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On the Cover:

Our featured cover artist, Maxine Seelenbinder-Apke, struggles with major depression and is also the mother of a young man who suffers from paranoid schizophrenia. She has developed a body of work that travels through a decade of loneliness, fear, and faith. While reflecting upon her own journey, she examines selected social issues and the stigma surrounding mental illness. Ms. Apke, a retired art teacher, mixes 2D and 3D media, fiber arts, made paper and photography to produce symbolic and thought-provoking images. Maxine is a member of NAMI Butler County.



The piece on the cover is entitled, "A Son's Portrait". It represents Maxine's son's spiral which began manifesting during his senior year in high school and continued into his first year of college. He was a gifted student achieving National Merit semi-finalist status and taking AP classes. However, to escape the voices and visions caused by mental illness, he self-medicated with drugs and alcohol. Day by day, he slowly withdrew from his family, quit athletics, and moved out of state.



How did you sleep last night?

This is how many Ohioans with untreated mental illness slept.

SAVE THE DATE

May 10, 2011

4:00 p.m. – 11:00 p.m.

Ohio Statehouse

Join NAMI Ohio for the

Sleep Out for Mental Illness

to call our lawmakers' attention to the impact of their funding decisions

This event is being held in lieu of NAMI Ohio's Annual Conference

NAMI News Briefs Contents



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

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Become a Member of NAMI Ohio Today

NAMI Ohio needs you! If you or a loved one has a mental illness, please join us today! If you work in the mental health field, please join us! If you recognize the need for care and treatment for those with a serious mental illness, please join us! If you are a member, please encourage your friends and co-workers to join.

NAMI Ohio needs your voice to join with the chorus of others in order to be heard. Our advocacy is only as strong as our membership, and NAMI Ohio is the only voice in our state dedicated to both families and

individuals living with mental illness. If not you, then who? If not now, then when?

By joining NAMI Ohio, you help support our mission "To Improve the quality of life, ensure dignity and respect for persons with serious mental illness, and to support their families." Additionally, by joining you help enable us to continue to provide education, support and advocacy for those with mental illness. Use the enclosed envelope, or join on-line at www.namiohio.org.



Letter from the President

By Gloria Walker

ADVOCACY MORE IMPORTANT NOW THAN EVER

Our role as mental health advocates has never been as important to the people we care about than it is today. Ohio is facing an \$8 - \$10 billion deficit. In the last budget cycle, when we sustained a 30% cut to the community mental health system, the deficit was only \$3 billion. On top of that, Ohio had the advantage of one time federal stimulus monies that will not be available to us this time around. **Clearly, the situation today is like nothing we have experienced before, and it will take all of us working together in earnest to curtail the devastation.**

On the positive side, this funding crisis does present us with some opportunities. For instance, there has been a lot of talk in Columbus about redesigning the mental health system so that Medicaid becomes the responsibility of the state and no longer would need to be matched at the local level. Potentially, this could free up levy dollars to meet the other, equally critical support services that those with serious mental illness often require to remain in the community.

NAMI Ohio and other mental health advocacy organizations are working to find ways to ensure that more than just the mental health care needs of those with serious mental illness are met by establishing "Patient Centered Medical Homes." These medical homes would be responsible for managing the care of the whole person, and not just their mental illness. Knowing that many people with serious mental illness also suffer from other chronic illnesses such as diabetes and heart disease, this could go a long way toward decreasing the exceptionally high mortality rate of our loved ones. So, despite the looming budget crisis, it is good to know that there are some positive things happening.

To keep the momentum going on the positive system changes, while at the same time preventing the potential for devastation with regard to funding, we need your help. NAMI Ohio has prepared an advocacy tool-kit to help you, help us communicate our message to legislators in the Ohio House and Senate. The FY '12 - '13 Budget Advocacy Tool-Kit includes the following information:

- NAMI Ohio Budget Platform
- Budget Platform PowerPoint
- Draft Letter to Legislators
- Sample Legislative Advocacy Meeting Role Play
- Tips for Talking with Legislators
- Tips for Sharing Your Story with Others
- Tips for Writing a Letter to the Editor

These items are all available on our website, or you are welcome to contact our office and we will put a copy in the mail to you. Here are some examples of ways you can use these materials.

- ❑ Host a letter writing party and invite your family and friends. Ask your guests to write letters to their legislators urging them to support mental health in the budget. Offer refreshments and make it fun. Have stationary, envelopes, and stamps on hand. A sample letter is included in the tool-kit.
- ❑ Contact your local House and Senate member and request to meet with him/her at a local coffee shop. Invite two other people from your local NAMI chapter to attend with you. Review the sample role play to prepare in advance for the meeting.

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Executive Director's Report

By Terry Russell



I don't know what else to say! The mental health system has collapsed. There is no one to blame now but, if change does not occur, we should all accept responsibility.

For those who are living with this illness and completed a journey of recovery, have your courage and strength. Please help others to live in this world at their highest quality of life. Treatment works but it must be available.

1. Adam Knapp

I (Terry) went to Adam's funeral and his dad hugged me with tears streaming down his face and he said, "I begged for help for five years and nobody listened."

2. Nancy Lutz

Nancy's brother donated \$20,000 to NAMI Ohio. He said, "My sister was placed in a nursing home when she was 40. She died at the age of 63 just because she was mentally ill. She hated that place."

3. Josh Edwards

Naked and bleeding, Josh was found in a shed frozen to death in 17 degree weather. Six months earlier, he received mental health care but was released to wander the countryside.

4. Greg Newkirk

After spending nine days in Twin Valley Behavioral Healthcare, Greg was released to a homeless shelter. He ended up sleeping in an alley.

5. Linda Hicks

Linda was a sixty-three year old woman who loved life despite her struggle with her mental illness. She was upset and acting out so the police were called. Seven minutes later, she was shot twice in the face and died.

6. Joe Hutchison

Joe exhibited numerous, terrible symptoms of his illness. He and his mother begged for help. They were told he would be OK. He got out of his car on the freeway and stepped in front of traffic.

7. Homeless man

This man sleeps in the doorway of a local mental health center. He has nowhere else to go.

NAMI Ohio could present hundreds of pictures and stories but this is enough. Please help us speak for these special

people who could not speak for themselves. Talk to your neighbors, friends, people at your place of worship, or most importantly, your legislators to let them know that no more can die.

God bless, Terry.



In Memoriam Marci Dvorak



On January 31st, the NAMI family lost one of our staunchest advocates. Marci Dvorak served as the Executive Director of NAMI Greater Toledo for over sixteen years until her death. She was the longest serving director of a NAMI affiliate in Ohio and developed it into one of the premier affiliates in the country. Among Marci's many contributions throughout her years was the Hand-to-Hand educational program she developed for families with young children with mental illness, which she tailored to address the unique issues that these families face.

Marci was diagnosed with brain cancer in December, 2010. She was making a remarkable recovery from her surgery in January and had just returned home when she died unexpectedly.

Marci was a tireless advocate, a compassionate leader and left her heart print on all who knew her. She will be greatly missed by all who were touched by her work, advocacy and life. Our condolences go out to her family, NAMI Greater Toledo staff and her wide circle of friends.

Sworn In



Mental Health Advocate Charleta Tavares (third from left) is joined by her friend and fellow mental health advocate Tracee' Black-Fall (second from left) and Tracee's children Terryn and Beecher. Beecher had the honor of reciting the pledge of allegiance during the ceremony.

Congratulations Senator Tavares!



Parting Words

By, Sandy Stephenson
Former Director of the Ohio Department of Mental Health

I thought long and hard about how to respond to NAMI’s request to reflect upon my experience as Director of ODMH during the years of the Strickland administration. I decided to organize my thoughts around “top of the list” experiences by category. Most work accomplished did not begin with me, nor will it end with my leaving the Department. Our greatest achievements are due to team efforts and the coming together of diverse opinions and ideas. (I have not made any mention of specific names of the many people who contributed to our work as I certainly would have missed some acknowledgements.) And, I want to recognize that all work stands on knowledge and effort that came before us.

Areas of Greatest Fulfillment:

Being invited by NAMI to join in the **state hospital cemetery reclamation and historic preservation projects** was an incredible experience that will stay with me for the rest of my life. Locating graves in Massillon, working to assure the concept of historic preservation would not be damaged in Athens, and being invited to join Viola’s daughter in laying a wreath on Viola’s grave at The Ridges in Athens are experiences for which I am deeply grateful. These cemeteries are sacred land and the experience of walking the land brought deep reflection and learning to my work as Director.

Working with the Ohio National Guard on **OhioCares** to better address mental health issues of our state’s military warriors was a never-ending challenge and always gratifying. Given my previous involvement in veterans’ mental health, I also focused work at ODMH to direct new federal SAMHSA PATH (ending homelessness) funds to **specific projects to assist our homeless veterans**. I had the opportunity to meet with the leaders of these projects and was very proud of the efforts of community staff members who

are reaching out to homeless veterans who struggle with trauma and other mental illness. We all owe our nation’s veterans for their service to our country; we must do more to assure their needs and their families’ needs are met during the time of active military service and through the great challenges of their return to civilian life.

Supporting consumer efforts and experiencing the process that culminated in the establishment of the **Ohio Empowerment Coalition** was an experience of learning for all involved. While the OEC developmental process was sometimes fractious due to extreme differences of opinion, the ultimate outcome was far greater than my hopes and expectations. Equally fulfilling was my experience of laying out an initial challenge to Ohio’s **Consumer Operated Services** leaders that they be able to consistently define their services and demonstrate value. Consumer leaders did not waiver and moved through a most impressive process that has created a new foundation for Peer and Consumer Operated Services in Ohio. I will look forward to a future that includes this work leading to Medicaid eligibility for Peer and COS services.

I experienced great fulfillment when ODMH took on our previous “housing as housing” philosophy, and moved away from the somewhat judgmental concept of a continuum of housing. ODMH now has a **housing philosophy** built on an array of housing options that meet individual’s current needs and provide choice. Adult Care Facilities are finally welcomed in this array. I honor the work of the ACF Association in taking on the many issues that impact this housing option for adults with mental illness.

Areas of Greatest Accomplishment

The Great Recession and subsequent budget constraints did not stop our work or immobilize efforts. The situation

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Olmstead Corner: Tools for Tenants Part Two

In the last issue of NAMI Ohio New Briefs, we provided some information from the Substance Abuse and Mental Health Services Administration (SAMHSA) on permanent supportive housing and how to afford a place of your own. In this edition, we have information on identifying your individual housing preferences and understanding a lease.

Tool 3: Your Housing Preferences

Part of Permanent Supportive Housing is helping you find a place that you like. You probably won't get everything you're looking for. You have to determine what's most important to you. To help you decide, answer these questions, then rank their importance from 1 to 10, with 1 being most important. Talk about your answers with the Permanent Supportive Housing staff.

Living arrangements

Would you like to live in a house or an apartment?

- Would you prefer living by yourself or with other people? A specific friend or relative?
- Would you share an apartment if you had your own room?
- What would you want a roommate to be like?
- Is it OK to have your own bedroom and share the kitchen and bathrooms with one or two other tenants?
- Will you have a pet or service animal with you?
- Features and Location
- What features are important to you—air conditioning, dishwasher, laundry, etc.?
- Do you need any accommodations for a disability, such as ramps, etc?
- What sort of neighborhood do you want to live in? Near parks, etc?
- Do you need to have easy access to any specific

place such as your job, treatment facility, etc?

- Would you like to have onsite staff available any time of the day or night or would you not?
- Do you expect to have visitors and overnight guests?
- Is a community that supports sobriety important to you?
- How do you feel about being in a setting where some people may use drugs or alcohol?
- Would you like to have in-house activities? Planned outings?

Tool 4: What Is a Lease?

Permanent Supportive Housing is not like a group home - you must sign a lease. Anyone who rents a house or apartment signs a lease. A lease gives you rights under the law. For example, you cannot be kicked out just because you refuse treatment services. It also makes you responsible for certain things such as paying your rent; and keeping your space clean and undamaged. You can keep your housing as long as you meet your lease responsibilities. The landlord has responsibilities, too - Keeping the property free of unsafe conditions; making sure heat and plumbing work; etc.

These are just general examples. Your lease will contain other responsibilities - noise levels, for example. Ask Permanent Supportive Housing staff to help you understand your lease before you sign it.

We hope this information has been helpful. Check the next issue of News Briefs to learn more about your support needs and how to be a good tenant. In the meantime, if you need assistance, do not hesitate to contact us at namiohio@namiohio.org. To view the entire SAMSHA tool kit, go to: http://download.ncadi.samhsa.gov/ken/pdf/toolkits/housing/29415_PSHousing_Tools.pdf



Integrating General Medical Care and Psychiatric Services - A Matter of Relationships

By Carlos Lowell, D.O. Board Certified Psychiatrist

A few months ago, representatives from NAMI Ohio approached me about the above topic. They discussed difficulties individuals with mental illness face obtaining general medical services and poor coordination of services. I responded, "That is not a problem here. I simply pick up the telephone and call one of my colleagues". The NAMI officials were confused at my simple response. Then it dawned on me that although my response was quite simple; the process of getting there was just that....a process that had unfolded over many years.

In my fourth year of residency at the Medical College of Wisconsin, I was handed the problem of poor coordination of services as chief of psychiatry resident by my program director. Luckily, during my three previous years of residency, I had forged relationships with fellow medicine and surgery residents. So I was on a first name basis with my respective medicine and surgery chief residents from day one. I made a commitment to be physically present on the med-surg floors and directly interact with my colleagues from other services. When they called, I addressed their issues directly. When I called, my patients received the medical services they needed. It worked.

I took this experience with me to Sandusky, Ohio where I set up a private general psychiatric practice doing both inpatient and outpatient work in both the private and public sectors. I forged direct relationships with my medical and surgical colleagues. In addition, I became part of the teaching process of medical students and family practice residents. If I need help, I am able to pick up the phone and be on a first name basis with my colleague. They also feel free to call me from their office or the hospital with questions or concerns.

These efforts over ten years culminated in my becoming the first psychiatrist to serve as Co-Chief of Staff at Firelands Regional Medical Center; a 300+ bed facility in Sandusky, Ohio with a 34 bed psychiatric unit serving six counties. This role further helped coordination and integration of services.

This integration of services may start with the psychiatrist. However, it takes the boots on the ground of case managers, establishing direct relationships with their local Primary Care Physician's (PCP) offices. Mental Health Administrators need to encourage these relationships and establish direct relationships with their administrative counter parts themselves. The next step in the progression is for the County Mental Health and Recovery Boards to engage their local medical community directly in a collaborative manner.

Most importantly, patients and their families must be proactive in establishing a relationship with their PCP, comply with their PCP's treatment recommendations, ask questions when they have them and live healthy life styles. Physicians complain to me not about dealing with a patient's mental illness per say, they complain about non-compliance. Physicians view patient noncompliance as a significant risk to their own liability and licensure whether the patient has a mental illness or not.

Mental health advocates call on doctors to be understanding of the needs of individuals with mental illness. Mental health advocates must in turn be understanding of the realities and liabilities these PCP's face.

Provider Appreciation Day

A Special Thank You!

NAMI Ohio has geared up to educate legislators, administrative officials and local citizenry about the dire need for improved access to services and treatment options for those who depend on the public mental health system for their mental health care. Community mental health has lost 30 of its state funding during the past two years. Families and consumers have suffered because of funding decisions and system demands that have left promises of a comprehensive, community-based system of care unfulfilled.

On November 30th, NAMI Ohio and 19 of its affiliates provided a special thank you to nearly 4,000 staff of mental health agencies around the state. While we would have loved to be able to thank every staff person in every agency, we were limited by our financial resources. This "Provider Appreciation Day" was NAMI Ohio's way of saying thank you to those who work every day on the front lines and behind the scenes to do what they can to bring needed services and care to our loved ones. Slashed budgets have put staff in very difficult positions of trying to meet the needs of those most debilitated by their mental illness.

NAMI Ohio will continue to scream and be critical of the current mental health system. At the same time, NAMI Ohio continues to appreciate those who labor daily under very difficult financial times. Be sure to express your appreciation to those who are dedicated to helping our loved ones.



Agency staff and NAMI Athens members gather during Provider Appreciation Day.



NAMI Montgomery County Director Sue Hanna and NAMI Ohio Board Member Lee Dunham with membership and awareness sign for use in agency waiting areas.



Staff of Eastway in Dayton gather during Provider Appreciation Day.

NAMI Ohio Holiday Tradition Continues



Nine years ago, NAMI Ohio staff took Christmas to residents of several Adult Care Facilities in Steubenville, Ohio. The individuals living in these homes are often the “forgotten ones” who once would have been long-term residents of a state psychiatric hospital. Almost all of them have no family, no one to send them a holiday card or leave a gift for them under the tree.

This tradition has continued with NAMI Ohio providing a traditional holiday meal of turkey and all the trimmings as well as gifts to the residents living in the homes. For years, NAMI Ohio returned to Steubenville every Christmas, but in recent years we began taking our holiday celebration to Adult Care Facilities in cities around the state, including Malvern, Cincinnati and Toledo.

On December 17th, NAMI Ohio staff was joined by the Ohio Adult Care Facility Association to deliver a meal and gifts to 37 residents living in several different Adult Care Facilities in the Toledo area. A delicious holiday meal was prepared and offered by the Greater St. Mary’s Missionary Baptist Church. Santa then passed out gifts of warm clothing--coats, boots, gloves, shirts--and requested items to each of the ladies and gentlemen attending the festivities.

This tradition was started to bring a little holiday cheer to the lives of those with severe mental illness who have so little. Perhaps, though, the true meaning of the season is bestowed on those of us lucky enough to be a part of this tradition.



Ask the Doc

Dear Dr. Unger, I'm concerned about the recent tragedy in Tucson, Arizona. It is pretty clear to many of us that mental illness may have played

Mike Unger, MD

a role. From a broader perspective of society, what can government do to help prevent things like this in the future?

Dear Concerned,

You ask a great question and I share your concern. A few things come to mind:

1) Education regarding mental illness and the types of treatment available should be a significant part of our education system beginning in middle school. If that were the case, even those that never finish high school and become parents early on in their teens would possibly recognize the signs earlier and know how to get professional help. Early education would also reduce stigma, especially if the curriculum is well thought out with this in mind.

2) Keep in mind that only a very small percentage of those with mental illness commit violent crimes like what happened in Tucson, Arizona. But, when these tragedies occur, it is widely agreed that treatment was needed and not received.

3) Federal and State Government should not reduce funding for mental health and substance abuse. Research shows that every dollar invested in treatment ultimately saves government and tax payers 3-4 dollars. This is because treatment can help people with mental illness get jobs, remain employed, prevent eventual homelessness, and avoid the correctional system altogether.

Mike Unger, MD
Board Certified Psychiatrist
Chair, OPPA Public Information Committee
Member, OPPA Government Relations Committee



Mark R. Munetz, MD

differs from ADD in children? Seeking Attention

Dear Dr. Munetz, I was recently diagnosed with Attention Deficit Disorder. I am a female, age 25. I always thought that ADD was a kid's disease. Can you tell me what the signs and symptoms are of adult ADD, and how it

Dear Seeking Attention,

Attention-deficit hyperactivity disorder (ADHD), begins in childhood, so if your diagnosis is accurate, you had symptoms of inattention, hyperactivity and/or impulsivity when you were young, even if you were never diagnosed with the condition. This is not unusual, especially in girls, where symptoms of inattention may predominate and be overlooked.

We used to think most kids outgrew ADHD. We now know that is not true. Many, (probably most) kids with ADHD continue to have symptoms as adults. However the symptoms are often fewer compared to kids, and less often include hyperactive symptoms like fidgeting and being "driven by a motor". Adults may also be able to learn to be less impulsive. Inattentive symptoms like distractibility, forgetfulness and inability to follow through with tasks tends to be the bigger problems for adults with ADHD.

The diagnosis in adults who were not diagnosed as children is not easy. ADHD is often accompanied by other psychiatric conditions, especially depression and anxiety disorders. If you have questions about whether your new diagnosis of ADHD is correct, I would encourage you to get a second opinion from a mental health professional with experience with adult ADHD.

Wishing you the best and hoping you get the attention you deserve.

Mark R. Munetz, M.D.
Margaret Clark Morgan Endowed Chair of Psychiatry
Northeastern Ohio Universities Colleges of Medicine and Pharmacy



Ohio's Health Care Home Care Coordination in Medicaid

By Jason Smith, Senior Director
Ohio Association of Health Plans

Ohio's citizens who are the most in need can obtain health care benefits through Medicaid, the state and federal program providing health care services. In Ohio today, there are two systems operating under Medicaid. The first is fee-for-service, where doctors and providers are reimbursed for services rendered. The second system is Medicaid Care Coordination, which is built on the idea that a focus on prevention and coordination of care can better serve the individual as well as help hold costs in line.

Ohio's seven Medicaid Care Coordination Plans provide health care benefits to over 1.5 million Medicaid consumers. Each plan serves as the Health Care Home for its members, giving Medicaid consumers access to needed primary care as well as helping consumers with a variety of other needed services so that members can get well and stay well.

Being part of a Health Care Home through a Medicaid Care Coordination Plan connects these Ohioans to benefits and programs that can also help them with health-related problems, like food and shelter, home health assistance, or support services for special challenges.

Medicaid consumers may not always be familiar with how to use our healthcare system in the most effective way, or may not fully realize the benefits of a relationship with health care providers. This is another area where being a part of a Health Care

Home through Medicaid Care Coordination Plans is so valuable. By having the resources to help coordinate care from different professionals with the social and behavioral resources people may need after they visit the doctor, Ohio's Medicaid Coordination Plans are helping Ohioans stay healthier, heal quicker and take control of their own well being.

" Medicaid consumers may not always be familiar with how to use our healthcare system in the most effective way, or may not fully realize the benefits of a relationship with health care providers. "

As part of a Health Care Home there are many extra benefits for members, including access to 24-hour nurse hotlines, and transportation to medical appointments. In addition, members get help managing chronic conditions like diabetes and asthma so that they can keep their health on track and avoid more serious complications from these conditions. Another key benefit is that there are no co-pays for services for those who are a part of the Health Care Home.

"As part of a Health Care Home there are many extra benefits for members, including access to 24-hour nurse hotlines, and transportation to medical appointments. "

For care coordination to truly provide care for the whole person and improve health outcomes, all parts of the health care continuum must be part of Care Coordination for Medicaid recipients.

Everyone deserves a Health Care Home, but for those with mental health and behavioral challenges, this is even more critical. If you would like more information about the Health Care Home, you can visit www.ohiohealthcarehome.org or call the Ohio Association of Health Plans at (614) 228-4662.

What Happened to Corey?

By Tiffany Brigner

The following was written and read by Tiffany Brigner at her brother's funeral. Corey Estell died by suicide on February 19, 2010.

We are here today to celebrate the life of my brother, Corey. A life cut very short.

Anyone in this room that knew Corey knew that he was destined to be a "man of greatness." His high school and college years were filled with success. Corey was smart, witty, adventurous and athletically gifted beyond the norm. He was destined for greatness.

So what happened to this young man that everyone knew? What happened to the dreams that he had and that we had for him? Mental illness happened. Cancer didn't happen, heart disease didn't happen, diabetes didn't happen, but mental illness did. And it happened in a big way.

Seemingly overnight, this young man "destined for greatness" that we all knew and loved was no longer the same. None of us understood.

In the early stages of his illness, Corey was still able to function. He fought hard to continue college, getting within one semester of graduating. He held onto his dreams, and so did we.

As the disease progressed, he was unable to fulfill those dreams. Just like heart disease, damages the heart and muscular dystrophy deteriorates muscles, mental illness eats away at the normal function of the brain. And continues to worsen with time.

So, for anyone here that knew this young "man destined for greatness" in his early years and wondered "what happened to Corey?" Mental illness happened to Corey.

You might ask why Corey didn't get better. It was not for lack of trying. He spent numerous days, weeks, even months over the past several years getting treatment. We would see glimmers of hope and times of stability, followed by instability and heartache.

Mental illness is so misunderstood. No one wants to talk about it. Very few people understand it, so speculations are often made and rumors fly. The medications for the treatment of mental illness are very difficult to regulate. The side effects can be awful.

So, you might be sitting there asking why I've taken the time to tell you all of this instead of sharing my precious memories of my brother with you. I am sharing this with you because my brother **DESERVES** dignity and honor. He did not choose mental illness. It chose him.

He was a warrior and he fought a good fight. Our family fought a good fight. We never gave up on him. We loved and supported him.

Corey had just come home from the hospital last week. He had been home for 2 days before he passed away. Those 2 days were really great. He and our parents had some great moments together. Moments that will continue to comfort them for years to come.

Corey has left this earth. He is now living in glory. He is no longer suffering. His mind is clear and alert. He has truly found peace in the arms of Jesus.

I hope by knowing Corey your life was touched. His personality and zest for life were infectious. He will be missed terribly. Life without him will not be the same.

On behalf of our family, I'd like to thank each one of you for your love and support. We have been truly blessed. Please continue to lift us in your prayers.



Corey & Tiffany



Board Spotlight: Mack Peel

A Man of Many Parts

By Paul Quinn

Ordained minister. Fundraiser. Fisherman. Caregiver. Devoted husband and father. NAMI Ohio Board member. Malcolm "Mack" Peel is all these things and more. "I'm a man of many parts," he said in what seems to be an understatement.

Peel, of Amherst, OH, has been a member of the NAMI Ohio Board of Trustees since 2009 and its First Vice President since December 2009. His wife, Ruth Ann, supports Mack's many interests.

One of Peel's current endeavors is preparing grant requests for parks in Lorain County. Additionally, Mack just began assisting a Presbyterian Church that needed help. He also serves on the Lorain County Mental Health Board, the area's NAMI affiliate, as well as Treasurer of the Board of The Nord Center for Mental Health in Lorain. "I'm supposed to be retired, you know," he said.

Mack's great interest in helping those struggling with mental illness was sparked by the diagnosis of his own 45-year old daughter, Noel, as bipolar with schizoid tendencies and somatoform disorder. "She's a super-hypochondriac, which means she experiences severe physical pain without discernible physiological basis," he said. Mack saw his daughter complete an undergraduate degree, then experience a major breakdown including hospitalizations, and worked to understand her needs and be her personal advocate.

Mack's prior exposure to mental illness came with his paternal grandmother, who was institutionalized when he was four years of age, as well as with two aunts who were similarly afflicted. "There weren't many options at that time so they were institutionalized," Peel said.

These experiences were traumatic yet instructive for Mack. "The mentally ill are among the most vulnerable people in our society," he said. "Stigmatized, misunderstood, sometimes in trouble with a judicial system that fails to recognize special needs, impoverished, and sometimes treated as outcasts instead of God's special people. They need advocates. We who have had the privilege of knowing some of these folk and of learning more about their unique challenges have a great obligation to educate others regarding them, as well as to be supportive of them and their families."



Mack's special contributions have included teaching the Family-to-Family course and spearheading the work of the NAMI Ohio Trustees' Development Committee. Convinced that the future strength of our organization depends upon both broadening and diversifying our base of contributors, Mack has put together a

comprehensive "Development Plan" for NAMI Ohio, including a Planned Giving Program. "We need to be less dependent upon the government funding that comprises a significant percentage of our funding," he said.

Whenever possible, Mack slips off to his beloved trout club, Rockwell Springs in Castelia, Ohio and pursues the elusive finny creatures with his flyrod. "It's a matter of convincing the fish you have their lunch, and it's humbling. After all, before fish all men are equal!" he said. "I always catch and release the fish, and I've caught my fair share of rainbows, brooks, and brown trout." That's no surprise from the man who does it all.

Parting Words Continued

of diminished resources acted as a catalyst for my/our focus on efficiencies, regulation and introspection regarding Ohio's behavioral health system. I had great satisfaction in knowing I could finally do something about **clinical documentation requirements**. Documentation reform included aligning ODMH requirements with what is typical in healthcare and moving to a format that could be managed in an electronic health record environment. It was wonderful to hear stories from providers across the state regarding clinical and psychiatric support time that could now be used for direct service rather than paperwork. I am also pleased with our accomplishments in **clinical outcomes regulatory reduction and reform** and ask for provider and board support of the model now being implemented that aligns Ohio with federal requirements.

Internal to ODMH, I was able to work on the issue of cultural competency. In mental health, it is easy for state leaders to tell providers to engage in cultural competence. The Department did not have its own concerted effort in this area. I suggested we bring the national model, **"Race Study Circles"** to our Department in order to do more than "talk the talk." The outcome of this effort has been the achievement of race and cultural awareness with staff who are also now engaged in projects addressing race and cultural issues. The Study Circle effort is now underway at ODMH's hospitals. Staff willingness to take risks and engage with each other around race and cultural issues changed the environment of the Department and enhanced the power of diversity.

My list of accomplishments must also include our intense efforts to guide Department work through the development of an **ODMH Strategic Plan**. With a plan firmly in place, staff members are now able to identify the "fit" of their work with the ODMH Mission. Greater accountability and work efficiency was achieved and staff became engaged in work that had clarity of definition and meaning.

Transformation work through TSIG resulted in many accomplishments of which I am very proud.

These include support of the Benefit Bank, reactivation of Medicaid benefits for people leaving prisons and other institutions, greater focus on trauma-informed care and services and focus on youth in transition.

Areas of Greatest Frustration

The impact of the Great Recession hit ODMH five months after I became Director. The reality of a lengthy recovery period with greatly diminished resources for ODMH served for me as a "call to action" to focus on the **administrative and clinical inefficiencies** inherent in our system's structure. The work I/we attempted to initiate was often met with great and unyielding resistance to change that would impact status quo. Whether the implementation of an equitable funding formula (required by state statute), support needed by ODMH to move aggressively on Medicaid waste and abuse, development of a work plan around the Administrative Cost Study recommendations, support for a rational utilization management model, controls on "any willing provider," or early support for Medicaid elevation (there are many more examples), I was unable to move this work forward or get it to reasonable completion. This work was the right work in which to engage and it is work that must surely be an ODMH and system's focus now and in the immediate future. **As many dollars as possible must get to services and supports for people with severe and persistent mental illness rather than being used to maintain an antiquated and inefficient infrastructure.**

I was also greatly surprised and frustrated by an overall lack of inclusive, high level **policy discussion** when decisions were made to reduce Department budgets as well as the lack of inclusive policy discussion that should have occurred prior to such decisions. I realized that the pressures of the recession were immediate and had created a situation in which I was often operating at a mid-manager level, carrying out the implementation of assigned reductions without involvement in higher level decision and impact discourse.

The **grinding pace** of getting work accomplished continued to amaze and frustrate me; I refused to adjust

to this reality. As example, the Fee Schedule work took three years due to circumstances that were out of our control.

Area of Greatest Disappointment

I left the Department with great disappointment that we were not able to make inroads into decreasing the numbers of **people with mental illness in nursing facilities**. I regret that we were not able to be aggressive around ending or diminishing the use of the nursing facility exclusion for convalescent stay for people with mental illness being transferred from private hospitals. This practice impacts significant numbers of people in certain areas of our state. People with hospital level acute mental healthcare needs benefit little from a “convalescent” level of care and often lose housing and entitlements when their stay in nursing facilities is extended. I am embarrassed that Ohio is a leader in moving people with mental illness into nursing facilities; this practice must end.

ODMH’s efforts to **build a hospital in Cleveland, Ohio**, have covered many years. After using our time to travel the City to locate available acreage, I believed we had finally found a location that was suitable. We learned last year about ground water pollution that had not been remedied. I hope alternative plans that were in the making will finally deliver the promise of a safe and efficient consolidated hospital in this metropolitan area of our state.

And, I was greatly disappointed that **“Don’t waste a crisis”** was only rhetoric for ODMH. My opinion is that opportunity brought by the crisis of the recession was wasted.

Other areas of significant disappointment include ODMH’s inability to gain control of **DSH (federal disproportionate share) dollars** approaching

sixty million that come to Ohio due to the operation of ODMH’s state hospitals; my not pushing ahead with policy discussion regarding the use of **outpatient commitment** in Ohio; and the Department’s ongoing inability to gain **access to data** that could inform us about overall healthcare costs of people with mental illness and inform future integrated healthcare efforts.

Areas of Gratitude

The leadership team at ODMH was one of talent, expertise, energy and commitment. My job would not have been possible without them. ODMH hospital staff members are fully involved in their work as they focus on consumer recovery and safety and I am thankful for the work they accomplish every day of the year, “24/7.” And, ODMH, through the Office of Support Services, accomplishes significant and efficient work that insures rapid response in order that people who are indigent receive medication.

NAMI support was always present and I appreciated the invitations to join NAMI Ohio at various meetings as well as the invitation to support the development of Urban NAMI in Hamilton County. The Urban NAMI model could possibly emerge as beneficial in all metropolitan areas of Ohio.

I am also grateful that I have learned for myself that “Old dogs can learn new tricks.”

What’s Next??

I have quickly determined, in my rather abrupt departure from unfinished work at ODMH, that **my work** is not complete. I look forward to future encounters with the NAMI family and a future in which I work, again, on behalf of and directly with people with severe and persistent mental illness to assure the opportunity of the promise of Recovery.

Continued from Letter from the President

- ❑ Develop a team of individuals to distribute Save the Date cards for the May 10th Sleep Out for Mental Illness event throughout your community. Contact NAMI Ohio and let us know how many cards you will need.
- ❑ Send a Letter to the Editor of your local paper and state why support for mental health is important to you and to your community as a whole. Send copies of the printed letter to NAMI Ohio and to your local legislators.

Wall of Honor

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

The Printed Image
 Pickaway Correctional Institution
 Anonymous
 Mary Anthony
 Barbara Chuko
 Margaret Coggin
 Anna Crum-Griesmer
 Tom and Jennifer Downie

Harriet Feick
 Sally Fiehrer
 Peter & Mary Frenzer
 Fred & Penny Frese
 Randahl & Kristi Henn
 Dan & Carole Kerber
 Ronald Lutz
 Mark & Ann Mayle

Lawrence McGlinchy
 Jerry & Debbie Metz
 J. Donald Mosley
 JoAnn Reeds
 Terry & Mary Beth Smith
 Gloria Walker

In Memoriam

In Memory/Honor of ...

Adam Knapp

Robert Apperson
 Don & Shelly Ashton
 Smokey & Debbie Beitzel
 Dave & Janet Bissler
 Brad & Elizabeth Borchers
 Chris Bradford
 Christine Clugh
 Bill Coulman, The Gentle Dentist
 Denise Deckard
 Mike & Sue Denholm
 Ken & Marjorie Drugan
 Brent & Danielle Furrow
 Patti Jean Graham
 Jeremy & Genevieve Gulledege
 Frank & Deborah Madoivio

Daniel Raymer

Bruce & Lucy Ribelin
 Frank Sepetauc
 South Side Entertainment Group
 Barbara Steinel
 Joseph Urban
 Marilyn Weber
 Philip & Janice Weiser

Andy Starr

Denese Craig
 Rick & Susan Haack
 Motorists Insurance Employees
 Ted & Sandy Tozer

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.

David Trame

Christine Wagner
 John & Jeannine Winters

Baby Emma Rose

Susan and Mark Durham

Clyde Galliher

Mike and Patty Lazarowicz

My Dad, Don

Rosalie Constantinidis

Don Smith

Diane Colaizzi

Doug Dettar

Barbara and William VanHouten

Greta Berkoff

Melvin and Karen Feinberg

John Russell

Terry and Retta Russell

Julie Neely

Gregory and Jayne Robertson

June Navarro

Paul & Nina Chajmovic
 Robert Eichenberger
 Amy Fishman
 Richard & Jacquelyn Navarro
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 Jane Zartman

Peter Metzger

Monika and Don Bartelms

Richard Miller

Jane & Doris Gruber
 Gwenn Keifer

Sylvia Brodsky

Hinda Saul

In Appreciation

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United Way
Just Give
Esther Antler
Dennis Assenmacher
Joanne & Roger Avery
Beverly Azre
Roberta Badger-Cain
Martha Ball
Stephan & Constance Baum
Betty Becker
Bill & Carol Becker
Norma Sue Behr
Howard & Martha Bellner
Marilyn Benjamin
Harry & Georgene Berman
Lloyd & Norah Bertschy
David & Valeria Blake
Stephen & Gayle Blubaugh
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A teal-colored rectangular graphic containing the NAMI Ohio logo and the text "nAMI Ohio Mission Statement". The logo is white and positioned to the left of the text. The text "nAMI Ohio" is in a white, bold, sans-serif font, and "Mission Statement" is in a larger, white, bold, sans-serif font below it. The background of the graphic features a faint, large-scale version of the NAMI logo's circular icon.

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."