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CALENDAR

July

Open Door Support Group
Facilitator Training July 28

August

Family-to-Family Teacher
Training Aug. 3-5

NAMI Family Support Group
Facilitator Training Aug. 17-19

KidShop Facilitator Training Aug. 25

September

Hope for Recovery Teacher
Training (in Rochester) Sept. 14-15

NAMIWALKS Sept. 29

October

Mental Illness Awareness Week Oct. 7-13

November

NAMI State Conference Nov. 3

Advocates Spark \$34 Million in New Funding

This was one of the most successful legislative sessions ever. The 2007 legislative session resulted in more than \$34 million new dollars to improve and expand Minnesota's mental health system. "Minnesotans should be proud of the work that was done this session," stated Sue Abderholden, NAMI MN executive director, "We are thankful for the many organizations that came together to create a unified vision and we are grateful that the legislature and Governor were committed to funding that vision."

The major victory was obtaining a model mental health benefit set for Medical Assistance, MinnesotaCare and General Assistance Medical Care. This means that people on any of these three programs can access a wide variety of services including Assertive Community Treatment Teams, Adult Mental Health Rehabilitative Services, and Children's Therapeutic Services and Supports. This definitely promotes early intervention and we will no longer require people to move on to Medical Assistance to obtain more intensive services.

The legislature passed funding to shore up the infrastructure of Minnesota's mental health system. This means funding for school-based mental health services, respite



Advocates gathered in the halls of the State Capitol to urge Governor Pawlenty to sign the human services bill that included new mental health funding.

care, crisis services for children and adults, specialty mental health care, culturally specific mental health care, outcome measurements and evidence-based practices. This is one of the first times that money has been set aside for respite care, addressing a huge need for families who have children with mental illnesses. Payments to certain mental health providers were also increased to address workforce shortages.

The Dept. of Human Services will be allowed to try a new integrated approach to delivering mental and physical health care. It will start small

See "Major Victory," p.3

Teams Forming for NAMIWALKS Minnesota



A group of NAMIWALK team leaders and friends gathered on May 17 to map out strategies for making the event set for Sept. 29 at Minnehaha Park in Minneapolis a big success. It was a great start, with about 50 people energized about the potential for NAMI Minnesota's

first walk. Raising awareness and energy, as well as funds for NAMI's programs, is what the Walk is all about.

As of this writing, over \$39,000 has been pledged toward the NAMIWalk. There are still over 70 days left to try to reach or surpass our goal of \$70,000. To view the Walk progress toward the funding goal, or to register for the walk

See "NAMIWALKS," p.2

Enrollment Starts for Fall Family-to-Family Classes

NAMI's Family-to-Family Education classes are being offered in various locations this fall. The free classes help families to understand mental illnesses and learn to cope. Over 3,000 families in Minnesota have taken this 12-week

course. Classes are being held in St. Paul, Savage, Golden Valley, Minnetonka, Duluth, Grand Rapids, and Minneapolis. More fall classes may be added. Watch the Advocate and NAMI-MN's website for future classes.

Building Bridges Project Reaches Correctional Staff

NAMI, through the Building Bridges Project, has reached over 300 correctional staff throughout Minnesota in the trainings in county jails. The project has effectively increased jail staff knowl-

edge on how to respond to inmates with mental illness. The project is funded through the Bazelon Center for Mental Health Law by JEHT Foundation.

Emergency Room Mental Illness Educator Hired

NAMI welcomes our newest staff person, Cathy Spann. She started in June as the coordinator for a project sponsored by the Wasie Foundation that will target the training of emergency room staff on how to better meet the needs of persons with mental illness.

Spann has worked at Northpoint Health and Wellness Center, Avenues for Homeless Youth, the Jeremiah Program, Summit Academy, and the Phyl-

lis Wheatley Community Center. She has done a lot of project work and is a family member. We are very excited to have her on board.



Cathy Spann is the director of a NAMI project designed to educate emergency responders.

NAMIWALKS...con't. from p. 1

as an individual or a team, or to donate to the Walk, go to www.namimn.org and click on NAMIWalks!

For a full-page of information and sign-up sheet on NAMIWalks Minnesota, see p. 7-8 of this issue of the Advocate.



NAMIWALKS team captains Judy Bemis and Lee Moisant met with a group of about 50 other walk captains and volunteers to help plan the Sept. 29 event.

NAMI Seeks Nominations

The NAMI MN Awards recognize outstanding efforts to support NAMI's mission and goals. To nominate someone for a 2007 Award, please send a note of 100 words or less about the nominee to the state office or FAX to: 651-645-7379. The deadline is Sept. 7. The awards will be presented on Nov. 3, at NAMI's Annual Conference.

NAMI Launches New Toll Free Number

NAMI Minnesota has a new toll free phone number: 1-888-NAMI HELPS. The number will be used on our billboards and other literature because it's easy to remember. We hope more people will make a connection with NAMI because of the new number.

Music for the Mind

A Benefit for NAMI MN
October 15, 2007
Minnesota History Center

Featuring Minnesota's finest musicians:

Dan Chouinard, Laura McKenzie
Laura & Fred Sewall, Clea Galhano
Thelma Hunter, Jeffrey Van and others...
Presenting an astonishing program
of classical, folk, and ethnic music!

Also, author Tom Hegg reciting from
his book "When We Are Free"

6:00 Wine and hors d'oeuvres

7:00 Program

Tickets: \$100 (all but \$35 is tax-deductible)

Call the NAMI office to receive an Invitation

Training Opportunities

NAMI Minnesota will offer the following training opportunities for people who want to volunteer in NAMI's richly rewarding educational programs or support groups. For information, contact the NAMI office.

- * Family-to-Family teachers: August 3-5, in the Metro area. Contact Shelley White.
- * Training for Family-to-Family support group facilitators: August 17-19, at the Sheraton Bloomington. Contact Mary Jean Babcock.
- * Hope for Recovery teacher training: Sept. 14-15, at a site in Rochester to be determined. Contact Shelley White.
- * Open Door facilitator training: July 28, at NAMI, in our conference room, from 8:30 to 2:00. Contact Mary Jean Babcock.
- * Kidshop facilitator training: August 25, at NAMI, in our conference room, from 8:30 to 12:30. Contact Mary Jean Babcock.

Major Victory...con't from p. 1

– no more than three projects – and it won't happen right away. These projects will require a partnership between a health plan and the county or counties. People on Medical Assistance in those communities will be enrolled but can opt out at any time for any reason. There are protections built in. There is still much to be decided, but NAMI will be actively involved in shaping and monitoring this new approach.

NAMI MN put forth several bills addressing criminal justice issues. A mental health screening will now be conducted on inmates in the jails. Due to concerns that prisoners with mental illness spend long periods of time in disciplinary confinement, the department will develop a protocol so that inmates have an opportunity to be released from disciplinary confinement and will have an opportunity to develop a reentry plan when they are nearing their release date. People in jails for a short period of time will have their Medical Assistance suspended instead of terminated thus facilitating their ability to access medications and treatment when they return to the community.

While case management was expanded to include people who have received crisis services, NAMI believed more needed to be done. The Dept. of Human Services will be pulling together a task force to examine case management and to develop recommendations to change and improve it.



NAMI's legislative committee chair, Sue Hanson (L), and panel members Sharon Autio and Glenace Edwall of the Dept. of Human Services, fielded questions on this year's legislative gains.

Bridges housing funding was increased by \$1 million each year and funding was included to develop more options for housing. This could include housing supports such as assisted living, front desk coverage and meal preparation.

Screening and early intervention were an important component of NAMI's legislative goals. The legislature approved a pilot program to examine the impact of a child with mental illness on families trying to get off of MFIP (Minnesota's welfare program). The All Children Excel program, an effective early intervention program in Ramsey County, also received funding. The safe school levy is increased to pay for suicide prevention tools, such as TeenScreen, and for school support personnel such as psychologists, social workers, etc.

Other key provisions passed include:

- Adding new benefits such as Peer-to-Peer specialists and intensive outpatient treatment such as dialectical behavioral therapy.
- Clarifying the role of Community Support Programs.
- Requiring foster parents to receive training on mental illness in children and adolescents.
- Exempting non-preventative mental healthcare visits from co-payments under MinnesotaCare.
- Funding for employment supports was increased slightly to allow for a cost-of-living increase and a few new projects.
- Developing a standard form for voluntary placement agreements and requiring the state to track the number of families who sign one.
- Funding a regional child's mental health initiative in southern Minnesota.
- Allowing unmarried children under age 25 to access their parents' health insurance even if they are not full-time students.
- Expanding MinnesotaCare to cover more children and adults.
- Funding suicide prevention efforts for veterans and for others.



NAMI Executive Director Sue Aberholden explains specifics about this year's mental health funding gains at a gathering of advocates and friends held June 14 at the Paul Wellstone Center.

- Specifying the coursework for social workers and licensed professional clinical counselors to ensure that they learn about diagnosis and assessment procedures and interventions.

This has been a multi-year effort to address the negative outcomes of Minnesota's under-funded and uncoordinated mental health system, such as high drop out rates, unemployment, homelessness, incarceration, etc. NAMI was extremely pleased to see the state's new commitment to mental health. Aberholden remarked, "This is a major accomplishment, an unprecedented investment in our mental health system."

A huge "Thank You" to all the NAMI members who worked to educate the candidates last fall, who took the time to call and write their legislators, who came to the capitol and who were willing to share their stories. If you are interested in obtaining a complete copy of the legislative summary, go to www.namimn.org or call the NAMI office.



John Zakej, from the Dept. of Human Services, explains how the new funding will be used.

Consumer & Family Voices

By Cindy Colson

I became a member of NAMI MN when I attended the Annual Conference in 2004. I had been looking for some way to learn more about treatment and services for mental illness in Minnesota.

I have two brothers with schizophrenia. My brother Jim was diagnosed with schizophrenia in 1981. He lived at Stillwater Residence until a few years ago; he is now living at Andrews Residence. Scott dropped out of college in 1981 and was later diagnosed with schizophrenia. My parents took care of the arrangements for their care until 1997.

In 1997 when my parents were vacationing in Florida Scott called my sister to tell her that he was going to be evicted. My sister, my brother, and I found Scott another apartment to live in and moved him. I then began to understand what my parents were doing for him, struggling to manage. I also realized that I cared very much about him and wanted to do everything that I could to help. I learned that he has been in the hospital at least five times and my parents moved him five times.

For the most part from 1981 to 1997 Scott was not taking medication, he was living alone and had no contact with anyone except my parents and occasional family visits with us. When he called us to say he was being evicted I drove over to his home and discovered him riding his bike with a handful of groceries in deep snow.

When we got him settled into his new apartment I tried to find him a psychiatrist. I was able to find a doctor but it was very difficult to get him there. He only visited this psychiatrist three times; he did not stay on medication.

So from 1998 until 2003 I would visit him. He was not taking medication so it

was very difficult; sometimes he would not answer his door. He had no phone. He lived an hour away because it was housing that he could afford with his disability benefits. There was no section 8 housing available; there was a 2-year waiting list and the list was closed. In 2003, Scott was getting worse. I again tried to find a doctor for him and there were no psychiatrists available. He ended up in the hospital.

But this experience was different. My family was informed about his care; we met his doctor, nurse, social worker and then a Hennepin County case manager. The case manager provided for Scott to have a home health care nurse who visited him weekly and arranged for his medications. She would call me if there were any problems, and I would call her.

The case manager, although she did not visit Scott, did call him over the next three months and I could call her. She arranged for a psychiatrist and a psychologist to continue treating him after discharge. For the first time in 22 years Scott had a support team to help him keep stable: my parents, his siblings, a home health care nurse, a psychiatrist and a therapist.

I wanted to know who was responsible for the improvements in care that were available for my brother Scott. And I learned that it is the advocacy of organizations like NAMI and the work of dedicated county staff working with reduced budgets and increasing needs. I wanted to get involved and contribute to the work that is improving the lives of persons experiencing mental illness and their families.

I wanted to know how families learned how to find help for their sons and



Cindy Colson

daughters and brothers and sisters, and I learned about NAMI's programs. Some of these valuable programs, like "Hope for Recovery" and "Challenging Children's Behaviors," have been developed by NAMI Minnesota's own staff.

These classes teach families how to cope, where to find help and to learn with others about living with brain disorders -- a valuable experience that NAMI provides. These programs make important contributions. They are unique to NAMI and differentiate NAMI from other organizations, and because I believe these programs are essential to protect and grow and reach as many families as possible, I began to volunteer for the NAMI office last September.

Many of the NAMI members that I know have highlighted their experience with the "Family-to-Family" class as the experience that inspired them to become members and to contribute to NAMI Minnesota.

From the "empathy workshop" class in Family-to-Family we learned an essential aspect to caring, especially for our brothers or sisters, and sons or daughters with a severe mental illness. In this class empathy is discussed and defined: "Empathy: the intimate comprehension of another's person's thoughts and feelings, without imposing our own judgment or expectations."

Empathy is part of the NAMI culture. I have witnessed this in the office, in committee meetings, at NAMI events and in NAMI classes. It is just one of the many reasons for NAMI's success.

Webpage for Returning Vets

A new page of the Substance Abuse and Mental Health Services Administration's website, www.samhsa.gov, has been launched for veterans and their families. The site provides information on prevention, treatment and recovery support for mental illness and substance abuse.

to eliminate the pervasive stigma of mental illness.

Gala Helps NAMI Plant Seeds of Change

Our thanks to everyone who attended and helped with the NAMI Spring Gala for their wonderful support! Titled, "Dreams are the Seeds of Change," the Gala featured a fabulous dinner, a silent auction loaded with interesting items, and games of chance. The Gala was attended by over 200 people and helped raise nearly \$40,000 to support NAMI's programs of education, support and advocacy.

This year we again had great volunteers and sponsors for the Gala, and our benefit committee did a fantastic job in making the event so successful! We especially want to thank the volunteers from Blue Cross/Blue Shield; our key sponsors, Bristol-Myers-Squibb Company, Eli Lilly and Company, Cyberonics, Inc., and Mod & Company; and our Gala chairperson, Pat Rousseau.

NAMI Minnesota's efforts now date back 30 years to 1977 when the organization first formed and began planting the seeds of change. This year's Gala served

as a celebration of the fact that NAMI continues to be a strong and dedicated voice for persons experiencing mental illness and their families and a tireless force in transforming the mental health system.

Gala Volunteers

Eva Abderholden Keller
Sue Abel
Robby Anderson
Frank Bellanger
Charlotte Burns
Darrell Foss
Mary Foss
Gail Gislason
Mary Gray
Bonnie Haberle
Stephanie Hikerson
Michelle Holt
Lee Keller
Christine Miller
Holly McGill
Sue Marschall
Jinjer Menge
Sandy Menge
Zach Moisant
Patrick Rondeau
Dawn Rondeau
Pat Rousseau
Cheryl Schulte
Herm Schulte
Patti Schulte

Ingrid Skillings
Eileen Stack
Jeanne Walfoort
Tony White
Teresa Wobbema
Amanda Wobbema
Joe Zwack

Spring Gala Committee

Pat Rousseau, Chairperson
Sue Abel
Robby Anderson
Charlotte Burns
Cindy Colson
Mary Foss
Gail Gislason
Mary Gray
Bonnie Haberle
Holly McGill
Jinjer Menge
Sandy Menge
Cheryl Schulte
Herm Schulte
Mary Schulte
Eileen Stack
Joe Zwack



Bill Bond, Sandy Menge, Herm Schulte, Mary Schulte and Josie Daly.



Jeanne Walfoort, Ruth Havens, Janet Ruth Havens, Roger Carlson and Eva Abderholden Keller.

News & Notes

NAMI-MN Annual Report Available

The NAMI Minnesota 2006 Annual Report has been mailed out to members and funders. For a copy of the report, please call the NAMI office or download from www.namimn.org.

Congratulations Karen Lloyd!

Karen Lloyd, NAMI MN Board Member, has been recognized as a 2007 Health Care Hero. The award was presented by Twin Cities Business Magazine and Medica on June 14. Congratulations to Karen on this honor!

Stillwater Psychiatrist Honored

Ivan Slatten, M.D. psychiatrist of Stillwater, Minnesota was one of 18 physicians honored by NAMI with "Exemplary Psychiatrists Awards" at this year's International American Psychiatric Association (APA) annual meeting. "We recognize these exemplary psychiatrists for their contributions to consumer care," said NAMI national executive director Michael J. Fitzpatrick.



Robby Anderson, Eileen Stack, Joy Hartford, Dave Hartford, Scott Craven and Sue Hanson.



Carolie Collins, Zachary Doering, Michael Colson, Bob Collins (front), Kay King and Cindy Colson.



Robert Carlisle, Ruth Carlisle, Gary Johnson and Connie Johnson.



Leading University of Minnesota psychiatric researcher, Dr. Stephen Olson and his wife, Nancy.

Finding Support for Anxiety and Agoraphobia

By Colette Carner

She hesitated, my old friend, but she really wanted to know if I went out every day. Joan and I had met many years ago in a support group for people with agoraphobia. The woman who founded the group had written a letter to the editor of our local newspaper saying she was afraid to leave her home and wanted to meet with others having the same problem. Of course she wanted the meeting to be at her house.

I wasn't going out much myself then, but with my husband's help I got to that first meeting. Joan was one of eleven people with agoraphobia I met that night. Throughout the years I kept in touch with Joan. We had a special bond. Now and then there would be a long stretch of silence, but that was generally because we were both busy, out there in the world.

Joan had phoned because she was having trouble with anxiety. She found it hard to motivate herself to leave her apartment. Usually she was fine once she was out, but sometimes she was uneasy and, rarely, she was close to panicking. She knew that I was making progress and she wanted a detailed map to recovery, including how to get yourself out, how often to go out, and how long to stay out.

Sadly, I had no set of directions down a calm, clear path. I asked her to consider the idea of balance. We all need a certain amount of activity countered with periods of rest. She had gotten out of balance, overwhelmed with stress about her health and finances.

Remembering her questions, I responded that I go out almost every day, usually six out of seven. I certainly do not wait for "perfect" days to go out, but

I also don't challenge myself with particularly difficult trips when I'm exhausted or feeling ill. It's a blend of effort with patience. I jokingly divide the world into racehorses and turtles. The racehorses can run all day; they are made for it. Turtles like myself get there but we need some extra time.

A recovering agoraphobic, of the racehorse variety once told me that she was afraid if she didn't go out every day that she would end up housebound. Whoa. This attitude didn't seem healthy to me. Ironically, a friend who doesn't have panic attacks warned me about trying to hard. Her way of giving the message really made me think. She told me, "You have nothing to prove."

At first I thought her advice didn't apply to me. It made me so happy to be able to drive, buy groceries, to select my own clothes, to be comfortable in so many places. When I told people about these outings, it was so they could celebrate with me, and they did. Their most common reactions were surprise and pleasure at each new step. So deep down, I suppose the person who really needed convincing was myself.

Having panic attacks is quite hard on a person's self esteem. It is difficult to feel independent when for a long time you don't go anywhere alone. What helped me feel better about myself was speaking to other persons with agoraphobia.

I could see that Joan, for example, was a good, kind person who happened to have a problem with anxiety. Certainly Joan would need support and encouragement as I would. We could reassure each other during phone calls. We could go out together. In time, I knew Joan would regain her self-confidence. It wouldn't be easy or quick, but it would be worth it. We would be worth it.



Open Door supporters Nancy and Ron Reed met with founder Judith Bemis.

Open Door Support Groups

NAMI Minnesota's Open Door Anxiety and Panic Support Groups provide an anxiety management program that participants learn to help them overcome their fears. The groups meet bi-weekly and follow a standard format that includes emotional support and coping strategies. Open Door meetings are free, and all meetings are facilitated by people who have experienced an anxiety disorder and are now recovering.

Anxiety problems can range from mild anxiety and simple phobias to panic attacks and agoraphobia. Types of anxiety disorders also include Generalized Anxiety Disorder, and Obsessive Compulsive Disorder.

NAMI's Open Door Support Groups:

- St. Paul: Gloria Dei Church, 700 Snelling Ave. So., from 6:30-8:00 p.m., 1st & 3rd Thursday of the month. Contact Judy, 612-377-2467.
- St. Louis Park: Lenox Community Center, 6715 Minnetonka Blvd., Fire Place Room 2 (lower level), use south entrance, from 6:30-8:00 p.m., 2nd & 4th Monday. Contact Jason, 612-309-1022.
- N. Mankato: Methodist Church, 325 Sherman, 1st & 3rd Tuesday, at 7:00 p.m. Contact Michelle, 507-420-1551.

If you are interested in starting an Open Door support group, please contact Mary Jean Babcock at 651.645.2948, ext. 107.

The National Alliance on Mental Illness presents
the 2007 NAMI Minnesota Inaugural Walk



NAMI WALKS

FOR THE MIND OF AMERICA

Saturday
September 29, 2007
5K at Minnehaha Park
Minneapolis

Registration: Noon
Start Time: 1 pm

Register to walk at www.namimn.org (click on the NAMI WALKS logo).
For more information, Call 651-645-2948 or 1-888-NAMI HELPS
or e-mail cbender@nami.org

Premier Sponsor
 **HealthPartners®**
Your health. Your partner.™

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Jami Alanna Marks Tikkun Olam Fund
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UMAPP
George & Sue Zirnhelt

As of July 7, 2007

**Yes, I want to participate in NAMIWALKS for the Mind of America
at Minnehaha Park in Minneapolis on September 29, 2007!**

_____ I want to be a team captain and organize a team!

Our team name (complete if known): _____

Our team goals: Walkers: _____ Dollars: _____

_____ I want to sign up as a Walker!

Team I will be joining (if known) _____

Captain's name _____

Individual Walker _____

_____ I want to Volunteer by:

_____ Getting in-kind donations

(For example: food/drink for walk day, free advertising, entertainment, and balloons).

_____ Serving on the Walk Day Committee.

_____ Helping with logistics the day of the Walk.

_____ Other _____

My contact information:

Name: _____

Phone Number: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please return this completed form to:

NAMI-MN, Carol Bender

800 Transfer Road, Suite 7A

Saint Paul, MN 55114

Phone: 651-645-2948, Fax: 651-645-7379

Email Address: cbender@nami.org

Evidence-Based Practices: Treating Dual Disorders

What is Meant by Dual Disorders?

When a person has a severe mental illness and is also abusing alcohol and or drugs he or she has a dual disorder. This disorder is also called Co-Occurring Disorder, Co-Morbidity or dual diagnosis. They all refer to the same condition; having a mental illness and a substance use disorder.

One of every two persons with a mental illness also has the additional problem of substance use disorder. Chemical dependency, Substance Use Disorder, alcoholism and drug addiction all refer to the same condition; abuse or dependence related to alcohol and or other drugs.

What are Some Evidence-Based Practices for Dual Disorders?

Treating dual disorders is a relatively new field; furthermore, there are not many studies of evidence-based practices with individuals with dual disorders. It is clearly understood however, that practices for dual disorders must combine treatment for both mental illness and chemical dependency together in one setting.

In the treatment planning for dual disorders, interventions for mental health and substance abuse are used that have evidence to support them. Combining these two delivery systems is part of an integrated treatment plan better known as Integrated Dual Diagnosis Treatment (IDDT). Clinicians, counselors or multidisciplinary teams provide integrated

“One of every two persons with a mental illness also has a substance use disorder.”

treatment to support recovery from dual disorders and substance use disorders. IDDT is considered an evidence-based practice because research shows that individuals who receive it recover better from both of the illnesses, have fewer hospitalizations and relapses, fewer criminal justice problems and more housing stability.

Integrated Dual Diagnosis Treatment includes:

- Individualized treatment, based on a person’s current stage of recovery
- Education about the illness
- Case Management
- Help with housing
- Money management
- Relationships and social support
- Counseling designated especially for people with co-occurring disorders

A few other evidence-based models that show positive clinical outcomes for persons with dual disorders:

- Modified Therapeutic Communities (MTCs) - This approach focuses on creating structures and activities within residential environments to promote personal integration and recovery. It adapts to the needs of individuals with dual disorders. MTCs promote a culture in which individuals can learn from each other and grow from being a part of a community.

- Assertive Community Treatment Teams - This is an integrated way of delivering a full range of services to people with mental illness who have difficulties caring for themselves and keeping safe. A team is made up of mental health professionals from all disciplines such as psychiatry, nursing, social work, sub-

stance abuse treatment and employment.

Progress in Treating Dual Disorders

In 2006, the MN Dept. of Human Services received a five-year, \$3.35 million Co-Occurring State Incentive Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Through this grant, the state will introduce changes to encourage the use of Integrated Dual Diagnosis Treatment for individuals who have co-occurring mental illness and substance use disorders.

Five major goals of Minnesota’s Co-Occurring State Incentive Grant are to:

- Encourage standardized screening and assessment for dual disorder in a variety of treatment settings.
- Create competency standards for clinicians who want to provide Integrated Dual Disorder Treatment.
- Build networks between mental health and substance use providers and with local health care clinics.
- Explore options to finance services for dual disorders.
- Share information on dual disorders and Integrated Dual Disorder Treatment in Minnesota through publications, newsletters and electronic news updates.

For specific information on Minnesota’s project on dual disorders call 651-431-2237. Also try: Substance Abuse and Mental Health Services Administration-www.samhsa.gov, or www.mentalhealth-practices.org

Community Shares Fund

Persons who make charitable donations at their place of work through the Community Shares Fund (CSF) can designate NAMI MN to receive their donations. If your employer doesn’t offer CSF, NAMI can help them establish it as a workplace giving program. If your employer offers United Way or Community Health Charities giving programs, you can designate NAMI MN to receive the funds. For assistance, call NAMI MN at 651-645-2948 or 1-888-NAMI HELPS.

Thanks Volunteers!

Amy Anderson	Margaret Hamilton	Eileen Parker
Jamie Anderson	Janet Havens	Catherine Roach
Jeffrey Bugenstein	Mary Hovind	Rob Ronglien
Gene	Bradley Lamb	Sheilah Seaberg
Burke-Scheffler	Chris Larsen	Gail Stein
Kathleen	Barb Malherek	Todd Stint
Burke-Scheffler	Sandy Menge	Laura Storkamp
Diane Fournier	Karen McGowan	Jerry Winters
Erin Gazelka	Trish Nolan	Vonnie Winters
Pamela Guthrie	Tom Normile	
Orrin Hager		

Through education, advocacy, and support, we strive

GRANTS KEEP NAMI GROWING

BENEFACTOR (\$500-\$999)

- Cyberonics, Inc. – in support of NAMI's Spring Gala
- Mary L. Hammerly Fund of The Saint Paul Foundation – for general operating

ADVOCATE (\$1,000-\$4,999)

- Archie D. & Bertha H. Walker Foundation – for education and support programs
- CentraCare Health Foundation – in support of Children's Challenging Behaviors classes
- MJF, William Mitchell Student Center, – for summer internships with NAMI
- Kentron Foundation – to help sponsor Help for Recovery classes

VISIONARY (\$5,000-\$9,999)

- AstraZeneca – to help sponsor NAMI's Spring Gala and Day on the Hill
- Bristol Myers Squibb Company – to help sponsor NAMI's Spring Gala
- Eli Lilly And Company – to help sponsor NAMI's Spring Gala
- Pfizer Inc. – to help sponsor NAMI's Spring Gala and NAMI's Postpartum Depression Conference
- Beim Foundation – to increase awareness for first responders to persons with mental illness in crisis

IRIS CIRCLE (\$10,000 +)

- Martha & William Muska Fund of The Saint Paul Foundation – for general operating support.

Thanks MN RollerGirls

Our thanks to Minnesota RollerGirls. Proceeds from their bout on April 28 were shared by NAMI Minnesota and the National Organization for Women. It was a fun night of fundraising and NAMI had their own section of fans. "For those of you who missed the roller girls on Saturday night," one NAMI member later remarked, "well let me tell you it was an interesting event. By the end I had figured out how people scored and whooped it up during the fist fights."



NAMI staffer Sharla Scullen (L) and professionals from the mental health community responded to questions following a performance of "Low," a one woman theater piece by Rha Goddess (2nd from L) that explores the stigma of mental illness.



Dr. Helen Kim was a featured speaker at the Postpartum Depression Conference.



Participants listen intently at a conference on Postpartum Depression sponsored by NAMI in April.



NAMI staff and members attended the NAMI National Convention in San Diego this July. Sue Abderholden (4th from left) won a "Peer Excellence Award" for her exceptional achievements as a NAMI Executive Director.

Helpline Started for Returning Veterans and Families

A toll-free telephone self-assessment line has been started by the military in an effort to reach soldiers and family members who might not otherwise seek help for post-traumatic stress or other

psychological disorders. Participants get transferred to a counselor if they are suicidal or want to talk to a live person. The number, operated around the clock, is 877-877-3647.

In Memory Of

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to eliminate the pervasive stigma of mental illness.

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