



N.C. CENTER FOR
PUBLIC POLICY
RESEARCH

From The Center Out

The Newsletter of the North Carolina Center for Public Policy Research

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GOVERNANCE, COVERAGE, WORK FORCE, AND FUNDING VEX MENTAL HEALTH SYSTEM OVER THE YEARS

Reports of deaths of mentally ill patients in the state's care have shamed the state's mental health system for more than two centuries, says a new report by the N.C. Center for Public Policy Research. The Center said the ongoing reports of abuse and neglect are indications that problems remain with four systemic questions that undermine reform efforts again and again: the division of state and local responsibilities, how to define mental illness and which services the government should provide, the availability of a high-quality work force, and adequate funding.

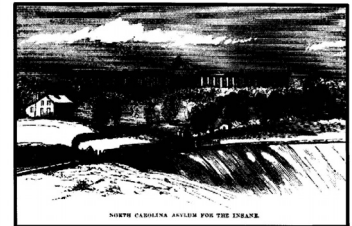
These issues were central to reforms in the 19th and 20th centuries, and they remain crucial today, said the Center in its history of mental health reforms in North Carolina. As legislators consider mental health reforms again this session, the Center said they need to answer these questions: What is the responsibility of each level of government for the welfare of those with mental illnesses? Which individuals and disabilities should be included in government-provided mental health care and what services should be paid for by the government? Is there an adequate supply of trained workers who can care for the mentally ill and provide treatment? And, how will the necessary services be paid for?

"Going forward, mental health reform will have to be a state priority both in times of financial prosperity and economic distress. Reform has to be a sustained effort," says Mebane Rash, the editor of the new report. "It is time for our state to stop being ashamed and start being proud of its mental health system."

History Repeats Itself

During the early 1800s, those with mental illness who could not be cared for at home often were housed in local jails. On March 14, 1803, *The Raleigh Register* reported that a brand new Salisbury jail had burned to the ground because of a faulty fireplace. The cries of Christian Brown, an insane man housed at the jail, alerted four other prisoners to the danger and allowed them to escape. But, Christian Brown burned to death in the fire. More than 200 years later, Steven Sabock choked on his medication, fell and hit his head, and then was left unattended in a chair sitting in his own urine for more than 22 hours before he died at Cherry Hospital in Goldsboro. As a result, the adult admissions ward at Cherry was closed, an independent hospital management team was brought in, the hospital was decertified to provide Medicaid and Medicare services, and the director of the hospital later stepped down.

In the mid-1800s, mental health reformers such as Dorothea Dix proposed building state asylums for the insane as a way to move the mentally ill out of local jails and into a system of public mental health hospitals to care for and treat citizens with severe and persistent mental disorders. But the asylum movement fell short on this goal for the same four reasons – unclear division of state and local responsibilities, the failure



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Reforming Mental Health Reform
The History of Mental Health Reform in North Carolina

by Alison Gray



NORTH CAROLINA CENTER FOR PUBLIC POLICY RESEARCH

to define which illnesses were covered and which services the government would provide, lack of a trained work force, and inadequate funding. At that time, local governments were unable to provide services for those who could be treated outside of state asylums, and this led to overcrowding at many state institutions. The work force was strained by staff shortages, high turnover, poor working conditions, and lack of training. Funding was a problem as the state asylums could not collect sufficient patient fees, and they had to deal with delinquent payments from local governments and inadequate state appropriations.

After World War II, mental health reform shifted its focus away from state institutions and toward providing care in community-based settings. There were many reasons for this shift. Effective psychotropic drugs were developed. Legal advocates for the mentally ill emerged, and the judiciary became more active in preventing state institutions from being used as warehouses for patients who were not severely ill. The quality and image of the state institutions declined. And, most significantly, the federal government began to show an interest in mental health policymaking and funding.

In 1999, the U.S. Supreme Court issued the *Olmstead* decision, which upheld the right of individuals to mental health treatment in the least restrictive setting possible. In addition, problems such as disparities in services among rural and urban counties, declining federal funds, higher levels of hospitalization, state psychiatric hospitals in disrepair, and a state audit critical of the mental health system all paved the way for mental health reform in the 2001 session of the N.C. General Assembly. The Mental Health System Reform legislation was passed in former Governor Mike Easley's first year in office, and just one month after the terrorist attacks of September 11, 2001. State budget crunches in 2001-02 and 2002-03 hindered the state's ability to fund this mental health reform fully, and mental health program funding was cut in 2003.

Was Privatization of Mental Health Services in 2001 Intended?

The 2001 reforms are known for two major changes in policy – a desire to move patients out of state hospitals and a move to have services provided by private companies. But the Center found that privatization of clinical services originally was not a central premise of North Carolina's 2001 reform. The real impetus for reform was separating the *management* of services from the *delivery* of services. In fact, the 2001 Mental Health System Reform Act revised state law to provide that the local management entities (LMEs) for mental health services could contract with “qualified public *or* private providers.” LMEs themselves are precluded from providing services without approval of the Secretary of the N.C. Department of Health and Human Services, but the law specifically allows LMEs to contract for services with other public providers. Representative Verla Insko (D-Orange), the sponsor of the 2001 bill, says, “It is true we wanted a firewall between the management of services and the delivery of services. . . . But it was only after the legislation passed that private providers and LME staff began to say the goal was to privatize, so that became ‘the truth.’”

The Importance of Leadership

The Center says an important catalyst for past mental health reform has been the emergence of leaders who tackled the topic at all levels of government – federal, state, and local. President John F. Kennedy and his brother Robert F. Kennedy, whose sister Rosemary was developmentally disabled and treated with a lobotomy, worked to promote policies that encouraged community-based care. President Jimmy Carter, whose cousin had mental health problems, worked to reduce the stigma associated with mental illness and increase the availability of services. Ralph Scott, a state Senator in North Carolina in the 1960s, became involved with the issue after a constituent told him the story of his mentally ill granddaughter and her need for services. And, Kenneth Royall, long-time chair of the state Senate Appropriations Committee, visited all of the state psychiatric hospitals to inform his decisions on appropriations and leadership of the Mental Health Study Commission.

Mebane Rash, editor of the Center's report says, "North Carolina is facing a \$4.6 billion shortfall for next year's budget. Unless someone steps forward now and takes the lead on this issue, nothing will happen during this budget crisis. Without a leader on this issue, we will be reforming mental health reform forever."

During her campaign for Governor, Beverly Perdue pledged to make unannounced, on-site accountability inspections of state agencies across the state. On January 23, 2009, she kept her promise, making her first stop at Cherry Hospital in Goldsboro. And, the Governor has pledged to work with the state Attorney General to increase transparency by making more information public when there is a death at a state facility.

News Coverage of the Center's Report

We didn't expect a report on the history of mental health reform in North Carolina to get much press coverage. But the media gave the report high scores. After a weekday news article on the report, a weekend editorial in *The News & Observer* of Raleigh said of the Center: "It's an organization that often takes on tough chores. If the nonpartisan, nonprofit N.C. Center for Public Policy Research were a child in a large family, it would be the dutiful one who was utterly dependable, not the prodigal son. Whether the issue is higher education, or community colleges, or money and politics, the Center's findings are solid and often helpful to lawmakers. So the group's look into mental health care in North Carolina is particularly timely. An initial rollout of some conclusions (more is to come) is informative and downright interesting.... The Center asks good questions that ought to be on the minds of state officials as they wrestle with the perplexing crisis in the mental health-care arena."

A *Charlotte Observer* editorial said, "The Center's report should be helpful in refocusing legislative and executive branch attention on fundamental questions." A *Spring Hope Enterprise* editorial said, "A new report on the state's mental health system this week puts its finger squarely on the foundation of many of the system's problems – a failure to address the most basic questions that must be answered before the state can effectively serve the mentally ill.... Instead of throwing out solutions willy-nilly and following none of them, perhaps state and local officials should begin by going back to square one and deciding how to answer the basic questions raised by the Center for Public Policy Research."

Insight editor Mebane Rash appeared on the Center's monthly radio program on WPTF radio, State Government Radio, and WRAL radio, as well as Time Warner Cable's News Channel statewide. She also appeared on "Open/net," a one-hour, live, call-in program broadcast statewide on cable TV by the N.C. Agency for Public Telecommunications. This program also is streamed over the Internet.

The Center's Three-Part Study on Reforming Mental Health Reform

The Center is conducting a three-part study on reforming mental health reform. We released this first part documenting the history of mental health reforms in North Carolina in April. Part two will be an in-depth evaluation of the 2001 reforms. Part three will review mental health systems in other states and provide a roadmap for how our state should move forward on this issue.

The Center's 146-page study of the history of mental health reform in North Carolina is a special report of our *North Carolina Insight* journal, published online. It is available free online to Center members or for non-members to download electronically for \$15. To order, call Tammy Bromley at (919) 832-2839, fax (919) 832-2847, or send an email to tbromley@nccppr.org.

LEGISLATURE GETTING OLDER AND YOUNGER

Despite having a sizable group of younger legislators this session, the trend continues for the legislature to have more members of retirement age. Legislators aged 65 and older comprised 57 of the 170 members (33.5 percent) at the beginning of the session this year. This is up from 46 of 170 legislators in the 1999 session, and 37 of 170 in the 1989 session. This is just one of the trends highlighted in the Center's latest citizens' guide to the legislature.

The 57 "gray panthers" who are 65 or older outnumber the 18 "young guns" who are 42 or younger. Yet seven of the 23 new legislators were 42 or younger on their first day on the job. Still, even though 15 of 23 new members of the legislature this year are younger than the people they replaced, the average age of legislators was 59 on opening day. In 1999, the average age was 57, and in 1989 it was 54. The five elder statesmen in North Carolina's legislature are Sen. Charlie Dannelly, 84 (D-Mecklenburg), Rep. Dewey Hill, 83 (D-Columbus), Sen. Harris Blake, 79 (R-Moore), Rep. Mickey Michaux, 78 (D-Durham), and Sen. Bill Purcell, 78 (D-Scotland).

The trend in the number of retirees serving in the General Assembly has been edging upwards over the last 20 years. In 1989, retirees comprised 16.5 percent of the legislature. By 1999, retirees made up 22 percent, and by 2009, 28 percent, or 47 legislators who are retirees. The record percentage of legislators who are retirees was set in 2007 at 30 percent.

"The aging of the legislature and the prevalence of retirees is related to the length of legislative sessions and the amount of time required for service in the legislature," says Sam Watts, policy analyst at the Center. "Legislative sessions now routinely last from January to August in odd-numbered years and from May to August in even-numbered years. Legislators also serve on study commissions between sessions. It's hard for anyone with a full-time job to commit to this level of public service."

North Carolina Legislature Older Than National Average

Nationally, 16 percent of legislators are 65 years of age or older, according to the National Conference of State Legislatures (NCSL). North Carolina's 33.5 percent greatly exceeds this national figure. NCSL says that the increase in the number of retirees in legislatures across the country is the reason for increases in the average age of state legislators. The current average age for legislators nationally is 56 years old, three years younger than North Carolina's average of 59.

In North Carolina, 2.4 percent of General Assembly members were 34 or younger on opening day. According to NCSL, 3 percent of legislators are 34 or younger nationally. The five youngest legislators in the N.C. General Assembly are: Rep. Justin Burr, 23 (R-Stanly), Rep. Tricia Cotham, 30 (D-Mecklenburg), Rep. Bryan Holloway, 31 (R-Stokes), Sen. Andrew Brock, 35 (R-Davie), and Sen. David Rouzer, 37 (R-Johnston).

A majority of states have minimum age requirements for state legislative candidates. Candidates for the state House in Arizona, Colorado, and Utah must be at least 25 years of age. Candidates for the state Senate in Kentucky and Missouri must be at least 30. North Carolina, North Dakota, Ohio, and Vermont are the only states that do not impose any age requirements on legislative candidates.

ARTICLE II A Guide to the 2009–2010 North Carolina Legislature



by Sam Watts

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“Having the age breakdown skewed toward the older end can make a difference in public policy debates,” says Watts. “Legislators over 65 have a deeper knowledge of issues affecting the state’s growing aging population, but may have less understanding of issues that affect younger North Carolinians. By contrast, legislators under 40 may know more about technology issues such as bills to ban texting or using cell phones while driving.”

A Record Number of African Americans and Women

The 2009 General Assembly also has a record number of African Americans and women members. Thirty legislators, or 18 percent of 170 legislators, are African Americans. In 1968, Henry Frye (D-Guilford) was the first African American elected to the General Assembly since the 19th century. Frye later served as Chief Justice of the N.C. Supreme Court. The longest-serving African American in the 2009 General Assembly is Representative H.M. “Mickey” Michaux (D-Durham), who is serving his 16th term. Michaux is the Senior Chair of the House Appropriations Committee.

Forty-three women now serve in the General Assembly, tying a record set last session. Lillian Exum Clement of Buncombe County was the first woman to serve in the legislature in 1921, but even as late as 1971, only two legislators were women.

According to the Center for American Women and Politics at Rutgers University, North Carolina is now 20th highest among the 50 states in the percentage of women in its legislature, with 25.3 percent (43 out of 170 legislators). Nationally, the average is 24.2 percent female legislators, with Colorado the highest at 39 percent. South Carolina is lowest, with women comprising only 10 percent of its 170 legislators. North Carolina leads the South in the percentage of female legislators and also has its first female Governor in Beverly Perdue.

Other Trends in the Legislature

The Center notes these additional trends in the legislature:

*Eighteen House members and seven Senators first came to the legislature through appointment to a vacant seat.

*The number of legislators who are lawyers has rebounded. In 1971, 68 of 170 legislators were lawyers. This number declined to 32 in 1995 but increased to 40 lawyers in 2007 and remains at 40 in 2009.

*In addition to law, the leading occupations for legislators are business and sales (32), education (22), and real estate (13).

*Rank-and-file legislators in North Carolina receive \$13,951 in annual salary, \$559 per month for expenses, and \$104 per diem for each day the legislature is in session. The salary was last increased in 1994. Legislators also are reimbursed 29 cents per mile for weekly travel to and from Raleigh.

A pocket-sized *Supplement to Article II* contains important information for citizens, lobbyists, and reporters, including all committee assignments and each legislator’s political party affiliation, home county, current legislative office address and telephone number, e-mail address at the General Assembly, and legislative seat number. The supplement also contains seating charts, committee meeting schedules, and deadlines for introducing various kinds of bills and resolutions.

A set of the 246-page *Article II: A Guide to the 2009-2010 N.C. Legislature* and the *Supplement* with committee assignments is available for \$25, which includes sales tax, postage, and handling. To order, visit the Center’s website at www.nccppr.org. If you have any questions, call Tammy Bromley at (919) 832-2839, or email tbromley@nccppr.org.

Special Thanks to Our Foundation and Corporate Contributors January 1 – May 5, 2009

The Center recognizes and thanks the The Park Foundation and The Z. Smith Reynolds Foundation for their generous support. In this tough year economically, we especially appreciate the \$110,000 in general operating support we receive from **The Z. Smith Reynolds Foundation**. We also thank **The Park Foundation** for its grant of \$15,000 in general operating support and **The Ettinger Foundation** for its contribution of \$1,000.

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In the future, many of our publications will be made available online. In preparation for this, we recently did a mailing to all our current members to obtain email addresses. The response was fantastic! But we want to make another appeal to our members who have not yet responded. If you have access to a computer and have an email account, please send an email to Tammy Bromley at tbromley@nccppr.org. Not only will you be helping the Center go “greener” and help us save on printing costs, you also could receive future publications faster. If you still want paper copies, we need to know that too. We need to know what our Center members want. Thank you!

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