



The Voice

National Alliance on Mental Illness

The Newsletter of NAMI Southwestern Pennsylvania

Volume 16, Issue 1 June 2010

NAMI Southwestern Pennsylvania Viewpoint: Assisted Outpatient Treatment (AOT)

by Christine Michaels, MSHSA, *Executive Director*

In March, NAMI Southwestern Pennsylvania issued a white paper that concisely articulated opposition to two legislative bills—House Bill (HB) 2186 and Senate Bill (SB) 251—that propose inclusion of Assisted Outpatient Treatment (AOT) into the Mental Health Procedures Act. Our white paper titled *Talking Points against HB 2186 and SB 251* was based upon an analysis of public policy,

New York's AOT legislation known as Kendra's Law and the existing Mental Health Procedures Act in PA.

My opinion on the current AOT legislation was formed from my realm of experience, both personal and professional. During the bad times, my family's experience with the involuntary commitment process involved depression, alcohol, guns and police. I have been my loved one's most hated enemy as I tried to help someone who had no insight and resisted any treatment. During the good times, my family story involves the soulful experience of recovery and a life-anchoring belief in people and their ability to change their lives.

My area of provider expertise was community based mental health case management. At one time, I carried an application for emergency evaluation and treatment (known as a 302) and the county emergency number with me 24/7. Processing a 302 often meant responding in person. I have been kicked, slapped, pushed, spat upon, cursed and condemned by persons I didn't consider violent or meaning to hurt me. I have run down dark alleys, racing breathless to help someone needing hospitalization. I have entered abandoned buildings, the woods and speakeasy bars trying to find

"... my family story involves the soulful experience of recovery and a life-anchoring belief in people and their ability to change their lives."

~Christine Michaels

someone who needed help. And, as an administrator, I sent other people out to help, to do this work.

Combine my personal experience with over twenty years of provider experience, and I've spent much of my life working to help persons with mental illness and their families. It is from this depth and breadth of combined experience that I offer a perspective on the two AOT bills.

Assisted Outpatient Treatment (AOT) is a new name for involuntary commitment to

continued on page 9

In This Issue...

From the Desk of the Executive Director2

News Around the Region3

In The Spotlight: Daniel J. McNulty, Author, *Chainbreaker*5

10th Annual Education Conference Wrap-up6

Joan Erney Tribute Dinner7

Contributions10

NAMI Support Groups11



From the Desk of the Executive Director...

As the first day of summer nears, I long for the beach, but there are no "lazy, hazy days of summer" here at NAMI Southwest Pennsylvania. We no sooner wind down from a very successful conference when we must gear up for our next big event, the 4th Annual NAMI Walk on Sunday, Oct. 3.

It isn't unusual for us to be pulled in many different directions at one time, and this issue of the newsletter reflects a variety of interests and activities. On one hand, we will provide a wrap up of our annual education conference, *The Power to Ignite Change: A Personal Call to Action*. On the other hand, we will roll out the plans for the 4th Annual NAMI Walk.

Read *News Around the Region* for an update on our legislative and policy issues. Rumblings have begun that we may not have an approved state budget by June 30, even though everyone predicted we would this election year.

And in our summer edition of *In the Spotlight*, we are most honored to reconnect with a dear friend of NAMI Southwestern Pennsylvania, past board president and author Daniel McNulty.

If you are not dizzy yet, the front page article is on the proposed Assisted Outpatient Treatment (AOT) legislation, which we oppose. In March, NAMI Southwestern Pennsylvania issued *Talking Points Against HB 2186 and SB 251*. The feature piece was written to be an informational, conversational article to provide some added perspective on the AOT bills.

At NAMI Southwestern Pennsylvania, we do, at times, work at a frantic pace. And sometimes there is so little time to say "Great job, thank you." So, to the NAMI Southwestern Pennsylvania office team, who are dedicated, creative and hard-working, "Great job on the conference!" Thank you Debbie, Darcey, Susan, Sara, Sharon, Don, Lora and Dick! I feel very privileged to work with all of you.

Everyone enjoy the summer!

A handwritten signature in blue ink that reads "Chris".

Christine Michaels, MSHSA
Executive Director, NAMI Southwestern Pennsylvania

NAMI Southwestern Pennsylvania MISSION STATEMENT

NAMI Southwestern Pennsylvania is a regional grassroots organization dedicated to helping families and individuals affected by mental illness achieve lives of quality and respect, through education and advocacy that supports recovery.

News Around the Region

Updates on Legislation and Policy Impacting the Mental Health Community

Sharon A. Miller, Director of Education and Community Relations, NAMI Southwestern Pennsylvania



State Budget Update

As this edition of *The Voice* goes to print in early June, the PA House of Representatives is considering two pieces of legislation, House Bill (HB) 325 and HB 2435, which propose to reform our state tax system to raise revenue. If either version of revenue enhancement passes, we must increase our advocacy efforts to urge that the anticipated new influx of dollars prevents the need for further funding cuts for essential community services.

Thus far, the General Assembly has responded to the state's revenue-challenged budget crisis with cuts to behavioral health and developmental disabilities services, community and economic development, services to low-income seniors, and other critical services. HB 325 and HB 2435 finally acknowledge the need to end the cuts-only approach to balancing a budget.

Should our state budget negotiations remain ongoing when you receive this newsletter, I ask that you please contact the Senate and House leadership and your respective members of the General Assembly and share the following:

- I am a constituent, and I urge you to support the provisions of revenue enhancements by reforming the tax code.
- I demand that there be no more cuts to essential services. Do not support additional funding cuts that will hurt Pennsylvanians; rather, urge for support in raising new revenue.

- Solving the budget crisis with cuts alone will leave thousands of Pennsylvanians vulnerable and will ultimately cost jobs.

For additional information related to the state budget process and how you can assist NAMI with legislative advocacy efforts, please contact me at 412-366-3788 ext. 25 or smiller@namiswpa.org.

NAMI Submits Queries Regarding Mental Health (MH) Funding and Other Matters of Concern to Gubernatorial Candidates

With the primaries for the upcoming mid-term election behind us, we have developed a document that outlines five key questions concerning issues of importance to our MH community. It is imperative that we continue to educate candidates on the importance of maintaining funding and access to quality behavioral treatment and supports. The document may be viewed from the Legislative Affairs link on our website www.namiswpa.org. We will post the anticipated responses as the candidates reply.

continued on page 4

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News Around the Region continued from page 3

Mayview Property Sale Update

Senator Pippy, co-chair of the Mayview Land Reuse Task Force, recently introduced Senate Bill (SB) 1339. We urge NAMI members and others within the MH community to push for support of SB 1339. This legislation would direct the net proceeds from the sale of the Mayview property toward community mental health and developmental disabilities services in the area formerly served by the hospital. The legislation applies to the Mayview property only. A summary of SB 1339 and the text of the entire bill, along with media accounts of the closure and task force minutes, may be accessed on the Mayview Land Reuse Taskforce website, www.mayviewlandreusetaskforce.com.

Ways in Which NAMI Members Can Influence Public Policy

Stay informed. Sign up for NAMI Southwestern Pennsylvania's "Call to Action" e-mail alerts by emailing info@namiswpa.org and indicating "Action Alerts request" in your message. Also, visit the Legislative Affairs link at www.namiswpa.org.


Contribute your ideas and energy. Participate in NAMI Southwestern Pennsylvania's monthly public policy committee, a local county Community Support Program (CSP), a county MH Advisory Board or a cross disabilities campaign. Such groups may work on a single issue or a variety of issues. Tasks might include organizing a public

event or drafting policy recommendations. Even if you don't attend committee meetings, you can still lend your support to a letter-writing campaign.

Write a letter to the editor or opinion editorial "op-ed" piece stating your views in your local newspaper. This is an excellent vehicle to help educate the public about the prevalence of mental illnesses and the reality of recovery when people can access effective treatment and supports. Letters to the editor are also an effective anti-stigma tool.

Testify at a hearing. Both State Legislative and Congressional committees often hold hearings to gather support and expert opinions while drafting legislation. NAMI members can provide compelling stories personalizing the need for access to quality treatment and supports that are essential to recovery. Be sure to contact the committee the day of the hearing as last minute schedule changes occur frequently.

Share your story. If you have a personal story of recovery and feel compelled to share your experience, we are interested in hearing from you. Often, the media contact us seeking personal stories, and this is a great way to educate people and reduce stigma. Contact Darcey Garda at (412) 366-3788 ext. 23 or dgarda@namiswpa.org.

Contact Sharon Miller at (412) 366-3788 or toll-free (888) 264-7972 or smiller@namiswpa.org for additional information on effective advocacy tips and additional ways in which each of us can do our part to improve our mental health system. 

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In the Spotlight...

Daniel J. McNulty, Director, University Contracts Office, Carnegie Mellon University

When did you become involved with NAMI Southwestern Pennsylvania?

In 1997, I was asked to serve on the board of directors to provide guidance from a legal perspective. The organization was unaware that a close family member of mine had been recently diagnosed with a serious mental illness. My first experiences with the seemingly incomprehensible mental health system, and my passion for volunteerism, compelled me to say "yes." It was an honor for me to grow in my service alongside the founders of NAMI Southwestern Pennsylvania, whose incredible efforts decades ago have produced significant benefits for so many people in our region generations later.

What work have you done to support NAMI Southwestern Pennsylvania?

I served as vice president of the board in the late 1990s and as president from 2000 through 2004, during a time of tremendous growth for the organization. At that time, NAMI Southwestern Pennsylvania was really coming into its own as the voice for consumers and families affected by serious mental illness in our region. In addition to shaping committees, reviewing by-laws and helping to develop and guide the strategic planning process, I was part of the executive search team that brought Christine Michaels (Executive Director) to NAMI.

What do you believe are NAMI Southwestern Pennsylvania's biggest strengths?

NAMI Southwestern Pennsylvania has a clearly defined vision and a logical, well-constructed plan to move ahead in accomplishing its mission. The leaders on staff and on the board have talent, compassion, information, motivation and drive to push for continued growth in advocacy efforts and the evolution of the mental health system in our region. Most importantly, NAMI Southwestern Pennsylvania brings to the table both expertise and compassion about mental health issues. They understand the system and know where to access the most effective resources. Their collection of information is invaluable. They bring all of this knowledge to bear with an empathetic voice. They demonstrate that we are all part of the human family, and that people deserve comfort in times of great need.

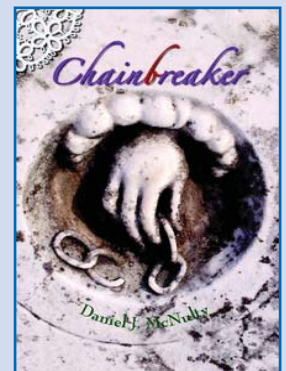
You recently wrote a book. What is *Chainbreaker* about?

In 1940s rural Pennsylvania, Kit McCafferty was a victim of sexual abuse. What happened to her was never discussed, let alone reported. Instead, Kit took the abuse until one fateful day when she had the courage to make it stop. Kit eventually married her high school sweetheart, Paul, and was ready to put it all behind her. But, the pain inflicted on her wounded heart poisoned her relationship with Paul and rendered her incapable of being the mother she wanted to be, especially to her son, who has schizophrenia. Diagnosed with terminal cancer, Kit now realizes how much suffering she has inflicted on her family. She also knows that all of this misery will wind its way down generation after generation unless she can find a way to heal her family. However she can't heal her family until she figures out how to heal herself. Kit's healing process demands that she explore the concept of forgiveness to its logical but unfathomable conclusion.

Why did you write *Chainbreaker*?

This book is a work of fiction, but the characters and family dynamic mirror my own life. When I first put pen to paper, I was unaware of where the storyline would lead me. As time went on, I recognized that the power of forgiveness can't be underestimated, regardless of a person's faith background or spiritual upbringing. For those coping with serious mental illness, family members need to actively forgive their loved one for being sick and for disrupting lives. They also need to forgive themselves for the times when they don't feel strong enough or when they "drop the ball" regarding their loved one's care. *Chainbreaker* is a story about the vital importance of forgiveness of both self and others as a key component of recovery. I believe this book encourages caregivers to deal with their own problems and heal themselves so they can better care for a sick loved one. And, its message shows that forgiveness ultimately brings peace and hope for the future.

For more information about *Chainbreaker*, or to order a copy, visit www.lulu.com and type *Chainbreaker* in the search box.



The Power To Ignite Change Marks 10 Years of NAMI's Regional Education Conference



On Friday, April 23 and Saturday, April 24, hundreds of people gathered at the Pittsburgh Airport Marriott for the 10th Annual NAMI Southwestern Pennsylvania Education Conference. The advocacy-focused theme

The Power To Ignite Change: A Personal Call To Action marked our first-ever two day conference and drew attendees from all around the 10-county region.

On Friday

Executive Director Chris Michaels kicked off the event on Friday, welcoming NAMI National Executive Director Michael Fitzpatrick, who spotlighted NAMI's initiatives and accomplishments across the country in his keynote presentation. Later in the morning, a well respected panel of policy makers and representatives discussed priorities for mental health advocacy efforts in 2010.

During lunchtime, attendees were moved by a heartfelt address from former member of PA's General Assembly, Allan Kukovich, who served in the house and senate for a combined 25 years.

All attendees received the Smarts & Hearts Advocacy Toolkit, an informative take-home binder of information and resources on how individuals and families can effect change at the public policy level. Longtime advocate Morgan Plant gave an energetic talk on the "how-to's" of advocacy. To close a day already packed with information, Sharon Miller moderated an interactive gubernatorial forum, where audience members jumped at the chance to ask their pressing questions to candidates.

On Saturday

The energy level peaked on Saturday morning when the lights dimmed and a highly esteemed panel of speakers, including award-winning journalist and author Pete Earley and national mental health advocate Dr. Fred Frese, took the stage. Two movie screens played vignettes of the thought-provoking PBS television program *Minds on the Edge: Facing Mental Illness*, bringing to light controversial issues related to mental illness, such as personal and moral

dilemmas families face and medical practices or public policies that may be outdated and an obstacle to treatment. Each vignette catalyzed a lively and impassioned debate in the panel, which included treatment professionals, legal representatives, government officials and individuals and family members affected by mental illness. Moderated by Torrance State Hospital CEO Edna McCutcheon, the exciting *Minds on the Edge* plenary session marked a highlight of the two-day conference, at times bringing the audience to its feet in applause.

During lunch, attendees were pleased to hear Joan Erney of the Office of Mental Health and Substance Abuse Services speak one final time as Deputy Secretary. She emphasized the myriad milestones and accomplishments across PA during her tenure. (See page 5)



NAMI Southwestern Pennsylvania's Sharon Miller and Christine Michaels pictured with Mike Fitzpatrick, Executive Director, NAMI

That afternoon, Chris Michaels put her panel to work, as representatives from counties around the region showcased how they are creatively addressing complex issues in the current mental health system. The panel included Jewel Denne talking about nationally renowned Crisis re:Solve and Barbara Brunner from Westmoreland Casemanagement & Supports, Inc. to discuss their innovative Operation Employment Task Force, among others.

Before breaking for workshops, News Anchor David Johnson of KDKA-TV took a few minutes to tell the crowd about his family's personal and inspirational story of stigma and suicide.

The most difficult part of the conference was choosing which of six stimulating afternoon workshops to attend.

continued on next page

With topics ranging from Pete Earley's book *Crazy: A Father's Search Through America's Mental Health Madness* to addiction and recovery to the one-of-a-kind NAMIpedia®, attendees ended their day in a workshop of their choice. Some opted to learn how to prepare a Mental Health Advance Directive, while others chose to Ask the Doctor or enlighten themselves with Spirituality and Mental Illness.

Offering over 20 different types of credits to participants at no additional charge, NAMI Southwestern Pennsylvania sought to educate attendees about the crucial need for advocacy and empower them to take action in a way that can impact the hundreds of thousands of people in our region. Special thanks goes out to the sponsors, exhibitors, presenters, speakers, volunteers, attendees and other supporters who made the 10th Annual Regional Education Conference a success! 🌟

Best Wishes Joan!

On Friday evening, April 23, NAMI Southwestern Pennsylvania hosted a retirement reception and dinner for outgoing PA Deputy Secretary Joan Erney at the Pittsburgh Airport Marriott. The event was partially funded by Community Care Behavioral Health.

Over 85 people attended the celebration for Joan, including Marc Cherna, John Lovelace, Mary Fleming, Linda Zelch, many county MH/MR directors, NAMI Board members and other invited guests. Surprise guests included Joan's mother Marge, her son Josh and Joan's close friend Kim Patterson.



Joan Erney with son Josh



Lynette Emerick, Westmoreland Casemanagement & Supports, Inc. and Laurie Barnett Levine, Mental Health America of Westmoreland County

Joan was presented with a Keepsake Tribute Booklet filled with personal notes and recognition comments and an original print by contemporary artist Helen Janow Migueo. We want to thank Joan for her leadership, dedication and vision and for choosing a career path that keeps her close to us in PA. Good Luck, Joan, in your new position at Community Care Behavioral Health. 🌟

Thank you to our generous sponsors who enabled NAMI Southwestern Pennsylvania to plan a successful two-day conference.

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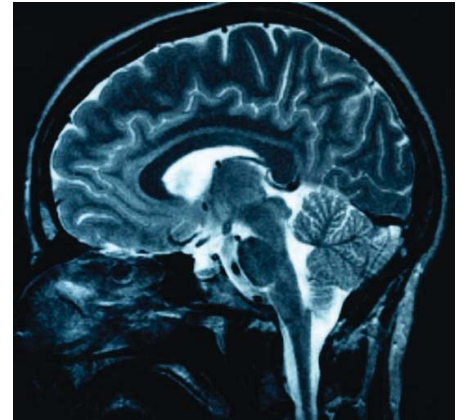
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Course Topics include:

1. Family responses to the trauma of mental illness.
2. Schizophrenia, major depression, and mania: Diagnosis and dealing with critical periods.
3. Depression and Bipolar subtypes; Panic disorder; Obsessive Compulsive Disorder (OCD); Borderline Personality Disorder; Co-occurring brain and addictive disorders.
4. The biology of the brain: emerging scientific discoveries.
5. Problem solving workshop
6. Medication review
7. Understanding the inner experience of having a mental illness.
8. Communication skills workshop.
9. Self-care, relative group testimony.
10. Rehabilitation, services available.
11. Advocacy, fighting stigma.
12. Celebration & certification ceremony.



Pre-Registration Required — Space is limited and classes fill quickly!

The next session of Family-to-Family Classes will begin in September 2010.

Contact NAMI Southwestern Pennsylvania to reserve a space today.

Call 412-366-3788 or email info@namispwa.org.

*Call for
Family-to-Family Teachers!*

Train to be a NAMI Family-to-Family Teacher

When: Friday, July 30 - Sunday, August 1

Where: NAMI Southwestern Pennsylvania Office

If you have completed the Family-to-Family education program and would like to become a Family-to-Family Teacher, now is your chance! The training is free!

Once certified as a teacher, volunteers are asked to commit to teaching a minimum of two class sessions.

If you are looking for a unique volunteer opportunity, please contact

NAMI Southwestern Pennsylvania at (412) 366-3788 regarding this FREE training weekend.

Opportunity to teach a Spanish language Family-to-Family Program. Inquiries, please contact NAMI Southwestern Pennsylvania at (412) 366-3788 or email info@namiswpa.org.

Assisted Outpatient Treatment continued from page 1

outpatient treatment, which already is included in our state's Mental Health Procedures Act. HB 2186 and SB 251 greatly expand the authority of the PA commitment laws. The bills create a legal process to commit a person to treatment and require they have a case manager or Assertive Community Treatment professional (ACT), and can mandate that the person takes medicine, gets blood work, goes to individual and group therapy, attends partial hospitalization and lives in supervised settings.

The AOT program, implemented by case managers or ACTs, is expected to enforce a person's participation and monitor compliance with the AOT treatment plan. Non-compliance can result in being picked up by police, constables or sheriffs and transported to the hospital and retained for examination and evaluation to determine if inpatient hospitalization is necessary. Succinctly, AOT cannot guarantee personal safety in the community, force someone to take medicine or require a person to recover.

Herein lies my greatest concern regarding NAMI family members. I fear that AOT is seen as the answer to a lack of insight and treatment refusal on the part the individual in crisis. I have had parents of adult children beg me—plead with me—to make their son or daughter take medication. Case managers and ACT professionals supported by an AOT commitment will still not be able to make a person take medication they do not want to take. An AOT commitment does not magically provide insight to a person, nor does it regulate compliant behavior.

Yet, I worry that parents will believe that AOT can make the impossible occur. I have experienced judges who court-order services that do not exist. The judge's order doesn't all of a sudden create or make services available. Often, the individual just violates the order, adding to his or her problems.

It is the lack of understanding of the community mental health system reflected in the AOT legislation that is most disturbing. To hear a state senator's staff tell consumers and family members that "the really great thing about SB 251 is that it does not require any new money because it can be done within the existing system" is disconcerting. The AOT bills create an entire AOT bureaucracy, beginning in the Department of Public Welfare (DPW)

and ending as a new, added job duty in the case manager and ACT job descriptions. The bill requires state and county administration, legal processes, law enforcement man power, community-level implementation and monitoring, and service capacity development. Yet, we are to believe our elected officials who say that no new funding is needed. AOT in New York (Kendra's Law) expended \$42 million to enact. How can it cost nothing in PA?

I like to think that our legislators are simply acting with their hearts, not their minds, stirred by good intentions and compassion for their constituents. Family members are never more frustrated, helpless and hopeless as when they make the difficult decision to attempt a 302 involuntary commitment to inpatient treatment for their loved one, and their 302 petition is denied. The proposed

AOT legislation does not help family members in this situation, and it rather blatantly ignores the criteria for involuntary commitment to inpatient care.

Curiously, while the AOT bills are being discussed, there are several statewide initiatives in need of support that would help individuals with mental illness and their families. The PA DPW issued a draft bulletin on the Mental Health Procedures Act which better defines the standards for involuntary commitment. The draft bulletin noted that a threat of harm with "an act in furtherance of" is only one of the standards that may

be considered, thus acknowledging that other criteria may be used. Issuance of the official bulletin, along with a MH Procedures Act Training Initiative, could really help families when they are seeking inpatient help for their loved ones.

Other options worthy of legislative support include:

- State-wide use of individualized acute community support planning (ACSP) in lieu of AOT in discharge planning from acute inpatient units
- Mental Health Advanced Directive education initiative.
- Expanded mental health court programs.

It is these types of policy activities and recovery-oriented supports and services that not only offer hope, but actually help people. 🌱

*"...while the AOT bills are being discussed, there are several statewide initiatives in need of support that would help individuals with mental illness and their families."
~Christine Michaels*

Contributions

NAMI Southwestern Pennsylvania would like to thank the many individuals whose gifts were received June 2009 through May 2010. Your generous gifts help to further our mission of education, support and advocacy on behalf of families and individuals who are living with serious mental illness.

Through the *United Way Contributor Choice* program you can direct your gift to NAMI Southwestern Pennsylvania. Use agency code **885586** to designate your gift to NAMI Southwestern Pennsylvania.

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Mr. and Mrs. Mark DeWitt
Mr. Edwin Strassburger

In Honor of Frances DiCicco
Ms. Valarie DiCicco

In Honor of Kyle Ehrman
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In Celebration of
Kenneth Goldsmith's Birthday
Ms. Edith Blattner

In Honor of Jeff Lloyd Jr.
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NAMI Support Groups

Visit www.namiswa.org for additional support group meetings

Allegheny County

NAMI Pittsburgh South, Mt. Lebanon,
Contact: Eileen Lovell (412) 401-4015

NAMI Pittsburgh North, Ross Twp., Contact: (Day) Dick/Sarah Focke
(412) 367-3062 or (Eve) Pete/Candy Venezia (412) 361-8916

NAMI Pittsburgh East-FAMILIAS, Churchill
Contact: Anne Handler (412) 421-3656

NAMI Spouse Support Group, Churchill
Contact: Mim Schwartz (412) 731-4855

NAMI Sewickley Family Connections Support Group, Sewickley
Contact: Kathy Monahan (412) 749-7418

NAMI McKeesport, Contact: Cindy McHolme (412) 754-0998

NAMI Western PA Borderline/Personality Disorders Family Support Group, North Hills, Contact: Rose Schmitt (412) 487-2036

Minority Families of the Mentally III, Oakland
Contact: Wilma Sirmons (412) 327-4890

NAMI W.P.I.C. Family Support Group, Oakland
Contact: Merle Morgenstern (412) 246-5851

Beaver County

NAMI Beaver County, Rochester, Contact: Diane Watson (724) 774-7571

NAMI-C.A.R.E. (Consumers Advocating Recovery through Empowerment), Beaver, Contact: (724) 775-9152

Butler County

NAMI PA Butler County, Butler, Contact: Butler NAMI Office (724) 431-0069 or Sandy Goetze (724) 452-4279

Fayette County

NAMI Fayette County, Uniontown, Contact: Carmella Hardy (724) 277-8173

NAMI-C.A.R.E. Fayette County, Contact: Carol Warman (724) 439-1352

Indiana County

NAMI Indiana County, Indiana, Contact: (724) 357-8105

Lawrence County

NAMI Lawrence County, Contact: Sandi Hause (724) 657-0226

Washington County

NAMI Washington County, Contact: Tom Shade (724) 228-9847

Westmoreland County

NAMI Alle-Kiski, New Kensington, Contact: Mary K. Slater (724) 335-4593

NAMI Mon Valley, Monessen & Irwin,
Contact: Harriett Hetrick (724) 872-2186



NAMI Southwestern Pennsylvania 4th Annual NAMI Walk

Sunday, October 3, 2010

Registration ■ SouthSide Works ■ 9 a.m.

5K Walk ■ Three Rivers Heritage Trail ■ 10 a.m.

Walk with us! Together we will spread the word that
treatment works and recovery is possible.

**For more information:
visit www.namiswa.org**



NAMI Walk Kick-Off Luncheon Wednesday, July 28 Sheraton Station Square

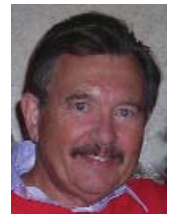
For an invitation, email dgarda@namiswa.org or
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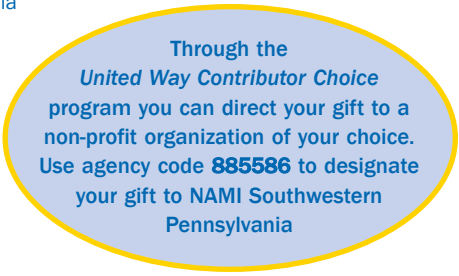


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