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Governor Beverly Perdue
State Capitol
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Perdue:

The National Alliance on Mental Illness (NAMI) North Carolina is a private non profit organization that represents thousands of people across the state living with mental illness or are the family members of these individuals. One of our purposes is to provide advocacy to improve the quality of life of those affected by mental illness. To that end, we would like to offer you some suggestions on priorities as you work to prepare a budget for FY 2013 and the next biennium. The challenges you face in these times are huge, and we hope to provide you with some ideas that may help move us forward.

Here are our priorities:

Housing

We know that if people with mental illness are not getting the services they need, and their most basic need of all –*housing*– is not met, that their illnesses can progress, leading to more expense for the state - particularly through emergency departments, jails and prisons, homeless shelters, and psychiatric hospital care (well over \$1000/day). Additionally, the state is under Department of Justice scrutiny for Adult Care Home placements that are at odds with Supreme Court rulings. Thus, one of the most cost-effective therapeutic things we can do is to assure safe, affordable, and stable housing.

One way to do this is to simply change the rule that Special Assistance (SA) – the state/local program for low income individuals be redesigned to be used as the person chooses, rather than be limited, as it is now, to licensed facilities (like Adult Care Homes). Further, a housing fund, as you suggested in your initial biennium budget, would also broaden the flexibility to helping those who may not receive SA.

Stabilize Mental Health; Add Recovery Language; Focus on Peer Support

To cut mental health services to balance the shortfall in Medicaid would be shortsighted, and would result in increased costs in other sectors, including hospitals, law enforcement, jails and prisons. Instead, stabilize the system, and keep funding practices that work-evidence based practices. One service that is emerging as a best practice is peer support- a highly cost effective service, provided by someone with the lived experience of mental illness, helping someone else along the path that they have travelled successfully. This service advances recovery, which is what we all want. A small budgeted item to promote peer support would bring great results in North Carolina. It would move us to promoting health, rather than always responding to crises. Further, inclusion of recovery language in GS 122c would be a move in the direction of promotion of wellness by those experiencing the disorders.

Criminal Justice Issues; Diversion options, Prison Reforms

We believe that much of what is happening in prisons could be mitigated by new leadership, a strong outside, objective group to help us “get it right”, more training, and better management - filling positions promptly with well qualified people. Inclusion of a reasonable amount for training would be recommended. We are assisting NC Corrections in accessing free training as well. And we want to thank you for making the necessary changes in leadership to deal with the problems in treatment of people with mental illness in prison.

We believe that funding statewide post booking diversion programs will truly save NC millions. Ultimately, we will not have to keep building jails, prisons, and we will save lots of court time as well. Mental health courts are also an effective diversion and are very rare in NC. NAMI NC has spent a full year reworking **Basic Law Enforcement Training Curriculum** that we hope will lead to diversion from the emergency rooms, and better utilization of the crisis options like mobile crisis teams that have been funded in the last couple of years. But, we need the other diversion options in place to have the full benefit of keeping people with illnesses out of the corrections system.

Allowing those who are mentally ill who have already served an amount of time equal to or exceeding their sentence who are involved in the revolving door of incapacity to proceed should be discharged (following safety review, and they don't meet commitment criteria). This will lessen the stress on our overpopulated jails, and it is definitely the right thing to do. We would recommend funding post booking diversion options, using the Crime Commission funding and new funding as appropriate.

Hospital Bed Capacity

Having a bed available right when you need it for these difficult episodic illnesses that affect our constituents is crucial. We applaud the initiative to expand local inpatient options- where people are near home and their support system. We would ask that these continue to be expanded, as the demand so far exceeds capacity. A budget item would be appropriate. ED Wait times will be reduced and confidence in our system will grow

commensurately. Further, we know there are vacant beds, no funding for staffing, at Central Regional. Why not include a budget line item to staff these beds? And, consider expanding the very successful 3 way contract expansion of local inpatient bed capacity.

Health Reform

States will be exercising considerable authority in determining their health benefit plan under the Affordable Care Act, within broad requirements set by the federal government. We must maintain a strong plan, similar to the Medicaid state plan, in order to provide services to those with mental illness that we know work, like Assertive Community Treatment Teams (ACTT), Intensive in Home Support (that can work to avoid residential placements). It is important that our plan not reduce access to psychotropic medications that have proven to be effective for that individual, as individual difference in how these medications act are tremendous. And we must make access of primary care easy; as people with mental illness die 25 years before those who do not have this illness, because their regular health needs are not tended to as they should be.

Revenues

We have attempted to provide ideas that can be implemented without a lot of new money, such as the change with Special Assistance that could self fund housing options. However, we would suggest consideration of a tax such as a tax on all sodas, or specialty real estate tax that could generate money for a housing fund.

We wish you the very best of luck in preparing your budget for presentation to the General Assembly. We appreciate the support you offered last year in your budget for mental health so very much. Thank you so much for all you do for our state.

Sincerely,



Debra G. Dihoff, MA
Executive Director
NAMI NC