the challenger

A publication of the National Alliance on Mental Illness in Buffalo & Erie County

vol. 8 - Number 2
June 2016

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 NEW! 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: one at St. Paul's, on the 1st floor (church entrance at ground level at left rear of the building) and the other, 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.

July

12 Tues NAMI Board Meeting, 7 pm

14 Thur NAMI Monthly Educational Meeting.
Library and Coffee Hour: 7 pm; Program: 7:30 pm
Guest: Katherine Sponaugle, Education Specialist, Housing Opportunities Made Equal, Inc. (HOME) on "Mental Illness Discrimination in Housing"

19 Tues NAMI City Family Support Meeting, 5-6:30 pm

20 Wed NAMI North & South Family Support Meetings, 7-8:30 pm

August

2 Tues NAMI Board Meeting, 7 pm

11 Thur NAMI Monthly Educational Meeting
Library and Coffee Hour: 7 pm; Program: 7:30 pm
Guest: Jill Dunstan LMHC, CASA, Program Director & Jill Cooke, LCSW from Lake Shore Behavioral Health, Inc. on "On Track Program for First Episode Psychosis"

16 Tues NAMI City Family Support Meeting, 5-6:30 pm

17 Wed NAMI North & South Family Support Meetings, 7-8:30 pm

September

6 Tues NAMI Board Meeting, 7 pm

8 Thur NAMI Monthly Educational Meeting.
Library and Coffee Hour: 7 pm; Program: 7:30 p.m.
Guest: Sen. Robert G. Ortt, 62nd district and Chair of NY Senate Mental Health; Chair, Developmental Disabilities Committee; NY Senate Heroin Task Force on "Mental Health Legislation in the NY Senate"

20 Tues NAMI City Family Support Meeting, 5-6:30 pm

21 Wed NAMI North & South Family Support Meetings, 7-8:30 pm

October

4 Tues NAMI Board Meeting, 7 pm

13 Thur NAMI Monthly Educational Meeting.
Library and Coffee Hour: 7 pm; Program: 7:30 pm
Guest: Karl Shallowhorn, Director of Community Advocacy, Compeer of Greater Buffalo Topic: TBA

20 Tues NAMI City Family Support Meeting, 5-6:30 pm

21 Wed NAMI North & South Family Support Meetings, 7-8:30 pm

President's Corner

It's an honor to accept the role of President of NAMI in Buffalo & Erie County and I will do my best to build on the work of the previous leadership and make our organization more responsive to the needs of our members and their families. However, it will be no surprise to anyone that Marcy Rose will be a tough act to follow. The good news is that Marcy will remain on our Board and is committed to multiple programs: Homefront, Family-to-Family, Crisis Intervention Team (CIT) training for the police, and new projects. She continues to represent us as a member of the NAMI NY state Board of Directors.

Congratulations to Liz Carone and Barbara Utter, the co-chairs of our annual dinner committee as well as all who volunteered to make that special evening successful. Our April 2016 Annual Dinner turnout exceeded our expectations. Not only were there more people in attendance, we also raised more money than ever. Our keynote speaker, Judge Robert T. Russell, who revolutionized the Buffalo court system with his triple play of Drug Court, Mental Health Court and Veterans Court spoke about the progress that's been made in making the Buffalo criminal justice system more responsive to the needs of those with brain disorders including both mental illness and addictions.

May was Mental Health Awareness Month and our dedicated NAMI volunteers were engaged in several consciousness raising events about mental illness. HSBC Bank invited us to make a presentation about stigma and teleconferenced the discussion with five of their other offices including Manhattan, Chicago, and Delaware. Liz Carone and I participated in the "Stamp Out Stigma" flashmob and mental health awareness fair sponsored by Restoration Society and Lake Shore Behavioral Health Services at the Buffalo & Erie County Library which had TV coverage.

President's Corner *continues, pg. 2*

President's Corner from pg. 1

Jackie Thompson and Lynda Regan spent an evening helping a local Girl Scouts troop work toward a Mental Health Awareness badge. We had a very productive meeting with representatives from the local chapter of AKA, the Alpha Kappa Alpha international sorority that has made a commitment to collaborate with us over three years.

We continue to welcome volunteers and especially need those who have expertise in finances, fundraising and information technology. We also need additional volunteers for our Educational Meetings and legislative committee. Please call the office if you would like to be more active with us. (716-226-6264) Working with other like-minded NAMI volunteers can be an uplifting experience. Contributing just a few hours a month can make a big difference in our accomplishments. If volunteering is not possible for you, continuing your membership and encouraging others to join us in our ongoing struggle to fix our broken mental health system is an important contribution to our work.

One of the most important roles of members is to call and write our state and federal legislators regarding a number of important bills that will have a profound effect on the mental health system. In the House of Representatives, HR 2646 has been stymied by contentious debate about relaxation of HIPAA rules that would allow families more involvement. In the Senate, S.2680, the Mental Health Reform Act has already been approved by a key Senate committee, and more than 200,000 petitions in favor of the bill have been received, but the bill still faces the usual obstacles: difficulty finding funding and resistance from legislators who want to alter it.

According to an article by Jonathon Cohn in the Huffington Post in 2015, legislators must recognize that the toll of mental illness rivals that of many other diseases. For every dollar that the federal government allocates for medical research through the National Institutes of Health, 16 cents go to HIV/AIDS, 11 cents go to cancer, and *less than 4 cents go to all mental illnesses combined.*

On September 8th, Senator Robert Ortt, state legislator from the 62nd district as well as Chair of the Mental Health & Developmental Disabilities Committee and also Chair of the NY Senate Heroin Task Force will have a conversation with local NAMI members at our monthly educational meeting. (See calendar.) We encourage as many of our members as possible to attend in order to send a strong message to the legislature that we demand meaningful reforms in the mental health system.

Wishing you all a lovely summer--
Ann Venuto
President
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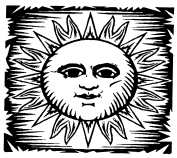
NAMI sends legislative action alerts via email to those who sign up for them. To receive these Legislative Action Alerts, go to www.nami.org and click on "Get involved" at the top of the homepage.



Sunshine

We are pleased to have a Summer intern in the office who started in June. Please say hello to **Trina Alston** when you call the office through the end of August.

Continuing get well wishes to **Val Coniglio** on her road to recovery.

Sympathy Wishes

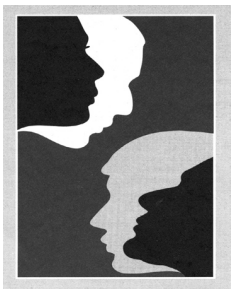
Our deepest sympathies to the NAMI families and friends who lost loved ones in the past few months. Our thoughts go out to **Mary Kirkland** in the loss of her husband, **Jim**, and also to the family of **Jere Lindstrom** who lost both her husband, **Hugh**, and, tragically, their son H. Randell.

We were grateful that **Ed Green** was able to see his wife **Marilyn** receive an award at our 32nd annual dinner before his passing.

Condolences to the family of **Mary Ann Blackowicz** who passed away in March. Our thoughts are also with the family of **Colleen Frey** in the loss of her husband. We extend our sympathy to **Judy Capodicasa** in the recent loss to her family.

Thank you

To the many volunteers who helped make April and May especially successful for outreach, awareness, and education events: **chair Liz Carone, Lynda Regan, Sherry Byrnes, Pat Seifert, Rosemary Donnelly, Sue Carson, Judy Capodicasa, Jackie Thompson** and **Ann Venuto**.



First Psychotic Episode: Why Early Treatment is Critical

Caroline Miller, Editorial Director, Child Mind Institute

Childmind.org

The first sign is usually withdrawal. A teenager or young adult, often someone who's had no prior emotional or behavioral issues, begins to be less engaged with what's going on around him. Instead of school, work, friends, family and fun, he is preoccupied with what's going on internally, increasingly fixated on disturbing ideas that are bubbling up.

He's being monitored by the FBI. There's a chip implanted in his brain. His parents are trying to poison him. He begins seeing and hearing things that others don't see and hear, and becomes suspicious even of people he is closest to. In turn, his speech and his behavior no longer make sense to them.

This is a psychotic break — when someone loses touch with reality, experiencing delusions (false beliefs) or hallucinations (seeing or hearing things that are not there) and what's called "disorganized" speech. In the United States, about 100,000 teenagers and young adults each year experience a first episode of psychosis, with the peak onset between the ages of 15 and 25.

A first psychotic break is terrifying both for the person experiencing it and those who are close to him, says child and adolescent psychiatrist Michael Birnbaum. Neither understands what's happening. "Behavior can drastically change in a very scary way. People stop communicating in the same way. The way they use words and sentences to express what they're thinking becomes totally disorganized."

A person experiencing a psychotic episode usually ends up in the hospital when his behavior escalates to a point of crisis. "Sometimes people are picked up by the police," says Dr. Birnbaum, who is an expert in first episode psychosis. "Sometimes parents or teachers are so frightened that they call 911."

The most common cause of psychosis is a psychiatric disorder: schizophrenia or, less often, bipolar disorder or severe depression. Psychosis can recur episodically with these illnesses, severely undermining a young person's developing sense of self, along with school, work and relationships. But there's substantial good news in the treatment of psychosis: evidence shows that treatment after the initial episode can dramatically reduce the number and intensity of future recurrences.

The right treatment within the first two to three years after the first episode has been shown to decrease relapses of psychosis by more than 50 percent and prevent much of the disability associated with a psychotic illness.

"The earlier we intervene, the better the outcome," says Dr. Birnbaum. "This is the take-home message. Get help as soon as possible."

Dr. Michael Birnbaum is director of the Early Treatment Program at Zucker Hillside Hospital, a specialized treatment center in Queens, New York, young adults who've experienced psychotic symptoms for the first time. The early treatment that's offered in centers like the Dr. Birnbaum's has proven so successful that the federal government has earmarked $25 million to aid development of these programs across the country.

Patients generally enter these early treatment programs following their release from the hospital. In the hospital they've been given medication that reduces their symptoms, but they may not be symptom-free, since anti-psychotic medication takes 6 to 8 weeks to take full effect. So even if they're considered safe to go home, Dr. Birnbaum explains, patients and their families both have a lot to deal with. Getting into an outpatient program as soon as possible helps them do just that.

The treatment that has been shown to be successful, called Coordinated Specialty Care, involves a combination of services coordinated by a group of professionals working with the patient and the family. They include:

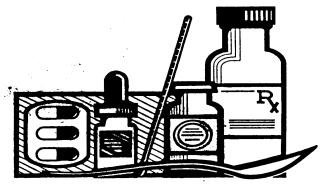
- Low doses of antipsychotic medication
- Cognitive behavioral therapy for psychosis (CBTp)
- Family education and support
- Educational and vocational rehabilitation

***Early Treatment** continues, pg. 4*

Early Treatment, from pg. 3

Unlike the old standard treatment for schizophrenia, which involved higher doses of medication and no follow-up after hospitalization, the goal of early treatment is not only to reduce psychotic symptoms, but also to help young people learn to manage them and to construct a support network to prevent relapse.

At Zucker Hillside, after an extensive initial assessment, patients meet once a week with a therapist for a session of CBTp, which is aimed at helping them handle ongoing symptoms and develop healthy coping strategies. For example, a patient might work on identifying delusional beliefs, figuring out strategies for "reality testing" them, and coming up with alternative, more helpful ways of thinking. Patients are each assigned to a psychiatrist on staff, who monitors their medication to make sure they're getting the most benefit, at the lowest dose, with the fewest problematic side effects.



The team also works with families, who are essential to recovery. Young people who've experienced psychosis do better when families support their keeping appointments, taking their medications, and eating, sleeping and taking care of themselves. These are important skills, since stress can trigger a relapse. Parents also learn how to respond when a son or daughter talks about aliens and the FBI — **"how to express love without supporting delusions,"** as Dr. Birnbaum puts it — and skills for dealing with a crisis and with suicidality.

Finally, staff members work with patients to get them back on track with school and work. "We don't want people to assume the role of a sick person," Dr. Birnbaum notes. "We want them to go back to school despite having these obstacles. Go back to work despite having a temporary handicap. The idea is that this is a bump in the road that we can get over. The best way to start feeling better is to start doing things again."

After an episode, some patients are quickly back to normal, with medicine, while others continue to have psychotic symptoms, but at a less acute level. Delusions and hallucinations might not go away completely, but they are less intense, and the patient can give them less weight and learn to manage them, Dr. Birnbaum says. "They're in the back of their minds, rather than at the front."

Patients also vary in their receptiveness to therapy and taking medication. **An important part of the program is empowering the individuals who are being treated to participate with the professionals in joint decision-making about their treatment.** "Young people who don't want to take medication don't have to," says Dr. Birnbaum. "We strongly encourage it. I know the medication is incredibly helpful. But it's an individual decision how much medication they want to take for how long."

Patients who've been taking medication may decide they want to try a lower dose, or go off meds, to see if their symptoms will return. The team approaches it as an experiment, a learning opportunity. Sometimes symptoms don't return, and the patient stays at the lower dose; other times they do, and the patient will ask to go back to the higher dose. "I would rather have these open and honest discussions than have them say, 'Yes doctor, I'm taking the medication,' and then go home and not take anything — lie to me about it. Or just disappear and don't come back."

Part of the goal of early treatment is to eliminate the stigma attached to schizophrenia, and to show patients, and their families that it is a more manageable illness than they may think. Patients "graduate" from the Early Treatment Program at Zucker Hillside when they have a good grasp of their illness and they know what they need to do to stay better.

The national initiative to expand these programs aims to change not only the model of treatment but **send a message of hope and optimism.**

What Dr. Birnbaum calls "the old story" of schizophrenia was a grim one. But thanks to early intervention programs there is a new story that recovery is possible. These programs are designed, as he puts it, "to stop mental illness in its tracks before it has a chance to take over somebody's life."

To find an early treatment center near you, check out the list of programs around the country compiled by Partners 4 Strong Minds, a group that aims to fight stigma surrounding psychosis and encourage more young people to get early treatment.

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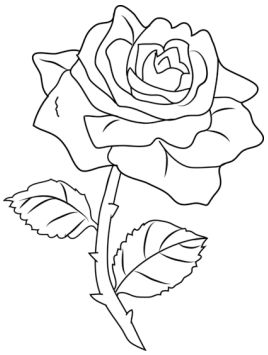
Tribute to Marcy Rose

Because Marcy will soon retire as president of NAMI in Buffalo & Erie County, I want to congratulate her on her accomplishments and her quality leadership. Her representation of NAMI, and presentation of issues to people outside of NAMI, was done with a great deal of empathy for the mentally ill, and with thorough knowledge of the issues.



To those with power to bring about change, she presented a calm firmness (and at appropriate times, not at all calm!!), that spoke of a heartfelt, long-term commitment to a cause. There was no question that she represented a group of people who were going to apply themselves to improving health care with energy and determination, for a very long time. I have learned much from her and I believe many others have, too…

Because of her and others in NAMI, including our new leadership (congrats, Ann!), the future does hold a time when NAMI members can look back and say, we helped many people to live a better life.

Herman Szymanski, M.D.

WNY First Episode Psychosis Treatment Program Will Be Featured at the August 11th Family Education Meeting - Please Attend!

Our speakers on August 11th from Lake Shore Behavioral Health, Inc. will talk about the agency's cutting edge program "On Track" for first episode psychosis (FEP). Coordinated specialty care programs like On Track NY use a team-based approach and shared decision making with young adults to focus on their recovery goals. This approach has been shown to be effective and been broadly implemented in Australia, the United Kingdom, Scandinavia, and Canada.

Early Assessment and Support Alliance (EASA) is one of the oldest early intervention initiatives in the country. Its treatment regimen is very similar to that of OnTrack NY, but it makes a particular effort to reach people well before they've had a psychotic break. Staffers educate school teachers, college instructors, health care providers, and law enforcement officials about the warning signs of psychosis, like abrupt withdrawal, loss of interest in work or school or irrational-sounding public outbursts.

NEWS From ECMC

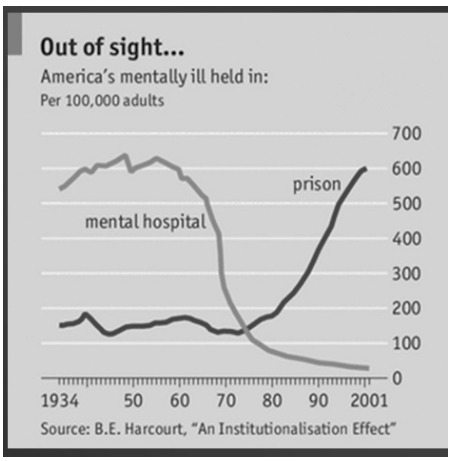
Donna Gatti, RN, Director of CPEP at ECMC has asked for our help in making the CPEP waiting area more hospitable to families who often must endure waiting there many hours for news about their loved one's evaluation. NAMI contributed educational brochures, magazines and other resources and a NAMI member donated a Keurig coffeepot. Donna moved comfortable chairs into the waiting area, installed a clerk to answer questions and initiated rounds by team leaders to the waiting area to answer family questions. This was her heartfelt response to numerous family complaints about the waiting area at CPEP at last September's educational meeting when Donna was our speaker.
Thank you, Donna.

NOTE: She reports there is an ongoing need for extra large sizes of new underwear and new or gently used clothing (with no zippers or ties) for homeless patients (XXL, 2XX, 3XXX). If you would like to donate some of these items, contact the NAMI office for drop-off instructions.

Lionel Penrose, Psychiatric Beds and Mental Illness Behind Bars

From The Treatment Advocacy Center,
Doris A. Fuller, Chief of Research and Public Affairs

In 1939, a psychiatrist and mathematician named Lionel Penrose looked at the relationship between prison and mental health populations in 18 European nations. He arrived at a startling and controversial observation about "mental disease and crime": if mental hospital populations are reduced, prison populations grow.



In 2016, we view the "Penrose hypothesis" across the 50-year social experiment known as deinstitutionalization." Of the nearly 560,000 state hospital beds that existed at their peak in 1955, fewer than 40,000 remain today. At the same time, about 1.8 million jail bookings per year involve individuals with mental illness, and **an estimated 350,000 adults with serious mental illness are currently living behind bars, at least 30,000 of them in solitary confinement.**

The United States manages to incarcerate more mentally ill adults per 100,000 people than other high-income countries incarcerate, period. Presumably, Lionel Penrose would feel vindicated, albeit without any satisfaction.

A New Look at Trends and Consequences of Closing State Hospital Beds

The criminalization of mental illness is widely regarded as among the most widespread and devastating impacts of the half-century effort to eliminate state hospital beds, yet the Penrose hypothesis remains controversial and under study.

Into this crossfire, the Treatment Advocacy Center tomorrow releases its latest and arguably most dire report on the status of last-resort hospital beds in the United States. Combining original data collection with statistics developed for the federal government, the study will document, state by state, how America's state psychiatric hospitals are being repurposed as the clinical wings of the nation's jails and prisons, and the price this is exacting on the prisoners, corrections systems and communities.

The study, entitled **Going, Going, Gone: Trends and Consequences of Closing State Hospital Beds, 2016**, does not take up the debate over the Penrose hypothesis. Instead, it comes from the perspective that, for the men and women living with serious mental illness behind bars - typically without treatment - and for the family members and others who advocate on their behalves, the Penrose hypothesis is academic.

What matters in 2016 is that those in need are many, the beds for them are few and the consequences of trading hospital beds for jail beds can be deadly.

The full *Going, Going, Gone* report may be found at: TACReports.org/going-going-gone.

References:

• Mind M, AP, et al. (3 December, 2014, online). Psychiatric hospital beds and prison populations in South American since 1990: Does the Penrose hypothesis apply? JAMA Psychiatry.

• Lamb, HR. (3 December, 2014). Does deinstitutionalization cause criminalization: The Penrose hypothesis. JAMA Psychiatry.

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Message from New York State Office of Mental Health

COMING JULY 1, 2016

As part of the state's Medicaid Redesign process, the conversion to Medicaid Managed Care (MMC) for Behavioral Health is expected to provide New Yorkers with more patient-centered and recovery-orientated care. It will also allow healthcare providers to integrate physical and behavioral health services to address all of an individual's healthcare needs.

Also effective July 1, 2016, Health and Recovery Plans (HARPs) will begin enrollment of eligible recipients with Serious Mental Illness (SMI) and Substance Use Disorders (SUD). Beginning October 1, 2016, HARPs outside NYC will offer members access to enhanced behavioral health home and community-based services (BH HCBS).

This transition is based on the work of the Medicaid Redesign Team (MRT) with the goal to promote better health, better care, greater access, and lower costs. Through a transformation of the system of care, all behavioral health services will be delivered in a way that is:

- Person-centered
- Recovery-oriented
- Integrated
- Data-driven
- Evidence-based

Through the efforts of all involved stakeholders, New York State expects to build a system that effectively delivers fully integrated, community based behavioral health and physical health for consumers, and establish a better quality experience for Medicaid recipients in New York State.

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Erie County Opiate Epidemic Task Force Needs Angels

The REAP (Rapid Evaluation for Appropriate Placement) is a revolutionary policing initiative aimed at getting individuals who are addicted to opiates the help they need, instead of putting them in handcuffs. When a person comes to a participating police agency and asks for help, they will be paired with a volunteer Angel to help guide them through the process.

Process to become an Angel

- Civil and criminal background check
- Confidentiality pledge
- 1-2 paragraph statement of reason you are interested in becoming an angel
- If selected, mandatory attendance at a 6-8 hour training session

For more information on REAP and how to apply to become an angel:

VISIT http://1.usa.gov/21rnHzB - or email -

ANGELS @BPDNY.ORG, or
OPIATE TASK FORCE@ERIE.GOV

Memorial Service for Jim Kirkland

Saturday, July 30th at 1 p.m.

Mary Kirkland and family welcome those who wish to attend to join them at:

UB Newman Center,
495 Skinnersville Rd., Buffalo, NY 14228

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!

Authorized Generic Medications

We have all personally experienced, or have heard from others, the horror of discovering that a medication that has been working very well is being switched to a generic version. Eighty percent of all drugs prescribed are generic medications, as of 2012, saving an estimated $193 billion in costs. Generic medications must be equivalent or "bioequivalent" to the brand name medication according to the Federal Drug Administration (FDA). Most people believe that that means the generic is identical to the brand name and is just cheaper because the generic company does not have the high costs of research and development, and the ongoing expense of marketing and advertising. Those of us who have had a bad or a less than desirable experience with a switch to a generic know that the generic was not identical.

According to the FDA, "bioequivalent" is defined broadly. A generic's maximum concentration of active ingredient in the blood must not fall more than 20% below or 25% above that of the brand name. This means a potential range of 45%, by that measure, among generics labeled as being the same. Medications contain other "inactive" ingredients and colors which may affect how rapidly the active ingredient gets into the bloodstream, when the drug concentration peaks, and how long it works. The generic company may use lower quality ingredients or may have slightly different variations of those.

If you are switching to a generic or are paying the full cost because the generic did not work, then you need to determine whether your medication has an authorized generic.

Authorized generics are prescription drugs produced by brand pharmaceutical companies and marketed under a private label, at generic prices. This means that the company that produces your current medication may also manufacture a generic which is identical to the original. On September 15, 2015, the FDA published a list of these drugs http://www.fda.gov/downloads/AboutFDA/CentersOffices/CDER/UCM183605.pdf

Since the FDA compiled this list by reviewing applications for new drug approvals, you are cautioned to independently verify with your drug company or pharmacist that there currently is an authorized generic. The list here may include authorized generics which have been dropped since the original application to the FDA to approve the generic.

Have your drugstore note in your computer record that your prescription is only to be filled with the authorized generic. You may also want to make sure that a computer note exists if you have any generic, not just an authorized one, that works well for you and you do not want to be switched to another manufacturer when the drugstore gets a better deal.

Refills for this prescription should be requested at least 3 days before you need them as your drugstore will likely have to order the drug for you if it is not usually carried. If you use an auto refill system, check with your pharmacy as to whether the system will honor the specified generic or just use any available generic.

The additional advantage of using the authorized generic is that it is exactly the same color and size as the brand name drug. Individuals, who are more likely to take it as directed if there no difference in its appearance from what they were first prescribed, are more likely to continue to take the generic as directed.

This article was researched and written by member Jeanne Figurel.

For more information, see report from Kurt R. Karst, FDA Law Blog, Official blog of Hyman, Phelps & McNamara:

FTC Issues Long-Awaited Final Report on Authorized Generics; Report Examines Both the Short-Term Effects and Long-Term Impact on Competition and Drug Prices, 2011

http://bit.ly/24V7ins

See also information from Prasco Authorized Generics FAQ's at:
http://www.authorizedgenerics.com/default.asp?contentID=29

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A Toast to Our Sponsors and Supporters!

Heartfelt thanks for your role in making the 32nd NAMI Awards & Dinner Celebration a big success!

Gold Sponsorship

Lake Shore Behavioral Health, Inc.

University Psychiatric Practice at SUNYAB School of Medicine

Silver Sponsorship

Horizon Health Services
Living Opportunities of DePaul
Spectrum Human Services
Watts Architecture & Engineering

Benefactors

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Robert & Daryl Bennett
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Cheektowaga Police Captains & Lieutenants Association
Crisis Services
Independent Health Association
Dan & Laura Lavis, *in memory of our son Mike*
Murray Levine
Dr. Oscar & Lorraine Lopez
Mental Health Association of Buffalo & Erie County
Susan Minotti
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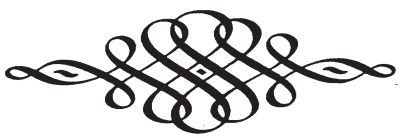
Mary Bonato
Ann Ezzo
Harry & Marie Guildford
Diane Kasprzyk
Jerry & Sue Keppel
Mary Kirkland
Harriet Kirsch
Molly Sibley
Walter Wilczak

Thanks as well to Kelly's Florist on Transit Rd., Clarence.



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:

_____

_____

_____

NAMI in Buffalo & Erie County is a 501c(3) not-for-profit. You will receive a receipt for your tax purposes.

New and Renewing Members

Anonymous ~ J.L.
Anonymous ~ J.P.
Anonymous ~ L.C.
Anonymous ~ M.S. & D.T.
Trina Alston
Kathleen Dunwoodie Aman
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