

NAMI Kentucky
808 Monticello Street
Somerset, KY 42501 Phone: 1-606-451-6935 or 1-800-257-5081



Could IPS Supported Employment Work For You?

Tyler's Story

Since he's gotten a job, Tyler reports that he no longer feels worthless. He's also been able to buy furniture, get dental work done, and has recently gotten married.

"Mental illness can make it hard to work at times, but I try to push through that. I even have to walk to work some days, four miles each way, but work is really important to me. I feel so much better when I'm working.

I work at a restaurant as a grill cook, but I do a little bit of everything. I work on sauté, on the pastas, I check the plates before they go out to the customers, help with the dishes... I started as a fry cook, but I've since been promoted to sauté cook. My goal was to watch what people did at all of the stations in the restaurant so that I can move up to become a trainer. I love the job. This paid off as I am now training to be a trainer. I like working with food and I like the people who work there.

I had been unemployed and was depressed because I couldn't find a job. I was really down in the dumps about it until my therapist suggested supported employment. I had been having a hard time getting up and getting motivated to go look for jobs, but my employment specialist came over to my house to talk to me about my goals and what I was interested in doing for work. At that point I told her that I would do anything, but the truth is that food and restaurants is really what I'm good at. She helped me feel more motivated and we went out together to apply for jobs. It didn't take long to find this job. Now my employment specialist stays in touch with me to ask how the job is going and she stops by the restaurant to talk to my boss. I love working with her—I like the extra boost I get from her encouragement.

In my opinion, work is what you make of it. I have high anxiety and the restaurant business can be very stressful. There are times that I get upset but I just remember that tomorrow is another day and I don't give up. The good thing about this program is that you don't feel worthless anymore. I'm proud of what I am accomplishing."

If you want to work, please call your local mental health center at :

Four Rivers 270-442-1452

North Key 859-331-3292

Comprehend 606-564-4016

Communicare 270-769-2605

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NAMI Kentucky is accepting Board application ongoing. If interested, e-mail us at namiky@bellsouth.net or call 1-800-257-5081 for an application or go to our website ky.nami.org.

Newsletter Items

Each month we are looking for appropriate stories, poems, and pictures to add to our newsletter. Please send to Terry at namiky@bellsouth.net

Our Mission

NAMI Kentucky is dedicated to the recovery, improved treatment and quality of life for all persons affected by mental illness in Kentucky.

NAMI Kentucky coordinates a network of local affiliates that provide education and support services.

The Criminal Defense Role: Our Part, And The Help We Need:
by *John Landon*, from the KY Department of Public Advocacy

Long ago, an astute Kentucky lawyer described the courtroom as the “arena of human tragedy.” For the past three years I have observed the production. Victories, tragedies, romances (both sweet and bitter), comedies and mysteries all make their appearances in the arena. An observant onlooker may experience greater depth of feeling than is available on stage or screen, because the stories that play out do not involve actors. Most people miss the subtext behind the scenes; they never see the story that happens behind the curtain. Early in my career, I observed a tragedy that played out on a daily basis, but remains largely unseen to this day.

An unfortunate side effect of the deinstitutionalization movement is that persons with mental illness and with no support structure oftentimes become entangled in the criminal justice system.

Most of the time, the clients public defenders represent are charged with extremely minor infractions (criminal trespassing, disorderly conduct, etc.). In most of these cases, the person is given a “credit for time served” plea agreement, or the court simply dismisses the charge, and the person is allowed to go on their way, sans medication, support or shelter. The cycle then repeats itself again and again. Sometimes, a person suffering from a mental illness is accused of a more serious offense, and that takes far longer to sort out. But, the result is normally the same, with the person being released only to return again later in a deteriorated mental state.

The Kentucky Department of Public Advocacy, our state’s public defender program, represents clients suffering from mental illness on a daily basis. We have clients undergoing evaluations for criminal responsibility, we represent clients at competency hearings, and we represent many clients undergoing civil commitment procedures. In short, most of our attorneys know the intersection of mental illness and the criminal justice system. The Fayette County Office of the department set up a team of lawyers specializing in mental health issues to address some of the problems faced. However, we often see a lack of structured support for clients once their criminal cases have been resolved, leading to recidivism. Also, sometimes this lack of support becomes a factor when we attempt to negotiate a favorable resolution.

The debate between long terms of commitment and community based care has continued since Geraldo Rivera’s expose on Willow Brook (where he publicly exposed horrific conditions in a Staten Island mental hospital). Long-term commitment to mental hospitals presents many problems, especially if those institutions are under funded. However, those same problems can be seen if community based treatment fails to the point where incarceration becomes a substitute for hospitalization. Keeping a person in a jail cell during a mental episode is certainly more inhumane than keeping them in a hospital.

Kentucky’s mental health laws follow a simple formula. This summary is admittedly overly simplistic, to say the least. If a person is mentally ill, but that person does not present a danger to themselves or others then they cannot be committed on an involuntary basis. Further, if there is a “less restrictive option” compared to hospitalization then that

person might not be held involuntarily at a mental health facility. Those standards are completely different from a person's competence to navigate the legal system and also from an analysis of a person's responsibility for a criminal act.

Ideally, this system would work. Those suffering from a mental illness and posing a danger would be committed to the mental hospital in the area until such time as they posed no danger or there was a less restrictive mode of treatment. They would receive treatment at the hospital to the point where they could manage with a less restrictive form of community-based care. If a resurgence of mental illness creating a danger took place, then that person could be recommitted to the hospital until regaining composure. This is how the law is supposed to work.

The system breaks down when community based care becomes under funded or inaccessible. People suffering from mental illness often don't have basic resources necessary for survival. They wind up homeless. Many are victimized. And, as their mental illness progresses, they can often times commit criminal acts. At that point they are arrested, taken to jail, and oftentimes referred back to the mental hospital or simply released.

The grey area exists when people don't meet the criteria to be involuntarily hospitalized, but still exhibit mental illness clearly. Community based treatment should be the favored method of treating those with mental illness. But, without sufficient safeguards and community help, those with mental illness have a far greater likelihood of being funneled into the criminal justice system rather than being re-hospitalized initially. The process of incarceration prior to hospitalization is actually illegal under our current law. And this process arguably costs the taxpayers of this county more than if the process allowed under the law was followed. Kentucky already offers these services to a limited extent. Many committed men and women attempt to help those needing them. Yet, this problem persists because we need to re-engineer a system better designed to provide care to those with mental illness without the knowledge or ability to access it.

We have already begun to slowly move forward on the legal issues through motion practice in Fayette County, with favorable results. However, without a reliable community based treatment option, we are almost certain to see the same recidivism. As lawyers, the Kentucky Department of Public Advocacy litigates predominately criminal charges. When the case is closed, we lose our ability to help our clients in a substantive way with state resources. It becomes necessary for the community to gather around these individuals and help them once a criminal case is resolved. This help has been shown to produce results, and end the cycle. An investment in community-based treatment will provide better results for our clients and concomitant cost savings in the long run. Without committed, accessible and effective community based treatment for all of those suffering from mental illness we will always be stuck with the same problem.

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*You can't reach for anything  
new if your hands are still  
full of yesterday's junk.*

#### **Affiliate President Call**

Monthly Affiliate President Calls are being held the 2nd Thursday night of each month at 6:00 pm EST. Please mark your calendar now and plan to participate in our 2012 calls.

# NAMI Happenings

## NAMI Somerset



NAMI Somerset had their membership meeting on November 22nd, at the Cancer Center. Jennifer Dishman and Sarah Brumfield did an excellent IOOV Presentation. Pictured l-r Jennifer Dishman, (IOOV, Lexington), Charlotte Stogsdill (NAMI Somerset President) and Sarah Brumfield, (IOOV, Lexington).

## Family –To- Family (F2F)Teacher

### Training coming April 28-29, 2012



A Free F2F Teacher Training will be held Saturday, April 28th and Sunday April 29th in the Florence, Kentucky area. Class is limited so complete your application by going online at [www.ky.nami.org](http://www.ky.nami.org). Applications can also be obtained by calling NAMI Kentucky at 1-800-257-5081.

**Application deadline is March 30, 2012.**

## NAMI Lexington

Participation Station now has a **New Support Group** for individuals coping with **Anxiety**. The group will meet every Saturday morning from 10-11:30am. The group will be facilitated by Owen Branum and Chris Whittington.

For more details call Participation Station 859-309-2856 ask for Chris.

## IPS Supported Employment



### Imagination by NAMI Buffalo Trace

Sharon Darnell and a little imagination used the IPS “Employment works” book-markers to make turkey feathers. Great idea Sharon!

## Support Facilitator Training For Families

A Free Support Facilitator Training For Families has tentatively been scheduled April 2012. More details to follow.

Application is available at [ky.nami.org](http://ky.nami.org) or call 1-800-257-5081.

**Application deadline is March 30, 2012.**

## NAMI Lexington

held its Annual Awards & Appreciation Dinner. Award Winners are listed below.

### Volunteer Excellence Awards

Participation Station- Chris Whittington  
Warm Line- Dietrich Hubbard  
NAMI Office- Susan Montgomery  
NAMI Walk- Jessica Wehle  
Family Programs-Jeanie Wolfson  
Volunteer of the Year- Dick Owen

### Walk Awards

Most Enthusiastic Fundraising Award Organization  
Bluegrass Regional MH-MR Board, Inc.  
Individual- Steve Garrison

### Wings Award-Ward Correll

Pioneer Award- Esperanza & Vincent Rivera  
Lifetime Achievement Award- Philip Rowe

### Retiring Board of Directors

Jackie Frazier  
Lisa Miller  
James Wilson

### Student Intern Recognition

Sarah Blackwell-EKU  
Mendy Raber-EKU  
Marcie Timmerman-UK

## NAMI Buffalo Trace



NAMI Buffalo Trace had their meeting January 9, 2012. During this meeting elections were held with Sharon Darnell elected President; Denise Walker, Vice President; Pat Purdon, Secretary. Treasurer will voted on in February.

Outgoing President is Russ Glenn. Russ and his wife Pat started NAMI Buffalo Trace in 2006. Russ and Pat spent many hours working for awareness of mental disorders and fighting stigma. We want to thank Russ and Pat for all their hard work over the years.



## NAMI Kentucky 2012 State Conference will be held July 28, 2012

Mark your calendars and plan to attend.  
More details in the Spring newsletter.



NAMI Lexington is happy to announce the addition of our new staff member, Susan Montgomery. She has joined our team as the Office and Family Services Coordinator! Susan is the recipient of the 2011 NAMI Volunteer Excellence Award and also has a Masters Degree in Social Work from the University of Kentucky. Susan is passionate about our NAMI mission and brings energy, commitment, and enthusiasm to NAMI. She is a great asset and we are lucky to have her!!

**NAMI Bowling Green F,C**

1st Monday, 7 pm CT  
 3rd Monday, 7 pm CT  
 Business meeting; 5:30 pm.  
 Hillview Heights Church  
 Nashville Rd  
 Contact: Marty Harrison 270-842-5687

**Bullitt County F**

1st Sunday, 3:30 pm  
 Ridgeway Mem. Library  
 127 Walnut St., Shepherdsville  
 Contact: NAMI Louisville 502-245-5287

**NAMI Danville F,C**

Consumer only meet every Thursday 6:30 a  
 320 S Main Street, Danville  
 Contact: Lois Anderson 859-236-3970

**NAMI Frankfort F,C**

2nd & 4th Mondays, 7-9 pm  
 Memorial Baptist Church, 130 Holmes St.  
 Contact: Betty or Bob Hicks 502-233-3034

**NAMI Green River (Campbellsville)**

2nd Monday, 6:30 pm  
 KU Building, Main St., Campbellsville  
 Contact: Laverne Hudgins 270-465-4574

**NAMI Hazard F,C**

NAMI Care (C): 2nd & 4th Fridays, 3 pm  
 Lobby, Sun Valley Apartments  
 Family meeting (F): 2nd Tuesday, 5 pm  
 Perry Outpt. Center, KY River Community. Care  
 Contact: NAMI Hazard 606-439-6603, 606-642-3040

**NAMI Heartland (Elizabethtown)**

4th Thursday, 7 pm  
 Bldg. B, Communicare, 1311 Dixie Hwy.  
 Business Meeting: 2nd Thursday, 7 pm  
 Contact: Steve Alexander 270-351-3730

**NAMI Hopkinsville F**

2nd Tuesday, 6-7:30 pm CT  
 Training Center, Western State Hospital  
 Contact: Marcia and Jerry Bell 270-886-3505

**NAMI Lexington F**

Family member and Consumer support groups meet individually,  
 Sundays 2:30 – 4:00 pm at  
 Participation Station, 869 Sparta Ct., Lexington, KY  
 Contact: Valerie Mudd 859-272-7891

**NAMI Louisville F,C**

2nd Saturday, : First Lutheran Church, 417 East Broadway (Door C),  
 10:00 a.m. 3rd Thursday, Christ Lutheran Church, 9212 Taylorsville Rd  
 7:00 p.m. 4th Sunday, Christ Lutheran Church, 9212 Taylorsville Rd  
 2:30 p.m. Support Groups for those in recovery NAMI CONNECTION  
 Recovery Support Groups are led by individuals who are in recovery.  
 NAMI trains mentally ill persons to facilitate these support groups.  
 For more information on these groups, call NAMI Louisville at  
 502-588-2008.  
 Center One—Seven Counties @ Champion Trace  
 Date: Wednesdays  
 Place: 4710 Champion's Trace Time: 3:00—4:30 pm  
 Contact: Janet Massay—807-9096 and Gertrude Sims  
 Community Groups The following group provides support for  
 both family and persons with a mental illness  
 Depression-Bipolar Support Alliance (DBSA)  
 Date: Tuesdays & Thursdays Place: St. Paul's United Methodist  
 Church, 2000 Douglass Blvd. Room 110,(corner of Douglas &  
 Bardstown Road) Time: 7:30-8:30 pm (coffee afterwards)  
 Mike 635-6142 or Carl 479-9941 <http://dbsalouisville.org>

**NAMI Madisonville FC**

1st Thursday, 6-7:30 CT  
 St. Mary's Episcopal Church  
 163 N main Street, Madisonville  
 Contact: Mary Poole 270-824-8673

**Maysville**

2nd Tuesday, 6:30-8:30 pm; 4th Sunday at 3 p.m.  
 Mason Cty. Extension., 800 US Hwy 68  
 Contact: Steve Lowder 606-564-4016

**NAMI Morehead**

2nd & 4th Tuesday, 7:30 pm  
 Rowan County Public Library  
 Contact: Carol Mauriello 606-356-9194

**NAMI Murray**

3rd Thursday, 6:30 pm  
 Murray Calloway Hospital Ed. Services  
 Uilding ( corner of 8th & Elm Streets)  
 Contact: Brenda Benson 270-748-6133

**NAMI Nelson County (Bardstown) F**

2nd Tuesday, 6:30 pm  
 First Christian Disciple of Christ.  
 Contact: Claudia Smith 502-348-4886

**NAMI Northern KY F**

4th Monday, 7 pm  
 Room 107, Erlanger Baptist Church  
 116 Commonwealth Ave.  
 Contact: Joanna Noonan 859-647-9487

**NAMI Owensboro F**

2nd and 3rd Tuesdays of month, 6 pm  
 First Presbyterian Church  
 1328 Griffith Ave.  
 Contact: Frannie Griffith 270-689-1999

**NAMI Paducah F,C**

Thursdays, 7 pm CT  
 1st Thursday Board Mtg.  
 2nd Thursday Business Mtg  
 4rd Thursday Speaker  
 St. Matthew Lutheran Church  
 Broadway & 27th Streets  
 Contact: Jennifer Lewis 270-442-2883

**NAMI Somerset F,C**

1st Tuesdays, 7 pm  
 Lake Cumberland Regional Hospital, Cancer Center  
 Contact: Charlotte Stogsdill 606-274-4565

**NAMI Stanford F**

3rd Tuesday, 5 pm  
 The Frontier Rehab, 322 Frontier Blvd.  
 Contact: Debbie Rowe 606-365-9920

**NAMI Winchester F**

1st & 3rd Mondays, 7-8:30 pm  
 Victory Heights Achievement Center  
 150 Maryland Ave.  
 Contact: Brenda Harrington 859-737-3384

**NAMI KENTUCKY**

c/o Somerset Community College  
 808 Monticello Street  
 Somerset, KY 42501  
 800-257-5081  
 606-451-6935





## **An Expert on Recovery ~ living a life to its fullest with a mental illness**

My name is Harold Jarboe and I would like to share my successful story of recovery. It is my story of HOPE and resiliency.

Twenty-nine years ago, shackled like a wild animal, I was brought to the second oldest psychiatric hospital in the United States. The name of the hospital was Eastern State Hospital (ESH) in Lexington, Kentucky. I was in the throes of my first manic episode. I had lost control of my behavior, was in constant trouble and had even been arrested. It was like living in a horrible nightmare and I did not understand what was happening.

Since that time I have been hospitalized 9 times for manic episodes of bipolar disorder. Bipolar disorder is a chronic brain disease like diabetes, lupus or cardiovascular disease. It can start at anytime in a person's life and is a lifelong illness. It is not curable but is treatable with medications and psychotherapy. Many famous people live with bipolar disorder and have productive and successful lives. All those years ago I was too sick to understand that I even had an illness. I felt trapped. No one understood my situation.

In 1986 I found myself being transported, handcuffed, in the back of a police car again. Now I was homeless. What would I do? After 3 months I was discharged from ESH and went to a boarding home where I lived for over a year. It was just one small room but it was better than living in a cardboard box. During this time I often thought of suicide and wanted to end my miserable existence. I was depressed and lonely. I wanted to die to escape my pain. At times I was so horrified by the turmoil going on in my mind that I was not capable of seeing the light at the end of the tunnel. I had no hope. It was very challenging living in a large city, being so young, and dealing with a major mental illness with so few supports.

I finally decided to stay in treatment and realized that it was important to find the right medications. I tried living alone and on my own in an efficiency apartment for about a month. Later, I lived with roommates in a house owned by Mrs. Cruse. Attending individual therapy classes and having the support of Mrs. Cruse was a crucial turning point in my life. Later a counselor who worked at the [Hope Center](#) helped me find a job at Kroger. Next I moved into a supervised apartment program (SAP). I graduated from many programs because I wanted to get well. I hated being locked up, so I had to find a better way to live. The revolving door was not for me.

Had it not been for these programs and the assistance of people who believed in me, I might still be homeless today. Individual therapy helped me overcome my anxiety, my anger and other emotional challenges. It has all been worth it because I now feel relaxed and comfortable around people. I can now express my own personality. It feels so good.

Fast forward to 2011. My recovery has been an incredible journey; one full of many twists and turns. With the help of medications and therapy I have learned to live with a brain disorder. I know how to stay out of the hospital and have become a productive member of society. I always take my medicine and especially get enough sleep. I knew I needed to take responsibility for myself. I had dreams and told myself that I could never give up. I realized that I had to work hard and no one could do it for me.

Many people refuse to take medication for bipolar disorder due to excessive weight gain. I went to Weight Watchers® and learned how to eat healthy. I lost 40 pounds and know how to keep it off. I am a 19-month free lifetime member of the Weight Watchers program. I also smoked heavily for 13 years. With the help of the Cooper Clayton Method®, I have not smoked in the past 16 years.

I feel so blessed every day. I have come a million miles in learning about my own recovery. One of my most proud accomplishments is that I have been hospitalized only once in the last nineteen years. I love my life and feel happy, productive and am glad to share my story with others. I do not drink alcohol or use

Continued from page 6

drugs, but I do love to party. I am high on life and who needs more? I have worked at Kroger for 22 years and my financial situation is sound. The best part of my life is my wonderful wife, Angel. We have been married for 12 years. She is my angel! Her love and support mean everything to me. We just purchased our first home and really enjoy being homeowners.

I have learned the importance of giving back. I visit and give gifts to the elderly, cook special dishes for friends and volunteer as a photographer for a non-profit organization called the National Alliance on Mental Illness, (NAMI). I am also very honored to serve on the [NAMI Lexington](#) board, the past 3 years.

I am happy, optimistic, enthusiastic, energetic and confident about my future. I often say, "I am the happiest man alive."

My dream is for our society to accept that mental illness is just like other diseases. People diagnosed with mental illness are just like me. We are not a "mentally ill man" or a "schizophrenic woman." We would never label a person dying of cancer as a "cancerous" man or woman. My dream is for everyone who has a mental illness to be able to access treatment and housing, as I have been blessed to do. It seems horrible to know that now more people with mental illnesses live in jails and prisons than in other places.

Recovery is a life long journey, but it is possible.

My motto is: "Every day is a holiday, every meal is a feast and every night is New Year's Eve." We all need to work together to overcome the stigma of mental illness.

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### ***Friends of NAMI Kentucky***



Join the friends of NAMI by making a contribution that will be used to strengthen affiliates across Kentucky and to help establish new affiliates so that we may reach out to people in need.

Please send your contribution to:

*NAMI Kentucky  
C/O Somerset Community College  
808 Monticello Street,  
Somerset, KY 42501*

### **Medicaid Alert**

If you are having trouble accessing the treatment or medication you need through your managed care organization. Contact NAMI Kentucky @ 1-800-257-5081.



### **Kroger Fundraising**

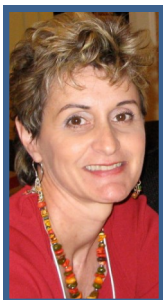
Since July 2011 NAMI Kentucky and Affiliates have received \$1158.00 in money by using Kroger cards purchased through NAMI Kentucky.

|                    |               |
|--------------------|---------------|
| NAMI Buffalo Trace | 87.16         |
| NAMI Nelson County | 260.24        |
| NAMI N. Kentucky   | 329.03        |
| NAMI Kentucky      | <u>481.57</u> |
| Totals             | 1158.00       |

By using your Kroger Cards NAMI receives 4% of every \$100.00 in sales. Get your Kroger card today, or get your affiliate on board raising money by just shopping Kroger.

Get your card today, 1-800-257-5081 or email us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net) or send your \$5.00 by mail with your name and address to NAMI Kentucky, c/o Somerset Community College, 808 Monticello Street, Somerset, KY 42501. (We are not set up to receive credit cards) Let us know your local affiliate name if you want them to get credit for your purchases.

NAMI Kentucky thanks everyone who is supporting NAMI through this wonderful program .



# State Advocacy

NAMI KY PUBLIC POLICY COMMITTEE

By GG Burns, NAMI Associate Legislative Representative

NAMI Kentucky's Public Policy/Research committee met in November and December 2011. The committee is in the process of developing legislative goals for 2012 and beyond.

Committee members are as follows: Nancy Turner, BOD - Paducah (Chair), Bertha Diaz-Story, BOD - Louisville, Sean Reilley, BOD - Morehead, GG Burns - Lexington, Beverly Jones - Henderson and Glenda Harned - Frankfort

A few topics discussed by the committee are: The NAMI report, "State Mental Health Cuts: The continuing crisis (<http://www.nami.org/budgetcuts>) describes threats to Medicaid, the largest payer for public mental health services. Following the loss in June 2011 of "enhanced" federal Medicaid matching funds, part of economic stimulus legislation, Kentucky's budget was squeezed by an estimated \$159 million. To meet fiscal challenges, Kentucky Medicaid has moved to a managed care organizations, (MCO) approach where the state pays a set "capitation rate" for every person enrolled in Medicaid. NAMI is worried! Kentucky may be saving money by contracting with for-profit managed care companies, but does this just push the problem downstream? Will community mental health providers be squeezed tighter in order to enable the MCOs to meet the terms of their contract?

Lack of mental health funding leads many who don't get the behavioral health care they so desperately need to fall into a criminal justice system. According to a recent report from Clinical Psychiatry-News, over 800,000 people with severe mental illness are jailed annually in the US. Mental illness is a disease, not a crime! It is wrong to allow the criminal justice system to be the default mental health safety net simply because we don't have the will to adequately fund mental health services.

NAMI KY's public policy/research team encourages all members to report any changes in services, medical providers or medications to either NAMI KY (800) 257-5081, Email Address: [namiky@bellsouth.net](mailto:namiky@bellsouth.net); NAMI Lexington (859) 309-2856 or 1-877-840-5167; the Kentucky Mental Health Coalition: <http://www.advocacyaction.net/> or KARP at <https://sites.google.com/site/karpinc14/home>, Username: [KARPINC14@gmail.com](mailto:KARPINC14@gmail.com), Password: 1shannon or by calling 1-800-242-9867.

In November, I released an Op-Ed titled: "**Find State Funds for Mental Health Care that Works**", for Kentucky media publications. It was published in the Lexington Herald leader on Jan 2, 2012. The article can be view here: <http://www.kentucky.com/2012/01/02/2013137/find-state-funds-for-mental-health.html> or <http://changementalhealthlawsinky.blogspot.com/2012/01/op-ed-find-state-funds-for-mental.html> **Please feel free to use this data when communicating with your legislators.**

Cathy Epperson, released state budget cut letters to all the Kentucky Legislators and the Department for Behavioral Health, Developmental and Intellectual Disabilities regarding NAMI's concerns as we approach the 2012 General Assembly.

The Public Policy Committee has also drafted the following statement on Personal Care Homes:

***NAMI KY advocates for consumer choice and believes a broad array of housing options and diverse treatment programs should be made available to people with mental illness. NAMI KY supports appropriate regulations, standards of operation, and oversight of all facilities and programs to ensure a safe environment and high quality care. NAMI KY strongly opposes any abuse, neglect, exploitation or coercion of individuals diagnosed with mental illness.***

Other items on the agenda being discussed are the rejuvenation of the HB 843 Commission. In terms of NAMI Kentucky Legislative Priorities – Death Penalty House Bill 145: NAMI KY opposes the death penalty for all individuals who have a mental health diagnoses in criminal justice system.

The NAMI KY Public Policy Committee encourages all members across the state to voice your concerns to your legislators in regards to any failure of services, lack of housing or treatment that is no longer available for you or your family member.





### CIT Corner

Denise Spratt  
Director, Kentucky CIT



The success of Kentucky's Crisis Intervention Team (CIT) program depends upon the active involvement of all 3 primary partners: law enforcement, mental health professionals and mental health advocates. Having just completed a 40 hour class in Hazard, Kentucky an example of this effective partnership is fresh in my mind.

Kentucky River Community Care provided experienced, dedicated and knowledgeable mental health professionals to instruct the officers on various aspects of mental illness, intellectual & developmental disabilities, and substance abuse. KRCC also provided knowledge of the local resources available to the law enforcement officers in their region.

Our law enforcement instructors train the officers to use this new information and combine it with their officer safety training to more quickly recognize the situation they are dealing with. By being able to recognize when a person is having a mental health crisis, the officer can maintain the safety of those involved and deal more effectively with the person in crisis. Knowing what resources are available, locally, allows the officer to get the individual the appropriate help they need.

The "heart" of the class is when family members and consumers tell their story! Mental illness is no longer just a list of signs and symptoms. It is real people with a real illness.

NAMI Hazard and the consumers who spoke to the class and provided feedback to the officers during the practical exercises were invaluable. I understand NAMI Hazard even listed, as one of their goals for their walk this year, to support the CIT training. Well, you certainly did!!

These are the kind of partnerships that have caught fire and changed the way law enforcement responds to those in psychiatric distress today in Kentucky. I want to thank all of our local NAMI affiliates who provide such an important part of every class.

I also want to say thank you to the community mental health centers who continue to make CIT a priority even in these difficult financial times. Those with mental illness in our communities thank you for your insight and leadership!



### Family to Family Teacher/Facilitator Conference Call

The Family to Family Teacher/Facilitator Conference Call is held on the 3rd Monday of every month at 6:00 pm EST. If you are a teacher/facilitator, please join these calls.

### Americans With Disabilities:

#### Giving Back and Growing at the Same Time



**Oyo Fummilayo** was unemployed before she served as a literacy specialist at a middle school. Having previous experience working with teenagers, she specifically chose a middle school because of her passionate belief that pre-teens are at a particularly critical point in their education, when they either become excited about learning or lose interest. Oyo taught the students how to write a newsletter, which they continued after her term of service. She says that her service was a steppingstone to everything she has done subsequently. Her service experience confirmed what she already suspected: She would find her true career in helping others. After her service, Oyo was appointed to the Kentucky Council on Developmental Disabilities. Her interest in supporting people with disabilities is not because she has a disability but because, she says, "I believe that everybody needs to be included in everything...Everything we do should be available to everybody. It doesn't matter if you have a disability or not."

### Message from Board President

#### Wendy Morris

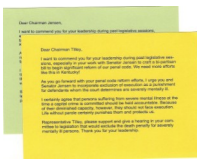


The advent of Medicaid managed care has presented numerous challenges for consumers, families, and providers. NAMI KY is listening to your concerns and sharing them to the appropriate officials.

In January, Cathy Epperson, Gary Barr, Bertha Diaz-Story and Charlotte Stogsdill, members of the Board met with Secretary Janie Miller. We were accompanied by Juanita Bartley, NAMI Hazard President, and Mary Singleton, a concerned citizen from the Cumberland region. Issues we presented included reduced **access to care**, treatment issues such as access to **appropriate medication**, decreased lengths of stay in hospitals, closure of outpatient services, and longstanding, continued **gaps in service**.

Secretary Miller was receptive to our concerns. She is supportive of **recovery** oriented services and **evidence based** practice. She wants to assure treatment programs have **quality** outcomes. We were pleased to have Acting Commissioner Neville Wise and Carrie Banahan from the Department of Medicaid there as well.

There is nothing more powerful than a personal story when advocating for change. In fact, when we asked Secretary Miller how NAMI KY can help, she said keep sharing our stories – the struggles and the successes. So call us at 1-800-257-5081 or email us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net) and let us know how Medicaid managed care is impacting you or your family. I assure you, NAMI KY will continue to advocate for Medicaid managed care to fulfill its promise to you!



## NAMI Kentucky Supports HB 145 – Legislation to Preclude the Use of the Death Penalty for Individuals with Severe Mental Illness

Representative Darryl Owens has filed legislation to preclude the use of the death penalty for individuals with severe mental illness. In the past this bill has enjoyed broad bipartisan support and we are hoping to demonstrate that this is still the case.

In the past we have offered the following reasons why this bill deserves passage:

- The death penalty cannot deter someone who cannot understand the consequences of his/her actions; and
- Because of their diminished capacity severely mentally ill persons should be treated in ways similar to others who have that same standing, e.g., persons with mental retardation or those under 18 at the time the crime was committed.

In December 2011, a report prepared by a group of Kentucky's distinguished jurists, legal scholars, and practitioners and issued by the American Bar Association found significant flaws in our capital sentencing process and made several unanimous recommendations. One of these was that Kentucky needs to end the use of the death penalty for severely mentally ill persons.

The proposed legislation, HB 145, is narrow in its application and applies only to the following defendants:

- A defendant whose mental illness is severe;
- A defendant whose mental illness is active at the time the crime is committed; and
- A defendant who is charged after the effective date of this act.

House Bill 145 does not apply to

- Those individuals currently sentenced to death and awaiting execution; or
- Those whose actions are attributable solely to the intentional use of alcohol or other drugs.

As proposed, HB 145 would call for a hearing before trial, during which a judge would be presented evidence by the prosecution and the defense regarding the issue of severe mental illness. If the judge finds that the defendant meets the criteria set forth in this bill, then only the death penalty is excluded from consideration by a jury. All other penalties for capital murder are still available, including life without parole. This assures the guilty are punished and Kentuckians' safety is secured.

NAMI Kentucky has participated in a postcard campaign supporting this legislation. Thus, thousands of postcards, signed by citizens across the Commonwealth, were hand delivered to Senator Jensen in December. Postcards to Rep. Tilley will be delivered in the near future.

**We are encouraging NAMI members across the state to contact their state representatives and senators urging them to support HB 145. The legislative message line is 1-800-372-7181.**



## New Service Helps Practitioners Coordinate Care for Patients Receiving Company's Long-Acting Injectable Therapies

Janssen®, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., is bringing to Kentucky Janssen® Connect™, a new service for psychiatrists and other healthcare professionals and their patients who have been prescribed a Janssen® long-acting injectable atypical antipsychotic medicine. These medicines are INVEGA® SUSTENNA® (paliperidone palmitate), for the treatment of schizophrenia, and RISPERDAL® CONSTA® (risperidone), for the treatment of schizophrenia and longer-term treatment of Bipolar I Disorder.

Janssen® Connect™ is a service designed to help make it easier for patients to access Janssen® long-acting injectable therapies. Janssen® partners with treatment teams that request to be a part of the program and works directly with them to provide their patients with support and resources, including: alternate injection sites of care, such as pharmacies; trained healthcare professionals to provide injections; facilities that may be more conveniently located for patients; access and reimbursement services; appointment reminders; and scheduling of future injection appointments.

For more information about the program and local participating care sites, visit [www.JanssenConnect.com](http://www.JanssenConnect.com).



## A Message from the Executive Director Cathy Epperson

It is hard to believe that 2012 is here already. However, exciting things are happening at NAMI Kentucky. The NAMI Kentucky board understands the importance of having local affiliate involvement. Thus, to enhance the mission of NAMI, board meetings are being conducted throughout the state so affiliates can showcase their local affiliate and affiliate representation has been designated on board committees.

NAMI Kentucky is currently working to be in compliance with the new National Standards of Excellence set by National so that the April goal of being re-chartered can be met. This year, NAMI Kentucky Chartering/Standards of Excellence committee and staff will also be working with each of the 20 affiliates to help them achieve their re-affiliation process.

Two statewide trainings will be offered this year. A family-to-family (F2F) teacher training will be held April 28-29<sup>th</sup> in the Florence, Kentucky area and a family support facilitator training will be held April 21-22<sup>nd</sup> – Location to be announced later. ***Space is limited in each of these classes as these classes are offered only annually so if you are interested in attending either of these trainings, go to our website [www.ky.nami.org](http://www.ky.nami.org) to complete an application, email us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net) or call 1-800-257-5081. This training is provided free of charge and lodging and meals are also provided at no cost.***

Between now and June, NAMI Kentucky staff will be traveling to the rest of the community mental health centers to conduct a half day educational symposium for staff and/or consumers on mental health topics.

The NAMI Kentucky annual conference is scheduled for Saturday, July 28<sup>th</sup>. Mark your calendar now and plan to attend. More details about this conference will be in our Spring newsletter.

The NAMI Kentucky Board is conducting their quarterly board meetings throughout the state to give affiliates the opportunity to showcase their affiliate. We want to thank Juanita Bartley, NAMI Hazard President and members for hosting the October board meeting. The January board meeting will be hosted by NAMI Lexington at Participation Station. The April board meeting will be hosted by NAMI Bowling Green. NAMI Kentucky is accepting applications for board positions. If interested, please email us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net) or call 1-800-257-5081.

NAMI Kentucky is working with managed care organizations and Medicaid to address challenges of Medicaid managed care. NAMI Kentucky board has designated a person to represent NAMI on the advisory committee of each managed care organization. We encourage you to email us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net) and tell us what is working or not working with your managed care organization so we can discuss with the appropriate managed care organization and/or Medicaid.

The NAMI Kentucky board is reaching out to local affiliates so they can be more involved with the board by having affiliate representation on board committees. The public policy/research committee has developed a policy statement and are working to develop a legislative platform for NAMI Kentucky. Once this is accomplished, advocacy work will be needed to get this message to Kentucky legislators thus we are asking each affiliate to identify a person who would be a good legislative advocate.

NAMI Kentucky has outstanding affiliates throughout the Commonwealth. It is a pleasure to work with the affiliate leaders and our wonderful volunteers to provide education, advocacy and supports to individuals and families affected by mental illness. If you know of a Affiliate or volunteer that you want us to recognize in our quarterly newsletter, email information to us at [namiky@bellsouth.net](mailto:namiky@bellsouth.net).

NAMI Kentucky is here to help! Call us at 1-800-257-5081 if we can be of assistance to you.

### ***Standardization of Dues***

NAMI National has set standardized dues of \$35 regular and \$3 Open Door. All States have to comply with these standardized dues by July 1, 2012. NAMI Kentucky is fortunate because these are the dues we currently have in place. NAMI National will get \$10 of the \$35 and \$1 of the \$3.

The NAMI Kentucky board voted at their October meeting that effective July 1, 2012 \$10 of the \$35 and \$1 of the \$3 would go to the state office. Therefore the due split effective July 1, 2012 for the \$35 membership will be \$10 to National, \$10 to State and \$15 to Affiliate, and for the \$3 membership, \$1 to National, \$1 to State and \$1 to Affiliate.

## 2011-12 NAMI Kentucky Newsletter Timeline



### Four (4) NAMI Kentucky Newsletters will be issued as follows:

#### February, 2012 (Winter Edition)

January 6, 2012- Deadline for articles to be received in order to get in February issue  
January 14, 2012- Deadline for draft to be sent to Board for review  
January 28, 2012- Deadline for final draft to be sent to Printers  
February 11, 2012 Deadline for February Newsletters to be Mailed

#### May, 2012 (Spring Edition)

April 6, 2012 – Deadline for articles to be received in order to get in May issue  
April 15, 2012 -Deadline for draft to be sent to the Board for review  
April 29, 2012 –Deadline for final draft to be Copied/Printed  
May 13, 2012 –Deadline for May Newsletter to be Emailed/Mailed

#### August, 2012 (Summer Edition)

July 6, 2012 – Deadline for articles to be received in order to get in August issue  
July 15, 2012 – Deadline for draft to be sent to the Board for review  
July 29, 2012 –Deadline for final draft to be Copied/Printed  
August 12, 2012 – Deadline for August Newsletter to be Emailed/Mailed

#### November, 2012 (Fall Edition)

October 5, 2012- Deadline for articles to be received in order to get in Septembers issue  
October 14, 2012 –Deadline for final draft to be sent to Board for review  
October 28, 2012 – Deadline for final draft to be sent to be Copied/Printed  
November 11, 2012 Deadline for November Newsletter to be Emailed/ Mailed

### **Thank You NAMI Hazard**

We want to thank Juanita Bartley, NAMI Hazard President and members for hosting the NAMI Kentucky Board Meeting on October 22, 2011. Those attending were Wendy Morris, Hazard, Cathy Epperson, Somerset, Charlotte Stogsdill, Somerset, Bertha Diaz-Story, Louisville, Gary Barr, Bardstown, Don Yelton, Northern Kentucky, Pam Bridgman, Monticello, Juanita Bartley, Hazard, Lance Heffer Elizabethtown, and Terry Withers, Somerset.

### **Who Are the Mentally Ill?**

**We are your brother...**

**Your sister....**

**Your father ...**

**Your mother....**

**Your child...**

**The person next to you in the pew...**

**And some of us are homeless.**

**One in four families are touched by severe mental illness.**



C/o SCC  
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