

## DMH NEEDS AN OVERHAUL

Let's do an assessment.

- DMH failed to keep consumers and residents safe in Habilitation Centers.
- DMH is failing to keep consumers safe when being transferred from Habilitation Centers to community settings
- DMH failed to eliminate the waiting lists
- DMH is failing its own employees

What's the old saying: one, two, three strikes, you're out!!!

Here's the problem:

DMH needs to hire a wiz kid with a background in Business Management, Accounting, and Finance and pay him or her for doing the job! DMH does not need to hire back persons who have retired from the 80 and out system. If they couldn't make the system work when they were in it, they certainly won't be able to make the system work a second time around.

DMH seems to have qualified Case Managers that care about the individuals they serve; yet the first move of The Department of Mental Health is to tell them their jobs will be eliminated by June or July 2009. They will be without a job, because the state can no longer afford to pay the high benefits package to them.

It would seem more appropriate to hire better-qualified individuals at the top level. You must know how to handle financial matters first and foremost, or you simply will not have any programs, because money drives the system. So instead of hiring psychiatrists and ex-employees, hire a financial wizard, and let the other professionals work in the programs in which their professional background will do the most good.

Re-vamp the state benefits package. This is not a desirable solution for the many state employees; however, it is inevitable. Community employees are having their benefits slashed every year because of the high cost of Health Insurance. There comes a point of no return, and the state and federal benefits package is there, so it needs to be re-vamped. This will definitely help the amount of monies that are available for programs.

Taxpayers are getting incensed about the number of days state and federal workers receive off, as well as the comp time allowed to them.

A simple solution to complex problems. There is an old saying that goes something like this. Keep doing what you are doing and you are going to get more of what you got. It's time to shake up the department of mental health; it's time for a change.



### 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

### Is Department of Mental Health Headquarters pulling the wool over the eyes of parents, providers, consumers, and their own employees?

There are some changes happening in the Department of Mental Health pertaining to the Division of Mental Retardation and Developmental Disabilities.

One change is that Targeted Case Management is going to be vended out to Senate Bill 40 Boards and other affiliated community service providers **on a much wider state basis.**

In several regions of the state, current case managers have been told that they will need to find another job, that their jobs would be gone by June or July of 2008. **The reasoning behind this is that the State can no longer afford the costly retirement packages, holidays, vacations, health insurance, etc.** The state says that vendors in the community can provide the service at a much reduced cost, thereby being able to serve more individuals with services.

Let's think this through: community providers are being hit hard with rises in health insurance costs for their employees, up to 50 percent at a time. Health insurance costs have risen from \$150.00 per month, 8 years ago to as much as \$800.00 per month per individual. DMH would like vendors to try to hire the regional office case managers who could provide an easy transi-

tion for their sons and daughters. State case managers will want a comparable benefit package or will go elsewhere to find other state employment. So how are the community vendors going to have less expense; if the state cannot handle the case loads and expenses, how do they expect vendors to?

**There is also the problem of conflict of interest.**

Vendors providing targeted case management will cherry pick the easiest-to-serve individuals for their own programs, or they will not even offer the other providers a chance to provide the service.

**Current state case managers have no conflict of interest.** They will merely place individuals in the settings they think will best suit the individual. They will place individuals into settings that will provide safe, clean, responsible, and exceptional services.

Parents, providers and consumers are up in arms. They don't believe that the Department of Mental Health administration is being honest with them.

They are afraid that their sons and daughters are going to lose the services that they have fought so long and hard for. Years of fighting, down the drain.

They are afraid that the hard-to-care for individuals are going to be told, sorry, we just can't service your son or daughter, they are too involved and we don't have the money for such involved services. They are afraid because they don't know if they have any appeals process, what the appeals process will be, and how it will be handled.

**There are too many unknowns** for the parents to feel good about this decision. They believe that it is a responsibility of the State Department of Mental Health to protect and serve the most vulnerable population of our society, not to vend the responsibility out, with very little oversight.

**Out of sight, out of mind—that is the old saying.**

Well, parents are not going to stand for that anymore. The older parents have stood the test of time; they will continue fighting as long as they are capable of fighting. The younger parents are full of fight and ready to do battle for services for their sons and daughters. Is this one reason DMH is vending out this service, to have insulation from the explosive number of children with disabilities entering the system and being placed onto a waiting list? Are they afraid of a class action lawsuit that will force them to offer and provide services to every individual entering their system?

**Representatives and Senators need to listen to their constituents in their areas.** They do not want this Targeted Case Management to be vended out. They want the State Department of Mental Health to be accountable to the people, and to get people off the waiting lists, to provide services other than just targeted case management, where a case manager tells them sorry, but there are no funds for services at this time. They want more dollars placed into the budget to cover these services.

**It is the obligation of a civilized society to take care (continued from previous column) of its most vulnerable citizens. It is the responsibility of the Department of Mental Health to serve and protect persons with mental retardation and developmental disabilities.**

**Mo. would ax mental health caseworkers, outsource care**

By Matthew Franck  
POST-DISPATCH JEFFERSON CITY BUREAU  
Thursday, Nov. 08 2007

JEFFERSON CITY — Alene Woodruff's 23-year-old autistic son is talking again, a development she credits partly to her son's state caseworker.

Together, Woodruff said, she and the caseworker have navigated the state's complicated mental health system. Together, they have managed to get her son back home, away from a group home where he lost his speech and reverted to childlike behavior.

Now Woodruff and others like her fear that a pending state policy could threaten their ability to get family members the services they need.

Under a plan by the Missouri Department of Mental Health that still must be approved by the Legislature, 484 state caseworkers who work with the developmentally disabled and retarded would lose their jobs over the next three years.

The state plans to outsource case management, giving outside groups the responsibility of overseeing the care and placement of more than 20,000 clients.

State officials say the move would boost the number of case managers, giving them more time to interact with clients and ultimately improve their care.

"This is something that can generate more service resources," said Keith Schafer, director of the Department of Mental Health.

Critics say the plan will do the opposite, exposing the system to penny-pinching, with private case managers putting the financial interests of their employers ahead of the people they are supposed to serve.

Woodruff, of Poplar Bluff, fears those changes will spell the end of an arrangement that has allowed her son to live at home, with the help of round-the-clock care. "It's all about the money, and it shouldn't be about the money," she said.

Under the plan, which has been under development for months, 200 caseworkers for the state's Division of Mental Retardation and Developmental Disabilities would be cut by July 2009. The remaining 284 would lose their jobs the following year. The caseworkers serve a population with disabilities such as mental retardation, cerebral palsy, head injuries, autism, epilepsy and certain learning disabilities.

The state is already preparing for the transition, already informing caseworkers to seek alternative em-

ployment. Schafer says the department has the authority to outsource case management, but legislators also must approve the plan as they consider the budgets of the next two fiscal years.

Schafer said the plan was born out of a need to reduce the workloads of caseworkers to no more than 40 clients each. Now, he said, those ratios exceed 70 in some regions of the state.

Schafer said outside groups can hire workers more economically than the state. Those savings largely come from lower employee benefits, compared to the state's expensive health and retirement plans, he said.

Schafer said the new providers would be obligated to meet caseloads of no more than 40. Any money left over would be returned to clients in the form of additional services, he said.

But critics say the handover could raise all kinds of problems.

For starters, many of the county mental health boards that the state hopes might take over case management have given the idea a cold shoulder.

Joyce Prage directs one such board serving St. Louis County called the Productive Living Board. The organization, like more than 80 others across the state, was set up under a 1968 law that allowed for local taxes to set up services for the developmentally disabled. The boards use the money to either provide services or award contracts to providers of workshops, group homes, therapy and transportation.

Schafer said the boards are a perfect fit for taking over case management, and such arrangements have already been tried in parts of the state.

But Prage said the St. Louis County board wants no part of case management. She said her board feels its job is to oversee services, not provide them.

The St. Louis Office for Developmental Disability Resources, which serves the city of St. Louis, already offers case management to about 500 clients. But the board's director, Barbara Searight, said the group is unlikely to take on more, chiefly out of a fear that state funds would not cover expenses in the long run.

Schafer said he expected that many community boards wouldn't want to take on the new responsibilities.

As an alternative, the state wants to offer case management contracts to local service providers, such as organizations that operate group homes. That kind of setup is already working in Sedalia, Schafer said.

But critics say private contracts could lead to a conflict of interest, with private case managers steering clients to their employers' group homes, rather than keeping a client at home with family.

Schafer said those concerns are unfounded. He said the change in case management would not affect decisions about services. He said private caseworkers

(continued from previous column) would not be rewarded for cutting costs and only nonprofit groups could apply to take on case management.

Details aside, one legislator said the plan suffers from a core flaw. Rep. Margaret Donnelly, D-Richmond Heights, said the state, not outside groups, has the duty of looking after the care of the developmentally disabled. "The real issue is that those clients are our responsibility," she said.

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## Care centers hire many on abusers list

By Matthew Franck

POST-DISPATCH JEFFERSON CITY BUREAU

Thursday, Nov. 15 2007

JEFFERSON CITY — Hundreds of people who work with the state's most vulnerable residents have a history of child abuse and neglect or other criminal activity, according to a state audit released Wednesday.

The audit turned up nearly 700 cases of people with questionable backgrounds working with the elderly, mentally ill and foster children at various state-run and state-licensed residential centers.

Of those, however, only a few dozen involved criminal offenses. Far more often, the employees were listed on the state's central child abuse registry.

That list includes those who have been found likely to have committed child abuse or neglect, but have not necessarily been charged with a crime.

Missouri Auditor Susan Montee blames lax state regulations and poor oversight for the audit's surprising results. But other officials say its numbers may overstate potential dangers.

At issue is whether job applicants with questionable backgrounds should always be disqualified from working at residential facilities.

State law offers some flexibility, allowing group home operators to hire employees with certain criminal offenses or a history of probable child abuse.

Montee calls for a stricter policy. Her audit criticizes Missouri for being one of only six states to not automatically disqualify people with a criminal history from working at a child group home.

"We believe that you err on the side of protecting those who need it the most," Montee said.

Montee said that with few exceptions, those on the list should not work at residential centers.

Others say those people listed on the child abuse registry shouldn't necessarily be disqualified from certain jobs, particularly if they are on the list for offenses such as failing to make sure their children are attending school regularly.

(continued from previous page) In a formal response to the audit, three state departments each say it might be appropriate to hire such people solely to work as groundskeepers or maintenance workers.

Bob Bax, a spokesman of the Department of Mental Health, said employers and the state should have the discretion to review cases individually. An organization representing dozens of group homes for the state's foster children agrees.

"It's real hard to just make this a blanket policy," said Carmen Schulze, director of the Missouri Coalition of Children's Agencies.

The audit turned up 447 people with probable cases of child abuse and neglect working at long-term care facilities licensed by the Department of Health and Senior Services.

Another 129 similar cases were found at facilities that are either run or licensed by the Department of Mental Health. The audit also found 105 employees of group homes licensed by the Department of Social Services with questionable backgrounds.

The audit blames several factors, including the fact that within the Department of Mental Health, group home employees are screened only when they are hired, but not thereafter. In other cases, annual checks are required, but the audit found some providers weren't conducting them.

What's unclear from the audit is how many of those people may have been hired to work at jobs that do not put them in direct contact with children, the mentally ill or the elderly.

But Montee said that distinction didn't matter.

"In my opinion, you don't have someone who is a known child abuser working even as a groundskeeper," she said.

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### **Missouri panel proposes changes to help autistic people**

By BETSY TAYLOR  
Associated Press Writer

ST. LOUIS (AP) - A panel examining how Missouri can better help those with autism is proposing several statewide changes, from improvements to health insurance coverage to measures for smoothing transitions throughout the life of someone with an autism disorder.

It is also recommending the creation of a new commission to expand upon its work.

The blue-ribbon panel on autism was appointed earlier this year by Senate President Pro Tem Michael

(continued from previous column) Gibbons, R-Kirkwood, to examine Missouri's response to autism and how it might improve services. The panel held hearings around the state in recent months and met Monday to modify a draft report of its recommendations.

The panel's chair, Sen. Scott Rupp, R-Wentzville, said Tuesday that the group meets again Nov. 19 and hopes to have its final report then.

The work by the 16-member panel comes at a time when it's believed one out of every 150 children in the nation may have an autism spectrum disorder.

Autism is a neurobiological disorder that impairs a person's ability to communicate and relate to others. Autism disorders are marked by a wide range of behaviors. It can be associated with rigid routines and repetitive behaviors in a person.

The panel is proposing that the Missouri Legislature create a new Commission on Autism Spectrum Disorders to make recommendations to the governor, the General Assembly and state agencies related to autism, diagnosis, treatment, services and providers.

The new commission would develop a statewide plan for an integrated system of training, treatment and services for those with autism disorders.

The blue-ribbon panel is also recommending that Missouri pass legislation requiring private insurance companies to provide coverage for certain services for autistic people through age 21 - like behavioral, occupational, speech, and physical therapy, medications, nutritional supplements and assessment services.

It recommends caps on private insurance coverage for autism services, similar to those in other states that have already passed legislation related to autism coverage.

The panel is also seeking specific measures to allow for smooth transitions for those with autism and their families, from early diagnosis to schooling to adult services.

Additional details should be available in a few weeks. More than 50 recommendations in an early draft are being consolidated into roughly 20 to 30. "We melded a lot of them together," Rupp said.

The panel is proposing changes related to education, health care, adult services, insurance, and structural and transitional issues.

*Perseverance is a great element of success; if you only knock long enough and loud enough at the gate you are sure to wake up somebody.*

*Henry Wadsworth Longfellow*

**UNINTENDED, LONG-REACHING  
CONSEQUENCES OF  
SENATE BILL #756  
MRDD NAME CHANGE**

◆ **“A rose by any other name” - Mental Retardation is a medical condition recognized by the American Medical Association and the Missouri State Medical Association.**

- Any individual with an IQ of 70 or below is mentally retarded
- Any name change will not change the condition, and it may defer dollars that provide treatment

◆ **Out of Sight, Out of Mind, Out of Funding – Parents of children with mental retardation have had to struggle to achieve this funding for their children.**

- The Department of Mental Health was not even recognized until 1974
- The Division of MRDD was also created at that time and federal dollars received for mental retardation are earmarked for children and families with mental retardation

◆ **Too many Questions, not enough answers – what does the definition of developmental disability include?**

- Currently, criteria for services require conditions to occur before the age of 22
- These conditions all occur before the age of 22. Where will the funding for these developmental disabilities come from? From the mentally retarded?

- |                                   |                          |
|-----------------------------------|--------------------------|
| •Mental Retardation               | •Hearing Loss            |
| •Autism                           | •Hypothyroidism          |
| •Cleft Palates                    | •Depression              |
| •Bi-Polar Disorder                | •Intellectual Disability |
| •Club Foot                        | •Kernicterus             |
| •Epilepsy                         | •Cerebral Palsy          |
| •Metabolic Disorders              | •Depression              |
| •Diabetes                         | •Down Syndrome           |
| •Eating Disorders                 | •Schizophrenia           |
| •Physical Disabilities            | •Vision Impairment       |
| •Dissociative Disorder            | •Degenerative Disorder   |
| •Sensory Related Disorder         |                          |
| • Fetal Alcohol Syndrome          |                          |
| •Post Traumatic Stress Syndrome   |                          |
| •Sensory Related Disorder         |                          |
| •Borderline Personality Disorders | •                        |
| Obsessive Compulsive Disorder     |                          |

◆ **If it's not broke - - you can cause more harm than good!!!**

- Children and families of mental retardation receive funding and support for their specifically identified condition
- Loss of funding will have devastating effects on the most vulnerable

This bill has been assigned to the committee of Seniors, Families, and Public Health

Committee Members are:

- Norma Champion, 30th, Chair
- Matt Bartle, 8th, Vice-Chair
- Dan Clemens, 20th
- Jack Goodman, 29th
- Bill Stouffer, 21st
- Harry Kennedy, 1st,
- Jolie Justus, 10th
- Jeff Smith, 4th
- Yvonne Wilson, 9th

Please call these committee members if in your district and let them know you are against SB 756. Call your local Senators and let them know you are against SB 756.

Keep persons with Mental Retardation out in the forefront, they are our most vulnerable citizens. DMH says that a name change won't make any difference in funding. They told us that when they went to Medicaid Waiver funding. Now there are many persons with Mental Retardation that are not on Medicaid that receive no services from the Department of Mental Health.

**LEGISLATIVE BILLS TO WATCH**

**HB 1382**—Increases the resource limit for eligibility for medical assistance

**HB 1375**—Medical Assistance Reimbursement

**HB1427**—Child Abuse Report Immunity

**HB1627**-Changes the name of the Division of Mental Retardation and Developmental Disabilities to the Department of Developmental Disabilities

**SB 756**—Changes the name of the Division of Mental Retardation and Developmental Disabilities to the Department of Developmental Disabilities

**SB880**—Modifies laws on mental health facilities and group homes for the mentally retarded and developmentally disabled.

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*“You can close your eyes to the things you do not want to see, but you cannot close your heart to the things you do not want to feel.”*

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*You miss 100 percent of the shots you never take.  
--Wayne Gretzky, Pro Hockey Player*

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## **IMPORTANT REMINDER**

### **PARENTS, BROTHERS, SISTERS.**

Planning for your son, daughter, sister, or brother with mental retardation or developmental disabilities should be completed earlier rather than later.

We have had several calls from older parents who have not taken care of successor guardians, estate planning, trusts, etc.

Do not leave these important details unfinished. We know it is hard to think about, or you think you have plenty of time. However, time is like the sands in an hour glass—it slips away very quickly.

Please plan ahead.

The MRC of Missouri, Inc., is formed with parents, brothers, sisters, family and friends of persons with mental retardation and developmental disabilities.

We have been the voice and eyes for all families across the state of Missouri interested in programs and legislation affecting persons with mental retardation and developmental disabilities.

If you would like to give a gift that will have a lasting impact on the lives of persons with mental retardation, please remember the MRC of Missouri, Inc., in your will. Make your last gift a lasting gift!!

Remember the MRC of Missouri, Inc., in your will.