



# NAMI Sacramento Newsletter

*Sacramento's Voice On Mental Illness*

The National Alliance on Mental Illness

October 2006: Issue No 4.10

## General Meetings

### Monday, October 2, 7:30 p.m.

**Speakers:** *General Membership Meeting, NAMI Sacramento Board*

We will be nominating and voting for new board members, giving an update on the organization's programs and budgets, and providing a chance for members to ask questions and give input to the board.

### Monday, Nov. 6, 7:30 p.m.

**Speakers:** *Janet Thiel and Mark Hopkins, Discharge Planners*

Most of us are not aware of the services available to consumers transitioning into or out of our county jail system. Janet and Mark will talk about assistance with housing, employment, and medications. Also, an update on the Mental Health Court.

### Meeting Location

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


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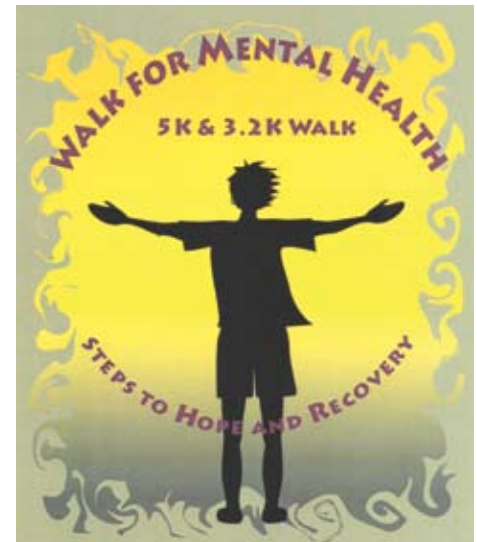
## Please Walk for Mental Health on October 7

THE WALK FOR Mental Health is the biggest fundraiser of the year for NAMI Sacramento. Please sign up online; you can create your own personal "web page" to send to friends so they can sponsor your walk.

If you cannot attend the walk, please sponsor someone else. A sign-up sheet was included in the last newsletter so you can collect sponsors this way as well. The sponsor sheet can also be downloaded online:

 [www.walkformentalhealth.kintera.org](http://www.walkformentalhealth.kintera.org)

Also, we need you to all bring as many of your family and friends to the walk on October 7th as possible. We are competing against the diabetes walk on the other side of the Capitol that same day. Let's show the legislators how much we care about improving the mental health system!



**Saturday, October 7, 2006**

**9 – 12 Noon, State Capitol**

**Sign Up Online Today**

 [www.walkformentalhealth.kintera.org](http://www.walkformentalhealth.kintera.org)

## Mental Health Contractors Seek New Deal

*by Ed Fishbein,  
NAMI Sacramento*


GOVERNMENT MAY DIRECT public mental health care in Sacramento County. But it doesn't provide the bulk of the services.

Most of the community-based care in Sacramento is dispensed by a group of about 20 private, mostly nonprofit agencies who pursue their common interests through the Association of Mental Health Contractors.

Formed two decades ago, AMHC's

current membership ranges from Asian Pacific Community Counseling to Heritage Oaks Hospital to the Volunteers of America. Its agencies help provide clients with everything from medication to job counseling to housing to foreign-language translation. In pursuit of those goals, the members network, share knowledge, and try to influence a mental health system that many feel fails to provide them with the resources they need.

Paul Powell, the group's current president, is no stranger to that resource

 *continued on page 5*



## 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 Court, Sacramento 95821. 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

☎ See: 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. ☎ See: 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 Med Center, 4701 X Street, Sacramento  
This group is for families which have a member with a newly diagnosed brain disease. 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. Meets every Monday. This is a 12-step program chemical dependency/alcohol abuse and an emotional or psychiatric illness. For more information, please call Susan Young at 916-236-7679.

### **Family to Family Education Classes**

Offered twice a year, spring and fall.  
For the current class schedule see the Sacramento NAMI web site or call (916) 399-5762

### **Peer to Peer Education Classes**

New classes starting October 4<sup>th</sup>. ☎ www.namisacramento.org  
The NAMI Peer-to-Peer Education Course is a nine-week experiential recovery course for any person with serious mental illness.

## Upcoming Events

### **Turning Point Community Program Health & Wellness Fair: Celebrating Diversity**

Thursday, September 28, 2006, 11 a.m. - 3 p.m.; 4600 47th Avenue, Suite 111, Sacramento, CA 95824

☎ www.tpcp.org

### **Final Audition, Sacramento Mental Health Association Variety Show**

Friday, September 29, 3 - 8 p.m.; 9719 Lincoln Village Drive, St. 503 (near Bradshaw Road off Highway 50).

☎ (916) 712-2506

### **Walk For Mental Health**

Saturday, October 7<sup>th</sup>  
State Capitol Grounds, Sacramento

☎ www.walkformentalhealth.kintera.org

Our annual walk is a vital recognition of both community and cause. Please hold the date. This is NAMI's biggest fundraiser of the year.

### **Mental Health and Aging Conference**

October 19, 2006, 8 am - 2 p.m.; Elks Lodge Riverside Boulevard

☎ (916) 734-4754

### **NAMI 2007 Convention Comes to San Diego**

June 20-24<sup>th</sup>, 2007  
San Diego, California

☎ www.nami.org

The 2007 NAMI Convention will be held at the Town and County Hotel in San Diego, California June 20 - 24, 2007. For more information and to register online, please visit the NAMI national web site in September. If you would prefer to register by mail, a registration form will be printed in the fall issue of *The Advocate*, which will be mailed out in November 2006.



## A Message From the President



by Heidi Sanborn

AS YOU KNOW from the flurry of emails, it is a new budget cycle for government and the end of the state legislative season. We have been working very hard on four important advocacy issues:

1. Laura's Law
2. County Mental Health Court
3. County Support for a 3.1% Maintenance of Service Adjustment for Mental Health Providers
4. Walk for Mental Health

On Laura's Law, which supports Assisted Outpatient Treatment and is one key to decriminalization, we were successful at getting it to the Governor and we are told he will sign it. Congratulations to all of you activists!

Regarding the Mental Health Court, I have had several calls from members just this month with examples of how unfairly the consumers and families have been treated in the regular courts in this county. NAMI members attended the County Supervisors hearing September 6th, and I and others from jail psychiatric services, the County Mental Health Board, and other organizations asked for the MH court. The County Supervisors have not decided yet so please call or write your Supervisors and tell them that keeping the mentally ill out of jail is important to you.

Directly tied to decriminalization and the Mental Health Court is support for the community services offered by the Mental Health providers. Please read Ed Fishbein's article in this newsletter where he interviews Paul Powell. In short, the County contracts with non-profits to provide almost all the mental health services in Sacramento. Those providers have not received an increase in contract levels in 5 years, yet the region is growing rapidly

and housing costs have increased significantly.

Please let the County supervisors know that the Court and the support for community treatment work together. If the Mental Health Court has no community services to refer consumers to, it is set-up to fail. However, getting the court gains us an important ally – having judges lobby for treatment in the community could be very helpful.

The fourth major advocacy effort is the Walk for Mental Health. There is no greater "stigma buster" than putting a face on the families and consumers. It sends an important political message that we vote and we want mental health services in Sacramento. We hope you can all come to the Walk for Mental Health and bring as many friends as possible! It is much more than our biggest fundraiser of the year - see the article on the Walk on page 1 for more detail.

On October 2nd, we have the Annual General Membership meeting. At the meeting, the membership and board members will nominate new people to join the NAMI Board and vote. New Board members will take office in January of 2007. All of those nominated will be asked to tell the membership about themselves, their current alliance with NAMI, and what they want to do on the NAMI board. If any of you are considering running for the Board, please contact me. We need people with certain skills (e.g. fundraising, grant writing, networked with various cultural groups,) and I would be happy to discuss the possibilities with you. We need people with passion and 15 hours a month for the next two years. If you want to join a winning team, please call me at 485-7753.

With gratitude,  
Heidi

## On the Andrea Yates Verdict

by Michael J. Fitzpatrick, MSW,  
Executive Director, NAMI

JUSTICE HAS BEEN served by the finding of a Texas jury that Andrea Yates is "not guilty by reason of insanity" (NGRI) in the tragic deaths of her children five years ago.

Too often, tragedies are only compounded by tragedies. In this case, the National Alliance on Mental Illness (NAMI) trusts that Andrea Yates will get the treatment she needs in a secure and appropriate psychiatric hospital. Even if she is released at some future point in time, she will likely be subject to continual court monitoring.

Andrea Yates was sick. We praise the jury for recognizing that fact.

NAMI hopes the two trials and ultimate verdict in the case have contributed to a broader public recognition and understanding of severe mental illnesses, particularly postpartum depression, psychosis, hallucinations, and delusions.

NGRI defenses are rarely raised and rarely succeed. The criminal justice system usually is ill-suited to address issues involving mental illness as it tries to impose legal logic on biological irrationality.

Human tragedies must lead not simply to individual trials. Broader inquiries are needed, particularly to determine where the mental healthcare system may have failed prior to those tragedies that do occur.

Whatever else happens to Andrea Yates, her children will have died in vain unless society addresses that fundamental concern.

Learn more:  
 [www.nami.org](http://www.nami.org)



## The Drugging of Our Foster Youth

*Editorial,  
from the San Francisco Chronicle*

ONE OF THE dark secrets of California's troubled foster-care system is the way some young people are being drugged at the slightest sign of stress or misbehavior.

State regulations provide a financial incentive for group-home "parents" to request and administer psychotropic drugs – an option that the testimony of foster youth suggests is being exercised far too readily.

California does not attempt to track how many foster youth are given such drugs or whether they are even needed in each case. It is an unchecked system, ripe for abuse, both in terms of fiscal responsibility and humane treatment.

In fact, members of a newly created state Blue-Ribbon Commission on Foster Care were caught off guard last week when the overuse of psychotropic medications emerged as a major theme of foster youth talking about what is wrong with the system. Their accounts included:

– Marcus was only 11 when he was taken from his family and placed in a group home. The experience left him too frightened to talk during his first night there. His "new family" gave him Paxil, an anti-depressant, to get over it.

– After spending one week at her new group home, Alex was told she needed to be on medications, even though she had never even met with a psychiatrist. At one point, she had been put on 20 different drugs. "Everyone in the group home walked around like zombies," she said.

– Chenille, 17, had been put on medications since she was 13 -- Zoloft, Resperdal and a host of others. All she wanted, she said, was to find her sister, who she had been separated from when

she was placed in a group home. But because she cried and seemed upset, she was given drugs. "They told me if I didn't take them, that I wouldn't get transitional housing once I aged out."

The first-hand accounts of these young people is not the only warning sign that the system needs to be scrutinized.

Investigations in Texas, Florida, and Minnesota have discovered alarming numbers of foster youth on behavior-altering drugs.

Texas, for example, discovered that of the 12,000 foster youth who received psychotropic drugs in 2004, each child averaged 21 psychotropic drug prescriptions a year.

But in California, home of the nation's largest foster-youth population, there has been no such review of psychotropic drug use. A 2004 bill by then-Sen. Dick Mountjoy to require the Department of Social Services to study the administration of these drugs to foster children was quietly shelved after encountering opposition from the California Psychiatric Association.

At the judicial level, the California Rules of Court, while including regulations on psychotropic medications, leave dangerous loopholes that allow group homes to act as mental health experts. Rule 1432.5 states: "Once a child is declared a dependent child of the court and is removed from the custody of the parents or guardian, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child."

But the judge can only go by reports handed to him by the youth's social worker and group-home staff. If the youth does not appear in court, which is often the case, the judge has little if any input beyond the recommendation.

Equally problematic is a section of

the rule that reads: "In emergency situations, psychotropic medications may be administered to a dependent with or without court authorization or court delegation of authority to a parent."

The definition of an "emergency" is effectively delegated to the group homes – which also happen to have a financial incentive to administer drugs.

"A group home can get anywhere between \$2,000 to \$6,000-plus per foster youth, depending on how many medications they're on," said commission member Jennifer Rodriguez, legislative policy coordinator for the California Youth Connection. "That's why they're more willing to label these youth as 'troubled.'"

Because so few foster youth regularly meet with their attorneys, most are unaware that they have a right to refuse the medication.

In cases where youth have resisted, they say group-home workers have punished them in various ways: docking their allowances, taking away house privileges, threatening to kick them out of the home. Again, with the ratio of attorneys to foster youth running as high as several hundred to one, many of the youths, and even the group-home workers themselves, are unaware that these punitive actions are illegal in the state.

According to Rodriguez, the California Youth Connection has tried to address the issue after concerns were repeatedly raised during discussions with foster youth from different counties.

"We were told by legislators and the Department of Social Services that we couldn't legislate it because there's nobody collecting this information, and there's no way to find out how many youth are being put on meds," she said. "Basically, they have no one looking out

➤ *continued on page 5*



➤ *Contractors Seek New Deal, from p. 1*

squeeze. He has spent 21 years at Transitional Living and Community Support, a social rehabilitation agency for people with disabilities, where he now serves as associate director. During that time he has come to feel that many of the county's mental health funding policies are penny-wise and pound-foolish.

The penny-wise aspect has resulted in county payments to mental health contractors being frozen for six years while the client population grows with the rest of the region. As a result, Powell said, employee pay raises have been deferred, benefits have eroded, valued staff have left for better-paying jobs, and vacant posts haven't been filled. "It's squeezing agencies tighter and tighter," he said.

And that leads to the pound-foolish effect. "If someone's released from a hospital, they're supposed to get outpatient care," Powell said. "But it takes longer and longer to get an appointment to see a doctor." The result is that consumers are more likely to relapse, and end up in costly crisis care beds.

If this summer's budget deliberations are any indication, the Board of Supervisors does not seem inclined to break this pattern anytime soon. The AMHC sought a 3.1 percent funding hike for contractors in the 2006-2007 county budget. That would have given the agencies \$3.5 million in new money, most of which, Powell said, could have come from state and federal coffers through Medi-Cal. But the supervisors said no. At the same time, they tentatively OK'd spending \$2.5 million for crisis-care beds to use when the Mental Health Treatment Center hits its patient limit.

If Powell could mandate a new fiscal order for Sacramento mental health, it would focus on alternatives to inpatient care. He would have the county double the

four regional support teams that currently struggle to meet the ever-growing need for outpatient medical care and case management. He would open smaller residential treatment facilities. He would make housing a major priority, because "unless you feel you're in a stable housing situation, you're not going to recover." And, of course, he would give his AMHC members their long-overdue raise.

Powell knows that's not likely to happen anytime soon. But he also knows that "other communities have developed a large array of programs that basically keep people out of hospitals." And he feels that in the long run, that will be the best course for Sacramento.

➤ *Foster Youth, from p. 4*

for them on this issue."

This lack of oversight is outrageous. The state has a moral and fiscal obligation to know what is going on with its foster children.

Medications, when used appropriately, have indeed helped thousands of children. But in some cases, foster youth appear to be given drugs to deal with a sudden surge of emotions – grief, fear, sadness – that are hardly surprising in children who have just been taken from their families and placed among strangers.

Where will the leadership emerge on this issue? Attorney General Bill Lockyer's office should look into the allegations that the youth's legal rights are being abridged – and determine whether tax dollars are being squandered or even exploited by a system that rewards the overuse of medications on children who may just need human care and attention.

The upshot is clear: This is a system that demands closer attention.

## NAMI Sacramento In The Community



*Harry Nicholas making a presentation to City police recruits about how to work effectively with those who have mental illness.*

### 2006 BOARD OF DIRECTORS

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*Heidi Sanborn*

(916) 485-7753

[bhsan@comcast.net](mailto:bhsan@comcast.net)

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*Vacant*

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*John Gilbert, [jgilb1@pacbell.net](mailto:jgilb1@pacbell.net)*

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*Caroline Prod, [c.prod@att.net](mailto:c.prod@att.net)*

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*Rick Taylor*

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### COUNTY SUPPORT STAFF

*Marilyn Hillerman, Adult Family Advocate, 916-875-5644*

*Andrea Hillerman, Adult Consumer Advocate, 916-875-4710*

*Dave Schroeder, Family and Youth Advocate, 916-875-4183*



## NAMI Sacramento Member Opinion: Proposition 1C Equals More Housing Options

by Rick Taylor, NAMI Sacramento

This November, voters will have to sort through some 13 different statewide ballot measures dealing with a variety of issues including everything from public financing of elections to flood control. One of the measures before voters next month is referred to as Proposition 1C (the Housing and Emergency Shelter Trust Fund Act of 2006).

If approved by voters in November, Proposition 1C will provide \$2.85 billion for housing and housing related infrastructure (e.g. streets, water lines, sewer lines, etc.) that will benefit tens of thousands of this state's most vulnerable citizens.

Proposition 1C will provide emergency shelter for homeless individuals and families as well as victims of domestic violence – giving them an alternative to the street. It will provide affordable homes for seniors and working families – homes in neighborhoods that are safe and close to community services. It will help working families buy their very first house – families that might not otherwise be able to realize the American Dream.

Proposition 1C represents the next step in ensuring that all Californians in need – including those that live with serious and persistent mental illness – have access to safe, decent and affordable housing. It will be paid for out of existing state resources – without raising taxes. Just as important, Proposition 1C requires independent audits to protect taxpayers and ensure shelters and homes are built as promised.

This measure is the result of years of planning and is a fiscally responsible part of the Rebuild California Plan, a long-term plan to build the roads, housing, schools, and flood-control systems we need for

California's future.

Proposition 1C addresses problems we simply cannot afford to ignore. The Mental Health Services Act (MHSA) is a good first step, but the simple fact of the matter is that resources made available for housing are just not enough. With anywhere between 20 and 30 percent of this community's homeless population living with mental illness, there is enough demand to spend the MHSA dollars four or five times over. Unfortunately, the resources available are not on par with the demand. This does not have to be the case.

Shelter is a basic human right. Each of us deserves a safe, decent, and affordable place to call home. Proposition 1C will help make that a reality for our community's most vulnerable citizens. Please help California take a positive step forward by voting yes on Proposition 1C.

Additional information on Proposition 1C can be found by visiting the Homes for California web page:

 [www.Homes4CA.org](http://www.Homes4CA.org)

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## Calling All Consumers

Want to learn to live well with what you've got? Come join us in a NAMI Peer-To-Peer Course, a nine week experiential education course on recovery for any person with serious mental illness interested in establishing and maintaining their recovery. The course uses a combination of lecture, interactive exercises, and structured group processes. The diversity among participants creates a lively environment for self-discovery.

Classes start October 4th. Please call our consumer programs co-coordinator Susan Whaley at 916-996-2188 for more information.

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## Help Mental Health Contractors

The Association of Mental Health Contractors, which provides 90% of the mental health services in the County, is asking the County Supervisors for a 3.1% Maintenance of Service adjustment for 2007. If you or a loved one has ever received services from El Hogar, Visions, Consumer Self-Help, or other county contracted service providers, please call your County Supervisor and tell them why they should fund the increase:


- Contract providers have seen no increase in contract levels for 5 years despite increased costs and demands for service.
- The needs of mental health service providers have been prioritized below additional hospital beds. Without maintaining the contract agencies, the need for hospital beds will grow, costing even more money.
- Every 25 cents invested in this maintenance of service results in an additional 75 cents of funding from state and federal sources through MediCal billing.

These funds are critical to the health of the mental health system. The agencies need well trained workers and a stable workforce to provide quality services to consumers – and that requires paying a living wage.

For each phone call they get, they assume at least 10 other people feel the same way. So tell the county supervisors that mental health services are important to Sacramento!

### County Supervisor Phone Numbers

Roger Dickenson, Dist. 1	874-5485
Illa Collin, Dist. 2,	874-8153
Susan Peters, Dist. 3	874-5471
Roberta MacGlashan, Dist. 4,	874-5491
Don Nottoli, Dist. 5,	874-5465

 [www.bos.saccounty.net](http://www.bos.saccounty.net)



## The Doctor's Corner

*Each month, Dr. Robin Zasio, a local Licensed Clinical Psychologist and Social Worker, will address mental health questions submitted by NAMI Sacramento members, consumers, and general readers.*

Submit your questions to:

 [drrobin@sierrabg.com](mailto:drrobin@sierrabg.com)

>> *How can I tell if someone close to me is clinically depressed?*

– Jennifer

Dear Jennifer: When someone is clinically depressed, you will see an individual who tends to demonstrate a stable pattern of depressed mood that will remain throughout most of the day. You may see a consistent sadness or despair that will not lift.

The depression can feel overwhelming and cause a sleep and/or appetite disturbance, a lost of interest to engage in activities that they previously found pleasurable (which is referred to as anhedonia), fatigue nearly daily, difficulty focusing and concentrating, and possibly feelings of hopelessness or worthlessness. These symptoms may result in feelings of suicidality.

You may also see an increased tendency in someone who is depressed to feel more irritable and anxious. It is quite common that symptoms of clinical depression will cause a person distress and impact their interpersonal relationships, work or educational endeavors, and other important areas of their life and functioning.

If you feel that someone close to you may be suffering from depression, I encourage you to talk with them about getting help as soon as possible. There are both psychiatrists who can help with

the medication component if needed, and therapists to help them work through any issues or stressors that may be contributing to their symptoms. You can contact NAMI or The California Psychological Association for a list of referrals.

>> *I have a son who I believe has schizophrenia. Although he has not been formerly diagnosed, I have talked with many health professionals who have suggested that based on his symptoms, my son should be evaluated for this diagnosis and the possibility of medications. I agree, but I am not sure how to talk to him about seeking help. Do you have any ideas?*  
–David

Dear David: Your question is one that I hear commonly and a dilemma that many people share. My recommendation is to share with your son your concerns. You don't necessarily have to mention your impression that he has schizophrenia rather, talk from your heart about your observations in any changes in his behavior that have recently occurred, and how his life is being impacted by these changes in behavior (or symptoms).

Ask him if he would be willing to talk with his doctor or any other health care professional about his symptoms. I think it's important to tell your son that he is simply going to talk to the doctor and he does not have to commit to anything more. This may help him to be willing to go without feeling pressured to commit to treatment.

If a formal diagnosis of schizophrenia is made, the doctor can then talk with him about a treatment plan, which may include medications and therapy.

## The Volunteer Corner

### Become a NAMI Volunteer

NAMI is currently recruiting volunteers for the following positions:

- Treasurers Assistant
- Office Support Staff
- Children's Services Advocate
- Consumer Program Co-Lead
- Church outreach assistance
- Family to Family Teachers

Please contact Office Manager Kim Johnson at 916-874-9416.

### Volunteer Appreciation

NAMI Sacramento wants to recognize our new Peer-to-Peer Mentors:

- Kathleen Derby
- Elizabeth Edwards
- Craig Hays
- Valerie Ries-Lerman
- Joe Teixeira

These dedicated individuals have volunteered many hours going through intensive training and preparing for the upcoming Peer-to-Peer classes. Hats off and a huge thank you for bringing this wonderful program to Sacramento!

### Consumer Programs

Consumers can obtain paid work with NAMI Sacramento in either of the following:

- In Our Own Voice
- Peer to Peer Education

For more information, contact our Consumer Program Coordinator, Susan Whaley, at (916) 996-2188.

### November Newsletter Contributions

Please submit information for the November issue by October 8. As always, contributions and suggestions from all parts of the mental health community are welcome.

# 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



Non-Profit Org.  
U.S. Postage  
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Sacramento, CA