NAMI Ventura County

Ventura County's Voice on Mental Illness

Newsletter December 2006

GENERAL MEETING
St. Columba's Episcopal Church
Parish Hall
1251 Las Posas Road, Camarillo

7:00 P.M.
Tuesday, January 9, 2007

DR. MICHAEL GREEN

"Cognition in Schizophrenia"

Michael Foster Green, Ph.D. is a Professor-in-Residence in the Department of Psychiatry and Biobehavioral Sciences at the Geffen School of Medicine at UCLA.

Holiday Party Sparkles

NAMI Holiday Party a huge success!
Over 265 clients enjoy festivities, dinner, dancing!
Gifts for everyone!
December 12, 2006
See photos on page 9.

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KELLNER/DECESARI SPEARHEAD $1 MIL GRANT PROPOSAL

Commander Stephen DeCesari of the Camarillo Sheriff's Department, and Barbara Kellner, LCSW, Adult Systems of Care Director for the Behavioral Health Department, joined forces to apply for a $1,000,000 grant to establish a MARRT (Multi-Agency Referral and Recovery Team) program in Ventura County. MARRT's primary purpose is to reinstitute the Mental Health Court in Ventura County. The proposed Program will address the needs of those adults who have a primary mental illness, and a secondary substance abuse disorder. The purpose of the Mental Health Court is to provide individualized, specialized treatment services to mentally ill adults who come into contact with the justice system through a collaboration of the Ventura County Sheriff's Department, the Ventura County Superior Court, the Ventura County District Attorney's Office, the Ventura County Public Defender's Office, the Ventura County Probation Agency, and the Ventura County Behavioral Health Department. Collaborators in the grant process include the Ventura Police Department, the Oxnard Police Department, as well as NAMI.

Source for referrals to MAART would come from a Judge, District Attorney or Public Defender, or Probation/Custody staff, as well as the Prop 63 Discharge Planner. After determination for eligibility and suitability, treatment for the offender would be provided by Pacific Clinics or Forensic Services. A team approach is envisioned for ongoing evaluation and treatment with the team comprised of the judge, district attorney/public defender, probation/treating staff, and VCBH-Forensic Clinic administration.

In addition to the primary criteria for eligibility being a mental illness, other criteria include no primary substance abusers, must reside in the county, misdemeanors, and low level felonies only. Ineligible are those charged with domestic violence or sex crimes. No DUIs, vehicular manslaughters, or defendants charged with violent and serious felonies would be eligible for participation.❖

Ventura County Participates in Search for Justice

Where is justice to be found? On November 11, 2006, 100 representatives from southern California NAMI affiliates came together at the Los Angeles Cathedral Center for decision-making and planning to improve justice system interaction with the mentally ill in Southern California.

Led by Sharon Roth and Marcie Larkey, affiliate representatives identified Mentally Ill Offender Courts as the #1 need in Southern California. Crisis Intervention Training came in a close second, with Court Education (education of attorneys and court staff) following up in third. Other needs were juvenile courts, jail diversion, housing, and Laura's Law.

NAMI California, through its local affiliates – including Ventura County – is bringing together community leaders from business, criminal justice, law enforcement, the judiciary, health and mental health, as well as local policy makers and elected officials in collaboration to look at new ways to resolve some of the issues surrounding the criminalization of individuals with a mental illness. The Collaborative Project consists of two phases. Phase One is regional meetings. These by-invitation-only events are designed to provide information on the many available program alternatives and options. Speakers representing successful programs will be featured. The regional meeting for Southern California is scheduled for February 28. Phase Two is local meetings which will bring together people from each county to maximize grass roots efforts toward a plan to decriminalize individuals with a mental illness through collaboration.

The Collaborative Project, which has successfully been completed in Northern California, resulted in the implementation of three new Crisis Intervention Training centers, and two mentally ill offender courts. NAMI California hopes the Project in Southern California will be just as efficacious, if not more successful.

For serious offenders, the hopes of recovery-based treatment are centered on the 6329 licensed beds in five state hospitals: Napa, Coalinga, Metropolitan, Atascadero and Patton, along with 133 beds at Vacaville and 36 in Salinas Valley (with 64 on the grounds of Salinas Valley State Prison). Jail/prison after care needs improvement throughout the state.❖

Dr. Linda Gertson Pilots Integrated Dual Dx Program

Dr. Linda Gertson packed such a wallop at her October 18 presentation at the NAMI General Meeting that even PowerPoint gave in! The dynamic leader of the IDDT (Integrated Dual Diagnosis Treatment) program didn't need software to get her point across to the 50 NAMI members and friends in attendance at St. Columba's that Tuesday night: Psychiatric disorders and substance abuse disorders do not co-exist…they interact.

The presentation highlighted the parallels between major psychiatric illness and addiction, the stages of addiction, and the dysfunctions of addiction. The areas of emphasis in recovery are physical recovery, psychological and behavioral recovery, social and family recovery, and spiritual recovery.
The VCBH model for integrated recovery is based on the California version of the Fidelity Scale, and the SAMHSA Toolkit for co-occurring disorders. The ten components of this model are 1 – a multidisciplinary treatment team; 2 – integrated assessment; 3 – integrated treatment plan; 4 – stage wise treatment; 5 – motivational enhancement therapy; 6 – individual and group therapy; 7 – pharmacological treatment; 8 – case management; 9 – self-help groups; and 10 – family education.

How does the program go about measuring success? The outcome measures are: 1 – number of hospitalization and incarcerations prior to treatment and concomitant with treatment; 2 – reduction in symptom acuity; 3 – movement along the continuums of Stage of Change of Treatment; 4 – abstinence from drugs/alcohol (or reduction in quantity and/or frequency of use); 5 – number and length of relapses since program entry; 6 – number of individual and group therapy sessions attendee during program participation; 7 – attendance at 12-step meetings.

Dr. Gertson made special mention of the Integrated Dual Diagnosis Treatment team, their dedication to both the program, and the participating adults in the program.❖

"That is the dumbest thing I've ever heard. How can you treat an addict if he's not there? They come to treatment because they use dope. And you throw them out because they're using dope! So can anybody here tell me of one other disease where the patient is supposed to be cured before he gets treated?" Dr. Pablo Stewart

In Our Own Voice (IOOV) WOWS at Ventura Community College

"I didn't realize the high percentage of people with mental illness." "What is NAMI?" Student comments at Ventura County Community College (VCCC) ranged from surprise to involvement, as approximately forty students listened to two participants from the In Our Own Voice program of Orange County present an hour-long program. The psychology students were an attentive audience as Donna and Jerry – consumers from Orange County – shared their experiences and the In Our Own Voice video.

Jerry began by informing the audience that 5.4% of adults, and 9-13% of children ages 9-17, have a mental illness. Jerry, in his mid-50's, talked about his history with mental illness and his current treatment and recovery. Donna touched the students with her frank discussion of her co-occurring (dual diagnosis) disorders and their effect on her involvement with her family and community. Both Donna and Jerry commented on each of the video's five sections: Dark Days, Acceptance, Treatment, Coping Mechanisms, and Success & Dreams.

Both Jerry and Donna credited NAMI-Orange County for having initiated the In Our Own Voice program. NAMI-Orange County has also begun a consumer-driven Quality Assurance Board that works with Orange County Behavioral Health, and a yearly Mental Health Advocate of the Year Award.

The In Our Own Voice presentation was organized by Nancy Latham and Ratan Bhavnani as part of the One Book – One Campus – One Community event at VCC. This year each student at VCC will be reading One Flew Over the Cuckoo's Nest as part of his or her classroom assignment. VCC also organized an art exhibit, When the Fog Clears, as part of the One Book-One Campus-One Community, to accompany the IOOV presentation.❖

CIT Celebrates 5 Year Anniversary

Crisis Intervention Training celebrated its fifth year of operation with a 40-hour training program held from October 23 through October 27, 2006, at the Oxnard City Hall Conference Room. With the 26 individuals in this course, the program passed the 500 mark in the number of people trained since the program began in 2001. October's group included eighteen patrol officers from Ventura County, two Santa Barbara Harbor Patrol Officers, and two officers from the Santa Barbara Sheriff's Department. Program Director Joyce Wilde notes that in the five-year period before the program began, 12 of 19 individuals killed were mentally ill. Since 2002, the figures dropped to 5 of 9, and in the past two years, of the three people who died in police confrontations, none were mentally ill.

Program Administrator and former NAMI Board President Joyce Wilde gave kudos to the Ventura County Star for the excellent article they ran on the program in their October 28, 2006 daily.

NAMI members Carol Luppino and Duane Bentzen were workshop panel participants.❖

Mental Health Board Housing & Adult Services Committee

NAMI members and others are invited to join the Housing & Adult Services Committee. We meet on the third Thursday of each month from 10:00 to 11:30 A.M. at the BH Williams Building, 1911 Williams Drive, Oxnard. The following are some of the goals we have set forth for this year. Contact: Lou Matthews, 643-0915 or Karyn Bates, 671-5038., Co-Chairs.

Goal: Continue to advance the goals of the Adult MHSA Plan and Transformation of mental health treatments and services; aid in monitoring and measuring their success through outcome measures.

Goal - Encourage development of a full continuum of quality housing, support, and treatment options ranging from independent housing to an Institute for Mental Disease (IMD – locked facility), and including the homeless and those at risk of homelessness.

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Goal: Encourage affordable access to public transit system and improved routes and hours of operation to better serve BHD clientele for appointments, places of employment, school, and vocational training.

Goal: Urge development of a single point of responsibility for connecting behavioral health clients to services when discharged from private and public hospitals and other facilities. Urge expansion of the transitional case management discharge system to include discharges from private hospitals and other facilities.❖

NAMI NATIONAL CONVENTION
Washington DC - June 28-July 2, 2006

Summary of the NIMH Research Report Given by Tom Insel, MD, Director

What has research delivered for treatment and prevention of mental illness? What should we expect/demand from research?

Heart disease and cancer research has led to decreased mortality through biology based treatment & prevention. While on the other hand, the diagnosis of the various mental illnesses is still made by observation and input from patients and those close to them. The validity of diagnosis remains to be proven. Prevalence of the illnesses has not decreased over the years. Mortality has not decreased. The suicide rate is twice that of homicide (the rate of which is actually decreasing). The suicide rate in college students is 1,400 to 1,500 per year and is remarkably unknown by the public. You see homicide highlighted in the news every day, but you rarely hear about suicide. Treatment for mental illness is trial and error. There is no cure, no vaccine.

We should expect more. A new approach in research may be cause for hope. The 1990's was the "Decade of the Brain". Evidence shows that the brain makes up our mental life. Mental disorders ARE brain disorders. The science needs to be more medical rather than psychological. (Dr. Insel offered some proof of this including this example - studies show children with schizophrenia have a significant reduction in gray matter across the brain over a five year period from that of the control groups.) Mental illnesses are not like the illnesses normally thought of as neurological (ALS, Parkinsons, Huntingtons) where there is a "hole" in the brain. Mental Illnesses are actually disorders of whole brain systems. They are diffuse, circuit problems. This is what differentiates these brain disorders (mental illness) from those we think of as neurological disorders.

We also know that depression is not a chemical imbalance (depressed people are not a quart low on serotonin) although serotonin may be involved in depression. Currently, brain circuitry is being studied for causes of depression in Area 25 much like it has been for Parkinsons. The 2000's have become the "Decade of Discovery" initiated by the completion of the human genome map. What wasn't made clear is that this is the genome map of only one person, and it basically shows how the human species is different from other species. We don't know what all the genes do, and there is a vast variation in the genome among persons. It is in the variation where we will learn about susceptibility to disease. However, what seemed to be an enormous task one year ago is now thought to be at least manageable due to new technology and discovery of the similarity of certain gene clusters.

Within a couple of years we should understand which variations cause susceptibility (risks) for schizophrenia as well as other illnesses. We now have hints of where to look; and interestingly, it does not appear to be with serotonin or dopamine, as we would have thought. We may not get a diagnostic test, but we should learn the mechanisms of disease. This information will aid in the discovery of ways to intercede prior to the disease causing damage.

People who have had the disease for 10 – 20 years may also be helped. The understanding of the mechanisms of these disorders will aid us in the development of new treatments. The treatments used to date were all discovered by either serendipity, or as knock offs; and none of them have been adequate. No treatments or medications address cognitive deficits. These deficits are the main factor often keeping people with schizophrenia from having a "normal" life.

If we follow the same road taken by cancer & heart disease research, we will need to understand the pathophysiology (basic biology) of mental illness. With this we will get new, effective treatments and personalized care (which treatment works best for which person.) Then we need to aim for cure therapeutics and prevention. We may not get there, but that is where we need to aim. For the bar to be set so low that treatment is not initiated until after the first psychotic break, would be unthinkable in any other area of medicine.❖

Different Bipolar States

Rapid Cycling

This puzzling and frustrating type of mood disorder can be found among both unipolar depressives and those who are bipolar. Diagnosis of rapid cycling depends on clinically significant mood changes occurring frequently. These episodes may be relatively mild, as in hypomania (low grade mania) or dysthymia (mild depression), or they may be extremely pronounced and disabling. Cycles may occur as few as four times a year, or as many as dozens of times a day. About 5 to 15% of bipolars are rapid cyclers, and 70 to 90 % of these are female.

The pattern usually does not appear until the bipolar symptoms have been apparent for several years. It has been subjectively described as a "roller coaster

ride with whiplash," because of the sensation of not being able to keep up with the changes as they occur. In many cases, even with expert treatment, stabilization is difficult or impossible.

Mixed Mood States

This is as challenging and confusing for both the patient and the doctor as is rapid cycling, because some symptoms resemble mania (agitation, racing thoughts, excessive energy), and some are like depression (reduced appetite, sad or hopeless affect, suicidal ideation) - at the same time. Because of this seeming paradox, misdiagnosis is not uncommon; and a person in the middle of a mixed state is at the greatest risk of suicide: the expressed feeling provides the motivation, and the heightened energy creates the opportunity, forming a volatile and dangerous combination in vulnerable patients. About 40% of those diagnosed with bipolar may have mixed mood states, but every case is different from any other.

One of the problems is that at some point, a mixed mood state may appear to be merely "agitated depression," (a much milder disturbance that usually does not last as long). For diagnosis a mixed mood episode must last at least one week; most are longer. As an analogy, think of normal emotional ups and downs as the ripples on a peaceful sea. A mixed state is like crashing breakers with a powerful rip current that simultaneously pulls in another direction.

(Katherine Albert, MSW, via Orange Co Depression Bipolar Support Alliance (DB6A Newsletter, Spring 2003)❖

Unrecognized Bipolarity in Antidepressant-Refractory Depression

Clinicians treating patients with depression who fail to respond to adequate antidepressant treatment over a long period of time should consider augmentation therapies and even a bipolar disorder diagnosis, study findings suggest.

Takeshi Inoue and colleagues from the University Graduate School of Medicine in Sapporo, Japan, found that a substantial proportion of patients with antidepressant-refractory depression actually have bipolar disorders.

Moreover, augmenting antidepressant treatment with lithium, L-thyroxine, or dopamine receptor agonists proved effective for patients with either unipolar or bipolar antidepressant-refractory depression.

Over an average follow-up of 5.7 years, ranging from 1 to 7 years, 13 patients – eight bipolar and nine unipolar – achieved full remission and demonstrated high social functioning, defined as a score of 80 or higher on the Global Assessment of Functioning Scale.

The investigators note that a further four patients initially achieved full remission, but experienced subsequent recurrence of their symptoms. Thus, in total 17 of 26 patients achieved remission at least once during the follow-up period.

Augmentation therapies were effective for seven bipolar patients and nine unipolar patients. The addition of dopamine receptor agonists (bromocriptine or pergolide) to antidepressants was effective in nine of 13 patients. The combination of lithium and dopamine receptor agonists with antidepressants was effective in one patient, and the combination of lithium and L-thyroxine with antidepressants was effective in two patients.

***J Affect Disord*, 2006; 95: 61-67**❖

Substance Abuse Increases Antidepressant-Induced Mania Risk

Researchers have discovered that a lifetime substance abuse disorder can increase the chance of antidepressant-induced mania in people with bipolar disorder by five fold.

"This finding suggests that randomized controlled trials of antidepressant use in bipolar disorder could systematically underreport antidepressant-induced mania due to exclusion of patients with substance use disorders," notes Sumita Manwani (Cambridge Health Alliance, Massachusetts, USA) and colleagues.

***J Clin Psychiatry*, 2006; 67: 1341-1345**❖

SAMHSA and Ad Council Unveil National Mental Health Anti-Stigma Campaign

The Substance Abuse and Mental Health Services Administration (SAMHSA), in partnership with the Ad Council, will launch a national awareness public service advertising (PSA) campaign designed to decrease the negative attitudes that surround mental illness, and encourage young adults to support their friends who are living with mental health problems.

According to SAMHSA, in 2005 there were an estimated 24.6 million adults aged 18 or older who experienced serious psychological distress (SPD), which is highly correlated with serious mental illness. Among 18 to 25 year olds, the prevalence of SPD is high (18.6 % for 18-25, vs. 11.3% for all adults 18+); yet this age group shows the lowest rate of help-seeking behaviors. Additionally, those with mental health conditions in this segment have a high potential to minimize future disability if social acceptance is broadened, and they receive the right support and services early on.

News at NAMI National

- NAMI National Board voted to add two additional diagnoses to those that will be covered by NAMI in brochures and trainings. They are Borderline Personality Disorder & Post Traumatic Stress Disorder.
- The 3rd Friday of each month from 11:00-12:30 pm eastern time, there is a teleconference on children's issues with Dr. Ken Duckworth, NAMI medical director. Everybody is welcome to join the call. To access the toll-free call, please dial **1-888-858-6021**; access number **309918#**. You don't need to speak, just listen.
- NAMIs Child & Adolescent Action Center has a redesigned NAMI website section.❖

New State Rep Hopes to Increase Membership

"I hope to ensure that the high standards of NAMI California are carried forward," said Ms. Jackson. "I would like to help make NAMI California even more visible to the public and government, and be a part of making NAMI California membership grow and flourish." With this statement, Candace Jackson initiated her term on the NAMI State Board. Candace flew to Sacramento for her first state meeting and afterwards commented on how inspired she was by the dedicated individuals who came together for their first Board meeting.❖

A Message from Irene King

"My sincere thanks to NAMI for the very beautiful basket of flowers at Gene's memorial Mass; and for the many cards received with condolences from members. It has meant so much to me and my family during this sad time."

Looking For A Support Group?

NAMI in Camarillo – Meets at 5:30 pm, the 2nd Tuesday of each month at St. Columba's Episcopal Church, 1251 Las Posas Rd, Camarillo. The meeting is prior to the General Meeting. Info: Jane Sheehan (805) 484-5132.

NAMI in Thousand Oaks – Meets at 7:00 pm, the 3rd Monday of each month at 72 Moody Court in T.O. (Mental Health Adult Services Center). Info: Irene King (805) 495-5031, or Kathleen Furness (818) 865-1558.

NAMI in Ventura – Meets at 6:30 pm, the 3rd Tuesday of each month at Ventura Missionary Church, Room 502-Upper. Info: Debbie Hurt (805) 660-1755.❖

Consumer Support Groups

Depression/Bipolar Support Groups:

Ventura: 1st and 3rd Mondays, 7-9 p.m. at Behavioral Health Community Room, 300 Hillmont, Ventura. Info: Patti Yoshida (805) 652-6187

Thousand Oaks: 2nd and 4th Tuesdays, 6-8 p.m. in Behavioral Health Training Room, 72 Moody Court, Thousand Oaks. Info: (805) 777-3500❖

NEW PROGRAMS RING IN THE NEW YEAR

NAMI's most successful program, Family to Family, begins in two locations in January.

Family to Family is a free, 12-week course for family caregivers of individuals with severe mental illnesses that discusses the clinical treatment of these illnesses, and teaches the knowledge and skills that family members need to cope more effectively. Class locations, dates and times are listed below.

To register, or for more information, please call (805) 641-2426, or e-mail namiventura@gmail.com.

Class 1: Thursdays, beginning January 11, 2007
6:30-9:00 p.m.
Calvary Community Church
Westlake Village, CA

Class 2: Wednesdays, beginning
January 24, 2007
6:30-9:00 p.m.
Community Memorial Hospital
Ventura, CA❖

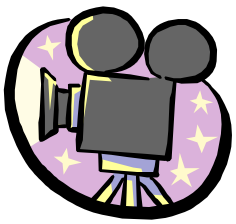
Movie News: The Revolving Door

What strikes you first is how nice everybody is and how could such an awful thing happen to such a nice family? "The Revolving Door", a new film from the award-winning team of Marilyn and Chuck Braverman, makes it clear that mental illness can turn an individual's life upside-down and tax even the most loving of families. The movie, oftentimes photographed and told from 33-year-old Tommy Lennon's own viewpoint, is an inside look at his struggle with the dual diagnosis of mental illness and drug addiction. Many of the revolving doors that Tommy has been through will be familiar to those of you with family members in Ventura County who have also been in the revolving door of homelessness, drug abuse, hospitals, and jails.

"A Revolving Door" has been selected as one of the final eight by the Academy of Motion Picture Arts and Sciences in the documentary short category. From three to five films will be selected for final nominations, to be announced January 23rd.

- Special features: Bonus material, chapters, Internet we links for help sources, alternate audio track for younger audiences
- Appropriate for: Middle School, High School, College/University
- 39 minutes DVD; 39 minutes VHS

Directed by Marilyn Braverman
Produced by Chuck Braverman
Editor Co-Producer Rob King
Photographed by Marilyn and Chuck Braverman
Additional Photography Tommy Lennon
Sound by Marilyn Braverman
Music by Tom Lennon Sr. " A Cloudy Day"
Ted Lennon "Brother Tom"
Jonathan McEuen "Ocean"
Additional Music Max Braverman
Rap Music by Tommy Lennon
Special Thanks The Lennon Family
Legal Donaldson & Hart
Accounting Steve Gelon Amy Palanker❖



Just In Time For The Holidays

Register your Vons, Pavilions, Macys, American Express, and Visa card with E-Scrip, and NAMI-Ventura County will benefit.

Just go to www.escrip.com, enter the N.A.M.I. group number, 5564290, and follow the simple steps to register your grocery cards, credit/debit cards, and store purchase cards.

Here's how it works:

1. You register any one or all of your existing grocery, debit, and credit cards for use in the program.
2. Participating merchants will make contributions to your chosen group, based on purchases made by you, just by using the cards you have registered.
3. Your purchases are tracked and available to you online, allowing you to see just how much you are earning on our behalf.❖

Attention Ralphs Shoppers!

New Nami NPO

NAMI Ventura County has a new Ralph's NPO number: 81209. For those of you with the old NPO number, please re-register under the new number. For those new to this program, just by registering your Ralph's Club Card, NAMI can earn up to 4% of your purchase each month.

Just go online at www.ralphs.com, click on community programs, then click on participant, and follow the simple instructions to register your Ralph's Club Card. The NAMI NPO # is 81209. Be sure to have your Ralph's Club Card handy so you can enter its number into the online system.

For each card's monthly purchase up to $200, NAMI receives 1%; $200.01 to $350, NAMI receives 2%, $350.01 to $500, NAMI receives 3% and over $500 NAMI receives 4%.❖

Nami Ventura County Contact Information

Mailing: P.O. Box 25510, Ventura, CA 93002
Phone: (805) 541-2426 Fax: (805) 639-0898
E-mail: namiventura@gmail.com
Website: www.namiventura.org

2007 Board of Directors

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NAMI Ventura County Membership Application 2007
Please fill out form completely, and mail with check payable to:
NAMI Ventura County, P.O. Box 25510, Ventura, CA 93002-5511

Check One: _____ New Member _____ Renewal **Date _____**

Memberships: (Check those that apply)

_____ Newsletter only ($15)
_____ Single ($30)*
_____ Family ($40)*
_____ Silver ($50)*
_____ Gold ($100)*
_____ Donation Amount
_____ Total Enclosed

Name(s) _____

Address: _____City_____State_____Zip_____

Home Phone _____E-mail_____

***A portion of your membership dues ($20) is sent to NAMI National and NAMI California.**
***Dues and donations to NAMI Ventura County are tax deductible to the extent permitted by law.**

We are always in need of volunteers. Please mark the activities in which you would like to participate:
( ) NAMI Office Work ( ) Support Groups ( ) Family-to-Family ( ) Fundraising
( ) Legislation ( ) Membership ( ) Hospitality ( ) Publicity ( ) Speakers Bureau
( ) Newsletter ( ) Other

NAMI Holiday Party Dec 12th

HOLIDAY PARTY THANKS TO ALL

Our sincere thanks to Barbara Kellner, Suzanne Zimmerman, Dr. John Schipper, Melonie Roy, Michael Powers and to all the Ventura County Behavioral Health staff who helped to make this year's NAMI Holiday Party a huge success. Please pass on our thanks to everyone who helped with coordinating with other facilities, with transporting clients, making arrangements for sandwiches and desserts, and for joining in the activities with such enthusiasm.

Thanks go out to Sharon Robinson for coordinating this huge effort, and to all of her able assistants from ARC, NAMI volunteers, and friends.

We look forward to a great year working in partnership with VCBH in helping our families and loved ones achieve a better quality of life.

Raatan Bhavnani
President
NAMI Ventura County

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