In March 2009, the National Alliance on Mental Illness (NAMI) will publish *Grading the States 2009: A Report on America’s Health Care System for Adults with Serious Mental Illness (GTS ’09)*. The report provides the only comprehensive, ongoing assessment of the nation’s public mental health care system for adults. It is funded by a grant from the Stanley Family Foundation.

In 2003, the presidential "New Freedom" Commission on Mental Health condemned the nation’s mental health care system as outdated, fragmented, and often ineffective and called for “fundamental transformation.” One key to transformation is transparency and accountability, which this report provides.

In 2006, NAMI published its first *Grading the States report (GTS ’06)*, the first comprehensive survey of state mental health care systems in more than 15 years. It provided a common baseline against which progress can be measured over periods of years.

The new report is the first report card since the initial measurement in 2006— in which states received an average grade of D, and only five states received Bs. Governors, legislators, state agencies, mental health professionals, consumer and family advocates, the news media, and taxpayers all sat up and took notice. *GTS ’06* provided guidance and momentum for reform in many states.

*GTS ’09* will help determine whether or not states have improved or lost ground in the past three years; whether the national average has increased, decreased, or stayed the same, and what strengths, innovative trends, or urgent needs can be identified in each state and nationally. *GTS ’09* will be an installment in continuing public dialogue about what is working or not working in America as we seek to build a mental health care system that is evidence-based, recovery-focused, and consumer– and family–driven.

**Information Sources**

The primary source of data for *GTS ’09* was a survey of state mental health agencies (SMHAs). Additional information was collected through secondary sources, including but not limited to:

- A web-based survey of consumer and family experiences with state mental health services conducted in September 2008.
- A “Consumer and Family Test Drive” of state website and telephone information sources conducted by NAMI volunteers.
- Public information such as state community mental health services block grant applications, agency and academic reports, newspaper articles, and other sources.
- Secondary data sources including: the number of adults living with serious mental illnesses, mental health workforce shortages, and hospital-based inpatient psychiatric bed capacity.

The report is scheduled to be released at the National Press Club in Washington, D.C. on Wednesday March, 11, 2009. NAMI Illinois will schedule a press conference for March 11th; materials and information will be available on that date. If you would like to be included on email information regarding the Grading the States report, please send an email to allison.jeffries@sbcglobal.net using GTS in the subject line.
Dr. Xavier Amador is an Adjunct Professor in Clinical Psychology at Columbia University in New York City, author and clinical psychologist. Previously, he was on the Board of Directors of the National Alliance on Mental Illness (NAMI), Director of Research at NAMI, Director of Psychology at the New York State Psychiatric Institute and Co-Chair of the last revision of the Psychotic Disorders section of the DSM-IV. Dr. Amador has published over 100 scientific papers and six books. His books have been translated into multiple languages (e.g., Spanish, German, Portuguese, Polish, French, Chinese, Hungarian, and Japanese).

An internationally sought-after speaker, he has been an NBC News Consultant and Today Show Contributor, and has appeared on many other programs as an expert in psychology: e.g., ABC World News Tonight, Primetime Live, Good Morning America; CBS This Morning, 60 Minutes. The New York Times, L.A. Times, USA Today, New Yorker, and many others have interviewed him. He has been called as an expert in the Unabomber, Elizabeth Smart Kidnapping, Abu Ghraib prisoner abuse, and Zacarias Moussaoui cases among others.

The Awakenings Project...formerly known as: The Awakenings Art Show returns to NAMI Illinois’ 2009 conference. The Awakenings Project—was first conceived in 1996 when Robert Lundin, then member of the board of directors of NAMI Illinois, became involved with the planning committee for NAMI Illinois’ annual convention. Intrigued and inspired by the work of Kay Redfield Jamison (Touched with Fire: Manic Depressive Illness and the Artistic Temperament, 1993), he thought an art show might give NAMI an activity by which it could serve its consumer constituency through advocacy and involvement. Lundin thought The Awakenings Art Show might uncover talented artists who were otherwise neglected by the art world and inspire some consumers to take their rightful place in society as productive creators, helping to raise the ambitions and self worth of consumer artists, as well as providing education to people who viewed the show. The Awakenings Art Show debuted at the 1997 annual convention of NAMI Illinois in Lisle, Illinois and attracted over forty exhibitors.

Keep up-to-date on conference activities and presenters on http://il.nami.org

Also keep up-to-date on NAMI PIAT’s annual conference at www.NAMI-PIAT.com “How Children’s Mental Health & Illness Affect the Family, School and Community”

Meet NAMI Illinois’ New Office Manager: Allison Jeffries

Hi, my name is Allison Jeffries and I am the new Office Manager at NAMI Illinois. I recently graduated from Blackburn College with a Bachelor’s of Art with a Psychology major and Criminal Justice minor. I am now working on my Master’s degree in Human Development Counseling at the University of Illinois-Springfield. I am in the Marriage and Family tract currently but I am also thinking about picking up the Community Counseling tract as well.

I have done a lot of work in the mental health field and I hope that this job at NAMI will expand my knowledge and experience so that I will be better able to aid those in need.
The President’s Corner—Verla Demopoulos

Announcing NAMI Illinois’ Leadership Event: 2009: Advocacy – Combining Mission, Vision & Challenge...

What: Advocacy Illinois
When: May 4-5
Where: Springfield
Why: Educate Legislators and Advance NAMI Vision

Mission: NAMI Illinois (National Alliance on Mental Illness) is a not-for-profit membership organization created to improve the lives of individuals and families challenged by mental illness. In collaboration with NAMI National, Illinois affiliates and other like-minded organizations, we influence public policies, provide up to date education and support programs, and increase public awareness and understanding of mental illness.

Vision: "NAMI Illinois is a champion for families and individuals who experience the challenges of mental illness. Through friendship, education and advocacy, we join with individuals, organizations and communities in our common goal of ensuring safe, supportive, and caring environments where all can realize their fullest potential."

Challenge: Deliver on the mission – i.e. influence public policies and increase public awareness and understanding of mental illness.

The Advocacy Illinois event will help you:
1. Develop your skills and powers of persuasion to advance NAMI’s agenda.
2. Use your passion to educate legislators so they know NAMI’s platform, positions and needs.
3. Meet the challenge that was thrown at NAMI Illinois to have every affiliate present and participating in the 2009 Mental Health Rally.

What: Join NAMI Illinois leaders, NAMI National’s Andrew Sperling, Director of Legislative Affairs, and other knowledgeable advocates to: gain skills and knowledge, develop a new level of understanding of the power of grassroots advocacy, join the cause to create a collective voice, and last, but not least, deliver the NAMI message!

Look for additional information soon, at: http://il.nami.org. We definitely want to see you all there!

From the Executive Director – Lora Thomas

“...It was the best of times. It was the worst of times.” While new faces dot the political state and national landscape, offering a long overdue semblance of hope, so too do the voluminous requests for support and funding. Legislators continue to battle for position but hope for change is being slowly and painfully chiseled away by a devastating economic climate. Perhaps never before, in the history of NAMI, has there been a greater need to be focused and united in our mission. That is exactly what the Board has attempted to accomplish in our strategic planning.

As we began the new fiscal year we identified the need to narrow our focus and build our vision with affiliates. We wanted to enhance our line of communication with each other, affiliates, and our Partners. We continue to look at better ways to manage Board responsibilities that will be inclusive and respective of the talent we know we have on the Board. We want to increase the line of communication we have with affiliates, recognizing that one size does not fit all but that all are vital to the growth and mission of NAMI Illinois. We want also to utilize the expertise available to us through our Partners.

Key members of the Board met with our Partners in December to learn more about the decline in mental health services in the state of Illinois. What we learned was both stunning and mobilizing. That meeting resulted in a plan that guided our legislative platform and will be shared with each affiliate. Advocacy training will also be available and encouraged. We gain opportunity by building this foundation in correlation with the March 14th unveiling of Grading the States 2009 and the Mental Health Rally on May 5th. More information on each is provided in Stateline.

A renewed vision and work begins at this point. We know that mental health care is in crisis. We also know what to do to save lives and money. Our shared experiences help to give voice to a cry that must be louder than all the others if we are going to be heard. Unity is vital to our success. It is time to gather all levels of affiliates, family, friends, professionals, churches, and like-minded organizations to stand shoulder to shoulder. As your Board, we hope to encourage, not discourage you. Let’s work together to make this our time.

In Memory Of
NAMI Illinois and the NAMI Illinois Board of Directors wish to express our deepest sympathy to the Drewno family at the loss of Brian C. Campbell-Drewno.

Brian will be remembered for his remarkable courage, his gentle and loving spirit, and ever-present positive attitude.

He will be deeply missed.

NAMI Illinois would like to thank this year’s donors for the 2008 Holiday Appeal for another outstanding year of giving!

Donations were received
In Memory of
- Robert and Susan Massey
- Shirlee Riordan
- Timothy Guffey
- Eric Hays
- Roger Hanks
- Greg Hanks
- Virgil Crownogner
- Marybeth Wagner
- Walter Oehleret
- Carol Vollendorf
- James Busse
- Steve Kotansky
- Carol Stevenson
- Bob Hutchinson
- Jack Breslin
- Erin Doyle
- Paul Moews
- Jeffrey Schwebel
- Norval D. McCord, Jr.
- Jane & Rob Reonnigke

In Memory Of Jane & Rob McCord, Jr.

In Memory Of Norval D. McCord, Jr.

In Memory Of Jeffrey Schwebel

In Memory Of Norval D. McCord, Jr.

In Memory Of Steve Kotansky

In Memory Of Paul Moews

In Memory Of Jack Breslin

In Memory Of Paul Moews

In Memory Of Robert and Susan Massey

In Memory Of Robert and Susan Massey
2008 NAMI Illinois Educational Conference
From Discovery To Recovery

It’s a fact: NAMI Illinois’ 2008 Educational Conference was outstanding! For the second year, Jane Roennigke served as Chair of the conference. She and the Conference Planning Committee were stellar in both planning and execution; kudos to all who were involved. We can’t wait to see what 2009 brings! Plan now to attend!

Special thanks for this year’s conference supporters: Eli Lilly and Co., Bristol-Myers Squibb, Janssen Pharmaceutica, Linden Oaks Hospital, and Thresholds.

### Award Highlights

- **Lawmaker of the Year**– Representative Sara Feigenholtz
- **Katie Petray Excellence in Education**– Joyce Schladweiler, Cook County North Suburban
- **Advocate of the Year**– Marjorie Schwebel of NAMI Tri-County
- **Most Innovative Mental Health Program**– Project HOPE
- **Psychiatrist of the Year**– Dr. Maxim Chasanov
- **John Rowley Excellence in Journalism**– Todd Shields, Pioneer Press, Northwest Group
- **Friend of NAMI Illinois**– Kathryn Burson, Department of Human Services, Director of Rehabilitation Services
- **In Our Own Voice Education**– Pat Norris, NAMI Madison County
- **Peer-to-Peer Education**– Victoria Gonzalez, Jeffrey Shapiro and Debbie Johnson, NAMI Metro Suburban
- **Peer-to-Peer Mentor**– Dan Harris, NAMI Tri-County
- **NAMI Family Support Groups**– Star Roberts, NAMI Northwest Suburban
- **Family-to-Family Education Program**– Pat Rudloff, NAMI Madison County
- **NAMI Basics Education Program**– Rob Roennigke, NAMI Madison County
- **NAMI Connection Support Groups**– Donna Wattenbarger, NAMI Northwest Suburban
- **Outstanding Affiliate in NAMI Peer-to-Peer Education**– NAMI Metro Suburban

Maxim Chasanov, 2008 Psychiatrist of the Year

Conference Attendees
HBWD

Health Benefits for Workers with Disabilities (HBWD) is a Medicaid Program that has allowed many individuals with disabilities in Illinois to become employed without losing critical affordable healthcare. Enrollees in HBWD pay a monthly premium depending on income and family size. In order to qualify for HBWD, an individual must meet Illinois Medicaid criteria for state residency and citizenship requirements as well as:

- Be at least 16 years of age and under 65;
- Meet the Social Security definition of disability, except that the ability to work and earn more than the Substantial Gainful activity amount shall not be part of the disability determination process.
- Be employed, which is defined as proof of payment of FICA, IMRF, or the equivalent

Effective February 1, 2009 the program’s income and asset rules were increased so that working individuals with disabilities can earn and save more. Income and asset standards were increased effective February 1, 2009, as follows:

The income level increases to 350% of the Federal Poverty Level:

- As of February 1, 2009 – Monthly Income of $3,033 and Annual Threshold of $36,393 for an individual
- As of February 1, 2009 – Monthly Income of $4,083 and Annual Threshold of $49,000 for a couple
- As of April 1st, 2009 (2009 FPL) – Monthly Income of $3,159 and Annual Threshold of $37,905 for an individual and Monthly Income of $4,250 and Annual Threshold of $50,995 for a couple

Countable income is determined just like regular Medicaid and allows for deductions from gross income for taxes, lunches, child care, transportation, uniforms and special tools.

The asset limit increases to $25,000:

- Retirement accounts that cannot be accessed prior to the age of 59.5 without penalty, as well as, medical savings accounts do not count against this asset limit
- Individuals who return to regular Medicaid after HBWD enrollment will be allowed to continue to exempt the assets they had when they left HBWD

For More Information:
Program Hotline: 1-800-226-0768
Website: www.hbwdillinois.com

NAMI Basics is coming to Illinois!

NAMI Illinois has recruited Jane and Rob Roennigke to become state trainers for the NAMI Basics program! They will be attending training in late April, and we’ll be developing the first teacher training shortly thereafter.

If there are any doubts about the benefits of the NAMI Basic Program, please read the following article. We’re hoping that people won’t have to search beyond NAMI to find good, quality parent training, and that indeed, the training will increase each child’s potential for success throughout life!

ADHD Medication: Can Children Go Without?

ADHD can be a very distressing diagnosis for children. The most common form of treatment available is medications, mainly stimulants. However, research is proving that there may be more options available.

Research has found that children with ADHD having parents with effective parenting skills is one of the best predictors of success in adulthood. Specific parent skills trainings have been developed and teach parents to make clear requests to the child and to use praise more often than punishment.

Parents who are interested in trying out parents training should ask around for evidence-based classes. There are also a number of books available.

Parent skills training tends to work better with younger children compared to teenagers because parents tend to have less influence on teens. Parents should also talk with teachers and try to get them on board with training. Parent training does take time and effort because parents are not only learning new skills but also learning to abandon old habits like nagging.

There is a lot more research in the area being conducted so we will see new trends developing. But the most important message for families with children with ADHD: there are other good treatments besides medications, but no treatment will work without sustained effort from the whole family.

Information taken from US News and World Report.

Building a CARE Kit for your loved one

It is important for family members of someone with a mental illness to be prepared for a potential crisis. An important step in this is building a CARE (Critical Advocacy Resources for Emergency) Kit. These can be easily made and are very useful in a crisis. Here are some things to include in your CARE Kit:

1. Psychiatric History: a short summary of your loved one’s psychiatric history can include: name, current age, diagnosis, age at diagnosis, place of residence, current symptoms, psychiatrist/counselor’s name and number, current medications, past history of symptoms, and information for an emergency contact. Have a few copies of this to give to professionals handling the case.

2. Recent picture and description: height, weight, hair color, eye color, and pertinent physical medical conditions.

3. List of emergency numbers: these can include psychiatrist, case manager, community mental health center, crisis intervention numbers, police department, local hospitals, court for civil commitment, homeless shelters, friends of the family, suicide prevention hotline (1-800-SUICIDE) and your local NAMI chapter.

4. Copies of important criteria: this can include copies of your state’s criteria for emergency evaluations or civil commitments.

5. Petition forms: this can include copies of involuntary commitment forms. It is important to try to fill out all non-incident related information ahead of time.

6. Medical release: if necessary have your loved one sign a medical release.

Information taken from Catalyst.
Earlier this year, Congress passed landmark legislation called the ADA Amendments Act, which seeks to counteract the devastating effects of the narrow interpretations of the ADA by the United States Supreme Court and lower courts. These court decisions have prevented many people with mental illness and other disabilities from pursuing their ADA discrimination cases in court. The Act will finally allow people with disabilities to seek proper redress for discrimination they encounter, as Congress originally intended. The effective date of the law is January 1, 2009. (Note: an article in a previous Stateline discussed this legislation when it was still pending under its previous title, the ADA Restoration Act.)

Key provisions of the Act are:

- The definition of disability will stay the same;
- However, the Act rejects the narrow interpretations of the definition of disability and instead makes clear that Congress intends that disability should be interpreted broadly;
- Courts will no longer take into account whether someone uses medication or other mitigating measures when determining if someone is covered by the ADA. (This should result in a greater number of people with mental illness being able to proceed with their ADA cases);
- Episodic disabilities, such as mental illness, will be covered under the law as long as it can be shown that the person was substantially limited in a major life activity at the time the discrimination took place;
- An impairment that substantially limits one major life activity need not limit other major life activities to be considered an ADA disability;
- To be covered under the “regarded as” prong of the definition of disability simply requires proof of an actual or perceived impairment; there is no requirement that the impairment be limiting in any way. (This is very helpful for people who have a mental illness that are perceived to be more impaired than they really are.)

The Act now contains a non-exhaustive list of major life activities, many of which may be useful to people with mental illness, such as thinking and concentrating.

For more information on this or other disability legal issues, contact Equip for Equality at: 800-537-2632 (v), 800-610-2779 (TTY), or www.equipforequality.org

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NAMI Connection is a recovery support group for individuals living with mental illness. These groups provide a safe place that offers respect, understanding, encouragement, and hope. These groups are free of charge and there is no need to register; just come when you feel like you need someone to talk to. Groups are lead by trained individuals who are in recovery themselves.

**Mondays: 4:00 to 5:30 p.m.**  
Beth Emet Synagogue  
Evanston, Illinois

**Mondays: 5:30 to 7:00 p.m.**  
Riverside Medical Center  
Kankakee, Illinois

**Mondays: 7:00 to 8:30 p.m.**  
Alexian Brothers Mental Health Center  
Arlington Heights, Illinois

**1st Tuesday of every month:**  
7:00 to 8:30 p.m.  
Chesnut Health System  
Granite City, Illinois

**Tuesdays: 10:30 a.m. to 12:00 p.m.**  
Austin Apartments  
Chicago, IL

**Tuesdays: 7:15 to 8:45 p.m.**  
Kenneth Young Center  
Elk Grove Village, Illinois  
847-524-2690

**Wednesdays: 7 to 8:30 p.m.**  
Central DuPage Hospital  
Winfield, Illinois

**Wednesdays: 6:30 to 8:00 p.m.**  
Newman Catholic Student Center  
DeKalb, Illinois

**Thursdays: 3:30 to 5:30 p.m.**  
Jerseyville Church of the Nazarene  
Jerseyville, Illinois

**Thursdays: 4:30 to 6:00 p.m.**  
Thresholds  
Blue Island, Illinois

**Thursdays: 7:00 to 8:30 p.m.**  
Good Samaritan Hospital  
Downers Grove, Illinois

**Thursdays: 7:00 to 8:30 p.m.**  
First Presbyterian Church  
Carbondale, Illinois

**Fridays: 5:30 to 7:00 p.m.**  
Alexian Brothers Behavioral Health Hospital  
Hoffman Estates, Illinois

**Saturdays: 1:00 to 2:30 p.m.**  
English/Spanish  
NAMI Metro Suburban Drop-In Center  
Oak Park, Illinois

**Saturdays: 4:00 to 5:30 p.m.**  
Lutheran General Hospital  
Park Ridge, Illinois

**Sundays: 3:00 to 4:30 p.m.**  
NAMI Metro Suburban Drop-In Center  
Oak Park, Illinois

**For addresses, go to [http://il.nami.org](http://il.nami.org) or call (800)346-4572**

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**Congress Passes the ADA Amendments Act**  
By Barry C. Taylor, Legal Advocacy Director at Equip for Equality

Earlier this year, Congress passed landmark legislation called the ADA Amendments Act, which seeks to counteract the devastating effects of the narrow interpretations of the ADA by the United States Supreme Court and lower courts. These court decisions have prevented many people with mental illness and other disabilities from pursuing their ADA discrimination cases in court. The Act will finally allow people with disabilities to seek proper redress for discrimination they encounter, as Congress originally intended. The effective date of the law is January 1, 2009. (Note: an article in a previous Stateline discussed this legislation when it was still pending under its previous title, the ADA Restoration Act.)

For more information on this or other disability legal issues, contact Equip for Equality at: 800-537-2632 (v), 800-610-2779 (TTY), or www.equipforequality.org
Calling all NAMI Illinois Veterans!

A groundbreaking Memorandum of Understanding (MOU) was signed between NAMI and the Veterans Administration (VHA) to provide our Family-to-Family educational program in all VHA hospitals across the country.

The VHA has identified the Edward Hines, Jr. VA Hospital and the Marion VA Medical Center as the two facilities in Illinois to begin this initiative.

If you are a veteran and would like to be a part of this effort, or are interested in learning more about it, please contact NAMI Illinois at 800-346-4572 or email us at namiil@sbcglobal.net.

NAMI places the highest priority on the nation meeting the treatment and community-support needs of individuals with severe mental illness who have protected our freedoms through military service. According to the Veterans Health Administration (VHA), the Department of Veterans Affairs (VA) is the largest unified provider of mental health services in the United States.

- Nearly one-half million veterans are service-connected for a mental illness.
- 150,000 veterans are service-connected for psychotic illnesses—chronic, severely debilitating brain disorders that often manifest during or shortly following military service.
- VA has positively adjudicated claims of 150,000 veterans for post-traumatic stress disorder (PTSD)—a disorder most often correlated with both acute and chronic stress reactions from combat exposure.
- In 2008, more than 750,000 veterans received mental health services from the VA, including almost 150,000 veterans of combat service in Iraq and Afghanistan.

NAMI endorses implementation of integrated services for veterans living with mental illness including access to physician services, effective therapies, state-of-the-art medications, family education and involvement, inpatient and outpatient care, residential treatment, supported housing, assertive community treatment (ACT), psychosocial rehabilitation, peer support, vocational and employment services, and integrated treatment for co-occurring mental illness and substance abuse disorders.

Mental Health Needs of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) Veterans

Evidence grows ever stronger that the health care burden for OIF/OEF veterans will be heavy, and the legacy of their war will be a long one. Utilization rates for health care and mental health services of these veterans predict an increasing requirement for health services in the future. Since 2002, over 300,000 OEF/OIF veterans have contacted VA following their service in these war zones. The devastating effect of poly-trauma, PTSD, traumatic brain injury (TBI), blindness, multiple limb loss, burns, sexual assaults and other injuries with mental health consequences that are not so easily recognizable, and can lead to serious health catastrophes, family dissolution, and even suicide, if they are not adequately addressed.

Our nation must insure that veterans and service members receive adequate screening for mental health needs, including post-deployment mental health issues such as PTSD, anxiety, depression and alcohol and other substance use disorders. When problems are identified with screening, providers should use non-stigmatizing approaches to enroll all veterans in early treatment in order to mitigate the development of chronic illness and disability.
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