



NAMI Blue Ridge Family Alliance Newsletter January 2005

Upcoming Meetings

Informal Support Group Meetings

2005 First Thursdays from 5:30pm – 6:30pm
January 6, February 3, March 3, and April 7

Speaker Meetings: (5:30p.m - 7:00pm)

January 20, 2005

Jane Clarke: "Special Needs Trusts & Financial Planning for the Mentally Ill"

Are you concerned about the financial future of a mentally ill family member? Attorney Jane Clarke will discuss special needs trusts and other estate planning for mentally ill family members. Would you like to know how to supplement government benefits such as SSI, SSDI and Medicaid rather than disqualifying your loved one from these benefits?

February 17, 2005

Jenny Oliver: "The Mental Health Association (MHA)"

Jenny Oliver is the new Executive Director of the Mental Health Association of Charlottesville. Jenny has extensive knowledge of the mental health field both in the U.S. and the U.K. She will explain the background of the MHA nationwide and here in Charlottesville and then concentrate on their current and planned activities. Her talk will include an update on the Crisis Care Continuum Ad Hoc Task Force, which was initiated by the MHA.

March 17, 2005

Sam Nickels: "Crossing Creeks, a Rural Therapeutic Community for the Mentally Ill"

Sam Nickels is the Executive Director of Crossing Creeks, a new rural therapeutic community near New Market, VA. Sam will explain the long and successful history of therapeutic communities in general and Crossing Creeks in particular. Which individuals are well served by such a community, and how does a therapeutic community fit into the range of services available to the mentally ill.

**Meetings are held in the Board Room of the
Region Ten Building, 800 Preston Avenue.
Visitors are welcome.**

President's Message

Recent news from NAMI/VA reports that as of November 2004, Val Marsh, Executive Director, has resigned her position, and at a special and informal meeting of affiliate presidents (which I could not attend) Tricia Badgett-Phelps was asked to become the acting Executive Director. Also, I understand that there are some members of the Blue Ridge Family Alliance who have not been receiving the NAMI newsletter or any additional information about annual dues, etc. If you or someone you know falls into this category, we are asking that you contact either Jim Scott, Treasurer (434-972-2494) or me (434-296-2519). Jim has contacted NAMI National about this and we hope that the confusion will be clarified by the time of the next BRFA newsletter.

As this newsletter goes to press, the holiday season is in full swing, and when you receive it, life will have hopefully returned to a calmer pace. We look forward to seeing you at our meetings on the first and third Thursdays of the month. Mike Kelley has organized some good speakers who should be of great interest to all. Our support group meetings continue to be helpful to "old" and new members. Let me remind you that if the public schools are closed due to inclement weather, we will cancel our meetings accordingly. If in doubt, please don't hesitate to give me a call.

While this may arrive a little late, I send all of you many good wishes for a Happy Holiday Season, and a calmer and prosperous New Year!

Sally Rinehart

A report on the restructuring of the Mental Health, Mental Retardation & Substance Abuse Services System in Virginia (dated November 10, 2004) is available online at:

http://hac.state.va.us/Committee/OtherPresentations/2004/November_10/1%20%20Massart%20-%20MHMR%20Restructuring%20--%20Print.pdf

The state's professed vision is a community-based system of services that promotes self-determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and community life.

NAMI-Blue Ridge Family Alliance

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NEWSLETTER

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This newsletter is published quarterly.
Persons wishing to contribute an original
article are asked to contact the editor.

WORLD WIDE WEB

Monticello Avenue site
<http://avenue.org/brfa>

Charlottesville Community Calendar
www.chvillecalendar.com



Have you read?

Exuberance The Passion for Life By Kay Redfield Jamison (Knopf, \$24.95)

Kay Redfield Jamison, a psychiatrist and professor who has a bipolar disorder, has written several noteworthy books that investigate the links between mood and creativity. This latest is a study of exuberance, a nonpathological state of heightened awareness that gives rise to courage and creativity.

When Someone You Love Has a Mental Illness: A Handbook for Family, Friends, and Caregivers by Rebecca Woolis

This seems to be a very good book that gives much-needed advice to family members and friends of a person with a major mental illness.



On the Web

www.nhtf.org

This is the web site of the National Housing Trust Fund Campaign, which has a goal to produce, rehabilitate, and preserve 1,500,000 units of housing over the next 10 years. When you visit this site, you will find out how you can help.

www.allaboutdepression.com

This site offers a lot of information and support for persons with clinical depression and their families. All About Depression was created by a psychologist who is particularly interested in educating the public about depression and its treatment.



PACEM (People and Congregations Engaged in Ministry) is a new program that helps people find shelter at night, especially during the cold winter months. Through PACEM, several local churches will take turns hosting up to 35 adult men who have nowhere else to sleep at night. Meals are included, and there will be occasional access to showers and laundry. PACEM operates 7 nights a week from November 15 through March 15.

While adult males are the largest segment of the homeless population, there are women, children and teens who also lack shelter. Through partnerships with the Salvation Army, Children, Youth and Family Services, SHE, Region Ten, the Housing Authority, etc., PACEM tries to help them find shelter, too.

PACEM Intake Site is open 7 days a week from 5-6 pm. Persons must come to Intake during that time if they want to stay with PACEM that night.

Intake Site location from 11/15/04-1/15/05 is the Living Stones Chapel at 1405 E. Market St., two blocks east of the intersection of Market St. and Meade Ave. Intake from 11/16/05-3/15/05 will be at Holy Comforter Catholic Church, 208 E. Jefferson St.

For more information, contact the PACEM Intake/Shelter Line at 465-1392, or PACEM Executive Director Dave Norris at 465-1391 or cvilleddave@hotmail.com.

MESA (Mutual Education, Support and Advocacy) group meetings will resume in the spring of 2005.



Mental services 'not good enough' **Officials struggle to provide the best care, but money is tight**

By David Ress, Times-Dispatch staff writer (October 24, 2004)

Years after state officials promised to get more people out of state mental hospitals and to help them more when they leave, care in the community is still measured in minutes a month. Virginia is spending more money serving fewer people in the community, a Times-Dispatch analysis of community mental-health agency financial and performance data found.

In several key categories of care, the time spent serving the mentally ill has declined. And some types of care, particularly residential programs, are falling by the wayside more and more. "It's not good enough, if you just look at the service hours that are being done, but there's also the issue of is it good enough in terms of the range of services offered," said Raymond R. Ratke, deputy commissioner of the state's Department of Mental Health, Mental Retardation and Substance Abuse Services. "We want to do better."

Virginia pushed to cut the number of people languishing in state hospitals after federal investigations and a Times-Dispatch series in the late 1990s found abuse and poor care. At the time, The Times-Dispatch also found the network of community-care agencies was badly stretched to provide even minimal care.

A new look at hundreds of pages of community mental-health-care data found that between 1999 and 2003:

- The number of Virginians getting community mental-health care declined 3 percent.
- Those signed up for outpatient services, the category that covers such programs as counseling, psychotherapy and medication, received an average of 46 minutes a month of care last year. That's down 19 percent.
- People served by the community agencies got an average of one hour, 35 minutes per month of case management, which is the basic service that monitors how patients are doing, assesses their needs and progress, and coordinates care. That's down 4 percent.
- The number of people needing emergency care is up 1.4 percent.
- Spending on outpatient care, case management and emergency services rose roughly 30 percent.

Mental-health officials say they are struggling to provide the best possible service at a time when money is tight. And they say part of what the community-care numbers reflect is that they are caring for sicker people than they used to. "There is more care happening in the community than we thought possible in the past," said Dr. James S. Reinhard, commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services. "We're serving more difficult people . . . people who need more intensive services and more than one service."

Providing care is costing more. One reason is that medications - especially the new and more effective drugs that hit the market in the 1990s - are more expensive. Another is the paperwork and reporting demands of the biggest source of funds for the system: Medicaid, the government's health-insurance program for the poor and disabled. "The complaint I hear is that I want to do what I was trained to do and see patients, not fill out forms," Reinhard said.

It's particularly difficult to get Medicaid in Virginia: A person can earn no more than 80 percent of the federal poverty level a year, although some states cover people earning 150 percent of that income. In Virginia, that translates to an income cap of less than \$7,200 a year - a person working for minimum wage would exceed that after fewer than 35 weeks on the job. While the General Assembly has increased funding for mental-health programs, it has done so only for specific programs.

Beth Rafferty, director of mental-health services for the Richmond authority, is worried about what's left for those who do not need the most intensive kinds of community care. "We're still talking about people with serious mental illness; they are stable now and doing all right, but we are talking about people who have been hospitalized, who have been suicidal," she said.

The amount of funds that are not specifically targeted has dropped, and mental-health officials say that makes it hard to adjust services as patients' needs change. But mental-health officials say looking at average figures for the amount of care people receive can miss the fact that some work with their social workers, doctors and nurses several times a week, while many are

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(Mental Services 'Not Good Enough,' continued from page 3)

doing well enough that they need to check in only once every three months or so. It also misses the fact that many people with mental illness drop out of programs, as is their right, mental-health officials say. In some cases, a brief, short-term hand when a person with mental illness is coping with a crisis is all that's needed, the officials add.

Richmond's Behavioral Health Authority sees that a lot. "We're right on [Interstate] 95; we see a lot of transients," said Dr. John Lindstrom, director of assessment-emergency and medical services for the Richmond Behavioral Health Authority. "We try to stabilize them and help them get to where they are going." As sicker and sicker people moved into community care, Richmond has tried to respond by stepping up intensive programs for them, including an adult home that provides nearly the same kind of care as a state hospital does in terms of nursing and daily therapy. The authority's so-called "PACT" teams, which visit seriously mentally ill people living on their own up to several times a day, now serve 100 people. "But there are only so many ounces in the quart," Lindstrom said.

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For the most stable of these still-quite-ill people, the authority tries to offer two hours of case management a month. One problem: there are not a lot of support services for case managers to offer people. Many people with serious mental illness live in substandard adult homes or flophouses. They do not receive a lot of help in getting proper food, finding work or breaking the isolation from other people that mental illness often brings. On top of that, if things start going badly between visits to a case manager, it can be difficult for people to reach a psychiatrist or nurse. That's a key area where many mental-health officials would like to add staff and resources. The danger is that no one will step in until the patient has slid into a real crisis - the point at which people start talking about committing suicide or hurting someone else. Every time that happens, it takes something out of you," Rafferty said. "It makes it that much harder to get back to stability."

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Region Ten plans short-term crisis help

Region Ten Community Services Board officials believe hospitalization could often be avoided if the area had a center that provided short-term inpatient treatment for people before they needed to be hospitalized. And they're vigorously raising funds to open such a facility.

The crisis stabilization center would serve people who need more than counseling but are not ill enough to be taken to a mental hospital. People who go there might be contemplating suicide or suffering delusions. The facility would employ about eight people, including doctors, nurses and social workers. It could serve up to 100 people each year.

"Right now the only options are the street or the hospital," said John Pezzoli, Region Ten's director of mental health services. "It's never good to say you're not sick enough to get treatment. We often have to wait until they get worse to get them the help they need."

Patients would go to the center voluntarily. They would receive an evaluation, counseling and medication. Typical stays would only be a few days. Last year, Region Ten conducted 1,347 crisis evaluations, which resulted in 802 admissions to psychiatric hospitals. Pezzoli hopes the center will cut down hospitalizations by at least 25 percent.

The center is only in the planning stage now. People from Region Ten have been meeting with officials from the UVA Medical Center, the Mental Health Association of Charlottesville-Albemarle, the city and county police departments and other organizations to figure out how to make it a reality. It will take between \$500,000 and \$750,000 to open an eight-bed inpatient facility in Charlottesville. So far, about \$20,000 has been raised.

People in the community who want to contribute to the crisis stabilization center can send donations c/o John Pezzoli at Region Ten, 800 Preston Ave., Charlottesville, VA 22903. For more information, call (434) 972-1833.

(Excerpted from an article by Claudia Pinto in the Daily Progress of September 20, 2004)