

**DESE Announces New Assistant Commissioner for the Division of Special Education**

Ms. Heidi Atkins Lieberman has been appointed as the Assistant Commissioner for Special Education. Previous to this position, Heidi was the legal advisor for the Division of Special Education for the past twelve years. I look forward to working with her to meet the mission of the Sheltered Workshops as well as the goals of the Department. Please join me in welcoming her as the leader for the Division and an advocate for quality services for persons with disabilities.

Fulvio Franzì

**Judge dismisses suit to stop disabled school**

March 16, 2007

Associated Press

MILWAUKEE - A federal judge dismisses a lawsuit that sought to halt construction of a school for disabled students in Walworth County.

U.S. District Judge Rudolph Randa threw out a lawsuit by Disability Rights Wisconsin against the Walworth County Board.

The group alleged that the board's approval of 22 million dollars to build a larger building for Lakeland School violated a federal law that students be taught in the most integrated setting possible.

The school serves about 260 students ages 3 to 21 from throughout the county.

But the judge says the group didn't show that it or any of its members had been injured by the board's decision.

Disability Rights Wisconsin managing attorney Jeffrey Spitzer-Resnick says his organization will evaluate Randa's decision and consider whether to appeal.

Walworth County's attorney, Ronald Stadler, says federal law allows separate schools such as Lakeland for some students and provides avenues for them to challenge their placement on an individual basis.

He says construction of the new facility has been held up by the lawsuit.

Information from: Milwaukee Journal Sentinel, <http://www.jsonline.com>



**From the MRC of Missouri Board of Directors**

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**2007-2008 LEGISLATIVE PRIORITIES**

- Minority status for workshops
- Habilitation centers
- State Schools
- Medicaid waiver slots—more need to be opened
- Dental health services
- DMH Leadership
- Case management guidelines
- Prioritization of need guidelines

**Don't Change The Name!!**

The original group of parents involved with the Association For Retarded Citizens of Missouri fought for a separate Division of Mental Retardation, to ensure funding for our most vulnerable citizens. The Missouri Department of Mental Health, People First, Missouri Planning Council, and other advocacy groups funded by, through, trained, or housed within The Department of Mental Health continue year after year after year to try and change the name of The Department of Mental Retardation and Developmental Disabilities. They want the name changed to: The Missouri Department of Developmental Disabilities.

HERE WE GO AGAIN!!!! Fifty years ago persons with mental retardation were swept under the rug, locked into rooms, and discounted as human beings.

What great strides we have made over the past (50) fifty years educating parents, siblings, grandparents, teachers, and our communities that persons with mental retardation are just like you and me, and enjoy the same things as you and I do.

Mental Retardation is a succinct condition. There are many different variations of the

definition but most of them are close in nature to this definition:

Impaired or incomplete mental development characterized by an IQ of 70 or below and characterized by significant functional limitations in a least two of the following skills: communication, self-care, home living, social / interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, and health and safety.

The Onset usually occurs before the age of 18.  
[naic.acf.hhs.gov/admin/glossary.m.cfm](http://naic.acf.hhs.gov/admin/glossary.m.cfm)

“1 out of every 10 children who need special education has some form of mental retardation.” (Twenty-fourth Annual Report to Congress, U.S. Department of Education, 2002.)

Developmental Disabilities are too ambiguous, and leaves persons with mental retardation to be forgotten. The big (C) or Cancer is not a pretty word or illness, but it denotes a condition. You would not go to the doctor and say you have a developmental illness, you would state that you have Cancer, or Heart Disease, etc. Mental Retardation is the same, it denotes a condition! Removing the name of mental retardation from the Division of MR/DD could have a devastating effect on the care and treatment of persons with mental retardation through federal funding, state funding, and loss of programs.

We ask legislators not to fall prey to advocacy groups that come and go. Do not sweep children and adults with mental retardation back under the rug to be forgotten. LEAVE THE NAME OF THE DEPARTMENT JUST AS IT STANDS:

**MISSOURI DIVISION OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES.**

### **Special Planning for a Child With Special Needs**

Washington Post

By Martha M. Hamilton  
Sunday, March 25, 2007; F10

When Anne and Robert Tucillo think about retirement, their thoughts immediately turn to their oldest son, 14-year-old Bryan. What will he need, and how will they provide?

Bryan has an incurable metabolic disorder called Leigh syndrome that leads to progressive degeneration of the central nervous system and will need continuing care for the rest of his life. And the Tucillos aren't sure how to provide for both their future and Bryan's.

"As much as we think about the future, we don't know what to do," said Anne.

The Tucillos are one of a large number of families whose planning for retirement takes on a special urgency because of the need to provide for a child who will need extra care for a lifetime. They agreed to talk about their finances and what they fear is their unpreparedness for the future, hoping to help other families in similar situations.

Bryan is physically and developmentally disabled. Sometimes he needs a wheelchair and he requires help with activities such as bathing. But he is also social and engaging, happy to show off his room to a guest and bantering with his mother. The family keeps him involved in as many pursuits as possible, including travel, Special Olympics and Scouting.

Nothing really prepares parents for the job of managing the care of a child with special needs, the Tucillos said. You learn slowly and on the job, picking up tidbits from doctors and other parents. The Tucillos didn't even have a specific diagnosis of what was wrong until Bryan was 4.

They know that many children with similar disorders don't live as long and do as well as Bryan has, but it doesn't make planning any easier. "I don't know whether to plan for the worst or to plan for something in between the worst and the best," said Robert, 51, an official at the Federal Transit Administration.

Currently, Bryan is in a program for students with physical disabilities at Oliver Wendell Holmes Middle School. His parents are trying to figure out the next step, which is high school, but there also are continuing concerns about his health: Bryan had seizure-like episodes that hospitalized him for four days last month.

The Tucillos want to make sure that Bryan's 10-year-old brother, Patrick, isn't overwhelmed in the future by the need to care for his older brother. "I know Patrick would always look after his brother," said Anne, 45, who works at the Education Department. "I know he'll always protect him, but I want him to have a life too."

The Tucillos make about \$243,000 combined and have about \$500,000 in retirement savings. Robert has a private life insurance policy with a special annuity earmarked for Bryan. They both will have pensions and health-care coverage after they retire. They also have received aid from Virginia's Elderly and Disabled Waiver Program, which pays an attendant to care for Bryan when he gets home from school.

But there is a steady stream of expenses: \$6,000 worth of orthodontics work; braces on his legs, which were not fully covered by insurance; \$1,500 for an electric scooter that he uses at school; about \$600 for speech therapy.

Still, "he's been a gift to our family, as challenging

as it is," Anne said.

I asked Gordon F. Homes Jr., senior financial planner with MetLife's Division of Estate Planning for Special Kids, to talk to the Tucillos about their financial planning. He had a long list of advice, as well as empathy for their situation: His son Matthew, 11, has a learning disability.

Homes lauded steps the Tucillos have already taken, including identifying a family member to be responsible for their children if both parents died; obtaining an education plan for Bryan; obtaining a Medicaid waiver that provides for Bryan's after-school care; and identifying Robert's life insurance as a future source of funding for Bryan.

Then he outlined additional steps to consider to ensure that Bryan will have the care he needs as an adult:

- Estate planning. The Tucillos need to write wills, set up durable powers of attorney and medical directives for themselves. Homes suggested that the Tucillos split their assets between their two sons, but also take out another insurance policy that would be available for Bryan's needs when the last parent dies.
- Special needs trust. The Tucillos should set up a special needs trust for Bryan to provide a safety net beyond Social Security and Medicaid. Special needs trusts, properly designed, don't count as available resources when it comes to determining eligibility for government aid. Once the trust is in place, the Tucillos should update beneficiary designations on retirement accounts and insurance policies, naming the trust, and not Bryan. If Bryan has more than \$2,000 in his name, he may be precluded from receiving benefits.
- Guardianship. Without legal guardianship, his parents won't have access to his medical records or an automatic say in Bryan's care after he turns 18, something that often catches parents by surprise, Homes said. In addition, Homes said, by retaining legal guardianship, the Tucillos can protect Bryan from people who don't have his best interests at heart. That's an issue that the Tucillos have worried about, since Bryan is generally trusting of everyone, they said.
- Letter of intent. Homes also suggested drafting a guide to Bryan's special needs, including everything that a future guardian would need to know if both parents died, such as "his diagnosis, the testing that has been done, everyone involved in his care plan, food issues, his likes and dislikes."
- Health insurance. Bryan is covered under his parents' health insurance, and, as a child whose disability occurred before his 22nd birthday, is

eligible for coverage indefinitely as long as his parents are employed. The parents should let their human resources offices know that Bryan is disabled to make sure he stays covered.

These decisions should be communicated with family members, Homes said, so they know what the plans are and how they can help.

Any questions about retirement that you'd like to see explored in the column? Please e-mail me [athamiltonm@washpost.com](mailto:athamiltonm@washpost.com).

### **Mental Health's financial mess**

By Derek Kravitz

ST. LOUIS POST-DISPATCH

Wednesday, Mar. 28 2007

JEFFERSON CITY — Computer problems at the Missouri Department of Mental Health have made it impossible for the state to collect millions from the federal government for the past six months, state officials say.

Since October, most of the state's 17 mental health facilities have been unable to bill clients who are covered under Medicaid or Medicare, including most of the patients who visit the state's three mental health clinics in St. Louis.

"We've been collecting the data, but we have not been processing the bills," said Tony Cuneo, chief operating officer of the Metropolitan St. Louis Psychiatric Center. "We're just holding them until we get the go-ahead that the system works."

Medicaid is a state and federal program that pays for doctor visits, nursing home care and in-home services for more than 800,000 low-income Missourians, many of them children. Medicare is a federal program that primarily covers the elderly and the disabled.

Additionally, the Department of Mental Health, which oversees state institutions and privately run centers, delayed more than \$26 million in reimbursements to many of the state's 300 alcohol and drug abuse treatment providers because of billing problems.

At fault is the department's new \$13.7 million computer system — called Customer Information Management, Outcomes and Reporting, or CIMOR for short. The system is used to track patient admissions, discharges, transfers and assessments.

State officials say the computer system failed because of internal software kinks and the heavy volume of requested patient information. "It's just one more example of a mental health system that has large gaps in providing services that we should be providing," said Rep. Margaret Donnelly, D-St. Louis, who is a member of the state House's Health, Mental Health and Social Services Appropriations Committee.

The result has been unfiled Medicare and Medicaid bills and delays in reimbursing already-cash-strapped providers.

The same faulty computer system that is causing billing problems also is responsible for the reporting of abuse complaints at state-run mental health facilities.

The Department of Mental Health came under fire last year after an investigation by the Post-Dispatch reported that 21 deaths, 323 injuries and almost 2,000 other incidents were tied to abuse or neglect by caregivers of mentally disabled residents from 2000 through 2005.

The newspaper reported that the department failed to follow its own policies and state laws on investigating incidents and notifying police.

### **'Mainstreaming' Trend Tests Classroom Goals**

#### ***Disabled Children Join Peers, Strain Teachers; 'We Need More Help'***

By John Hechinger  
Wall Street Journal  
June 25, 2007

Scranton, Pa—When school started last August, veteran first-grade teacher Patricia McDermott made sure to place one student, 8-year old Andrea Gavern, in a seat beside her own desk.

Andrea suffers from a rare genetic condition called Williams Syndrome, which causes learning disabilities and medical ailments such as heart problems and difficulty eating. Knowing that Andrea had disrupted her kindergarten classes a year earlier, Ms. McDermott wanted to keep her new pupil under close watch.

The strategy backfired. One morning, Andrea swept an arm along the teacher's desk, scattering framed photos of Ms. McDermott's family across the classroom. A glass frame shattered, and another hit a student in the arm. Though no one was hurt, Ms. McDermott says she lost hours of instruction time getting the children to settle down after the disruption.

From the first weeks of school, Ms. McDermott found Andrea's plight heartbreaking, "No! No! No!" she remembers her student screaming at times. "Want Mommy! Want Mommy!"

"She looked at me, like she was saying, 'Help me,' and I couldn't. How could I possibly give Andrea what she needs?"

Years ago, students like Andrea would have been taught in separate classrooms. Today, a national movement to "mainstream" special-education students has integrated many of them into the general student body. As a result, regular teachers are instructing more children with severe disabilities—often without extra training or support.

This year, Ms. McDermott counted 19 stu-

dents in her class at Whittier Elementary School. Five had disabilities, including attention deficit disorder and delays in reading and math. The teacher worried that she was failing all her students—especially Andrea. "It used to be a joy to go to work," she says. "Now all I want to do is run away."

In Scranton and elsewhere, the rush to mainstream disabled students is alienating teachers and driving some of the best from the profession. It has become a little-noticed but key factor behind teacher turnover, which experts say largely accounts for a shortage of qualified teachers in the U.S.

Each year, about 16% of teachers quit their jobs, either leaving the profession or moving to another school, according to recent U.S. Department of Education surveys. Of those, 35% cite difficulties with mainstreaming special-education students as a main reason for their dissatisfaction, according to an analysis of the data by Richard Ingersoll, a professor of education and sociology at the University of Pennsylvania.

"It's a red flag," Prof. Ingersoll says. "Mainstreaming is putting pressure on teachers...and the proponents of this reform are going to need to address it sooner or later."

Neil Hunt, a seventh-grade math teacher in the Fairfax County, Va. public schools, recently quit his job in part because of mainstreaming. "I don't feel I can do what's necessary for these kids," says Mr. Hunt, a former Navy lieutenant who plans to return to the service in a civilian job. "And some of the kids' behavior is such a distraction for the rest of the class that they're losing a lot of time, too."

In Arizona, Tom Horne, the state's superintendent of schools, says mainstreaming special-education students with behavior problems can be "extremely destructive" to teachers' morale and "a big factor in teachers' leaving."

Also known as "inclusion," mainstreaming reverses a once-common practice that Congress determined was unjust: the segregation of disabled children in settings without proper instruction. Many educators say children learn more through mainstreaming because they are taught by better-qualified teachers and gain valuable social skills from their peers. By 2005, about 54% of special-education students were taught in "fully inclusive" settings—spending about 80% or more of the school day in a regular classroom—up from 33% in 1990.

Pennsylvania has been a major battleground in the national wars over special education. Litigation here helped lead to the 1975 federal legislation now known as the Individuals with Disabilities Education Act, which requires a "free appropriate" public education for children with disabilities. The law fostered mainstreaming by mandating that disabled children, when possible, be taught in the "least restrictive environment."

Despite its key role, Pennsylvania was slow to embrace inclusion until 2005, when the state and the Public Interest Law Center of Philadelphia re-

ceived court approval to settle a decade-old class-action case brought on behalf of 280,000 special-education students who demanded inclusion in regular classrooms. Districts that aren't sufficiently inclusive risk losing funding.

But even some advocates of inclusion say it isn't working as they had hoped. Judith Gran, the plaintiffs' lead attorney on the case, says that some districts aren't mainstreaming but "main-dumping"—packing classes with disabled children without adequate staffing. "You hear a lot about it from teachers," she says. "They are the ones on the front lines, and they aren't getting support."

The Scranton district has 9,800 students, 16% of whom are in special education. About half have learning disabilities, such as dyslexia. Others struggle with problems that include intellectual impairment, autism and emotional disorders.

Until 2004, most of these students were set apart in about 70 special-education classes. By last year, the system had eliminated most of those classes, which generally had 15 students, a special-education teacher and an aide. Last year, 75% of students with disabilities in the Scranton School District spent 80% of their day or more in regular classrooms, up from 28% in 2003.

The shift has sparked fierce opposition from the Scranton chapter of the American Federation of Teachers, which has long been critical of mainstreaming. The issue is expected to be an important part of negotiations next year, when the teachers' contract expires. In a recent union survey of Scranton's 750 teachers, two-thirds of those responding listed inclusion as their No. 1 or No. 2 complaint, outranking all other concerns. (The survey didn't ask about pay and benefits.)

"Inclusion doesn't work unless class sizes are greatly reduced," wrote one teacher. "Children are suffering due to lack of support," wrote another. "We need more help!" added a third.

Janet Strelecki, president of Whittier's Parent Teacher Association, says she was inclined to favor inclusion because she runs a home for the developmentally disabled. But when her own daughter, Miranda, who has no special needs, was placed in Ms. McDermott's classroom last year, Ms. Strelecki changed her mind. She says Miranda often felt frustrated because she didn't get much attention from Ms. McDermott, whom she calls a "wonderful teacher."

Ms. Strelecki says as many as 40 Whittier parents have complained about inclusion. "The general consensus is that it doesn't work having all these kids together," she says.

Some, however, praise inclusion. Sarene O'Malley says her dyslexic daughter Jessica felt "ashamed" when she was in a separate special-education classroom. Educators say that's a common sentiment among children with learning disabilities. Through the inclusion program, Ms. O'Malley says Jessica, who just graduated from Scranton High School, won new friends and confidence and plans to go to college next year. "She never would have gone on this path" without inclusion, Ms. O'Malley says.

Michael Sheridan, Scranton's school chief, says he sees only "pockets of resistance" to inclusion. For evidence that the policy is working, Mr. Sheridan cites the system's overall results. Last year, Standard & Poor's, the bond-rating agency, listed Scranton as one of only 29 Pennsylvania school systems that were "outperformers" in state tests of reading and math proficiency for each of the preceding four years.

Mr. Sheridan says that President Bush's No Child Left Behind Law requires that all students take the same state tests and be instructed by a teacher "highly qualified" in each subject. In his view, inclusion is the best way to meet the demands of both No Child Left Behind and the federal disabilities law.

Still, many teachers complain that they lack training and support. When Scranton started the program three years ago, teachers say they received about three days of training, primarily in "differentiated instruction," which often entails breaking up classes into several groups and using different sets of materials for each. Administrators say principals often provided more training, including sessions on autism and other disabilities.

Special-education instructors assist in regular classrooms and pull students out for extra help, but there are few to go around. Scranton has 86 specially trained instructors, along with a support staff of 30 speech and language experts, psychologists and others. Together, they must serve roughly 1,600 special-education students in 18 schools.

Under the teachers' union contract, the district is supposed to place no more than two disabled students in each classroom "where possible." But, despite that wording, principals often use their discretion to place more special-education students in certain classes.

Ann Langan, a ninth-grade teacher at Scranton High School, teaches a basic science class. This year, she had 16 children in one class, 12 of whom were in special education. Another of her classes had 20, 14 with disabilities. Jennifer Zaleski, a fifth-grade teacher, had 16 students, half of whom were in the special-education program. She says the IQs in her class range from 50 to 150. As far as understanding how to teach disabled children, she says, "How much knowledge did I have? Probably zip."

Last October, the union filed a grievance with the school system, alleging a violation at the high school of the teachers' contract. Administrators told the union they would divide special-education students more evenly this fall.

Few have struggled more with inclusion than Ms. McDermott, who teaches at Whittier Elementary, a century-old red-brick building perched on a hillside with views of downtown Scranton's faded storefronts and factories.

Ms. McDermott tries to maintain a bright, welcoming classroom, with shiny laminated paper apples hanging on strings from the ceiling, a "birthday train" marking each child's big day with a cake and a candle, and a picture of Martin Luther

King, Jr. by the door.

The daughter of a fireman and a Scranton schools' secretary, Ms. McDermott wanted to be a teacher since she was in kindergarten. In 1974, she graduated from Penn State with a degree in elementary education, then worked as a substitute teacher until she won her own classroom a decade later, "I ran to work," says Ms. McDermott, now 54 years old. "I couldn't wait to get there. I loved being in charge of this world of learning."

Whittier, which is housed in two buildings several blocks apart, has only one special-education teacher—and two aides—for the entire school, leaving Ms. McDermott largely on her own. Larry Miner, Whittier's principal, says he tends to concentrate special-needs students in one classroom for each grade to make it easier to schedule services. He acknowledges that Ms. McDermott has an unusually large number. But to handle those children, he says he looks for the most capable instructors. Ms. McDermott "is a very gifted teacher," he says. "She is very patient."

From the start of this year, Ms. McDermott's biggest challenge was Andrea. Along with Williams Syndrome, Andrea has sensory processing disorder, also common among autistic children. The first-grader, who gets nourishment from a feeding tube in her stomach, hit other children, screamed for hours, pounded computer keyboards with her fists and tore up worksheets, according to the teacher.

Mr. Miner says the school system offered to have her attend one of the district's few separate classrooms for the severely disabled. Her parents, Philip and Johanna Gavern, recall no such offer. Based on the report of a private psychologist they hired, they believed that Andrea could make academic progress in a mainstream classroom, as long as she had a full-time aide trained in special education. They asked the school system for one, but were refused.

Mr. Miner maintains that the approach wouldn't have made "much difference." The school's special-education aides, he says, have only high school diplomas and scant disability training. Andrea did get full-time classroom assistance from a local mental health agency, paid for by the state. But that aide has no education training and was present only to help Andrea stay focused and perform basic tasks.

Andrea received 6 1/2 hours of special services a week. These included speech and language support and occupational therapy—mostly in half-hour or one-hour pullout sessions, according to Andrea's individualized education program, or IEP, the legal document that outlines what the district must provide. After school, Andrea's family privately arranged for her to spend afternoons receiving a variety of physical, music and social-group therapies.

Ms. McDermott has no expertise in handling Williams Syndrome or any of the other disorders she must manage each day. So she improvised, finding a number board with tiles that engaged Andrea, and, with her own money, buying

kindergarten reading primers.

Soon after the start of the school year, Ms. McDermott started keeping a journal, recording her time with Andrea to document what she considered an intolerable situation.

Ms. McDermott wrote of Andrea touching and hitting other students—albeit gently, with a kind of slapping motion that didn't pose any threat. Andrea also threw papers and tore up assignments.

Her behavior could be unpredictable and unnerving. "At story-time, Andrea turned to children next to her on either side and was making forceful spitting sounds into their ears," she wrote in an entry for Aug. 31.

"I can't listen because of Andrea," Shaun Hopkins, 6, a general education student, said recently.

Andrea, who can be quick to smile and laugh and wears a neat part in her short blonde hair, loves computers and, at home, enjoys listening on headphones to the Lion King and other Disney movies. But, even when happily ensconced on a terminal in the back of the classroom, she could grow frustrated. On Sept. 7, she banged the keyboard with her fists, took off her headset and threw it down on the keys. Her aide from the mental health agency took her out of the room.

On Sept. 27, Andrea, who had been moaning quietly, launched into a full-throated scream, which lasted from 1:25 p.m. to 2:15 p.m. according to a journal entry. Ms. McDermott didn't know why. Andrea's aide moved her into the hall and then to a room in the basement, though the class could still hear muffled cries, the teacher says.

The school called her mother to take her home. Ms. McDermott says she still remembers Ms. Gavern picking up her screaming child and carrying her, legs dangling, past other parents gathered for pickup. Ms. McDermott says she later learned that Andrea was feeling pain from her feeding tube.

Through December of January, Ms. Gavern says she would have to pull Andrea out of school and take her home once or twice a week, usually in the late morning. Ms. Gavern used to work as a property manager for the rental units she owns with her husband, a real-estate agent. The couple had to hire others to do her job, so she would be available to pick up Andrea. "I couldn't do anything because I was waiting by the phone," Ms. Gavern says.

Tensions grew between teacher and parent. Ms. Gavern says she became convinced that Ms. McDermott didn't want Andrea in her class and, at a fall IEP meeting, expressed her concerns.

"I don't think she has the knowledge," Ms. Gavern says of Ms. McDermott. "I don't think she has the support. It's not entirely her fault. She was overwhelmed. The school system was not there to back her up. I blame them, too."

Ms. McDermott says she agrees with that assessment, adding that "the system was not set up for children like Andrea."

On May 3, Ms. McDermott planned an art project painting flower pots for Mother's Day.

“Oh, no! Oh, no!” Andrea shouted, stamping her feet and waving her arms, before being led out of the room. Andrea had wanted to spend more time on the computer.

With the art assignment finished, Andrea, dressed in an embroidered blouse, a pressed khaki skirt and pink sneakers, returned to her place in the back of the classroom, where she sat next to her mental-health aide. The two worked on their own, while the class did a reading lesson.

“Do you know six minus three?” her aide asked. “No!” Andrea replied. With the help of here attendant, Andrea copied the numbers 16, 19 and 20 from a workbook. “Very nice 20,” her aide said.

Later, Andrea briefly rejoined the class. Andrea raised her hand, volunteering to read a book out loud in front of the class. “All fall down,” Andrea read, clearly, though from a book simpler than those of her classmates. “Good job!” Ms. McDermott told here.

Despite such glimmers of hope, the Gaverns have given up on Scranton. This month, due to their dissatisfaction with Andrea’s school, they sold their house and moved to nearby Clarks Summit. The family had heard positive reports from other parents about the school system, which may put Andrea in a separate class for at least part of the day.

“It just hasn’t worked out at all,” says Mr. Gavern, surrounded by packing boxes. “Inclusion sounds great on paper. But the [Scranton] school system isn’t prepared.”

With the school year just over, Ms. McDermott says she feels tremendous relief, and the migraine headaches that once afflicted her almost weekly have disappeared. But she is still struggling with her own future. Ms. McDermott has decided to stay through the end of next year—her 31st as a teacher—when she can quit with full health benefits and start a new career.

“It’s the end,” Ms. McDermott says. “I don’t have it in me any more. I used to think I’d stay forever until they kicked me out. It’s sad. It’s too sad.”

**PRIVATIZATION IS TOO RISKY  
LET PARENTS DECIDE!**

June 2007

To: State Legislators  
Department of Mental Health & State  
Officials  
News Media

From: Betty J. Coll, President, RAM

The families/guardians of the mentally retarded residing in state habilitation centers are adamantly opposed to the Department of Mental Health’s (DMH) plan to privatize any of the state’s habilitation centers.

Many of the habilitation center residents, who are severely mentally retarded, have difficult behaviors and trouble communicating. They become frustrated when they are unable to relate what happens to them or how they feel, if they have a toothache, headache, stomachache, etc.

The guardians know that state-run habilitation centers are capable of providing all of the services that their loved ones require.

We question why the DH wants to privatize Bellefontaine Habilitation Center. Their plan is to turn valuable state land over to a private provider, and place the mentally retarded at risk with unfamiliar care and treatment.

We believe that most of the cottages, if not all of them, can be repaired. The state has neglected to maintain these homes over the years, and now wants to tear them down and build new facilities at a great expense to the taxpayers.

The DMH’s plan is upsetting to the residents, family and staff. We fail to understand why this is necessary. Also we do not know why privatization is necessary.

The DMH needs to face up to their responsibility. There is no reason why Bellefontaine Habilitation Center cannot again be the best center in the state, without a private provider.

We need support in order to prevent the DMH from pursuing a privatization plan that would jeopardize the lives of the residents who have severe mental retardation. They need consistent, structured care and treatment that can only be provided at a good state habilitation center.

**The governor signed SB3 legislation on Friday, July 13, 2007.**

SB3 Enacts provisions on mental health reform

Sponsor: Gibbons

LR Number: 0580S.14T

Fiscal Note: 0580-13

Committee: Health and Mental Health

Last Action: 7/13/2007—Signed by Governor

Title: CCS HCS#2 SS SCS SB 3

Effective Date: August 28, 2007

House Handler: Stevenson

### Current Bill Summary

CCS/HCS#2/SS/SCS/SB 3 - This act modifies various provisions relating to mental health.

#### VULNERABLE PERSONS

This act defines "vulnerable person" as any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program. This act also creates the crime of "vulnerable person abuse" and provides for mandatory reporting of suspected vulnerable person abuse as well as investigation protocols. (Sections 565.210 to 565.220, 630.005, 630.163)

#### SEX OFFENDER NOTIFICATION

This act provides that the Department of Mental Health shall develop rules, guidelines, and protocols for an initial notification to parents or guardians of a resident when first entering the care and custody of the department regarding the possibility of being placed in a facility with another resident who is either a registered sexual offender or who has been determined to lack capacity to stand trial for offenses the resident would have otherwise been required to register as a sexual offender. Such rules and protocols shall include the process and mechanisms for assessing risk, for planning and providing care and safety, and for the provision of services and supports necessary to mitigate risk for persons residing in a state mental health facility.

The department shall also notify a parent or guardian of a resident that a registered sexual offender is residing in or has been placed in the same state facility as the resident. Such protocols shall also provide a mechanism for the parent or guardian to raise any concerns and to seek consultation prior to placement of the registered sexual offender.

The department shall also develop rules and protocols to obtain consent from the parent or guardian of a resident who has been determined to lack capacity to stand trial for offenses the resident would have otherwise been required to register as a sexual offender to disclose his or her name and criminal charges to the other parents or guardians of residents residing in the same facility. Such request for disclosure shall inform all parties of the steps to be taken in the event consent to disclose is given or denied. Refusal to grant consent under this subsection by a parent or guardian shall not prevent placement. (Section 630.127)

#### ABUSE AND NEGLECT INVESTIGATIONS

Under current law the findings of abuse and neglect investigations conducted by the Department of Mental Health are confidential and reports of the investigations can only be issued to the parent or guardian of the Department of Mental Health client who is the subject of the investigation. This act makes the final reports of substantiated Department of Mental Health abuse and neglect investiga-

tions at state facilities and contract providers issued on or after August 28, 2007, available as public documents, with restrictions on the release of any identifying information about clients and staff. (Section 630.167)

This act also provides that records and files maintained in any court proceeding shall be confidential and available to the Missouri state highway patrol for reporting to the National Instant Criminal Background Check System (NICS). (Section 630.140).

This act increases the penalty for a mandated reporter not reporting abuse and neglect from an infraction to a Class A misdemeanor. This act also imposes sanctions and penalties on providers that prevent or discourage the reporting of abuse and neglect. (Section 630.165)

#### CIVIL IMMUNITY AND ADMINISTRATIVE PENALTIES

This act gives civil immunity to employees of the Department of Mental Health and contract providers who engage in discussion with the intent to help ensure that facilities and providers are aware of past history of potential employees that might create a danger to clients. (Section 630.950)

This act increases the penalty for community providers who do not correct problems cited by the Department of Mental Health in licensing inspections. The current fine is 100 dollars per day. This act increases the penalty for up to 10,000 dollars per day. (Section 630.755)

#### LICENSURE

The Department of Mental Health shall notify the Department of Health and Senior Services within (continued from previous page)

ten days of revoking a license of an operator of a facility. If the Department of Health and Senior Services has not already done so, the department shall, within 30 days of such notice, initiate an investigation of the facility to determine whether licensure action is appropriate. (Section 630.725)

#### MENTAL HEALTH FATALITY REVIEW PANEL

This act establishes a mental health fatality review panel to review all suspicious deaths of clients of the Department of Mental Health. (Sections 630.925 to 630.927)

The director of the Department of Mental Health shall promulgate rules, guidelines and protocols for hospitals and physicians to use to help them identify suspicious deaths of clients in the care and custody of the department. (Section 630.975)

ADRIANE CROUSE

*A jug fills drop by drop.*

**Buddha**

## Missouri Workshops Adapt to Changes Throughout the State

*DESE Report by Fulvio Franzini, Director. Missouri Department of Elementary and Secondary Education. Extended Employment Sheltered Workshops*

### Creative Contracts

One of the continuing and important issues across the workshop system is the state of the “contract work” opportunities. In recent visits to various areas of the state, I have noted a general stabilization that is due, in part, to shops seeking and pursuing non-traditional contract opportunities as well as expanding current ones. In addition, we have noted where several workshops that have well developed sales/marketing/production systems are sharing their “fortunes and blessings” with surrounding workshops that have demonstrated to be both willing and capable of handling the work opportunities. This type of cooperation can be beneficial to all involved that make a commitment to process excellence as well as maintaining high ethical business standards.

### Legislation:

The public signing of HB 352 took place at the Workshop in Mexico, Missouri on June 12, 2007. Connie Hale, the Workshop staff and employees, are commended for their organization and preparation for the ceremonies and for setting a great example to the public of what sheltered workshops are all about. Representatives of the legislature, local government, community leaders, workshop employees, MASWM and the Department were present on this historic occasion. Congratulations and a job well done to all who had a part in supporting this important legislation.

Federal Minimum Wage—on May 25, 2007 the President signed the legislation to increase the federal minimum wage from the current \$5.15 per hour to \$7.25 in the next two and a half years in three installments. The first increase of \$0.70 will take effect on July 25, 2007 and the other two similar incremental increases will take place each year thereafter. The US-DOL has been contacted to see what impact and instructions for compliance this may have on the workshops; we were verbally assured that DOL will be sending correspondence to the “commensurate wage certificate” holders prior to July 25, 2007.

### FY 07 Budget Report:

At this writing, all the Workshops are in the process of submitting their final FY-07 requests. According to our projections, there will be no shortfall in funding of the workshops. According to other currently submitted data, there are 7,433 employees (5,866 FTE) reported working in the 93 workshops across the state. The reported average

hourly wage continues to rise and is now calculated at \$2.44 per hour.

### FY-08 Budget Report

Since the new legislation has redefined the per diem reimbursement rates, we have had to redefine the calculating formulas and reporting parameters. At the least, our staff will have to enter the first month’s requests manually until a new program is developed and tested before it goes into use.

The Department has committed to request a “Supplemental Appropriation” in the amount of \$2.88 million in order to meet the commitment made in HB 352 for FY-08 for full funding of the sheltered workshops at the new rate of \$15 per person per day (up to 30 hours per Mon.-Fri. week).

### POPLAR BLUFF HOLDS GROUNDBREAKING

Manufacturers Assistance Group help a groundbreaking ceremony on March 29 at the workshop in Poplar Bluff.

The new 40,000 square foot facility is being constructed with a \$1,518,000 loan through USDA Rural Development and a \$300,000 Community Development Block Grant.

The new building is located in the Poplar Bluff Industrial Park and scheduled for completion this fall.

*Most people give up just when they're about to achieve success. They quit on the one yard line. They give up at the last minute of the game, one foot from a winning touchdown.*

**H. Ross Perot**

### VERMONT CASE ILLUSTRATES LOSS OF WORKSHOP BENEFITS

#### VERMONT CASE ILLUSTRATES LOSS OF WORKSHOP BENEFITS

Legislative Chair Randy Hylton sent this story by e-mail earlier, but for those who missed it, it’s worth reading:

We often hear about states that have done away with Sheltered Workshops and this is the story of one of the latest additions. The current state plan prohibits use of funds for a Sheltered Workshop.

Over six years, regulations in Vermont have gradually restricted and eventually prohibited the use of state funds for sheltered workshops or enclaves.

Concurrent with changing funding regulations, the state has worked with providers to convert remaining sheltered workshops. The initiative begun with Vermont’s 1999 System of Care plan stated that

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DDAS funds could not be used to increase the capacity of sheltered workshops (or congregate residential settings).

The 2002 plan went further: state funds could not be used to increase the capacity of group employment settings such as enclaves or work crews. These initial steps stopped the growth in sheltered workshop placements.

The state office of Developmental Disabilities, vocational rehabilitation, the University of VT, and providers worked together to convert workshops to individualized supports. The state managed to convert all remaining workshops before actually stating funding could no longer be used for congregate settings, thus avoiding “pulling the rug out” from under providers.

Once all existing sheltered workshops closed in 2005, the System of Care plan stated that DDAS funds could not be used to fund sheltered workshops at all. Go to [www.seln.org/docs/vt1-sscp-final-2005-2007.pdf](http://www.seln.org/docs/vt1-sscp-final-2005-2007.pdf) for the complete Vermont State System of Care Plan for Developmental Services.

March 16, 2007

**Autism has wide range of genetic causes, study suggests**

*A research report being released today says that the disorder, like cancer, has complex origins.*

By DENNIS O’BRIEN  
The Baltimore Sun

Researchers probing the roots of autism say they have found fresh evidence that the disorder, like cancer, may be a tough one to conquer.

That’s because it’s really a constellation of related diseases — with a wide range of genetic underpinnings.

In a study to be released today, scientists say that children who are the sole cases of autism in their families are five times more likely to have a particular genetic mutation than autistic youngsters in families where the disorder has shown up repeatedly.

That confirms what experts have suspected for years: that there may be dozens of genetic anomalies responsible for the symptoms now collectively diagnosed as autism spectrum disorders.

“I think it says something fundamental about autism, that you can kind of think of it as a collection of rare syndromes. Each might have a different genetic basis, but they produce a common set of features. Autism is easily as complicated as cancer,” said Jonathan Sebat, lead author of the study and an assistant professor of genetics at the Cold Spring Harbor Laboratory in New York. Sebat’s study is to be published in the journal *Science*.

Autism is a complex disorder characterized by an inability to socialize and express thoughts.

In some cases, children become totally withdrawn from society.

The disorder is often accompanied by behavioral problems and is usually diagnosed by age 3.

Researchers using DNA from 1,200 families, living in 19 countries, recently found that a gene known as *neurxin 1* and a newly identified region of chromosome 11 may play critical roles in the disorder. Previous studies have found links among 20 chromosomes.

But Sebat’s study focused on comparing autism caused by spontaneous genetic mutations with those rooted in genes passed from parents to children.

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**NOTICE**



Due to a conflict with other agencies serving the mentally retarded, the Executive Committee has canceled the annual meeting for this year and we will reschedule one for 2008.