



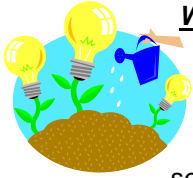
NAMI – GREATER DES MOINES

AFFILIATE AND SUPPORT GROUP NEWSLETTER

January 2006

“Support, Education, and Advocacy”

<p><u>Education and Support Group</u> Meetings are generally the 1st Sunday of the month from 2 - 4 PM at Iowa Lutheran Hospital, Level B conference room. Dates on Sundays other than the 1st Sunday of the month are due to holidays or other special scheduled events.</p>		<p><u>Business and Committee</u> Meetings are the 2nd Thursday of the month at 4 P.M. at the NAMI-Iowa Office.</p>	
<p>Jan. 8</p>	<p><i>New Officers and Board of Directors installed</i></p> <p>We have invited Dan Flaherty, Family Advocate, with the Polk Co. District Attorney's office to speak on civil commitment – “It is a civil action to obtain medical assistance, not a criminal action.”</p>	<p>Jan. 12</p>	<p>We will be discussing and planning around the following topic areas:</p> <ol style="list-style-type: none"> 1. Business 2. Marketing and Membership 3. Support
	<p>Thursday, Jan. 19</p>	<p>Mental Health Awareness Day at the State Capitol - Location is in the rotunda space on the first floor. * See Mental Health Advocacy talking points later in this newsletter.</p>	
	<p>Wednesday, Jan. 25</p>	<p>The Virtual Hallucination Machine (VHM) (from Jansen Pharmaceutica) will be available for Des Moines Police Dept. officers to experience in a training exercise. (NAMI-GDM arranged for this)</p>	
<p>Feb. 5</p>	<p>Nancy Hale, BS, RN – will give a presentation on bipolar disorder and the new Bipolar Genetics Study at U. of Iowa</p>	<p>Feb. 9</p>	<p>We will be discussing and planning around the following topic areas:</p> <ol style="list-style-type: none"> 4. Education 5. Advocacy
	<p>Weekend of March 3-5</p>	<p>Family to Family Teacher training – All expenses paid by NAMI-Iowa. Location to be announced. Please contact Carol Porch at 319-351-4398 or leave a message at 800-417-0471 or e-mail porch@avalon.net for further details. <i>To date, 87 lowans have completed the teacher training.</i></p>	
<p>March 12</p>	<p>The meeting will be at an alternative location – “Out of the Shadows” -1 hr movie presentation & panel of experts & dessert will be served (free event). Reunions for Family to Family classes, Peer to Peer classes, and Visions for Tomorrow classes. Contact your classmates!! More information is forthcoming.</p>	<p>March 9</p>	<p>We will be discussing and planning around the following topic areas:</p> <ol style="list-style-type: none"> 6. Fundraising 7. Special Events
	<p>Thursday, March 9</p>	<p>Free!! Family to Family class starts (12 weeks) Call NAMI-Iowa office to sign up – 254-0417. 6:30 P.M. to 9:00 P.M. at the NAMI-Iowa office, 5911 Meredith Drive, Suite E, Des Moines. <u>Severe mental illness is traumatic to the entire family</u> - you might consider asking other family members to attend with you—a friend, a parent, spouse, a sibling, or one of your children (must be at least 14 years old). <i>1000+ persons in Iowa have completed the course.</i></p>	
	<p>Wednesday, March 29</p>	<p>Advocating Change Day – at the State Capitol – more details forthcoming.</p>	
<p>April 2</p>		<p>April 13</p>	
<p>May 7</p>		<p>May 11</p>	
<p>June 4</p>		<p>June 8</p>	
	<p>June 28- July 2</p>	<p>NAMI National Annual Convention – “Changing Minds, Changing Lives, Keeping the promise” at Washington (D.C.) Hilton Hotel. Check www.nami.org for more information and early bird rates.</p>	
<p>July 9</p>		<p>July 13</p>	
	<p>Weekend of July 14-16</p>	<p>Family to Family Teacher training – All expenses paid by NAMI-Iowa. Location to be announced. Please contact Carol Porch at 319-351-4398 or leave a message at 800-417-0471 or e-mail porch@avalon.net for further details.</p>	
<p>Aug. 6</p>		<p>Aug. 10</p>	
<p>Sept. 10</p>		<p>Sept. 14</p>	
<p>Oct. 1</p>		<p>Oct. 12</p>	
<p>Nov. 5</p>		<p>Nov. 9</p>	
<p>Dec. 3</p>		<p>Dec. 14</p>	



WANTED – YOUR IDEAS YOUR INPUT

In order to give our full attention at our Sunday meetings to education and support, we are scheduling a separate day and time devoted to the business side of NAMI-Greater Des Moines.

We invite everyone to join the Board of Directors and Officers to discuss and plan for NAMI-Greater Des Moines at our Thursday meetings.



No One is to Blame

Having a mental illness does not mean that there's anything inherently wrong with you. Having a brain disorder does not affect your worth as a human being or encapsulate who you are any more than being diabetic would. In spite of their illnesses, **all people are valuable and have much to offer others.** Some of the most courageous people in the world are those who are living daily with the realities of having a brain disorder. They and their families should be looked upon for wisdom and guidance.

Early Intervention Recommended - Treatment Delays Worsen Issues

One half of all lifetime cases of mental illness begin by age 14. Despite effective treatments for the disorders, there are long delays between the onset of symptoms and seeking treatment.

The median treatment delay for all disorders is about a decade. Disorders that emerge in childhood are associated with the longest delays in treatment, even though childhood disorders are often more serious than those that strike later in life.

According to the researchers, early treatment is simpler and could prevent "enormous disability" later. It also halts the development of co-occurring disorders, which are particularly difficult to get under control. Episodes can increase in severity and frequency, and grow resistant to treatment when left untreated for extended periods.

Mental health problems are real, common, and treatable. Seeking help is not a sign of weakness – taking care of yourself is an act of strength.

Acceptance

From In Our Own Voice

Learning to accept the reality of having a serious mental illness is quite a challenge. It can be hard for anyone to come to terms with having a serious illness, no matter what it is, but acceptance is essential to beginning recovery.

While there is nothing you can do to change the fact that you have a mental illness, you decide how to

respond to it. You can make choices that will help you lead the life you want. Please remember – you are not your illness, you are living with an illness!!

With acceptance, you can again begin to take control of your own life. Being a victim is not acceptable.

Recovery is possible. With the right treatment and support, you can lead a full and productive life.



Facts About Mental Illness

- Mental illnesses are more common than cancer, diabetes, or heart disease.
- One in five people have a mental illness.
- Mental illness can strike anyone. It knows no age limits, economic status, race, creed, or color.
- Mental illnesses strike individuals in the prime of their lives, often during adolescence and young adulthood. All ages are susceptible, but the young and the old are especially vulnerable.
- Mental illnesses are biologically based brain disorders. They cannot be overcome through "will power" and are not related to a person's "character" or intelligence.



Myths About Mental Illness

- People with mental illness can never be normal.
- Mental illness is a result of bad parenting.
- People with a mental illness, especially a severe one, are always more violent.
- Mental illnesses are temporary.
- Mental illnesses can be willed away. Being treated for a psychiatric disorder means an individual has in some way "failed" or is weak.



Peer to Peer

Peer to Peer is a 9 week course for individuals with severe brain disorders. Each 2 hour session is taught by a NAMI Iowa team of three trained "mentors" who are personally experienced at living well with mental illness.

Participants come away from the course with a binder of hand-out materials, as well as other tangible resources such as: an advance directive, a "relapse prevention plan" to help identify feelings, thoughts, behaviors or events that may warn of impending relapse; information on how to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

Class topics include: stigma and discrimination, relapse prevention planning, story telling, language, emotions, addictions, spirituality, medication, coping strategies, decision making, relationships, empowerment, and advocacy.

Call the NAMI-Iowa office to sign up for Peer to Peer—515-254-0417.

Mental illnesses can profoundly disrupt a person's thinking, feeling, moods, ability to relate to others and capacity for coping with the demands of life.



Need Help Paying for Medicine?

The Partnership for Prescription Assistance can give you a helping hand. Call 1-888-477-2669 or visit www.pparx.org to see if you may qualify.

Drug Discount Card

Polk County residents without full health insurance coverage can save on prescription drugs under a county sponsored drug discount program. Discounts average 20% and can be used at more than 100 pharmacies throughout the county.

The cards are available at the county health department, Broadlawns Medical Center, senior citizen centers and other sites. There are no income or age restrictions. While anyone can use the cards for drugs not covered by an insurance plan, the program targets those without insurance. For a complete list of card locations or a list of participating pharmacies, call 286-3895.



Post Traumatic Stress Disorder

PTSD is a huge problem for soldiers returning from the Iraq War. The Iowa National Guard has established *Enduring Families* – a program staffed by guard personnel, volunteer mental health providers, and the statewide Crisis Intervention Stress Management (CISM) network. The program is mandatory for all returning soldiers.

Enduring Families provides day long debriefing sessions to educate soldiers and their family members about stress management, PTSD, and a variety of other subjects that might apply to the reintegration/reentry process. They have separate groups for single soldiers, parents, and spouses/significant others (in order to address different personal issues that may arise for each group). They are currently in the process of creating curriculum for children of soldiers as well. The sessions are based on peer support and guided by trained volunteers (they are not therapy sessions). It's a great opportunity for soldiers and their family members to open up and share about the difficulties of integrating back into families and civilian life.



VA to Open Mental Health Centers of Excellence – Excerpt from Fednews-Online 12-12-05

The Dept. of Veterans Affairs announced last week it was creating 3 Mental Health Centers of Excellence. The MCHC will be dedicated

to advancing research and enhancing care for mental health issues that affect veterans. The 3 MHCE will be located in Waco, Texas; San Diego, and Canandaigua, N.Y. The MHCE will study various mental health issues, including Parkinson's disease, spinal cord injury, brain rehabilitation and vision and hearing loss. No timeline is available, but VA is currently developing a report on the centers' progress and will submit it to Congress within six months.



NAMI-Veterans Council and VA Mental Health Consumer Council

The NAMI Veterans Council develops educational materials and opportunities for the system of support available to veterans and their families. NAMI family to family educational classes for veteran's families and Peer to Peer (Vet to Vet) are two of their educational priorities.

Another suggestion has been to offer Provider Training to mental health staff (to understand and value the support of family members).

NAMI's **Provider Education** Course consists of a series of classes for line personnel at public agencies who work directly with persons with mental illness. It is designed to help the providers learn to understand the day-to-day hardships of brain disorders; and to use this as a basis in developing staff skills and competency.

It is a 10 week course for 3 hours per session. The course costs \$7500 or \$300 per person and is arranged through a contract agreement.

The Iowa NAMI Veterans Council field representative is June Judge, 1023 Pepper Drive, Iowa City, Iowa 52240 – phone: 1-319-351-8694. Please contact June if you'd like to become involved.

The new **President** of the **Executive Board for NAMI-Iowa** is Dr. Bruce Sieleni, the acting co-Director of the VISN 23 Mental Health Service line for the Veteran's Administration. This presents a great opportunity for NAMI and the VA to partner on educational projects and other projects of mutual interest.

There is also a Consumer Council at the VA. The purposes of the Consumer Council are to:

1. Provide and promote linkage between VA and non-VA organizations both nationally and locally.
2. Assist VA in the provision of education about serious mental illness.
3. Provide feedback on the quality of VA service delivery.
4. Collaborate with VA in the development of resources for mental health services and research.

There is a Consumer Council on-line newsletter at www.mentalhealth.med.va.gov/cc.

The **VA Central Iowa Health Care System Medical Center** is located at 3600 30th St., Des Moines 50310, Phone 1-800-294-8387.

The **VA Regional Office** is located at 210 Walnut, Room 1063 of the Federal Building, Des Moines 50309 – Phone: 1-800-827-1000.

The **Des Moines Vet Center** is located at 2600 Martin Luther King Jr Pkwy, Des Moines 50310 Phone: 515-284-4929



Thanks to Fred and Jean Long

Dec. 4 NAMI-GDM meeting

We had a nice discussion about the value of a supportive relationship with your loved one who suffers from a mental illness.

Key factors which contributed to their son's improvement were:

1. Medication
2. Westminster program
3. Structured living
4. Social worker support system
5. Move to independent living (to use skills taught at Westminster)
6. Social involvement
7. Part-time job
8. Their son's acceptance of the need for medication due to his illness.
9. Daily family support

Families need to be more proactive rather than reactive in providing a supportive relationship.

SUPPORT GROUP MEETINGS!!

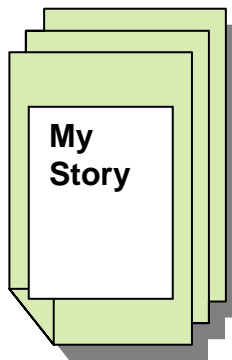
Every Monday evening – 6:30 – 8:00 P.M. – the Support group meets at the Mercy Franklin West Conference Room (enter West side entrance) – 48th & Franklin, Des Moines. This is a support group for both family members and consumers.

Every Saturday afternoon – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. This is a support group for consumers.

Thursdays from 11:00 A.M. to Noon - **Anger Management** class at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. A hot lunch is provided at noon.

Every Tuesday afternoon – 1:30 to 2:30 P.M.- A consumer support group meets at Res-Care located at the Hammer Medical Pharmacy building at 602 E. Grand. Come early at Noon and have a hot lunch.

Do you know of other support groups in the Des Moines area that we should list in our newsletter?



The Mental Health Advocacy Coalition is asking for Your Help.

We would like to compile stories that illustrate mental health issues to hand to legislators at Mental Health Awareness Day on Jan. 19.

These can be anecdotes or human interest stories which help to identify important mental health

issues and problems – stigma, lack of access to services, your story and struggle in dealing with mental illness, mental health problems of returning soldiers, importance of the right medications, lack of funding, etc – real stories of Iowans.

Copies of your stories should be sent to CeCe Arnold at nrcrlcca@mchsi.com. The person sending the story should “de-identify” information in the story for replication purposes but still provide attached identifying information to Cece in case she needs to contact you. Anyone with writing skills who would like to help with this project should send an e-mail.

OLD vs. NEW Medications: Stories Wanted

A recent National Institute of Mental Health (NIMH) study has suggested that “new generation” antipsychotic medications are no more effective than older medications in treating schizophrenia, **raising concerns** that the study will be used to restrict open access to newer medications under Medicaid or managed care.

NAMI wants to hear from consumers or family members describing the difference that newer medications have made in their lives. Please send your short, personal story to storybank@nami.org, including your name, age, city and state, telephone number, diagnosis, treatment history, and relevant details. All submissions remain confidential. They will not be used without further contact and authorization.



Priced Out in 2004:

The Escalating Housing Crisis Affecting People with Disabilities

Excerpt from Opening Doors – Oct 05

In 2004, the national average rent for a modest 1 bedroom housing unit climbed to a record high of \$676 – more than the entire monthly income of people with disabilities who rely on the federal Supplemental Security Income (SSI) programs to pay for housing and other basic needs. In Iowa, an SSI recipient must pay an average of 78.5% of their total income for the rent of a modest 1 bedroom unit unless they can obtain housing assistance from a state or federal program. This report – *Priced Out in 2004* –

Mental Health Advocacy Coalition Talking Points 2006

For January 19, 2006 – Mental Health Advocacy Day at the State Capitol

FIND YOUR VOICE – MAKE A DIFFERENCE

1. **Retain “open access” for mental health drugs.** *This is also one of NAMI-Iowa’s 2006 legislative priorities.*

Talking points with your legislator:

- ✓ Requiring prior authorization for mental health medications will interfere with patients receiving the treatment that their physician/health care provider has determined to be most appropriate.
- ✓ Requiring a person with mental illness to try less effective medicines before receiving the medicine that is right for them will extend that person’s suffering, place them at greater harm, and will in some cases increase hospitalization rates (at higher cost and in a system with inadequate in-patient treatment options).
- ✓ The impact of Medicare Part D, and other pending federal legislation, should be determined before making policy changes that place patients at risk.

Background - Present legislation to create a preferred drug list for Medicaid recipients leaves open access to drugs for cancer, HIV, and mental illness. The P&T committee was appointed and one of the recommendations to be made to legislature this term would be to “eliminate exemption for specific classes of Mental Health drugs” – specifically for second generation atypical anti-psychotics. www.iowamedicaidpdl.com

Current medication access policies and practices are intended to produce short-term savings in the medication cost line-item. **As partners in the mental health community, we are raising the alarm.** This short term savings plan has unintended consequences – much higher long term costs in the mental health and social service systems, for consumers, families, and communities.

Open Minds – The Behavioral Health & Social Service Industry Analyst - indicates there are 3 studies available that address the question of how access to newer medications translates to mental health system costs.

1. State of Virginia - *Community Mental Health Journal* – 2003 – compared individuals who switched from typical anti-psychotics to “Atypical” anti-psychotics clozapine, olanzapine, or risperidone. The researchers found that:
 - The percentage of individuals in state hospital or homeless declined from 22% to 0% in the 24 month period after the switch.
 - Average length of stay declined 71.2% in the 24 month period after the switch.
 - Average hospital days per year declined from 93.7 days to 70.5 days in the first 12 mo period after the switch and to 28.9 days in the second 12 month period.

The study authors found a gross savings of a little over \$17,000 per patient per year. Factoring in the increased cost of the medication, the net savings of the program were \$13,000/patient/year.

2. Findings published in *Current Medical Research & Opinion* showed that compared to consumers using typical antipsychotics, consumers using atypicals had:
 - 76% fewer hospital admissions
 - 18.7% decrease in hospital-based outpatient visits
 - 67% fewer emergency room visits
3. *Clinical Therapeutics* - The third study in Texas compared looked at all mental health treatment costs associated with 2 typical anti-psychotics to 2 atypical anti-psychotics. The total cost of care per client per year was \$3000 less for patients using the atypical anti-psychotics. They also used fewer emergency services.

In 2001, Maine implemented a PDL policy – one of the first in the nation. 8 months ago, the Maine Care Advisory Committee submitted a report to the state DHS, that scrutinized Maine’s system and found what it characterized as “disturbing trends”. According to the report:

- Emergency room visits have increased.
- Hospital admissions and patient referrals to specialists have increased;
- Many patients have experienced a worsening of their medical conditions as they jump through hoops to get medications not on the PDL;
- Many patients have been forced to go to the doctor multiple times to get the right medicine;
- Medical staff time and attention have been diverted from patient care to handle “voluminous paperwork’ and increased calls from patients;
- Doctors have cut off or are limiting the number of Medicaid patients they accept because of the increased administrative burden; and
- Quality of care has decreased, with patients suffering painful consequences.

The subcommittee report noted, while a PDL “is an important cost containment tool, aspects of its implementation have adverse consequences directly affecting the health care of thousands.” Other PDL states are also experiencing serious problems.

(cont’d on the next page)

Another issue explained by *Open Minds* - The Behavioral Health & Social Service Industry Analyst – also addresses the interchangeability issue – can't you get the same cost savings with just 1 of the 6 Atypical medications?

Basic scientific studies definitely show that the atypical agents are different based on molecular structure; dosing, formulations, and indications; side effect profiles; metabolism, patient safety and efficacy; and effects on cognition. They have a varied effect from patient to patient and do not constitute a 'class' of similar agents. The 6 medications are not interchangeable and that access to all 6 agents is necessary for maximum cost/offset.

Current evidence-based practice (EBP) guidelines address how to select among the anti-psychotic medications support this conclusion. SAMHSA, CMHS, and the Robert Wood Johnson Foundation are jointly producing some of the first EBP approaches for use in the treatment of persons with serious mental illness. Medication management EBP state "consumer's needs and concerns are an integral part of decision-making..." The guidelines are clear that conventional, first-generation anti-psychotics should not be considered first line agents for consumers. Second generation atypical anti-psychotics share the property of being associated with less side effects. This tolerability advantage is the primary reason for recommending 2nd generation atypical anti-psychotics. There is no evidence that personal or demographic characteristics should guide drug selection.

Access to Anti-psychotic Medication: Policymakers are faced with a **Pay-Me-Now or Pay-Me-Later** situation.

Limiting access to achieve a short term line item cost reduction will carry with it a high risk of higher overall treatment and social service costs.

Open access using models of medication management will decrease overall treatment and social service costs. The current consensus opinion is that the most effective treatment occurs when available anti-psychotic agents are matched to individual consumers based on consumer treatment history and consumer side effect profiles.

2. Address the shortage of mental health professionals in Iowa.

Talking points with your legislator:

- ✓ There are an insufficient number of mental health professionals to treat Iowa's population.
- ✓ The shortage of mental health professionals hits those without insurance and those on Medicaid particularly hard. Many psychiatrists and therapists have opted out of Medicaid (Magellan) contracts due to poor reimbursement and a sometimes burdensome authorization process; this particularly affects children due to the higher percentage receiving Medicaid.
- ✓ Scholarships, loan forgiveness and other programs need to be targeted toward individuals seeking careers in this field.
- ✓ Encourage more clinical pastoral education among clergy in Iowa.

3. Add additional diagnoses for coverage by insurance and third party payors.

Talking points with your legislator:

- ✓ PTSD (post-traumatic stress syndrome)
- ✓ Substance abuse
- ✓ Anorexia
- ✓ Pre and post-natal depression in women
- ✓ Children and adolescents neurobiological imbalances

4. Develop diversion programs to reduce the number of individuals put in jails and prisons instead of treatment programs. NAMI-Iowa also has this action as part of their 2006 legislative agenda.

Talking points with your legislator:

- ✓ Too many individuals are being put in jails and prisons instead of in treatment programs.
 - The present capacity of Iowa's prisons is 6990 – yet there are 8700 currently incarcerated. There is projected overcrowding of 29% by mid year 2006.
 - 3700(e) or 40% have a diagnosable mental health condition of which 1619 out of 8700 have an Axis I diagnosis. The prisons have become the new mental hospitals.
- ✓ Establish diversion plans so that persons charged with crimes, once qualified, can be diverted from prison to community programs. For example: mental health courts www.consensusproject.org or crisis intervention training for law enforcement.
- ✓ Increase funding for the Dept. of Corrections so that mental health and addictive treatment can be properly staffed and resourced in order to move the individuals more quickly to parole and community-based corrections. At the present time, there are only 3 psychiatrists and 27 psychologists for 8700 inmates.
- ✓ Provide sufficient funding for community mental health and substance abuse programs which can be accessed by persons on parole or probation in the community based correction system and continuing on after they are released from parole.

FIND YOUR VOICE – MAKE A DIFFERENCE

NAMI IOWA 2006 Legislative Issues

Listed below are the priorities identified for active monitoring this session:

1. NAMI IOWA supports the “open access” language that is available for all psychiatric medications for those that are on Medicaid.
2. NAMI IOWA will monitor Medicare D prescription drug coverage for dual eligibles to see what impact this will have on state services for those on Medicaid.
3. NAMI IOWA supports the need for early identification and suicide prevention education within our educational system. We support the expansion of screening programs such as Columbia University and others are using to refer persons to seek the help needed.
4. NAMI IOWA opposes the death penalty for persons with serious mental illness.
5. NAMI IOWA supports increased funding for mental health care in our state Criminal Justice System.
6. NAMI IOWA supports the need for the training of law enforcement personnel through programs such as Crisis Intervention Team and Crisis Teams.

This list is not inclusive of issues that surface during the session that needs a response by our membership. Many of these happen in committees and we need to act very quickly to give our feedback to legislators.

We have attached the Infonet publication by the Developmental Disability Council since it has excellent tips in it for working with your local legislators. Here is the link to the current issue from Infonet, referred to in the legislative issues list.

Current Issue: http://www.infonetiowa.com/current_issue/current_issue.php

Home page: www.infonetiowa.com <<http://www.infonetiowa.com/>>

NAMI IOWA works with the Mental Health Advocacy Coalition to support legislation of mutual interest. This Coalition is the group that assisted in the passage of the limited insurance parity legislation.



Congress Clears Legislation Funding Mental Illness Research and Services Below Current Levels, Across the Board Cut Expected; 1996 Parity Law Extended

December 22, 2005

In its final action prior to adjournment for the year, the Senate gave final approval yesterday to legislation allocating FY 2006 funding for labor, health, and education programs including mental illness research at the National Institute of Mental Health (NIMH) and mental illness treatment and services at the Substance Abuse and Mental Health Services Administration (SAMHSA). The legislation (HR 3010), known as the FY 2006 Labor-HHS Appropriations Conference Report, represents the final agreement between the House and the Senate setting funding levels for all discretionary health, labor, and education programs (over \$142 billion in discretionary funding for FY 2006).

Overall, the legislation holds most programs at their current levels. However, an expected across-the-board cut of 1% on all discretionary programs will result in nearly all of these programs being funded below their current levels for FY 2006. It is important to note that this 1% across-the-board reduction will apply to other critical discretionary federal programs serving people with serious mental illness including housing. However, the across-the-board reduction exempts veterans' medical care.

The House passed the final bill on December 14 by a narrow 215-213 margin. The Senate passed the bill by voice vote last night -- allowing the bill to move on to the White House, where the President is expected to sign it into law. Congressional leaders agreed to add back \$90 million in funding for rural health programs, thereby securing the votes necessary to pass the House.

Mental Illness Research – First Reduction in Funding in More Than 20 Years

The final version of HR 3010 funds mental illness research at NIMH at \$1.418 billion. This is only \$6 million above current levels – well below the \$48.2 million increase contained in the Senate version of the legislation. The expected one percent across-the-board reduction will result in at least a \$14 million

budget cut to NIMH – not only wiping out the very modest \$6 million increase, but actually leaving the agency as much as \$8 million below its current FY 2005 funding base.

Mental Illness Services – Most Programs Frozen, Suicide Prevention Funds Boosted

The final agreement on HR 3010 holds most programs at SAMHSA at current funding levels. This includes the Mental Health Block Grant (\$432.8 million), PATH (services for homeless individuals with mental illness) (\$54.8 million), Jail Diversion (\$7 million), Children's Mental Health (\$105.2 million), and protection and advocacy (\$34.3 million). As with NIMH, all programs at SAMHSA (and the Center for Mental Health Services, CMHS) will be subject to a one percent across-the-board reduction.

The only activity at CMHS to receive a substantial increase in the final version of the Labor-HHS bill is youth suicide prevention and campus mental health programs authorized under the Garrett Lee Smith Act. Specifically, the bill increases funding for suicide prevention programs by \$10.5 million, to \$27 million. This is a remarkable accomplishment in the current budget environment, particularly considering that these programs at CMHS were funded at only \$3 million just three years ago. NAMI is extremely grateful for the leadership of Senator Gordon Smith (R-OR) in pushing for this increase in federal investment in youth suicide prevention.

The final agreement on the Labor-HHS bill also continues the State Incentive Grant (SIG) program at \$26 million for FY 2006. This will allow states that successfully competed for Mental Health transformation planning grants to access a continuation of funding in FY 2006.

1996 Parity Law Extended

The Senate also passed legislation extending the Mental Health Parity Act (MHPA) for an additional year. This law requires health plans to meet a standard parity for mental illnesses by having equal annual and lifetime dollar limits for all health benefits (i.e., they cannot impose lower dollar limits on an annual or lifetime basis for mental illness that do not apply to all other health benefits). The original MHPA (passed in 1996) has required renewal every year since 2001. The legislation passed by the Senate yesterday (HR 4579) extends the MHPA through 2006. The House passed the bill on December 18 and the President is expected to sign the measure.

NAMI is continuing to work with the sponsors of **full federal parity** (for example – the Senator Paul Wellstone Mental Health Equitable Treatment Act mentioned in last month's NAMI-GDM newsletter) to bring forward separate legislation to ensure that health plans are not able to impose discriminatory

durational treatment limits, cost sharing, and deductibles as applied against treatment for mental illness.



Senate Passes Budget Bill That Is Potentially Harmful For Medicaid Recipients With Serious Mental Illnesses

December 21, 2005

This morning, the Senate passed the Budget Reconciliation package (S 1932) on a 50-50 tie vote, with Vice President Dick Cheney casting the tie-breaking vote, allowing the bill to pass. S 1932, as passed, allows states to impose co-pays and other cost sharing requirements in their Medicaid programs. However, because of a last minute procedural "point of order," the bill must now go back to the House for a second vote -- the House had previously passed the bill on December 19. Thus, the House still has a chance to do the right thing and remove the harmful Medicaid provisions.

The House is not expected to reconvene until January, at which time it will be required to vote again on the amended budget package, presenting advocates with a final opportunity to block the legislation.

It is unclear at this point how many House members would have to switch their votes to defeat the amended budget package. The first vote in the House on December 19 was 212-206, with 17 members absent (it is expected that a majority of the members that missed the vote support the package). Despite this, NAMI intends to redouble its efforts to reach out to House members in the coming weeks to defeat the amended budget package. Your grassroots advocacy is urgently needed.

Action Needed

Please contact your U.S. Representative. Explain that the Medicaid cost-sharing requirements contained in S 1932 will prevent impoverished people living with severe mental illnesses from receiving needed treatment and will therefore lead to increased homelessness, hospitalizations, criminalization, and suffering. Ask them to change the legislation and remove the Medicaid cost-sharing requirements. *The U.S. Capitol switchboard is 202-225-3121 if you want to ask for your Representative's office.*

Whether it is state legislation, or federal legislation – your input is needed.

FIND YOUR VOICE – MAKE A DIFFERENCE.

Do you want to receive this newsletter by E-mail rather than by mail? Let us know – we'll adjust our database. Send your E-mail address to Teresa.



So Schools Will Listen

Excerpts from article by Jule B. Monnens, RN,
MSN – Centennial, CO

Children with a diagnosed neurobiological brain disorder or disability are guaranteed a Free and Appropriate Public Education (FAPE). The guarantee is the result of 3 federal laws:

1. Public Law 94-142, the Education of All Handicapped Children Act,
2. Public Law 105-17, the Individuals with Disabilities Education Act (IDEA), and
3. Section 504 of the Rehabilitation Act of 1973.

Each of these laws may require a multidisciplinary team evaluation of your child to determine whether he or she qualifies for the special services.

Children with these and other disabilities must receive access, when needed, to special education and/or related services. The special education or services must be designed to meet your child's unique educational needs through:

- an Individualized Education Plan (IEP) – an education program to your child's specific needs, or
- a Section 504 plan – an accommodation and accessibility program tailored to your child's specific needs.

As a parent of a child with special needs, you have 2 goals. Your first goal is to ensure that the school provides your child with a free and appropriate public education. Your second goal is to build and maintain a healthy working relationship with the school. If you have a business-like relationship with school staff, it will be easier to accomplish your first objective. This doesn't, however, mean that you will never have conflict.

Managing a child's special education program is difficult and confusing for most parents. The job is harder if you don't have a master plan. You can't develop a plan of action until you know what's going on. If you don't know where you are and where you need to go, you won't know how to get there.

Like an IEP, your master plan should include long-term goals and short-term objectives.

Frame sentences so they begin with one of these seven words: What? Why? When? Who? Where? How? Explain. (5W's + H + E technique)

How do you get answers to questions? You get answers when you meet with school staff. When you use 5W's + H + E techniques several good things happen. By listening carefully, you learn how the school views your child's problems and what the school plans to do to help your child. Having this information eliminates surprises, helps you anticipate problems, and reduces fear of the unknown.

(cont'd - For Parents: **How to Talk So Schools Will Listen**) Some of the questions you want answers to are:

- How does the school view my child's problems?
- What does the school think my child needs?
- What does the school think they should do about my child's problems?
- Does the school have a plan to educate my child? What are the components of this plan?
- How will I know if the school's plan is working?
- What does the school propose to do if their plan doesn't work?

Remember, ask questions, listen carefully, and don't argue. You'll be surprised at the useful information you'll discover.

When you learn that a meeting is scheduled, begin to prepare. Brainstorm using the 5W's + H + E technique. Write down all thoughts, questions, and concerns that come into your brain. This process will help you fine-tune your questions and concerns.

You can't develop your plan of action until you know what's going on. Ask lots of questions. Take notes. Listen carefully. Don't interrupt. Ask more questions. When your questions are answered, you'll have evidence that will help you out. You'll be in position to generate better solutions to the problem.

Using the 5W's + H + E technique has another benefit. When you ask questions but don't argue, you plant the seeds of doubt. As you continue to ask questions, the school staff may begin to question its decision. To resolve conflict, remember to focus on your interests, not your position. You have two interests: to resolve the school issue and to protect your relationship with the school. The same process can also be used during phone calls with the school.



Sign up for the next **“Visions for Tomorrow”** class. It is an 8 week course (1 night a week for 2-2 ½ hours)

for parents, foster parents and other caregivers of children and adolescents who have serious emotional disorders. Curriculum

includes types of mental illnesses and emotional disorders as well as instruction on coping skills; dealing with schools; communication; medication; rehabilitation, recovery, and transition; and advocacy. Call the NAMI office to sign up – 515-254-0417.

Early diagnosis and treatment of mental health problems can help children reach their full potential.

Letters to the Editor

You are welcome to send letters to the editor by mail or E-mail. Letters can be sent to:

Teresa Bomhoff
200 S.W. 42nd St.
Des Moines, Iowa 50312

Or E-mail: tbomhoff@mchsi.com

- ✓ **Check This Out - Website:**
<http://www.ifcmmh.org> –
 Then go to newsletters

The *Iowa Federation of Families for Children's Mental Health* is the statewide family advocacy organization that assists families who have children and youth with mental health issues - 1-888-400-6302

In their Dec. 6, 2005 newsletter – they have a link to SAMHSA's first national survey of school mental health services. "One-fifth of students receive some type of school-supported mental health services during the school year....Elementary, middle, and high school all cite social, interpersonal, or family problems as the most frequent mental health problems for students."

Other topics are:

- Facts about adult sex offenders
- Pedophiles and Child Molesters: the Differences
- Children with Sexual Behavior Problems
- "Danger Signs" - Suicide
- Fighting Anorexia: No One is to Blame
- Dual-affliction sufferers now getting help



The National Business Group on Health
New Employer Guide Report Lands
 Historic Punch to Stigma Surrounding
 Mental Illness *NMHA 12-13-06*

In recommending that employers re-evaluate and redesign mental health and substance abuse coverage for their employees in a report released earlier this week, the National Business Group on Health took a historic step to improve employee health and businesses' bottom-line. Mental illnesses have an enormous impact on all aspects of society, particularly American businesses. Untreated and under-treated mental health problems ruin lives and cost employers tens of billions in lost productivity alone, each year.

The National Business Group on Health's report sends a clear signal that mental illnesses are not shameful, and employers and employees alike will experience significant growth through increased attention to and investment in mental health.

The "**Employer's Guide to Behavioral Health Services**" was funded by the U.S. Dept. of Health and Human Services. It provides recommendations to American businesses to help them improve the mental health and substance abuse services offered to employees and their families.

Mental health associations across the nation look forward to working with American businesses to continue demystifying mental health and substance abuse problems, breaking down the stigma that surrounds these disorders and their treatments and

designing benefits that will encourage recovery and increase output from our nation's businesses.



Iowa Workforce Development has Disability Program Navigators to assist people with disabilities enter or re-enter the workforce.

The Disability Program Navigator Initiative in Iowa began in 2004 (1 of 14 of the first states). It is funded through 2007. Here are the program's anticipated outcomes:

- Increase employment
- Increase customer satisfaction
- Expand partner relationships
- Expand relationships with employers
- Access to Workforce Investment Act programs and services
- Increase use of Ticket to Work (Social Security initiative)
- Increase use of this 1 stop shop becoming and linking to employment networks.
- Utilization of Work Incentives
- Utilization of Medicaid Buy In
- Asset development
- Self Employment
- Blended funding support
- Improved service, system, and funding source collaboration.

If you or your loved one is contemplating some type of part-time or full-time work and needs assistance, please give the Disability Program Navigator program a try. The Navigator Coordinator is Doug Keast - 150 Des Moines Street, Des Moines, Iowa 50309
 515-281-9045

FAX: 515-281-9096

Cell: 515-707-8828

Doug.keast@iwd.state.ia.us

These are the recommended websites used by Disability Program Navigators:

1. www.iowaworkforce.org/access - employment and disability information designed to assist job seekers, employers, and employment professionals.
2. www.jan.wvu.edu – Job accommodation network – a free consulting service providing a broad range of disability issues and comprehensive information about accommodation methods.
3. www.disabilityinfo.gov – A web portal providing on line connection to the federal government's disability-related information and resources.
4. www.uiowa.edu/infotech - Information and referral source on disability related topics available to Iowans.
5. www.ssa.gov/d&s1.htm - Information about benefit programs, Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), on line in the Social Security Administration website

Did You Know?

Each county has a CPC – Central Point of Coordination – who controls the dollars allocated for mental health within the county. Unfortunately, 30 of 99 counties do not use mental health dollars for mental health needs and divert it to other programs within the county.

In Polk County, the CPC is Lynn Ferrell with Polk Co. Health Services.

Check out this Website



www.polk.ia.networkofcare.org

Please check out the new web site which contains information and resources regarding mental health in Polk Co. Some of the topics are community announcements, nation-wide news, services (who are providers?), library, legislate (state and national legislation, [E-mail service to contact your state and national legislators](#)), links, insurance (plans available), support & advocacy, emergency services. Please contact Polk Co. Health Services (515-243-6339) if you are aware of other information which could be posted to the site or to provide feedback on the site.

Investing in effective community mental health services saves families, lives and dollars.



If you have a mental health crisis in your family and need assistance – call 911. Be clear with the dispatcher what the situation is, that it is a mental

health crisis, and you need the DM Mobile Mental Health Crisis Unit to assist. The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

The first people to arrive to the situation will be Des Moines police officers. When DM Mobile Mental Health Crisis Unit staff arrive, an assessment will be made whether transport to a medical facility is necessary, and medication can be administered if necessary. A psychiatrist is always on call to help make those determinations and authorizations. DM suburbs also use the mobile crisis team services – their dispatchers make the decision whether or not the mobile crisis team is called.

2 mobile crisis unit staff are on duty for each shift. There is no coverage between 2 A.M. and 6 A.M. The coverage area is all of Polk County and DM suburbs – a population of approximately 388,000.



Mental health and physical health go hand in hand.



Physician

Who Advocated for the Right to Treatment Dies

The New York Times 12-14-05

Mental health advocate Morton Birnbaum, M.D., died of a stroke at age 79. A Brooklyn Heights, New York physician and lawyer, Dr. Birnbaum, began fighting for mentally ill patients after graduating from medical school in 1957.

In 1960, the American Bar Association Journal printed an article by Dr. Birnbaum that apparently included the first published use of the term “right to treatment” as it applied to the mentally ill.

At that time, courts in the United States did not recognize that such patients had an affirmative right to receive mental health treatment.

He was also one of the lawyers who worked on a landmark U.S. Supreme Court case - O'Connor v. Donaldson - in 1975 that established the idea that people cannot be involuntarily confined if the state has not proven them to be a threat and if they are not being treated for their illnesses. His work eventually laid the groundwork for the establishment of federal standards for inpatient mental health treatment.



Some Politicians Do Care

Newsday.com, 12-1-05

One year after meeting with patients at the Greystone Psychiatric Hospital, New Jersey, Gov. Richard Codey returned to the hospital to celebrate the progress made in the past year. During the visit, Codey stayed overnight and joined patients in eating pizza and singing holiday songs. Codey, who as a state senator went undercover at Marlboro State Psychiatric Hospital to expose shoddy conditions and poor hiring practices, has been a champion for people living with mental illness.



Solutions

Earlier in this newsletter, we talked about how overcrowded the prisons are in Iowa. Up to 40% (3700(e) of 8700) have mental health diagnoses. **How about building new psychiatric and substance abuse treatment centers instead of building more prisons?**

Can we ever dedicate more money to rehabilitation instead of retribution?

Aurora, Colorado is contemplating creation of a special tax district and a .25% sales tax to support additional services for people with mental illness.

A county administrator in Pima County, Arizona, has proposed a bond issue for \$54 million to build new psychiatric facilities. He cited growing mental health and substance abuse pressures for the move.

NAMI is the **National Alliance on Mental Illness** – a name change from the 2005 National Convention.

Please help to support us – whether it is through payment of dues or attending meetings or both!

NAMI –GDM dues are:	
Family/Individual (\$15 local, \$10 state, \$10 national)	\$35.00
Open Door Membership (Limited Income)	\$ 3.00
Professional	\$40.00

If you wish to become a member, please send your check (made payable to NAMI-Greater Des Moines)

To: Don Jayne, Treasurer
1291 16th St., West Des Moines, Iowa 50265

- Be part of a movement to create awareness of the facts of mental illness – it is a human issue, a health issue, a community issue.
- A chance to meet, share, and care with others who are living with mental illness.

If you are presently a NAMI-GDM member, please renew your membership in January.

Our **business meeting** will be on Thursday, January 12, at the NAMI Iowa office at 4:00 P.M. Topics will be business, marketing and membership, and support. Come join us to discuss what our organization can be doing on these topics.

Elected Effective Jan 2006 - NAMI-Greater Des Moines

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The membership voted to have future elections held as follows:
September – Nominating committee appointed.
October – List of candidates announced.
November – Election held
January – Installation of new officers.

Another reminder of our **educational and support meeting Sunday, January 8.** (See first page of this newsletter) Dan Flaherty, with the Polk Co. Attorney's office will be our guest speaker.

To learn more about mental illness, call NAMI Iowa (515-254-0417) or visit their office library at 5911 Meredith Drive, Suite E, Des Moines, IA 50322-1903. Check out the online resource NAMI website, www.nami.org, for information on research, disorders, treatments, medications and other topics.

From: NAMI-Greater Des Moines
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