



NAMI Virginia

National Alliance on Mental Illness

The Official Newsletter of NAMI Virginia

December 2007

Inside this issue:

Message From NAMI Virginia Executive Director	1
Veterans Resource Center Launched	2
In Our Own Voice: Raising Awareness	2
NAMIWALKS Success!	4-5
Peer to Peer Recovery Education Course	6
NAMI National Child & Adolescent Action Center	7
NAMI Virginia Legislative Priorities	8-9
Regional Budget Hearings & Annual Rally Day	11
NAMI Virginia Membership Form	12

A Message from the Director

Greetings from NAMI Virginia. We have made a lot of progress this past year. In July we hired an Executive Director. In December Liz Sussan was hired as Program Coordinator to provide leadership on our many education programs. We held a member legislative summit to establish our priorities for the legislative session.

Our state convention in September provided sessions on the Commission on Mental Health Law Reform, the Memphis Model of Crisis Intervention Teams, and how to grow and strengthen affiliates.

We had an outstanding WALK in October with more than 500 people attending, including Governor Kaine. Participating affiliates will be receiving a combined total of more than \$40,000 to help with funding their education and outreach activities. All in all it has been a very good year for NAMI Virginia.

Next month Richmond will be teeming with legislators who will convene for the annual legislative session. High on the list of priorities will be mental health because of inadequacies highlighted from the Virginia Tech tragedy, including insufficient funding and lack of community-based services available to mental health consumers.

Mental health advocates need to make our voices heard on these issues and the need for change. What is the best way to do this? Make sure you know who your representatives are—in the Virginia House of Delegates and the State Senate. Visit the General Assembly website at <http://legis.state.va.us> and click on “Who’s My

NAMI Virginia is the Virginia state office of NAMI (the National Alliance on Mental Illness of Virginia). NAMI Virginia was created in 1985 to provide support, education, and advocacy for people with mental illness and family members affected by mental illness in Virginia. It is our mission to improve the lives of all those who are affected by serious brain disorders and to fight the stigma that surrounds mental illness. NAMI Virginia’s 27 local affiliates play an active role providing support, education, and advocacy at the community level.

CONTACT US!

NAMI Virginia • PO Box 8260 • Richmond, Virginia 23226
Tel: 804-285-8264 • Fax: 804-285-8464 • namiva@comcast.net
www.namivirginia.org / 1-888-486-8264

Legislator” (or call your local voter registrar). During the legislative session contact your representatives to express your opinions and concerns: make a phone call, write a letter, send an email, or make a personal visit to your representative’s offices.

When contacting your representatives be specific about your position and what you are asking them to do. Tell your story and explain why these issues matter to you from a personal perspective. When the legislative session is underway, NAMI Virginia will notify you of specific bill numbers or budget items we are tracking so that you can contact your representatives to show your support. Visit the Advocacy Section of www.namivirginia.org for tools to help with your advocacy efforts.

Our message is simple and clear: It’s time to fill the gaps by providing timely and adequate access to community based mental health services. Support people with mental illness by providing the system with the necessary funding it needs to meet the needs of Virginians with mental illness. Treatment can work if people have access to services. Recovery is possible.

With the year coming to a close we ask you to please think of NAMI Virginia with your end of the year contribution and help us continue our important work of education, support, and advocacy for people with mental illness and their loved ones.

Thank you for all that you do.
Mira Signer, Executive Director

Calendar:

- Peer to Peer Mentor Training: **December 14–16** in Richmond
- Regional Public Hearings on Governor’s Budget: **January 3, 2008** at noon (locations: see page 11)
- First Day of Legislative Session: **January 9, 2008**
- Public Hearing on Governor’s Budget: **January 14**, 1:00 pm, House Room D, General Assembly Building
- Coalition Rally Day: **January 21, 2008**: Richmond, Virginia (see page 11)

Visit the Veterans
Resource Center at
www.nami.org/veterans

Veterans Resources Center Launched

On November 6, 2007 NAMI launched its Veterans Resource Center, an online portal to mental health resources for America's veterans, active duty service members, and their families. Many veterans who return from active duty face a second war at home, confronting profound mental health problems that challenge their lives and the lives of their families.

Consider these grim statistics:

- *Almost **1 in 3** veterans returning from Afghanistan and Iraq confront mental health problems.*
- *In 2006, the suicide rate in the Army reached its **highest level** in 26 years.*
- *Approximately 30% of veterans treated in the Veterans health system suffer from depressive symptoms, **two to three times***

the rate of the general population.

- *Approximately **40%** of homeless veterans have mental illnesses.*

In an effort to respond to these issues, **NAMI's Veterans Resource Center** features a growing compilation of fact sheets, self-help information, online discussion groups, research and policy updates, and links to government agencies and other private organizations. NAMI has made the Center a priority to meet a growing need.

Visit the Veterans Resource Center at www.nami.org/veterans.



In Our Own Voice Program Educates and Raises Awareness

IOOV is the acronym for one of NAMI's signature programs called "In Our Own Voice: Living with Mental Illness". It is a 60-90 minute stigma busting, educational, and informative presentation that takes you into the lives of two people living with a mental illness and their journey into recovery.

This interactive program is presented with a short video that is divided into five segments:

- 1) Dark Days
- 2) Acceptance
- 3) Treatment
- 4) Coping Skills
- 5) Successes, Hopes, and Dreams

IOOV presents to various audiences that include families, students, consumers, service providers, civic groups, law enforcement, faith communities, and more.

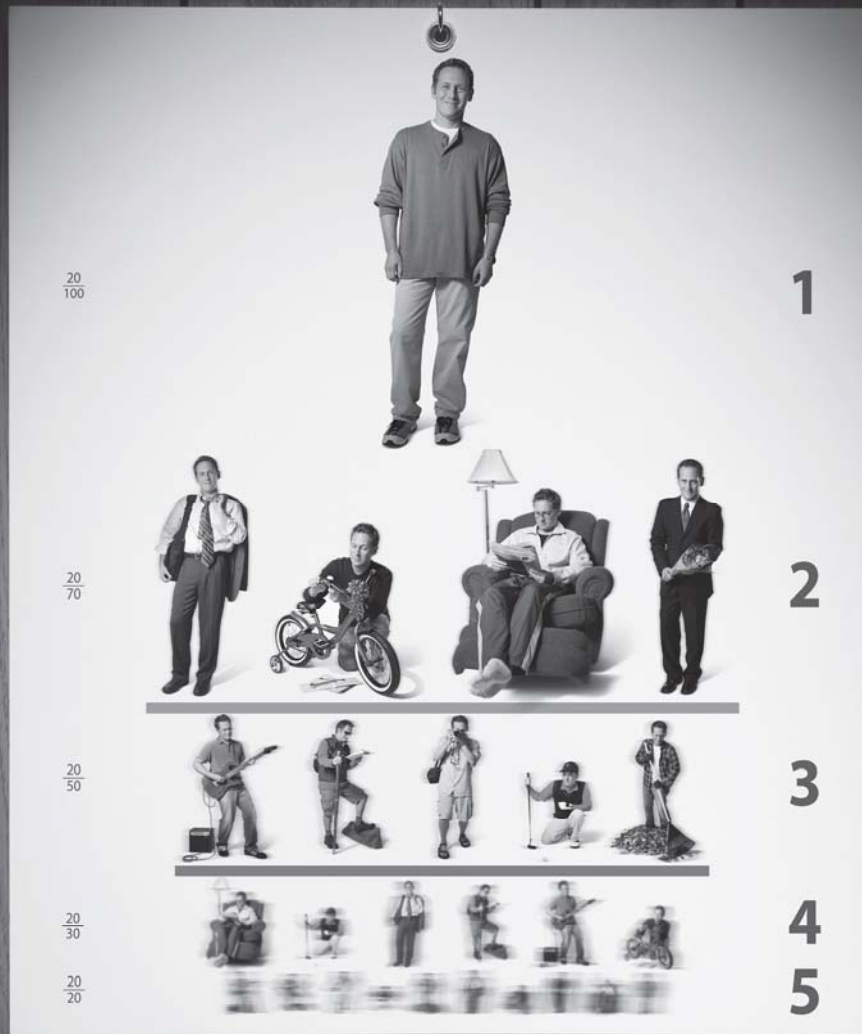
The benefits of this program include raising awareness, empowering and employ-

ing consumers, presenting a real face of mental illness, combating stigma by opening dialogue, and increasing visibility of NAMI.

In Virginia, IOOV is currently available in NAMI affiliates of Loudoun, Northern Virginia, Williamsburg, and Hampton-Newport News. If you would like more information about starting In Our Own Voice in your affiliate, or if you are a consumer recovering with mental illness and would like to be trained as an IOOV presenter, please contact: Cheryl DeHaven, IOOV State Coordinator at ioovgirl@cox.net.

You can also get more information by viewing the NAMI - IOOV Website at www.nami.org and clicking on "Consumer Support".

Learn more about
In Our Own Voice
at www.nami.org
and go to the
Consumer Support Section



STIGMATIZING MENTAL ILLNESS MAKES IT HARDER TO SEE THE REAL PERSON.

Fear of stigma discourages individuals and their families from seeking treatment and support.¹

An estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year. Nearly two-thirds of all people with diagnosable mental disorders do not seek treatment, often due to fear of stigma and the resulting discrimination.¹

People should not be defined by their illness.

At Bristol-Myers Squibb, we believe that how we treat people is as important as the therapies that treat their illness. That's why we support the effort to eliminate the stigma, discrimination, rejection and isolation of people with mental illness.

UNDERSTANDING MENTAL ILLNESS ENCOURAGES PEOPLE TO GET THE HELP THEY NEED.



Bristol-Myers Squibb

1. Mental Health: A Report of the Surgeon General (1999). Available at: http://mentalhealth.samhsa.gov/features/surgeongeneralreport/chapter1/sec1.asp# roots_stigma. Accessed on August 27, 2007.

NAMIWALKS Success!

Every journey begins with one step. On October 13, 2007 mental health advocates took a journey towards a better mental health care system in Virginia when they joined the National Alliance on Mental Illness of Virginia at its second annual Walk in Richmond.

The walkathon – one of about 70 NAMIWALKS in cities around the country – raised money for NAMI Virginia's support, education and advocacy programs, and public awareness about Virginia's need for a better treatment

and recovery system for people with mental illness. The walkathon created visibility for mental illness issues and people with mental illness, and helped to reduce the stigma that is often associated with mental illness.

This year's walk took place on a gorgeous fall day in a lovely setting with music and dancing, face painting, good food and fun. It was a wonderful day, and the spirit of everyone there was palpable—from people themselves with mental illness to those who care for loved ones with mental illness and all those who care about the need for system change, educating others, and reducing stigma.

Governor Kaine delivered opening remarks, noting that people with mental illness are productive and meaningful members of society, and drawing attention to the fact that mental illness

touches nearly everyone's life in some way, whether through a friend, family member, neighbor, or oneself.

More than 500 walkers in 49 teams from all over the Commonwealth took part, raising more than \$100,000 for NAMI Virginia's advocacy, support and educational programs. Sixteen NAMI Virginia affiliates were represented, and each retained half of the money it raised—a significant boost to each for their programs supporting families and consumers on the local level.



We appreciate the hard work of all of our affiliates, teams, walkers, and volunteers who made the walk such a success. We are grateful to our sponsors whose generous donations have contributed significantly to NAMI Virginia's ability to provide support and educational programs to, and to advocate on behalf of, consumers and their families in the Commonwealth.



This was a walk for hope and recovery. Our hope is that each step that participants took on their 5K walk takes Virginia one step closer to the improved mental health care system that Virginians need and deserve.

Thank you again to all who helped make this year's NAMIWALK a success. We look forward to seeing you next year for another successful and fun event!

Governor Tim Kaine spent time at the NAMIWalk. Here he poses for a picture with some members of the **NAMI Williamsburg** affiliate.

NAMI Walkers make their way around the lake at **Innsbrook**.

WALK FUNDRAISING RESULTS

(as of November 20, 2007)

THE \$1,000+ CLUB

Rebecca Butler
 Carol Evans
 Maria Holiday
 Erin Mahone
 Barb Sproull
 Debra Wyandt

TOP 10 INDIVIDUAL FUNDRAISERS

1. David Vaughan	\$5,330
2. Dick Appelt	\$3,810
3. Donna Hendershot	\$3,600
4. Kennedy Prentiss	\$3,000
5. Farleigh Fitzgerald	\$2,765
6. Doris Roberts	\$1,635
7. Kristin Yavorsky	\$1,605
8. Allison Koschak	\$1,570
9. Debbie Loveland	\$1,560
10. Debra McDaniel	\$1,500

#1 TOP FUNDRAISING TEAM SO FAR

NAMI
 Piedmont
 with a
 current
 total of
\$8,783!

\$500+ CLUB

Gail Auman, John Baumann, Kathy Collins, Tommie Cubine, Judy Dent, Jan Farber, Charlotte Gregory, Pete Grubmeyer, Paula Kupstas, Arla Jean Lewis, Dana Mattocks, Deborah Michael, Hayes Press, Renae Sands, Mira Signer, Martha Skinker, Vivian Stevens-Lyons, Tom Weaver, and Bob Williams.

ROUNDING OUT THE TOP TEN WALK TEAMS

1. NAMI Piedmont	\$8,783
2. NAMI Rappahannock Crushin' Stigma	\$7,810
3. Remembering Ryan	\$5,090
4. NAMI Norfolk--Walking in Memory of Bob Armstrong	\$3,721
5. Psychologists of Optimal Experience	\$3,460
6. Team Phoenix	\$3,055
7. NAMI Hampton/Newport News	\$3,045
8. Michael Family and Friends	\$2,957
9. Hanover Hikers--Walking in Memory of Joshua	\$2,835
10. Virginia DMHMRSAS	\$2,790

Please realize that these are pre-Thanksgiving totals, and as such are preliminary and approximate. Money will continue to come in until mid-December.

In addition, many checks had no indication as to which team they belonged. We have done our best to credit them to the correct team, but have had to rely a great deal on guesswork in these cases. You may need to get a list of donors and amounts from your walkers to clear up any discrepancies.

FUNDS EARNED BY AFFILIATES (approx.) (amounts represent 50% of total raised)

NAMI Central Virginia	\$16,010
NAMI Piedmont	\$ 6,936
NAMI Rappahannock	\$ 3,890
NAMI Western Tidewater	\$ 3,816
NAMI Hampton/NN	\$ 2,495
NAMI Norfolk	\$ 2,273
NAMI Northern VA	\$ 1,940
NAMI Prince William	\$ 1,295
NAMI Virginia Beach	\$ 1,063
NAMI Williamsburg	\$ 660
NAMI Roanoke Valley	\$ 437
NAMI Mid-Tidewater	\$ 250
NAMI Halifax County	\$ 250
NAMI Southside	\$ 50
NAMI Blue Ridge	\$ 20
NAMI Winchester	\$ 12

Peer to Peer Recovery Education Program in Virginia

Peer to Peer is a 9 week experiential education course on recovery for any person with serious mental illness who is interested in establishing and maintaining wellness.

NAMI Virginia is getting ready to embark on an exciting program called **Peer to Peer**. Peer to Peer is a 9 week (2 hours per week) experiential education course on recovery for any person with serious mental illness who is interested in establishing and maintaining wellness. The course is based upon the idea that living with a serious mental illness is, among many other things, an experience in trauma, and the recovery path occurs in predictable stages. The course is designed to offer an opportunity for growth regardless of individual stage, and the diversity of experience among course participants affords for a lively dynamic that moves the course along. Courses are taught by teams of three trained “mentors”, or peer-teachers, who are themselves experienced at living well with mental illness.

Peer to Peer uses a combination of lecture, interactive exercises, and structured group processes to promote awareness, provide information, and offer opportunities to reflect on the impact of mental illness as it expresses itself uniquely through each participant’s life. Relapse prevention plans are devised in the first six weeks of the program, in order that participants gain knowledge, insight and coping strategies for living with their disorders. Each week builds upon the previous week’s explorations, bringing participants through a progression of awareness that has its roots in the universals of experi-

ence associated with the process of recovery with serious mental illness.

To implement Peer to Peer NAMI Virginia will hold a statewide training to train facilitators— or “mentors” as they are referred to in Peer to Peer—from December 14 – 16 in Richmond, VA. NAMI Virginia covers the cost of the training for 15 people (5 teams of 3 people) to become trained as mentors. There has been tremendous interest in the Peer to Peer program already and we anticipate having a full training class. We plan on offering additional training opportunities in the future.

The Peer to Peer course currently exists in 24 states around the country and NAMI Virginia is really looking forward to holding the first statewide training so that mentor teams can take the training back to their communities. Mentor teams will aim to hold the Peer to Peer classes starting around February 2008. The class can hold about 12 people each. Contact your local affiliate to find out if Peer to Peer will be coming to your area (or to find out how to get Peer to Peer in your community!).

For more information about Peer to Peer visit www.namivirginia.org, contact namiva@comcast.net, or call NAMI Virginia at 804-285-8264.

Sending members to the trainings and then implementing the program in the community is one of the main ways that many affiliates strengthen and grow their membership and level of activity.

New Facilitators Trained: Support Group and Family to Family

Twenty-one people attended the most recent NAMI Virginia training weekend for the Family to Family Teacher Training and Family Support Group Facilitator Training. Family to Family Training participants learned how to co-lead the 12-week Family to Family course for family members/caregivers of mental health consumers, basic skills to feel confident as a Family to Family Teacher, and how to carry out the detailed course curriculum. Family Support Group Facilitators learned key structures and group processes to use in support group scenarios, how to start and stop groups on time, how to handle “hot

potato” issues that come up in groups, and how to run an overall effective group. Many thanks to trainers Kathy Harkey, Evelyn Beaumont, Cecilia Grimm and Marci Reed for facilitating the trainings. Future training opportunities will be offered so stay tuned to www.namivirginia.org and your state and local publications for announcements.

Sending members to the trainings and then implementing the programs in the community is one of the main ways that many affiliates strengthen and grow their membership and level of activity.

Focusing on Children & Families: The NAMI National Child & Adolescent Action Center

The NAMI Child & Adolescent Action Center (CAAC) focuses on advocating at the national level for services and supports that promise to improve the lives of children and adolescents with mental illnesses and their families. Research shows that more than 50% of serious mental illnesses begin before age 14. The CAAC is focusing on the early identification of mental illnesses and early and effective interventions to help ensure that youth do not lose critical developmental years to undiagnosed and untreated mental illnesses. The CAAC's work is also targeted at providing technical assistance to NAMI grassroots leaders on children's mental health systems' reform at the local, state and national levels.

Currently, the CAAC is developing a family network to promote evidence-based practices (EBPs) in children's mental health to help close the gap between what we know works through science and the services that children and adolescents receive in clinical practice. As part of this project, and to help educate and inform families about EBPs, NAMI developed a family guide titled *Choosing the Right Treatment: What Families Need to Know About Evidence-Based Practice*. The guide, including sections translated into Spanish, can be accessed online at www.nami.org/caac.

CAAC has also developed an education program – *Parents & Teachers as Allies*, which is a two-hour, in-service program that educates school professionals about the early warning signs of mental illnesses in youth. The program is being evaluated by the University of Maryland and early pilot data shows that it is exceptionally well received by school professional.

NAMI leaders have piloted the program in more than 15 states around the country.

The NAMI CAAC also provides technical assistance, with guidance from national experts, for NAMI advocacy leaders, child-serving providers, state agencies and other stakeholders on a variety of policy issues, including Medicaid/SCHIP and improving services within mental health, child welfare, schools, primary care, and juvenile justice. The Center also hosts a free, interactive conference call with Dr. Ken Duckworth, NAMI's Medical Director and a child and adolescent psychiatrist, on a variety of topics on the third Friday of every month. There is also a quarterly magazine, *NAMI Beginnings*, which publishes articles on a variety of child and adolescent mental health topics. The Center produces many family-friendly resources and maintains an E-group for advocacy leaders and families to stay current on the latest information, resources, and trends in children's mental health.

The CAAC collaborates with many national advocacy organizations focused on children. A recent collaborative project involves developing a state advocacy toolkit that includes resources for state legislators to better inform them on children's mental health.

To learn more about NAMI's Child & Adolescent Action Center and to access resources developed by CAAC and referenced in this article, please visit the website at www.nami.org/caac or contact Dana Markey, CAAC Program Coordinator, at danac@nami.org.

To learn more about NAMI's Child & Adolescent Action Center and to access resources developed by CAAC and referenced in this article, please visit the website at www.nami.org/caac



2008 LEGISLATIVE PRIORITIES

“Virginia’s mental health laws are flawed and services for mental health users are inadequate.

Lack of sufficient resources results in gaps in the mental health system including short term crisis stabilization and comprehensive outpatient services.”

Key Finding from the Virginia Tech Review Panel

“...some state officials want to shift funds from Virginia's remaining state hospitals to community-based services. But drawing blood from an already anemic hospital system is counterproductive. A better approach would be to adequately fund state hospitals and community-based services, and to launch new recovery programs that save money.”

“No father should be forced to wait for his son to become suicidal or violent before getting him medical treatment. But modifying ‘imminent danger’ will be a hollow gesture if there is no treatment to be had.”

Pete Earley, September 16, 2007, Washington Post, page B08 Member, Virginia Supreme Court Task Force and author of “Crazy: A Father’s Search Through America’s Mental Health Madness.”

This session, Virginia’s legislators are uniquely positioned, in the wake of the tragedy at Virginia Tech, to provide essential leadership by championing significant improvements to our mental health system. The findings of the Virginia Tech Review Panel and preliminary reports of the Commission on Mental Health Law Reform confirm that Virginia must make fundamental changes in its mental health system *now*.

NAMI Virginia (National Alliance on Mental Illness), a statewide grassroots organization of consumers and family members, is committed to working with the legislature to transform our mental health care system. We support a multi-faceted approach that clarifies laws, reduces stigma, and increases access to the most effective services.

Commitment Laws

Virginia is one of a handful of states with commitment statutes that use a narrow standard of “imminent danger to self or others,” an extremely high threshold. This standard, along with inconsistent responses to individuals in Assisted Outpatient Commitment, results in inadequate or non-existent care for persons in crisis.

- **Refine the standard for involuntary commitment** in Va. Code 37.2-817(B) to allow intervention and treatment before danger and harm is imminent.
- **Enact uniform guidelines for Assisted Outpatient Commitment** to require a treatment plan for each individual in need of services.

Access to Services

Changes in Virginia’s commitment statutes will **only be effective if they are combined with a comprehensive array of services and supports**. The National Association of State Mental Health Program Directors reports that Virginia ranks 9th in the country on spending for institutional care, but *only 39th on spending for community-based mental health services*. **It is time for change. Our priorities to fill system gaps:**

- **Expand access to crisis stabilization** to ensure that all of the state’s 40 Community Service Boards have crisis stabilization capabilities. Crisis stabilization provides respite and alternatives to hospitalization, as well as step-down care for people leaving hospitals. Amazingly, major population centers in Virginia do not have access to these services.
- **Increase the number of CSB mental health case managers.** Caseloads today average almost 40 individuals per case manager while 25 is recommended. High caseloads reduce direct service time with consumers. With more appropriate caseloads, direct contact with the consumer will increase and the case manager has more time to identify and secure resources.
- **Expand capacity of CSB outpatient counseling and psychiatric services for adults and children.** Adults must wait an average of 30 days and children 37 days to see a counselor. Individuals can lose interest when they do not receive services in a timely manner. Expanding the capacity for outpatient services can reduce the waiting period and facilitate early intervention and crisis prevention.
- **Increase availability of PACT (Program of Assertive Community Treatment).** PACT is a nationally recognized program for persons with the most severe illnesses. In Virginia, consumers served by PACT teams used 76% fewer state hospital days after enrollment than in an equivalent period before. And, 92% had no arrests during the year and 83% experienced stable housing situations.

Housing

For people with serious mental illness, lack of appropriate housing is a significant barrier to living successfully in the community—leaving too many in inappropriate or substandard housing or on the street.

- **Implement the Portability of Auxiliary Housing Grants** to allow eligible individuals with mental illness to live in the least restrictive and most integrated setting available.
- **Invest in Supportive Housing models** that offer affordable, integrated housing with community-based supports. These cost-effective models reduce shelter use, hospitalization, and criminal justice involvement.

Children's Mental Health

NAMI Virginia applauds First Lady' Ann Holton's call to develop effective services in an integrated "Systems of Care" approach to avoid the costly consequences of school failure, family disruption, justice system involvement, and residential care for the more than 55,000 of our youth who experience serious mental illness.

- **Develop an array of effective community- and home-based mental health services for children** with serious mental health needs and their families, regardless of ability to pay. With effective and evidence-based treatment and supports, children and youth with serious mental illness can experience success in the home, school, and community.

Standards of Care

Today, due to lack of funding and other structural issues, people with mental illness can expect to wait long periods before getting to see a counselor or psychiatrist and, once in care, experience services that vary widely from community to community.

- **Enact a uniform standard of care** which mandates timely access to consistent, high quality acute inpatient, crisis, and outpatient mental health services.
- **Establish and measure meaningful recovery-oriented outcomes** that reflect success in the community, such as reduced hospitalization and criminal justice involvement and access to appropriate housing.

Medicaid

Twenty states have expanded Medicaid eligibility for individuals who are aged, blind, or disabled. Of these states, Virginia has the most restrictive eligibility level—just 80% of the Federal Poverty Level (FPL). Virginia should join its neighbors, the District of Columbia and North Carolina, and raise the eligibility to 100% of the FPL.

- **Expand Virginia's Medicaid eligibility for the Aged, Blind, and Disabled to 100% of FPL**, leveraging a 50% Federal match to increase coverage for health and mental health care.

Raising Awareness

Half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24. Yet there are long delays before most children receive treatment. Stigma and lack of awareness, as well as poor communication between schools, parents, and providers, prevent adequate treatment.

- **Support initiatives to raise public awareness and reduce stigma associated with mental illness.**
- **Introduce education programs and anti-stigma campaigns** for high school and college students, faculty, staff, and parents. These programs can increase the understanding of mental illness and the recovery process. And they help identify the best ways to support persons with mental illness.
- **Promote understanding of the HIPAA and FERPA privacy laws.** Consumers, providers, institutions, and families struggle with inaccurate interpretations of privacy laws. Without education and training, these misunderstandings can result in, at the very least, substantial obstacles to appropriate treatment.

Enhanced Advocacy Section on NAMI Virginia Website

- Talking points to help with your letters to public policy makers and letters to the editor
- Tips for effective advocacy
- How to write and place letters to the editor
- How to get and conduct a meeting with an elected official
- How to contact your representatives in the Virginia General Assembly

Check out the Advocacy Resources: www.namivirginia.org in the Advocacy Section

Give people the hope they deserve by giving them the access to the treatments they need.



Access to affordable medications is a top priority for Eli Lilly and Company. This commitment is exemplified by Lilly's various patient assistance programs, which provide access to our growing portfolio of best-in class and first-in-class medications that help people live longer, more productive lives, and reduce overall healthcare costs. [Medicines are generally less expensive than other forms of health care, such as surgery and hospitalizations.]

Ensuring access to medicines requires that many organizations and individuals work together, including the government, insurers, healthcare providers, patients and pharmaceutical manufacturers. Lilly

continues to lead and support efforts to improve access to medications.

One of the ways we provide access to our own medications is the **LillyMedicareAnswers™** patient assistance program. This initiative gives eligible Medicare recipients the help they need to maintain vital continuity of care for bipolar disorder, schizophrenia, growth hormone deficiency and osteoporosis. To be eligible for this program, individuals must enroll in Medicare Part D and meet certain other requirements. For more information, call 1-877-795-4559 or visit www.lillymedicareanswers.com.

To learn more about all our patient assistance programs, call toll-free 1-800-545-6962, or visit our Web sites at: www.lillycares.com and www.lillymedicareanswers.com.

Lilly
Answers That Matter.

Regional Public Budget Hearings Scheduled for January 2008

Calling all mental health advocates: Regional Public Hearings will be held across the state to allow citizens an opportunity to hear about the Governor's proposed budget (to be released on December 17, 2007) and make their voices heard on the many proposals being put forth by the Governor's office.

NAMI Virginia strongly urges you to attend a budget hearing. Why? The regional budget hearings can set the tone for the funding priorities that may gain traction during the legislative session in Richmond.

Given that Virginia is facing a \$640 million deficit we need to keep the "pressure" on Virginia's public policy makers to ensure that mental health remains a funding priority. There will be many competing priorities for scarce dollars and advocates need to be visible to remind policy makers that Virginia needs to adequately fund the mental health system.

In short mental health advocates are needed at the hearings 1) for visibility (you may be asked to stand up to show support for mental health); and 2) if you want, to deliver brief testimony

about why the legislature should support the Governor's requests for increased funding for mental health services.

Regional Public Hearings on the Governor's Proposed Budget

Thursday, January 3, 2008 12:00

Fairfax: George Mason University
Norfolk: Tidewater Community College
Rustburg: Campbell County Office Building
Richlands: Southwest Virginia Community College

Monday, January 14, 2008 1:00

Richmond: General Assembly Building, House Room D, Richmond

Talking points about access to services can be found on the NAMI Virginia website:

www.namivirginia.org

Please make an effort to attend a Regional Budget Hearing near you!

NAMI Virginia urges you to attend a budget hearing.

Why?

The regional budget hearings can set the tone for the funding priorities that may gain traction during the legislative session.

Coalition for Virginians with Mental Disabilities Annual Rally Day

January 21, 2008 from 10 A.M. to 11 A.M.

**St. Paul's Episcopal Church (across from the Virginia State Capitol)
 Richmond, Virginia**

Join other advocates at St. Paul's to:

- Learn about the issues affecting people with disabilities
- Meet Virginia legislators, thank them for their support and ask them to support better access to mental health care in Virginia
- Stop by your legislator's offices to voice your support for improved access to mental health care services
- Request support for increasing funding to mental health care services in Virginia
- Remind legislators that many Virginians with disabilities are still in need of support and services
- Dispel stigma associated with mental illness and disabilities
- Tell your story and put a personal face on the issues we are dealing with

NAMI Virginia is a Coalition member and rally sponsor. We strongly urge you to attend!



National Alliance on Mental Illness of Virginia

Make a Difference – Join NAMI Virginia TODAY!

NAMI Virginia Membership Enrollment Form

- Membership in the local affiliate, state organization, and NAMI national organizations
- Eligibility to vote in NAMI elections
- A subscription to *The Advocate* – NAMI National’s quarterly magazine, and state/local publications
- Member discounts on brochures, videos, promotional items, and registration at the NAMI National annual convention
- Satisfaction knowing that you are an official part of the largest grassroots mental health organization in the country!

<input type="checkbox"/> Individual/Family	\$ 35
<input type="checkbox"/> Professional	\$ 35
<input type="checkbox"/> Professional Organization.....	\$100
<input type="checkbox"/> Open Door Member (for people w/ limited income)	\$ 3
Membership Fee Total	\$ _____

Name (First, Last) _____

Mailing Address (city, state, zip) _____

Phone + Area Code _____

Email Address _____

Check Enclosed (make payable to "NAMI VA") Credit Card Payment

Credit Card Number (MasterCard or Visa only) _____

3-digit security code _____ Expiration Date (mo/year) _____

Signature _____

Return to: NAMI Virginia: PO Box 8260; Richmond, Virginia 23226. Fax: (804) 285-8464

Pre-Sorted Std.
U. S. Postage
Paid
Richmond, VA
Permit No. 1630

NAMI Virginia
PO Box 8260
Richmond, Virginia 23226