

NAMI News



The County's Voice on Mental Illness 10730 Connecticut Avenue, Kensington, MD 20895

February 2004

Volume 26, Issue 2

Inside this issue:

<i>Treating and Managing the Mentally Ill in the Criminal Justice System</i>	1
<i>Support Groups, Schedule of NAMI Events</i>	2
<i>Advocacy News</i>	4
<i>Resources on Mental Illness and the Criminal Justice System</i>	5
<i>Child and Adolescent News: Childhood ADHD Predicts Risk for Adolescent Substance Use</i>	6
<i>Announcements/Acknowledgements</i>	7

A Systems Approach to Treating and Managing the Mentally Ill in the Criminal Justice System

The January Education meeting featured an informative discussion of the treatment of people with mental illness in the Montgomery County Department of Corrections and Rehabilitation [DOCR]. The presenters were Art Wallenstein, Director, Montgomery County DOCR; Patricia Sollock, DOCR Mental Health Services Manager; and Athena Morrow, HHS [Health and Human Services] Clinical Supervisor.

The focus of the presentation was the Criminal Justice Behavioral Health Initiative. Highlighted, in general, were the on-site components of the Behavioral Health Initiative: CATS [Clinical Assessment and Triage Services] and the mental health services. Wallenstein, Sollock and Morrow all were appreciative of the opportunity to speak about the situation of addressing the mentally ill population in the County jails – which they see as a community problem. The develop-

ment of the Mental Health Initiative was the result of their reaching more aggressively to mobilize agencies to address treatment issues.

Wallenstein sees mental health treatment in jails as a very different public policy issue: “progress doesn’t always go the way one wants it to go.” In medical and legal systems due process has changed the ways we address mental illness. The courts, physicians, the community mental health system all should be involved too. Initially, prison population numbers weren’t rising, due, in great part, to a surge of advocacy activity regarding the civil rights of homeless people with mental illness. There was much contesting, as well as an increase of mentally ill people being incarcerated *because* of their mental illness. “Street-level” people, not major, big time criminals, were getting much longer jail times than *non-mentally*

(Continued on page 3)



Don't miss the
"Red All Over"
Sale at the NAMI
Thrift Shop for
Valentine's Day!
February 9-14

General Education Meeting — Thursday, February 12, 2004

Borderline Personality Disorder: Diagnosis and Treatment

Speaker: Paulo Negro, Jr., M.D., Ph.D,
Medical Director, Behavioral Health Services, Suburban
Hospital.

Social Hour: 7:30 p.m., Program: 8:00 p.m.

The cost of printing this issue of NAMI News was donated by

Frank and Carol Bergin

If you value our NAMI News and would like to help our cause by donating an issue, we are eager to discuss this with you. Please call Susan or Leah in the NAMI

NAMI MC February Events



- **Feb. 3**—Board Meeting, 7:15 pm, NAMI Office
- **Feb. 10**—Child and Adolescent Family Support Group, 7 pm, NAMI Office
- **Feb. 11**—Family Support Group, 2:30 pm, Rockville Unitarian Church, 100 Welsh Park Road, Rockville
- **Feb. 12**—General Education Meeting, 7:30 pm, Cedar Lane Unitarian Church (See p. 1)
- **Feb. 14**—Family Support Group, 9:30 am, Montgomery General Hospital, Olney, 2nd Floor, Conf. Room C
- **Feb. 17**—Sibling Support Group, 7 pm, NAMI Office
- **Feb. 20**—Spouse Support Group, 7 pm, NAMI Office
- **Feb. 21**—Spanish Family Support Group, 6:30 pm, Montgomery General Hospital, Olney, Room 201B
- **Feb. 24**—Family Support Group, 7 pm, NAMI Office

The NAMI office will be closed on Monday, February 16th in observance of President's Day.

NAMI Support Groups

Family Support

2nd Wednesday of each month, 2:30-4 p.m., Unitarian Universalist Church, 100 Welsh Park Drive (off Mannakee St), Rockville. Contact: Ursula 301-384-8100

4th Tuesday of each month, 7 p.m., NAMI office. Contact: Ann 301-774-1960

2nd Saturday of each month, 9:30 a.m., Mont, General Hospital Conf. Room C, 2nd Floor (Community Learning Center) Contact: Helen 301-963-9472.

Child & Adolescent Family Support

2nd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Brenda 301-949-5852

Sibling Support

3rd Tuesday of each month, 7:00—8:30 p.m., NAMI Office. Contact: Nicole 301-949-5852

Family Support in Spanish

3rd Saturday of each month, 6:30 - 8 p.m., Montgomery General Hospital, 18101 Prince Philip Drive, Olney, Room 201B. Contact: Eric 301-949-5852

Spouse Support

Group meets one Friday each month, 7 p.m., NAMI Office. Contact: Bill 202-482-1287.

Other Support Groups

For Consumers:

All Disorders:

- On Our Own of Montgomery County has a drop-in center, many activities and sharing groups. Call 240-683-5555.
- Recovery, Inc., offers free weekly support group meetings for people with all types of mental, nervous and emotional problems. Saturdays 10:30-12:30 pm, Mid County Service Center, 2424 Reedy Dr., Wheaton. Call Carol (202) 269-2725. For additional groups, call (301) 431-1818 or check www.recovery-inc.org.

Schizophrenia

Thursdays 6:30-7:30 p.m. Hughes United Methodist Church, Wheaton - Call Linda 301-571-7386

Schizophrenia/Schizoaffective

Thursdays 6:30-8 p.m., Wildwood Baptist Church, 10200 Old Georgetown Rd., Bethesda. Contact: Richard 301-977-3507

Depression/Bipolar/Schizoaffective

DRADA (Depression and Related Affective Disorders Assoc.). Main number: 410-583-2919.

- Bethesda chapter of DRADA is a peer support group for people with a primary diagnosis of depression or bipolar disorder. Group meets from 7-9 p.m. on alternate Wednesdays at Christ Lutheran Church, 8011 Old Georgetown Road, Bethesda. The next meeting is Feb 4. For more information, contact Richard Lewis at (240) 401-2764.
- Tenleytown Group, contact Kristin at 202-885-5653.
- Georgetown University Group, contact Barbara at 202-926-6913.
- George Washington University Group, contact Alvin at 301-975-3169.

Potomac Ridge Mood Disorders Psychoeducation Group. Ongoing group for adults suffering from depression. Tuesdays, 6-7 pm. Call 301-251-4539 to register.

Obsessive Compulsive Disorder

1st and 3rd Tuesdays, 7:30 pm, 2424 Reedy Dr., Wheaton, Rm. 223. For information call Bruce 301-497-1589.

For Families and Friends:

All Disorders:

Family Support—every Thursday except the 2nd Thursday of each month, 7:30 p.m., Bauer Drive Rec. Center. Contact Susan at 301-738-2448 to confirm that group is meeting.

Borderline Personality Disorder

Metro Washington Borderline Personality Disorder Education and Support Group. For information call Diane at 301-469-6101.

Depression/Bipolar/Schizoaffective

Potomac group. Call Diane at 301-299-4255. For additional groups in Montgomery County, Call DRADA (Depression and Related Affective Disorders Association) at 410-583-2919

OCD: Families meet in area homes. For info. call Nancy at 301-340-1452.

Suicide Related Support Groups

Yellow Ribbon Suicide Prevention Program - Call Mary McCausland 301-530-4761.

Seasons—Cedar Lane Unitarian Ch. 2nd Weds of each month.

Call Corrine Melton 301-460-4677 or Doug Tipperman 301-330-4984.

What Does NAMI MC Offer?

Helpline:

Our telephone helpline is open 10 am – 2 pm, Monday through Friday. We offer confidential referrals to local providers of mental health services, including housing, vocational rehabilitation, legal assistance, day treatment, doctors, therapists and more. Our helpline is staffed by NAMI staff and trained volunteers. For more information or to be trained as a volunteer, contact Leah Nichaman at namioffice@namimc.org

Support Groups:

See previous page.

E-mail Listserv:

Sign up for our listserv by sending an e-mail to namioffice@namimc.org with the word “SUBSCRIBE” in the subject line. Twice a month you’ll receive an e-mail from NAMI MC with information about upcoming events both at NAMI and in the community, and other items of interest.

Educational Programs:

Family to Family—This is a twelve-week free course for family members of adults with mental illness. This class covers all of the major mental illnesses, brain chemistry, medication review as well as communication skills, empathy, and self-care for relatives. For more information contact Frances Shuping at fshuping@namimc.org.

Visions for Tomorrow — This is an 8-week free course for primary caregivers of children or adolescents with mental illness. Classes are taught by trained parents who are themselves caregivers. There is no cost to participants and all materials are free of charge. For more information contact Brenda Bickel at bbickel@namimc.org.

In Our Own Voice —

This program is a recovery-education interactive presentation. It is given by trained consumer presenters for other consumers, family members, friends, and professional and lay audiences. For more information, contact Brenda McArthur at 240-602-7439.

Mental Illness and the Criminal Justice System

(Continued from page 1)

ill people charged with the same offense! Currently the jail population now averages 17% to 20% who have moderate to serious mental illness. There’s no way of knowing how many people could have been treated and how much jail time could have been prevented. Half the incarcerated, it is estimated, should probably not be in jail.

About 4 years ago a group formed to increase police skills regarding the handling of mentally ill people in the community. It focused on the issues of re-entry after incarceration and the misuse of shelters as a “program.”

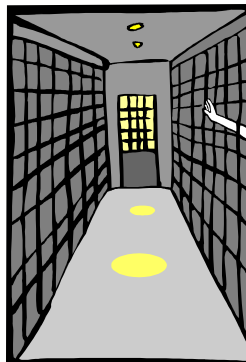
In the Behavioral Health

Initiative everyone has a role, so there is a need to communicate regarding the process and to work together. Its basic elements are (1) a CIT [Crisis Intervention Training] program, (2) an assessment unit to review all those coming in with a known or suspected mental illness, (3) medication management, (4) crisis intervention unit, and (5) re-entry work.

Athena Morrow, a mental health professional, and the Clinical Supervisor works in collaboration with all involved parties to do the initial mental health assessment. She is familiar with both the jail system, and the mental health system. All the stakeholders – including NAMI - meet monthly with private providers such as Threshold Services Inc., the State’s Attorneys Office and others to discuss, communicate and create a better system.

The CATS Program [Clinical Assessment and Triage Services] addresses people as soon as they are booked. In December 2003, of 937 arrested, 137 were interviewed by her

unit. The interviewees are asked by at least three different staff members their basic history, with any “yes” answer generating referrals to Morrow’s unit. A very high percentage of accuracy results. The unit has 3 social workers, 20 hours per week of psychological services, a community service aide, and diverse staff. The mission is to interview all who get arrested within 24 hours. They see people who are in the process of “detoxing” from drugs or alcohol, people with bizarre behavior, in addition to those with clear cut mental diagnoses or suspected mental illness. The unit works with the Crisis Center, from whom they can access information about an



individual and rule out potential for self harm or harm to others. They also try to divert minor offenders by recommending appropriate treatment to the judge including the Avery Road substance abuse program, outpatient addiction programs, or residential placements. Transitioning services connect those on medications to community doctors and/or more appropriate treatment.

In addition to the intake and referral activities, the unit is involved in diversion activities, such as those mentioned above. It also makes disposition *within* the jail system.

For the last year and a half there has been a community service staff member who provides case management to people with mental illness who were previously homeless and are now leaving jail. This staff person locates re-entry services.

Patricia Sollock, Mental Health Services Manager, also discussed the scope of the problems of mental ill-

(Continued on page 5)

Advocacy News

Help NAMI MC Monitor Effects of State Changes

NAMI MC has been contacting providers to learn what service changes they are planning to make in order to remain financially stable under the state's new rate system for Psychiatric Rehabilitation Services (PRP) and Residential Rehabilitation Services (RRP). In addition we have sent a letter to the County Council informing them of the proposed state changes (see NAMI MC January newsletter) and asking the Council's Health and Human Services Committee to schedule a work session to assess the effects of these changes on services to consumers and on provider viability.

The new rate system reduces rates and requires a set minimum number of monthly services in order for a provider to be paid a monthly fee for an individual client. Our survey has found that providers plan to discontinue traditional PRP service to those who do not complete the minimum number of services. PRP treatment without state payment imposes a greater financial burden than providers can carry. Many of these clients cannot understand that they have an illness and need treatment. When trying to engage such clients in treatment it may be difficult to get the client to agree to and complete the minimum number to monthly services needed for the provider to receive payment.

So far we have learned that one provider has decided to address reduced PRP rates by allowing staff to reduce slightly by attrition. This increases by one or two the caseload of the remaining off-site PRP staff. This provider is encouraging PRP clients who have not been receiving the minimum number of services per month, to either increase the number of services received or change from PRP ser-

vices to increased clinic services. Another provider has given notice to 20 PRP clients that PRP services to them will be discontinued unless they increase the number of services received to the state set monthly minimum. This provider said that overall on-site PRP case loads will be increased by 15%, which because of paperwork requirements will result in clients receiving 20% less staff time.

According to one provider, the new system is a "Huge disincentive to serve very needy people." Providers are unsure whether they will be able to continue accepting clients needing well above the average number of services, such as those being discharged from hospitals, without receiving supplemental funding. One provider is establishing a clubhouse model to reduce the need for intensive traditional PRP services.

Some providers have expressed con-

cerns about being able to accumulate or maintain an adequate reserve fund under the lowered rates. Such reserves are vital to enable providers to maintain operations when payments by the state are occasionally delayed due to administrative problems. . They also worry that decreased profits will prevent staff pay raises needed to retain high quality staff and reduce already high turnover rates which adversely affect treatment.

Please help NAMI monitor by informing Leah at the NAMI MC office (301-949-5852) if you know of a consumer whose PRP services have been discontinued or adversely affected. Also, if you have not yet written letters to your state legislators and the governor about increasing state revenues to adequately fund mental health services, please do so immediately. (See action alert in Jan. 2004 newsletter or call the office for a copy.)

NAMI Advocacy in the Criminal Justice System

NAMI Montgomery County has long been active in advocacy for those with serious mental illness who become involved in the criminal justice system. We supported the establishment of the Crisis Intervention System, a 40 hour training program for police on serious mental illness and the best ways to interact with persons with mental illness. From the inception of this program, NAMI MC members have presented segments on the consumer and family perspective.

NAMI MC has also been active in ensuring proper treatment of mental illness for those who are incarcer-

ated. In 2001, through conversations with NAMI MC members and a tour of the Montgomery Detention Center, we became aware of several areas affecting prisoners with mental illness that needed improvement and sent a detailed report of our findings to the County. They responded in detail to all of our questions and concerns and some changes were made.



Currently we are reviewing the problem on non-enforcement by parole officers of mental health services that were made a condition of parole. If you have had experience with this problem, please contact the NAMI MC office at 301-949-5852.

Mental Illness and the Criminal Justice System

(Continued from page 3)

ness in the jails. She reported that 18% of the people in Corrections experience mental illness – the entire diagnostic range listed in the DSM-IV. In actuality, a departmental goal, at times, can simply be to keep people alive! The Mental Health Unit houses about 40 people, and on any given day there are from 130 to 160 receiving psychotropic medication. In 2003 alone there were some 2000 referrals for mental health assessment – in both the Crisis Intervention Unit and the general population units.

Sollock went on to list the types of staff on hand to respond to the mental health needs: a clinical supervisor, four therapists (to do treatment plans, run groups, do discharge planning), one case manager and three psychiatric and mental health nurses. A referral can come from anybody, after which a mental health file is created. If the person is a juvenile, very close attention is paid, for the jail “holds no juve-

niles.” Instead, there are persons who have committed adult crimes but are chronologically juvenile aged. An individual treatment plan is then developed, continually evaluated and adjusted, and an individual Special Handling Plan (for laypeople to use) is devised.

Time in the unit is very scheduled: officers record detailed data regarding observed behaviors, and the general climate to aid in behavior modification programs. A discharge summary and plan are developed to give to the case manager. Community Re-entry Services (CRES) then plans the discharge and engages the judge to order treatment as part of the sentencing.

A Question and Answer period followed with Wallenstein, Morrow and Sollock responding to questions, such as:

Who determines competency for standing trial?

The court judge at the bond hearing (court forensic diagnostic team)

What happens at discharge?

People can still walk out without a real plan, without clothing, without medication – this is a huge problem.. Once the period of incarceration is over, the person is free, which is can be inappropriate for those with mental illness. The system is beginning to centralize and share useful information for use at this time, but advocacy is still needed for a better discharge policy.

Is there any oversight of the psychiatrist?

There is a peer review system; one can also refer to Dr. Peele, Medical Director.

Can incarceration exacerbate mental illness? Absolutely – studies prove this.

Do parole officers participate in the coordinating group? *Yes – on site at the pre-release center. John Arney is the head parole officer.*

Note:

The NAMI office has copies of the article provided by Mr. Wallenstein at the meeting: “Strategies for Building on What We Know About People with Mental Disorders

Resources on Mental Illness and the Criminal Justice System



Online:

Human Rights Watch, a non-profit human rights advocacy organization, published a report in October 2003 entitled “Ill-Equipped: U.S. Prisons and Offenders with Mental Illness. You can read this report at www.hrw.org/reports/2003/usa1003

NAMI’s position paper on The Criminalization of People with Mental Illness can be viewed at <http://www.nami.org/Content/ContentGroups/Policy/WhereWeStand/>

[The_Criminalization_of_People_with_Mental_Illness__WHERE_WE_STAND.htm](http://www.nami.org/Content/ContentGroups/Policy/WhereWeStand/The_Criminalization_of_People_with_Mental_Illness__WHERE_WE_STAND.htm). This paper also lists mental health courts in all 50 states. Unfortunately, the only one in Maryland is in Baltimore.



In print:

The NAMI MC library we have the following books available to members for checkout:

Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals. This is a report written by NAMI and Public Citizen’s Health Research Group in 1992. Unfortunately, not much has changed in the last 12 years and this report is still quite informative.

Madness in the Streets: How Psychiatry and the Law Abandoned the Mentally Ill, by Rael Jean Isaacs and Virginia C. Armat, copyright 1990.

Child and Adolescent News

Back to the Future? Childhood ADHD Predicts Risk for Adolescent Substance Use

ADHD occurs in 6% to 9% of school-aged children. Recent findings suggest that childhood ADHD can be a marker for adolescent substance use and substance use disorder. These researchers tested whether severity of childhood ADHD predicted elevated substance use in 142 adolescents with ADHD (mean age, 15; 94% male) who had been referred to a university clinic for mental health services as children; the comparison group was 100 age and demographically matched adolescents without ADHD.

In a one-time, office-based interview, the affected adolescents reported higher levels of alcohol, tobacco, and illicit drug use than did controls. Among subjects with ADHD, severity of childhood inattention predicted multiple substance

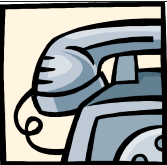
use outcomes, and symptoms of comorbid childhood oppositional defiant disorder/conduct disorder (ODD/CD) predicted drug use and CD symptoms during adolescence. Persistence of ADHD and adolescent CD were each associated with elevated substance use. The authors note factors that may limit the generalizability of these findings: few female subjects, young mean age and, especially, the likelihood that youngsters referred to a mental health clinic had higher-than-usual levels of psychiatric comorbidity.

Comment: Many of us caring for children with ADHD are asked to predict what behavioral issues may arise in the future. Sadly, childhood ADHD appears to convey as strong a risk for substance abuse as a family history of alcoholism. This finding supports reports suggesting that, even

after controlling for ODD/CD, youngsters with ADHD may be early users of tobacco and other drugs, although some protective effect of stimulant medication has been reported (see *Pediatrics* 2003 Jan; 111:179). Whether such teenagers use substances to self-medicate or to seek other gratification in the absence of school success is unknown. We cannot afford to adopt a wait-and-see attitude. We need to guide families toward structured activities that support early academic success and positive psychosocial development and to prescribe medication when appropriate. The stakes are too high to sit on the sidelines.

Susan Jay, M.D.

[from *Journal Watch Psychiatry*, January 2004, Vol. 10, No. 1]



Ask the Doctor... by phone!

The National Office of NAMI has instituted Friday conference calls with NAMI's medical director, Dr. Ken Duckworth. NAMI members from all over the country are invited to join these free calls. Participants will have an opportunity to ask questions during the calls. Below are the topics for February:

Friday, February 6: Dr. Duckworth will discuss "Evidence-based Practices in Child and Adolescent Populations"

Friday, February 13: Dr. Duckworth will discuss "Complications Arising from Medications and a Discussion of our Hearts and Minds curriculum"

Friday, February 20: Dr. Duckworth will discuss "Restraints and Seclusion in the Adult System"

All Friday Conference calls with Dr. Duckworth, are from 11:00 a.m. - 12:30 p.m. ET. To access the Friday Conference Calls: Dial Tollfree: 888-669-7729, access code: 999237#.

A Poem for Now

Talkabout the weather.
Listen to the news.
Not wearing jackets of leather.
Once again hoping not to lose.
I have a home.
Why not others.
No more to just roam.
They live with their mothers.
Back to work now.
And for a paycheck.
To no one do I bow.
And playing with a full deck.
Stabilized in thought.
No mistakes to be made.
No fights to be fought.
My path has been laid.

By Lawrence Friedman

Happenings Around Town...



Friday, February 13 — “Recipes for Recovery” Consumer Conference on Mental Health Recovery, 10 am to 5:30 pm, Hyatt Regency Hotel, Bethesda, Maryland (see enclosed flyer)

Sat. March 6—**Future Care of Relatives with Major Mental Illness**, 10 am—3 pm, St. Mark’s Presbyterian Church (see enclosed flyer)

Sat. March 6—**DRADA Conference on Post-Traumatic Stress Disorder (PTSD) and Mood Disorders: Diagnosis & Treatment.** Speaker: Dr. David Goldstein. Georgetown University Medical Center, Gorman Auditorium, 3800 Reservoir Rd, NW, Washington DC. Park in visitor’s garage, entrance #1, No charge. For further information call: 1-888-288-1104

Welcome new members:

John & Bernalee Bayne
Larry Blossom
Carolyn Dowling
Linda Griffin
Hilary Kacser
Mark King
Diane Lynne
Mike & Shaunmarie Rega
Sara Tal
Elizabeth Tobey
Naomi Vargas
M. Weber
Miriam Yarmolinsky

Acknowledgements

Our holiday appeal was a tremendous success. Thank you to all of the members and friends of NAMI MC who donated during the month of December 2003.

Sponsors

Jim and Geri Fitzgerald
Bonnie & Alan Hammerschlag
Martin and Susan Kneller
Gary & Margy Lawrence, *in honor of Bob Schattner, the birthdays of Norman Miller and Marilyn Gellert*
Jeanne North
David & Terry Pogue
Joseph & Christine Rhoa
Karen Schulz, *in memory of James P. Schulz, Jr.*
Frank and Rachel Suraci

Benefactors

Richard & Brenda Bickel
Bruce & Lois Donaldson
Mary & Hakon Hanstad
Susan Kline
Sy and Susan Miller
John Nolen
Ralph & Frances Shuping

Contributor

Colonel Armstrong
Craig & Kate Barrow
Susan Bauman
John & Rose Blondell
Esther & Bernard Breeman, *in honor of Ross Lawrence*
Bill & Moira Davenport
Al Englert
Allen & Jennifer Fishbein
Anthony and Laverne Gatti
Joseph & Frima Kain
S. Kanesathasan
Edward Koenig
Saul and Beatrice Lawrence

Old Georgetown Mental Health Assoc.
Neal Potter
Sandra Schwartz, *in memory of Jean Julian Katz*
Gail Vallieres
Warner Memorial Presbyterian Church

Friends

Yoram Aharoni, *in memory of Michel Wienberg*
Miriam Alli
Nancy & Michael Arons
Katharine Atterbury, *in memory of Nick*
Louis & Lillian AvRutick
Bill & Rochelle Banta, *in honor of Maggie Vaughn*
Marion Boch
Sid & Elka Booth
Ann Bowler, *in memory of my son, Alan*
Edith Ching
Murray Claytor, MD
Harold Diamond
Elliott & Phyllis Dickler
Len & Helene Epstein
Ed Erikson
Blair Ewing
Lance Flitter
Sharon Friedman
Joel Ganz, MD
Karl Gertel
James & Georgette Gleason
James & Mary Hamilton
Gwenn Hibbs
Dona Houseal
Geraldine Jennings
Esther & Steven Kravitz, *in memory of Lee Stanton*
Darshan & Raj Krishna

Elsie Leonard
Connie Lierman
Carolyn Miele
Barbara Moore, *in memory of Elinor Micozzi-Rye*
Sylvia Reiff
Max & Sylvia Rhinewine
Paul & Judith Schwartz
Harolyn Schwartz
Don and Tina Slater
Rita Smith
Diane Sterenbuch
Agathe Szarvas
William Taylor
Alex & Carol Waganheim
Joseph Weiss, MD

Donations in Memory of Andrea Goldstein

Nancy Almond
Gale Bell
Karyn Calvert
Esther David
Emmy Kate
Bette Friedman
Estelle Garmon
Enid German-Beck
Anna Goldstein
Raema Green
Rita Margolis
Mrs. Marshall Nathanson
Shirley Paul
Karen Russell
Scherrill Russman
William Sabes
Sandra Schwartz
Paula Ungerleider
Lotte Widerschein
Rose Wolters



NAMI Montgomery County

The County's Voice on Mental Illness

10730 Connecticut Avenue
Kensington, MD 20895
Phone: 301-949-5852
Fax: 301-949-5853
Email: namioffice@namimc.org
Web: www.namimc.org
Thrift Shop: 301-949-5731

NON-PROFIT ORG.
US POSTAGE PAID
PERMIT NO.3818
SILVER SPRING, MD

ADDRESS SERVICE REQUESTED



United Way
Campaign Participant

#9273

NAMI Montgomery County Board of Directors

Karen O'Brien, *President*
Margy Lawrence, *Vice President*
Jeanne North, *Secretary*
Sy Miller, *Treasurer*
Evelyn Burton
Kippi Fagerlund
Alan Kerxton
Susan Kneller
Alison Malmon
Ellen Menis
Joanne Milobsky
Diane Sterenbuch
Shantelle Stroman
Eric Suarez, MD

Staff

Esther Kaleko-Kravitz, *Exec. Director*
Brenda Bickel, *Child & Adolescent
Program Coordinator*
Frances Shuping, *Family to Family
Program Coordinator*
Brenda McArthur, *In Our Own Voice
Program Coordinator*
Leah Nichaman, *Office Administrator*
Micki Stern, *Bookkeeper*
Rhona Sollod, *Thrift Shop Manager*

Become a part of a 25-year old grassroots organization — with over 220,000 national members and 800 members in Montgomery County alone.

Membership Benefits:

- Support from people who understand
- Concurrent membership at local, state and national NAMI levels
- Our informative monthly affiliate newsletter
- Our influence in advocacy at County, State and Federal levels

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

If you would like to receive NAMI information and alerts via e-mail, please provide your e-mail address: _____

Membership Dues:

_____ New Membership _____ Renewal

_____ \$35 Basic _____ \$50 Sustaining _____ \$55 Professional _____ \$100 Patron

_____ \$1000 Lifetime _____ \$3 Open Door (Limited Income)

Additional contribution \$ _____

TOTAL \$ _____ (dues and donations are tax deductible)

_____ Check enclosed

_____ Please charge my Mastercard/VISA:

Acct# _____ Expiration Date _____

Make check payable to: **NAMI Montgomery County (MD)**

10730 Connecticut Ave, Kensington, MD 20895

Please _____ Parent of Adult _____ Child of Mentally Ill Parent _____ Sibling

Check: _____ Consumer _____ Parent of Child under 21 _____ Spouse

_____ Friend _____ Mental Health Professional _____ Other