



nami Ohio's

NEWS BRIEFS

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Ohio's Voice on Mental Illness

Ohio Sleeps Out for Mental Illness

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NAMI Ohio Sleeps Out for Mental Illness



NAMI Ohio Executive Director Terry Russell speaks to a crowd of over 1200 from around the state. See full story on pages 6-7.

2011 NAMI National Convention



NAMI Members from Ohio travel to Chicago for the 2011 National Convention

Note of Thanks to Trudy Sharp, Public Information Officer of the Ohio Department of Mental Health for contributing many of the photos in this issue of the News Briefs.

NAMI News Briefs Contents



Ohio's Voice on Mental Illness with more than 50 affiliates statewide

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Remembering Adam



Dan and Marcia Knapp share the story of their son, Adam, and his untimely death which resulted from his mental illness with the members of the Legislative Mental Health Caucus. Representative Mike Stinziano (D-Columbus) listens intently.



Letter from the President

By Gloria Walker

In April, several NAMI representatives from Ohio had the distinct honor of traveling to Washington D.C. and participating in the Better Together: Multicultural Champions Conference. The purpose of the conference was to provide tools to state and local affiliates to help NAMI become a more diverse and inclusive organization at the local, state and national levels. Only then can we achieve our greater mission to improve the lives of individuals and families affected by mental illness.

NAMI's growth depends on our ability to reach into all communities and attract members from all walks of life. Our future depends on our ability to be open to all of those in need and to serve our communities well.

NAMI Ohio is committed to putting the tools that we learned in D.C. into action in Ohio. To this end, we have a scheduled a conference for our affiliates in August to have an open discussion about the implications of becoming a diverse and inclusive organization, to make a commitment to making needed changes, and to develop a plan of action. During the conference, NAMI Ohio adopted the following organizational priorities.

- To expand the ability to provide programs and services to a wider audience and to engage underserved individual in an improved mental health system.
- To continue to serve as the leading mental health education, advocacy and support organization in the state.
- To secure adequate and consistent sources of revenue to accomplish our work.

In August, we will take these priorities and develop action plans around them.

Without question, Ohio is one of the most diverse states in the union. We have several major metropolitan cities and we have several Appalachian and rural counties. We have a large Amish population and we have a large Somali population. We have many affluent communities, and we have communities of people struggling to feed their families. Clearly, for NAMI to be successful in Ohio, we must strive to understand our diversity and the important role that culture plays in our work. We must embrace and respect these differences and include different worldwide views and approaches in our efforts. This will not be an easy road for us to take, but it will be an exciting one! I look forward to having you join us on this journey!



Executive Director's Report

By Terry Russell

This latest budget process was one of the most difficult ones for me personally. Too often, I found myself second guessing whether NAMI Ohio was taking the right approach in our advocacy. Ultimately, what I discovered is that to be truly effective, we must stand for what we believe in, hold firm to our core values, and not back down when we are challenged by others. At the same time, I have a better appreciation for our advocacy partners. Each of us looks at the "system" through our various lenses. The important thing for us, as

NAMI members to remember, is that our lenses are the purest. We represent the voice of those who live with serious mental illness every day. We are not fighting for our jobs; we are fighting for our lives. That is not to say that our partners are not caring people, they just have a different perspective.

There were many positives that resulted from this budget process, and I want to shout them out loud, but there were also some negatives that I want to highlight in hopes of avoiding them in the future.

On the positive side...

Mental health advocates held their own during this very difficult budget process. When NAMI Ohio first learned of the \$8 billion deficit, we were all but certain that mental health would take tremendous cuts. Because of our advocacy and that of others, the system sustained a \$5 million cut in each year of the biennium for community services, rather than the \$16 million cut originally proposed. Not bad. Certainly, there remains a lot of work to do to turn our mental health system around, and the funds in this budget are not enough to meet all the needs that are out there. But truly, it could have been so much worse. Mental health advocates can be proud of what we accomplished.

Another positive about this budget and more specifically, about the Kasich Administration, is the priority that has been placed on integrating physical and mental health services, particularly for those with serious and persistent mental illness. Governor Kasich's appointment of Greg Moody to lead the Office of Health Transformation was genius. Director Moody and ODMH Director Tracy Plouck, who will lead this effort, understand that providing holistic care and support to those who are the most ill, is the moral, ethical and economically right thing to do. NAMI Ohio looks forward to working with Directors Moody and Plouck to advance this initiative.

And on the negative side...

Early in the budget process, NAMI Ohio anticipated that we would not always be on the same side as the rest of the mental health community. By then, our Board had already decided that our primary budget message would stress the importance of providing core, basic services to those in greatest need. We adopted the mantra, "you can't get well without a roof over your head, food in your stomach, and someone who knows your name." We

decided to host a Provider Appreciation Day to help ensure that agency staff members did not take our position personally. We wanted them to know how grateful NAMI members are to them for caring for us and our loved ones. However, if a shortage of non-Medicaid funds means that we have to choose between housing and counseling, we will choose housing.

Unfortunately, this position was not particularly popular with many leaders in the system. On several occasions (more than I can count on two hands), I was told by local funders that if NAMI Ohio does not back off of its position, local NAMI affiliates would have their budgets cut (shame on them). In fact, we received a letter from one Board Director stating that her Board would not contribute to NAMI Ohio as long as I kept presenting NAMI Ohio's position on changing the system and providing a social service network before all other services. She particularly didn't care

for my comment, "Those who pay for bad public policy are not those of us who work in the system and go home at night to enjoy our families. It is the person with the illness and their loved ones who pay the price for bad public policy." I say to her, we don't want your money. NAMI Ohio is the voice of those with serious mental illness and their families. Rather than criticize and threaten us, you would do well to listen to us.

I am also troubled by two major decisions that were made during this budget process without our input. The families and individuals dealing personally with mental illness played a major role in securing additional resources for the mental health system. Unfortunately, when it came time for determining how those funds were to be directed, we had little say. For example, when the Senate was considering the budget, they transferred \$7 million from the hospital

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Terry Russell, Gloria Walker and former Senator Bob Spada pose with Governor John Kasich after a meeting to discuss the mental health budget.

NAMI Ohio Extends Gratitude to Mental Health Champion Representative Dave Burke

Included in the enormous biennial budget bill, H.B. 153, is a provision that will make an huge difference in the lives of those with serious mental illness. This provision, which was inserted in the House version by Rep. Dave Burke (R- Marysville) will ensure that psychiatrists will be able to continue prescribing the most appropriate mental health medications to their Medicaid clients without having to jump through hoops to seek prior approval.



Rep. Dave Burke

This provision represents a significant milestone in NAMI Ohio's ongoing efforts to ensure open access to critical, lifesaving medications. Because of Rep. Burke's hard work and compassion for those who struggle daily with potentially debilitating mental illnesses, this provision never would have survived the many challenges it received throughout the budget process. On behalf of NAMI Ohio and the thousands of individuals with mental illness and their loved ones whose voice we represent, thank you Rep. Burke!

NAMI Ohio Executive Director Wins Annual Advocacy Award

At its May 5th Annual Dinner, Neighborhood Properties Inc. (NPI) presented its annual advocacy award to Terry Russell, executive director of the National Alliance on Mental Illness (NAMI) Ohio.

During the presentation of the award it was noted that Terry is a long-time advocate for individuals with mental illnesses after growing up with a



brother with schizophrenia. "As I got older and began thinking about what to do with my life, I decided that I wanted to help people like Johnny. No family should have to go through what ours did," Russell said.

"State and federal funding is so tight and Terry has done an extraordinary job of bringing mental health to the forefront of media attention," said NPI spokeswoman Peg Morrison, "and that's just huge."

NAMI Ohio Says Good-Bye

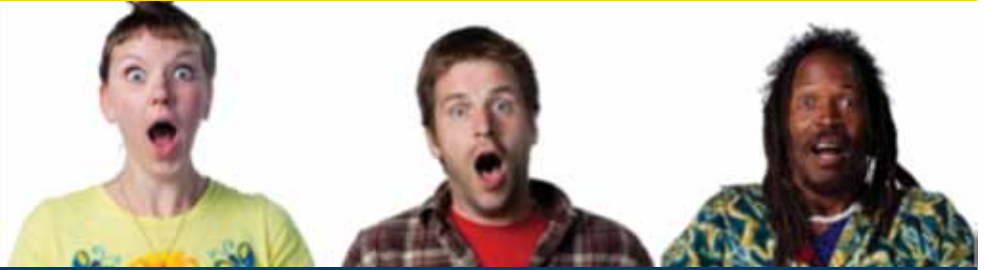
The NAMI Ohio staff say good-bye to their beloved co-worker, Beth Blubaugh (second from the right), who took another job in the spring. Beth has an unexplainable affinity for bees.



NAMI Ohio Hosts Statewide Conference



Improving Physical Health Care in the Behavioral Health System:



YOU WANT US TO DO WHAT?!



On June 16th, NAMI Ohio hosted a conference in Columbus entitled Improving Physical Health Care in the Behavioral Health System: YOU WANT US TO DO WHAT?! The event was the culmination of an eight month project that NAMI Ohio undertook on behalf of the Ohio Department of Mental Health to provide training, consultation and technical assistance to select mental health agencies interested in improving the health care of its clients. Ultimately, the initiative was designed to respond to the alarming reality that people with serious mental illness die 25 years earlier than adults without mental illness, and 60% of these premature deaths are as a result of preventable and treatable diseases such as heart disease and diabetes.



The project focused on addressing three common health conditions, 1) Diabetes Mellitus; 2) Metabolic Syndrome; 3) Bowel Dysfunction. It involved training front line workers about the signs and symptoms of these conditions, providing technical assistance to agency administrators to implement integrated care guidelines, and finally, educating clients and family members about the risk factors for these conditions and providing strategies and resources for prevention, detection and treatment. To learn more about this project, contact NAMI Ohio at namiohio@namiohio.org.



NAMI Ohio Sleeps Out for Mental Illness

On May 10th, over 1200 people participated in NAMI Ohio's Sleep Out for Mental Illness on the West Lawn of the Statehouse. The purpose of the event was to raise awareness about the consequences of untreated mental illness and to demonstrate the amazing outcomes when it is appropriately treated. Participants laid on blankets on the lawn to symbolize what often happens when mental illness goes untreated...people sleep outside.

An estimated 2.3 million Ohioans suffer from some form of mental illness. Many are unable to receive treatment because of funding shortages and others are afraid to seek help because they fear being stigmatized. Those with severe and persistent mental illnesses, such as schizophrenia, bipolar disorder and major depressive disorder, are at greatest risk of sleeping outside because their illness sometimes interferes with their insight making them unaware that they are sick and need help.

"Regardless of the reason, the consequences can be equally as tragic. Many wind up homeless, incarcerated, hospitalized, or worse...dead. For those who do receive treatment, the outcomes are remarkable and worthy of celebration," said NAMI Ohio Executive Director Terry Russell. "The Sleep Out was developed to acknowledge the pain of untreated mental illness and also to celebrate recovery when services are provided," Russell said.

"NAMI Ohio believes that putting a face on this illness is the best way to raise awareness. That is why we took this opportunity to share our stories and wear signs letting everyone know how we are impacted," Russell said.



▲ Many legislators shared their personal stories during the Sleep Out. From left to right, Senator Capri Cafaro, Senator Charleta Tavares, Rep. Armond Budish, Rep. Bob Hackett, and Rep. Ted Celeste. At the same time, several individuals with mental illness sat in on the Senate Finance Committee hearing in which the Director of Mental Health was testifying on her budget. The timing could not have been better. Clearly NAMI's presence was felt by key decision makers.



◀ Ohio Department of Mental Health Director Tracy Plouck reacts as the crowd dances along to the Beatles' "Birthday" song. Both Terry Russell and Tracy celebrated their birthday's on the day of the sleep out. Tracee Black-Fall and Suzanne Robinson join in the celebration.





◀ Attendees wore signs around their necks telling how they are connected to mental illness.



◀ The "EDUtainment" included bands, In Our Own Voice representatives sharing their stories and family perspectives.



▶ IOOV representative Durrie Allen holds his children while the video of him sharing his story is shown on the large screen.

▼ The Ohio State University's College of Social Work embraced the Sleep Out by providing financial resources and student volunteers.



◀ During a moving tribute to CIT officers, veteran Ben Miracle, left, credits CIT for saving his life. With him is Lt. Mike Woody (Ret.), President of CIT International.



ECT Treatment Offers Opportunity to Fight Back

By Garth House

Electroconvulsive Therapy (ECT) is a psychiatric intervention that pre-dates the era of psychiatric medications. Given the longevity of its use, this treatment has been studied over a long, sustained period of time so that its effectiveness and safety have been validated.

The treatment's efficacy for intractable depression, where the medications are not responding and therapy is failing, has been established with no such authority that this treatment is considered a valid therapeutic option. However, ECT is not a therapeutic option that one seeks without respecting its seriousness and understanding its gravity. As with psychiatric medications, how this therapy actually works is not understood. And as with psychiatric medications, ECT has side effects.

I had battled serious mental illness for over 30 years and been hospitalized more times than I care to count. When I first fell ill in the late seventies I was suffering from psychotic depression, and ECT was an option. But I was able to pull out of the depression with the aid of psychiatric medications.

In 2010 I found myself mired in psychotic depression once again. It seemed as though I spent more time in the hospital than out that year. After repeated hospitalizations, it was apparent that none of the medications was being helpful. My state of mind could be summed up as hell on earth, it was then, and only then, that I turned to ECT.

I want to be very clear about the mental and spiritual

anguish I was experiencing prior to receiving ECT. I was at a complete dead end. I experienced all of reality as being against me. I was mistrusting every one. I was so paranoid that when family members or members of my church or the mental health workers with whom I worked expressed their love and concern, I wasn't able to accept it or believe in it. I experienced myself as on the wrong side of everything that was good.

When I began my course of ECT treatments, I had no hope whatsoever. I had no faith or confidence that it would improve anything.

"After repeated hospitalizations, it was apparent that none of the medications was being helpful. My state of mind could be summed up as hell on earth, it was then, and only then, that I turned to ECT."

A word about the procedure itself—the patient lies down on a bed. Present are the doctor who administers the procedures; at least one attending nurse; and an anesthesiologist. Electrodes are placed on the patient's temples, and a vein is opened through which the anesthesia is administered. Once the patient has responded to the anesthesia and becomes unconscious, a seizure is induced. The patient has no memory or experience of the seizure, but awakens in the recovery room.

The side effects of ECT are the reason that the treatment must be approached with caution. One must weigh the benefits against the risks. In my experience I had reached a point where the amount of pain and despair were so great that I was willing to try anything to improve the situation.

In the wake of 22 ECT treatments, the last one of which was around 5 months ago, I find myself in a very improved condition. However, the side effects

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Board Spotlight: Amy O’Grady: *Helping People in Need*



By Paul Quinn

When Amy O’Grady was a college intern at the Georgetown University Law Clinic in Washington, D.C., she felt a calling to help people in need.

Amy earned her law degree from Capital University and began working in the Franklin County Public Defender’s Office, representing the indigent. As she soon learned, a large number of her clients suffered from mental illness.

Her experience indicated that the mental health system was not adequately serving many of those in need. “There were no mental health courts at that time,” Amy said. “Crisis Intervention Team (CIT) training did not have a significant presence in Ohio.”

Amy later met NAMI Ohio Executive Director Terry Russell, who suggested she get involved in NAMI. Get involved she did. Amy was elected to the NAMI Ohio Board of Directors and rose to the office of first vice president. “I appreciate the opportunity to be at the table where we are discussing mental health and services such as CIT training,” Amy said. “Working with law enforcement to facilitate treatment for consumers whenever possible, rather than incarceration, is so important.”

Soon thereafter, Amy was offered the opportunity to get involved with the Ohio Supreme Court’s Advisory Committee on Mental Illness and the Courts (ACMIC). As an ACMIC member, Amy works with other state and local representatives to examine issues surrounding mentally ill individuals in the criminal justice system. Amy treasures the five years she has worked on the ACMIC committee. “Together, we have worked for the greater good,” Amy said. “It’s been a fantastic experience, and NAMI Ohio has been a huge player in the accomplishments we have achieved.”

On a personal level, Amy’s motivation to assist those with mental illness continues through the loss of a

close friend to suicide. “Unfortunately, he suffered from major depression and decided to go off of his medication,” she said. Amy sees her involvement in NAMI as an opportunity to help people such as her friend. The key, Amy believes, is to break down the stigma commonly associated with brain disorders. “If it weren’t for the stigma, I might still have that friend today.”

NAMI is an important vehicle in the effort to reduce stigma, Amy said. “You can’t go far in the mental health world without involving NAMI,” she said.

“NAMI is key to getting things done and educating people regarding mental illness. NAMI is the voice for the mentally ill so we, as an organization, must be flexible, listen, and educate.”

As is apparent by her eagerness to get involved in NAMI and other efforts to assist those in need, Amy is not one to sit by passively. “If we’re going to sit on the sidelines and complain, we don’t deserve support,” Amy said. “I like that NAMI Ohio keeps pushing for what is right for consumers and their families.”

Although Amy’s two terms on the NAMI Ohio Board of Directors just ended, she is grateful for the experience. “Through NAMI Ohio, I have met so many people who are so very passionate about the organization’s cause,” she said. “All that I have learned during my time on the Board is valuable in my personal and professional life. It has been meaningful to me and I am thankful for the opportunity to have served.”

As her term on the NAMI Ohio Board neared its conclusion, Amy pledges continue her work on behalf of the mentally ill. “I appreciate any opportunity to address the challenges of mental illness,” she said.





Ask the Child Psychiatrist

By Dr. Steven W. Jewell

**Dear Dr. Jewell,
I am a college student and am amazed at the number of my peers that use ADD medication, without a prescription, to study for an exam or write a paper. Aside from legal consequences, what are the effects of taking ADD medication without a medical need?
Worried about my friends**

Dear Worried:

What you are describing (referred to as “diversion” of prescription medication) is, unfortunately, very common. Research indicates that students who are prescribed stimulant medications (e.g., Ritalin, Adderall, etc.) for Attention-Deficit/Hyperactivity Disorder (ADHD) are often approached by their peers to sell, give, or trade their medication. In fact, one study showed that 13% of middle school and 46% of high school students on stimulants had been approached; and other studies show that rate is even higher in college.

There are two reasons that stimulants are diverted. One is what you described—they can enhance concentration in some people, and keep them awake while studying, much like caffeine (a legal stimulant) does. The other is that some abuse them due to their euphoric effect. Because of this, and the fact that these medications have the potential to be addicting, stimulants have been designated “controlled substances” by the federal Food and Drug Administration.

Taking any medication without either proper medical screening before prescription, or medical monitoring of the effects and side effects during treatment, is dangerous. Someone using these specific medications without supervision runs the risk of taking doses that are excessive, which can expose them to a number of side effects that are uncomfortable at best, and lethal at worst. Specifically, even at therapeutic doses these medications can be deadly if taken by someone with undiagnosed heart disease! This, plus the significant legal risks associated with unauthorized use of a controlled substance, means that using stimulants in this manner is not smart!

Sincerely,
Steven W. Jewell, M.D.
Medical Director; Child Guidance and Family Solutions

Olmstead Corner

During the spring of 2011, NAMI Ohio set out to follow up on a consumer housing survey that was conducted last summer to determine what is and is not helpful in locating and sustaining safe and secure housing. While the survey results were somewhat informative (See News Briefs Summer 2010), it was evident that the views of those who are more marginalized or who do not maintain close connections with their local agencies and supports may not have been represented.

For this reason, NAMI Ohio consultant, Bob Bielecki, sought the input of those who were unlikely to complete the survey due to their circumstances. This was accomplished by holding less formal discussions with individuals who reside in Adult Care Facilities (ACF) and consumers who participate in Consumer Operated Services (COS). Following are some highlights from these conversations:

ACF Residents:

- Many ACF residents stated they would not be able to function independently outside the ACF due to their mental illness, their drug and/or alcohol abuse, the likelihood they would not take their prescribed medications, or their inability to manage money or other routine responsibilities of self-care.
- All participants indicated satisfaction with their current arrangements; most said their current home was preferable to other group homes where they had lived.
- Many had difficulty reporting the circumstances under which they came to the ACF, although they generally stated that they came from another group home or hospital. It is possible that the residents had difficulty recalling a time during which they were still actively psychotic or in the earliest stages of recovery.

COS Participants:

- All the participants lived either independently in apartments or with their parents. One owned his own home. It was clear that employment and income were crucial to these consumers. While a couple of the participants had experienced homelessness for short periods and had experienced divorce or other traumatic experiences, most related having had successful experiences with families, employment or school.
- About one third expressed dissatisfaction with the condition of their apartments and the responsiveness of their landlords. Another third were happy with their living arrangements. Most reported that lack of funds was the main barrier to having better housing.

Observations of the Interviewer:

Representatives from both groups demonstrated great support for one another – even roommates appeared to look out for one another. The basic kindness and respect showed to one another was remarkable. Several consumers stated that interpersonal isolation was a danger for them, and the programs helped

reduce that danger. The socialization that ACF and COS provide cannot be overestimated as contributing to the recovery and stability of consumers.

The type of housing a person has is controlled to a great extent by their ability to care for themselves. The ACF residents, some still experiencing hallucinations and delusional thinking, were clearly less able to care for themselves than the COS participants. It would be difficult to imagine some of the ACF consumers living successfully without the support that the ACF provide. Yet, the ACF residents were no less satisfied with their living arrangements than consumers in the COS. In fact, the ACF consumers were even less critical of their living arrangements. Perhaps the COS consumers had higher expectations for their living arrangements.

Consistent with the Consumer Housing Survey results, the consumer discussion groups showed that consumers are in need of services to support their self-sufficiency and recovery. These needed services range from laundry, housekeeping and transportation to medication management and peer support. Given the level of disability and potentially harmful behavior of some of the ACF residents, it is remarkable they are able to live in open communities in structured, supported housing with very few occasions requiring psychiatric hospitalization.

As mentioned, most ACF residents felt they were not capable of more independent living. Although these consumers are not living independently, residing at the ACF should be considered, for them, a successful housing outcome. The level of support and care necessary to sustain ACF residents is very high. It often falls on the operator to fill in the gaps in care. Quality case management remains a necessity for ACF residents.

ECT Treatment Offers Opportunity to Fight Back, continued...

of short term memory loss and the inability to focus and concentrate are, at this point in my recovery, very real impediments. These side effects may dissipate over time. However the positive side, fear, despair and negativity no longer exercise dominion over me. My illness, with all its dark power, still lifts its ugly head in the course of any single day. Unlike before

ECT treatments, today I am more than just a victim to this disease. I am fighting. I no longer just succumb to the illness. I no longer throw in the towel or count myself out. The illness is there, for this disease is chronic. What ECT has done for me is to create a mental and spiritual space, a sort of clearing, within which I find the room to fight back against the illness.

Executive Director's Report continued...

budget to the non-Medicaid community budget. (They found \$7 million in current funds that they were able to transfer to FY 12 for hospital expenses.) Rather than consult with those of us who represent the end users of those dollars to determine where they would be best spent, the decision was made to put the money into the community budget. Had NAMI Ohio been given the opportunity to provide input before the decision was made, we would have recommended that the "extra" \$7 million be placed in a separate category to be used to assist with housing and community support services for those who are released from institutional care. Too often, those citizens that we represent who are in state hospitals or other institutional care have no place to go. A step-down approach is long overdue. Also, no thought was given to using these funds to replace the nearly \$600,000 cut from the Residential State Supplement program or to expand that worthy housing program. Unfortunately, no one asked for our input and the decision was made. It is important to note that local Boards can chose to use the additional revenue to pay for step down or other housing initiatives, although NAMI Ohio seriously doubts that they will.

They also didn't ask us our opinion about the formula to be used in determining how state dollars should be distributed to the local boards to pay for non-Medicaid services. Instead, the Department of Mental Health developed a formula that ensured the least disruption of non-Medicaid services statewide... a formula that resulted in major reductions to the three largest counties. While we appreciate the logic behind this formula, it is important to remember that the original intent of the Mental Health Act of 1988 was that state funding would follow the client. If most Ohioans live in our major cities, it hardly seems to follow that Cuyahoga County (where Cleveland is located) will only get \$180,000, when a much

smaller county such as Medina will get \$1.5 million. Franklin and Athens Counties will get zero. Franklin County probably has the highest concentration of the severely mentally disabled in this state. The Athens, Hocking and Vinton Board area, which contains a state hospital and is surrounded by some of the poorest communities in this state, receives no non-Medicaid state funding in this formula at all. We think this is a mistake. But no one asked for our input. (Note: The Department has since assured us that they have identified rotary funds to ensure that all Board areas receive some level of funding which comes as good news.)

The next twelve months will be a time for major change in the mental health system. Rest assured, we have learned not to wait to be asked for our opinion. From this point forward, we will shout it out loud whether we are asked or not.

Since my return to NAMI Ohio, I have had the opportunity to meet with families and consumers throughout the state. The NAMI Ohio Board of Directors represents families and consumers from every region of the state. During my discussions with these individuals, you get a true sense of what it is to live with mental illness. The reality is different than the conversations that I have with those working within the system. Therefore, as difficult as it is for me personally, NAMI Ohio will advocate for change because if we don't, no one else will.

NAMI Ohio is always interested in the views of its members. And now more than ever, your input is critical. If you have thoughts regarding this article or anything else related to our work at NAMI Ohio, please share them with us. We want to hear from you. Send your comments to namiohio@namiohio.org. Thank you!

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.

Mary Bullen

Chuck & Anne Germana

Marylin Henke

Joan Sherman

Ronald Lutz

In Memoriam

In Memory/Honor of ...

Diane

Gladys Siegel

Marci Dvorak

Judith Beckman

Phyllis Putnam

Candace Renner

Babette Feibel

Mr. & Mrs. Ron Mayer

Patricia Ann Hardy

Susan and Mark Dunham

Mr. Lionel James

Mr. & Mrs. Ted White

Ken Jameson

Edwin & Marian Sensenbaugh

Dorothy & David Key

Philip S. Key

Adam Lammers

Anne & Joann Klapheke

William "Billy" Lane

The Takamura Family

Patricia King

Christine Mesaros

David & Donna Axson

MaryBeth Carpenter

Jill Cyrus

Jane Donnell

Susan & Charles Emrick

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Paul & Mary Knight

Rose Lee

Beth Leslie

Lisa Mancini, Nicholas & Michael

Paul Markowski

Margaret Clark Morgan Foundation

Jon & Gwen Nese

Edith Phillips

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Mr. & Mrs. Patrick Ritchie

Marilyn Urbanski

Nancy Walkosak

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The WW Circle

AccuWeather of State College, PA

Donna Miller

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Richard Wilson Raabe

Julie Raabe Gentry

Gene Roell

David & Ellen McGrath

Joy Sanmarcos

Cynthia Christman

Adelaide Scroggs and Robert Alderman

Carolyn Marie S. Fleming

In Appreciation

Cardinal Health Foundation

United Way

Just Give

Paula Bainbridge

John and Susan Bazyk

Howard and Martha Bellner

Bob and Jeanie Boone

Karen Bradley

Craig Brenner

Jerry and Judy Brenner

Robert Brogan

Markkus Brown

Earl and Thurid Campbell

Marva Carson

James and Marian Chaliff

Angela Chesser

Suzette Walters-Combs

Chet Cutshall

Cleon and Nancy Elliott

E. Elaine Eyre

Elizabeth Farmer

A special note of appreciation to Tom and Anne Walker for their recent donation of \$30,000 to the NAMI Ohio Endowment Fund. Funds for this contribution came directly from their IRA account which otherwise would have been taxed upon their turning age 70.5. To learn more about creative ways to donate to NAMI Ohio, please call us at 1-800-686-2646.

Carolyn Marie Scroggs Fleming

Cheri Freedman

Don and Linda Friges

Madeline and Mark Georgeadis

Delta Sigma Theta Sorority

The Ohio State University College of

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A large, semi-transparent watermark of the NAMI Ohio logo is visible in the background of the dark blue box. It consists of the yellow circular icon and the text "nAMI Ohio" in white.

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."