



Greater Des Moines

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(515) 277-0672 (voice mail)

AFFILIATE AND SUPPORT GROUP NEWSLETTER

October 2009

"Support, Education, and Advocacy"

Serving Polk, Dallas, Warren, and Madison counties

www.nami.org/JOIN - Join NAMI with a single click of your mouse, and become a member at the local, state, and national level.
See the latest on Polk County mental health services funding on Page 3.

NAMI Walks is here!
Saturday, Oct. 3, 2009



NAMI WALKS is Saturday, Oct. 3 at Des Moines Waterworks Park – Registration at 8:30 AM – walk at 10 AM.

Please walk with us, join a walk team or form a walk team, make a donation, fight stigma. To volunteer or sign up to participate – go to www.nami.org/namiwalks/IA or call Jay Brewer – the walk manager – at 515-321-8051.

You will be most impressed with the outpouring of support at the walk. The first year we had around 600 walkers and last year we had around 800 walkers. This year we anticipate 1000 walkers. Imagine that! 1000 people gathered in one place to tear down the wall of stigma which has, for too long, distorted people's perceptions of this medical illness.

The purpose of the Walk is to raise funds to support individuals and families affected by mental illness AND work on eliminating the stigma surrounding mental illness.

When you donate to the walk - if you choose to designate the NAMI Greater Des Moines local affiliate –

- 40% of the funds will go to NAMI Greater Des Moines
- 10% of the funds will go to NAMI National, and
- 50% - will go to NAMI Iowa

If NAMI Greater Des Moines is not designated in your on-line donation or noted on your check, we will receive no funds from your donation.

We would be most grateful if you would choose to designate NAMI Greater Des Moines so all three levels of our organization can benefit from your generosity. Thank you.



Golf and help NAMI at the same time

Community Choice Credit Union is sponsoring a golf tournament and the proceeds will benefit NAMI.

When: Friday, October 2, 2009

Where: Terrace Hills Golf Course, 8700 NE 46th Avenue, Altoona

Time: Lunch at 11 AM, Shotgun start at Noon

Festivities: Free lunch, dinner, and beer

DJ and raffle prizes following golf

Rules: Best shot

Price: \$300/foursome

Contact: Brandon Hays

515-334-8153

bhays@comchoicecu.org

Tee sponsorship: \$300 – You can own the hole.

Showcase your business to others and support a good cause.

Other sponsors: Cell City Wireless, Outlaw's Barbeque & Fast Signs

Shimizu: breakdown in our neighborhood

By Julia Robinson Shimizu, Los Angeles Times

Just last month, my husband and I spent a Sunday knocking on doors and apologizing to our neighbors.

The night before, I had called 911 for an ambulance to transport our schizophrenic son to the hospital. Again. He didn't want to go. Again.

He pushed me away from the phone and began raging at the 911 operator as we ran from the house. Almost immediately, there were two police officers on our front lawn. Our son stood in the kitchen, shouting at them to leave. They called for backup; four, then six officers on the front lawn. Patrol cars blocked traffic on the narrow street in front of our North Hollywood, Calif., home. Our son called 911 again, screaming, shouting: "There are police officers here, make them go away!"

I tried to reason with the police: "We just need an ambulance." But by this time, it was out of my hands.

Two more officers arrived and ordered me to the edge of my yard, away from the view of the kitchen window. Another pair of officers pulled me aside, asking me what had happened. "I called an ambulance," I said, watching two more officers stride across the brown lawn. One, her dark hair pulled back in a tight bun, carried a shotgun wrapped in what looked like bright green cloth. She paused to smile at me, "Just bean bags, not lethal," and stood at the ready under the mulberry tree.

We could see our son pacing back and forth in the kitchen, his long hair flying. By now there were more than a dozen police officers on the front lawn. They asked if there was an entrance in the rear. We directed them to the back patio, warning them not to trip over our elderly dog asleep in the breezeway. (cont'd Pg. 2)

NAMI is one of only 248 national non-profit organizations that received the BBB Wise Giving Alliance Charity Seal this year from the charity monitoring organization affiliated with the Better Business Bureau. NAMI also received three out of four stars from Charity Navigator and is its number one rated mental health organization.

We make a living by what we get, but we make a life by what we give. – Winston Churchill

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

(cont'd from page 1) We have been through this so many times before. We've heard all the arguments from well-meaning people about how Big Pharma is bad and that we should try diet or therapy or other things. But from here in the mental health trenches, the reality is very simple. When our son takes his prescribed psychotropic medications, no one would ever suspect the depth of his illness. But when he is off his meds, he is unable to eat, sleep, bathe or make sense. He is overtaken by delusions: The Red Hot Chili Peppers have used his name without his permission; sitting on his guitar case is the same as playing the guitar. He regularly becomes violent when we suggest he should resume his medication or stop smoking pot.

Oh, yes, pot. Research has shown that marijuana use is toxic to schizophrenics, that it exacerbates psychosis. It was an astounding surprise to me that marijuana could be so dangerous. But it sets our son into a blink-of-an-eye downward spiral that starts with the idea that he should set his prescribed medications aside. He then starts dressing in rags and refusing to bathe. He becomes increasingly incoherent — responding, as one doctor put it — to "unseen stimuli." The cycle generally ends with an involuntary hospitalization. His newly minted "medical marijuana" card has complicated everything.

As more and more officers arrived, my cell phone rang. Our son. I held the phone away from my ear so my husband and I could both hear it. "How could you do this to me? I hate you! Stop being my mom!"

There was still no ambulance, but now officers had pulled the screen from the dining room window and climbed inside. There were shouts, thumping and thrashing as they tackled our son. Four officers carried him down the front steps, howling and spitting. They pulled a hood over his head, handcuffed him, hobbled him with an ankle leash of thick webbed nylon and set him on the curb.

Finally the ambulance arrived. Firefighters in yellow reflective coats stood watch as a pair of paramedics struggled to place monitors and a blood pressure cuff on our son.

"I need help. I need to get to the hospital!" he wailed as they muscled past his resistance to get a pulse.

The ambulance pulled away from the curb and a police officer gave us directions to a local hospital emergency room where he was to be evaluated.

Our son had his first psychotic break in his freshman year of college, and he has been in and out of hospitals ever since. It is always the same. We follow the ambulance, wait to see him admitted or transferred, worry over him.

This is his sixth hospitalization in less than a year and comes just eight days after his previous discharge. At 24, he is no longer covered by our insurance, but this may be to his advantage. We've been told he can now access services through the Los Angeles County Department of Mental Health, and we're hopeful there may be more options for him now.

With severe mental illness, nothing is certain. Except that we owed our neighbors an apology for the disruption.

It felt odd, standing on doorsteps of neighbors we hardly know, telling them we were sorry. All those who answered their doors were quick to wave our apology away: "No, no, no problem."

For all of them, including those who did not answer, we left a note.

We were hesitant to share our story with our neighbors, but giving up the pretense of privacy offers us a chance to be free of the burden and shame of this mystifying illness.

By being open, we may even be able to help someone. Our letter to our neighbors included information about NAMI, the National Alliance on Mental Illness, an all-volunteer grass-roots organization dedicated to helping individuals and families living with mental illness.

NAMI has helped us understand we are not alone. Millions of Americans, an estimated one in five families (22 percent), are living with mental illness. As a matter of fact, two of the responding police officers that Saturday night, including the blond female officer assigned to keep me company, told us that they too had family members with serious mental illness.

Our odyssey has taught us many things, but none more important than these: Mental illness is no one's fault. Treatment works. There is hope.

Robinson Shimizu serves on the board of the National Alliance on Mental Illness, San Fernando Valley.



REACH

The University of Iowa REACH Program creates a living-learning campus experience where young adults with multiple learning and cognitive disabilities are empowered to become independent, engaged members of their community. Coursework, campus life, and career preparation assist students in reaching their full potential through a two-year, comprehensive certificate program. Post-graduation support is offered to provide assistance to students as they transition to their community.



Accepting applications for Fall 2010. Apply now.
Please review the Admissions pages for details.

The University of Iowa College of Education
N297 [Lindquist Center](#), Iowa City, Iowa 52242-1529
Telephone: 319 384-2127 | Email: reach@uiowa.edu
Website: <http://www.education.uiowa.edu/reach/>

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|--|--|--|------------------|
| Our <u>Education</u> Meetings are generally the 1 st <u>Sunday</u> of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. In October and November – our meetings will be at alternate locations. | | Our <u>Business</u> meetings are on the 2 nd Thursday of each month at the NAMI-Iowa Office, 5911 Meredith Drive. | |
| | Wed., Sept. 30 | Bringing It All in Balance – Healthy Mind and Healthy Body – a one day conference for nurses, social workers and other allied professionals regarding balance in their personal and professional lives. Sponsored by Polk County Mental Health Group. <u>Location:</u> Mercy Main East Tower Auditorium Lunch and Continental Breakfast Included. <u>Cost:</u> \$65.00, \$70.00 at the door <u>Hours:</u> 07:45am to 5:00pm <u>CEU's:</u> RN, SW, CADC, CME & other allied professionals, 6.0 contact hrs | |
| | Tues to Thursday, Sept. 29 to Oct. 1 | Pathways to Promise , an interfaith, mental illness ministries organization is sponsoring a national summit, <u>Companions on the Road to Recovery from Mental Illness: Pathways for the 21st Century - Models of Ministry and Collaboration</u> in Belleville, Ill., Sept. 29 - Oct. 01. The conference is designed to equip congregations and clergy for effective ministry with individuals and families facing serious mental illness by offering mental illness ministry models and resources. The basic aim is to lay the foundation for a network of local mental illness ministry training centers and programs around the country. For more details and to register, go to the Pathways to Promise Web site or http://www.pathways2promise.org/ | |
| | Friday, Oct. 2 | Community Choice Credit Union is sponsoring a golf tournament and the proceeds benefit NAMI. <u>Where:</u> Terrace Hills Golf Course, 8700 NE 46 th Avenue, Altoona <u>Time:</u> Lunch at 11 AM, Shotgun start at Noon <u>Price:</u> \$300/foursome <u>Rules:</u> Best shot <u>Festivities:</u> Free lunch, dinner, and beer - DJ and raffle prizes following golf <u>Golf tournament Contact:</u> Brandon Hays 515-334-8153 bhays@comchoicecu.org | |
| Saturday, Oct. 3 | NAMI Walks at Des Moines Waterworks Park Registration starts at 8 AM. The Walk starts at 10 AM. | Thursday, Oct. 8, 5 PM at NAMI Iowa | Business meeting |
| Mental Illness Awareness Week (MIAW) October 4-10 | | | |
| | Tuesday, Oct. 6 | National Day of Prayer for Mental Illness Recovery and Understanding - Please visit the NAMI FaithNet Web site for resources and suggestions for this special day & other services during MIAW. | |
| | Tuesday-Wed Oct. 6-7 | 2009 Mental Health Conference "The Road to Recovery and Wellness" at the Scheman Building, Iowa State University, in Ames. Registration is \$155. Register online at www.trainingresources.org before October 1, 2009. 12.25 CEU's. Provides an educational opportunity to hear professionals and experts share the most recent trends and issues, treatment methods, and research relating to mental health, mental illness and co-occurring disorders. | |
| | Wed., Oct. 14 | The 2009 " Unmasking Mental Illness " Gala Dinner and Presentation of the NAMI Mind of America Scientific Research Award at the Andrew W. Mellon Auditorium, 1301 Constitution Avenue, NW, in Washington, D.C. | |
| | Monday, Oct. 19 | Iowa Mosaic Diversity Conference at Scheman Center, ISU, Ames. The theme is "Rediscovering America – the Inside Journeys" – Registration, agenda and other conference information can be found at http://www.iowamosaic.org/ or call the conference coordinator at 515-225-1051. | |
| | Monday-Tuesday Oct. 19-20 | A Time for Transition: Policy, Practice, and Research in Aging and Mental Health – a conference sponsored by the Iowa Coalition for Mental Health and Aging at Embassy Suites in Des Moines. To register online using credit card payment, go to: www.medicine.uiowa.edu/cme click on: "upcoming conferences" – \$60 registration fee - CEU's available. | |
| | Thursday, Oct. 22 | Disaster Behavioral Health Response Team Training at Ottumwa- 9 AM to 4:30 P.M. Location to be announced. Contact Karen Hyatt at khyatt@dhs.state.ia.us or call 515-281-3128 direct line or cell 515-778-8993 for more information and for a registration form. | |
| | Friday, Oct. 23 | Disaster Behavioral Health Response Team Training in Des Moines at the Renaissance Savery Hotel, 401 Locust Street, - 9 AM to 4:30 P.M. Contact Karen Hyatt at khyatt@dhs.state.ia.us or call 515-281-3128 direct line or cell 515-778-8993 for more information and for a registration form. | |
| | Mon-Wed Oct. 26-28 | "Building Brighter Futures" – a conference sponsored by the Coalition for Children's and Families Services - 27 workshops – can earn up to 16 continuing education credits – will provide training on child welfare, family counseling, and mental health and substance abuse. On-line registration available at www.iachild.org . Registration fee for entire conference \$220 plus \$25 for non-online registrations plus \$25 if paid after Oct. 12. | |
| Sunday, Nov. 1 3:00 P.M. at Polk County Convention Complex | Our legislative forum will be at the Polk County Convention Complex at the AMOS event "What Happened to the American Dream?" The AMOS agenda will be shaped at this meeting after a series of house meetings across the mid-Iowa area. Will you please join us to develop a community vision for mental health and addiction services in our community? | Thursday, November 12, 5 PM, at NAMI Iowa | Business meeting |

Never be bullied into silence. Never allow yourself to be made a victim. Accept no one's definition of your life; define yourself. - - -
Harvey Fierstein

You must be the change you wish to see in the world. - - -
Mohandas Gandhi

MENTAL ILLNESS: THE FACTS

From NAMI: In Our Own Voice

Mental illnesses are brain disorders. They are not defects in someone's personality or a sign of poor moral character or lack of faith. They certainly do not mean that the ill person is a failure. Chemical imbalances in the brain, from unknown or incompletely known causes, are much of the reason for symptoms of mental illnesses.

Mental illnesses are like other organ diseases in which body chemistry changes. The abnormal chemistry of mental illnesses affects brain function the same way that too little or too much of other body chemicals damage the heart, kidneys or liver.

A heart attack is a symptom of serious heart disease, just as hearing voices, mood swings, withdrawal from social activities, or feeling out of control are common symptoms of a mental illness.

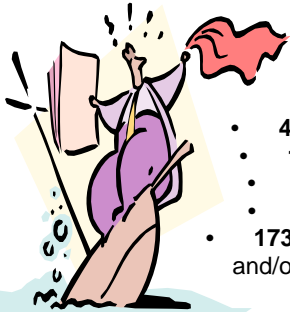
Mental illnesses can affect people of any age, race, religion, education or income level. As you read this, five million people here in the United States are dealing with serious, chronic brain disorder. Major brain disorders include schizophrenia, bipolar disorder (manic-depression), major depression, anxiety disorders, and obsessive-compulsive disorder.

There are many points on the continuum of wellness, and different degrees of recovery that can be reached with medication, therapy, and a strong support system.

Polk County Waiting List Update Waiting for Funds

As of the end of August there are now -

- **576** on the waiting list for disability services (last month 545),
- **342 of the 576** are receiving only non-wait list services
- **408** have mental illness
- **118** have intellectual disabilities
- **49** have developmental disabilities
- **1** unknown
- **173 of the 576** are at risk of hospitalization and/or homelessness
 - Longest on List: **872 days**
 - Average Time on List: **315 days**



- Average Time for those admitted: **none admitted in Aug**
- **115** kids on referral list (kids can be placed on the referral list at age 16).

Background

Polk County is barred by state law (as are all other 98 counties) to raise additional funds for mental health services. County dollars are frozen at 1996 dollar levels. This inability to raise additional funds results in a lengthy waiting list for services. Discretionary services are particularly vulnerable to for elimination. This includes mobile crisis, rent subsidy, para-transit, and a host of other supportive services for persons with mental illness and other disabilities.

Out of the stimulus funds Iowa is to receive, \$10 million was allocated to the Risk Pool for the entire state. Polk County submitted a request for funds to help reduce the waiting list.

Providers in Polk County have been preparing to rapidly put services into place to serve everyone on the waiting list, pending the availability of Risk Pool Funds. On Monday, August 10, the Risk Pool Board awarded \$7.3 million of the \$7.9 million

requested by Polk County. BUT, checks to the seven counties receiving Risk Pool awards will not be written September 15, as required by law.

What happened . . .

The Legislature used Federal economic stimulus money as the source of revenue for the Risk Pool. Medicaid regulations do not allow Federal funds to be used as matching funds. Some of the Risk Pool applications used a portion of the funds as Medicaid match. Less than \$1.5 million of the award to Polk County would have been used to match Medicaid, and other county-funded services could have easily been substituted for those.

Current status of request for funds from Polk County

DHS has offered to allow counties receiving Risk Pool awards to amend their proposals to exclude any Medicaid match, so the Federal economic stimulus funds could be used and the checks sent earlier. Polk County is obtaining information about any other restrictions on the money and about the reporting requirements before submitting an amendment.

Status of Mobile Crisis Response Team funding

Polk County Health Services is planning to ask the Board of Supervisors to approve a contract amendment on September 22, restoring full funding for the Mobile Crisis Response Team.

There are Medicaid waiver programs Iowa offers eligible residents to allow persons to receive necessary services to remain in their home and community rather than an institutional setting.

| Waiver Programs | # slots there are \$ for | # on Waiting List 9-09 |
|-----------------------------------|--------------------------|------------------------|
| Ill & Handicap, | 3163 | 1944 |
| AIDS/HIV | 56 | 10 |
| Elderly | 12052 | 0 |
| Intellectual Disabilities (Child) | 2851 | 0 |
| Intellectual Disabilities (Adult) | 572 | 45 |
| Brain Injury | 1168 | 753 |
| Physical Disability | 1292 | 1402 |
| Children's Mental Health | 1117 | 580 |

Total persons on all waiver waiting lists – 4734 – Sept 09
4623 – Aug 09 4505 – July 09

Go to: www.ime.state.ia.us

Click on "Members & Consumers"

Click on "Additional Services"

Then choose "Home & Community Based Services."

If you scroll further down on the page you will see a section called "HCBS Funding Slots." Click on the link for "Slot and Waiting List Information."

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference to: Teresa Bomhoff, Box 12174, Des Moines, Iowa 50312 or E-mail: tbomhoff@mchsi.com or namigdm@gmail.com
NAMI Greater Des Moines 277-0672
NAMI Iowa Office 254-0417 or toll free 1-800-417-0417 M-F 9-4
NAMI National Help Line 1-800-950-6264–Mon-Fri 10 AM-6 PM EST

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Looking for Community Resources?

Phone 211 www.211iowa.org

Contact Polk County Health Services

218 6th Ave – 243-4545

<http://polk.ia.networkofcare.org/mh/home/index.cfm>

Go to the visiting nurses website www.vnsdm.org

click on "links" – then click on Community Resource Directory

Polk County Community Mental Health Centers

Child Guidance Center – 808 5th Ave – 244-2267

Eyerly Ball Community MH Center 1301 Center St. – 243-5181

Broadlawns Medical Center- 1801 Hickman Road – 282-6770

Behavioral Health Resources – 945 19th St – 241-0982

Dallas County Mental Health Center

West Central Community Mental Health Center

2111 Green, Adel – 515-993-4535

Madison County Mental Health Center

Bridge Counseling Center

300 West Hutchings St. – 515-462-3105

Integrated Primary Care & Behavioral Health

Engebretsen Clinic, 2353 SE 14th St. – 248-1400

The Outreach Project, 979 Oakridge Drive – 248-1500

East Side Center, 3509 East 29th St. – 248-1600

Grandview Health Center, 1500 Morton Avenue – 263-6035

Community Access Pharmacy, 600 E. 14th St. – 262-0854



Family to Family – a free 12 week class for family members of adults with mental illness.

To sign up for spring classes, contact Teresa at 274-6876 or e-mail to tbomhoff@mchsi.com.

Nationally, the Family to Family program has had 200,000 graduates. There are over 3500 volunteer teachers.

Course material has been translated into Spanish, Italian, Vietnamese, and Arabic.



A Veteran Family Member's Take on the NAMI Family-to-Family Program

by Nancy Alers, NAMI Baltimore



I am a U.S. Navy veteran and a sibling of a younger brother living with schizophrenia. He was in the U.S. Army for a short period before he became ill after boot camp training. My brother was in his fourth year of his illness before I heard about NAMI, and I still wish today that I had heard about NAMI when my brother first became ill.

When I entered the classroom at the Baltimore Veteran Health Administration (VHA), there were 26 pairs of eyes looking at me. According to my referral from NAMI Metro Baltimore, this was a place I needed to be. Heads turned to the front of the room and one lady said, "We want to welcome you to the opening class of the NAMI Family-to-Family Education Course. We are very excited that this day has finally come and we can be together, family to family, for this new learning adventure."

At the F2F class at the Baltimore VHA, we were all female veterans who had come for information to help our ill family members. We bonded right away and every one of us completed the 12-week class. F2F provided an empathetic community that helped each of us feel less isolated and alone.

Class six on empathy was my "ah hah! moment." The class allowed me to let go of being frustrated about trying to "fix" my brother. By the end of the class, the way I saw the disease and

dealt with it changed. The lessons learned from the class positively guide me in my interactions with my brother.

I know first-hand about hiding the fact that you have a family member living with mental illness. I want other veteran family members to know that there is nothing shameful about it and that there are resources, like NAMI and F2F, to help you understand and support your loved one. Do not be afraid to come out and seek information.

F2F will help you understand that mental illnesses are biological brain disorders. In a matter of 12 weeks, you will gain a better understanding of your relative's experience. You learn so much from being among family members in similar situations that it validates what you are going through and what you are feeling. It is a life-changing experience!

To help the VHA facility get the word out about the course, I want all promotional materials to mention that the class is for veteran family members. When veterans first register at the VHA, I want information about the class in the welcome packet. I believe the orientation session for the veteran and family members is an excellent opportunity to learn about the course—I would have loved to receive information about F2F when I attended my orientation session.

I recently became a certified F2F teacher and will teach my first class in the fall at the Baltimore VHA facility. I hope to inspire veteran family members by having someone like themselves talk about having a relative who lives with a mental illness.

NAMI and the Veterans Health Administration partnered one year ago to bring a F2F class to one VHA facility in each of the 49 states offering the program. To date, over half of the states have held a class

Visions for Tomorrow



This is a free 8 week class for parents and caregivers of children and adolescents with severe emotional disorder. Contact: Diane at 273-5054 DLJohnson@magellanhealth.com or

Steph Estes at 967-6997 steph_estes@msn.com to sign up. There is a class each quarter of the year.



Peer-to-Peer

Peer to Peer – a free 9 week course for persons in recovery.

Topics addressed are relapse prevention, stigma, symptoms of different psychiatric diagnoses, sleep, addictions, spirituality, medication, coping strategies, mindfulness, decision making, advance directive for mental health care decisions, empowerment and advocacy

Contact: Dawn Olson 515-254-0417 or 800-417-0417 or 641-842-3859 dawnao@iowatelecom.net



Iowa Healing Voices

The "Iowa Healing Voices" campaign – is a speaker's bureau for persons with mental illness and their families. If you are interested in becoming a speaker for the "Iowa Healing Voices" speaker's bureau – more information can be found at their website

www.hopetalks.com

How am I going to live today in order to create the tomorrow I'm committed to? - - - Tony Robbins

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.



Possibilities for Prescription Assistance

<http://www.healthyplace.com/other-info/prescription-assistance-programs/free-or-low-cost-prescription-medication-assistance/menu-id-192/>

Healthy Place website

<http://www.needymeds.org/>

<http://www.rxassist.org/>

<http://www.pparx.org/> or call 1-888-477-2669

MEDICINE RESEARCH CENTERS 1-662-5135231

WE CARE MEDICAL MALL (888) 380-MEDS (6337)

or <http://www.wecaremedicalmall.org/383.htm>

RXHOPE (For Healthcare Professionals) www.RxHope.com

For Veterans honorably discharged with or without service connected disabilities

VA HEALTH BENEFITS SERVICE CENTER

(877) 222-8387 or at <http://www.va.gov/vbs/health/>

Military retirees, spouses and survivors

TRICARE - Contact at (877) 363-6337 or

<http://www.tricare.osd.mil/retirees/>

Medications from Canada

Contact:

http://www.wecaremedicalmall.org/global_medication.htm

Contact by Email: info@ddrx.com or

<http://www.doctorsdirectrx.com>

Contact: 1(866)262-2174 or <http://www.canadarx.com/>

Contact: <http://www.lepharmacy.com>

Pharmaceutical Company Medication Assistance Programs

<http://www.healthyplace.com/other-info/prescription-assistance-programs/pharmaceutical-company-medication-assistance-programs/menu-id-192/> - over 40 listed.



Other NAMI Teaching Moments

Parents and Teachers as Allies – a 2 ½

hour in-service for teachers and parents

Contact: Susan Gill sgill@askresource.org

or call 242-7556 or 243-1713.

Provider Education - a 10 week course for organizations, agencies and individuals working with persons with mental illness.

A contract is negotiated with NAMI Iowa for this class. Call 254-0417 or 1-800-427-0417

Would you like to be a teacher for anyone of the NAMI signature programs listed? Family to Family, Visions for Tomorrow, Peer to Peer, or Provider education? Contact namiowa@mchsi.com or call 254-0417.

Would you like to receive training to become part of a Parents and Teachers as Allies panel presentation? If you are interested and are a parent of a child or adolescent with severe emotional disorder, or an educator, or a student with a severe emotional disorder, please contact Susan Gill at sgill@askresource.org or call 243-1713 or 1-800-450-8667.

- ✓ Would you like to become a **support group facilitator** for a NAMI Connections support group (for persons in recovery)?
- ✓ Would you like to become a **support group facilitator** for a family member support group?

Contact the NAMI Iowa office to be placed on the class list for training. Their phone numbers are 254-0417 or 1-800-417-0417 or send an e-mail namiowa@mchsi.com

SUPPORT GROUPS for Persons in Recovery

Every Monday evening 7-8:30 P.M. – NAMI Connections – a support group **for persons with mental illness** – facilitated by persons with mental illness – at the NAMI Iowa office – 254-0417 – or 1-800-417-0417 - 5911 Meredith Drive, Suite E, Des Moines. Contact Dawn Olson at dawnao@iowatelecom.net or 641-842-3859 if you have questions. Dawn Olson and Kyle Damman are facilitators.

2nd & 4th Mondays of each month – 7 P.M. – For depression and anxiety disorders only – WestView Church, 1155 SE Boone, in Waukee. Call Julie at 710-1487 or E-mail at candlesinthedarkness@mchsi.com

2nd & 4th Mondays of each month – 7 P.M. – depression and bipolar support group., St. Boniface Catholic Church, 1200 Warrior Lane, Waukee. CandleSupportGroup@mchsi.com 313-6184

Every Tuesday evening – 8-10 P.M. - Recovery Inc., a self-help group for people who have nervous and mental troubles – at St. Mark's Episcopal Church, 3120 E. 24th St., Des Moines – Call 266-2346 – Marty Hulsebus.

2nd & 4th Tuesdays of the month – New Light Support Group – 6:30 to 7:30 P.M. -for persons experiencing depression or anxiety disorders– at Westkirk Presbyterian Church, 2700 Colby Woods Drive, Urbandale, Iowa – 515-253-0330 – Pastor Michael Mudlaff

Every Thursday at 2:00 P.M. - Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at Central Iowa Center for Independent Living, 665 Walnut St., Des Moines – Call 237-0232 – Mark Grunzweig.

Every Thursday at 5:00 P.M. – Dual Recovery Anonymous – “Thrive at 5:00” support group (mental health & any addiction issues) – at Iowa Lutheran Hospital, 4th floor Powell Center – Room 477 – Shirley is the facilitator

Every Thursday evening – 7:45 – 9:45 P.M. – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy's Episcopal Church, 1020 24th St., in West Des Moines. Call – 277-6071-Deb Rogers.

Every Saturday morning – 10 to 11:15 A.M. – Room 214 - The H.E.L.P. Depression Support Group meets at Lutheran Church of Hope, 925 Jordan Creek Parkway, Call 222-1520, ext. 175 or Lisa.davidson@hopewdm.org

Every Saturday afternoon – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.

6 nights a week - DBSA (Depression and Bipolar Support Alliance) has on-line support groups. Go to their site; www.DBSAAlliance.org click on "find support", you get a drop down menu that lists the online groups. You must pre- register to participate.



Warning: Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder. Marijuana and other drugs can have similar or more serious effects on the brain.

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.

Suicide Prevention Lifeline 1-800-273-TALK (8255)

What to Look For, What to do

- A person may be suicidal if he or she:
- ✓ Talks about committing suicide.
 - ✓ Experiences drastic changes in behavior.
 - ✓ Withdraws from friends and social activities.
 - ✓ Loses interest in hobbies, work, school.
 - ✓ Gives away prized possessions.
 - ✓ Has attempted suicide in the past.
 - ✓ Takes unnecessary risks.
 - ✓ Is preoccupied with death and dying.

What you can do

- ✓ Be direct. Talk openly and matter-of-factly about suicide.
- ✓ Be willing to listen. Allow expressions of feelings.
- ✓ Be non-judgmental.
- ✓ Show interest and support.
- ✓ Don't act shocked.
- ✓ Don't be sworn to secrecy.
- ✓ Offer hope that alternatives are available, but do not offer glib reassurance.
- ✓ Remove means, such as guns or stockpiled pills.
- ✓ Get help. If you or someone you know is in crisis, call 911 or 1-800-273-TALK (8255), the 24 hour National Suicide Prevention Lifeline.

Sources: *Suicide Prevention Action Network (spanusa.org)*
And the American Association of Suicidology (www.suicidology.org)

If you have a mental health crisis in your family and are in need of emergency assistance – call 911.



Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist. The goal is to keep everyone safe and to seek

the appropriate level of assistance for the ill family member or friend.

If you live in a surrounding city (not Des Moines), call your dispatch center. The non-emergency phone number for the mobile crisis team is 283-4811. The police liaison to the Mobile Crisis Unit is Officer Kelly Drane. Her hours are 8 to 4 Mon-Fri and her phone number is 205-2270.

In response to your phone call, the first people to arrive to the situation will be Des Moines police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Unit is needed. Mobile Crisis only takes referrals from law enforcement.

When DM Mobile Mental Health Crisis Unit staff arrive, a mental health assessment will be done, on-site counseling and problem solving, crisis plan development, coordination with hospitals if transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations.

DM suburbs also use the mobile crisis team services – their officers make the decision whether or not the mobile crisis team is called. The Mobile Crisis Unit is available 6:30 AM to 2:30 AM – 7 days a week. It is staffed by licensed mental health professionals and registered nurses.

There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom.
 - - - Anais Nin

SUPPORT GROUPS for Family Members

Third Sunday of the month - Family members, if you are interested in participating in a NAMI family support group, please contact Glenn Hobin lowaGH@aol.com or call 965-9799 - or contact Grace Sivadge 961-6671. Meetings are at Eyerly-Ball Community Mental Health Center, 1301 Center St., Des Moines – 2:30 – 4:00 P.M.

First Monday of each month -6:30 – 8 PM - a support group for parents and caregivers of children and adolescents with severe emotional disturbance (SED) or mental illness – meets at the Child Serve Center – 5406 Merle Hay Rd, Johnston. For more information – call Diane at 255-8157.

4th Monday of each month – 5:30 – 7 PM – a support group for Polk County parents and caregivers of children and adolescents with severe emotional disturbance (SED) or mental illness – a sibling support group meets separately - at Capitol Hill Lutheran Church, 511 Des Moines St., in the basement – child care provided, can also provide free transportation and interpretation services – please pre-register, if possible – call Dawn at 558-6247. The outreach target is the Sudanese and minority population, but anyone can participate.

1st Thursday of each month - 6:30 P.M. – a support group for Family members – First United Methodist Church – 307 W. Ashland, Indianola. We'll be in the first room on the right when you go in the Northwest door on Ashland Ave. The room is called Gabel Chapel. The facilitators will be Erika Bachof 961-4001 and Rose Weeks 480-8286.

2nd Tuesday of each month – 7-8:30 P.M. - a support group for parents and caregivers of children and adolescents with severe emotional disturbance (SED) or mental illness - at Adventure Life Reformed Church, 1700 8th St. SW, Altoona – Call Dawn at 558-6247 for more information.

1st and 3rd Tuesdays of each month –Des Moines CURE/Voices to be Heard Support group – Union Park United Methodist Church –East 12th & Guthrie - Light meal at 5:30 P.M. Support group for adults and program for children from 6 PM to 7PM. –If you have a loved one in prison or parole system you are concerned about or if you are concerned about those in prison, please feel free to join us. If you have questions, please call Jean Basinger at 277-6296 or Melissa Nelson at 280-9027.

Last Friday of each month – Noon to 2 PM – Lunch provided – a support group for parents and caregivers of children and adolescents with severe emotional disturbance (SED) or mental illness meets at Orchard Place – 925 SE Porter – call 285-6781 if questions or if you need additional information.

First Saturday of each month –Family Support Group – 10 AM at St. Paul Lutheran Church, 1120 North 8th Avenue, **Winterset**. Call Grace at 961-6671 or Pat at 515-462-3479 for more information

Coping After a Suicide Support Group – Polk Co. Crisis and Advocacy Services – Contact: Chris 515-286-3887 Meeting day – 2nd Thursday of each month 6-7:30 P.M. and last Saturday of each month 9-10:30 A.M. Meeting place is 525 5th Avenue, Suite H. Victim Services Phone: 515-286-3600

When one door closes, another opens. But we often look so long and so regretfully upon the closed door that we do not see the one which has opened for us - - - *Helen Keller*

Please send a big **THANK YOU** to the students at **Ruby Van Meter School** and **Mara Swanson** for their assistance in assembling our monthly newsletter

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Effective January 1, 2009

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Federal Legislative Issues
www.nami.org/advocacy

Contact information for members of Congress
Capitol Switchboard 1-202-224-3121

Contact via E-mail can be made directly through their web sites.

<http://grassley.senate.gov/>
<http://harkin.senate.gov/>
<http://www.house.gov/boswell/>
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<http://www.loeb sack.house.gov/>

The President's Speech & Mental Health Care
NAMI on-line news release

Michael J. Fitzpatrick, executive director of the National Alliance on Mental Illness (NAMI) released the following statement on President Obama's remarks on health care to the Joint Session of Congress:

"NAMI agrees with President Obama that the time for action on health care reform is now. It is time for both Democrats and Republicans to come together and deliver on what, for too many years, have only been promises.

Mental illness—like most illnesses—does not discriminate. It affects Democrats and Republicans alike. It affects the young and the old. Too many parents are forced to confront "the sheer helplessness and terror" that comes when their children—at any age—become gravely ill.

That is the experience of NAMI members. It is the experience of too many Americans. For those who already have health insurance, health care reform will prohibit denial of coverage due to pre-existing conditions, arbitrary caps on annual or lifetime coverage or excessive charges for out-of-pocket expenses.

NAMI also will continue to work for four key areas of reform.

- Full parity of insurance coverage for mental illness and addictive disorders in all private and public health plans.
- Full integration of mental and physical health care, including early identification and intervention for mental illness in children and adolescents. People with serious mental illness die on average 25 years younger than the rest of the population. On average, a gap of almost 10 years exists between the onset of symptoms and intervention.
- Elimination of the existing prohibition against Medicaid dollars being used for inpatient psychiatric or substance abuse treatment—the kind of discrimination that leads to dumping people from hospitals into homeless shelters.
- Improved data collection, outcomes measurement and accountability. Good numbers are essential to reform and the measurement of progress, failure or success. Data collection in mental health care lags far behind other health disciplines. Federal health care reform must create a framework for state mental health care systems to develop comprehensive, uniform, meaningful data in order to move into the future.

We call on Congress to move forward.

Do not retreat. Do not stand still.

Do not forget that mental illness can strike anyone at any time. The time for action is now."

NAMI Health Reform Principles

NAMI National – Andrew Sperling

1. Require that all health plans be made available to uninsured individuals and families through a "Health Insurance Exchange" or other means. It should both offer coverage for mental illness treatment and comply with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.
2. Integrate mental and physical health care and promote wellness.
3. Do not discriminate in the coverage of inpatient psychiatric treatment.
4. Address serious workforce shortages and increase the qualified mental health workforce.
5. Make early identification and early intervention priorities in healthcare reform.
6. Enhance information sharing, while protecting privacy.
7. Improve data collection, outcomes measurement, and accountability.
8. Improve cultural and language competence.
9. Protect access to psychiatric medications.

State Legislation

Here are 3 places on the web to access E-mail to figure out who your legislators are, to contact your legislators, get mailing addresses, and phone numbers.

<http://www.infonetiowa.com/> - Has the latest on legislation.

Check out their great newsletters online.

<http://www.legis.state.ia.us/> www.nami.org/advocacy

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.



Ticket to Hope Program

A program providing free counseling for Iowans impacted by the 2008 disasters

The program is available to any individual or family who meets the following criteria:

1. An individual who reports that mental health or co-occurring mental health and substance abuse disorder counseling sessions are needed in part due to the impact of the 2008 disasters.
2. An individual, who lacks health insurance, has no mental health benefits or has maximized their mental health plan benefits.

What Will Ticket to Hope Provide?

1. Up to eight (8) authorized 45-50 minute sessions with an approved mental health provider.
2. No cost to the individual or family for these authorized sessions.
3. Individuals can choose a mental health provider from a list of providers who have agreed to participate or they can request that a provider become a participating provider.
4. **Ticket to Hope** will be in effect through June 30, 2010.

Don't Wait to Get Help

Sometimes symptoms of stress do not emerge until long after the event. Some signs that professional help might be helpful are:

- Lack of ability to complete normal daily activities
- Increased sadness, tearfulness
- Lack of interest in hobbies
- Increased irritability, arguments, family conflicts including domestic violence
- Clinging, nightmares, aggressive or regressive behavior by children
- Illness and imagined illnesses by adults or children
- Increased fatigue or exhaustion
- Increased alcohol consumption and/or substance abuse
- Survivor's guilt

Call the Iowa Concern Hotline at 1-800-447-1985.

Confidential assistance is available 24 hours a day.

More information available at www.tickettohope.org

Polk County Jail

In jail treatment is going well. There are four Illness Management and Recovery (IMR) groups and four stress reduction groups, and will start one more of each. Last quarter there were 329 inmates who had attended an IMR or stress reduction group with an average of four sessions. The STEPPS group at probation is going well and we are in our 8th week of the 22 week program.

Polk County Jail Contacts on Mental Health Concerns

Medications – Sharon Chambers 323-5479

Court appearance/Jail Diversion – Tim Larson 875-5779

Community support/case management – Kurt Grevig 729-6081

Illness & Management Recovery Groups – Glenn Hobin
glennh@bhrci.org or 243-5181



C.A.R.E. Program

Johnston Police Dept.

The Johnston Police Department has developed a local identification program for citizens who suffer from some form of physical or mental condition that may impair their ability to effectively communicate with a police officer or concerned citizen during those times when they have become separated from a caregiver or loved one. The Johnston program is called C.A.R.E. which stands for "Community Assistance in

Reuniting Everyone" and is based off of a similar program currently in operation with the Des Moines Police Department.

Occasionally the Johnston Police Department will come into contact with a disabled individual who is unable to effectively communicate with the officers due to a physical and/or mental impairment. The C.A.R.E. program offers residents a proactive approach in registering a disabled loved one with the police department so in the event that they become separated from their family or care provider, officers can quickly get them identified and safely reunited.

There is no cost or age restriction to participate in the program. To enroll, caregivers simply need to contact the Johnston Police Department and complete an information form that will provide law enforcement with key information that will assist officers in locating and identifying the registered individual. The information along with a current photograph of the individual will then be entered into the department's database that officers can access in times of need.

If you have questions about the CARE program or would like to register a disabled or impaired child or adult please contact Lt. Lynn Aswegan at 515-252-1363 or at laswegan@police.ci.johnston.ia.us

JOHNSTON POLICE DEPARTMENT

6221 Merle Hay Road, PO Box 410, Johnston, Iowa 50131-0410
515-278-2345 Fax 515-278-8239

Special Courts: A growing movement

From a presentation by Dr. Ira Katz,, Dept of Veterans Affairs
Nationally-

- Veterans courts
 - 9 operational
 - ~ three dozen being planned
- Mental Health courts
 - > 300 operational
 - Alternatives include
 - MH presence for all courts (CT)
 - MH programs for probation
- Drug courts
 - > 2000 operational



The VA Suicide Hotline now has an online chat room:

<http://www.suicidepreventionlifeline.org> available 24/7

In an emotional crisis it may be difficult and scary to call the hotline. The National Prevention Lifeline has now set-up a chat service. The Suicide help chat is committed to the privacy of visitors. It collects no personal information about Veterans when they visit the Web site unless they choose to provide that information.

Veterans may use Veterans Chat without identifying themselves or revealing any personal information unless they choose to do so. Mental health clinicians on the Veterans Chat do not provide treatment or care. The clinicians will only provide information on services, guidance and assistance, and helpful online resources via Veterans Chat.

The Suicide prevention lifeline is
is **1-800-273-TALK (8255)**
available 24/7



Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.



Request to Rescind the 2002 VA Directive Barring Treatment for Incarcerated Veterans

*Unclassified document – John Bennett
04 Dec 2008*

BACKGROUND

The wars in Iraq and Afghanistan have put our all-volunteer military under unprecedented strain. The Rand Corporation states that, as of 2008, 31% of the 1.8 million Americans who have served in Iraq and Afghanistan have a service-related mental health condition or a Traumatic Brain Injury (TBI).

Those numbers are certain to increase as troops serve multiple combat tours. The U.S. Army, itself, recently concluded that the likelihood of combat-induced psychological trauma increases with each deployment.

Despite increased outreach and education within the ranks, the RAND study found a continuing stigma surrounding mental health issues that prevented more than half of psychologically-injured veterans from reporting their problems or seeking help.

A mounting body of research suggests a link between combat trauma and criminal behavior. Between 1946 and 1949, 34% of all new admissions to 11 mid-west prisons were combat veterans of WWII. In the wake of Vietnam half of all PTSD-suffering veterans in the VA system had been arrested for a misdemeanor charge and 11% convicted of a felony.

In 2000, 21% of all men in U.S. prisons were veterans, mostly of the Vietnam era. These statistics are particularly alarming given the military's strenuous screening process that turns away those with pre-existing psychological or social disorders.

Predictably, we are now seeing an influx of current-conflict veterans in America's courts. As the bulk of our fighting forces return home in the coming years, we anticipate a substantial increase. Along with increased criminal justice contacts, we expect a spike in the number of homeless and jobless veterans.

The National Coalition for Homeless Veterans estimates that, on any given night, one in three homeless Americans (approximately 200,000) are veterans.

In 2004, they found over 400 current-conflict veterans were already homeless. Additionally, increased use of criminal background checks by employers makes it difficult for those with criminal records, including veterans, to find gainful employment.

Emerging PTSD treatments are showing promise. The key to success, experts agree, is early intervention and treatment.

The biggest challenge facing treatment providers is to get troubled veterans to admit they have a problem and need help.

The Tulsa Veterans Court was started in December 2008 in Tulsa County. Working hand in hand with the Director and staff of the Muskogee Department of Veterans Affairs and the Tulsa Courts - Oklahoma's first Veterans Court was started. This court was the nation's 3rd Veterans Court in the nation.

It encourages treatment over incarceration for veterans whose criminal offenses are linked to their war service. The Veterans Court ensures that a mental health diagnosis and available treatment options are taken into account in sentencing such veterans. This is not a "get out of jail free card" for veterans.

The Vet Court simply gives judges the tools to make informed decisions, recognizing that treatment and probation is often

preferable to a single stint of incarceration in getting to the root of the veteran's problem and ensuring long term public safety.

A majority of the combat veterans do not seek help for the mental health issues or TBI when returning home from combat. Unfortunately a lot of veterans who need help do not become evident until they have been incarcerated.

Under current directives of the Department of Veterans Affairs an incarcerated Veteran is not afforded any care by the department of Veterans Affairs. The opportunity for the VA to step in and offer critical help and support at this time could be the turning point in the Veterans recovery and stability from his combat trauma that led to his/her criminal activity and incarceration.

RECOMMENDATION

1. Rescind the 2002 VA directive barring treatment for incarcerated veterans.
2. Develop a user-friendly VA-Community resource interface by providing VA resources to incarcerated Veterans whose crime can be tied to their combat service.

Resources:

Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries, Tranelian T, Jaycox LH, Schell TL, Marshall GN, Burnam MA, Eibner C, Karney BR, Meredith LS, Ringel JS, Vaiana ME, and the Invisible Wounds Study Team, Santa Monica, California, RAND Corporation, MG-720/1-CCF, 2008, 64 pp

Mental Health Advisory Team (MHAT) V, Operation Iraqi Freedom 06-08: Iraq; Operation Enduring Freedom 8: Afghanistan; 14 February 2008, United States Army Medical Command.

Military Service and Criminality, Walter A.Lunden, The Journal of Criminal Law, Criminology and Political Science, Vol. 42, No 6 (Mar-Apr, 1952), pp 766-773.

National Vietnam Veterans Readjustment Study, Richard Kulka, et al., (New York: Brunner/Mazel, 1990), p. VII-21-1.

Special Report, Veterans in Prison or Jail, Christopher Mumola, Bureau of Justice Statistics, January 2000, NCJ 1788

Chronic addicts, mentally ill help run Dallas' homeless tab to \$50 million

Aug 2, 2009 By Kim Horner / The Dallas Morning News



Dallas County taxpayers spend about \$50 million a year sheltering, treating and jailing the homeless.

Perhaps half of that is for the 600 to 1,000 toughest cases – many of whom visit emergency rooms, psychiatric hospitals, jails so often they're called "frequent fliers." These very ill people repeatedly cycle through a massive, uncoordinated system of local, state, federal and private institutions at alarming speed and alarming cost. And despite the millions being spent, many of these chronically homeless people remain in shelters and cardboard boxes.

"What do we get? They're still homeless," said Mike Rawlings, who serves as Dallas' homeless czar. "Somebody would be fired in the business world if they got those results."

The \$50 million figure was arrived at by totaling the annual expenses of more than a dozen local taxpayer-funded agencies. It is a conservative figure because some agencies do not track how much they spend on the homeless. And it does not include at least \$23 million in private funds spent locally caring for the homeless.

Some of the costs to taxpayers are predictable: the police officers who get the homeless off the street, and the places that house them and treat their mental and physical illnesses. But there are

plenty of other expenses: for ambulance runs, removing trash from homeless camps, even staffing for the city's drunk tank.

Dallas officials are working to end this costly cycle by shifting money into housing that would come with services to help people remain stable. But there's a major shortage locally of this type of housing.

"Texas is called a bootstrap state. But we're probably costing ourselves a lot of money by insisting on that bootstrap approach," said Dr. Ron Anderson, president and CEO of the Parkland Health & Hospital System. Parkland Memorial Hospital spent about \$15.6 million providing health care to homeless people in 2008.

'Random ricocheting'

There are between 6,000 and 10,000 homeless people in Dallas County, depending on who is counting and the method used.

Of that total, an estimated 10 percent are defined as chronically homeless because they have serious mental illnesses, addictions and disabilities and have been on the streets long-term.

Experts say that even though the chronically homeless represent just 10 percent of the overall homeless population, they use at least half the services. Studies across the nation have found that each chronically homeless person costs taxpayers between \$35,000 and \$150,000 a year.

"With their random ricocheting through mainstream health and law enforcement systems, they are some of the most expensive people to the public purse," said Philip Mangano, former head of the U.S. Interagency Council on Homelessness in Washington, D.C.

In Dallas, that ricocheting might go like this: A mentally ill homeless man gets arrested for public intoxication. After a couple of nights in jail, at \$55.60 a night, he's released and back on the streets. He gets beaten up and spends a week at Parkland hospital. Then he goes to a shelter, where he becomes suicidal. He ends up at a psychiatric hospital at a cost of \$373 a night. Then he's back on the downtown streets all over again.

Patients often do not get adequate substance-abuse treatment, or the best medications for their illnesses under the existing system, said Dr. Ed Nace, a psychiatrist and president of the North Texas chapter of the Texas Society of Psychiatric Physicians.

"The bottom line is, it's very easy for people with chronic mental illnesses and addictions to fall through the cracks and to not have insight and emotional stamina to follow through with the care they would need," Nace said.

Just three local homeless people had bills totaling \$183,000 for 169 days in Dallas-area psychiatric hospitals and substance-abuse treatment centers between April 2008 and March 2009, according to ValueOptions, the company contracted to provide mental health care for the poor in North Texas.

Police keep a list

Many of the chronically homeless here are familiar to Dallas police officers, who regularly find them panhandling, drinking or sleeping, especially in the central business district. It costs \$30.91 for every hour that a police officer is tied up with such issues, and often it takes more than two hours to book someone at the county jail.

Police routinely secure vacant buildings where people have left piles of feces, soiled sleeping bags and broken lighters – only to see them return all over again.

"A lot of these people, they're struggling to survive," Dallas police Sgt. David Conley said. "Not to justify it, but you can almost understand after talking to these guys, the desperation.

"I've met homeless people who can quote Shakespeare. There's some really bright people," Conley said. "But you can take the brightest person and get him hooked on crack, and they're a different person."

This year, Dallas police created a list of people in the central business district with the most offenses. Many are homeless. The idea is to provide treatment if the person is willing, or to keep them in jail longer, if not.

"We're trying to break the cycle of having to deal with the same individuals over and over," Conley said.

'Somebody's child'

Many of Dallas' chronically homeless are repeat visitors at the Office of the Dallas City Marshal and Detention Center in Deep Ellum, where police may bring them if they are cited for public intoxication. A handful come in two or three times a week, costing \$59.42 each time they are booked.

"It's like baby-sitting," said Mary Lynn Morris, the center's assistant director. Despite the inmates' sometimes belligerent attitudes, she says she asks employees to be kind. "I always remind the staff, that's somebody's child."

Chronically homeless people also are familiar faces at the county jail, which has housed an average of about 523 homeless people each night – at a cost of \$55.60 a day for the 2008-09 fiscal year. "The only long-term treatment today is in the prisons," Nace said.

The area's mental health care system lacks the kind of long-term care that could prevent people from going back on the streets, said Ron Stretcher, Dallas County's director of criminal justice.

"The clear bottom line is this is a tragically underfunded system. We accomplish nothing by taking a homeless person, holding them in jail 10 days to serve time on a criminal trespass and send them back out," Stretcher said. "All we've done is spent that money for no long-term gain."

Parkland's challenge

A large share of the cost of chronic homelessness locally falls on Parkland Memorial Hospital, which sees homeless people with advanced medical conditions such as AIDS, hepatitis C and tuberculosis.

"The problem could be handled by social programs, but we don't fund those," Anderson said. "They default them to the health care system or the judicial system, and, basically, you have to spend a lot more."

He remembered one homeless patient, now deceased, who had blood-alcohol levels that would put most people in a coma. He was hospitalized dozens of times for problems such as alcohol withdrawal.

"When I ran the ER I used to say if we bought him a place on the French Riviera and gave him a \$50,000 a year stipend, it would be cheaper," Anderson said.

Dr. Sue Spalding runs a Parkland program that provides mobile health care to shelters. Providing medication to someone staying at a shelter can be challenging since their belongings can easily

be lost or stolen. And, when caring for desperate people struggling with addiction, there's a concern that the patient may sell the medication.

"The challenge with the chronically homeless is, are you giving them something that's worth more money in cash than it's worth to them?" Spalding said.

Looking for a better way

Local officials say they're working to change the existing system of addressing homelessness through a disorganized network of jails, hospitals and shelters.

Rawlings said the money is needed, but it should be shifted to housing and mental health care to take people off the streets for good. He said the city is making inroads at reducing expenses at the jail and hospitals by diverting them to the city's homeless assistance center, The Bridge.

Still, Dallas County Commissioner John Wiley Price said he's concerned about the high jail and hospital costs.

"You just can't keep doing this and think it's going to go away," Price said. "We need to buy into some different models."

Prevention is the key, Anderson said.

"Somebody will say, 'You're going to take care of people who are just bums,' or they'll have some name for them because they want to make them into a stereotype so they don't have to deal with them," he said.

"Once you really see what goes on, once you've been in those shelters, you realize there but for the grace of God, you could be there."

Taxpayers will pay for chronic homelessness one way or another, Anderson said.

"Society will deal with it. It's going to be in a safety net situation, which is going to cost a lot of money," he said. "It's wiser, more compassionate and more humane when you can prevent the escalation. Will some people abuse it? Yes. That's the price you pay. But you can help a lot more people that way."

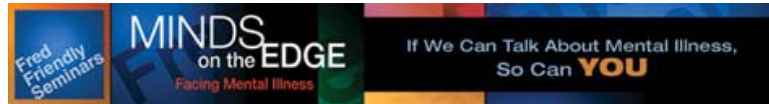


Findings of a report entitled "Trends and Risk Factors for Mental Health Diagnoses Among Iraq and Afghanistan Veterans Using Department of Veterans Affairs Health Care"

About 36.9% of Iraq and Afghanistan war veterans who entered Veterans Administration health care between 2002 and 2008 received a diagnosis of a mental health disorder. In 2002, only 6.4% of veterans received a diagnosis of a mental health disorder; by 2008, 36.9% of veterans received a mental health disorder diagnosis. Of those, 21.8% were diagnosed with post-traumatic stress disorder (PTSD) and 17.4% were diagnosed with depression.

PTSD was most prevalent among active duty veterans under the age of 25. This group also had higher rates of substance use disorders. Compared to active duty veterans over the age of 40, the younger veterans had twice the risk of PTSD and 4.9 times the risk of substance use disorders. Women had a higher risk of depression than men. However men had more than twice the risk of substance use disorders.

- Karen H. Seal, M.D., MPH, Staff Physician, Medical Service San Francisco VA Medical Center



Minds on the Edge: Facing Mental Illness

No one knows better than NAMI members, how important it is to talk about the challenges of severe mental illness. That is why ***Minds On The Edge: Facing Mental Illness*** is excited to be partnering with NAMI to encourage this important dialogue. *Minds On The Edge* connects the dots between personal dilemmas facing individuals and families who are living with mental illness, medical practices that can be obstacles to treatment, and public policies that are all too often fall short in providing support that could make a positive difference. See for yourself at www.mindsontheedge.org

There are no Iowa PBS stations listed that are carrying this important programming. Contact your local PBS station to let them know this is programming you want to see.

KDIN TV 242-3100

Friends of IPTV, IPTV Foundation 242-5400

NAMI Greater Des Moines has joined AMOS

AMOS (A Mid-Iowa Organizing Strategy) is a broad-based non-partisan, community organization comprised of over 25 community institutions. AMOS believes that ordinary people, working together, can accomplish great things in a democracy and have a say in the destiny of their own community. AMOS accomplishes this by having a series of house meetings (small group conversations).

The issues that emerge out of AMOS's intensive, bottom - up, listening process form the "AMOS Agenda." The current issues teams are

- [criminal justice](#)
- [economic justice](#)
- [environmental justice](#)
- [healthcare](#) (NAMI Greater Des Moines is on the mental health and addictions issues workgroup)
- [immigration](#)
- [workforce development](#)
- [youth and education.](#)

AMOS is a non-partisan, institution-based community organization devoted to speaking for social justice in central Iowa.

AMOS offers a strategy built on relational power, gives opportunities to participate in shaping public policy, and provides a means for change in public life by connecting people around concern for the common good.

AMOS cuts through the lines that divide us, such as race, socioeconomic status, geography and religious denomination.

AMOS focuses on the identification and development of leaders in local communities.

AMOS shapes an agenda as leaders in local organizations engage hundreds more in one-on-one conversations, conducts research and takes action on group issues and concerns.

AMOS is non-partisan and accountable to the member institutions and local communities.

If you would like to be active in the AMOS organization, please contact Paul Turner at turnpr@msn.com or by phone at 515-554-3433 to discuss any questions or interests you may have.

“The Five Most Costly Conditions, 1996 & 2006: Estimates for the U.S. Civilian Non-institutionalized Population”

by Anita Soni, Ph.D., of the Agency for Healthcare Research and Quality.

In 1996, spending on mental health disorders ranked fifth; in 2006 spending on mental health disorders ranked third.

| Top 5 Conditions | 1996 Expenditures | 2006 Expenditures | # people receiving treatment 1996 | # people receiving treatment 2006 | Out-of-pocket spending 1996 | Out-of-pocket spending 2006 |
|--------------------------|-------------------|-------------------|---------------------------------------|---------------------------------------|-----------------------------|-----------------------------|
| Trauma related disorders | \$46.2 Billion | \$68.1 Billion | 37.9 million | 34.9 million | 10.3% | 11.5% |
| Cancer treatment | \$46.9 Billion | \$57.5 Billion | 9.2 million \$5067/person | 11.1 million \$5176/person | 3.8% | 14.3% |
| Heart Conditions | \$72.1 Billion | \$78 Billion | 16.6 million \$4333/person | 19.7 million \$3964/person | 8.7% | 8.2% |
| Asthma | \$40.2 billion | \$51.3 billion | 40.2 million \$883/person | 48.5 million \$1,059/person | 14.6% | 17% |
| Mental Disorders | \$35.2 billion | \$57.5 billion | 19.3 million \$1,825/person | 36.2 million \$1,591/person | 23.1% | 25% |

The estimates for this research were drawn from the Medical Expenditure Panel Survey (MEPS) Full Year Data Files and Medical Conditions Files for 1996 and 2006.

Please help to support our organization by becoming a member of NAMI Greater Des Moines.

Dues are:
\$35 – Individual/Family
\$ 3 – Limited Income
\$50 – Professional

Send to: Jim Vandeberg
Treasurer, GDM
4114 Allison Ave
Des Moines, Iowa
50310

Please make the check payable to NAMI GDM.

Dues cover local, state, and national membership.

Donations are also welcome.

Asset Development / Self-Sufficiency Strategies in Iowa for Individuals with Disabilities



RESOURCE DIRECTORY

Individuals with disabilities will not be full participating members of society until they can increase their personal savings and benefit from the power of asset accumulation. There are a number of strategies and incentives that are available to increase savings. This Resource Directory is a companion to a larger report (Assessing Opportunities for Asset Development and Self-Sufficiency Strategies for Individuals with Disabilities: The Nation and Iowa) with additional, detailed information. The full report along with a series of Helpful Hints can be found on the following website: www.healthcare.uiowa.edu/cdd/multiple/programs/employmentinitiatives.asp

In each section of this Directory, you will be given resources or contacts for more information on the given topic.

 The world can only be grasped by action, not by contemplation.
 --- Jacob Bronowski

State Discriminated Against Mentally Ill, Judge Rules

By James Barron, New York Times, Sept. 9, 2009



New York State discriminated against thousands of mentally ill people in New York City by leaving them in privately run adult homes, many of which are squalid, chaotic institutions that effectively took the place of state-run psychiatric hospitals more than a generation ago, a federal judge ruled in a decision released on Tuesday.

Judge Nicholas G. Garaufis, of United States District Court in Brooklyn, ruled that the state was violating the *Americans with Disabilities Act* by housing more than 4,300 mentally ill people in New York City in sprawling and often poorly run homes. He said the residents in these homes were essentially warehoused with little hope of mingling with others in the wider community.

Judge Garaufis wrote in a 210-page decision that adult homes are “segregated settings” that keep residents from integrating their lives into the day-to-day rhythms and rituals of local neighborhoods. He said the state had “denied thousands of individuals with mental illness in New York City the opportunity to receive services in the most integrated setting appropriate to their needs.”

“To the extent that mental health programs or case management aim to teach independent living skills, like cooking, budgeting and grocery shopping,” he wrote, “residents have little or no opportunity to practice these skills in their present living situation.” He said the state had failed to show that reforms proposed by the nonprofit group that filed the case “would constitute a ‘fundamental alteration’ of the state’s mental health service system.”

Disability Advocates had argued that many people in adult homes could be better served by living in their own apartments, at no greater expense to the state. The state had said that residents of adult homes already lived in an integrated setting.

National Alliance on Mental
Illness of Greater Des Moines
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Des Moines, Iowa 50312

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(cont'd from page 13) The adult home system took shape in the 1960s and 1970s, when New York shut down large state-run psychiatric hospitals as part of what became known as deinstitutionalization. State officials turned to profit-making adult homes because little had been done to prepare for housing the patients once they had been discharged from the psychiatric wards. Federal disability money was to pay for the homes and the meals and activities they would provide. The homes were responsible for bringing in outside psychiatrists and doctors.

Disability Advocates filed the lawsuit in 2003 after [a series in The New York Times](#) described conditions in adult homes based on a review of more than 5,000 pages of annual state inspection reports and 200 interviews with workers, residents and family members.

The Times's investigation found adult homes that were staffed by low-wage workers, some barely literate, even though they were responsible for handing out pills containing precise dosages of complicated medications day after day. Some adult homes were magnets for schemes to bring in Medicaid and Medicare money by all but forcing patients to undergo unneeded treatment, from allergy shots to eye surgery.

The Times's investigation also found that in some cases state inspectors did not discover sham records on patients. The files had been generated at the last minute, in anticipation of the inspectors' visits.

Housing in Polk County

Similar complaints to those cited in the article above have come to the attention of NAMI GDM. What information are you willing to share about housing for persons with mental illness? Please send your comments via e-mail to tbomhoff@mchsi.com.

Personal Stories About Trying to Find Help for Our Loved Ones With Mental Illness

A reporter with the Des Moines Register, Andi Dominick (1-515-284-8203) is trying to gather personal stories to use in current or future articles about serious mental illnesses:

- the impact on the family, spouses, children, siblings.
- response to symptoms of initial psychosis or relapse by the 'system' you have in your community.
- programs in your area that are outstanding in offering HOPE, support and recovery opportunities for your loved ones.
- what has helped you personally?
- what do you see as an unmet need for your family personally?
- ideas that would help in your individual area - rural or urban?
- other?

Please contact Andi with your story.



Hope and Optimism

Many of us confuse hope with optimism, a prevailing attitude that "things turn out for the best." But hope differs from optimism. Hope does not arise from being told to "think positively," or from hearing an overly rosy forecast. Hope, unlike optimism, is rooted in unalloyed reality...

Hope is the elevating feeling we experience when we see—in the mind's eye—a path to a better future. Hope acknowledges the significant obstacles and deep pitfalls along that path...

Clear-eyed, hope gives us the courage to confront our circumstances and the capacity to surmount them.

(*The Anatomy of Hope*, 2004)

Our website is: www.nami.org/sites/NAMIGreaterDesMoines

See yourself as a person, not an illness.