

cat•a•lyst /kat-'l-est/ *n* 1: an agent that speeds significant change 2: an agent that enables a reaction to proceed at a faster rate or under different conditions than otherwise possible 3: a person who acts as a stimulus in bringing about or hastening a result.

CATALYST

LOOKING FOR *a plan that works*



Have you ever tried to maneuver your way around a room in the dark? It might even be a familiar room, but with the lights off, it's suddenly different. Frightening, even. You're now tentative, rather than certain. You go much slower and take smaller steps than usual. You have to feel your way, because you're no longer sure of your position relative to other items in the room. And even though you know that end table is in front of you, you manage to stub your toe anyway. You're always glad when you get to the light switch.

Well, our friends and colleagues in mental health tell me this is the world they've been living in for the past few years.

As North Carolina lawmakers and health care professionals have pursued quality mental health care, they often have felt as if they were trying to maneuver within that dark room. The obstacles have been many and daunting. Markers that usually provide orientation sometimes seem out of place. And a mere band-aid will not even begin to address the throbbing in our toes. Where is that light switch they keep searching for?

The quest for quality mental health services is not new. It began almost two centuries ago when Dorothea Dix visited North Carolina and described typical situations for people with mental health needs this way:

"In Lincoln County, near a public road... is a log cabin strongly built and about 10 feet square, and about seven or eight feet high; no windows to admit light... no chimney indicates that a fire can be kindled within, and the small low door is securely locked and barred... The shrill cries of an incarcerated maniac will arrest you on the way... the horrors of this place can hardly be imagined; the state of the maniac is revolting in the extreme."

After a visit to Raleigh, she wrote descriptions of emotionally disturbed persons locked in jails or living on the streets.

Ms. Dix took her concerns to the legislature, and within a year the money was appropriated to build **Dorothea Dix Hospital** near Raleigh. That was only the beginning. Over the years, health professionals, caregivers, and legislators have formulated a number of plans for treating North Carolinians with mental health needs. Most recently, the 2001 Mental Health Reform plan overhauled the previous system with the hope of deinstitutionalizing care and increasing access to care at the community level. We are now reforming the 2001 reform. Ouch. We just stubbed another toe.

As we continue to search for good answers that will shed light on mental health issues, the Trust's strategic direction makes access to quality mental health services a priority. This issue of *Catalyst* recaps some of the changes in mental health care over the past 50 years, legislation – past and present – that impact current efforts, and the research and innovations that hold promise for the future. It is our desire and intention to help our colleagues and those in need of services get back in the light and stay in the light so we can move forward with all due speed and confidence.

'Til next time,
Karen McNeil-Miller

CONGRATULATIONS!



John Frank, Director of the Health Care Division of the Trust, has received the 2008 Meritorious Service Award from the North Carolina Hospital Association (NCHA). The award is presented yearly to honor outstanding contributions to healthcare made by an individual who is not a hospital executive or trustee.

"A passion for serving people and experience as a hospital administrator have positioned John to touch many lives in our state. His vision and leadership have helped initiate lifestyle change and disease prevention programs that improve healthcare in many communities," said Dr. Bill Fulkerson, NCHA Board Chairman. *"His efforts to expand service to the financially needy are praised nationally for bringing care and affordability to not only the poor, but to all North Carolinians."*

Reclaiming Futures

The Kate B. Reynolds Charitable Trust,
in partnership with the
Robert Wood Johnson Foundation,
is bringing **RECLAIMING FUTURES** to North Carolina.

RECLAIMING FUTURES helps teenagers caught in the cycle of drugs, alcohol and crime by promoting new standards of care and opportunities in juvenile justice.

Read more about **RECLAIMING FUTURES** on Page 2.

KATE B. REYNOLDS
CHARITABLE TRUST

128 Reynolda Village | Winston-Salem, NC 27106-5123
336.723.1456 Phone | 336.723.7765 Fax
800.485.9080 Toll-Free | www.kbr.org

FOCUS ON MENTAL HEALTH

Refining the Vision

In 2007, when the Trust adopted its strategic direction and determined grantmaking priorities, the **Health Care Division** selected **mental health services** as an area of emphasis within its Providing Treatment program area. Since that time, the division has awarded **\$7.53 million in support of mental health services**, with emphasis on services for children and youth in communities across the state. Since it was established in 1947, the Trust has invested more than \$26 million in mental health services.

As we consider grantmaking in the area of mental health, the Trust has committed to gathering additional information about the status of current state and local mental health services. Two appropriations made during the spring 2008 grantmaking cycle should clarify the level and quality of current services and identify opportunities to fill gaps in accessibility.

1 The first was an investment of \$10,000 from the Poor and Needy Division in support of a collaboration between local funders and the major provider of mental health services in Forsyth County to study local needs.

2 The second was an investment of \$90,000 from the Health Care Division awarded to the North Carolina Center for Public Policy Research in support of a study of Reforming the Mental Health Reform in North Carolina.

Comprehensive research will be key to the success of both projects. The Forsyth County Working Group will focus on identifying strengths, weaknesses, barriers, and opportunities within the current system, as well as funding sources and the accessibility of services to all populations.

At the state level, researchers will speak directly with key public and private policymakers, service providers, mental health professionals and consumers who use the services. Recommendations will also take into account the successful experiences of other states in meeting individual needs while complying with the Supreme Court's directive to make services available at the community level.

"We want to get a better handle on the successes and failures of the 2001 Mental Health Reform – to recognize improvements in the accessibility of mental health services as well as the needs that are still unmet," said John H. Frank, Director of the Health Care Division at the Trust. "As we answer questions about where we are and where we need to be, we can be assured that we are supporting efforts that will make the greatest difference in delivering mental health services to financially needy populations across the state."

RECLAIMING FUTURES Gives Teens An "off-ramp out of the juvenile justice system."

RECLAIMING FUTURES is a **\$21-million initiative of the Robert Wood Johnson Foundation** that combines systems reforms, treatment improvement, and community engagement to give youth a way out of the cycle of drugs, alcohol, and crime. The pilot program was tested in 10 community sites in all regions of the country, and because of its success over a five-year period, it is being expanded to 12 additional communities.

Through a partnership between Robert Wood Johnson Foundation and the Kate B. Reynolds Charitable Trust, six of those communities are in North Carolina. All will begin operations before year-end and will serve youth in nine counties: Guilford, Rowan, Forsyth, Surry, Yadkin, Iredell, Orange, Chatham, and Cumberland. Each community site will be implemented by a team that includes roles vital to the success of the project: juvenile court judges, juvenile justice administrators, treatment providers, community members and a project director.





EL FUTURO

successfully serves North Carolina's most vulnerable populations

Since 2004, **El Futuro** has been providing quality behavioral health services, education, and best practice innovations in Orange, Chatham and surrounding counties. Although **El Futuro** serves all patients, most clients are Latino. This population faces numerous barriers to receiving services:

- Most do not have health insurance and cannot afford to pay for services.
- Most fear or distrust public institutions.
- Most cannot describe their problems in English and few providers are bilingual or culturally competent.

So what are the secrets of serving successfully? Luke Smith and his staff shared these helpful hints:

- Listen and learn from your clients. Tune in to the situations and feelings they share.
- Be their advocate. Make sure they know their rights and have the names and numbers of agencies that can speak to them in their own language.

The Kate B. Reynolds Charitable Trust has awarded a three-year grant of \$190,000 to **El Futuro** to expand services to our state's fastest growing population.



Greene County Integrates MENTAL HEALTH SERVICES At School-Based Health Center

When Greene Central High School students started classes in the fall, they were among the first in North Carolina to have access to mental health services on campus. Under a pilot program funded by the **Kate B. Reynolds Charitable Trust**, doctoral students from the East Carolina University Health Psychology program are on campus daily, seeing students at the school-based health center and working with school staff on student identification and assessment issues. Services target students who refer themselves or are referred by school personnel.

The need for enhanced mental health services for youth is well documented. **The U.S. Department of Health and Human Services estimates that nationwide, one in every five students has an identifiable mental health condition. According to a 2003 Commonwealth Fund study, 41% of children and adolescents who need mental health treatment do not receive it; among those without insurance, 66% do not.**

Local findings are just as alarming. **In a Youth Risk Behavior Surveillance Survey conducted by Greene County Schools in 2007, approximately 25% of middle and high school students reported using alcohol and/or marijuana, engaging in sexual behaviors, and experiencing serious feelings of sadness and hopelessness.**

In Greene County, more than 73% of students qualify for free or reduced lunch. Greene Central High School student population is 51% African-American and 9% Latino. Until this year, school-based mental health services were provided one day a week by a Marriage and Family Therapist who saw six students during each visit. The need for in-school services for students was exacerbated by the 2001 Mental Health Reform, which reduced accessibility to community resources as well.

Over the course of the new three-year program, an estimated 700 students will receive mental health services. Without intervention, these students are at risk for a host of problems, including gang membership, substance abuse, relationship violence, and dropping out of school. **Program planners anticipate that the services student participants receive will enable 75% of them to move from a clinical level of disorder to a non-clinical level.**

The National Center on Addiction reports that four out of five teens in the juvenile justice system are under the influence of alcohol or drugs while committing their crimes. Of those with substance abuse problems, 85 percent also have a mental health disorder. Yet, many do not receive treatment. Even those who do may be shuffled among fragmented services that aren't very effective.

But the good news is... treatment can be effective, especially when there is cooperation and coordination among service agencies. And when treatment is available, it can cut drug abuse in half, drastically reducing a teen's criminal activity.

The **RECLAIMING FUTURES** solution involves three essential elements:

1. **MORE TREATMENT:** teens are screened for drug and alcohol use upon arrest and a team is pulled together to develop a care plan that begins immediately.
2. **BETTER TREATMENT:** treatment providers are trained in practices proven to work with youth.
3. **MOVING BEYOND TREATMENT:** community members support teens when they return home.

The Trust has committed to a \$1.8 million investment in **RECLAIMING FUTURES**, a program for building brighter futures for troubled North Carolina teenagers.

- Four out of five teens in the juvenile justice system are under the influence of alcohol or drugs while committing their crimes.
- A disproportionately large number of teens in trouble come from low-income areas and communities of color.
- Nearly 85 percent of youth treated for substance abuse problems also have a mental health disorder.

Reforming

MENTAL HEALTH REFORM



Paving the way for Reforming MENTAL HEALTH REFORM

The following update on the status of mental health reforms in North Carolina is based on excerpts from a May 2008 presentation by RAN COBLE, Executive Director of the North Carolina Center for Public Policy Research. The Center is an independent, nonprofit organization dedicated to the goals of a better-informed public and more effective, accountable, and responsible government.

North Carolina's mental health reform can be traced to a 1960s nationwide trend toward moving those with mental health problems out of state institutions and into local, community-based treatment settings. The trend continued over the next four decades, and in 1999, the U.S. Supreme Court handed down the Olmstead decision, requiring states to place persons with mental disabilities in the least restrictive setting possible and in *community settings* rather than in-state institutions. Two years later, the North Carolina General Assembly passed the 2001 Mental Health Reform bill, which focused on deinstitutionalization and privatization of mental health services. The reform was intended to improve treatment for the mentally ill while providing good value for tax dollars.

Investigative Reporting Confirms Problems with the Reforms

In early 2008, *The News & Observer of Raleigh* published a series of articles confirming serious obstacles to the successful delivery of mental health services under the new system. **THE ARTICLES OUTLINED THE FOLLOWING ISSUES:**

- Funding for mental health services more than doubled to \$1.5 billion a year, with 90% going to community support. Only 4.9% was spent on the services mental health professionals regarded as likely to reduce the need for hospitalization. Not enough community care was available, and the number of state hospital admissions increased.
- Local governments, which were forced to stop offering treatment, were replaced by private companies. Most of the private company workers (98%) were high school graduates who were paid \$61 per hour to take patients to such activities as swimming or shopping – activities with little therapeutic value. At the same time, many seriously ill individuals had to go without treatment.
- Approximately \$400 million was wasted in the privatization effort. The N.C. Department of Health and Human Services has now demanded that providers repay \$59 million spent for medically unnecessary treatments.
- Twenty-five of the state's 100 counties have no practicing psychologist and 15 counties have only one, leaving county residents virtually without access to care.
- In state mental facilities, 82 patients have died under suspicious circumstances since December 2000; 192 state employees have been sanctioned for abuse, neglect, or stealing from patients; and all four mental hospitals have been threatened with a loss of federal funds due to mistreatment of patients.

FOCUS ON FIXING THE SYSTEM

North Carolina's focus is now on how to fix the system. **GOVERNOR EASLEY AND DEMPSEY BENTON, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, PROPOSED SEVERAL ACTIONS BY THE 2007-2008 LEGISLATURE:**

- More regional and state control over local offices.
- New funding for mobile crisis teams and short-term hospital beds.
- Changes in hiring authority and an increase in internal inspection teams.
- Authority to stop payments to private companies found taking advantage of taxpayers.
- Required reporting and review of all deaths in mental health facilities.
- Funding for 430 additional jobs in state mental hospitals and local mental health offices.

The 2008 General Assembly addressed some of these requests before its short session ended; however, the substantive reform of mental health reform remains and will be the task of the next governor and the 2009 legislature. (See [highlights of 2008 legislative action on back.](#))

WHAT DO THE CANDIDATES SAY?

Much of the success of reforming the mental health reform will rest on the shoulders of the next North Carolina Governor and the 2009 Session of the General Assembly. **HERE IS A QUICK SUMMARY OF THE CANDIDATES' PLANS FOR IMPROVING MENTAL HEALTH SERVICES, AS STATED BY THEIR OFFICIAL CAMPAIGN WEBSITES :**



Democratic Candidate BEVERLY PERDUE

- Establish hands-on, personal accountability by the governor by making unannounced inspections of mental health hospitals, local management entities and Health and Human Services.
- Extend the Community Care model of statewide case management to mental health services.
- Continue support for mental health parity and push for comprehensive changes to health insurance.
- Develop specialized mental health courts to focus on problem solving and sending at-risk and minor offenders with mental illness to treatment before they succumb to a life of habitual law-breaking.
- Focus resources in rural and underserved areas by expanding the Office of Rural Health's loan forgiveness initiative as incentive for mental health professionals to accept positions in rural areas of the state.
- Develop centers of excellence within colleges and universities to set high program and service standards, advance evidence-based models, and graduate highly trained professionals.



Republican Candidate PAT MCCRORY

- Establish citizen councils to review contracts and certify nonprofits.
- Stop closing hospitals and reducing the state's number of beds available to mental health patients.
- Work with providers and Local Management Entities (LMEs) to meet the needs of local communities for short-term care.
- Provide new leadership to help citizens with developmental disabilities, substance abuse, and mental illness to lead productive lives in local communities.
- Establish clear priorities that will re-introduce accountability, allow interagency coordination, and bring care to those who need it.

For additional details, visit the candidates' campaign websites, www.bevperdue.com and www.patmccrory.com.

Actions Taken by the 2007- 2008 General Assembly



During the 2007 Session of the General Assembly, lawmakers added **MENTAL HEALTH PARITY** provisions to the state's insurance statutes and increased funding for some mental health priorities. The article below is taken from information posted on the website of the Mental Health Association in North Carolina, Inc.

Mental Health Parity Now In Effect

House Bill 973, which adds provisions on mental health parity to the state's insurance statutes, was signed into law in 2007 and became effective July 1, 2008. The law provides that the following designated mental health diagnoses are covered at full parity with physical illness: bipolar disorder, major depressive disorder, obsessive compulsive disorder, paranoid and other psychotic disorder, schizoaffective disorder, schizophrenia, Post Traumatic Stress Disorder, anorexia nervosa, and bulimia. Parity means that no durational limits can be set in insurance or managed care plans for these diagnoses.

Other mental illness diagnoses are covered at "financial parity." In other words, deductibles, coinsurance factors, co-payments, maximum out-of-pocket expenses, and yearly and lifetime coverage limits must be the same as for physical illnesses.

For a full report on mental health parity, see the Mental Health Association's website, www.mha-nc.org.

2008 Legislative Funding

The 2008 General Assembly approved increased funding for designated mental health services, including the following: mobile crisis intervention teams, expanded local psychiatric inpatient capacity, increased staffing at state psychiatric hospitals, and an overflow unit (beds and staff) for Dorothea Dix Hospital.

Budget cuts were made in Medicaid for Community Support Service and in the Division of Mental Health/Developmental Disabilities/Substance Abuse Services.

For a budget summary of funding that impacts mental health services in the state, see the Public Policy Update – 2008 Legislative Budget Summary posted on the Mental Health Association's website, www.mha-nc.org.



Joyce Adger Announces Year-end Retirement

For the past eight years, JOYCE ADGER has been Director of the Poor and Needy Division of the Kate B. Reynolds Charitable Trust, but she played a significant leadership role even before she joined the staff.

Joyce's work with the Trust began when she was senior vice president and manager of North Carolina Charitable Funds Management at Wachovia Bank, which serves as Trustee and is responsible for administering Mrs. Reynolds' bequest. While at Wachovia, Joyce represented the bank in carrying out its fiduciary responsibilities. She also chaired the Poor and Needy Division advisory board for 21 years, chaired the Health Care Division advisory board for nine years, and served on the Trust's executive advisory council.

Since coming to the Trust in 2000, Joyce has been responsible for shaping the Poor and Needy Division's grant program, which currently invests approximately \$6 million annually in Forsyth County nonprofit agencies to address a variety of human services issues affecting the financially needy. She is a member of the Winston-Salem Community Development Support Collaborative Leadership committee, the United Way of Forsyth County Community Investment Cabinet, and the Forsyth County Aging Services Planning Committee, and she chairs the Winston-Salem Campaign Coordinating Committee.

Joyce has announced that she will retire December 31, 2008. To friends and co-workers, her announcement is bittersweet. We will miss her warmth and friendliness every day, but we celebrate her accomplishments and wish her a long and wonderful retirement.

DEADLINES

✓ Mark Your CALENDAR

Applications for consideration at the Winter meeting of the Poor and Needy Division Advisory Board are due to the Trust by **January 15, 2009.**

Applications for consideration at the Spring meeting of the Health Care Division Advisory Board are due to the Trust by **March 16, 2009.**

- Focus on Mental Health
- Looking for a Plan that Works
- What Do the Candidates Say?

in this
ISSUE

CATALYST

128 Reynolda Village | Winston-Salem, NC 27106-5123

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