

Recovery is Possible!

PROSUMER—A PERSON WHO IS PROACTIVE IN THEIR RECOVERY AND WHO PROVIDES OR GIVES BACK TO THE COMMUNITY.



Prosumer Meetings

The 2nd Friday of the Month
12 Noon to 3 PM

at the
UHSC School of Nursing
Auditorium

All Welcome!

7703 Floyd Curl—Enter at the Louis Pasteur
entrance near Babcock.
Buses 91,92

January 13, 2006

MEETING

Dr. Pedro Delgado, the Chairman of the Department of Psychiatry at the University of Texas Health Science Center at San Antonio, has agreed

to be our guest speaker at the January Prosumer Meeting. Those of you who attended the Bexar County Consumer/Family Conference, heard Dr. Delgado speak at the Awards Dinner. He had a wonderful message and a great way of empowering consumers. This should prove to be a fabulous meeting. This is the one meeting that you really should not miss.

February 10, 2005

MEETING

Anger is a healthy emotion. Yet many of us have never learned how to release anger in a healthy way. Men tend to blow up, while women tend to keep quite and store the anger inside. Unresolved anger is very unhealthy. In February, we will discuss healthy ways of releasing anger's hold on us. Turning bad anger into positive anger that can affect change. Come join us to get healthy.

Prosumer meetings start with food so please remember to **RSVP to 210-736-5034** so that we have enough food to feed everyone. Remember, first come; first serve. We will see you there!!

PROSUMER NEWS

January 2006

Janet Paleo—Editor

Volume 3, Issue 5



Prosumers will take the Ten Tree Challenge (TTC)

Our city has experienced expansive development in recent years, that has resulted in significant deforestation. For the first time we have also experienced several "Ozone or Air Quality Alert Days." Trees are proven to improve air quality! Planting of native trees will beautify our city, provide shade, reducing energy needs, while cooling and purifying our air.

This challenge is a Good Neighbor Project sponsored by the Community Unitarian Universalist Church. At our last meeting, the Prosumer group agreed to plant and steward ten non-invasive trees in 2006!

We will ask to plant trees in areas where consumers congregate. We will put a plaque in front of each tree to memorialize that Recovery is Possible. The name of the Prosumers will then be listed with other organizations that also accept the Ten Tree Challenge.

Planting and stewarding ten trees requires a reasonable but not huge investment of time, effort and resources. If you are interested in helping the Prosumers with this challenge, please contact Janet or Anna at 736-5034. We will need people to help plant and then make sure the tree gets water and nutrients.

It's a small commitment, but if 100 organizations take the TTC, there will be 1000 more trees in San Antonio for 2007. There will also be 10 signs letting other consumers know what we know, that Recovery is Possible!

Prosumer Numbers

As we finish the 2005 year, it is a great time to look back and see what we have accomplished. Here are some of stats of what we have accomplished in this last year.

- We have 249 members
- 35 was the average attendance at Prosumer meetings for 2005
- 44% attended at least one Prosumer meeting during the year.
- 36% of the 44% attended 2-5 Prosumer meetings during the year.
- 27% of the 44% attended 5 or more Prosumer meetings during the year.
- High attendance was 47 in July when the meeting was about buying your own home
- 15 members live outside of Bexar County
- Prosumer News has a circulation of about 1200 newsletters per month
- Requests for the Prosumer News has come from 18 other states
- Prosumers worked at the Food bank
- Prosumers did a Clothing Drive for the Salvation Army
- Prosumers talked with the evacuees at the Kelley Air Force Base
- Prosumers presented at the School of Nursing Psychology students about mental illness

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The more I develop the habit of noticing goodness, the more my own sense of wellbeing rises.

Crisis Care Center Opening

By Anna H. Gray

The official opening of the Crisis Care Center (CCC), a collaborative effort of city, county, and state agencies, was December 8, 2005, at the Brady Green Clinic located at 527 North Leona, on the second floor. University Health System, Center for Health Care Services, Bexar County Commissioners Court, San Antonio Police Department, Bexar County Sheriff Office, and the specially convened Community Medical Director's Round Table worked collaboratively since September of 2002. Their efforts resulted in a comprehensive system for crisis intervention and triage at the CCC. Support for the project is provided by the University Health System, Center for Health Care Services, Bexar County, and the State.

The primary purpose of the CCC is to provide psychiatric and medical screening for Bexar County. Additionally the Center for Health Care Services Crisis Line and the Nurse Triage Line are co-located at the CCC. Centralizing and streamlining these services has reduced the number of hours that law enforcement offices spend in dealing with mental health calls from an average of 9 to under 1 hour, which in turn has significantly diminished the number of people with mental health crises being placed in the county jail.

Prior to the centralization of these services, mental health screenings and the accompanying medical screenings were conducted in emergency rooms throughout the city, with the University Health System accounting for 41% of those. Due to the current mental health structures in Texas and Bexar County, most people experiencing a mental health crisis come in contact with law enforcement. In order for someone to be held for evaluation and treatment against their will a certified peace officer must complete and sign an emergency detention order. Additionally, anyone presenting with a mental health crisis must also be screened for any possible medical problems. On average this process takes 9



Judge Polly Jackson Spencer and Senator Frank Madla the official ribbon for the opening of the Crisis Care Center.

hours in the emergency center. Because of this, many people with emergency psychiatric care needs end up in jails throughout Texas. It takes an hour to book someone as opposed to the 9 hours process in the emergency room. This is no different in Bexar County, where law enforcement officers feel a need to be on duty in the community as opposed to spending their entire shift waiting in the emergency room.

During the problem identification and planning process the various entities identified the need for general medical screening and minor medical care for agencies serving various populations that come in contact with law enforcement, including Magistrates Office, Correctional Health Care Service, SAPD, San Antonio State Hospital, The Patriotic Movement (serving people with chemical dependency issues), HOW Foundation and other law enforcement entities. This results in a demand for services of roughly 25 events per day, resulting in lost time due to waits in emergency rooms. The location of the CCC at the Brady Green Clinic of the University Health Systems provided the opportunity for addressing this need as the medical facilities would have to be staffed for medical screening of people brought in due to mental health crises anyway. As a result, people served by community agencies established to address mental health, chemical dependency, public safety and law enforcement are now assessed, treated, and triaged to appropriate placements (hospital, treatment center, jail, community, etc.) in the shortest possible

Launching Conference of the Pan African Network of Users and Survivors of Psychiatry (PANUSP)

The Pan African Network of Users and Survivors of Psychiatry (PANUSP) was officially launched as the voice of users and survivors of psychiatry on the African continent. This took place during the two day conference which took place in Kampala, Uganda on the 23rd & 24th of November 2005.

Delegates from 8 African countries came together during this meeting and made history by electing the first board for the body, which will serve as the umbrella body for the embryonic user/survivor movement in Africa. PANUSP will function as the continental structure within the context of the World Network of Users and Survivors of Psychiatry (WNUSP). The theme of the conference was; "The Seeds of the User and Survivor Movement on the African Continent". In his keynote address Moosa Salie, the co-chair of WNUSP shared his vision for PANUSP. The following quotes are from the address:

"I envisage the user/survivors of Africa under the umbrella of PANUSP, becoming full participants on all levels of decision making regarding ourselves in every country and region as well as in international disability forums"

"I see PANUSP gaining international recognition as the authentic voice of the users and survivors of psychiatry in Africa"

* In most of Europe and other areas, consumers are called "users". We congratulate them on their ability to come together to form a collective voice with strength.

"If you want others to be happy, practice compassion. If you want to be happy, practice compassion."
--The 14th Dalai Lama

Corner for those with Cognitive Disabilities

S.A.L.S.A.

San Antonio League
of Self-Advocates

An organization of people
with

intellectual disabilities,
speaking up

for their human and civil
rights

All are welcome at our
meetings.

January 2, 2005

6:30 - 8:00 p.m.

January 16, 2005

6:30 - 8:00 p.m.

Meetings held at
Brighton, the Center for
Inclusive Communities

14207 Higgins

(One-half mile west of
Nacogdoches, between
Thousand Oaks and
O'Connor)

Judith Laufer, Advisor

210-828-7125

House and Senate Still Far Apart on Medicaid Changes By ROBERT PEAR

WASHINGTON, Dec. 11 - Members of Congress will soon plunge into battle over the future of Medicaid as House and Senate negotiators try to resolve huge differences in legislation that would allow states to cut benefits and increase charges for millions of low-income people, including many children. Medicaid is a flash point in a larger budget bill on which Republican leaders say they plan to reach agreement by year's end. The Bush administration and the National Governors Association support changes approved last month by the House as a way to curb the explosive growth of Medicaid, which is financed jointly by the federal government and the states. Many federal and state officials have concluded that Medicaid, which insures more than 50 million low-income people, is unsustainable in its current form. The cost shot up 54 percent in the past five years and now exceeds \$300 billion a year. Gov. Mark Warner of Virginia, a Democrat, said earlier this year that Medicaid was "on the road to a meltdown" and would "bankrupt all the states" if Congress did not intervene. But senators of both parties, advocates for poor people and public health groups, including the March of Dimes and the American Academy of Pediatrics, oppose many provisions of the House bill. The changes, they say, would harm children and disabled people of all ages who rely on Medicaid. The Senate bill would keep benefits intact. It would expand Medicaid, by allowing parents of severely disabled children to buy coverage and by stepping up efforts to enroll people already eligible. In the past few years, many states have trimmed Medicaid benefits and restricted eligibility for adults. But Sara Rosenbaum, a professor of health law and policy at George Washington University, said the House bill would be "the first significant retrenchment in federal health benefits and coverage for children." The House bill makes three major changes:

- States could charge premiums and higher co-payments for a wide range of Medicaid benefits, including prescription drugs, doctors' services and hospital care.
- States could scale back benefits, capping or eliminating coverage for services now guaranteed by federal law.
- States could end Medicaid coverage for people who failed to pay premiums for 60 days or more. Pharmacists could refuse to fill prescriptions, and doctors and hospitals could deny services, for Medicaid recipients who did not make the required co-payments.

Under current Medicaid law, a health care provider cannot deny care or services because of a person's inability to pay. On Medicaid, as on other issues, the Senate could agree to accept some provisions of the House bill as part of a compromise. In a detailed analysis of the House bill, the Congressional Budget Office predicted that 70,000 to 110,000 people would lose Medicaid coverage for failure to pay premiums. It estimated that states would establish co-payments for 11 million Medicaid recipients, half of them children, and increase existing co-payments for an additional 6 million people. "In sum," the budget office said, "we expect that about 17 million people - 27 percent of Medicaid enrollees - would ultimately be affected by the cost-sharing provisions of the bill." Certain groups of beneficiaries and certain services would be exempt from the changes authorized by the House bill. Under current law, Medicaid officials cannot charge co-payments for children under 18 and cannot charge for specific services like emergency care. For other services and for prescription drugs, the maximum co-payment is generally \$3. Democrats, who are generally opposed to the House and Senate budget bills, are excluded from the current negotiations. The chief negotiators on Medicaid are Representative Joe L. Barton of Texas and Senator Charles E. Grassley of Iowa, both Republicans. Mr. Barton, the chairman of the House Committee on Energy and Commerce, said that higher co-payments were needed to "encourage personal responsibility" among Medicaid beneficiaries. "Co-payments have not changed in 20 years, and they're unenforceable, to boot," Mr. Barton said. But Representative John D. Dingell, Democrat of Michigan, said, "Under the House bill, beneficiaries will see their co-payments increase much faster than their income, and that will reduce their ability to get medically necessary care." At public hospitals and children's hospitals, doctors worry that some Medicaid recipients, faced with premiums and higher co-payments, will go without drugs and doctors' services, and their conditions will worsen. "People dropped from Medicaid for failure to pay premiums will become uninsured," said Dr. Patricia A. Gabow, chief executive of the Denver Health system, which runs a public hospital and 20 clinics in Colorado. "They will delay care and end up with costly complications." About one-sixth of all Medicaid recipients qualify for coverage because of mental or physical disabilities. They see Medicaid as indispensable because it pays for therapy, rehabilitation, personal care services and equipment they need to work and to perform basic activities of daily living. "The Medicaid package is far better than private insurance," said Martha E. Ford, a lobbyist for the Arc, formerly known as the Association for Retarded Citizens. Parents of children with severe disabilities - even some who can afford private health insurance - want to be able to buy Medicaid coverage for their children.

TAKE CHARGE OF YOUR LIFE!

The TEXAS ADVOCATES Peer to Peer Project announces its 2006 Leadership Academy.

This is a free, intensive nine-month course in self-advocacy, first Saturday of each month, beginning in February. Applicants must be over 18 and have a developmental disability.

Deadline to apply for the Leadership Academy is January 20. Enrollment is limited. Call Judith Laufer at 828-7125 for information.

2005

January

2005

S	MON	TUE	WED	THUR	FRI	SAT
1	Jan 2 Arts & Crafts 1-3 S. Presa DBSA 7 pm 682-2746	Jan 3 Wellness Group 1 pm Zarzamora DBSA #3 6 pm 683- 8592 Bilingual Consumer/ Family Support Group 6-8 S. Presa	Jan 4 Women's Support Group 10 am S. Presa Arts & Crafts 1-3 S. Presa	Jan 5 TIMA Class #4 1:00 West Annex AMHCR 4:30 pm Busi- ness Mtg. S. Presa DBSA #2 6:45 pm 979- 7836	Jan 6	1/7 NACA Home Buyers Workshop@NACA Office 10 AM - 2 PM 4219 McCullough AMHCR 10:30 am Sup- port group
8	Jan 9 Arts & Crafts 1-3 S. Presa DBSA 7 pm 682-2746	Jan 10 Wellness Group 1 pm Zarzamora DBSA #3 6 pm 683- 8592 NAMI 7 pm 510 Belknap	Jan 11 Women's Support Group 10-11:30 am S. Presa Arts & Crafts 1-3 S. Presa	Jan 12 TIMA Class #5 1:00 West Annex DBSA #2 6:45 pm 979- 7836	Jan 13 Prosumer Meeting 12-3 School of Nursing	1/14
1 5	Jan 16 Arts & Crafts 1-3 S. Presa DBSA 7 pm 682-2746	Jan 17 Wellness Group 1 pm Zarzamora DBSA #3 6 pm 683- 8592 Bilingual Consumer/ Family Support Group 6-8 S. Presa	Jan 18 Women's Support Group 10 am S. Presa Arts & Crafts 1-3 S. Presa	Jan 19 TIMA Class #6 1:00 West Annex Legislative Visit- Call 736-5034 DBSA #2 6:45 pm 979- 7836	Jan 20	1/21 AMHCR 10:30 am Sup- port group
2 2	Jan 23 Arts & Crafts 1-3 S. Presa DBSA 7 pm 682-2746	Jan 24 Wellness Group 1 pm Zarzamora DBSA #3 6 pm 683- 8592	Jan 25 Women's Support Group 10 am S. Presa Arts & Crafts 1-3 S. Presa	Jan 26 Legislative Visit- Call 736-5034 DBSA #2 6:45 pm 979- 7836	Jan 27	1/28
2 9	Jan 26 Arts & Crafts 1-3 S. Presa DBSA 7 pm 682-2746	Jan 30 Wellness Group 1 pm Zarzamora DBSA #3 6 pm 683- 8592	Jan 31 Women's Support Group 10 am S. Presa Arts & Crafts 1-3 S. Presa	Feb 1 TIMA Class #1 1:00 West Annex Legislative Visit- Call 736-5034 DBSA #2 6:45 pm 979- 7836	Feb 2	2/3 AMHCR 10:30 am Sup- port group

**** NOTE: Always Call to check on events to ensure correct date and time.

TIMA Classes are 6 weeks long. Please pre-register at 436-8018.

Interesting Facts

54% of Prosumers live in Senator Leticia Van de Putte's District
 25% of Prosumers live in Senator Frank Madla's District
 17% of Prosumers live in Senator Jeff Wentworth's District
 4% of Prosumers live in Senator Judith Zaffirini's District
 19% of Prosumers live in Representative Trey Martinez Fischer's District
 17% of Prosumers live in Representative Mike Villarreal's District
 12% of Prosumers live in Representative Ruth Jones McClendon's District
 9% of Prosumers live in Representative Joaquin Castro's District
 8% of Prosumers live in Representatives Joe Straus's District

8% of Prosumers live in Representative Jose Menendez's District
 7% of Prosumers live in Representative Frank Corte's District
 7% of Prosumers live in Representative Robert Puente's District
 6% of Prosumers live in Representative David Leibowitz's District
 6% of Prosumers live in Representative Carlos Uresti's District

CALENDAR NAMES, ADDRESSES and PHONE NUMBERS

CHCS - Center for Health Care Services address is 3031 IH 10 West (Central Office) **731-1300**

MR PAC - Mental Retardation Planning Advisory Committee
BHPAC—Behavioral Health Planning Advisory Committee
 for individuals with mental health and/or substance abuse issues

These committees are open to the public and will receive public comment. If you are interested in serving on one of these committees contact: Evelyn Sanchez at 210-731-1300 ext 269

24/7 Crisis Clinic—Address is 520 N. Leona 2nd Floor (the Brady Green). 223-7233 or 1-800-316-9241.

CHCS Adult Mental Health Intake—Address is 520 N. Medina 358-5888

S. Presa CHCS Consumer/Family Support—Address is 5802 S. Presa **436-8018**

Children's Clinic—Address is 711 E. Josephine 299-8139

East Commerce Clinic - Address is 3474 East Commerce **227-3401**

Palo Alto Clinic—Address is 2711 Palo Alto Road **533-2577**

Story Lane Clinic—Address is 104 Story Lane **533-9515**

West Annex Clinic—Address is 1115 West Martin **358-3731**-Adult

Zarzamora Clinic - Address is 806 S. Zarzamora **434-7001**

SAILS - San Antonio Independent Living Services address is 1028 S. Alamo Drive **281-1878**

AMHCR - Alliance for Mental Health Consumers Rights meets at 230 E, Travis at the Travis Park United Methodist Church Rm. 210. For more info call **979-8456** or **820-3064** or samentalealth@sbcglobal.net or www.samentalealth.org

DBSA --Depressive Bipolar Support Alliance meets at 8026 Floyd Curl **210-682-2746**

DBSA #2 --Depressive Bipolar Support Alliance meets at 8134 Blanco Rd **210-979-7836**

DBSA #3 --Depressive Bipolar Support Alliance meets at 210 South Grimes St. **210-683-8592**

NAMI SA - National Alliance for the Mentally Ill of San Antonio **210-734-3349**

Fair Housing Council of Greater San Antonio- Address 4414 Centerview Drive, Suite 170 (210) 733-3247 Office

NACA-Neighborhood Assistance Corporation of America in San Antonio **210-826-2828** or **1-888-302-NACA** or www.naca.com

Prosumers— Address is 5802 S. Presa 736-5034. Main meeting meets at the School of Nursing.

School of Nursing -- Main Entrance is 7703 Floyd Curl Drive, but the entrance on Louis Pasteur is closer to the room. Room is the auditorium. Call if you need a map to Janet Paleo at **210-736-5034**.

VIA Metro Center — Address is 1021 San Pedro (210) 362-2020 Monday - Friday 7:00 a.m. - 6:00 p.m. Call for help with bus schedules and bus transfers



Our Elected Officials

SENATOR FRANK L. MADLA, SENATE DIST 19
 1313 Southeast Military Dr., Suite 101, SA, TX 78214
 (210) 927-9464 Closest Bus Route: 42

SENATOR JUDITH ZAFFIRINI, SENATE DIST 21
 12702 Topperwein, SA, TX
 (210) 657-0095 Closest Bus Route: NO BUS SERVICE

SENATOR JEFF WENTWORTH, SENATE DIST 25
 1250 N.E. Loop 410, Suite 925 SA, TX 78209
 (210) 826-7800 Closest Bus Route: 10

SENATOR LETICIA VAN DE PUTTE,
 SENATE DIST 26
 700 N. Saint Mary's St., Suite 1725, SA, TX 78205
 (210) 733-6604 Closest Bus Route: Downtown

REPRESENTATIVE TREY MARTINEZ FISCHER,
 HOUSE DIST 116
 1910 Fredericksburg Road, SA, TX 78201
 (210) 737-7200 Closest Bus Route: 92

REPRESENTATIVE DAVID LEIBOWITZ,
 HOUSE DIST 117
 P.O. Box 2910, Austin, TX 78768
 Closest Bus Route:

REPRESENTATIVE CARLOS I. URESTI,
 HOUSE DIST 118
 1114 SW Military Dr., #103, SA, TX 78221
 (210) 932-2568 Closest Bus Route: 46

REPRESENTATIVE ROBERT R. PUENTE,
 HOUSE DIST 119
 2823 East Southcross, SA, TX 78223
 (210) 532-8899 Closest Bus Route: 34

REPRESENTATIVE RUTH JONES MCCLENDON,
 HOUSE DIST 120
 403 South WW White Road, Suite 210, SA, TX 78219
 (210) 225-2107 Closest Bus Route: 25, 550, 551

REPRESENTATIVE JOE STRAUS,
 HOUSE DIST 121
 P.O. Box 2910, Austin, TX 78701
 (210) 828-1411 Closest Bus Route:

REPRESENTATIVE FRANK J. CORTE,
 HOUSE DISTRICT 122
 2040 Babcock Rd., Ste. 402, SA, TX 78229
 (210) 349-0320 Closest Bus Route: 520

REPRESENTATIVE MIKE VILLARREAL,
 HOUSE DIST 123
 1806 Blanco Rd, SA, TX 78212
 (210) 734-8937 Closest Bus Route: 2

REPRESENTATIVE JOSE MENENDEZ,
 HOUSE DIST 124
 7121 US Hwy. 90 West, Suite 240, SA, TX 78227
 (210) 673-3579 Bus Route: 76

REPRESENTATIVE JOAQUIN CASTRO,
 HOUSE DIST 125
 6502 Bandera, Ste. 106, SA, TX 78238
 (210) 684-6896 Closest Bus Route: 88

Useful Websites and Links

A website for all Texas government departments

www.texas.gov

The National Alliance for Mental Illness

www.nami.org

Texas Mental Health Consumers

www.tmhc.org

Mental Health Association of Texas

www.mhatexas.org

Texas Legislature Online

<http://www.capitol.state.tx.us>

Texas Administrative Code where you find the laws pertaining to the running of MHMR Centers <http://www.sos.state.tx.us/tac/>

The Texas Election Division to find voter information, and candidates

<http://www.sos.state.tx.us/tac/>

Substance Abuse Mental Health Services Administration

www.SAMHSA.gov

SAMHSA's Mental Health Information Center

<http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>

Website for Medications, Assistance Programs, Discount programs

www.needymeds.com

Texas Department of Housing and Community Affairs

<http://www.tdhca.state.tx.us>

Patient Assistance with Medications

<http://www.phrma.org/>

Free Online Computer Classes through Global Community Foundation a division of Goodwill Industries

www.gcfleamfree.org/en/main/students.asp

Free e-mail course for Women with Alcohol problems. The home page gives you lots of information on everything from entertainment to health issues. Go to health and fitness and then click on Addiction problems.

www.about.com

A website designed to provide clients with more information specific to their current situation and the transition to Medicare Rx

www.texasmedicarerx.org

There is a new service in Bexar County that might be useful for you. It is called TGI or Terra-Genesis. The mission of TGI is to help people **connect** with services. You can use the information to find a service, an agency, assistance and research. Below is the information on this new resource.

Terra-Genesis, Inc. (TGI)

P.O. Box 100875

San Antonio, Texas 78201

(210) 342-8576

Non-profit tax-exempt 501 (c) (3) since 1984

Do not waste time, just let us do the work of finding resources in the community, so you can concentrate on doing your work and mission.

Products/ Services:

- **Hard Copy Directory** - The book has a listing of resources from A-Z. Valuable information for everyone, whether poor or rich (located at Public Libraries). **FREE!**

- **Xnet Connect Services** - The XNET is a comprehensive database of resources available in the community. The database covers all of Bexar county and the eleven surrounding counties. (www.terragenesis.org) and then click on the Xnet Connect button) **FREE!**

KIOSK Services - A Computer system that allows the general public access our database of services in the area (is like having an Automated Teller Machine). (One is available at the Ella Austin Community Center).

Prosumer Numbers (continued from page 1)

- Prosumers held a forum for the Mayoral candidates of San Antonio
- Prosumers have a deputy registrar at every meeting
- Prosumers had the Medical Director of the State come to talk to us about the services we should be getting
- Prosumers held Disaster Training for consumers and families
- Prosumers participated in Medicaid Part D discussion as well as Advocacy Training
- Prosumers testified to legislators
- Prosumers held forum to help people buy homes
- Prosumers raised about \$300 in donations and toys for children for the holidays. This provided 100 stockings for the Blue Santa Program with enough left to share with the Salvation Army Children.
- 3 of our members received the Bexar County Star Award this year
- 1 of our members received the Texas Governor's Trophy from his Committee on Disabilities
- Working with Doctoral candidates on their dissertations
- Prosumers are working with the School of Nursing in Participatory Research Project
- Many Prosumers have gotten jobs
- Some Prosumers are in school
- Many volunteer

- All participating members are working their recovery
- All participating members know and believe that **Recovery is Possible!**

"Follow your dreams and pursue them with courage, let no one stand between you and your dreams. After all, every business and invention in human history was inspired by people who were just following their dreams." —Rev. Neil Colton

Children's Corner

Visions for Tomorrow is a workshop course taught by family members of adolescents with mental illness to other like family members. The course addresses the needs of younger families in dealing with children and adolescents with mental illness. Topics include types of mental illnesses and emotional disorders as well as instruction on coping skills, dealing with schools, and medication.

Tailored for direct, primary caregivers of children and adolescents with brain disorders, Visions addresses 17 different disorders such as ADD/ADHD, depression, bipolar disorder, eating disorders, anxiety disorders, and schizophrenia and methods used to treat these disorders.

This nationally recognized curriculum, which NAMI Texas has shared with 31 states, also offers young family caregivers education in accessing school services, IDEA, and other resources available. Also included are skills-building workshops in communication, problem management, coping, self-care, rehabilitation, transition, the recovery cycle, advocacy, and a support group component.

Vision for Tomorrow Classes starting soon. Call 210-734-3349 to reserve your place and receive more information.

Ear Infection RX

Hold the bubblegum-pink antibiotics. Experts know that, in most cases, the best Rx for a childhood ear infection is to simply let it run its course—but parents often ask for drugs, and doctors usually oblige. Now a study makes it clear: The routine use of antibiotics for ear infections is a bad idea. In a head-to-head comparison, researchers treated 223 children, ages 6 months to 12 years, with either antibiotics or watchful waiting. Among the kids age 2 and older, the scientists found nearly identical cure rates. Kids who weren't given bacteria-fighting drugs did need a pain reliever (ibuprofen or acetaminophen) about twice as often as those on antibiotics.

The treatments weren't equivalent, though. The researchers found that 56% of the kids who had been on antibiotics harbored multi-drug-resistant bacteria in their noses, compared with 28% of the others. This means that recurrent infections in children exposed to antibiotics may be harder to treat.

Fortunately, there are steps you can take to avoid unnecessary antibiotics. "If your doctor doesn't mention watchful waiting first, ask if your child is a good candidate," suggests Robert M. Siegel, MD medical director of the Cincinnati Pediatric Research Group. Here are other key moves to make:

Monitor your Child Before you call the doctor, pay attention to whether your child is eating and drinking, note her energy level and take his/her temperature. A lot of pain or a temperature over 102.2 °F indicates that antibiotics may be needed. "Watchful waiting isn't right for severe infections," Chonmaitree says.

Ease the Pain Use recommended doses of ibuprofen, acetaminophen, or numbing ear drops to keep your child comfortable. Be alert to signs of persistent or increasing pain, rising fever, or greater irritability, which could signal a worsening infection. "Call the doctor if anything concerns you." Chonmaitree says.

Avoid Secondhand Smoke Exposure to smoke makes the Eustachian tubes swell, which prevents them from draining properly and provides a breeding ground for bacteria.

Be prepared Ask your doctor if you can have an antibiotic prescription that could be filled if your child isn't better in 48-72 hours. And don't be afraid to use it, Siegel says. "You should never feel guilty if you decide not to continue watchful waiting, or if you have to fill a prescription in a few days.

The NAMI **Family-to-Family Education** Program is a free 12-week course for family caregivers of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All instruction and course materials are free for class participants.

The Family-to-Family curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

Family to Family (Spanish Classes)

Saturdays (Starting January 21st) from 10:00 – 12:30 PM for Twelve (12) weeks for family and caregivers of someone with a Mental Illness. Call (210) 436-8018 to reserve your space.

Family to Family (English Classes)

Thursdays (Starting soon) for Twelve (12) weeks for family and caregivers of someone with a Mental Illness. Call 210-734-3349 to reserve your space and receive more information

Phone number for Children's Crisis & Eligibility/Enrollment is 299-8139.

LOST IN TRANSITION: WHAT IF A DUALY ELIGIBLE BENEFICIARY ISN'T AUTO-ENROLLED In A Medicare Part D Plan?

The following is from the Center for Medicare Advocacy Weekly alert, December 8, 2005:

What will happen to dual eligible individuals who have not been automatically enrolled in a Medicare Prescription Drug Plan or who have not chosen a plan on their own, if they try to obtain prescriptions at a pharmacy on January 1, 2006? According to CMS there were 6,130,120 full benefit dually eligible individuals, plus a predicted 200,000 new duals over time based on those applying for the low income subsidy (LIS) who were screened and determined Medicaid eligible. Dually eligible individuals were supposed to be automatically enrolled in a Medicare Part D plan. CMS mailed personalized notices during the first week in November, to the nearly 5.5 million beneficiaries who were auto-assigned to a PDP, announcing the plans in which they were enrolled. But despite these efforts, there will likely be dually eligible beneficiaries who attempt to obtain prescription drugs on or after January 1, 2006 whose auto-enrollment has not been completed. On December 1, 2005, CMS announced a process known as a Point-of-Sale solution (POS) to ensure that full dually eligible individuals experience no coverage gap. The POS process is a special type of facilitated enrollment that will allow beneficiaries who present at a pharmacy with evidence of both Medicaid and Medicare eligibility, but without current enrollment in a Part D Plan, to have a claim submitted to a single account for payment. The beneficiary is supposed to be able to leave the pharmacy with a prescription, and a CMS contractor will immediately follow up to validate eligibility and facilitate enrollment. This special facilitated enrollment will only apply to full-benefit dual eligible individuals and not to the deemed (SLMB, QMB, QI-1) population or Medicare-only beneficiaries. CMS has contracted with a single national plan to manage one national account for payment of such claims. The contractor is Wellpoint Inc. of Indianapolis, and the plan is a national plan that offers the standard benefits for a premium at or below the regional low-income premium subsidy amount in every PDP region. In addition, CMS has contracted with an Enrollment Contractor, Z-Tech Corp. of Rockville, MD to facilitate the enrollment process by expediting such things as validation of dual eligibility. The process of facilitated enrollment will start right at the pharmacy. The pharmacist will begin a series of steps by billing a special account. The POS Contractor will maintain a pre-established service account to handle the initial processing of the claims, and will clear transac-

tions from this account as soon as the Enrollment Contractor returns validated information. Claim transactions for verified duals will be cleared by retroactively enrolling the dual eligible individual into the plan and reprocessing the initial claim with the correct member number.

CMS envisions the process to look like this:

A full dually eligible individual presents at the pharmacy in January 2006, with either a Medicaid card, or previous history of Medicaid billing in the pharmacy system patient profile. Pharmacist bills Medicaid and the claim is denied. Pharmacist requests photo identification and checks for Part D enrollment by submitting an "E1 query to the TrOOP facilitator" and the pharmacist also checks for A/B Medicare eligibility by requesting Medicare card; or calling 1-800-Medicare; or requesting to see a Medicare Summary Notice (MSN). If the individual is verified to have dual eligibility and has not been enrolled in a Part D plan, the POS Contractor will immediately submit an enrollment transaction on behalf of the dual to enroll him or her into a POS Contractor plan retroactively to the effective date of dual eligibility (or January 1, 2006). Normal rules for duals opting out of the plan would apply. CMS explains that the details of this process will be communicated to pharmacies and pharmacists on the Contractor's industry "payer sheet"? the mechanism utilized in the pharmacy industry to communicate billing processes among pharmacies, switches and processors (payers). Payer sheets are picked up by pharmacy IT staff and software vendors and systems are coded to automate as much as possible. CMS is producing a CD-ROM for distribution to the bench pharmacists that will address the instructions, as well as the use of the EI query, coordination of benefits, and other issues of concern to pharmacists. Questions remain, however. Will implementation be complete by January 1, 2006? If it is, will all the parties involved be conversant enough with the process? Ominously, when we contacted a local CVS Pharmacy, nobody there had any knowledge of what the industry "payer sheet" is, nor had they even heard of the POS Contractor process.

For more information on the transition of dually eligible beneficiaries to Medicare Part D, please contact attorney Pamela Meliso (pmeliso@medicareadvocacy.org) or Rebecca Ganci, paralegal (rganci@medicareadvocacy.org) in the Center for Medicare Advocacy's Connecticut office at (860) 456-7790, or, for a detailed description of POS, visit the CMS Website at http://questions.cms.hhs.gov/cgi-bin/csmshhs.cfg/php/enduser/std_adp.php?

Today we have a bit of a moral and ethical dilemma for you to ponder...

You are driving along in your car on a wild, stormy night, when you pass by a bus stop, and you see three people waiting for the bus:

1. An old lady who looks as if she is about to die.
2. An old friend who once saved your life.
3. The perfect partner you have been dreaming about.

Which one would you choose to offer a ride to, knowing that there could only be one passenger in your car?

Think before you continue reading...

This is a moral/ethical dilemma that was once actually used as part of a job application. You could pick up the old lady, because she is going to die, and thus you should save her first; Or, you could take the old friend because he once saved your life, and this would be the perfect chance to pay him back. However, you may never be able to find your perfect mate again.

The candidate who was hired (out of 200 applicants) had no trouble coming up with his answer.

He simply answered: "I would give the car keys to my old friend and let him take the lady to the hospital. I would stay behind and wait for the bus with the partner of my dreams."

Sometimes, we gain more if we are able to give up our stubborn thought limitations. Never forget to 'Think Outside of the Box,' the mind it a powerful thing! —Author Unknown

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