



# NAMI Sacramento Newsletter

*Sacramento's Voice On Mental Illness*

The National Alliance on Mental Illness

April 2006: Issue No 4.04

## General Meetings

**Monday, April 3<sup>rd</sup>, 7:30 p.m.**

**Speaker:** Tom Wootton, author of *"The Bipolar Advantage"*

Sponsored by the Depression and Bipolar Support Alliance (DBSA). Please bring anyone that has an interest in the bipolar condition; Mr. Wootton's insights are powerful.

**Monday, May 1<sup>st</sup>, 7:30 p.m.**

**Speaker:** Maureen Focht, author of *"Silent Heroes, Courageous Families Living with Depression and Mental Illness"*

Maureen's presentation is entitled *Society's Elephant in the Room—Mental Illness*. She has close-up and personal experience with mental illness. Her book has received rave reviews, including Darryl Steinberg's. Maureen is also a Family to Family teacher in Placerville.

### Meeting Location

"Old" SMUD Headquarters Auditorium  
6201 S Street  
Sacramento, CA 95817

## Report on MHSA Oversight and Accountability Commission Meeting

*by Al Lipson*

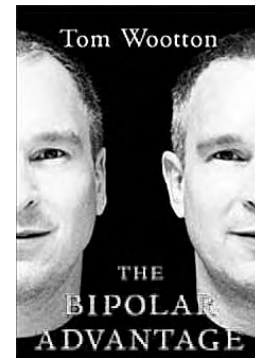
Sacramento County caused quite a stir by proposing that \$500,000 in Mental Health Services Act funds be used to fund law enforcement salaries for Psychiatric Emergency Response Teams (PERT). These teams will be composed of one licensed clinician and a law enforcement officer. The state-wide interest in this issue prompted a two-day Commission meeting to discuss the relationship between law enforcement and the mental health community. A goal was to derive principles that might guide Commission recommendations and choices about using mental health funds for law enforcement-mental health collaboration.

While many expressed support for collaborative program, there was a clear consensus among consumers, family members, and mental health directors who testified before the Commission that Mental Health Act Services funds should only

➡ *continued on page 6*

## Author Tom Wootton to Speak On April 3<sup>rd</sup>

The Depression and Bipolar Support Alliance (DBSA) is sponsoring a talk by Tom Wootton, author of the top rated book *The*



*Bipolar Advantage*. Mr. Wootton will be giving free educational talk on Monday, April 3 at 7:30 p.m. The general public is invited, but please car-pool as parking

is limited.

The talk and book are based on the workshop that Tom developed and has been teaching for the past 3 years. Participants will walk away with hope and a better understanding of the bipolar condition as well as methods to change negative aspects into positive traits. The one and a half hour talk encourages audience participation and is appropriate for people with bipolar, those who love and support them, and anyone else interested in the topic.

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### January 21: Older Women's League—MHSA Panel



Lin Benjamin, Heidi Sanborn, Darryl Steinberg, Beverlee Filloy, Carole Ford, and Mellisa Drake.

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## Support Groups

### **Crisis Information Meeting**

*1<sup>st</sup> Monday of each month from 7:00 - 7:30 p.m., just prior to the General Membership Meeting.*

“Old” SMUD Headquarters Auditorium  
6201 S Street, Sacramento

For family members who are newcomers or in great need of information or support.

### **Sacramento Mental Health Board Meeting**

*Held the 1<sup>st</sup> Wednesday of each month at 7:00 p.m.*

Sacramento Mental Health Treatment Center (Media Room)  
2150 Stockton Blvd., Sacramento

### **Sacramento NAMI Board of Director’s Meeting**

*Held the 2<sup>nd</sup> Monday of each month at 6:45 p.m.*

Sacramento Mental Health Treatment Center, 2150 Stockton Blvd., Sacramento

### **Family Members and Consumers**

*Held the last Thursday of each month from 5:30 - 7:00 p.m.*

Conference Room  
Human Resources Consultants (HRC)  
2220 Watt Ave., Suite B, Sacramento  
Contact Deborah Short (916) 485-6500, ext. 260 for further information

### **NAMI Family Support Group**

*Held the third Wednesday of each month from 6:30 – 8:30 p.m.*

3135 Woodmark Ct., Sacramento  
Facilitator Heidi Sanborn (916) 485-7753

### **Obsessive-Compulsive Support Meeting (OCD)**

*2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Monday of each month from 7:00 – 9:00 p.m.*

Sutter Center for Psychiatry  
7700 Folsom Blvd., Sacramento  
Call Jim (916) 223-6541 or Steve at (916) 456-1996

### **Depression and Bipolar Support Alliance (DBSA)**

*Held 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month from 7:30 – 9:00 p.m.*

Sutter Center for Psychiatry  
7700 Folsom Blvd., Sacramento

www.dbsasacramento.org  
Contact: Andrea Hillerman at andrea@mhasc.org or (916) 366-4601; or Marilyn Hillerman at marilynhillerman@yahoo.com or (916) 684-1358.

### **Recovery, Inc., Self-Help Mental Health Meetings**

*Call (916) 483-5616 for meeting locations.*

Open to consumers 18 or older.  
www.recovery-inc.com

### **Early Psychosis Family Support Group**

*Usually occurs on the 1<sup>st</sup> or 2<sup>nd</sup> Wednesday of the month from 6:00 – 7:00 p.m.*

*Call for information.*  
Imaging and Research Center Conference Room, UCD Medical Center  
4701 X Street, Sacramento

This group is for families which have a member with a newly diagnosed brain disease which causes psychosis. Contact Jane DuBet at 916-734-2964 for schedule and information.

### **Dual Recovery Anonymous Group**

*Every Monday from 1:00 – 2:00 p.m.*

Clean and Sober Building, Loaves and Fishes, 1321 North C Street, Sacramento.

The Dual Recovery Anonymous group meets every Monday. This is a 12 Step self-help program for individuals who experience both chemical dependency/alcohol abuse and an emotional or psychiatric illness. For more information, please call Susan Young at 916-236-7679.

## Upcoming Events

### **May is Mental Health Month**

*Sundays April 30, 7, 14, 21  
Westminster Presbyterian Church  
1300 N Street, Sacramento  
www.westminsac.org*

NAMI Sacramento is working closely with Westminster Presbyterian Church to hold workshops between Sunday services on four different mental health issues. More details to follow in our April issue.

### **Out of the Shadow Screenings**

- Crest Theatre  
Thursday, May 18  
1013 K Street, www.thecrest.com*
- KVIE Public Broadcasting  
Sunday, May 7 at 11 a.m.  
Saturday, May 13 at 9 a.m.*

*Out of the Shadow* is the story of a family’s secret struggle to deal with a mother’s schizophrenia within the confines of the public health system. NAMI Sacramento is co-hosting the screening with the Mental Health Association and Janseen Pharmaceuticals. Heidi Sanborn and Harry Nicholas from NAMI will be two of the three panelists after the showing to discuss the movie with the audience. NAMI will have a table in the lobby—please bring anyone interested in the realities of families dealing with mental illness. NAMI Sacramento is grateful to KVIE Channel Six for agreeing to show “Out of the Shadow” and asks members to send donations and/or membership to KVIE thanking them for airing this program and others that raise awareness about mental health issues

### **Walk For Mental Health**

*October 7  
State Capitol Grounds, Sacramento*

Our annual walk is a vital recognition of both community and cause. Please hold the date and take time to come out and offer your support. This is NAMI’s biggest fundraiser of the year.



## A Message From the President

by Heidi Sanborn



Here are a few of the things we accomplished in the last few weeks:

- NAMI volunteers attended a meeting hosted by NAMI Contra Costa County to learn how to share information for newsletters and websites.
- Board members toured two mental health facilities to better understand the existing facilities – American River Behavioral Health and the new Fairview apartments for the mental illness coming from homelessness.
- Made a presentation to the UCD Psychiatry residents about NAMI and hope for recovery.
- We did a sheriff’s recruit training.
- NAMI Board welcomed a new Board member, Rick Taylor, an expert in housing for the mentally ill.
- NAMI is co-hosting the showing of “Out of the Shadow” event at Crest Theater May 18th.
- Received a grant for \$2,500 from Janssen Pharmaceuticals.
- NAMI Sacramento will be hosting a regional meeting in early summer for law enforcement and mental health professionals to get together and develop new programs here in Sacramento (see our picture on page 1).

NAMI Sacramento is growing our membership and reaching out to more people than ever before - the resulting “connections” are sometimes less tangible” but maybe more important. One such story is Harry.

Harry is a consumer who found NAMI Sacramento because his doctor recommended he contact our organization for support. He called me and I invited him to our holiday party. Within a month, Harry did a police training with me and shared his story with the recruits. The recruits were impressed with his story because

Harry was a recruit when he was in his early twenties too. However, he became symptomatic with schizoaffective disorder so he is not pursuing police work, but is helping future police officers to better assist the mentally ill individuals they will encounter in their work. Harry also did a presentation with me to the UCD Psychiatry residents and is the lead for our new Peer-to-Peer program. In addition, Harry is helping us with legislation outreach, mailing our membership renewal forms, and advising family members how to help loved ones who refuse treatment.

There are no words to describe how impressed I am with Harry. He always tells me how grateful he is to know me, but in fact, I am the greater beneficiary for knowing him. To me, nothing is more important than leaving a legacy of success that is sustainable for NAMI Sacramento and that means, in part, that we have a core group of consumers empowered and paid to do good work to improve mental health services, support their peers with training, and support families who needing advice. I thank all our consumer members and volunteers; I hope we can empower them and change their lives for the better.

Harry has agreed to be one of our consumer speakers when we have our consumer panel at the general meeting, maybe in June or July, and will join me on a panel after the showing of “Out of the Shadow” May 18th at the Crest Theater. I hope you will join us at our General Meeting April 3rd to hear Tom Wootton talk about his struggle with bi-polar disorder and again at the Crest Theater May 18th and gain insight and hope for recovery for all consumers. We must never give-up hope for everyone who struggles with mental illness – if there is a will, there is a way, we just need to find it together.

With gratitude,  
Heidi

## Tom Wootton Appearance

➡ continued from p. 1

The Bipolar Advantage is about recognizing all of the aspects of the bipolar condition. Wootton readily admits that “Advantage” is not the typical interpretation of bipolar. Based on his Bipolar in Order Seminar he developed over the past two years, it focuses on the positive approach to the bipolar condition. It is about coming to an acceptance of yourself while striving to become a better person.

Learning to use introspection to become aware of who you REALLY are and learning to change your habits in order to accentuate the positive aspects of the bipolar condition while minimizing the negative. Turning bipolar into an advantage is accomplished by creating a vision of who you want to be and putting together a plan to follow that will get you there.

As a successful professional and a misdiagnosed bipolar for years, Wootton has personally experienced the good and the bad of this condition. Leading a DBSA group and teaching the Bipolar in Order seminar has put Wootton in touch with the personal stories of many bipolar people and their families. This positive approach with tools and skills for improving life will be of help to everyone, both those with bipolar and those who love and support them.

### About the Book

*The Bipolar Advantage*

by Tom Wootton

Published by Bipolar Advantage Pubs.

ISBN: 0977442306

Trade Paperback: \$15.95

### Tom Wootton in Person

Monday, April 3, 7:30 - 9:30 p.m.  
SMUD Auditorium, 6201 S Street  
916-874-9416



## My Husband's Struggle

In February of 1995, my husband's mother died and he got his pink slip from the company he had worked with for 27 1/2 years. He suffered a major depression, but did not go into the hospital. He saw a psychiatrist for medication management and a counselor for therapy. He never really got past the depression, but he did seem to have gotten better after two years. He remained on antidepressants, anti-anxiety medications, and medication for sleep.

In 1999, we decided to make a new start. We hired an attorney and he was able to receive his full 30-year retirement. We retired to Elk Grove to be near our grandchildren.

We moved on May 1, 1999. Within a month, I noticed something in my husband's personality that I never experienced before. I called his doctor and therapist, but both said that they didn't sense anything wrong. In fact, they both thought that my husband was markedly improved. I told them that what they observed is not the "real" person that I know.

His behavior became increasingly bizarre. The doctors did not agree. I started calling them every week with my fear and frustration. They started to ignore me and would evade my phone calls. My husband was rude, disrespectful, and coarse. He would get up at 6 a.m., leave the house and return around 6 p.m., sometimes without letting me know where he was going. He got secretive and paranoid. He became a stranger after 25 years of marriage.

Five months after we moved, I found a product from the local health food store called "Happy Camper," hidden away. He had three boxes. Ephedrine was in this product. I threw the boxes away. He just bought more and hid them from me. He told the health food manager that he felt tired and he needed something to pick him up. I called his doctors again. This time they told him not to take this product with

his other drugs. I began to believe his doctors thought I was a controlling wife.

He started on a spending spree and bought everything in "three's." He built a fort in the backyard; not just a small fort, but a two-story, 10 x 10 fort with a slide and swings. He never completed it, but he planned to enclose the upper deck. He bought a window and refrigerator for it. The kids could look into the creek behind our house. He began buying gargoyles, skeletons (for Halloween), and the Tasmanian Devil toys. The list goes on. He believed that God had appointed him to do something great in Y2K, but he wouldn't tell me what it was.

He started to pace at night, maybe getting only three hours of sleep. I had to sleep in another room. Sometimes he would sit over me crying while I slept. Our bedroom was stacked with magazines, yellow note pads, and post-notes were all over the bathroom mirror. I sincerely did not know what was happening. I had no help from his doctors and people at church, family, and friends were coming to me saying, "What's wrong with \_\_\_\_\_?" I couldn't answer their questions.

His driving and manner became reckless. He was caught speeding at over 90 miles per hour, late at night, in the rain. I also received a call from two business owners who told me that the next time he shows up at their business, they would call the Sheriff's Department. I didn't know what to do. Part of my family said that it was my fault, that I broke his spirit.

I knew, and had known for the last several months, that something was terribly wrong. I called admissions at a local psychiatric facility and asked some questions. The individual at admissions could not diagnose my husband, but he agreed with me that my husband appeared to be suffering from some mental disorder. He suggested that my husband be re-evaluated

### Tell us Your Story

The following letter describes not only the impact of a mental illness on a wife and her husband, but also how policies and procedures not only prevented, but discouraged involvement of a wife in her husband's treatment.

**Contact us with your story:**  
Steven D. Porter  
3034 Estepa Drive  
Cameron Park, CA 95682  
s.dp@comcast.net

*The opinions expressed in Tell Us Your Story are solely those of the author and not necessarily those of NAMI or any of its affiliates.*

very soon.

In November, we both went to see our new doctor for a yearly exam. My husband was seen first. When the doctor came in to see me, he asked if I noticed anything unusual with my husband's behavior. I started to cry and told him about the last several months. The doctor told me that it took him 30 seconds to diagnose him with Bipolar Disorder. The doctor asked me if he would like me to call his psychiatrist. I told him that I would welcome that favor. My husband was put on Depakote. During the next two weeks, his behavior worsened. He became psychotic.

I struggled with the idea of having him admitted to a psychiatric hospital. Our new doctor believed it was necessary. The burden was left in my hands. I called the hospital to see if there was an opening. Admissions was saving a room for him. I called the Sheriff's Department. A deputy showed up, handcuffed my husband's wrists, and put him in his vehicle. He also took all of my husband's guns. I told the Deputy that if my husband was to be admitted then to please take him to this hospital. Though there was a closer hospital, I did not feel safe having him so near. My requests were ignored. The deputy took my husband to the closer hospital, two



miles from our home. While at the hospital several problems arose. The following is a list of those problems by topic.

**1. Privacy Act** – When my husband was admitted, he told the hospital staff not to let me know where he was or to provide me any information I might ask for. The hospital staff followed his directive. In an effort to find out where my husband was admitted, I called the Sheriff's Department. I was able to find out his location. They could not tell me anything else; the hospital staff would not provide any information concerning my husband's status.

I was worried sick. When I discovered where he was I called his doctor several times but he would not return my calls. Finally I drove down to the hospital only to be escorted out before seeing my husband. During his stay, my husband provided an exaggerated and distorted history of events without my input. This caused me several many problems later.

**2. Phone privileges** – My husband used his calling card and made phone calls 24-hours a day to friends, relatives, and myself. He mostly told them I was terrible to have him admitted. People called me to ask my husband to stop calling them at all hours. Our phone bill that month was over \$300.00.

**3. Hospital Privileges** – After two weeks of no contact with my husband or his doctor, a person from the hospital called to let me know my husband had walked away from the facility. The person instructed me to call the police and report him missing. Out of anger, I told them to call the police. They lost him, they can find him. A few hours later, my husband showed up. He had walked to the bank, withdrawn \$2,000 from our bank account, and eaten lunch. I felt even less safe than when he was living at home.

**4. Family Support** – Throughout my husband's hospital stay I continued to try and see both him and his doctor. I didn't know what was going on with his care (or lack of). Finally, a consumer advocate

called to inform me that the doctor wanted to visit with me, but my husband had to sign a release. A hearing was scheduled at the hospital. With lots of promises and negotiation, I was granted visitation. My first visit was uncomfortable. My husband had left a paper trail down the wing where his room was located. He had post-notes taped at the nurse's station, phone numbers on the public phone, and a "Do Not Enter" sign on the door to his room.

**5. Hospital Discharge** – My husband was discharged twenty four days after admission when doctors declared that he was stable. I was not contacted, and I knew nothing of his discharge until after he left the hospital. I was at church when my neighbor called and said that my husband had broken into the house. When I went to my car, there were Christmas gifts in the back seat.

My husband broke into our home and car and then drove to our vacation home. I called the police. I was scared. I called the hospital and was told they discussed my husband's discharge with him. Why wasn't I included? He told them he wanted to go home, get some things, and go to our vacation home alone.

**6. Stable** – What is considered "stable?" When my husband came home, he was far from what I call "stable." He still talked fast and made irrational decisions. Was he really prepared to come home? In his state of mind, he could have committed suicide. Even to this day, his doctor insists my husband is stable in spite of behavior that suggests something quite different.

My husband and I no longer live together. We are legally separated. Our thirty year marriage has been decimated, our future together destroyed. He has spent all of the money meant for retirement. He is in debt. He blames me for all that has befallen him. He has distanced himself from all family and friends, except for one man. Though I have become quite familiar with his illness, he has become a complete stranger to me.

## In the Community



### February 25, First Annual Synergy Conference, Pleasant Hill

Steve O'Donnell, Ed Fishbaum, and Heidi Sanborn at the First Annual Synergy Conference hosted by the Contra Costa chapter of NAMI.



### Date, Event, Location

(l to r) Captain Stephen Leibrock, Sheriff's Dept.; Heidi Sanborn, NAMI Sacramento; Sergeant Matt Reali, Sheriff's Dept.; Lt. Ken Bernard, Sac PD; Marilyn Hillerman, NAMI; Capt. Brian Louie, Sac PD; Stephen Porter, NAMI; Dr. Ralph Nelson, President, NAMI California. Not pictured: Harry Nicholas, Sacramento NAMI.

## Donor Appreciation

**The Pollock family** requested that donations made in honor of Betty Pollock be given to NAMI Sacramento. Betty suffered with depression for 25 years. NAMI Sacramento will honor her memory by dedicating these funds to consumer programs.

**The family of Kimberly Dell** asked that donations be made to NAMI Sacramento in honor of their beloved daughter who passed away. Kimberly suffered with schizophrenia for ten years – in her name, donations will go directly to employing consumers for our new programs such as Peer-to-Peer and In Our Own Voice.



## Report on MHSA Commission Meeting

➔ *continued on page 1*

be used for defined mental health services. This position was bolstered by two recent Attorney General opinions which held that these funds could neither be used for court staff in a Mental Health Court nor for law enforcement officers as part of a PERT.

The opinion dealing with the Mental Health Court leaves some flexibility for use of MHSA money to pay for the mental health services part of a court administrators duties to serve "as a liaison between the court and the mental health system." Similarly, other "blended" mental health functions might be able to receive MHSA support. Mental Health Directors provided data showing that in existing collaborations between law enforcement and mental health, law enforcement pays its own bills. Commission Chair Darryl Steinberg said he would like to see more consideration by the Attorney General's Office of what types of joint functions might be funded.

Representatives of San Diego County discussed their PERT program. The County Sheriff, who is also a member of the Commission said he thought law enforcement should pay its' own way. Also, unlike the program proposed in Sacramento their program responds first to emergencies and not second, after called in by another law enforcement officer on the scene. The most dramatic result of this program is the claim that only 1% of PERT calls resulted in incarceration.

Representatives of Santa Clara County discussed the Crisis Intervention Team (CIT) model where law enforcement officers receive special training on the needs of mental health consumers, how to de-escalate crisis situations and appropriately use mental health resources. Consumers and family members are heavily involved and a variety of community services collaborate to provide for urgent care. The CIT approached was endorsed

by NAMI California with the proviso that programs benefit consumers and are designed with consumer and family member input. NAMI President Ralph Nelson also suggested that MHSA funds might be used for police training, but not police officers salaries.

Sacramento Police Chief Ralph Najera supported the Sacramento County PERT Plan and defended the need for full-time second responders who would respond to requests from law enforcement and mental health professional. He stressed that major problems now exist in the current broken system and that collaboration is needed to design a new system with full consumer and family member participation. He said that a CIT program would not work by itself because stronger collaborative efforts were needed. He stressed that PERT would not happen without added mental health resources.

Consumer representatives generally supported a transformed system characterized by client choice and self-determination with programs run by clients or with major client input. In such a system PERT would not be needed. In the meantime they opposed MHSA funding of police officers and stressed that collaborative programs with law enforcement should not lead to involuntary holds or incarceration. They also favored the CIT training model.

The Commission will develop principles to guide law enforcement/mental health collaboration. Commission Chairman Darryl Steinberg was concerned that strong collaboration might not occur unless some MHSA funding was available.

The next Commission meeting is on Thursday and Friday, March 23rd and 24th. You can get the details on their website: [www.dmh.cahwnet.gov/MHSOAC](http://www.dmh.cahwnet.gov/MHSOAC). It would be great if more NAMI members attended.

### 2006 BOARD OF DIRECTORS

#### PRESIDENT

*Heidi Sanborn*, bhsan@comcast.net  
(916) 485-7753

#### VICE PRESIDENT

*Vacant*

#### TREASURER

*John Gilbert*, jgilb1@pacbell.net

#### SECRETARY

*Caroline Prod*, cprod@att.net

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### PROJECTS

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#### COUNTY LIAISON

*Valerie Reis-Lerman*

*vries@library.ca.gov*

#### TELEPHONE TREE

*Virginia Parker*, carsacca@aol.com

#### NEWSLETTER/WEBSITE

*Steve O'Donnell*, odonnell@csus.edu

#### GENERAL MEETING, Speakers

*Bruce Hancock*

*brhancock11@comcast.net*

#### FAMILY TO FAMILY

*Lynn Cathy*, lmcathy@sbcglobal.net

*Norm Pobanz*, nepobanz@aol.com

#### WALK FOR MENTAL HEALTH

*Pat Pavone*, pavone@surewest.net

916-397-7831

### COUNTY SUPPORT STAFF

*Marilyn Hillerman*, Adult Family

Advocate, 916-875-4710

*Andrea Hillerman*, Adult Consumer

Advocate, 916-875-4710

*Dave Schroeder*, Family and Youth

Advocate, 916-875-4183



# NAMI Sacramento 2005 Statement of Financial Position

## NAMI Sacramento Statement of Financial Position As of December 31, 2005

	Dec 31, 05	Dec 31, 04	\$ Change	% Change
<b>ASSETS</b>				
<b>Current Assets</b>				
<b>Checking/Savings</b>				
1010 · Bank of America checking	7,238.03	7,526.48	-288.45	-3.8%
1022 · BofA CD	6,228.58	8,123.25	-1,894.67	-23.3%
1030 · Edward Jones				
1031D · MFS Total Return	13,708.98	13,349.26	359.72	2.7%
1032 · Nations Marisco Focused Equit B	17,403.69	15,993.56	1,410.13	8.8%
1033B · Putnam Equity Income	11,778.05	11,231.44	546.61	4.9%
1033D · Van Kampen Comstock	11,803.30	11,225.06	378.24	3.4%
1034 · Federated Bond Class B	7,288.88	7,209.67	79.21	1.1%
1034D · Van Kampen Govt Secs	13,625.41	13,732.38	-106.97	-0.8%
1035 · Van Kampen Prime Rate	0.00	50.09	-50.09	-100.0%
1036 · Cash & Cash Equivalents Invest	765.78	321.18	444.60	138.4%
<b>Total 1030 · Edward Jones</b>	<b>76,174.09</b>	<b>73,112.64</b>	<b>3,061.45</b>	<b>4.2%</b>
<b>Total Checking/Savings</b>	<b>89,640.70</b>	<b>88,762.37</b>	<b>878.33</b>	<b>1.0%</b>
<b>Total Current Assets</b>	<b>89,640.70</b>	<b>88,762.37</b>	<b>878.33</b>	<b>1.0%</b>
<b>Fixed Assets</b>				
1500 · Fixed Asset - Office Equipment	300.00	300.00	0.00	0.0%
1510 · Accum. Deprn fxd Asst - offc Equ	-208.25	-108.29	-99.96	-92.3%
<b>Total Fixed Assets</b>	<b>91.75</b>	<b>191.71</b>	<b>-99.96</b>	<b>-52.1%</b>
<b>TOTAL ASSETS</b>	<b>89,732.45</b>	<b>88,954.08</b>	<b>778.37</b>	<b>0.9%</b>
<b>LIABILITIES &amp; EQUITY</b>				
<b>Liabilities</b>				
<b>Current Liabilities</b>				
<b>Other Current Liabilities</b>				
2050 · Due to NAMI California	1,002.00	323.00	679.00	210.2%
2052 · due to Ent. Book Pubs	384.00	192.00	192.00	100.0%
<b>Total Other Current Liabilities</b>	<b>1,386.00</b>	<b>515.00</b>	<b>871.00</b>	<b>169.1%</b>
<b>Total Current Liabilities</b>	<b>1,386.00</b>	<b>515.00</b>	<b>871.00</b>	<b>169.1%</b>
<b>Total Liabilities</b>	<b>1,386.00</b>	<b>515.00</b>	<b>871.00</b>	<b>169.1%</b>
<b>Equity</b>				
3000 · Opening Bal Equity	82,003.32	84,395.23	-2,391.91	-2.8%
3020 · Unrealized Gn/Ls on Mut Funds	9,497.21	6,435.76	3,061.45	47.6%
Net Income	-3,154.08	-2,391.91	-762.17	-31.9%
<b>Total Equity</b>	<b>88,346.45</b>	<b>88,439.08</b>	<b>-92.63</b>	<b>-0.1%</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>89,732.45</b>	<b>88,954.08</b>	<b>778.37</b>	<b>0.9%</b>

# NAMI-Sacramento Membership Form

**Please Join Us!** Join thousands of Americans dedicated to improving the lives of people with mental illness. Become part of the revolution in your community. Detach and mail in this membership form today. You can make a difference!

*Please print your information.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Membership

New     Renewal

Consumer, \$15

Individual/Family, \$35

Additional Donation; consider giving an additional \$25 (or more) to NAMI-Sacramento. Your donations help support local efforts to assist the mentally ill.

Make checks payable to: "NAMI-Sacramento"

## Mail This Form To:

NAMI-Sacramento  
Membership Chair  
PO Box 2154  
Fair Oaks, California 95628

I would like to receive the NAMI-Sacramento newsletter via e-mail only. By agreeing to receive newsletters via e-mail, it saves money that can be used for vital NAMI programs.

## Volunteer With NAMI-Sacramento

NAMI-Sacramento relies on the efforts of its volunteers to help the mentally ill in the Sacramento region.

You can help.

Contact Me About Volunteering with NAMI-Sacramento

RETURN SERVICE REQUESTED

NAMI Sacramento Chapter  
PO Box 2154  
Fair Oaks, CA 95628



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