betty Becker  
Frances Bukosky  
Cardinal Health  
Mr. & Mrs. George Davis  
Mr. & Mrs. Neal Edgar  
Mr. & Mrs. John Erpelding  
Albert Gabel  
Naomi Girts-Signs  
Corliss Goger  
Bernadine Grieshop  
Mr. & Mrs. Kent Hayes

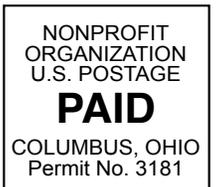
IBM Employee Services Center  
Constance Killings  
Barry Klein  
Joan Lawrence  
Craig Thomas Lucas  
Betty Manning  
Christopher McGovern  
Rory McGuinness  
Christian Morris  
Robert Morris  
Mr. & Mrs. Harold Musick  
Virginia Overton  
Ms. Dianne M. Scaia Papes

Alexander Michael Qualtine  
Redeemer Lutheran Church  
Sherry Roebuck  
Allen Shiningar  
Scott Solsman  
The Kiwanis Club of Dublin  
Abdon Villalda  
Deborah White  
Barbara Williams  
Mrs. Arlene Zipperlen  
Mr. & Mrs. Harry Zornow



## 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](mailto: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."