



President's Message

Dear NAMI Family and Friends,

We have a new Board Member, Sharon Ashadine, who will be helping us answer the phone, and Cherry, Kathryn and I are busy with the current Family-to-Family Class. Thanks, Desi, for our Newsletter, you do a wonderful job.

I met with Suzanne Koebler and Linda Wilshusen and we talked about the fundraising for the MHCAN Building. MHCAN is a non-profit, client-run organization designed to provide a supportive and safe environment, drop-in with free phone and coffee, peer-led support groups, weekly art and writing classes, transportation by van, and computers connected to DSL. In addition to all this they will be developing a Wellness Center and more employment for consumers.

MHCAN needs our help to purchase the building. The building is conveniently located and would establish a permanent place to go for support. What a great opportunity for all consumers in our county. There will be apartment units available (Grace Commons) along Cayuga Street with MHCAN next door (in back). Please read the enclosed flyer and letter from Linda. It is all very exciting.

I wish you all a wonderful Spring, full of flowers and happiness.

*Sincerely, Judy Williams,
 President NAMI-SCC*



NAMI-Santa Cruz County has Spanish speaking people on the crisis line 1-800-952-2335, if anyone here in Santa Cruz County that needs help.

Important NAMI Updates:

- NAMI-SCC has over 85 families who have taken Family to Family classes last year!
- Currently there is no replacement for Norm Wyman, Mental Health Director who retired recently. However, there will be one by the end of April.
- Santa Cruz County won't get any Proposition 63 money until the following takes place: According to the acting director, Carolyn Stewart, Santa Cruz County is waiting for a letter from California Mental Health addressing the verbal corrections to our County draft, to which our County should reply and then the state sends another letter to concur. **Please contact your representatives by sending a letter concerning the backlog. We cannot proceed with Plan 2 until this takes place.**

Assemblyman John Laird, 701 Ocean Street, Room 316B, Santa Cruz, CA 95060; phone (831) 425-1503 or State Capitol Room 6062, Sacramento, CA 94249-0001; (916) 319-2027

Senator Joseph S. Simitian, 160 Town & Country Village, Palo Alto, CA 94301; phone (650) 688-6384 or State Capitol, Room 4062, Sacramento, CA 94249-0001; phone (916) 651-4011

Medicare Coverage Extended

Governor Schwarzenegger extended the state's emergency coverage program for dual eligibles who are unable to obtain their medications from the Medicare drug program until April 16, 2006.

It is important that people know that the program is extended through April 16, 2006. Please help pass the word.

SB 1233 provides the Governor with the ability to extend the program in increments up to 30 days each, up to May 16, 2006. This extension is for 30 days.

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Ask the Doctor

by Peter Forster, MD

The NAMI Family Support Group meets WEEKLY and is free of charge!

NAMI On-Going Family Support Group meets every Thursday year-round (except Thanksgiving).

The support group gives people a safe place to talk and ask questions, provide information (including free hand-outs as needed) and education!

Meetings are held at Community Connection 300 Harvey West Blvd.

7-8:30 PM

Call 427-8020 for more information

Question: What happens as people with schizophrenia get older?

Answer: There are several adequate long term studies. Among the best are a study done in Zurich by Manfred Bleuler, a study done in Bonn, Germany, and a study following patients who were initially hospitalized in the state mental hospital in Vermont. The results are somewhat surprising when you consider the pessimistic view of many people about schizophrenia.

For instance, in the Vermont study "one-half to two-thirds of the sample had achieved considerable improvement or recovery. A significant number of people with schizophrenia (perhaps a quarter of them) won't need antipsychotics or will benefit from lower doses late in life.

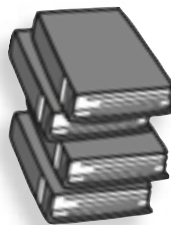
On the other hand, even those with "full recovery" tend to still have cognitive impairment that can be seen on neuropsychological testing (a "mild deficit state").

The good results in the Vermont study seem to be better than those in other American studies in less rural environments, and this fits with data from the World Health Organization study on schizophrenia outcomes, which found that there were better results in rural than urban locations, even though there was access to more specialists and more sophisticated care in urban settings.

In summary, there is reason for optimism about older people with schizophrenia because a significant percentage (although still a minority) will show an improvement in functioning. On the other hand, this improvement seems to be to some extent dependent on living in a supportive environment and avoiding the stresses typical of most urban environments where the seriously mentally ill in America most often live.

Recommended Reading:

"Divided Minds" Twin Sisters and Their Journey Through Schizophrenia by Pamela Spiro Wagner and Carolyn S. Spiro, M.D. This truly describes what a person with schizophrenia experiences with their hallucinations, misinterpretations of reality, paranoia and fear, as well as the experience of a sister who is very close to her. A must read book!



Do You Know The Law & Your Rights?

NAMI supported SB 162 in 1983, that amended Section 5328 of the Welfare and Institutions code that describes client confidentiality. This section (5328.1 (a) now states that if family members call to a hospital and ask if their family member is there or has been admitted, the hospital is to notify the patient that this information has been requested and to ask the patient if they want the family informed about their admission. If so, the hospital can share specific information about the patient. The patient may refuse to allow anyone to be notified of the admission. The current law further states that if the request is made by a spouse, parent, child, or sibling, and the patient is unable to authorize the release of information, the "requestor shall be given notification of the patient's presence in the facility." Many families and health providers are not aware of family rights in relation to client confidentiality.

The Puentes Work Crew Wants to Work For You!



We are available Monday - Friday to do the work you don't have time to do (or don't want to do)!

We are happy to provide:

- ✓ Light and deep cleaning services for bath rooms, homes, cars and offices
- ✓ Basic landscaping
- ✓ Help with moving
- ✓ Anything you need help with

Our prices are on a sliding scale and are negotiable to fit your needs (starting at \$10/hr)

Don't call an overpriced commercial service, call us first, we want to work for you!

All crews are organized and supervised by Andre Stillman 831-454-3080. Please call for more information.

Thank you
for your
generosity!

Thank you for your donation to NAMI-Santa Cruz County.

In behalf of
Donovan Pattisen:

Judith P. Ott,

Anita M. Frye,

**Wayne & Betsy
Vanderlan,**

Ellie Gross Bullis

The Other Dual Diagnosis, Mael Dinnell

As chronic mentally ill, functioning at various levels of independence, employment, and social skills, there is a group among us who function with even more difficulty than the rest of us. We don't just forget about them, we don't think much about them. We are generally not even aware of them. And they suffer twice the despair we do: their condition does not usually wax and wane, but if anything, continues unchanged. Or, in the worst cases, it steadily worsens.

These peers of ours are the other "dually diagnosed": they suffer from chronic pain due to injuries or major illnesses—often degenerative.

They must come to terms with such traumas as irreversible amputations and chronic conditions of sick organs. Sometimes they have portions of the brain which are affected causing seizures, speech problems, motor difficulties, learning disabilities and conditions of hyperactivity. And there are others, more hidden, as well.

Many of them deal with the reality of never getting out of a wheelchair again. Some, with Multiple Sclerosis, are stuck at home without the benefit of programs and social contact. They are unable to go out because to wear clothes, for instance, is literally painful to their skin. I know one woman who fell down five times at the unit trying to get into the shower, and insisted on trying yet again.

I've become aware of my ignorance of their pain and their situations because I have suffered eight months now with a condition of chronic pain which requires every strategy from traction and braces to drugs and just gritting my teeth to tolerate sometimes. I have some hope of improvement. But I feel a great regret and deep sorrow for having been so ignorant and so unaware of the plight of these special peers of ours. I can't imagine what courage and grit they have had to muster to deal with these conditions for years and years. I want to apologize for that lack of awareness—however useless of a gesture that may be.

What am I asking of the rest of us? I am not even sure. I called the chronic mentally ill "the last minority" when I first broke into this career of advocacy and education, but I foolishly disregarded this other minority—a sub grouping-of even fewer members. I am well aware of the offensiveness of pity and even well-intended sympathy. But empathy, and whatever actions of assistance, awareness, and even social interaction it might evoke—that cannot be a bad thing.

Sometimes, as George Orwell wrote in his master work "1984", it is of the utmost importance simply to be understood... even more important

than being loved. But to be noticed; not to be invisible; for one's cries, rendered silent by years of not being attended to, to be heard by another heart—this is essential to anyone's feeling and being human. This I know as solid, irrevocable fact.

If I have offended any physically disabled person, forgive me, and write it off to more ignorance: for what else can the feeling heart and the unaware intellect claim as its defense?

I admire you all. 🌍

Invitation to Peer Leadership

Roundtable Training & Creating Wellness Centers

Where: Mental Health Client Action Network
1051 Cayuga St. Santa Cruz CA 95062

When: Wednesday, April 26
9 a.m. to 4 p.m.
Lunch will be provided.

To RSVP, or for more information:

Contact: Ron Myers, Coordinator
work phone (831) 469- 0462
cell phone (831) 419- 0475

Santa Cruz and Marin County are sponsoring a Wellness Recovery Roundtable Discussion in Santa Cruz at MHCAN. The purpose of this training is to share ideas among multiple counties about how to foster and develop consumer leadership at the county level. We will also be sharing information on existing models of peer-run Wellness Centers. There will be some counties with experience in developing Wellness Centers, and others that are just starting theirs. It will be a great opportunity to learn from each other. Invited counties include: San Francisco, Sonoma, Napa, Marin, Solano, Alameda, Contra Costa, Stanislaus, San Mateo, Santa Clara, Santa Cruz, Monterey, Sacramento

NAMI California is seeking members for the Legislative Workgroup of the Government Affairs Committee.

Workgroup members may be assigned bills to analyze and to prepare a proposed position paper for review by other members of the Committee, the Chair, and the Executive Director.

You will be trained how to do the necessary work, including writing a position paper, to be notified when a bill changes, how to suggest amendments, etc. A NAMI CA staff person will be available to help.

If you are interested in participating, please email Grace McAndrews, NAMI California Executive Director at grace.mcandrews@namicalifornia.org or Karen Henry, Government Affairs Committee Chair at kareisme@earthlink.net.

Mission, NAMI-SCC

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.

Mission, MHCAN

MHCAN helps clients reclaim their dignity through self-help. We do this by:

- providing mutual support and networking;
- having a voice in all matters which affect us;
- creating client controlled programs;
- advocating for the right to choose our own life path;
- educating the public from our perspective;
- confronting discrimination.

Building Toward Wellness Capital Campaign

Dear NAMI Friends:

Our younger daughter Kelsey was a prolific artist, writer, and photographer. For many years, her wonderful creativity encouraged us to appreciate the richness of the human experience, especially as it reflected her unique way of seeing and living in the world. Kelsey was diagnosed with schizophrenia in spring of 2004 – she was 19 years old. One month later she was dead by suicide.

I started volunteering with MHCAN in late 2004 after meeting with Suzanne Koebler and Carla McSweeney, MHCAN's terrific management team, and after talking with them about what happened with Kelsey and what I might do to help out. MHCAN's drop-in and recovery assistance services resonated: if she had lived, maybe Kelsey would have been one of their clients; maybe she would have eventually been well enough to work there; maybe she would have participated in or led a drawing or photography class. Maybe she would have been able to find hope through the Recovery Action Plan program. On the day she died, Kelsey and I had been planning to visit MHCAN to see what they had to offer. No one can say what might have been, but the memory has strength and purpose.

The self-help nature of MHCAN, a 14-year old client-run program, confirms my past experience with other local self-help organizations: these kinds of grassroots efforts, as they mature, hold the key for sustainable and positive community change.

As described elsewhere in this newsletter, MHCAN's Building Toward Wellness

fundraising campaign will result in a permanent home for its caring drop-in center, freeing up limited resources for ongoing programs, and allowing MHCAN over time to expand operations in its current location with good transit access and nearby community services. In collaboration with the Community Counseling Center and their planned Grace Commons 15-unit affordable housing project next door, establishing a permanent home for MHCAN is a key step toward achieving sustainability for its successful peer-run programs. In support of this campaign, our family is happy to be sponsoring the MHCAN Art Center with a gift from the Kelsey W. Pfothenhauer Memorial Fund via the Community Foundation of Santa Cruz County.

We can never know what Kelsey's life, and our lives, would have been like had she survived the intense mental and emotional pain of a psychotic break, and the adjustment she and our family would have had to make to this 'new' circumstance of living with a serious mental illness. We appreciate that our experience has left us wanting to keep contributing toward efforts which bring mental illness and brain disorders out of the closet, and which, over the long term, will help to better integrate our friends and family members with mental illness into daily community life.

I hereby invite you to join our family in helping others in our community rebuild their lives as they, and MHCAN, continue Building Toward Wellness through this campaign to buy the building. Thank you very much!

Linda Wilshusen

*Chair, MHCAN Building Toward Wellness
Capital Campaign*

*Please see Gift & Pledge form on
the newsletter insert.*



Grading the States 2006: A Report on America's Health Care System for Serious Mental Illness

Recently released by NAMI, this survey is the first comprehensive analysis of the U.S. mental health care system on a state-by-state basis in 15 years. NAMI submitted questions to each state's mental health agencies during October-November 2005.

Only New York and Colorado did not respond. States are graded on 39 specific criteria in four categories: infrastructure, information access, services, and recovery.

Information from consumers and family members was included by means of interviews as well as by a "Test Drive" in which consumers and family members tried navigating websites and telephone systems of each state's mental health agency and then rated them on how easy (or difficult) it was to obtain basis information.

The US mental health system as a whole received a D grade; California a C.

No state received an A; only five rated a B: Connecticut, Maine, Ohio, South Carolina and Wisconsin. Eight states received an F. California's grades for the four categories: A for recovery supports, B for infrastructure, C- for information access, and D for services (due to low scores in areas such as illness management, integrated dual diagnosis treatment policies, psychiatric inpatient bed access, among others.). Listed as "recent innovations" are the Mental Health Services Act dedicated revenue (i.e. Proposition 63 monies)

as well as progress in evidence-based practices, cultural competence, and supportive housing. "Urgent needs" cited for California are state hospital reforms; statewide initiatives to decriminalize mental illness; and more ACT (Assertive Community Treatment) programs and other evidence-based practices.

California ranked 14th among the states in total mental health spending. The report emphasizes that all states "are struggling with inappropriate incarceration of people with mental illness."

The report's basic national policy recommendations:

- Increase funding tied to performance and outcomes
- Invest in proven, cost-effective practices (i.e. evidence-based practices)
- Improve data collection
- Increase access to information
- Involve consumers and families in all aspects of the system
- Eliminate discrimination

See NAMI's website (www.nami.org) and click on GRADING THE STATES for the full 250-page report or specific information such as the methodology used or the studies on each state.

"The US mental health system as a whole received a D grade; California a C."

Locked Up

Locked up with other
Inmates and staff

Put into 4-point restraints
Thrown away in seclusion
Shot full of dope

Thinking it's the people
In the outside world
That are "crazy", not us
Finding sanity in my insanity

By Ted Levine

Depression

Depression has robbed me
Of friends, jobs, school,
Fun, relationships, financial success,
My own family,
happiness, peace, joy, etc.

I've fought with it, lived with it,
Accepted it, tried to eliminate it,
Learned from it, grown from it

I'm a good person and I'm loved,
That's what I tell myself when I'm down.

By Ted Levine



Compeer Santa Cruz is a program that matches trained volunteers for one on one relationships with people challenged with mental illness. We also offer an educational series to help erase the stigma that is associated with a mental illness diagnosis. For more information or to volunteer with the program contact Lisa at Compeer Santa Cruz 459-6817 or www.CompeerSantaCruz.org.

Senate Passes Specter-Harkin Amendment, Adds \$7 Billion for Discretionary Programs Including Mental Illness Research and Services

March 17, 2006

By a 73 to 27 vote, the Senate yesterday added \$7 billion in spending authority to a broad range of health and human service programs as part of the fiscal year 2007 budget resolution. This would allow additional funding authority for fiscal year 2007 spending legislation covering mental illness research and services that will be taken up by Congress this coming summer. The amendment is part of the budget resolution that sets forth parameters for all federal spending for the fiscal year that will begin on October 1, 2006. The Senate later cleared the budget resolution by a narrow 51-49 margin.

Passage of the bipartisan Specter-Harkin Amendment is a big victory for advocates of mental illness research and services. It will allow for the fiscal year 2007 appropriations bills that fund the National Institute of Mental Health (NIMH) and the Substance Abuse and Mental Health Services Administration (SAMHSA) to reject cuts proposed in the President's budget and restore funding to fiscal year 2005 levels.

In addition, the Senate voted 43-57 to reject an effort to require an additional \$10 billion in cuts to the Medicare and Medicaid programs for fiscal year 2007. This amendment was offered by Senator John Cornyn (R-TX). The underlying budget resolution also rejected proposals in the President's budget for future reductions to Medicare and Medicaid through cuts in payments to hospitals and further reductions to targeted case management services under Medicaid.

This victory must now be followed up in the House, which has yet to take up the fiscal year 2007 budget resolution. Advocates are urged to contact their House member and encourage support for the additional funding authorized by the Specter-Harkin Amendment. House members will be in their districts next week as part of a week-long recess. All House offices can be reached by calling 202-224-3121 or through www.house.gov

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.

Medicare Coverage Extended, continued from page 1

Here is the revised provider billing instructions on how to obtain emergency Medi-Cal coverage when a person who is dually eligible for Medicare and Medi-Cal cannot get their prescription from the Medicare program.

Please pass the word about process. We need to get the word out quickly. The bulletin is also available at www.medi-cal.ca.gov.

Consumers should bring their Medi-Cal card and Medicare drug card or Medicare acknowledgement letter to the pharmacy to assist them in billing. Consumers who are concerned about the availability of this process at their pharmacy can bring a copy of this provider bulletin with them to show the pharmacy.

As of midnight on March 16, 2006, this emergency program has paid for 585,864 prescriptions for 190,846 people who are dually enrolled in Medi-Cal and Medicare with reimbursement equal to nearly \$39.7 million.

HELP! NAMI NEEDS YOU!

NAMI of Santa Cruz County is a non-profit organization dedicated to helping families, relatives, friends, and caregivers of someone they love who has a mental illness.

We are a totally VOLUNTEER organization. Services are offered free to everyone whether or not they are a member of NAMI. NAMI relies solely on membership dues and donations to support its activities.

Family to Family Classes are free to participants. Three sessions a year (one in Spanish) barely meet community needs. But we need to raise \$4500 to pay for them.

Membership Meetings bring critical issues to your attention and give you a chance to improve the community services we all depend on. It costs \$250 to advertise each meeting.

NAMI of Santa Cruz County is appealing to everyone who gains from the organization.

Please support us. See the back page for membership and/or donation information or call 427-8020.

Family and Consumer On-Going Support Groups

Mondays

Christian Support Group with Jean

1051 Cayuga, Santa Cruz, MHCAN
1:00-2:00 PM 469-0462

Cognitive Therapy Group with Seth

1051 Cayuga, Santa Cruz, MHCAN
1:30-2:30 PM 469-0462

Tuesdays

Marijuana Anonymous with Ron

1051 Cayuga, Santa Cruz, MHCAN
11:00-12:00 PM 469-0462 or 476-8474

Women's Support Group Peer facilitator: Wandis

1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

WRAP/Peer Support with Suzanne

1051 Cayuga, Santa Cruz, MHCAN
2:00-4:00 PM 469-0462 or 476-8474

Dual Recovery Anonymous with Ron

1051 Cayuga, Santa Cruz, MHCAN
7:00-8:00 PM 469-0462

Wednesdays

Mood Matters Support Group

1051 Cayuga, Santa Cruz, MHCAN
7:00-9:00 PM 469-0462

Thursdays

NAMI-SCC Family Support Group

300 Harvey West Blvd. Community Connection
7-8:30 PM 427-8020

NAMI-SCC Surviving Fear of Loss Support Group

For families with loved one who has made multiple suicide attempts.
Call 429-8791

Emotions Anonymous with Ron

1051 Cayuga, Santa Cruz, MHCAN
2:00-3:30 PM 469-0462

Alcoholics Anonymous

1051 Cayuga, Santa Cruz, MHCAN
7:00-8:00 PM 469-0462

Anxiety Disorders Support Group

On going support for clients with anxiety, social phobia, panic or O.C.D.
Twin Lakes Church, Rm M-23, Library, Cabrillo College Dr., Aptos
7:30 PM to 9 PM

Fridays

Co-ed Peer Support with Matt

1051 Cayuga, Santa Cruz, MHCAN
12:00-1:00 PM 469-0462

Saturdays

Dual Recovery Anonymous Step Study with Ron

1051 Cayuga, Santa Cruz, MHCAN
7:00-8:00 PM 469-0462

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

688-3385



NAMI-SCC
 P.O. Box 360
 Santa Cruz, CA 95060
 www.namisc.org

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Psychiatric Emergency Phone Numbers:

- Adult Day (8-5; Monday - Friday.) (831)462-7644*
- 24 hour 1-800-952-2335*
 (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; Monday-Friday) (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; Monday-Friday) (831)429-1913

Legal Services

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

NAMI-SCC Board of Directors:

- Judy Williams, President
 jujubees@sbcglobal.net
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 rogerpaige@mailstation.com
- Norma (Cookie) Paige, Secretary
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- Frank Steinmueller, look@baymoon.com

NAMI-SCC Board Meetings:

2nd Monday of the Month. Time and location 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).



If you are an ongoing member of NAMI-SCC please pay your dues. If you have not.

Thank you for your support!

Yes, I would like to join NAMI-SCC!

Make check payable to NAMI-SCC, PO Box 360, Santa Cruz, CA 95061. Your Contribution helps pay for your membership in NAMI California and NAMI National.

- 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.