



*NAMI Collin County, by encouraging research and by providing proven Support, Education and Advocacy Programs, will empower those living with severe Mental Illness and their Families to live life to their fullest potential.*

## **JULY MEETING**

**Thursday – July 9, 2009**

Custer Road United Methodist Church – Lower Level

6601 Custer Road, Plano, TX 75023

- \* Peer-to-Peer Support: 6:30 – 7:30 P.M.
- \* Family Support: 6:30 – 7:30 P.M.
- \* Fellowship: 6:30 – 7:30 P.M.
- \* Meeting & Program: 7:30 – 9:00 P.M.

**Our Speaker is Kathy Ward, one of our Collin County Commissioners**

## **Save the Date**

**July 9: Our is Speaker Kathy Ward, one of our Collin County Commissioners**

**July 6-9: NAMI 2009 National Convention  
"Creating a Healthy Future for Us All"**

**August 13: We plan to have a movie and an indoor picnic meal. More information later.**

Please join us at our monthly meeting Thursday, July 9, at Custer Road United Methodist Church. Family and Peer to Peer support groups are from 6:30-7:20. Our program is at 7:30. Our speaker will be Kathy Ward, one of our Collin County Commissioners.

She will be addressing the County Commissioner's plans for the mental health system and the issue about funding for physical healthcare (you may have been reading about the latter in the paper), as well as some issues about guardianship that she has been addressing at the state level.

Commissioner Ward is the lady who rode the bus to Austin on March 4<sup>th</sup> in order to learn more about Mental Illness and the problems and needs that the mentally ill face. We are grateful for her interest in us.

**If you are not a member of NAMICCO and would like to join us or it is time to renew your membership you can do it with your credit card using PayPal. Go to [www.namicco.org](http://www.namicco.org) and follow the instructions on the home page.**

Your NAMI Texas Board will meet in Dallas on July 25th, 2009. The meeting will be held at the Pathways Clinic of Dallas MetroCare Services, 1340 Riverbend Drive, Dallas, TX 75247. The meeting is from 9 A.M. to noon. All NAMI affiliate members are invited. Please come to see your state board in action!

**Go Green and help save a tree. You can get your NAMICCO Clarion by email in PDF format by sending your email address to [newsletter@namicco.org](mailto:newsletter@namicco.org). You will get your News Letter 5 to 7 days earlier and save us the printing costs.**

The deadline for submitting news for the August Newsletter is July 17. Anything received after the deadline might not be included. Send your articles to [news@namicco.org](mailto:news@namicco.org).



# The NAMICCO *CLARION*



## June 11 NAMICCO Meeting

We had a nice crowd come to hear Police Sergeant A.D. Paul speak about CIT [Crisis Intervention Training]. The Plano Police Department will have their first training in July and hope to have continuous training for Collin County police officers. Dallas county has been doing CIT for several years and are very pleased with the results. Sergeant Paul said the training is good for any situation they might encounter—not just handling people with mental illness. Many situations would work out better with de-escalation skills. They want to include our jail personnel and 911 operators too.

We are grateful to have this training come to Collin County. Our President, Sharon DeBlanc, presented Sergeant Paul and Assistant chief Drain a plaque of appreciation.

They have asked for help in presenting scenarios—this is your chance to be an actor or actress! You can contact [A.Paul@plano.gov](mailto:A.Paul@plano.gov) or phone: 972-941-2581 to volunteer.

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## Project for NAMI of Collin County

NAMICCO has been accepted to take part in MACY'S Charity Day on August 1 to celebrate the grand opening of MACY'S at the Village at Fairview [Stacy Road and #75]. We have 100 tickets to sell at \$5.00 each. The tickets give a 25% discount on regular, sale and clearance purchases in Apparel and Accessories and a 10% discount off Home. The money from every ticket we sell goes to NAMICCO treasury! I will need to keep a record of names and phone numbers and how many tickets you took to sell. If you can't sell all you take, you return them to me. If we sell them all that means \$500 for NAMICCO treasury. The money is spent for Family to Family and VFT [Visions for Tomorrow] classes and trainings for teachers of other NAMI programs.

We also MUST supply 3-4 volunteers to work that day—shifts are: 10-12:30; 12:30-3p.m.; 3-5:30p.m.; 5:30-8p.m. Please list your first and second choice of shift. You must arrive 20 minutes prior to your shift for orientation.

Volunteers will serve as greeters, sell tickets at the door, and collect and sort ticket stubs. Do not bring items of value with you as Macy's cannot assume responsibility. Wear a NAMI shirt if you have one. [Please call me if you want to volunteer to work a shift on August 1.](#)

Our meeting this month is [July 9](#) and you can pick up tickets there or if you want to get started earlier, I can send you as many tickets as you request.

This is something we can all be involved in. Please help us with this project!

Thank you, Doris Nissley, Secretary

Phone: 214-509-0085

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## NAMI Connection

Our last NAMI Connection meeting for NAMICCO, Plano, TX will be on Wed, July 29, 2009 at Crossroads Family Services. I will let you know as soon as we have a new location.

I'm currently working with Richardson Health Hospital for meeting room for an afternoon group. We want to find a "medical location" for an evening group in Collin County. Also, we need more facilitators and hope to have a training class in Sept. Please send me any ideas/contacts you may have.

Rosemary Wood  
347.753.1645 cell



## **The Perryman Report, May, 2009**

Reprinted from the NAMI Dallas Newsletter

By Hazel Byers

I was asked to write a resume for the NAMI Dallas newsletter on a report by the Perryman Group which was published May, 2009, titled "Costs, Consequences, and Cures." An assessment of the Impact of severe Mental Health and Substance Abuse Disorders and Business Activity in Texas and the Anticipated Economic and Fiscal Return on Investment in Expanded Mental Health Services".

This report is an 83 page document. If any of the information stimulates your curiosity, the entire document is in the NAMI Dallas office for more detail. The results of the many studies that have been mentioned were done on a federal, state and private level. The constant refrain is money spent for mental health (MH) and substance abuse (SA) services saves more money now and in the future as well as solving many other issues.

- Innovative approaches are necessary to maximize the return on investment.
- With inadequate treatment overall costs such as co-morbidities, loss of wages and productivity, incarceration, homelessness, and mortality can notably escalate.
- National funding for health care continues to rise while funding for MH and SA is decreasing.
- More than 26% (about 60 million people) of American adults suffer from a diagnosable mental disorder. 11% of Texas age 18 or older suffer from serious psychological distress.
- Economic components for MH and SA are medication, clinic visits, hospitalization, and emergency rooms. Others are lost earnings, coexisting conditions, disability payments, homelessness and incarceration.
- Research suggests that savings generally exceed the cost of providing MH and SA treatment.
- Total impact of severe MH and SA on business activities are \$269 billion which includes direct declines and permanent jobs losses.
- Loss of \$13 billion in State tax dollars and spending increase on other areas.
- The above two items if eliminated would improve the Texas economy by 10%. This includes treatment, comorbidity, disability expense, lost income and productivity, incarceration, homelessness, and mortality.
- Expanding the current Medicaid program to include substance abuse programs would give a return on investment of \$2.82 for every \$1.00 of State funds.
- A comprehensive recommended package of SA services would give an annual return of \$2.26 for each \$1.00 in direct outlays.
- Continuing the Crisis Redesign initiative has an annual rate of return on this investment to State government of 175%. 8716 jobs could be realized. State tax returns would increase 185% and an expenditure of \$35.71 for every \$1.00 outlay.
- According to the National Institute of Mental Health the 26.2% of American adults suffer from a diagnosable mental disorder in any given year (60 million people).
- Nationally, 7.2% of adults had a major depressive episode in 2006. 13.9% had a major depressive episode in their lifetime.
- 18.9% of unemployed people 18-64 had a SA disorder. Within the working population (18-64) 10.6% were estimated to have a SA disorder.
- 58% of funding for MH treatment in 2003 was from public sources and government outlays. Substance abuse funding has gone from 68% in 1993 to 77% in 2003.
- Given budgetary constraints many states have cut their MH budgets, resulting in a loss of Medicaid matching funds.
- The improvement in MH care costs more. Prescription drugs for MH care grew 18.8% annually between 1993-2003 and is responsible for 42% of MH spending. All MH spending increased (1993-2003) 7.2% annually while general health care increased 4.6%. Mental health prescription drugs are at 30% compared to 15% for all health care.
- Of those electing not to receive treatment, lack of affordability was the most common reason.



- In Texas in 2006, 10.96% suffered from serious psychological distress.
- Texas ranks 49th in per capita spending at \$38.46 per client for MH services. 26% of eligible children and 38% of eligible adults were served in 2002. There were 244 children relinquished from their parents as a last resort to gain treatment.
- In 2005 Texas spent \$36.47 per capita compared to the national average of \$99.55.
- Innovative programs to give better care within the budget have come into being. Two such programs are STAR in Houston and NorthSTAR in a seven county area including Dallas county.
- NorthSTAR increased business activity with gains of almost \$226 million in total spending each year with an increase of more than 1200 jobs.
- Under NorthSTAR spending for Medicaid adults was \$3505.00 less per client.
- The 80th Texas Legislature appropriated \$82 million for an improved MH Crisis system which is called Crisis Redesign. This has enhanced crisis services helping to keep people away from emergency rooms, hospitals, and law enforcement agencies. Jail diversion is another successful use of the money.
- 36% of psychiatric screenings are conducted in emergency rooms.
- In 2003 the cost of treatment for MH and SA was \$121 billion with MH at \$100 billion. This does not include the general health care these people need
- National health care is continually increasing. In 2003, it was 15.8% of the nation's gross domestic product. National figures for MH and SA was \$145.3 billion in 2006. However, MH an SA spending in the coming years is now estimated to be 9.7% of all current health care and will drop to 6.9% by 2014.
- Mental disorders are the leading cause of disability, absenteeism, and lost productivity. Serious mental disorders earned \$22,545 compared to those without a serious mental disorder at \$38,852. It is much worse than the above because the study did not include people in hospitals, jails, and prisons, autism, schizophrenia.
- 50% to 75% of children in the juvenile justice system in the U.S. have at least one mental disorder.
- During the 1990s forty state psychiatric hospitals closed in the U.S. and 400 prisons opened.
- 16% of jail/prison inmates have untreated MH.
- The National average to incarcerate someone is 23,876 per year (2005). It is \$47.50 per person a day in Texas.
- Mental illness is closely associated with drug use and smoking
- 1/3rd of the homeless population suffer from a serious mental illness. 26% (2003) of this population received MH services.
- 90% of people who commit suicide have a diagnosable mental illness.
- People with mental illness have a shorter life span.
- People with mental illness over utilize other medical services.
- Substance Abuse medical treatment indicates that emergency room medical costs are reduced at least one third (1/3rd) with less criminal activity, more income from employment.
- Taking away MH services results in increases in other health services. Absenteeism from work will also increase.
- Jail diversion programs in Texas have shown successful economic savings. The Dallas County Divert program over a 40 month period found that for every \$1.00 spent upgrading SA treatment \$9.43 was saved. Nationally, there is \$4.00 to \$7.00 reduction in drug related criminal activity for every \$1.00 spent. In Bexar County, Texas, jail diversion (1700 people) for MH saved an estimated \$3.8 to \$5.0 million within the criminal justice system.



# The NAMICCO *CLARION*



## **Important Phone Numbers**

**Legal Aid of North Texas: 972-542-9405**

**UT Southwestern Medical Center: 214-648-3111**

**Assistance Center of Collin County: 972-422-1850**

## **Referral for a Lawyer or Doctor**

We get lots of calls asking us for a referral for a Doctor or Lawyer. As an organization we are not allowed to make referrals.

For a doctor referral we suggest you call the UT Southwestern Medical Center at 214-648-3111 and they can refer you to a doctor that specializes in your type of problem.

For a lawyer referral we suggest you call the local Bar Association or call Legal Aid of North Texas at 972-542-9405.

Also you can come to our support groups that meet the 2<sup>nd</sup> Thursday of each month from 6:30 to 7:30 at the Custer Road United Methodist Church (south east end, lower level) to get some feedback from other people.

## **Family to Family announcement--fall class--register now!**

Family to Family classes provide educational information to family members and friends of adults with Mental Illness on: brain biology of mental illnesses, treatments for these illnesses; explanations about signs and symptoms of each mental illness; ideas for problem-solving, empowerment, advocacy, communication and coping skills. **These classes are FREE.**

The fall classes this year are September 12-November 21 [12 classes], 9a.m.-11:30a.m., at Custer Road United Methodist Church [SE end, lower level—turn right to room B1], 6601 Custer Road, Plano, TX  
To register: call Julie at 972-442-6032 or 972-922-8585. Remember—YOU ARE NOT ALONE. Together we can help each other.

## **FYI**

This is a link to information that may be helpful to some of the people who need assistance with a gap in behavioral health services due to job loss. They may potentially qualify to have their cost for Cobra reduced by 65% allowing them to continue with current providers etc.

<http://www.dol.gov/ebsa/cobra.html>

**The support groups and resources information is available on our web site  
[www.namicco.org](http://www.namicco.org).**



## New Fact Sheets on Crisis Intervention Programs for Youth

NAMI is pleased to announce the release of two new fact sheets designed to help advocates bring crisis intervention programs for youth to their the communities.

The two fact sheets, "[Family Advocacy: Crisis Intervention Programs for Youth Strengthening Schools and Communities](#)" and "[Law Enforcement Advocacy: Promoting Crisis Intervention Programs for Youth In Schools and Communities](#)" offer strategies that NAMI families and their allies in law enforcement can use to bring these programs into their communities.

These two fact sheets accompany NAMI'S recently released guide "[Supporting Schools and Communities in Breaking the Prison Pipeline: A Guide to Emerging and Promising Crisis Intervention Programs for Youth.](#)"

For more information on NAMI'S work on crisis intervention programs for youth, please contact Laura Usher, NAMI CIT Coordinator, at [laurau@nami.org](mailto:laurau@nami.org) or Dana Markey, NAMI Child and Adolescent Action Center Program Coordinator, at [danac@nami.org](mailto:danac@nami.org).

## Sharon DeBlanc's Power Point on Mental Illness Part 2

What are the most common Mental Illnesses?

### **AFFECTIVE DISORDERS**

Major Depressive Disorder and Bipolar Disorder

### **ANXIETY DISORDERS**

PTSD, Generalized Anxiety Disorder, Obsessive/compulsive Disorder [includes hoarding and collecting], Social Phobia and Agorophobia

### **COGNITIVE DISORDERS**

Psychosis NOS, Psychosis secondary to substance abuse, Psychosis secondary to organic brain disorder  
Schizophrenia, Schizoaffective Disorder [both affective and cognitive features]

### **The Most Common**

Depression and Anxiety Disorders are the most common mental illnesses  
Depression and Anxiety Disorders are the most often undiagnosed and untreated mental illnesses  
There are effective treatments for both with medications and/or counseling

### **What to look for**

Depression: persistent sad mood, weight loss or gain, sleep disturbance, i.e., sleeping too much or too little, loss of pleasure in usually pleasurable activities, withdrawal of guilt, thoughts of death or suicide, inability to concentrate or think clearly, difficulty in making decisions, fatigue, feeling jumpy or irritable, or slowed down

### **Bipolar Disorder**

Symptoms of depression, symptoms of mania, increased energy, lack of sleep, profligate spending, engaging in reckless behaviors, racing thoughts, pressured speech

### **Anxiety Disorders**

PTSD: after having been exposed to a traumatic event[s], the person experiences: recurrent and intrusive recollections of the event, recurrent dreams of the event, feeling as if the event were recurring, intense psychological distress with exposure to reminders of the event, psychological reactions to the internal or external cues that remind of the event.

TO BE CONTINUED-----



## Major League Baseball Talks about Mental Illness

Besides being baseball's best pitcher this spring, Kansas City's Zack Greinke has performed a huge service to the game, according to sports psychologist Harvey Dorfman. Because of Greinke, baseball players no longer have to hide the fact that they are prone to some of the same stress and anxiety issues that affect the rest of society.

That used to be baseball's ugly little secret, said Dorfman, who was hired by the Oakland Athletics in a groundbreaking move 25 years ago, later worked for the Florida Marlins and Tampa Bay Devil Rays (as they were known at the time) and for the last 10 years has worked as a sports psychology consultant for agent Scott Boras' large stable of clients.

"Greinke set the precedent," Dorfman said by phone Tuesday from his home in North Carolina. "And you know why? It is typical baseball mentality. Because he came back from his problems and was successful, it was no longer a dirty word."

The Royals' Zack Greinke leads the league for starting pitchers with a 1.10 ERA.

Greinke, who three years ago was diagnosed with depression and social anxiety disorder, underwent treatment and not only returned to pitching, which he was prepared to give up, but has reached the pinnacle of his profession. Greinke's success, Dorfman believes, has made it easier for other players to acknowledge their issues and seek help.

Already this spring, three players have been placed on the disabled list with mental health issues. In spring training, Detroit pitcher Dontrelle Willis who performed miserably last season and was pitching poorly in Tigers camp went on the DL with what was described as anxiety disorder. Willis placed under a doctor's care and receiving undisclosed treatment returned to the club last month and has pitched well.

Then last week, just two days apart, Cardinals shortstop Khalil Greene and Reds outfielder Joey Votto also were placed on the DL, Greene on May 28 with what was described as a social anxiety disorder, Votto on May 30 with stress-related issues. Votto had been bothered by dizziness stemming from what the team had termed an ear infection, which is why many baseball people were caught by surprise by the latest development. Manager Dusty Baker said Votto was dealing with a personal issue.

Publicly acknowledging such issues in the past was unheard of in baseball.

"I think the reason guys didn't do it is because they kind of sloughed it off as nervousness, or over-nervousness," said one former pitcher who asked that his name not be used. "We didn't realize it was more complicated than that."

Dorfman said that when he was hired by then-general manager Sandy Alderson and the Athletics in 1984, the notion of a sports psychologist spooked a lot of players. It was only the rare exception who would acknowledge that an issue was more mental than physical. He cited Doug DeCinces as an example. In the late '70s, DeCinces was having difficulty dealing with the stress of replacing the legendary Brooks Robinson at third base in Baltimore and eventually went to see a psychiatrist, whom he has credited with helping to save his career.

"When I started, what I did was unheard of," Dorfman said. "And teams would hide from the public any [mental health] issues. They'd fudge, make up an injury. It was like, 'Do whatever you have to do, but don't tell anybody.' "

Over time, Dorfman, who used to change into uniform and circulate among players during batting practice, won their trust, and soon they were confiding in him.

"Tony Phillips came up to me and said, 'For two years I ran away from you because I had something to hide. Eventually, I ran toward you,' " said Dorfman, referring to the former infielder who played on Oakland's 1989 world championship team. "I told him, 'Maybe if you had run to me sooner, it would have never gotten to that point.' "



It was critical symbolically, Dorfman said, that Greinke succeeded: “There would be great reluctance to put a guy on the DL with these issues if you thought they’d never perform again, that it would be like kissing them off. Greinke showed that that was wrong-headed. He showed that it was a disability at the time, but it was solvable.”

Last week, Greene publicly addressed his issues, saying that his continual anxiety about failing make him prone to outbursts, both physical and verbal, in front of teammates.

“It’s difficult for me right now,” Greene said. “It’s difficult for me to manage that. I don’t know how many people can relate to it. It’s so strong. It’s a very intense feeling and it’s very unpleasant. It’s not life threatening. I’m not putting myself at risk. But at the same time those responses are there automatically. I really have to concentrate to slow down, focus and stay in the game.”

There is comfort, Dorfman said, in players knowing they are not alone: “A player needs to understand that he is not an isolated case. There is security in numbers, and they shouldn’t be stigmatized because of it.

“And what people don’t understand is what these guys go through to compete at this level.”

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## My Story

By Doris Nissley, Secretary NAMI Collin County, TX

What’s wrong with me, why do I always feel down? Why do I have a strained brain and a tight tummy---I now understand that I had social phobia causing anxiety. I had friends and a wonderful, supportive husband but I had to truthfully tell him that his loving support did not take away the problem.

I was fortunate that I had enough energy to keep very busy so I didn’t have time to think and I also got respect for getting so much done. It gives you a reason to get up if you have something to do. Also, I got tired and could sleep at night. I couldn’t do a normal job—I had to do something that didn’t interact too closely with people—like cleaning houses or doing a newspaper route. My siblings all got their doctorates which really made me feel different—I realize now that the most important thing in life is to help people in any way you can—not necessarily have a string of titles behind your name.

My biggest sadness was not being able to be a good mother to my children. I think the greatest gift is to show our children how to enjoy life in benefit to mankind. I lived because I didn’t die. One of our sons got a good set of genes and is able to handle life very well. Our other dearly beloved son committed suicide.

My first inkling that there was help out there was a letter in the newspaper to Ann Landers. One lady wrote that medication had greatly helped her. Well, I was taught medication is a last resort and then you ditch it as soon as possible. I was waiting for God to zap me with a miracle and heal me. He can and He does but that is not His way for most people. I had to realize that I had a biological illness. People who have other biological illnesses like heart problems or diabetes use medication, probably for the rest of their lives.

I had to think that God made the chemicals and has given people wisdom to combine chemicals in a way that works for many maladies and maybe that was the way He meant to help me. That made me feel it was okay to experiment with meds under a doctor’s care until I found my best wellness. **I am afraid not to take my meds—I do not want to risk going down into that black pit again. My passion is for people to find their best wellness—why be miserable if you don’t have to be? I am very grateful for the life I now live and regret the lost years.**



## **Coping Tips for Siblings and Adult Children of Persons with Mental Illness**

If you find it difficult to come to terms with your sibling's or parent's mental illness, there are many others who share your difficulty. Most siblings and adult children of people with psychiatric disorders find that mental illness in a brother, sister, or parent is a tragic event that changes everyone's life in many basic ways. Strange, unpredictable behaviors in a loved one can be devastating, and your anxiety can be high as you struggle with each episode of illness and worry about the future. It seems impossible at first, but most siblings and adult children find that over time they do gain the knowledge and skills to cope with mental illness effectively. They do have strengths they never knew they had, and they can meet situations they never even anticipated.

The following are some things to remember that should help you as you learn to live with mental illness in your family.

**You cannot cure a mental disorder for a parent or sibling. No one is to blame for the illness. Mental disorders affect more than the person who is ill.**

Despite your best efforts, your loved one's symptoms may get worse, or they may improve. If you feel extreme resentment, you are giving too much.

**It is as hard for the parent or sibling to accept the disorder as it is for other family members. Acceptance of the disorder by all concerned may be helpful, but it is not necessary.**

A delusion has little or nothing to do with reality, so it needs no discussion. Separate the person from the disorder.

**It is not OK for you to be neglected. You have emotional needs and wants, too. The illness of a family member is nothing to be ashamed of. The reality is that you will likely encounter stigma from an apprehensive public.**

You may have to revise your expectations of the ill person. You may have to renegotiate your emotional relationship with the ill person.

**Acknowledge the remarkable courage your sibling or parents may show when dealing with a mental disorder. Generally, those closest in sibling order and gender become emotionally enmeshed while those further out become estranged.**

Grief issues for siblings are about what you had and lost. For adult children, they are about what you never had. After denial, sadness, and anger comes acceptance. The addition of understanding yields compassion.

**It is absurd to believe you may correct a biological illness such as diabetes, schizophrenia, or bipolar disorder with talk, although addressing social complications may be helpful. Symptoms may change over time while the underlying disorder remains.**

You should request the diagnosis and its explanation from professionals. Mental health professionals have varied degrees of competence. You have a right to ensure your personal safety.

**Strange behavior is a symptom of the disorder. Don't take it personally. Don't be afraid to ask your sibling or parent if he or she is thinking about hurting him or herself. Suicide is real.**

Don't shoulder the whole responsibility for your mentally disordered relative yourself. You are not a paid professional caseworker. Your role is to be a sibling or child, not a parent or caseworker.

**The needs of the ill person do not necessarily always come first. If you can't care for yourself, you can't care for another. It is important to have boundaries and to set clear limits.**

Just because a person has limited capabilities doesn't mean that you expect nothing of him or her. It is natural to experience many and confusing emotions such as grief, guilt, fear, anger, sadness, hurt, confusion, and more. You, not the ill person, are responsible for your own feelings.

**Inability to talk about your feelings may leave you stuck or "frozen." You are not alone. Sharing your thoughts and feelings in a support group has been helpful and enlightening for many.**

Eventually you may see the silver lining in the storm clouds, your own increased awareness, sensitivity, receptivity, compassion, and maturity. You may become less judgmental and self-centered, a better person



# The NAMICCO *CLARION*



## **NAMI Collin County**

*An affiliate of NAMI Texas and NAMI (The National Alliance on Mental Illness)*

P. O. BOX 867264

PLANO, TX 75086-7264

**(214) 908-NAMI (6264)**

Email: info@namicco.org

### **RETURN SERVICE REQUESTED**

### **Open Your Mind**



**Mental Illnesses are  
Brain Disorders  
Treatment Works!!!**

### **NEXT MEETING IS THURSDAY JULY 9, 2009**

#### **NAMI Collin County Board of Directors: bod@namicco.org**

President:	Sharon DeBlanc	972-906-2637
Vice Pres:	Mary Taddiken	972-442-2369
Treasurer:	Dominic Tolotta	972-712-1292
Secretary:	Doris Nissley	214-509-0085
At Large:	Cheryl Andrews	214- 986-5633
At Large:	Linda Denke	318-470-2268
At Large:	Ronald Holley	972-596-5846
At Large:	Carolyn Philo	972-542-5711
At Large:	Linda Smith	469-229-0443
At Large:	Nora Tsai	214-289-1724
At Large:	Tracy Westhoff	972-542-5302 ext 226
	<b>ALTERNATES</b>	
Past President:	Sherry Cusumano	972-701-3639

#### **UPCOMING Events**

**July 9 - Monthly Meeting**  
**Our Speaker is Kathy Ward, one of our**  
**Collin County Commissioners**  
**Custer Road United Methodist Church**  
**Lower Level**

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**July 21 - Board of Directors Mtg.**  
**10:30 AM - 12:00 Noon**  
**Custer Road United Methodist Church**  
**Lower Level**  
**6601 Custer Road, Plano, TX 75023**

*The NAMICCO Clarion is a monthly publication of NAMI Collin County*

Take your medicine on time, in the prescribed manner—eat a healthy diet—mostly grains, fruits and vegetables—high fiber/low fat.

**Since 1987 - Empowering People with Mental Illness and their Families to Live Better Lives!**