



NAMI Santa Cruz County recently completed the first *Family to Family* education class and it was a great success! The class was facilitated by NAMI Board members Judy Williams and Sharon CoenBarry. Sharon expressed her experience for us...
"Judy and I both experienced the impact the program had on family members - it was very powerful and positive." (see page three for more information concerning *Family to Family*). Some of you know that Sharon is the director of the Mental Health Resource Center and unfortunately for NAMI she has recently retired. We wish all the best for Sharon, in her relaxing days ahead.



Dear NAMI members, the following is an article submitted by Paula Comunelli. Paula has initiated the Mental Health Summit. We have included her article for your review and possible participation of this event.

A Mental Health Summit

The Santa Cruz County Coalition on Mental Health

It is true that what we focus on expands. So in these challenging times, it is imperative that we focus on the possibility of mentally healthy individuals and families living in a supportive community. The Santa Cruz County Coalition on Mental Health formed around just such a vision.

Under the umbrella of The United Way of Santa Cruz County, this project is bringing together local mental health (MH) stakeholders to access and apply creative solutions to enhance MH care through our community's actions and resources. The Coalition is led by a grass-roots Steering Committee made up of fifteen individuals with professional and/or personal experience with mental illness. This committee is currently working to raise required funds through the private sector and has its first corporate sponsor in Pfizer Pharmaceutical. The Honorary Chairperson, Dr. Neal Adams (right), is Medical Director for California Department of MH, previous Director for Santa Cruz County MH, and a concerned local citizen.



The Coalition can be compared to the successful Action Pajaro Valley project, but with a mental health focus. In this 2-year strategic project, stakeholders design and implement critically needed collaborative

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NAMI has been working toward a revolving loan program. In other words we will soon have in place an opportunity for those clients who are in need and meet the criteria for the program to obtain the necessary housing funding for first, last and deposit. The money will be considered a loan and repayable in a sliding scale. NAMI will be contracting with Front Street Inc. to manage the loan program.

Pacific Graduate School of Psychology is offering "Free Group Therapy for Clients with Bipolar Illness" to people who have been diagnosed with Bipolar Disorder (Manic-Depressive Illness), are over 18 and currently receive treatment from a psychiatrist and are on mood stabilizing medication. Call (650) 843-3515 for further information.

Stanford University, Department of Psychiatry & Behavioral Sciences is conducting a Mood Disorder Support Group on Thursday Evenings, 6:30 to 8:30 p.m., 410 Quarry Road, Room 2213, Stanford. They also offer two No-Cost Schizophrenia Support Groups—The Patient Support Group meets 1st and 3rd Mondays, 1:00 – 2:00 p.m. and Family/Friends Support Group

Mission

NAMI-SCC is a movement of families, friends and individuals dedicated to improving the quality of life for people affected by serious mental illness. NAMI-SCC provides support, education, advocacy and promotes research.

Breath of Fresh Air

People Think I'm Crazy

The mentally ill struggle with perceptions

By MARTHA PETTEYS
Glens Falls POST-STAR

Claude Pines spent his days in the mental hospital smoking cigarettes and staring at a clock, thinking about how life would be different when he got out. How had he fallen this far? He was a smart guy. He went to Columbia University. He had been a medical student at Einstein College of Medicine and even did a term in psychiatry. Now, he was one of them. He had fallen into a different class of people.

He had been diagnosed with schizophrenia and depression. The symptoms of his disorder could be treated with medication and therapy. The stigma of having such an illness, however, would not be as easy to get away from.

He thought about this as he watched the clock through the haze of smoke.

"I realized I gave up all respect and dignity," he said. "I was now part of a different class. I went from someone who was valuable and worthy to someone who was weak and unrespectable."

Nineteen years have passed since Pines spent a year in a White Plains mental hospital. His symptoms are controlled by medication, but the subtle "mark of shame" society has pasted on him still causes him great pain.

Friends stopped calling. Employers found "more qualified" applicants. And with each rejection, Pines' self esteem fell a little further, until it would take him months to scrape up the confidence to apply for a job bagging groceries.

"You get to a point that you lack faith in yourself because you just seem to keep failing."

Pines is 59 years old, and he lives in Glens Falls. On this afternoon, he was sitting in the offices of Voices of the Heart, a consumer-run mental illness advocacy program based in Hudson Falls. Karen Skellie is director of the center.

"We are one of the last disenfranchised minorities," said Skellie, who has struggled for 33 years with mental illness.

She felt the cold sting of societal stigma each time she was released from the hospital during the early years of her illness.

Friends and neighbors go out of their way to be kind to someone who has had surgery or broken a bone. If you go to the hospital because of a psychotic break, the treatment is much different.

"No one knows what to say. No one sends a card. No one would dream of making a cake or a casserole," she said. "They treat it like a non-issue."

Mind and body

Mental illness is as much a medical problem as cancer or diabetes, but the way it is viewed in society is very different, said Karen Padowicz, director of development with the Warren-Washington Association for Mental Health.

You wouldn't blame someone for having diabetes. Or tell them to snap out of their cancer and go get a job. She said science has long separated the mind from the body, and as a result, illnesses of the body are considered "legitimate," while mental health issues are viewed as something you can control.

In the 1990s, more scientists began to turn their research to the brain. Education about mental illness has followed, but centuries of discrimination and stigma will not disappear overnight, Padowicz said.

The surgeon general released a report in 1999 stating that one in five people will experience some form of mental illness at some point in their life. A person who has gone through a divorce, for example, could experience a period of depression.

As many as 50 percent of people with mental illness, however, will not seek treatment either because they are not educated to recognize the signs or because they are fearful of being labeled "insane," according to the report.

On the job

For Pines, his disorder became his "dirty secret." During bouts of confidence, he would tell potential employers up front he had a mental illness that was controlled by medication. The American with Disabilities

There are 10 NAMI FACT SHEETS that can provide disorder-specific help for families with children. They are free of charge from the NAMI HelpLine (1-800/950-6264), or from the NAMI Web site (www.NAMI.org/)

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Act makes discrimination based on such disclosure illegal. Pines, however, soon discovered that the law is the dream of justice, and he was living in the real world.

On job interviews, people were always very kind, he said. They would often end the interview by patting him on the back and wishing him good luck.

The times Pines didn't tell an employer about his condition, he went into the job feeling illegitimate. Keeping the secret caused tension, which aggravated his illness. If he needed to take a day off from work to manage his disorder, he'd have to lie and tell his boss he had a stomach bug or cold.

"Do you know what that does to your sense of self worth?"

Having to make up excuses was humiliating. It also reinforced the idea that his mental illness was a terrible, embarrassing secret, he said.

Skellie, of Voices of the Heart, said she was forced to lie about the unaccounted-for years on her resume. She had been working as a library systems director when she had a mental illness breakdown in 1987.

"When I emerged from that, I couldn't get work," she said.

Skellie spent some years on disability while she worked to get her illness under control. She glossed over the lost time by telling employers she had chosen to be a homemaker for those years.

She now works to educate people about mental illness. She became director of Voices of the Heart three years ago. She said ignorance about brain disorders is the root of societal stigma. Pines agrees.

"There is a tremendous amount of ignorance about mental illness," he said. *"The man on the street doesn't think about it, care about it or want anything to do with it."*

It has been nearly 20 years since Pines sat in the hospital thinking about how life would change. It has taken him years, he said, to pull together some semblance of self-esteem.

Six months ago, he got a job at the Warren-Washington ARC working with people with developmental disabilities. He disclosed to his supervisor a few days ago that he has a mental illness. He has mixed

feelings about telling him. He's glad the secret is out, but fears people will treat him differently.

A meaningful, steady job has helped him feel better about himself, he said, but he doubts that the pain caused by years of shame will ever completely heal.

"I am not what I was."

Perception

Many would rather tell employers they have committed a petty crime and were in jail, than admit to being in a psychiatric hospital, according to the National Mental Health Information Center.

- Between 1985 and 1995, Hollywood released more than 150 films with characters who have mental illness, the majority of them killers and villains, according to a study at George Mason University in Virginia.
- Nearly two-thirds of people with diagnosable mental disorder do not seek treatment. Not wanting to be considered "insane" is a reason many of them cite, according to a 1999 report by the surgeon general.
- A 1996 survey of 1,000 Americans conducted for the National Alliance for the Mentally Ill revealed that 31 to 41 percent of respondents believed that chronic depression and schizophrenia are due to weakness in personal character.

Be a "Stigma Buster" by:

- Protest stigma perpetuated by local media;
- protest advertising or commercial products;
- contact civic groups and organizations with information.

Keep in mind: An important way to make stigma disappear is to talk openly, whenever it's appropriate, about mental illness and how it has impacted your or your family—just as we do about other devastating illnesses like cancer, diabetes, Parkinson's, or Alzheimer's.

Visit www.nami.org and click on the stigma alert listings at the bottom of the homepage.



Interfaith Compeer matches trained volunteers with children and adults in mental health treatment to create supportive friendships. For more information please call the Interfaith Compeer office at (831) 459-6817



Can You Contribute?

Your donations of furniture or other household goods are always needed for consumers moving into housing.

Please call Community Support Services and ask for Betsy Clark at 459-0444 or Front St. Inc. at 476-1700.

Mental Health Summit

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*Mental Health Summit
October 13-14, 2003
www.mhsummit.org*



***Paula Comunelli
will speak at the
next NAMI-SCC
speaker meeting.***

***Tuesday July 29, 2003
7:00 PM to 8:30 PM***

***Sutter Hospital
(Sutter Room)***

***2900 Chanticleer Ave.
in Santa Cruz.***

community MH services locally, while participating in the development of a replicable model for MH change in communities everywhere. The project has two phases:

Phase I (2003) is the groundwork and execution of the project's central element—The Mental Health Summit convening October 13-14, 2003. At the 2-day Summit, 100-150 MH stakeholders will collaboratively create a strategic plan based on our community and mental health care strengths.

Phase II (2004) is implementation of the strategic plan by Coalition Initiative Teams (CIT) that will form at the Summit, which will be facilitated by the Coalition Project Director and Summit Steering and Oversight Committees.

This project is designed to serve anyone needing or desiring MH support. Therefore, this project not only supports the efforts of Public MH, but extends well beyond their mandate of serving only those with serious, persistent mental illness on Medi-Cal. The project's three key focus areas and potential outcomes that may result from this project are:

I. Preventing Mental Illness & Early Intervention

- i. Evaluating means to improve the effectiveness of current efforts
- ii. Educating community on recognition and response to MH risk factors
- iii. Increasing community designed and led support groups and/or programs
- iv. Promoting ways to stay "mentally healthy" at large and to high-risk groups

II. Accessing and Improving MH Resources, Services, and Support

- i. Identifying and promoting models of effective care currently in use
- ii. Improving resources to assist access to care
- iii. Increasing focus on selective, at-risk groups (i.e., children, elders)
- iv. Expanding holistic/alternative MH Services
- v. Developing programs to support recovery/reintegration into the community
- vi. Increasing consumer input to their own care

III. Raising Awareness, Understanding, and Acceptance through MH Education

- i. Minimizing the effect of budget cuts through direct community involvement
- ii. Increasing availability of resources from the private sector
- iii. Decreasing the need for crisis intervention
- iv. Increasing employment and housing opportunities
- v. Increasing preventive behaviors and programs

With the Coalition, we have the beginnings of an amazing community project. On May 8, 2003, the first Pre-Summit meeting took place at the SC Police Department. Over 40 people attended representing consumers, family members, government officials, local non-profits, MH advocates, hospitals, county contract agencies, medical and mental health professionals, businesses, community members, law enforcement, and others. At this participative meeting, there was an expressed passionate commitment from community members. Based on their compelling personal stories in the area of MH, the collective themes or desires for this project were:

- Raising Awareness, Understanding, and Acceptance through MH Education
- Easing Access to Varied MH Resources, Services, and Support
- Offering Holistic MH Services Created by & for the Individual
- Creating a Collaborative Community – Service in Action
- Caring for Children and the Elderly
- Creating Self-Sufficiency through Empowerment and Relationships

Are these the areas, where you need support? If yes, join with us and help make a difference in our community with your support and attendance at the October 13-14 Summit. If no, come to the Summit, share your needs with other stakeholders, and rally support for your particular cause. To become involved and receive more information, see www.mhsummit.org or contact Paula Comunelli, Project Director (831.335.3378). We can only work through this major challenge together. Please join us to support this project and the mental health of our community. When we work together, there is hope.

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meets 1st and 3rd Monday at 7:00 – 8:30 p.m. Depression and Manic Depression Family and Friends Support Group meets the 1st and 3rd Tuesdays 7:00 – 8:30 p.m. Contact Sudeepthi Prasad (650)723-6678 for more information.

From the Rebecca Woolis seminar

Did you know that the most effective Interventions Research Relapse rate is:

- a. No treatment.70%
- b. Any treatment without medication70%
- c. Antipsychotic medication alone . .30%
- d. Medication & traditional talk therapy30%
- e. Medication & specific focus therapy20%
- f. Medication & psychosocial rehab.program8%
- g. Medication & living with family who has had family skills training8%

NAMI California 2003 Conference

Join Us in Celebrating our 25th Anniversary!

This year's NAMI California Conference will be held in Newport Beach, California, September 5th & 6th. This is the 25th Anniversary conference. See the insert included in this newsletter or visit NAMI California's new web site at www.namicalifornia.org

Depression and Bipolar Support Alliance 16th Annual Conference

August 15-17, 2003 Long Beach, California
For information contact 1-800-826-3632
www.dbsalliance.org

The Journey of Hope

Sponsored by the Mental Health Resource Center

- August 5th through September 23
- Every Tuesday night from 5:30 to 7:30PM
- Classes will be held at Community Connection 300 Harvey West Blvd. in Santa Cruz
- To Register or for more information call 458-1923

The following people have donated money to the National Alliance for the Mentally Ill of Santa Cruz County in Loving Memory of Ruth Puccinelli:

Ralph and Dorothy Smith, P.O.Box 239, Selma, CA 93662-0239

Judith C. Beade, 300 Plum St. SPC 78, Capitola, CA 95010-2219

Mr. & Mrs. Leonard Bernstein, 4392 Morris Dr., Soquel, CA 95073

Lana Cooney & Linda Gosling, 526 2nd St. #201, Santa Cruz, CA 95060

Mr. & Mrs. George Fintel, P.O.Box 1654, Santa Cruz, CA 95061

Flora Anecity, 526 2nd Street #302, Santa Cruz, CA 95060

Ruth Kohr, 3029 - 106th Avenue SE, Bellevue, WA 98004

Mrs. Mary Chelini, 201 Edinburgh Ave., Monterey, CA 93940

Dr. George F. Simons, 236 Plateau Ave., Santa Cruz, CA 95060

Lola Gruff, 9651 E. Manning Ave., Selma, CA 93662

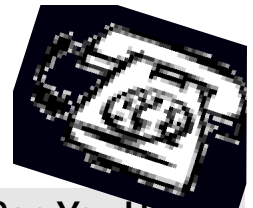
Rita Ceschi, 316 Stanford Ave., Santa Cruz, CA 95062-1108

On behalf of the Board, we thank you and these kind people for their contributions. It will help us put the Informational Packets together for families who have loved ones at the Dominican Behavioral Health Unit and at 7th Avenue Center (the locked facility).

Family Information Packets

NAMI-SCC thanks Frank and Rosemary Steinmueller for offering to help assemble the "Information Packets" that they will distribute to Dominican Hospital and the 7th Avenue Center. The packets contain valuable information for families such as brochures, information about client rights, Compeer, the Mental Health Client Action Network and much more.

If you know someone who needs one of these packets please call NAMI-SCC at 427-8020.



Can You Help?

Our phone tree service could make good use of an additional caller. It requires just a few minutes of your time once a month or less and can provide our members with opportunities for contacts that can turn out to be extraordinarily helpful. If you would like to learn more about this service please contact Debbie Smith at 423-0845. If you would like to help with this newsletter call Judy at 688-3385.

Ask Louise

Is a new column for the NAMI-SCC Newsletter.

Cognitive Behavioral Group Therapy for Bipolar Illness

Patients with a diagnosis of Bipolar I Disorder, currently receiving treatment from a psychiatrist, and taking a mood stabilizing medication may be eligible for a clinical trial evaluating the effectiveness of cognitive behavioral group therapy for individuals with Bipolar Disorder. The group is held at Pacific Graduate School of Psychology at 935 East Meadow Dr. Palo Alto, CA.

For more information, contact:
Healthcare Initiative for Clients with Bipolar Illness
Shilpa Ready, M.S., Project Coordinator
Pacific Graduate School of Psychology
650-843-3515
sreddy@pgsp.edu

Dear Louise,

I am confused about confidentiality. The mental health system gives us parents the message that our involvement with our daughter is essential for her recovery. And our daughter wants us to be involved, she relies upon us for support and guidance but her doctor cannot share any information with us. What kind of questions can we ask her doctor so that we can better understand her illness? Robert

Dear Robert,

Here are some suggestions from NAMI National. None of these questions should raise the issue of confidentiality.

What is your diagnosis?

What is the nature of this illness from a medical point of view?

What is known about the cause of this particular illness?

How certain are you of this diagnosis? If you are not certain, what other possibilities do you consider most likely, and why?

Did the physical examination include a neurological exam? If so, how extensive was it, and what were the results?

Are there any additional tests or exams that you would recommend at this point?

Would you advise an independent opinion from another psychiatrist at this point?

What program of treatment do you think would be most helpful? How will it be helpful?

Who will be able to answer our questions at times when you are not available?

What kind of therapy do you plan to use, and what will be the contribution of the psychiatrist to the overall program of treatment?

What do you expect this program to accomplish? About how long will it take, and how

frequently will you and the other specialists be seeing the patient?

What will be the best evidence that the patient is responding to the program, and how soon will it be before these signs appear?

What do you see as the family's role in this program of treatment? In particular, how much access will the family have to the individuals who are providing the treatment?

If your current evaluation is preliminary one, how soon will it be before you will be able to provide a more definite evaluation of the patient's illness?

What medication do you propose to use? (Ask for name and dosage level.) What is the biological effect of this medication, and what do you expect it to accomplish? What are the risks associated with the medication? How soon will we be able to tell if the medication is effective, and how will we know?

Are there other medications that might be appropriate? If so, why do you prefer the one you have chosen?

When are the best times and what are the most dependable ways for getting in touch with you?

How do you monitor medications and what symptoms indicate that they should be raised, lowered or changed?

How familiar are you with the activities of the NAMI and our NAMI state Alliance?

Louise is the mother of an adult son who has schizophrenia and an adult daughter who has severe depression and is addicted to drugs. She is not a psychiatrist and encourages families to seek professional help whenever possible. Please send any questions she might be able to answer in the newsletter to: NAMI-SCC P.O. Box 360 Santa Cruz CA 95061 or email to: louise@cruzio.com

Family and Consumer On-Going Support Groups

Mondays

On-going Smoking Cessation Groups (education class)
300 Harvey West Blvd., Santa Cruz Connection
12-12:45 PM 425-8132 or 1-800-NO-BUTTS

The "No Name" Coed Support Group *with Martha*
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Tuesdays

Schizophrenia Support Group *with Hugh*
1051 Cayuga, Santa Cruz, MHCAN
1:30-2:30 PM 469-0462 or 476-8474

Women's Support Group *Peer facilitators: Martha and Wandis*
1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Wednesdays

MHCAN, Drop in Center is closed

Mood Matters Support Group
1051 Cayuga, Santa Cruz, MHCAN
7:00-9:00 PM 469-0462

Thursdays

NAMI SCC Coping Group
(Support for family members)
300 Harvey West Blvd. Community Connection
7-8:30 PM 427-8020

Parents of Teenage Alcoholics
(Support group-ALANON) 4951 Soquel Drive, Soquel
Congregational Church of Soquel
7:30 PM 462-1818

Obsessive Compulsive Disorders Anonymous
A support group for OCD sufferers, their family and friends.
1215 Mission Street, Santa Cruz
Not meeting currently but you can call for support 438-1043

Anxiety Disorders Support Group
On going support for clients with anxiety, social fobia, panic disorder or O.C.D. Family members are invited.
Twin Lakes Church, Rm M-23, Library, Cabrillo College Dr., Aptos
7:30 PM to 9 PM

Weekdays

Mental Health Client Action Network (MHCAN)
Coffee, resources, peer support, safety 1051 Cayuga, Santa Cruz,
MHCAN Monday, Tuesday, Thursday, and Friday 9-3 PM, Saturday
12-3 PM. Closed on Wednesdays, 469-0462.

Ongoing

Interfaith Compeer - Erasing the Stigma of Mental Illness
Call Nancy at 459-6817 for more info.

NAMI Family-to-Family

Education Program Free Education and Support for Families
Who Have Relatives with Brain Disorders (Mental Illness)



The Keys to Understanding



The NAMI Family-to-Family Education Program is a 12-week course for families of individuals with severe brain disorders (mental illnesses). The course is taught by trained family members. All course materials are furnished at no cost to you.

The curriculum focuses on schizophrenia, bipolar disorder (manic depression), clinical depression, panic disorder and obsessive-compulsive disorder (OCD). The course discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively.

1. Learning about feelings, learning about facts
2. Schizophrenia, major depression, and mania: diagnosis and dealing with critical periods
3. Subtypes of depression and bipolar disorder, panic disorder and OCD; diagnosis and causes; sharing our stories
4. The biology of the brain/new research
5. Problem solving workshop.
6. Medication review
7. Empathy workshop – what it like to have a brain disorder
8. Communication skills workshop
9. Self-care and relative groups
10. Rehabilitation, services available
11. Advocacy, fighting stigma
12. Review and certification ceremony



**On-Going Classes Fill Up Quickly,
So Call To Register:**

The National Alliance for the Mentally Ill Santa Cruz County

427-8020



NAMI-SCC
 P.O. Box 360
 Santa Cruz, CA 95061
 www.nami-scc.org

NON-PROFIT
 ORGANIZATION
 US POSTAGE
PAID
 SANTA CRUZ, CA95061
 PERMIT #398

Psychiatric Emergency Phone Numbers:

Adult Day (8-5; Mon.-Fri.)(831)462-7644*
 24 hour1-800-952-2335*

(during the day the 800# would get access team)

Youth North County (24 hr.)(831)425-0771
 South County (24 hr.)(831)728-2226
 Children's Day (8-5; Mon-Fri)(831)454-4900
 After hours call(831)462-7644*

**Dominican Hospital; adult 24 hour 800# goes to Dominican after hours)*

Suicide Prevention Service

24 Hour(831)458-5300
 24 Hour Toll Free(877)663-5433

Patients Rights Advocacy Program

Santa Cruz (8-5; Mon-Fri)(831)429-1913

Legal Services

Calif. Rural Legal Assistance (under 55 yrs.)458-2089
 Sr. Citizens Legal Services (over 55 yrs.)426-8824

"Listening, not talking, is the gifted and great role, and the imaginative role. And the true listener is much more beloved, magnetic than the talker, and he is more effective, and learns more and does more good. So try listening. Listen to your wife, your husband, your father, your mother, your children, your friends; to those who love you and those who don't, to those who bore you, to your enemies. It will work a small miracle. And perhaps a great one.

Brenda Ueland "Strength to Your Sword Arm"

NAMI-SCC Board of Directors:

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Liason for Mental Health Resource Center

mhrc@santacruzcommunityconnection.com

Nancy Karges, Interfaith Compeer

nancy@interfaithcompeer.org

NAMI-SCC Board Meetings:

2nd Monday of the Month. Time can vary.

Open to anyone interested. Please join us.

Meetings are held at the
Community Foundation of Santa Cruz
 County, 2425 Porter Street, Soquel, California
 Call for times (427-8020).



Yes, I would like to join NAMI-SCC!

Make check payable to NAMI-SCC, PO Box 360, Santa Cruz, CA 95061. Your NAMI-SCC dues and donations pay for the NAMI California Connection, NAMI Advocate, NAMI-SCC Newsletter and help support NAMI-SCC.

- Family \$45 Individual \$35 Client (free)
 - Patron \$50 Life Member \$500 Benefactor \$100
- Donation\$ _____

Dues and donations to NAMI-SCC are tax deductible.

Name _____

Address _____

City, State, Zip, Phone _____

Call 427-8020 for more information.