

Ohio Passes Mental Health Parity Bill

December was a historic month for mental health advocates in Ohio as the Mental Health Parity Bill (Senate Bill 116) was passed by both branches of the Ohio Legislature and signed into law by Governor Bob Taft. The former governor signed the bill on December 29, 2006 and the bill will become law in September 2007.

The bill prohibits discrimination in health care coverage for the diagnosis, care, and treatment of seven biologically based mental illnesses, thereby requiring all health insuring corporations that offer coverage for basic health care services to offer like coverage for these services, with certain exceptions.

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MHAFC Set to Launch 4th Annual Online Auction

Ready, Set, Bid! For the fourth straight year, Mental Health America of Franklin County will host its online auction celebrating Mental Health Month in May. Again, MHAFC has secured amazing items for you to bid on during the auction, which will be held from May 1 to May 15, 2007.

The success of the online auction keeps growing each year. In 2006, MHAFC's online auction raised nearly \$30,000. The auction dollars raised each year help us to respond to the increasing needs of those within our community who are impacted by mental health issues.

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MHAFC Announces Dates for its Annual Mental Health Conferences

Mental Health America of Franklin County will again be holding its annual adult and children's mental health conferences.

The adult mental health conference will be held on Wednesday, June 13, 2007 at Columbus State Community College. The topic will be "Windows to the Mind: A New Approach to Differential Diagnosis and Treatment of Borderline and Other Personality Disorders", presented by Lorna Smith Benjamin, PhD. Professionals in the mental health field can receive seven credit hours by attending the all-day session from 8:30 to 4:45. MHAFC will also offer a community program, open to all, from 7 to 9 pm that evening.

Borderline personality disorder is a serious mental illness characterized by pervasive instability in moods, interpersonal relationships, self-image, and behavior. This instability often disrupts family and work life, long-term planning, and the

individual's sense of self-identity. Patients often need extensive mental health services, yet with help, many improve over time and eventually are able to lead productive lives.

The children's mental health conference will be held on Wednesday, September 26, 2007 at the Fawcett Center on the Ohio State University campus. Presenters Melissa DelBello, MD, and Mary Fristad, PhD, will discuss "Bipolar Disorder in Children and Adolescents: a Comprehensive Evidence-Based Approach." Professionals attending the all-day conference will receive seven credit hours for attending from 8:30 to 4:45. The community is invited to hear about this topic from 7 to 9 pm.

Stay tuned for further information on these conferences and visit www.mhafc.org to register. You can always contact MHAFC with questions at 614-221-1441.

MHAFC Hosts Successful Ethics Training

More than 80 mental health professionals attended MHAFC's March 7th ethics training at Maryhaven. Social workers, counselors, and psychologists earned three CEU credit hours and learned about legal and ethical issues in counseling, social work, and psychology from Bill Hegarty of the Ohio Counselor and Social Work Board. Thank you to all who attended. Be sure to look for another ethics training this fall.

4th Annual Online Auction

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We would be unable to achieve such success if it weren't for our generous sponsors and donors. Each year, including the 2007 online auction, we have received fabulous items from individuals, businesses and corporations.

MHAFC is still seeking auction sponsors and accepting donations. Sponsors will have their logo and name prominently placed on our auction website – www.mhafc.org – for the entire auction. For those donating items, a photo of your donation will appear with a full description of your business and its URL on the auction website.

For more information on how to become a sponsor or donor, contact MHAFC at 614-221-1441. And get those fingers ready to bid; the auction starts May 1st!

MHAFC Receives BBB Charity Seal

Mental Health America of Franklin County now participates in the Better Business Bureau (BBB) Charity Seal program. The Charity Seal is a unique logo that indicates that MHAFC meets all twenty of the BBB's Wise Giving Alliance Standards of Charitable Accountability, is committed to continue to meet these Standards, to address any concerns brought to their attention by the Bureau, and to pay an annual fee for the use of the seal. The standards seek to encourage fair and honest solicitation practices, to promote ethical conduct by charitable organizations and to advance support of philanthropy.



One in Ten U.S. Iraq Veterans Suffers Stress Disorder

Nearly one in ten American soldiers who served in Iraq were diagnosed with post-traumatic stress disorder, most after witnessing death or participating in combat, according to a Pentagon study that could add fodder to a budget battle in Congress over veterans' health care.

Overall, the study found more than a third of U.S. soldiers received psychological counseling soon after returning from Iraq. The survey covered 222,620 Army soldiers and Marines returning from Iraq, 16,318 from Afghanistan and 64,967 from other deployments.

"The researchers did not find the results surprising, because the military has a new mental health screening program for returning soldiers and is encouraging them to get help early to prevent serious problems later", said study co-author Dr. Charles Hoge, a colonel at the Walter Reed Army Institute of Research.

"Because of the new screening program, the findings cannot be compared to those from previous wars", Hoge said.

Mental health screening of veterans showed 21,620 out of 222,620 returning from Iraq and assessed over the year ending April 30,

2004, suffered from post-traumatic stress -- a disorder that can lead to nightmares, flashbacks and delusional thinking.

Of those diagnosed with post-traumatic stress, 80 percent said they had witnessed people being killed or wounded or had participated in combat and fired their weapon, the report said. Of those not diagnosed, half had experienced violence or combat.

Post-traumatic stress disorder and other combat-related mental health problems can lead to family strife, divorce, alcohol and substance abuse, and unemployment. Veterans' advocates said the findings support their call for increased spending on mental health care for Iraq veterans.

In prior wars, mental health issues weren't studied until years, sometimes decades, after the soldiers came back," Hoge said. "For this war, we're doing it differently. Research is influencing policy and we're adjusting policies as the data come in."

The challenge is to assure that mental health services are available to all those who need them as is demonstrated in the following article.

Americans who risk their lives for their nation deserve access to treatment once home

Published by Kevin Giles, Star Tribune

The real tragedy in the wake of the suicide of Jonathan Schulze is that the young Marine asked for help but help was not forthcoming. We can respond proactively to this travesty, if we now prepare the state to help other veterans who may also be suffering.

Through no fault of our own, some of us may be predisposed to long-lasting psychological effects from the experience of war. It is well known that some human beings are simply predisposed to addiction, depression, anxiety or other disorders. For many the stigma of seeking help as a "mental health" patient is almost too much to bear in itself -- so when Jonathan Schulze showed the courage and responsibility to ask for help, it should have been available.

"Post-traumatic stress disorder" has been associated with a negative connotation for so long that the Department of Veterans Affairs has suggested clinicians refer to the same set of symptoms with terms like "adjustment" disorder and "transition"

difficulties. Whatever the name, it is estimated that nearly a third of our combat veterans will need some assistance in readjusting to civilian life.

At first, Jonathan Schulze tried to live with the nightmares and the grief he brought home from Iraq. He was a tough kid from central Minnesota, and more than that, a U.S. Marine to the core.

Yet his moods when he returned home told another story. He sobbed on his parents' couch as he told them how fellow Marines had died, and how he, a machine gunner, had killed the enemy. In his sleep, he screamed the names of dead comrades. He had visited a psychiatrist at the VA hospital in Minneapolis.

At a VA hospital in St. Cloud, Minnesota, he told a staff member he was thinking of killing himself, and asked to be admitted to the mental health unit, said his father and stepmother, who accompanied him. They said he was told he couldn't be admitted that day. The next day, as he spoke to a counselor in St. Cloud by phone, he was told he was No. 26 on the waiting list, his parents said.

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Americans who risk their lives for their nation deserve access to treatment once home (con't.)

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Four days later, Schulze, 25, committed suicide in his New Prague home.

Schulze's father and stepmother, Jim and Marianne Schulze of rural Stewart, Minn., say their son would be alive today if the VA had acted on his pleas for admittance. They say they heard him tell VA staff in St. Cloud that he felt suicidal -- in person on Jan. 11 at the hospital, and over the phone on Jan. 12.

"Jonathan was a classic," said Dr. William Phillips, who said he first examined Schulze in October 2004 when Schulze was home on leave from Marine duty.

Phillips said Schulze was reliving combat in his sleep, had

flashbacks when he was awake, couldn't eat, felt paranoid, struggled with relationships and admitted to drinking alcohol excessively. Phillips prescribed medication to calm his nerves and help him sleep.

"We don't have a system for this," Phillips said this week. "The VA is overwhelmed, and we're rural doctors out here trying to deal with this. Unfortunately, we're going to see a lot of Jonathans."

Family thinks that Jonathan Schulze didn't intend to kill himself. They said that he was drunk and confused and speculate that he unintentionally blacked out before police arrived. Secondary causes of death, said the Minnesota Regional Coroner's Office in Hastings, were post-traumatic stress disorder and acute and chronic alcoholism.

"He was a delayed casualty of the Iraq war," Jim Schulze said of Jonathon.

MHAFC Volunteer Wins ADAMH's Art Lynn Consumer and Family Advocate Award

In 1984, at the age of 30, Darrell Herrmann was diagnosed with schizophrenia, a psychiatric disorder affecting more than 2 million Americans each year. A person with schizophrenia typically demonstrates disorganized thinking and experiences delusions or auditory hallucinations, characterized by impairments in the perception or expression of reality. At the time of his diagnosis, Darrell had graduated from Kansas State University and was commissioned as an army officer specializing in field artillery and nuclear weapons.

"Schizophrenia and nuclear weapons don't go very well together," Darrell E. Herrmann, Captain, Field Artillery, United States Army Retired, said, "So, I was retired from the Army."

After retiring, Darrell went back to school where he pursued a bachelor's degree in computer science, graduating in 1986. He then successfully began work as a computer programmer until November 2004 when stress became too overwhelming and he was put on disability.

Darrell suffered from delusions and was plagued with thoughts of grandiose conspiracies surrounding him. Today, he takes daily medications to help reduce the symptoms, yet Darrell still deals with very real hallucinations, making it hard for him to distinguish them from reality.



"No antipsychotic has ever completely eliminated my hallucinations," he said, "but I strongly believe that without medications, I wouldn't be where I am today."

By seeking help through ADAMH-funded organizations, including Mental Health America of Franklin County and NAMI, Darrell has been able to cope with the symptoms associated with schizophrenia and move on with his life, helping others along the way.

As a token of appreciation for all his advocacy efforts, he recently was honored with the 2006 Art Lynn Consumer and Family Advocate Award, which was presented to him at the 2006 ADAMH Annual Meeting. The award

recognizes a consumer or family member who has advocated on behalf of people suffering from mental illnesses or addictions and has contributed something special to improve the quality of life for Franklin County citizens.

"I strongly feel that helping others is the best way to help yourself and I am extremely honored to receive an award for this," Darrell said. "Without volunteer work, life on disability would be tough. I would encourage anyone to find a volunteer job that they feel passionate about - it definitely has had a positive impact on my life."

Darrell's passion for his work shows through his inspirational courage and strength. It is with this dedicated determination that Darrell raises awareness about mental illness, helping others find peace of mind. MHAFC has nominated Darrell for the Jefferson Award. We'll keep you posted.

This & That

Invega™ Approved By FDA As New Treatment For Schizophrenia

The U.S. Food and Drug Administration (FDA) approved INVEGA™ (paliperidone) Extended-Release Tablets, a new atypical antipsychotic, for the treatment of schizophrenia, in December 2006. INVEGA is the first new prescription treatment for schizophrenia to be approved by the FDA since 2003. We just received word that Ohio Medicaid has placed a prior authorization on INVEGA. Unfortunately this means a delay in getting the medication to the people who need it most. People will have to show that they have first tried another atypical antipsychotic, as well as meet other criteria established by Ohio Medicaid.

Worldwide, it is estimated that one person in every 100 develops schizophrenia, one of the most serious types of mental illness. In the United States, there are currently two million people with schizophrenia, with men and women affected equally. The disease is marked by positive symptoms (hallucinations and delusions) and negative symptoms (depression, blunted emotions and social withdrawal), as well by disorganized thinking.

Web-Based Depression Calculator Touts Improved Benefits For Employers and Employees

The Pharmaceutical Research and Manufacturers of America (PhRMA) released the newest version of the “depression calculator.” This third version of the calculator—“version 3.0”—was developed by the HSM Group and helps businesses determine the cost and productivity savings of helping employees suffering from depression to obtain treatment.

Many new features are available in version 3.0 of the depression calculator, including updated wage and compensation rates, updated prevalence rates, the integration of two levels of depression care, and a feature allowing the user to specify how often replacement workers are utilized. To use the calculator, visit <http://www.depressioncalculator.com>.

What if MHAFC earned a penny every time you searched the Internet? Now it can!

GoodSearch.com is a new Yahoo-powered search engine, with a unique social mission... every time you use GoodSearch, money is generated for MHAFC.

GoodSearch donates half its revenue, about a penny per search, to the charities selected by its users. The pennies quickly add up. For example, if 1,000 MHAFC supporters searched just twice a day, we would receive an estimated \$7,300 per year to help fund our programs and services.

Just go to www.goodsearch.com and be sure to enter MHAFC as the charity you want to support. The more people who use this site, the more money we'll earn, so please spread the word!

Katrina Victims Still Living With Aftermath

Up to 35,000 children who were displaced by Hurricane Katrina in 2005 are having emotional, behavioral or school problems, according to a study conducted jointly by Columbia University's National Center for Disaster Preparedness and the Children's Health Fund. “There was a nearly fourfold increase in the clinical diagnosis of depression or anxiety in children after the hurricane, and the prevalence of behavioral or conduct problems doubled,” according to the organizations. In addition, more than 60 percent of parents tested high for anxiety, depression and PTSD. (Dow Jones Newswires, 2/2/07).

Fourth-Annual NAMI Walk

NAMI of Franklin County will hold its fourth annual NAMI Walks for the Mind of America at Genoa Park in Columbus on May 5. The goal of the walk is to raise both money and awareness of the need for America to build a world-class treatment and recovery system for people with mental illness. NAMI hopes to raise \$100,000 in this year's walk. For more information on NAMI Walks, contact NAMI at 614-262-0114 or www.nami.org.

Binge Eating More Common Than Other Eating Disorders

Binge eating is the most common eating disorder in the United States, even though other eating disorders, such as anorexia nervosa, tend to garner more attention, Harvard University researchers reported last week. Binge eating is defined as people who eat well beyond the point of being full at least twice a week. About 3.5 percent of women and 2 percent of men are affected by binge eating at some point in their lives. By comparison, 0.9 percent of women and 0.3 percent of men are affected by anorexia at some point. The health risks associated with binge eating include obesity and cardiovascular diseases (Reuters, 2/1/07).



FDA Committee Decides Not to Extend Black Box Warning to All Age Groups, Recognizes Untreated Depression as Major Risk for Suicide

David Shern, PhD, president and CEO of Mental Health America, the nation's leading non-profit organization addressing the mental health of all Americans, announced in December 2006 that the Food and Drug Administration's Psychopharmacologic Drugs Advisory Committee chose not to extend the black box labeling on antidepressants to all adults.

However, the Committee voted to extend the existing pediatric black box label on all antidepressant medications to age 25, citing data from the FDA's recently completed meta-analysis. All committee members who voted for modified labeling agreed to do so only with the caveat that the labeling address the inherent risk of suicide in untreated depression – listening to the concerns of the leading national mental health and suicide prevention organizations in its Open Letter on Antidepressants to the FDA. To view the letter, go to www.mentalhealthamerica.net.

Mental Health America has serious concerns about the public health impact of this warning label. Since the black box warning went into effect in 2004 for children and youth, there is emerging data indicating that treatment and identification rates for depression have dropped. This labeling – and its new parameters – could further add to the formidable barriers for people of all ages in getting the help they need and recovering from their illness. As is well known, 90 percent of suicides are attributed to untreated or under-treated depression.

Mental Health America strongly encourages the agency to conduct an analysis of the impact of the black box label put in place in 2004 on rates of identification and treatment of depression and incidence of suicide. In addition, we are committed to working with the FDA and other federal agencies to ensure that there is better information for and monitoring of people taking medications.

Study Puts Rate of Autism at 1 in 150 U.S. Children

About one child in 150 develops autism or a related disorder like Asperger's Syndrome by the age of 8, according to a study recently released by the Centers for Disease Control and Prevention.

The study, which looked at cases of so-called autism spectrum disorders in 14 states in 2000 and 2002, is the most rigorous analysis to date of the disorders' prevalence in the U.S. It confirms recent estimates, which put the number at roughly one in 150 children — higher than the one-in-200 estimate made in the 1980s. The analysis also found that delays in diagnosis were common: an average of at least a year and a half from the time parents first reported odd speech problems or other social deficits, typically around the age of 3.

Children with classic autism have disabling difficulties in communicating, forming relationships and adjusting to change; those with other disorders on the spectrum have social difficulties generally

less severe, and in some cases mild. Extrapolating from the number of cases it found, the study suggested that some 560,000 Americans age 18 or under struggled with such disorders.

Researchers say that both genetic variation and developmental factors combine to cause the disorders, but know little more than that.

And the new numbers are not likely to settle the continuing debates about whether there has been a true rise in autism and, if so, the underlying causes of that increase.

“Our estimates are becoming better and more consistent, though we can't yet tell if there is a true increase in autism spectrum disorders or if the changes are the result of our better studies,” the disease centers' director, Dr. Julie L. Gerberding, said in a statement. “We do know, however, that these disorders are affecting too many children.”

Dr. Fred R. Volkmar, director of the Child Study Center at Yale University School of Medicine, said, “It appears that the rates are

unchanged over the past 20 years or so, but it is important to track these numbers.”

The researchers made their estimates on the basis of a detailed review of records from schools and health clinics in six states in 2000 and 2002, and from an additional eight states in 2002 alone. They looked at behavior problems in 8-year-olds, who are at an age by which the disorders usually become apparent.

The investigators found similar rates in most of the states surveyed, with two exceptions. The prevalence was lowest in Alabama, at one in 300, and highest in New Jersey, at some one in 100. Dr. Catherine Rice, the C.D.C. researcher who led the study, said it was likely that the Alabama number was an underestimate, because the researchers did not have access to school records in that state. The higher rate in New Jersey may reflect other differences, experts said, including a higher level of awareness and wider availability of services in communities and schools.

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New Consumer-Operated Service Center Opens

A new consumer-operated service center (COSC) is a drop-in center for those experiencing mental health and/or substance abuse issues, as well as their families and friends. It is funded by the Franklin County ADAMH Board through Columbus Area, Inc. COSC promotes empowerment through educational resources and peer support to assist consumers in taking control of their own recovery. They host a wide variety of services including one-on-one and group peer support, recreational activities, resources center and computer lab, media center and support groups centered around mental health and recovery. COSC is open from 7 am to 11 pm daily. They are currently located at 1203 E. Broad St. on the 3rd floor. They will be moving in the next few months to their permanent home at 1221 E. Broad St. Call them at 614-251-7829 to get more information.

Study Puts Rate of Autism at 1 in 150 U.S. Children (con't.)

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“We did find that there were more evaluations done in New Jersey, that kids were more likely to have an evaluation, and to have more of them, and that families had more information about these disorders,” Dr. Rice said. “But that didn’t completely explain the higher rate. At this point we really don’t have answers, but we believe the range of prevalence from 5 to 10 per 1,000 across all the states is an accurate one.”

The C.D.C. analysis involved these states: Alabama, Arizona, Arkansas, Colorado, Georgia, Maryland, Missouri, New Jersey, North Carolina, Pennsylvania, South Carolina, Utah, West Virginia and Wisconsin.

In Franklin County, the Autism Spectrum Disorder Clinic at the OSU’s Nisonger Center (614-292-9844) can provide information and evaluation.

There is also a support group for parents of children with autism: Central Ohio Families for Effective Autism Treatment (COFEAT). Call 614-470-2976 or visit their website at www.cofeat.org for more information.



School-Based Health Centers' Roles as First Responders to Students in Crisis

Health and education policy leaders believe that school-based health centers play a significant role in responding to students in crisis and provide a national model of health care access for students. Buoyed by a Lake Research Partners study that shows two-thirds of American voters support school-based health centers—essentially doctor’s offices within schools—members of the National Assembly on School-Based Health Care met with congressional staff at a special briefing to explain the role of school-based health care and discussed new legislation that would expand the federal health care safety net to include school health centers. Nationwide, there are approximately 1,700 school-based health centers available to serve nearly 2 million children in 44 states.

“School-based health centers were born of a movement to bridge health and education with the explicit objective of keeping school-aged children and youth healthy so that they experience the fewest possible barriers to learning,” said John Schlitt, executive director of the National Assembly on School-Based Health Care. “In a time of crisis, school-based health centers take their work a step further to respond to individual, school and community needs.”

“Whether it’s an extremely public crisis etched in our collective consciousness with grim detail, or the silent crisis of anxiety and depression among our youth, school-based health centers provide some of the basic tools to ensure student success by keeping young people strong, healthy and able to learn,” added Schlitt.

The School-Based Health Clinic Establishment Act, an amendment of the Public Health Service Act, creates a school-based health clinic program within the federal government. The Act was introduced in the Senate on February 15. It will authorize the first-ever federal program for school-based health centers and will authorize \$50 million for FY 2008.



Legislative Update

Ohio Passes Mental Health Parity Bill

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Mental health advocates were exhilarated with the victory. Mental Health America of Franklin County's executive director, Laura Moskow Sigal, announced "We Did It!!" to the numerous advocates who supported MHAFC's efforts in getting the bill passed on December 29, 2006. Advocates responded with joy.

MHAFC received a number of thank you's from proponents of the bill.

"I have to tell you I didn't think that what all of you have achieved was possible. It really just demonstrates that when advocates like you refuse to quit over what matters, eventually what matters wins! Kudos and thanks on behalf of all of those who have had their own lives touched by mental illness - a disease, not a choice. We thank you," said a family member.

"I go to sleep tonight knowing that mental health advocates broke through to the mainstream. It's been a long struggle, but...we persevered."

"WHAT A GREAT DAY! Congratulations, and thank you so much for all you have done to make this possible," said another advocate.

MHAFC and its partners will not stop its efforts however, instead focusing on a national effort to support the federal parity bill that has recently been introduced in the U.S. Senate (see related story on this page). Updates on the progress of the federal parity bill will be available on MHAFC's website - www.mhafc.org - and further issues of the Advocate.

Medicaid Buy-In

Sponsor testimony on Medicaid Buy-in bills were heard in the House on House Bill 664 and in the Senate on Senate Bill 369 in December 2006. Under the new legislative session, the bill has been reintroduced in the Senate as Senate Bill 4 by Sen. Steve Stivers (R-Columbus). Rep. Jon Peterson (R-Delaware) is expected to reintroduce the bill in the House. Under the current system, Ohioans with disabilities are discouraged from working because increasing their earnings would make them ineligible for health care coverage. The proposed legislation would enable individuals with disabilities who are employed or want to be employed to "buy-in" to Medicaid. Individuals with disabilities would be able to pay a premium for their Medicaid health care coverage. The amount of a participant's income would determine the amount of the premium. "This measure is about allowing individuals to live the American Dream—to work and

earn an honest wage. Ohioans with disabilities want to work, but are limited as to how much they can earn under Ohio's current Medicaid system," said Sen. Stivers. "This measure will enable Ohioans with disabilities to work without the threat of losing their Medicaid health care coverage."

Federal Mental Health Parity Introduced

The new Federal Mental Health Parity Bill was introduced on Feb. 12. Two days later, this legislation, mandating parity for mental health benefits in group health care plans, was overwhelmingly approved by the Health, Education, Labor and Pensions Committee by an 18-3 vote. The legislation would require plans to provide the same cost-sharing requirements for mental health expenses as they impose for other medical expenses. For example, if a group health care plan requires enrollees to pay 20% of medically related expenses, it would have to do the same for mental health care expenses.

Additionally, the measure would ban discriminatory limits on visits to mental health therapists and inpatient stays for treatment of mental disorders. A health care plan could not, for example, limit the number of annual outpatient visits to mental health therapists if there is no comparable limit for treatment of other medical problems.

The measure also would ban separate deductibles for mental health care expenses. If a health care plan had, for example, a \$400 deductible for medical expenses, mental health expenses would have to be included in the overall deductible.

Unlike earlier parity bills, the latest bill enjoys broad bipartisan support in the Senate and is not opposed by major business and benefits groups such as the U.S. Chamber of Commerce and the American Benefits Council. Ohio Senator Sherrod Brown is one of the co-sponsors.

The bill would apply to employers with 51 or more employees. It would exempt companies if they could prove that compliance would increase health care costs by more than 2% during the first year that parity goes into effect or more than 1% in subsequent years.

It isn't known yet when the full Senate will take up the bill. However, we expect this bill to be on a "fast track" to passage. A companion bill has not yet been introduced in the House.

Federal Mental Health Parity Act of 2007 - Q & A

Q: Whom does the bill affect?

A: Anyone who has group health insurance through their employer, if their employer has more than 50 employees. That's roughly 113 million Americans.

Q: What does the bill do?

A: This bill requires insurance companies and employers offering mental health coverage to provide parity between mental health and physical health coverage, meaning that they must treat the two benefits similarly to each other. They can't establish different financial requirements for mental health, such as deductibles, co-pays, annual and lifetime limits, etc. Plans can also not create different treatment limitations such as day and visit limits for mental health, meaning that the treatment they cover for mental health should be on par with what you would receive for physical health care.

Q: Does it mandate or require a plan to offer mental health coverage?

A: No. It simply requires a plan that offers mental health coverage to treat that coverage in a similar way to its physical health coverage.

Q: Will it take away my state mandated mental health coverage?

A: No. State laws requiring plans to provide mental health coverage will remain in effect. The primary difference is that these plans will now have to treat your mental health coverage the same as physical health coverage under the federal parity guidelines that address financial requirements such as co-pays, and treatment limitations such as day and visit limits.

Q: What happens if my state's laws outline specific mental health treatment limitations?

A: This bill would not affect the state's basic mandate of mental health coverage, but it would take the place of any specific day or visit limits that your state might currently mandate.

Q: Are small businesses required to comply with the parity rule?

A: No, businesses of 50 or fewer employees do not have to offer plans with parity under this bill, but they'll still be required to follow state regulations that apply to them.

Q: Will the parity requirement result in a cost to employers?

A: Past Congressional Budget Office scoring of mental health parity has shown a less than 1% increase in cost to employers.

Q: Can companies and insurance providers opt-out of providing parity?

A: Yes, but only if they can show that their actual costs for providing parity increased their overall cost by 2% over the

course of the first year parity is in effect or 1% for subsequent years. If so, they may choose to opt-out for one year, but must comply with the parity requirements the next year.

Q: What happens if my insurance doesn't comply?

A: If your plan does not offer the parity required by law, the first recourse is through your state's Department of Insurance or other agency handling insurance matters in the state. If the state fails to enforce the law, you can appeal to the U.S. Department of Health and Human Services, which can charge the health insurance issuer a civil monetary penalty fee of up to \$100 per day per violation for each individual affected. The U.S. Department of the Treasury is also authorized to penalize employers with an excise tax of up to \$100 per day per violation for each individual affected. The U.S. Department of Labor can also enforce compliance in group health plans. Finally, if none of the above appeals have resolved your dispute, you can also bring a claim against the plan issuer through the federal courts to get them to do what was required under law.

Q: Will the states all enforce parity in the same way?

A: Yes. Each state is required to enact the federal parity standard, or change their state law to mirror the federal standard. This ensures uniformity in how the states enforce the parity requirements.

Q: Will my out-of-network mental health coverage be protected by parity?

A: Yes, the bill requires that plans which offer out-of-network mental health coverage provide parity for that coverage, so that out-of-network mental health coverage is treated the same as out-of-network physical health coverage. However, the bill does not require that a plan offer out-of-network mental health coverage, even if the plan does offer out-of-network coverage for physical health.

Q: Is substance abuse treatment included in the bill?

A: Yes, plans that cover substance abuse will be required to provide parity, but the bill does not mandate that plans offer any substance abuse coverage.

Q: Does it affect my coverage under Medicare or Medicaid?

A: Yes and no. Medicare is not affected. Medicaid managed care, SCHIP, and some state and local health plans are affected.

Q: Will the group health plan issuer be required to notify me of any changes to my mental health coverage?

A: Yes, the bill requires that plans notify enrollees of any changes in their mental health coverage.

Q: When does the federal parity requirement go into effect?

A: The parity requirement will take effect on the first plan year of your coverage that begins at least one calendar year after the President signs the bill into law.

Welcome and Thank You to our Newest Members

From December 7, 2006 through Feb. 20, 2007

Bellringer

Louise Guthman
R. Reed Fraley
Montei Foundation
St. Mary of the Springs

Pacesetter

Barbara Chuko
Karen Crossin
Brian Spain
Mr. and Mrs. Arthur Timmins

Patron

Helen Ackery
Thomas Battenberg & Helen Liebman
Dave and Cathy Levy
Richard R. Murphey
Marion Sherman, MD
Susan Shonk

Professional

Marshall Barnes
Christine Bradley
Kenneth J. Miller, MD
Jeff and Jeanne Quayle

Family

Ben and Judy Braun
Tim and Christie Hall
Mike and Linda Wilkinson

Individual

Carl Bogenschutz
Janice Rond
Somali Women & Children's Alliance
Karen M. Taylor
Charles J. Walters

Other

Salema J. Alli
Katie Davis
Emmy Devore
Mr. and Mrs. Delmar Lindner
Sandra Mathews
Billie Pache
Jose and Noemi Pria
Paul Thomas
Treva Weaver

End-of-Year Donations

From December 7, 2006 through Feb. 20, 2007

Catherine Adamescu
Martha J. Armstrong
George and Betty Bailey
Mary E. Bennett
Karen Berry
Paul and Barbara Bidwell
Lawrence and Mary Buynak
Dorothy Cameron
Juan Cardenas, MD
Angie S. Chesser
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Gary and Margaret Dalton
Emily N. Daniels
Donnie and Barbara Davis
Katherine Dufrane
Anne Marie Dujardin-De Buck
Harold and Anita Eisenstein
James and Joyce Estes
Larry and Karen Fournier
Ivan Gilbert
Roger and Eleanor Gove
Jean-Michel Guldmann
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Betty Hersch
Jill Hertzendorf
Stella H. Karolin, MD
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Kevin Kraska
Ronald and Dr. Carol Lebeiko
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Jeffrey Myers and Gretchen Luidens
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Lois Schostek
Linda J. Siefkas
John and Louanne Tewart
Veda D. Thomas
Nancy Troy
Virginia J. Welch
James and Vivian Williams
Theresa Barkan Willits
William and Arlene Zipperlen

In Memory Of Kevin Wymer

Karen Crossin

Thanks!

A big thank you to Ohio's new Secretary of State and current MHAFC Board Member Jennifer L. Brunner who chose MHAFC to be her charity of choice at her swearing in. We received over \$2,000 in her honor.

And, thank you to Eli Lilly and Company for funding a grant toward the printing of this Advocate. Their support is truly appreciated.

MHAFC 2006-2007 Board

The MHAFC Board of Trustees is comprised of community leaders who generously give their time and talents to further our mission:

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MHAFC New Staff

MHAFC would like to welcome the newest member of our team, Stacia Kock. Stacia joined us in early February as our Executive Assistant. A Missouri native and Univ. of Louisville graduate with a master's degree in women and gender studies, she is enrolled at OSU in their doctoral program. Stacia enjoys tennis, recently took up golf, and is currently training for the 2007 Columbus Marathon.

Holiday Magic 2006 another huge success

MHAFC celebrated its annual Holiday Magic with an outstanding success. As in past years, all items for the 2006 Holiday Magic benefited the men and women who are residing at Twin Valley Behavioral Healthcare (TVBH) in Columbus. MHAFC raised over \$1,300 in cash and over \$2,500 worth of clothes, beauty and healthcare items, and games for these residents.

A letter from Melinda Simonds, TVBH Volunteer Program Administrator, underscored the importance of the contributions made by donors to Holiday Magic. To quote Melinda: "... I literally yelled "yea" with joy and relief..... Donations had been slow to come in last December. Your donations enabled them to purchase 38 personal size Walkman radio/cassette players and numerous pre-paid phone cards requested by patients." So a big THANK YOU to all those who contributed to make the holidays brighter for people struggling with severe mental illness.



MHAFC staff Misha Barnes and volunteer Mary Margaret Dick present donations to Marvin Robinson, an employee from TVBH.

Holiday Magic Donations

Through December 31, 2006

Catherine Adamescu
 Frances Alig
 Lynn Aspey
 Jean & David Ayers
 Misha Barnes
 Karen Berry
 Paul & Barbara Bidwell
 Brenda Burkett
 Angela Chesser
 Barbara Chuko
 Gerald Cohn
 Consumer & Family Advisory Council
 Gary Dalton
 Penny Dearth
 Depression Support Group
 Jane Ellen Dietrich
 Benny & Deborah Eisenstein
 Vanessa Eubanks
 Jennifer Farkas
 Patricia Fulakis
 Karen Ginyard
 Alice Hale
 Gloria Harris
 Betty Hersch
 Dorothy Hill
 John & Nancy Howison
 Gene & Hazel Keener
 Gerry Keener
 Kitty Konicsak (Bubbe's Blessing)

Priscilla Kramer
 Doug & Carol Langenfeld
 Dorothy Matsanoff
 Lee & Patricia Mault
 Beth McCreary
 Simone O'Brien
 Pathway Clubhouse
 Sally Pedon
 Ellen Rapkin
 Judith Ressallat
 Bonnie Rider
 Emilie Ritchey
 Nancy Rogers
 Linda Royalty
 Randall Scalf
 Norman & Beth Schwartz
 Helen Short
 Laura Moskow Sigal
 Ingrid Silvian
 Cathy Smith
 Julie Snyder
 Mary Lee Stocks
 Mary Ann Sullivan
 Elaine Swank
 Jeff Timmins
 Molly Vargo
 Allan & Carol Whaling
 Michelle Wilber
 George & Marjorie Wilson
 Charles & Blanche Young
 John & Jane Young

MHAFC Membership Drive

MHAFC's annual membership drive begins in May. This year, MHAFC's focus is on bringing wellness home to the community. Our goal is to help the community understand that mental health is an integral part of overall health. By bringing wellness home, MHAFC will advocate that treatment works and recovery is possible.

These new initiatives require a great deal of funding and work. Please watch for our 2007 membership drive packet in your mailbox – or check out our website (www.mhafc.org) for membership information. By becoming a member of MHAFC, you will impact mental wellness for Franklin County residents. With your support, we can continue to bring the community the quality programs and services we have provided for the last 50 years.

Support Group Services

Families In Touch – Support groups for families and friends of persons with mental illness.

Westerville (NE) Meetings, held at Concord Counseling Services, 774 Park Meadow Rd.; second and fourth Thursdays; 10 am to 12 Noon. For further information, call Linda Jakes, 882-9338, Ext. 210. Next meeting dates: Mar. 8 & 22; Apr. 12 & 26.

Worthington Meetings, co-sponsored by North Community Counseling Centers, held at the Worthington United Methodist Church, 600 N. High St., Room 300; second and fourth Mondays; 5:30-7 pm. For further information, call Barb Chuko, 846-2588, Ext. 2224. Next meeting dates: Mar. 12 & 26; Apr. 9 & 23.

West Side Meetings, co-sponsored by Twin Valley Behavioral Healthcare Community Support Network, held at the Hilltop Library, 511 Hague Ave., meets once a month. For further information, call Ed Desmond, 752-0333, Ext. 5703. The next meeting is scheduled for Monday, Mar. 5. From 1:30-3 pm. (Please call for April meeting date.)

New Group! North Side, co-sponsored by North Central Mental Health Services, for family members and friends of young adults with mental illness, held at Family Focus, 40 Spruce St. The group will meet on the second and fourth Tuesdays, 6-7:30 pm. For further information, call Don Schmidt, 299-6600, Ext. 3614. Next meeting dates: Mar. 13 & 27; Apr. 10 & 24.

Depression Support Group

Depression Support Group Meetings are held at the Overbrook Presbyterian Church, 4131 N. High St.; 1st and 3rd Mondays; 7-8:30 pm. For further information, call Karen Berry, 221-1441. Next meeting dates: Mar. 5 & 19; Apr. 2 & 16.

Schizophrenics Anonymous

North, held at Worthington Methodist Church, 600 N. High St. Rm. 317, Worthington; Mondays (weekly); 5:30-7 pm. For further information, call Mary Beth Sparks at North Community Counseling Centers - The Bridge, 846-2588, Ext. 2229.

East, held at Pathway Clubhouse, 1203 E. Broad St.; Wednesdays (weekly); 2:30-3:30 pm. For further information, call Mike Stalego, 251-7820.

Central, held at Southeast, Inc., 16 W. Long Street, Second Floor; Fridays; (weekly) 1-2 pm. For further information, call Bonnie Baker, 225-0990 Ext. 1158.

Northeast, held at Concord Counseling, 774 Park Meadow Rd, Westerville; Wednesdays (weekly) from 5-6 pm. For further information, call Sarah Filanowski, 882-9338, Ext. 233.

Please Note: Meeting schedules are subject to change. Please call individual groups to confirm.

Mission Statement: The mission of Mental Health America of Franklin County (MHAFC) is to raise awareness and understanding of mental health issues and to promote community-wide mental health and the recovery of persons with mental illness through prevention, education, advocacy, and support services.



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