Mark Your Calendar

Family education meetings are held at St. Paul’s Evangelical Lutheran Church, 4007 Main St., Amherst (near Eggert Rd.) on the 2nd floor (main entrance at the back of the church), on the 2nd Thursday of the month. The CITY family support meeting is the 3rd Tuesday of each month at Lake Shore Behavioral Health, 951 Niagara St., Buffalo, 14213. Two family support meetings are held on the 3rd Wednesday of the month: NORTH - at St. Paul’s, on the 1st floor (church entrance at ground level at left rear of the building) and SOUTH - at Lake Shore Behavioral Health, 3176 Abbott Rd., Orchard Park, 14127. Board Meetings are held at 636 Starin Ave., 1st floor; Buffalo, 14216; members are welcome.

October 2016

4 Tues NAMI Board Meeting, 7 pm
13 Thurs NAMI Education Meeting, Library and Coffee Hour: 7 pm; Program at 7:30 pm. Guest: Karl Shallowhorn, Director of Community Advocacy, Compeer of Greater Buffalo Topic: “Bipolar Disorder Recovery: Personal Insights”
18 Tues CITY family support group, 5-6:30 pm
19 Wed NORTH and SOUTH family support meetings, 7-8:30 pm

November 2016

1 Tues NAMI Board Meeting, 7 pm
15 Tues CITY family support group, 5-6:30 pm
16 Wed NORTH & SOUTH family support meetings, 7-8:30 pm

December 2016

6 Tues NAMI Board Meeting, 7 p.m.
NO NAMI Education Meeting in December
10 Sat Christmas is for Kids! annual holiday wrap
20 Tues CITY family support group, 5-6:30 pm
21 Wed NORTH & SOUTH family support meetings, 7-8:30 pm

President’s Corner
Autumn Signals Change

This is a significant election year for many reasons but from a NAMI perspective, it’s all about mental health issues. It’s crucial that NAMI members make their voices heard to elected officials on the local, state and federal level. Legislators and other government representatives are the people we must persuade to support mental health reforms – they hold the purse strings. Not only do they need education about the dysfunction within the mental health, they need to hear the heartbreaking stories that only family members can tell. Facts are critical for legislators but personal stories have even more power to motivate them to action.

The feature article in this edition of our newsletter is an excerpt from the 35 page report from the Treatment Advocacy Center: Going, Going, Gone: Trends and Consequences of Eliminating State Psychiatric Beds. You can access the full report on their website: www.treatmentadvocacycenter.org/about-us/our-blog

As the authors of Going, Going, Gone wrote:

Beds behind bars effectively bring the criminalization of mental illness full circle-back to colonial times and the early 19th century, when the mentally ill were routinely jailed or kept in poor houses. We would not call it just to incarcerate a man who crashed his car because he had a heart attack behind the wheel. Why would a just society incarcerate those with serious mental illness for the equivalent?

(Continued on the next page)
The truth is that our nation not only has the highest imprisonment rate in the world, but on an average day, 350,000 of those prisoners have a diagnosed mental illness.

The good news is that momentum is building across the nation for mental health reform. Tim Murphy’s HR 2646 was a groundbreaking accomplishment in the House, even though several components that NAMI supported were deleted, but the passage of S. 2680 in the Senate is required before the first stage of mental health reform becomes a reality. Senator Kirsten Gillibrand is already a co-sponsor of S. 2680 but Senator Charles Schumer is not. Call Senator Schumer’s office today and urge him to not only sponsor S.2680 but to use his powerful influence to bring it to the floor for a vote in September. Call his office at 1-202-224-6542.

NAMI Buffalo & Erie County is now on Facebook. Thanks to two ambitious graduate students, both NAMI members, Rob Brandon and Katie Virag, who spent countless hours setting up our own Facebook page: NAMI Buffalo & Erie County. You can recognize it because of the Picasso-like sketch of a buffalo drawn by Katie. When you are logged in, stop by our page and give us a “LIKE”. Information on our speakers’ events and support groups will be regularly posted. We look forward to meeting you at our fall events.

Ann Venuto
President

Sunshine
Welcome!
To new board members Patricia Foster, and Colleen Frey.
A Big Thank You to:
Our Family-to-Family teachers who started two new classes in September: Daryl Bennett, Liz Carone, Marcy Rose, and Bryan Taylor.
The intrepid volunteers who work on membership renewals and help with mail in the office: Judy Capodicasa, Liz Carone, and Colleen Frey.
Continuing Well Wishes to:
to Jerry Keppel and Roger Watkins.
Thoughts and Sympathies to:
- Michele Brooks and her family in the recent loss of her brother.
- the family of Joseph Reale, with deep appreciation for the many gifts made to us in his memory.
- Rose Gardner and her family in the loss of her daughter, Diana Gardner-Williams.

NAMI - NYS 2016 Education Conference
New Horizons in Recovery: Breakthroughs in Research and Treatment
November 11-13 at the Desmond Hotel and Conference Center, Albany, NY
This year’s conference will delve deeper than ever before into four of the most crucial elements impacting people living with a mental illness and their families in a more in-depth manner than any previous NAMI-NYS Conference. These issues are:
Recognizing and Addressing Trauma
This will be addressed during Friday afternoon featured session which will explore trauma in children, multicultural communities, in veterans and military families and the criminal justice system.
Suicide Prevention
Friday afternoon will feature the Zero Suicide Initiative with four concurrent workshops on suicide prevention.
Mental Health in the Workplace and Broader Employment Issues
This will be a major focus on Saturday with a panel during lunch and workshops in the afternoon.
The Need for Recovery Teams
This core issue for NAMI’s families will discuss the importance of individuals’ insight on their illness and the need to work with their families and providers as a recovery team. This will be addressed Saturday morning with a presentation by Dr. Donald Goff and a panel discussion on the benefits of forming recovery teams.
More information on the conference at: http://www.naminys.org
Alert: Senate May Take Up Mental Health Reform!
But only if we call now:

Here’s why I now think we can get S. 2680 passed.

D.J. Jaffe,
Executive Director, Mental Illness Policy.org

After talking to various people, I now believe that if mental illness reform can be separated from issues to expand or contract gun control, that the Senate will take mental health reform up. But leadership needs to know that it is a mental health bill, not a gun control bill. Unfortunately, Republicans want to attach provisions to push second amendment rights and the Democrats want to attach provisions to limit gun possession. Both approaches will prevent the bill from passing.

With or without more or less gun control, people with serious mental illness need treatment. There is new information that if pushed, both sides may now be willing to drop efforts to attach gun provisions and pass it. We have to encourage that action.

There is another problem or opportunity.

The Senate bill (S. 2680) is very weak. It doesn’t have many of the provisions of House bill (The Helping Families in Mental Health Crisis Act, H.R. 2646). But there are several paths to get them in. The bill could be amended. Powerful Sen. John Cornyn wants to attach the “Mental Health and Safe Communities Act (S. 2002) to the bill. S.2002 has a lot of terrific stuff like AOT, but does have gun provisions Dems won’t accept. Alternatively, the Senate bill can be reconciled with the House bill in Conference (assuming Senate bill passes). The House bill passed 422-2, so the house would be in a strong position to see their provisions are kept in. If they want to. But they might not. So ideally, we want the House provisions included in the Senate bill at the time it is passed. We want to add Cornyn’s provisions, except for gun control.

CALL AND ASK YOUR TWO SENATORS TO PASS the Mental Health Reform Act of 2016 (S. 2680) AND amend it to include AOT funding, HIPAA relief, IMD relief, and SAMHSA reform including putting a doctor at the top.

Ask them to include provisions in S. 2002, except those related to gun control. Don’t opine one way or the other on gun control, just explain it is separate issue, and mental illness reform should not be held hostage to it.

PLEASE REACH OUT TO THE MOST IMPORTANT SENATORS

You will have to do so by phone or mail, as they do not take email from non-constituents. Please call and mail the following:

Sen. John Cornyn (R., State Majority Whip)
(Needs to be thanked for S.2002, but asked to keep gun control separate)
517 Hart Senate Office Building, Washington, DC 20510
(202) 224-2934

Sen. Mitch McConnell (R., KY, Senate Majority Leader)
317 Russell Senate Office Building, Washington, DC 20510
(202) 224-2541

Sen. Harry Reid, (D., NV, Senate Minority Leader)
522 Hart Senate Office Building, Washington, DC 20510
(202) 224-3542

Sen. Chuck Schumer (important)
(D., NY, Presumptive party leader)
(Needs to be thanked for addressing mental health, convinced to support AOT, and convinced to keep gun control separate)

(Continued on the next page)
(Schumer continued from page 3)
322 Hart Senate Office Building, Washington DC, 20510
(202) 224-6542

Sen. Lamar Alexander (R., TN)
455 Dirksen Senate Office Building, Washington, DC 20510
(202) 224-4944

Sen. Patty Murray (D., WA, Democrat Leadership)
(Needs to be convinced to add important provisions like AOT, HIPAA, IMD and SAMHSA reform)
154 Russell Senate Office Building, Washington, DC 20510
(202) 224-2621

Chris Murphy (D., CT)
is also involved but not in leadership
136 Hart Senate Office Building, Washington, DC 20510
(202) 224-4041

If we don’t do this, no one else will. Seriously. So we have to. We are the only ones speaking up for the seriously ill. The House bill passed as a result of our efforts, and if we make strong efforts, I have info that suggests we can get the Senate to pass reform too. Thanks for all you do.

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**Tips for Calling a Congressional Office**

- Do not expect to be able to personally speak to Senator/Representative. Ask to speak with the Legislative Assistant responsible for mental health legislation.
- Be prepared. Before calling, have your message written in front of you and review it carefully…so you know exactly what you want to say.
- Identify yourself as a constituent (include title/position). State purpose of your call, and keep the message simple and concise.
- Be courteous. Congressional staff work long hours - 10 to 12 hour days are not uncommon - and have many demands and pressures on their time.
- Thank the staffer for taking your call and let him/her know you will follow-up.

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**Tips on Writing a Letter to a Member of Congress**

- Be Direct…state purpose of writing (e.g. name/number of bill).
- Be Informative…identify yourself as a constituent (title, university).
- Be Constructive…offer recommendations (don’t blame, accuse, threaten).
- Be Political…explain how issue affects the district/state/country.
- Be Discriminating…stick to one issue per letter (avoid “laundry list”).
- Be Inquiring…ask how the Member stands on the issue.
- Be Available…let him/her know that you are available for follow-up.
- Be Appreciative…thank Member for considering your concerns/request.
Mental Illness: A Family’s Perspective and a Reporter’s Reflection

On September 18th, former NAMI president Marcy Rose and award-winning Buffalo News reporter Matthew Spina presented on “Mental Illness: A Family’s Perspective and a Reporter’s Reflection”. The program included the showing of a film by Dr. David Pickar, adjunct in the Johns Hopkins University School of Medicine, Department of Psychiatry, and a follow-up presentation and discussion with Ms. Rose and Mr. Spina. The event was sponsored by the Social Action Committee and the Brotherhood of Temple Beth Tzedek as part of a series focusing on aspects of mental illness. Programs like these help expose the realities faced by millions of people suffering from mental illness and build understanding in our community about what happens when those who need help and care don’t receive them. We are grateful to our hosts for this opportunity to collaborate.

ART SHOW TO SUPPORT BRAIN RESEARCH

Long time NAMI member and artist Kerima Collier has announced the opening exhibition of her acrylic paintings on Saturday October 29th from 4-8pm at the Main St. Gallery (515 Main St.) across from the Hyatt. She is giving the proceeds of the sale of her art to mental health research and has invited NAMI to speak briefly about our work at her event. Please attend and support if you are able!

October 2-8, 2016 is National Mental Illness Awareness Week

This nationally recognized week helps us call attention to the need for improved care and programs, the unmet needs of those living with mental illness and striving for recovery, and encourages us all to get involved in helping promote an end to the stigma that the topic of mental illness too often draws. For more information, visit the national website at nami.org/get-involved/raise-awareness/awareness-events/mental-illness-awareness-week or contact us at 716-226-6264.
Save the Date!

Christmas is for Kids! and Christmas is for Adults, Too! projects will be here sooner than you can say “I love the Holidays!” The big annual Christmas is for Kids Wrap will take place on Saturday, December 10th. Christmas is for Kids! provides holiday gifts for over 600 children and family members living with serious mental health needs. Christmas is for Adults, Too! provides approved gifts for adults who are hospitalized for psychiatric care at the holiday time. If you are interested in volunteering the week before to pick up gifts for the wrap, or in helping by sponsoring a gift drive for either project, please contact the office at 716-226-6264 or check our website for items needed for adults in the Christmas is for Adults, Too! project.

Falling Into the New Season

Fall is a time of “gathering in and giving thanks” for many. Our Fall Fundraiser will be along in October and we hope you will be as generous as possible in giving to this once-a-year campaign that helps support our work and keep us available to the hundreds of families that reach out to us looking for help every year.

Volunteers do a heroic amount of work to support and advocate for families across western New York and beyond to find help and services, assist in times of distress, advocate for better policy, and end stigma too often directed at those who live with a serious, persistent mental illness. Your generosity, and gifts of time and energy, make us the best NAMI we can be. We thank you for that.

A Good Problem to Have

Both of our Fall Family-to-Family classes are full! One class is in Amherst, and the other in Elma this time. The good news is, if you want to take the Family-to-Family class, you may contact the office to be put on the list to be notified when the Spring classes are forming, even before we advertise them. To be put on the list, call the office at 716-226-6264.

New NAMI Family Support Group in the City!

We are pleased to announce that we have begun a family support group near downtown for people who may want to participate right after work, before heading home; and for those who live in the city and may need to use city public transportation to be able to come to a group. Lake Shore Behavioral Health provides space for us at 951 Niagara St. on the third Tuesday of each month, from 5:00-6:30 pm. This is part of our continuing commitment to address the needs of city residents, to increase access to our organization and services, and meet our goal for a more diverse membership. Please plan to attend if this option works for you, and share the information with others who may be interested.
Study: Marijuana Tied to Psychotic Symptoms in Teens

Somber findings from a recently released University of Pittsburgh Medical Center. Reports show evidence linking marijuana exposure to adolescent psychosis. Published in the August 2016 issue of the American Journal of Psychiatry, the study found adolescents who regularly use marijuana may be at heightened risk of developing subclinical and clinical psychotic symptoms.

“Congress can’t let the policy get ahead of the science when it comes to legalizing substances that could cause teen psychosis,” said Congressman Murphy, a staunch advocate for evidence-based reform to our broken mental health care system. “Lawmakers and citizens alike need to know the facts before making potential dangerous policy changes.”

Lead investigator Jordan Bechtold, PhD, Department of Psychiatry, UPMC, said: “Perhaps the most concerning finding is that the effect of prior weekly marijuana use persists even after adolescents have stopped using for 1 year.”

Participants included 1,009 boys recruited from Pittsburgh public schools when they were in the first and seventh grades. Self-reported frequency of marijuana use, psychotic symptoms, and other relevant data were collected annually from age 13 to 18 years.

The researchers found that for each year the teens engaged in weekly marijuana use, their level of subsequent subclinical psychotic symptoms rose by 21%. The increase was greatest for paranoia (133%) and hallucinations (92%).

“Given the recent proliferation of marijuana legalization across the country, it will be important to enact preventive policies and programs to keep adolescents from engaging in regular marijuana use, as chronic use seems to increase their risk of developing persistent subclinical psychotic symptoms,” the researchers emphasized.

This research is “very timely,” Christian Thurstone, MD, Department of Psychiatry, University of Colorado Health Sciences Center, Denver, writes in an accompanying editorial. “This and other studies show a preponderance of evidence linking adolescent marijuana exposure to subsequent psychosis, and the findings have important research and clinical implications.”

We invite you to join
NAMI Buffalo & Erie County
in helping us make a difference for people with mental illness and their families.

Mail to:
NAMI in Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223

Name__________________________________________
Address_______________________________________
City_________________State______Zip_____________
Phone__________________________E-Mail______________
☐ Membership $35
☐ “Open Door” Membership - $3 (for those in financial need, or to add a spouse/partner)
- OR -
☐ Donation: amount $ ___________
☐ Include membership in this donation
☐ in memory of □ - OR - □ in honor of:

☐ Please keep my membership/contribution anonymous.

I’d like to help with the following (check your interest/s):
☐ Fund/Friend Raising
☐ Office & Clerical
☐ Phone Tree
☐ Legislative Advocacy
☐ Support Letters
☐ Speakers Bureau

☐ Other_____________________________

☐ Please put me on the phone tree/e-mail list to receive legislative or other alerts.

Please send a copy of the newsletter to:

Name_____________________________________
Address___________________________________
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Phone__________________________E-Mail______________

NAMI in Buffalo & Erie County is a 501c(3) not-for-profit. You will receive a receipt for your tax purposes.
The number of state hospital beds that remain to serve the nation’s most ill and potentially dangerous psychiatric patients has fallen to its lowest level on record, setting off a domino effect of unmet need coast to coast.

Largely reserved for those individuals considered unsuccessfully treated and/or too dangerous for other health care settings, state hospitals today are the last resort of the mental health system. When there are no beds for them, people who can’t be treated elsewhere instead cycle through other institutions or live on the streets. They crowd into emergency rooms and languish behind bars, waiting for beds to open. Some become violent or, more often, the victims of violence. They grow sicker and die. The personal and public costs are incalculable.

Ideally, people with serious mental illness never become psychiatry’s equivalent of ICU patients; they receive timely and effective treatment long before they are critically ill. But a complete and reliable continuum of mental health care does not exist in the United States, and available mental health resources are oriented toward patients without serious mental illness. Because many individuals with the most severe psychiatric diseases are unable or unwilling to accept treatment, and some do not respond to treatment, there continue to be individuals—a growing number of people in a country with a growing population—who require the intensive, specialized services hospitals provide.

THOSE BEDS ARE GOING, GOING, GONE.

The Treatment Advocacy Center in the first quarter of 2016 surveyed the 50 U.S. states and District of Columbia to determine how many state hospital beds remain and whom they serve. We found the following:

• 37,679 staffed beds remain in state hospitals. Adjusted for population growth, this represents a 17% reduction in the bed population since 2010, when 43,318 beds remained, and a 96.5% drop from peak hospital numbers in the 1950s.

• 11.7 beds remain per 100,000 people. This means there are fewer state hospital beds per capita than at any time since before the nation stopped criminalizing mental illness in the 1850s.

• Nearly 50% of remaining beds—about 5.5 out of the 11.7—were occupied by forensic patients charged with or convicted of crimes.

As more beds are diverted to the forensic population, fewer beds are left for people who haven’t committed crimes. “Boarding” patients in mental health crisis to wait in loud,
chaotic hospital emergency rooms has become virtually universal as the number of beds for non-offenders has shrunk. Nearly 90% of surveyed emergency physicians reported in 2015 that mentally ill patients were being “held” in their ERs for lack of hospital beds.

The closing of state-operated psychiatric beds—a trend known as “deinstitutionalization”—has been ongoing in Western democracies since the mid-20th century. The trend was the result of financial incentives, new psychiatric medications and policies driven by the ideal that every patient would be better off in a small community setting than in a larger facility. The ideal, sound as it may have been, was incompletely realized. The hospitals closed, but community-based clinics did not replace them, or opened and later were defunded and closed. In many small communities, the clinics were often not viable to begin with. Meanwhile, the functions the hospitals once performed for people severely disabled by mental illness—treatment, structure, shelter—were lost, and the people who needed those functions were “transinstitutionalized” to other large settings, such as jails and prisons. Behind the scenes of the bed shortage, gravely ill and suffering people compete for the inpatient beds that remain.

As a nation that combines the highest incarceration rate in the world with an incomplete and selective mental health system oriented toward the healthiest patients, the United States perhaps inevitably holds an enormous number of mentally ill individuals behind bars: more than 350,000 on any given day.

RECOMMENDATIONS
(the following is only one of the author’s recommendations)

Increase the use of diversion strategies that reduce hospitalization rates. The following three evidence-based practices are associated with reduced emergency room visits and psychiatric hospitalizations.

a. Assisted outpatient treatment (AOT): A treatment option that utilizes a court order to require adherence to treatment for mentally ill individuals with a history of treatment nonadherence and rehospitalization or reincarceration, among other criteria.

b. Assertive community treatment (ACT, which may be included in AOT plans or independent): A multidisciplinary team approach to serving mentally ill patients where they live.

c. Sequential Intercept Model: A conceptual frame work for preventing individuals with mental illness from entering or penetrating deeper into the criminal justice system. Among the intercepts are practices such as the use of mobile crisis teams and de-escalation training for law enforcement officers.

And, of course, states must stop closing the beds we still have before they are no longer “going” but entirely “gone.”

The idea behind downsizing the state hospitals that treat these populations was fundamentally sound: most psychiatric patients could live safely and be treated successfully in community facilities, provided such facilities existed. And many have. The rub came when and where the substitute facilities did not exist—when they were not widely constructed or were constructed and almost exclusively served more functional clients than state hospitals once did. The further reality that approximately 25% of individuals with psychotic disorders do not respond to treatment and hence are unable to rejoin the community without substantial support was left completely unaddressed.

The deplorable state of America’s mental health care is hardly a function of state hospital bed shortages alone. Private and community bed shortages and a dearth of long-term residential care options have resulted from discriminatory Medicaid and Medicare reimbursement policies. State mental health budget cuts, which reached draconian proportions following the financial crisis, have reduced access to mental health treatment at every stop on the way to state hospitals. Mental health professionals are in dire shortage. Of the nation’s 3,100 counties, 55% have no practicing psychiatrists, psychologists or social workers. Promising early-intervention treatment models that could improve long-term outcomes of the most serious mental illnesses rely on community-based mental health services that can’t be provided where providers don’t exist. At the same time, an estimated 14,000 of America’s 35,000 practicing psychiatrists are over the age of 55 and heading toward retirement, without new psychiatrists being graduated at anywhere near a replacement rate.

Comprehensive mental health care reform and practices that address treatment gaps and deficiencies along the entire continuum of care are desperately needed. Until they are in place and operating, shutting down the last resort for treatment of gravely ill people who endanger themselves and their communities is premature, inefficient, expensive, inhumane and deadly.
Welcome New and Renewing Members

Anonymous – R. & E.A.
Anonymous – D.W.
Joann Bartlett
Rob Brandon
Bill & Cindy Borton
Sherry Byrnes
Sue Carson
Kerima Collier
Mary Foster
Rose Gardner,
  in memory of Diana Gardner-Williams
Richard & Peggy Gentzke,
  in honor of our son J. H.
Barb Hoekstra
Tracy Jacobowitz
Dr. & Mrs. Jeffrey Kashin
Elizabeth Kruger, LMSW-R
Dr. Howard Hitzel
Jeannie Manyon
Jim McGoldrick
Barbara Milliken
Brian Moore
Carol Moscati
Gary Nizinski & Joan Seamans
Vince & Nora Roberto
Lisa Rosati
Harry Schulz
Jo Schweitzer, in memory of James B. Kirkland
Irene Seegars
Molly Sibley
Robin & Sandy Stone
Sheila Summers,
  in memory of James B. Kirkland
Bev Tomasi
Ann Venuto
Roger & Pat Watkins
Jo Woloszyn

We Are Honored by Your Generosity

Thank You for Your Thoughtful Donations

Founders Circle ($500-1,999)
Marilyn Green & Friends at Independent Health,
  in memory of Ed Green

Benefactor ($100-249)
Dr. Horacio Capote
Friends at 1st Presbyterian Church of Clarence
Dr. Howard Hitzel
Patricia Howell,
  in memory of Donna Jean Murphy
Elizabeth Kruger, LMSW-R
Friends at National Grid
Friends at United Way of Buffalo & Erie County
Ann Venuto, in memory of Gerrie Cruz
Roger & Pat Watkins

Patron ($75-99)
Jo Schweitzer, in memory of James B. Kirkland

Sustainer ($50-74)
Bill & Cindy Borton
J. Hamilton
Dan & Mary Lavis,
  in memory of James B. Kirkland
Philip & Linda Lombardo
  in memory of Joseph Reale
Irene Seegars
Molly Sibley
Robin & Sandy Stone
Friends at United Way of Central Indiana
Jo Woloszyn
Announcing!
We are now on FACEBOOK!

Thanks to our tech-savvy volunteers, Robert J. Brandon, Jr. and Katherine A. Virag, both NAMI members, who spent countless hours setting up the page, those who use Facebook now have an easy way to get a reminder about our events. The page will also feature timely articles about mental health.

Check it out: NAMI Buffalo & Erie County.

You can recognize it because of the Picasso like sketch of a buffalo drawn by Katie.

When you are logged in, stop by our page and give us a “Like” and “Share” with your friends.

Rob was born and raised in Rochester, NY and graduated from Wagner College in 2014 with a Bachelor of Arts in Psychology. Currently he is pursuing a Master’s of Social Work degree at the University at Buffalo School of Social Work and expects to graduate in May 2017. In addition, Rob is a musician and likes to ride his bike for Slow Roll Buffalo. Ever since he could remember, Rob has always, and still is, dedicated and passionate about helping people and making a difference.

Katie was born and raised in Detroit, Michigan. She received a BS in Psychology and a BFA in Sculpture from Louisiana State University in 2013. As an undergraduate, she also spent a year studying at Buffalo State College as a national exchange student. She moved back to Buffalo in January 2014 and since then has been maintaining a studio as a mixed-media artist at Buffalo Arts Studio in the Tri-Main Center. She is currently enrolled at Buffalo State College as a post-bac student to get her teaching certificates in both art and health.

Please consider naming NAMI in Buffalo & Erie County in your will.

Your generosity will help us make important progress for better lives for families and individuals who live with serious mental illness now and into the future.

Thank You!
“When we long for life without difficulties, remind us that oaks grow strong in contrary winds and diamonds are made under pressure.”

– Peter Marshall