



## Wellness and Support Advocate Program (WASA)



Randy Johnson, Director of Advocacy and Recovery Services

The WASA (Wellness and Support Advocate) program is an award-winning and successful initiative by the Mental Health Association of the Heartland that places mental health consumers in positions of trust and responsibility within the industry of care.

WASAs have been placed at the Mental Health Association of the Heartland and also at partner agencies such as Coalition for Independence, El Centro, Rose Brooks (a domestic violence shelter), KC Free Health Clinic, reStart (a homeless shelter), and a supportive permanent housing program overseen by the Housing Authority of Kansas City, Kansas, and Wyandot Center for Behavioral Healthcare, Inc (915 Washington). At their placements, they are able to directly interact with other mental health consumers in need, offering guidance through a maze of resources. In addition, their efforts take a burden from overworked case managers and front-line health professionals, allowing the latter to go about more specialized duties.

For example, at our supportive permanent housing site (915 Washington), consumers have been very welcoming to our WASAs. There have been many instances where previously reclusive residents have come forward to take part in offered activities, reassured by the fact that the WASAs are not 'just another professional'. One of the largest challenges facing people with mental illness is isolation, and our WASAs help to prevent it through social/recreational activities such as movies, outings in the neighborhood, cooking classes, and on-site mental health support groups.

Other examples of WASA involvement include:

- Education/outreach and testing for HIV/AIDS
- Voter registration
- Information and Referral
- Diabetes/health education
- Homeless shelter intake and outreach
- Bus schedule classes
- The coordination of the Compassionate Ear Warmline

Mental Health Association of the Heartland's Director of Advocacy is himself a proud WASA, showing that career opportunities are possible for those with mental illness.

Without exception, the partner agencies have been very pleased with the WASA program and always ask for more WASAs. They find, as we do here at Mental Health Association of the Heartland, the perspective and understanding WASAs offer to be invaluable in assisting clients who may be skeptical of professionals who may not understand the struggle to seek help as much as a consumer does.

As word has spread within the local mental health community, WASA has become a goal and destination of hope for many consumers who had previously been considered (or considered themselves) unemployable.

A partner site has reported: "I am so proud of the impact that these mentally ill adults are having in the community of social services. All too often communities see severely mentally ill people as a drain on resources, difficult to assist, and potentially dangerous. These WASA workers are demonstrating for all to see that severely mentally ill adults can lead dynamic lives and make tremendous contributions to our communities. This program is making it possible."

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### Our Mission

Mental Health Association of the Heartland is dedicated to promoting the mental health of the community, and improving the lives of persons with mental illness, through advocacy, education and support.

## President's Message



Susan Crain Lewis,  
President/CEO

As I look back over the last few months, which have been filled with conferences, training, networking and collaboration, I remember a discussion that a prior Board Chair, Molly Merrigan and I had shortly after I became CEO in 2002. She and I were discussing the future of the Mental Health Association and trends in mental health, with an eye toward our mission statement, which had been unchanged since 1997. At that time (right after the merger), a mission that focused on helping persons with mental illness made sense. Now, as we celebrate 10 years as "Heartland" we can reflect on both field and on the agency, which have developed and tested practices that realize recovery and wellness. Today, a focus on mental health for persons with

and without psychiatric diagnoses has emerged.

We are in line with our national colleagues in this development and realization, and our national organization and fellow affiliates are looking seriously at a name change and "branding" initiative to formalize this shift. The Mental Health Association of the Heartland Board and staff are working together, and working in concert with the National Mental Health Association to perfect a name, mission statement and message that reflects who we, as a movement, have become.

I hope you were able to join us in December at our Annual Meeting and 10th Anniversary Celebration to reflect on the successes we have had, to recognize the persons and organizations that have made them possible, and to hear more about the exciting future for the Mental Health Association of the Heartland and the movement. Copies of the key events and milestones that comprise our history have been posted on our website [www.mhah.org](http://www.mhah.org).

For more information or to be added to the mailing list, please contact me at (913) 281-2221 ext. 122 or my assistant Ann Jones at ext. 125.

Together we can make recovery and wellness not only possible - but inevitable.

Sincerely,

Susan Crain Lewis  
President/CEO

## MHAH Launches New H to H Consulting Program

**Where did we come from? Where are we going?** The Heartland Housing Initiative, which gave birth to Housing to Homes (HtoH), was created in 1997 with the long-term goal of increasing access to permanent, safe, decent and affordable housing for persons with mental illness and/or other related disabilities. In partnership with the National Mental Health Association (NMHA), the Mental Health Association of the Heartland (MHAH) began exploring how other organizations around the country were addressing the obstacles related to permanently housing individuals with mental illness. HtoH's lead staff worked hard to develop partnerships, both locally and nationally, in their efforts to replicate components of other model programs and bring them to the Kansas City metropolitan area. Based on this research, James Glenn, MSW developed an innovative permanent supportive housing model, the Heartland Housing Model, utilizing necessary and critical components/philosophies identified in other "model" housing and support service programs for persons with special needs. The outcomes have been astounding. In May 2002, MHAH received a Best Practice award from U.S. Department of Housing and Urban Development (HUD) for the Heartland Housing Model. The successful implementation of this model has since been replicated by several local organizations and the HtoH staff are now recognized as leaders in the field of special needs housing.

MHAH has always envisioned not only creating and further developing permanent housing and support service options for persons with disabilities/special needs, but also providing the information and tools necessary for others to do the same.

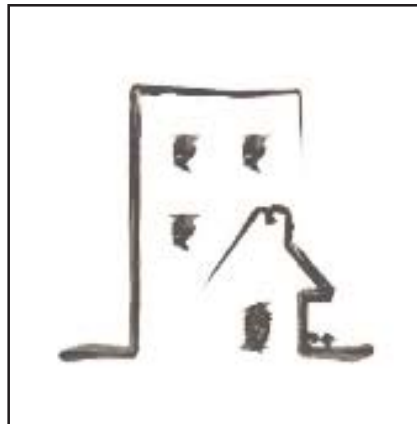
**Where are we going?** HtoH is a collaborative program and the first of its kind in this region. HtoH will change how communities allocate their resources and how they respond to homelessness. HtoH's approach stimulates a paradigm shift in homeless and support service providers, advocates, the business and funding community, landlords, developers, faith-based organizations, and other stakeholders in the community. It is premised on current research that clearly outlines the well-founded position that permanent solutions to homelessness are less expensive, more effective and more humane than other traditional temporary program models (such as emergency shelters, and transitional group homes).

Working closely with experts in the field of supportive and traditional housing models from across the country, HtoH will exponentially advance the development of permanent safe, decent, affordable housing and support services for persons with special needs through the replication of evidence-based, innovative, and emerging "best practice" housing and support service programs. HtoH offers these services to municipalities of government, nonprofits, housing providers, landlords and community coalitions focused on developing permanent housing options for persons with special needs, particularly persons with mental

illness. In this capacity, HtoH will become a necessary catalyst for other cutting-edge housing initiatives by providing education, capacity-building technical assistance, training, research, and linkage to necessary federal, state, or local services and organizations that support and assist persons with special needs to live in the community.

In short, HtoH provides the tools and expertise for communities to combat homelessness.

If you want to learn more about HtoH visit our web site at [www.htohconsulting.org](http://www.htohconsulting.org) or call James Glenn at (913) 281-2221 ext. 109



### DON'T NEED THIS NEWSLETTER?

We are happy to continue sending our newsletter to all persons who wish to receive it. We now have the ability to delivery our newsletter to your through your e-mail.

If you would like to remain in our database, but no longer wish to receive the newsletter or would like to receive the newsletter through your e-mail account, please let us know. However, if you no longer want to remain on our data base, please help us by letting us know. We will remove your name from our list.

If you have any changes or updates for our mailing list, please notify us. E-mail us at [ajones@mhah.org](mailto:ajones@mhah.org) or write a note to Mental Health Association of the Heartland, 739 Minnesota Ave., Kansas City, KS 66101 or phone us at (913) 281-2221 ext 125. We also welcome feedback about our programming, the content of our newsletter and our web site. Thank you.

## MHAH Welcomes 2007 Board of Directors



Left to Right: Brent Caswell, Cathy Smith, Delois Tucker, Cathy Nix, Bill Hankins and Eric Collins.

## 2006 In Review

Under the leadership of Board Chair Phil Chiles and President/CEO Susan Crain Lewis, the agency served over 12,235 people in Advocacy and Recovery Services, Mental Health Promotion (the merger of Community Education and Information and Referral Programs), Heartland and Marion Apartments, Shelter Plus Care, and A.N.S.W.E.R.

In addition to service delivery, this year the agency completed its DonorEdge Profile, drafted a strategic plan for reallocation of staff as the Housing to Homes Technical Assistance Center becomes operational, reviewed and revised its bylaws, and began a Board Self Assessment Process.

Policy work was done in Kansas as a member of the Kansas Mental Health Coalition and Governor's Mental Health Services Planning Council Homelessness, Transformation and Suicide Prevention Committees; in Missouri with the Federation of Missouri Advocates; and at the national level at the National Conference of State Legislators and through visits to all 17 Kansas and Missouri Legislators in Washington in June.

Finally, the agency has devoted significant time and energy to evaluating and planning for the launch of a new "brand" and name, (Mental Health America) in concert with the National MHA and other affiliates in the field.

### Chair

Delois Tucker, *Community Volunteer*

### Vice-Chair & Treasurer

Cathy Nix, *Contract Compliance & Recovery, Inc.*

### Secretary

Eric Collins, *Husch & Eppenberger, LLC*

### Board Members

Tracey Blaylock, *Midtown Psychological Services*

Larry Carver, *University of Kansas Med. Ctr.*

Brent Caswell, *Metzler Bros. Insurance*

Phil Chiles, *Hallmark Cards*

Gary Evert, *Creative Data Systems*

Bill Hankins, *Adamson and Associates*

Terry Harbert, *VA Medical Center*

Katie McCune, *Bank of America*

Lorraine Murray, *KU Medical Center*

Cathy Smith, *Sisters of Loretto*

Robert Smith, *Hallmark Cards*

## Different Families, Different Characteristics – Different Kinds of Bipolar Disorder?

People with bipolar disorder (BPD) tend to share similarities in certain characteristics with other members of their families, NIMH-funded researchers have shown. Because the levels of similarity vary from family to family, the findings suggest the existence of different subtypes of BPD and may help determine if the subtypes have different causes.

The researchers reported in the December 2006 issue of the *Archives of General Psychiatry* that good social functioning "ran in the families" of some people with BPD, and poor social functioning ran in the families of others, with varying levels in between. In either case, the quality of social functioning was among the strongest similarities between members of each family. The researchers also found that about 20 percent of the difference in social functioning had a genetic basis, although influence of shared family environment could not be ruled out as a contributor.

Other characteristics included the levels of substance abuse, alcoholism, psychosis, and suicide attempts within families. As with social functioning, some families tended to share high levels of these characteristics, while other families shared low levels. In either case, the level "ran in the family" of the person with BPD.

Breaking up the broad diagnosis of BPD into subtypes by including these familial characteristics can help researchers untangle the mix of genetic and environmental factors that contribute to this complex disorder. It will, for example, enable researchers to make better decisions about which characteristics to focus on in studies seeking genetic and other biological underpinnings of BPD. Ultimately, this may lead to better diagnosis and treatment.

Francis J. McMahon, MD, and Thomas G. Schulze, MD, of the NIMH Mood and Anxiety Disorders Program, conducted the study with colleagues from the University of Illinois at Chicago, The Johns Hopkins University, and the University of Heidelberg.

Schulze TG, Hedeker D, Zandi P, Rietschel M, McMahon J. [\*What Is Familial About Familial Bipolar Disorder?\* Archives of General Psychiatry, 63:1368-1376. December 2006.](#)

DONOR | EDGE®

DonorEdge® is a resource designed by the Greater Kansas City Community Foundation to connect you to community needs you care about.

DonorEdge provides access to knowledge about more than 650 local nonprofits.

To view Mental Health Association of the Heartland or visit the DonorEdge® Web site: <https://donoredge.gkccf.org>.

## Benefits to Employers Outweigh Enhanced Depression-Care Costs

It may be in society's and employers' best interests to offer programs that actively seek out and treat depression in the workforce, suggests an analysis funded by the National Institutes of Health's (NIH) National Institute of Mental Health (NIMH). A simulation based on dozens of studies revealed that providing a minimal level of enhanced care for employees' depression would result in a cumulative savings to employers of \$2,898 per 1,000 workers over 5 years. Even though the intervention would initially increase use of mental health services, it ultimately would save employers money, by reducing absenteeism and employee turnover costs, according to Drs. Philip Wang and Ronald Kessler, of Harvard University, and colleagues, who report on their findings in the December 2006 issue of the *Archives of General Psychiatry*.\*

"Depression exacts economic costs totaling tens of billions of dollars annually in the United States, mostly from lost work productivity," noted Wang. "Yet we're not making the most of available services and treatments. Our study calculates what employers' return on their investment would be if they purchased enhanced depression treatment programs for their workers."

The analysis simulated an enhanced intervention in which master's-level health professionals managed the care of a hypothetical group of 40-year-old depressed workers diagnosed with depression. In this scenario, after assessments had detected the workers' depression, the care managers did further assessments and, when necessary, referred the workers for treatment in this scenario. The researchers gauged the cost-effectiveness for society and cost-benefit to employers, using data from existing trials and epidemiological studies, including the National Co-morbidity Survey Replication, a nationally representative household survey of 9,282 U.S. adults, conducted in 2001-2003. The hypothetical workers were assigned to either the enhanced care or "usual care" — care-seeking and treatment patterns that would normally occur in the absence of care management. For both groups, treatment was defined in terms of visits to either a primary care physician or a psychiatrist who prescribed an antidepressant. Every three months, the hypothetical workers' illness status could change, based on depression prevalence, remission and ongoing treatment rates, and the probabilities of various outcomes, including increased risk of death by suicide.

Using results of recent primary care effectiveness trials, the researchers estimated how successful care managers might be in helping workers seek out and adhere to adequate treatment regimens. While the cost-benefit analysis from employers' perspectives weighed only monetary factors, quality of life figured into the cost-effectiveness to society calculation.

Savings from reduced absenteeism and employee turnover and other benefits of the intervention began to exceed the costs of the program by the second year, yielding a net savings of \$4,633 per 1,000 workers. These savings were somewhat reduced in years 3 through 5, based on conservative assumptions that benefits wane after care management ceases, while increased use of treatments continues. The intervention became more expensive than usual care (no workplace depression management) when there was greater use of psychiatrists (instead of primary care doctors) or brand-name (instead of generic) drugs. It also ceased to be cost-saving if employees spent more than 4 hours of work time in treatment per 3-month cycle. Enhanced care had the most benefit in cases of higher-level employees who influenced the productivity of co-workers.

The intervention yielded gains when the simulated costs for care were consistent with those charged in the real world, suggesting that providing such programs for workers "appears to be a good investment of society's resources," say the researchers. It will be important to see if the findings are replicated in effectiveness trials

that directly assess the intervention's impact on work outcomes, they added.

*Also participating in the study were Amanda Patrick, Dr. Jerry Avorn, Brigham and Women's Hospital; Dr. Francisca Azocar, Joyce McCulloch, United Behavioral Health; Dr. Evette Ludman, Dr. Gregory Simon, Group Health Cooperative.*

The research was also supported by the Robert Wood Johnson Foundation.

\* Wang PS, Patrick A, Avorn J, Azocar F, Ludman E, McCulloch J, Simon G, Kessler R. The costs and benefits of enhanced depression care to employers. *Arch Gen Psychiatry*. 2006 Dec;63(12). NIMH is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services.

## Mental Health Promotion

We want to remind everyone about two exciting services of the Mental Health Promotion Program.

The first of these two services is our self-help and support group directory entitled, "In the Company of Others". This publication catalogs all of the mental health related self-help and support groups that we have found in the Kansas City metropolitan area. In addition, "In the Company of Others" also includes a list of important community resources such as Community Mental Health Centers and national hotline/resource phone numbers. "In the Company of Others" is available for purchase through the Mental Health Association of the Heartland for \$50.00 or if you become a Bronze Bell (\$50-\$99.99) or Silver Bell (\$100.00-\$249.99) member you will receive a free downloadable or hardcopy.

The second service is our "Making the Most of Your Mental Illness" series. This service is a joint effort between our agency and the Depression and Bi-polar Support Alliance. "Making the Most of Your Mental Illness" is an opportunity for consumers and professionals to learn more about mental health issues without having to pay a lot of money. Recent topics have included "Finding a Balance" and "The Importance of Spirituality in Mental Health Recovery." These seminars are free, and for \$8.00, you can receive a professional continuing education certificate.

I hope you will take advantage of these services provided by MHAH. If you would like more information on either of these services, please call 913-281-2221 x. 130. Or, you can email me at [soneill@mhah.org](mailto:soneill@mhah.org). I hope to hear from you soon!

## 2006 Law Enforcement and Corrections Officer Training

In 2006, the Mental Health Association of the Heartland continued its tradition of providing "Recognizing and Responding to Mental Illness" training to law enforcement and jail personnel.

In 2006 we provided training to 147 officers in both Missouri and Kansas. Outcomes for these trainings were quite positive: 90 percent reported that the training was useful, 92 percent reported an increase in knowledge, 83 percent reported an increase in empathy for persons with mental illness, and 75 percent stated they intended to use the knowledge.

This year we went to Salina, Dodge City, Wellington, Lawrence and Liberal in Kansas and Buchanan County in Missouri. Many of the officers expressed their satisfaction with the training and said they hoped to see us again.

## United Way Launches 2-1-1



Need to find counseling? A nursing home? Job training? A food pantry? Want to volunteer or donate goods? Don't waste valuable time trying to find the right resource. You can make just one call to find or give help. United Way 2-1-1 is an easy-to-remember central phone number connecting people with available community resources and volunteer

opportunities. You'll reach a trained, caring professional 7 days a week, 24 hours a day. All for free, all confidential.

United Way 2-1-1 spans a 23-county area, including 7 counties in Kansas and 16 in Missouri, and has access to literally thousands of resources. The comprehensive database is constantly being updated so you'll have accurate information. The 2-1-1 System connects people with needed human services through an easy to remember three-digit phone number, the web and a variety of community interactions. When someone connects with 2-1-1, specially trained information and referral specialists analyze what services are needed and provide the appropriate resource and related information. Currently 62% of the U.S. population has access to 2-1-1, with more systems going live each month.

Every hour of every day, someone in the United States needs essential services from finding substance abuse assistance to securing adequate care

for a child or an aging parent. Faced with a dramatic increase in the number of agencies and help lines, people often don't know where to turn. In many cases, people end up going without these necessary and readily available services because they do not know where to start.

While services that are offered through 2-1-1 vary from community to community, 2-1-1 provides callers with information about and referrals to human services for everyday needs and in times of crisis.

For example, 2-1-1 can offer access to the following types of services:

- **Basic Human Needs Resources:** food banks, clothing closets, shelters, rent assistance, utility assistance.
- **Physical and Mental Health Resources:** health insurance programs, Medicaid and Medicare, maternal health, Children's Health Insurance Program, medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention and rehabilitation.
- **Employment Supports:** Earned Income Tax Credit (EITC) financial assistance, job training, transportation assistance, education programs.
- **Support for Older Americans and Persons with Disabilities:** adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- **Support for Children, Youth and Families:** child care, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.
- **Volunteer Opportunities and Donations.**

For more information about United Way's 2-1-1 service, call (816) 474-5112.

## Mental Health Association of the Heartland Book Review

### "Pathways to Recovery: A Strengths Recovery Self-Help Workbook"

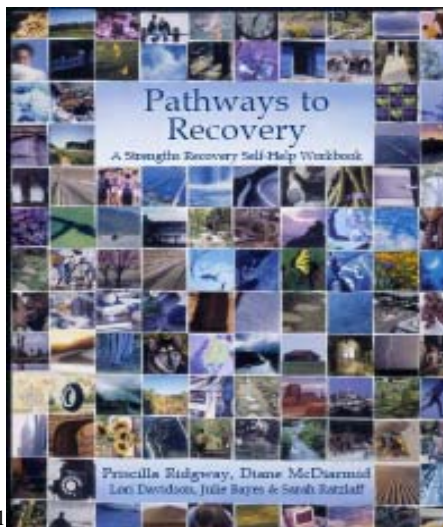
By Priscilla Ridgeway, Diane McDiarmid, Lori Davidson, Julie Bayes and others

This workbook uses the metaphor of a journey to take the reader through a process of exploration, self-discovery, and planning that helps to set life goals and realize personal dreams. Unlike most other recovery self-help materials, *Pathways to Recovery*, does not concentrate on psychiatric disorders, symptoms or treatments. Instead, *Pathways* promotes recovery in the domains of life such as having a sense of home, increasing knowledge and education, finding work or volunteer activities that bring satisfaction, developing meaningful relationships with others, achieving intimacy and enhancing sexuality, attaining higher levels of wellness, and exploring spirituality.

Dr. Patricia Deegan notes "I find it refreshing that *Pathways to Recovery* addresses issues of real concern to mature adults diagnosed with mental illness. There are sections about human sexuality, intimacy, and economic well-being. The workbook does not have to be approached in a linear fashion. It is geared to meet people where they are. Because the authors were careful to gather consumer/survivor input through advisory boards, focus groups and workshops, the self help exercises are very practical and easy to learn."

*Pathways to Recovery* also includes more than thirty first-person accounts of recovery and provides inspiration and guidelines so that readers can create and share their own stories. For example, a perspective from Janice Driscoll, RN, a Kansas Consumer and Recovery Educator:

The impact of using the skills I gained will continue to grow as I continue to learn and adapt them to new situations. How I deal with life's stress is not only important to me... I realize that I am also setting an example for my children, so that they learn healthy coping skills that they can use to meet the challenges of their lives. Taking care of my body, mind and spirit will be a life-long effort, allowing me to have a



balanced, health and fulfilling life.

Arthur J. Williams, a CSP Coordinator with Valeo Behavioral Health Care in Topeka, Kansas describes his first impressions and experience with implementing *Pathways to Recovery*.

*Pathways* discusses and uses the strength approach to recovery, exploring such topics as motivation, living situation, career path, social support and vision for the future to name a few. Upon implementation in my agency, I discovered that this would be a program that could have a 12-week format. Because of its rich and informative content, using *Pathways* invoked in-depth discussions and provided a road map for recovery using very individual strengths. Two years later, class sizes were so large that we had to add a second class to satisfy the enthusiasm. *Pathways* has become a core class at the University of CARE, a psychosocial program at Valeo Behavioral Health Care. *Pathways* created opportunities for many consumers to experience personal growth and

empowerment. This may sound like just another endorsement, if not for the 75 recovering spirits enrolled just this semester. *Pathways* will not produce world peace nor balance any budget, but it may inspire one who will.

Mental Health Association of the Heartland recently renovated its Resource Lending Library. For information on our Resource Library, or to borrow a copy of this great book contact Stephen O'Neill at (913) 281-2221 ext 130 or e-mail: soneill@mhah.org

This book and others may be purchased through our link to Amazon.com on our website [www.mhah.org](http://www.mhah.org). Amazon will donate up to 15% of your purchases to MHAH. Donations will help provide more education, services, and advocacy to decrease the stigma of mental illness.

# National Mental Health Association Conference

## Building the Movement It's Our Time



*Left to Right: Joy Butterfield, Susan Crain Lewis and Petra Robinson.*

Three Mental Health Association of the Heartland staff persons, Susan Crain Lewis, President/CEO; Petra Robinson, Program Coordinator, Compassionate Ear; and Joy Butterfield, Wellness and Support Advocate were fortunate to attend the National Mental Health Association Annual Meeting and Clifford Beers Conference.

Named after the movement's founder, the conference and meeting offer valuable opportunities to hear from national thought-leaders in the areas of

who need and deserve the promise of recovery.

We look forward to the next NMHA Conference in June 2007!



*Left to Right: Petra Robinson, U.S. Representative Dennis Moore, Susan Crain Lewis and Joy Butterfield.*

mental health policy, treatment, and support services, and to network with affiliate and consumer leaders from across the U.S., as well as to meet with legislators to advance our issues.

Highlights this year were Rosalyn Carter's Keynote Speech; Newt Gingrich's fascinating plenary which previewed the political, scientific and sociological landscapes for mental health from a perspective we don't always hear; the Awards Ceremony; and always-inspiring ringing of the Mental Health Bell. (For more information on the Bell, Click on "About the Mental Health Association of the Heartland" at [www.mhah.org](http://www.mhah.org))

Staff attended over 20 workshops (and would be happy to share ideas and materials). Once again, with our sister organizations in Kansas and Missouri, we met with each and every one of the 17 Kansas and Missouri legislators to advance funding and best practices in mental health, and to combat proposed barriers that would stand in the way of service for many Americans

### Tell your representative to make good mental healthcare a priority!

#### Legislative Contact Information 2007

##### Missouri

###### Senate Roster

District 1	Harry Kennedy <a href="mailto:kennedy@senate.state.mo.us">kennedy@senate.state.mo.us</a>	573-751-2126
District 2	Scott Rupp <a href="mailto:rupp@senate.state.mo.us">rupp@senate.state.mo.us</a>	573-751-1282
District 3	Kevin Engler <a href="mailto:engler@senate.state.mo.us">engler@senate.state.mo.us</a>	573-751-3455
District 4	Jeff Smith <a href="mailto:smith@senate.state.mo.us">smith@senate.state.mo.us</a>	573-751-3599
District 5	Maida Coleman <a href="mailto:coleman@senate.state.mo.us">coleman@senate.state.mo.us</a>	573-751-2606
District 6	Carl Vogel <a href="mailto:vogel@senate.state.mo.us">vogel@senate.state.mo.us</a>	573-751-2076
District 7	John Loudon <a href="mailto:loudon@senate.state.mo.us">loudon@senate.state.mo.us</a>	573-751-9763
District 8	Matt Bartle <a href="mailto:bartle@senate.state.mo.us">bartle@senate.state.mo.us</a>	573-751-1464
District 9	Yvonne Wilson <a href="mailto:wilson@senate.state.mo.us">wilson@senate.state.mo.us</a>	573-751-9758

###### House Representatives

District 1	Brian Munzlinger <a href="mailto:Brian.Munzlinger@house.mo.gov">Brian.Munzlinger@house.mo.gov</a>	573-751-7985
District 2	R. McClanahan <a href="mailto:Rebecca.McClanahan@house.mo.gov">Rebecca.McClanahan@house.mo.gov</a>	
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District 6	Rachel Bringer <a href="mailto:Rachel.Bringer@house.mo.gov">Rachel.Bringer@house.mo.gov</a>	573-751-9818
District 7	John Quinn <a href="mailto:John.Quinn@house.mo.gov">John.Quinn@house.mo.gov</a>	573-751-2917
District 8	Tom Shively <a href="mailto:Tom.Shively@house.mo.gov">Tom.Shively@house.mo.gov</a>	
District 9	Paul Quinn <a href="mailto:Paul.Quinn@house.mo.gov">Paul.Quinn@house.mo.gov</a>	

##### Kansas

###### Senate Roster

District 1	Dennis Pyle <a href="mailto:pyle@senate.state.ks.us">pyle@senate.state.ks.us</a>	785-296-7379
District 2	Marci Francisco <a href="mailto:Francisco@senate.state.ks.us">Francisco@senate.state.ks.us</a>	785-296-7364
District 3	Roger Pine <a href="mailto:pine@senate.state.ks.us">pine@senate.state.ks.us</a>	785-296-7372
District 4	David Haley <a href="mailto:haley@senate.ks.us">haley@senate.ks.us</a>	785-296-7376

###### House Representatives

District 1	Doug Gatewood <a href="mailto:gatewood@house.state.ks.us">gatewood@house.state.ks.us</a>	785-296-7648
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District 4	Lynne Oharah <a href="mailto:oharah@house.state.ks.us">oharah@house.state.ks.us</a>	785-296-7655



# Mental Health Association of the Heartland

- To only order the directory complete the order form below and mail with your payment.
- To decide on a membership level, review the following information and benefits. Complete the order form below and return with your payment.

## Membership Levels:

**Member (up to \$49.99)**

(Membership dues are fully tax deductible within the limits prescribed by law)\*

- Mental Health Association of the Heartland agency newsletter (published 4 times a year)
- Invitations to Community Education and special events, and MHAH's annual meeting
- Mental Health Association lapel pin

**Silver Bell (\$100.00 to \$249.99)**

(Member value - \$96.00)\*\*

- All Bronze Bell benefits plus:
- Mental Health Association Member's card (This card entitles you access to our Resource Library and up to 100 copies of selected brochures)
- \$30.00 coupon towards a Community Education Program
- Recognition in the agency annual report

**Bronze Bell (\$50.00 to \$99.99)**

(Member value - \$56.00)\*\*

- All Member benefits plus:
- A downloadable or hard copy of In the Company of Others.

**Gold Bell (\$250.00 and up)**

(Member value - \$120.00)\*\*

- All Silver Bell benefits plus
- Public recognition and acknowledgement at the Annual Meeting
- An inscribed copy of A Mind that Found Itself; the autobiography of a man with bipolar disorder who persevered to found the National Mental Health Association in 1909. (200 pp.)

\* Under Internal Revenue Services guidelines, the estimated value of the member benefits is not substantial; therefore the full amount of your payment is a deductible contribution.

\*\* Your membership payment less the member value is tax deductible.

For tax deduction information, call Ann Jones (913) 281-2221 ext. 125. You may choose to refuse Bronze level and higher membership benefits and receive full tax deductible credit. \_\_\_ I wish to refuse my membership benefits and receive full tax deductible credit.

**Send payment and order form to:** Mental Health Association of the Heartland, 739 Minnesota Ave., Kansas City, KS 66101

For questions, please contact Ann at (913) 281-2221 ext. 125 or Stephen at (913) 281-2221 ext 130.

2007 ORDER FORM					
<u>In the Company of Others ONLY</u>					
	Non-Member	Bronze, Silver or Gold Member	Amt.		
Hard Copy (Allow 10 days for processing)	\$55.00	Free			
Downloadable copy (allow 3 days for download instructions)	\$55.00	Free			
Membership Registration Form			Membership Amt.		
I support the Mental Health Association of the Heartland's mission and vision and wish to become a _____ level member.		<input type="checkbox"/> Member (up to \$49.99) <input type="checkbox"/> Bronze Bell (\$50.00 to 99.99) <input type="checkbox"/> Silver Bell (\$100 to 249.99) <input type="checkbox"/> Gold Bell (\$250.00 and up)	<table border="1"> <tr> <td><b>Amt. Enclosed</b></td> </tr> <tr> <td> </td> </tr> </table>	<b>Amt. Enclosed</b>	
<b>Amt. Enclosed</b>					
Signature: _____					

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Business fax number: \_\_\_\_\_  I wish to remain Anonymous  You may publish my name in your Newsletter and Annual Report

**Payment Information:** \_\_\_ Check (make payable to: Mental Health Association of the Heartland) \_\_\_ MC/VISA

Name (as it appears on your card): \_\_\_\_\_ Billing address: \_\_\_\_\_

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Become a Bronze bell member or higher and receive one FREE downloadable or hard copy of In the Company of Others.



# Mental Health Associa-

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*of the Heartland*

Advocacy, Education and Support in Kansas and Missouri

739 Minnesota Ave.  
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### Special Events

Womenade, and Macy's Shope for a Cause

### Corporations and Organizations

American Legion #94, Burdge Charitable Trust, Coalition for Homless Concerns, Inc., Greater Kansas City Community Foundation, Four County Mental Health, the Guidance Center, Heart of America United Way, Homefront, Jewish Heritage Foundaiton, John W. Effie E. Speas Memorial Trust, Mental Health Association of Greater St. Louis, National Mental Health Association, Sisters of Charity, United Way of Johnson County, REACH Healthcare Foundation, United Way of Wyandotte County, Wyandot Center - Community Behavioral Healthcare, Victor Speas Foundation and 1 Anonymous donor.

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In Memory of Dale Owen - Sharon Owen, In Memory of Lucille Petillo - Eva Palmer, In Memory of Howard McBride - Gary Thomas, In Memory of Julius D. Wasbutsky - Robert Petter, Jr. and In Memory of Catherine "Kitty" Conley - Julie Crandall.

### Government

City of Leavenworth, Combined Federal Campaign, Missouri Department of Mental Health, U.S. Department of Housing & Urban Development, Johnson County Mental Health Center, Kansas Resources Corporations, Wichita State University.

### Support MHAH and our Planet!

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For more information, please contact Ann Jones at (913) 281-2221 ext. 125 or e-mail [ajones@mhah.org](mailto:ajones@mhah.org).

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