Early on mental health advocates expressed concern over the bill’s provisions to bring persons who qualify for Medicaid under the “permanently and totally disabled” category, a category often used to qualify persons with mental illness into managed care. Managed care is already a reality for most children served under the various MC Plus programs. Most child advocates agree MC Plus has a dismal track record of meeting the needs of children with psychiatric illness and their families. Moreover, NAMI opposes all forms of managed care for children and adults with serious mental illness.

On March 15, Senator Shields provided some relief in a (committee) substitute bill. In the substitute, rehabilitation services provided by the Missouri Department of Mental Health will continue to be covered and reimbursed by the Department, even if the consumer chooses one of the two managed care plans outlined in the HealthNet program proposal. A third option is patterned after the current fee for service model the state is currently using.

Advocates can also cheer HealthNet’s proposed extension of Medicaid benefits to children aging out of foster care up to age 25. We urge our legislators to consider including children receiving mental health services in this provision. Our state lacks adequate transition services for adolescents, leaving them with few options during the most vulnerable and risky time of their lives.

Analyzing the HealthNet proposal is much like trying to hit a moving target. More changes will come as the bill moves onto the Senate floor for debate and then on to the House. Few in the disability advocacy community are comfortable with the proposal as it now stands (late March).

A major criticism of SB 577, is its lack of Medicaid restorations. While the proposed changes to Medicaid are numerous, SB 577 does not restore health care coverage to any of the 90,000 children or adults removed from Medicaid in 2005. Nor does it provide relief to those who must meet high monthly “spend down” amounts in order to qualify.

Another bill (SB 581 filed by Senator Wes Shoemeyer) restores all the 2005 cuts, removes the Medicaid expiration date and instructs legislators and other leaders to work with citizen and professional stakeholder groups to come up with a reform package. This bill was heard by Senator Chuck Purgason’s Senate Health & Mental Health Committee in early March. At this writing it is “stuck” in committee.

Until there is a cure,
Cindi Keele, Executive Director
IN THE KNOW

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Jacque Howard
Wanda Smith
Cely Marshall
Ken Jones

Nominating Committee
To be appointed

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Sonya Baumgartner-Membership Services Coor.
Sherry Fischer-Administrative Assistant
Alice J. Kliethermes-Consumer Services Coor.
Joyce Bush-Parent Ed. & Support Coor.
Ruth Thompson-Parent Ed. & Support Coor.
Karren Jones-Office Support Volunteer
Barbara French, Outreach Specialist

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NAMI Jefferson City
NAMI Columbia
NAMI Joplin
NAMI Southwest Missouri
NAMI St. Joseph
NAMI St. Louis
NAMI Central Ozarks
NAMI Moberly
NAMI Cape Girardeau
NAMI Southeast Missouri
NAMI Lake Ozark

All NAMI affiliates have support groups.
A NAMI support group also meets in Sedalia and West Plains.

NAMI Missouri is the chartered state organization of the
National Alliance on Mental Illness

Every Penny Counts!
We Have NAP Tax Credits Left, But YOU Must Donate Before July 1, 2007.

Here’s your chance to donate to a worthy cause and reduce your state tax burden. Yes, we still have Neighborhood Assistance Program Tax Credits available at the rate of 50% of your donation.

Landlords, Mary Kay and Avon salespersons, insurance companies, banks, S Corporations other businesses and business owners qualify for this special state tax credit.

It’s easy. Just donate to NAMI MO and tell us you want to apply for the NAP tax credit. We will do the rest. And you can even claim this tax credit IN ADDITION TO your usual state and federal charitable giving tax deductions!

NAMI’s Steve Wilhelm, CPA provides the following example of how this tax credit would impact a donor in the 30% tax bracket.

Actual Contribution ................................. $1000
Federal Tax Deduction .............................. 310
State Tax Deduction ................................. 60
NAP State Tax Credit .............................. 500
Net Cost to Donor ................................ just $300!
NAMI MO Chosen for Pilot Consumer Program

We want to express our gratitude Kathleen McNulty and Joyce Burland, Ph. D. for choosing Missouri as a pilot site for the new NAMI Consumers Advocating Recovery & Empowerment (NAMI CARES). More than 25 consumer support group facilitators received NAMI CARES training in late March in St. Louis to prepare them to launch weekly support group meetings in their respective communities.

We are especially grateful to NAMI for picking up the tab. This pilot comes just as our three-year Missouri Foundation for Health consumer programs grant expired. NAMI CARES will work hand-in-hand with the NAMI Peer-to-Peer course. We are seeking funds to train consumer mentors and purchase materials for this course.

Tax deductible donations toward the PTP Peer Education Program Fund can be made to NAMI MO, 1001 Southwest Blvd., Suite E, Jefferson City, MO 65109.

Federal Judge Finds Medicaid in Violation of Federal Law

Judge Dean Whipple and the Eighth district Court of Appeals recently ruled that when Missouri chose to cover some durable medical equipment it violated federal law by arbitrarily deciding to cover some things, but not others. For example, Missouri Medicaid covered wheelchairs, but not the batteries to run them or the pads that prevent patients from getting painful and life-threatening bed sores.

The state is required to pay for all durable medical equipment until April 8. At that time the state must have new rules for its durable medical equipment (DME) system.

While legislators could choose not to cover any durable medical equipment. Such a decision would be a blow to Medicaid recipients and would not help the disabled plaintiffs who filed the suit, however it would be within the confines of the law.

This scenario seems unlikely. It makes no sense to cover treatment and deny coverage for the equipment that must accompany that treatment. Moreover, our state has a surplus this year and can easily afford to cover these items. At a time when a growing contingent of legislators who voted for the massive Medicaid cuts admit they made a mistake, another cruel cut seems risky.
Mark your calendars for November 9 & 10, the NAMI MO Annual Conference at The Resort at Port Arrowhead at Lake Ozark. This year’s conference features a stellar mix of national luminaries and homegrown experts. Here’s a preview.

The 2007 Conference Committee, Rob Bowling, Barb French, Jacque Howard, Sherry Fischer and Cindi Keele has been hard at work.

This year’s program will feature a keynote by Moe Armstrong, renowned consumer advocate, NAMI Board member and NAMI Veteran’s Council leader. Mr. Armstrong is a popular speaker who has appeared on Larry King Live.

Renowned clinical researcher and speaker Nancy Hale, B.S., R.N. will present 2 workshops; Women & Depression and Treatment Update; Schizophrenia & Schizoaffective Disorder.

Back by popular demand (yes, we actually read those evaluations) is Christy Hutton, MSCW, LCSW on Dialectic Behavioral Therapy for Borderline Personality Disorder.

Other subject include (but are not limited to) Friendship, Marriage & Mental Illness, Medical Family Therapy, Growing Up With Mental Illness:Breaking Stereotypes and Medication Update.

As is our custom, we will offer a registration fee reduction to NAMI members in good standing.
Is It Time to Renew Your Membership?

Check Your Label

There’s something new on your address label, your membership expiration date! It lets you know when its time to pay your dues and renew your membership. If your label is blank, your membership expired a very long time ago.

Dues are shared at among three levels of NAMI, national, state organization and local affiliate at the rate of $10 to NAMI national, $8 to NAMI MO. The remainder stays with your local affiliate/chapter. In the case of open door, or low income reduced dues, shared amounts are determined by your local affiliate/chapter.

Member’s dues go to support local activities and provide vital support to NAMI Missouri’s presence at the state capitol. Member benefits include the NAMI MO newsletter, the NAMI national Advocate magazine and reduced fees for the NAMI MO annual conference. Membership in good standing is a requirement to qualify for NAMI MO sponsored trainings such as NAMI C.A.R.E.S., Family-to-Family teacher training and In Our Own Voice speaker training.

Memorial Tributes

A memorial tribute in memory of
Vivian Russell
NAMI volunteer, by Karren Jones

A memorial tribute in memory of advocate
Zofia Saunder’s daughter
Julia Sarroski
by Jeanette Parker-Small

A memorial tribute
by Shirley Clark in memory of
Zoe Halliday

Tributes in memory of former vice-presidential candidate
Senator Thomas Eagleton
by Linda Myers, Spikard
Mark Johnson, Holts Summit
Cindi Keele, Holts Summit
Visions for Tomorrow Teachers
Earn New Certification

Six veteran Visions for Tomorrow parent course teachers earned new
certification to teach the new, improved and updated VFT course,
including the new 2-day format. The 2-day format can be offered over
a weekend, a good option for working parents.

Veteran teacher trainers Marie Allen and Barbara French are pleased to
report the following graduates:

- Joyce Bush, Camdenton
- Laura Jones, Cape Girardeau
- Ruth Thompson, Eldon
- Joyce Johnston, St. Louis
- Cinda Holloway, Fort Leonard Wood
- Christine Nelson, Waynesville

Missouri was among the first states to adopt the Visions for Tomorrow Course, developed by
NAMI Texas. The course is designed for parents, foster parents, custodial grandparents and
other direct caregivers of children with mental health needs.

Upcoming Course Starts

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<thead>
<tr>
<th>Location</th>
<th>Date</th>
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<tbody>
<tr>
<td>Kansas City</td>
<td>4-16</td>
<td>Frank &amp; Tammy Bair</td>
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<tr>
<td>Rolla</td>
<td>June 12</td>
<td>Mary &amp; Mike Brooks</td>
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<tr>
<td>St. Louis</td>
<td>September/Fall</td>
<td>6 Courses Planned</td>
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<tr>
<td>Springfield</td>
<td>April 20 &amp; 21</td>
<td>B. French &amp; Marie Allen</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assistant – Diane McCauley</td>
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<tr>
<td>Eldon</td>
<td>May 11 &amp; 12</td>
<td>Joyce Bush &amp; Ruth Thompson</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
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| April 14   | NAMI MO Board Meeting  
Jefferson City                                    |
| March 3    | Visions for Tomorrow Teacher Recertification  
New Materials & Program                           |
| April 18   | Mental Health Awareness Day at the Capitol                                     |
| May 7      | Children’s Mental Health Week  
Press Conference  
Capitol Rotunda                                    |
| June 20-24 | NAMI National Convention  
San Diego                                           |
| Aug. 10-12 | Family-to-Family Teacher Training                                                 |
| Sept. 21-22| In Our Own Voice Speaker Training                                                 |
| Oct. 7-13  | Mental Illness Awareness Week                                                     |

**To be Scheduled as Soon as Funds are Raised**  
(Contributions Cheerfully Accepted)

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<tr>
<th>Event Description</th>
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<tr>
<td>Family-to-Family Support Facilitator Training</td>
<td>$6000</td>
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<tr>
<td>NAMI Recovery &amp; Support Group Facilitator Training</td>
<td>$6400</td>
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<tr>
<td>Visions for Tomorrow Teacher Training (new materials)</td>
<td>$5200</td>
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<tr>
<td>NAMI 10 Week Provider Course Instructor Training</td>
<td>$7500</td>
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Improving the Mental Health & Well-being Of America’s Children

A coalition of six major national organizations recently came together to promote improvements in mental health treatment and services for children. Here are their findings.

The Facts

Serious emotional and mental disorders in children are real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of these disorders. (Mental health: A Report of the Surgeon General, 1999).

1. 10% of children and adolescents in the United States suffer from serious emotional and mental disorders that cause significant functional impairment in their day-to-day lives at home, in school and with peers (Mental Health: A Report of the Surgeon General, 1999).

2. In any given year, only 20% of children and adolescents with mental disorders are identified and receive mental health services (Mental health: A Report of the Surgeon General, 1999).

3. Treatment of many serious emotional and mental disorders is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated to be effective for many childhood disorders. (Mental Health: A report of the Surgeon General, 1999).

4. Untreated, these disorders can lead to devastating consequences for children.

• Unidentified and untreated mental disorders can mean the loss of critical developmental years and can lead to youth suicide, school failure and involvement with the juvenile justice and criminal justice systems.

• Approximately 50% of students with a mental disorder age 14 and older drop out of high school—the highest dropout rate of any disability group (U.S. Department of Education, 2001).

• Suicide remains a serious public health concern and is the third leading cause of death in youth aged 10-24. More youth and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined (National Strategy for Suicide Prevention, 2001). Research shows that 90% of people who die by suicide suffer from a diagnosable and treatable mental illness at the time of their death (Mental Health: A report of the Surgeon General, 1999).
70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired (Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006).

The Value of Early Identification and Intervention

1. Mental health is central to the health and well-being of children. Those living with emotional and mental disorders must be identified early and linked with effective services and supports to avoid losing critical developmental years that will simply never be recaptured.

2. Parents play a crucial role in the identification and treatment of childhood emotional and mental disorders. They must drive decisions related to the identification and treatment of mental disorders to help achieve the best outcomes for their children.

3. Schools are in a key position to identify mental health concerns early and to openly communicate concerns with parents. Strong school mental health programs and open communication with families can help to reduce the pain and suffering all too often experienced by youth with undiagnosed and untreated mental and emotional disorders.

4. Treatment decisions must always be made by the parents of the child, in close consultation with a treating physician, and not with any pressure from the school system. Federal law prohibits schools from requiring a child to be placed on medication as a condition for attending school. It simply should never happen in any school in America.

Take Action

We call on you to reject attacks on children’s mental health, mental health screening, and the use of medications to treat serious emotional and mental disorders. These attacks often lack reliable data and research to support them and reinforce harmful myths and stereotypes that drive up stigma.

As a coalition of family and provider organizations, we stand ready to work with you to improve children’s mental health and well-being in America. We look forward to working with you to ensure the development of effective systems of care and services for children and families.

Coalition Partners

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Child and Adolescent Bipolar Foundation (CABF)
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)
- Federation of Families for Children’s Mental Health (FFCMH)
- Mental Health America (MHA – formerly the National Mental Health Association)
- National Alliance on Mental Illness (NAMI)
Children’s Mental Heath Week

The first full week in May (Mental Health Month) is Children’s Mental Health Week. This is a time when parent groups, child health advocates, community mental health centers and others throughout Missouri celebrate with a variety of community-based social, awareness and education activities. It’s a perfect time to take stock of our accomplishments and honor the children and parents who strive for wellness and resilience daily. Its also a perfect time to strike a blow at ignorance and its nasty by-product .. stigma.

Mental health problems are painful—emotionally, spiritually and socially—especially for children and adolescents. Words that make fun of psychiatric disorders create a sense of shame, feelings of unwarranted guilt and lowered self-worth. For a child with mental health needs, this “stigma” is often the greatest barrier to a complete and satisfying life.

This year, as in previous years, NAMI’s members will serve on Children’s Mental Health Week planning committees. We hope groups will consider adding a public education activity if they do not already have one. Public education is a powerful tool for changing misconceptions. Activities such as appearances on local radio or television talk shows, fact-filled press releases, speakers for local clubs and service organizations are good examples. In our experience, parent/professional and youth presentations are particularly well received. Research shows stigma diminishes when accounts of personal lived experiences are shared.

Groups may also want to check out the new SAMHSA/Ad Council campaign entitled “It Takes a Friend”. One ad’s message, targeted to youth and young adults is about the importance of friends in a young person’s recovery is, in my opinion, outstanding. It is currently being promoted by the Missouri Department of Mental Health, NAMI and others. Contact Rita McElhaney, at DMH central at Rita.McElhaney@dmh.mo.gov for details.

Whatever your group, mental health center or community does this year, we THANK you. Working together, we make a difference.

Families as Advocates, Coming Together for Kids

The title of this article is the registered name of Missouri’s first multi-interest, multi-organization network for children (and their families) with mental health needs. Its purpose is to increase the family/child mental health advocate voice throughout Missouri. We feel a vast untapped resource resides in families, providers, mental health professionals and other advocates.

Families as Advocates is patterned after similar networks for adult mental health issues, the Federation of Advocates for Mental Health and Substance Abuse Services and for those with developmental disabilities, Partners in Policy. These networks have played a significant role in system improvements.

The network is new, still in its infancy. Membership is free any organization or individual in Missouri with a sincere desire to work with others to advance child mental health goals are welcome. For more information, contact Ruth Thompson at 1 800 374-2138 or email namimochildren@aol.com.
As Money Dwindles, Providers Struggle Too
by Francie Broderick, Executive Director
Places for People. St. Louis

A friend of mine died recently. Arthur was a man with multiple challenges: psychiatric, developmental and medical. But he also was a man of great personal warmth, kindness and a determination never to give up his independence – even as his illness made it harder and harder for him to move from place to place with his oxygen tank in tow.

Decades ago, Arthur would have spent his life in an institution and probably would have died there, mostly alone. But his life was not lived like that, nor did it end like that. He had a wife, an apartment, a church community and a group of close friends. Many of these, along with many of his community support workers, were in the hospital room with him, praying with and for him. The funeral service at his church, Grace and Peace Fellowship in the Central West End, was a celebration of his life.

I think of this now because just days before Arthur died, I was ready to give notice, quit, retire, run away. Since 1972, I have been working with people with serious psychiatric disorders. It has been my privilege and blessing to do so, but with each recent year it has become harder and harder.

Our funding from the state never has been enough to serve all those who need services, but the situation has risen to crisis levels in the past few years. Like all businesses, our expenses increase each year. Reimbursement rates from the hospital room do not. When the Medicaid cuts of 2005 hit, some of our clients lost eligibility, but we kept serving them anyway and stepped up efforts to increase our contributions from private donors.

Now, we are rapidly reaching a point of diminishing returns. We can’t keep performing the miracle of loaves and fishes much longer.

This year, I had hoped that Gov. Matt Blunt would use part of the surplus in state revenue to restore some of the cuts to the budget of the Department of Mental Health and offer a rate increase for community providers like us who have received only a 1.5 percent increase in the past several years. The Mental Health Commission, recognizing our funding crisis and our crumbling support network, had recommended an 8 percent increase.

The governor recommended nothing. That was the first blow. Then the Healthnet plan – the state’s proposed replacement for Medicaid – was unveiled. It is a potential disaster for people with serious mental illness.

Healthnet automatically would assign people to managed care plans. It would require supposedly good behavior to earn credits for additional basic health care services. Neither of these approaches ever has worked for people with serious psychiatric disabilities. In fact, there is evidence that such approaches lead to less care and some people dropping out of services altogether.

When I saw the details of this plan, I said to myself, “This is it. I can’t fight this fight anymore. It’s time to move to the desert, to go to sleep at night without worrying about budgets and numbers and the people I left on the street.”

Then Arthur died, and I remembered how important we had been to his life. We helped set him up in an apartment and learn to budget his money and pay bills. We helped manage his medical and psychiatric care, provide assistance when he was in crisis, learn his way around the community – including helping him go to his church – and provide a day program where he made friends and was a regular worker in our snack bar.

Then I drove to work, and I saw all the people heading into Places for People, people whose lives have been more difficult than anything I could imagine, people whose untreated mental illnesses often had left them victimized, imprisoned or alone. But they haven’t given up.

Then I watched my young staff arrive. I knew that most of them had worked a second job the night before because their salaries here are so inadequate that they need at least two jobs to make ends meet. And here they were, ready to work another day and make a difference.

And I thought, “What a baby I am. If these folks can go on to fight another day and work on behalf of others who need our help, so can I.”

I just wish the fight didn’t feel so lonely sometimes.

Francie Broderick of University City is director of Places for People, a nonprofit mental health center based in St. Louis. This article originally appeared in the St. Louis Post Dispatch.
JOIN US!

Every membership strengthens our effort. If you belong to an NAMI chapter, you are already a member of NAMI Missouri. If no chapter exists in your area, or you prefer to join independently, you may take out an at-large membership. All members receive the quarterly *NAMI Missouri* newsletter and the *Advocate*, the bi-monthly magazine of NAMI and other member benefits such as Affinity low cost long distance service and Advocacy Online (by request) and reduced NAMI Missouri Conference fees.

**All Donations and Contributions are Tax Deductible**

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