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ELECTION 2010: VOTING IN NAMI TEXAS ELECTIONS

Excerpted from the NAMI Advocate’s Spring 2010 issue as a message from the NAMI Board of Directors:

“NAMI board service demands experience, knowledge, commitment and time to help others. Board members must be passionate about NAMI’s goals, values and beliefs. But beyond that critical passion, board members should have some high-level decision-making experience and knowledge in one or more of the following areas: public policy, fundraising, nonprofit legal oversight, outreach and educational programs, technology and communications, marketing, membership development, business, investments, finance or volunteerism. Service on the board of a large nonprofit organization and understanding of the complex and varied legal and fiduciary decisions a board struggles with on a routine basis are also critical to good NAMI board service.

Board members are elected for three-year terms, and may serve two consecutive terms. Board members should be prepared to dedicate between six and 10 hours/week to their NAMI board service, including service on three-to-four standing committees, frequent conference calls and other work groups as may be needed, in addition to board and other meeting travel. NAMI board members represent the organization before the general public, NAMI members, professional service providers and public officials.

The NAMI Board of Directors is a working board whose members play active and important roles in setting policy for the success of the (national) organization. NAMI is best served by board members who are team players and who keep the big picture in mind. Service on the board challenges us all to rise above our local concerns, or single areas of particular interest, to see the scope of our needs. To best serve the board role, members are expected to:

- Attend and participate fully in our monthly board meetings, annual conventions, and other organizational functions;
- Understand and protect the fiduciary health of the organization;
- Understand and adhere to the legal and fiduciary responsibilities of a nonprofit board;
- Understand and support NAMI’s programs and public policies;
- Be NAMI members in good standing; and
- Make what feels to the individual to be a significant financial contribution to NAMI on an annual basis.”

The above statement was written to NAMI members on behalf of the NAMI board that serves the nation, in preparation for the annual NAMI national elections, but the exact same statement works perfectly for the NAMI Texas annual elections. The needs of the board at the national level coincide with the needs of the board at our state level. The Advocate article goes on to pinpoint specific needs of the kinds of skills and expertise needed on the national board, and NAMI Texas has similar needs for specific skills and expertise. Like the NAMI board at the national level, we also noticed that we have a need for board members to bring fiscal management skills and training to our board. In addition, we noted that fundraising is a critically important board function and an expectation of every board member, yet we have few board members who relish in and excel in this role. In particular, our board also lacks substantial diversity, and this is a priority for NAMI Texas. We also would like to have board members that represent families with younger children.

The NAMI Texas board consists of 15 members, nine of whom represent specific geographic regions and six of whom are at large members. This year, NAMI Texas has nine board seats that are up for election. In a typical election year, we would be seeking to fill five seats, but this year, we are also filling seats that have been vacant, as well as those seats that are up for re-election. Six candidates will be elected for the standard three-year term, two candidates will be elected for two-year terms that were the result of appointments, and two candidates will be elected to fill two one-year terms, also the result of prior appointments.

In addition, we have three candidates running for the position of State Consumer Council Representative. This state position will join the NAMI Texas National Consumer Council Representative, Andrew Gibson, in providing leadership in building the NAMI Texas Consumer Council.

This year, we are also proposing a change in the mission statement of NAMI Texas. We think this more clearly articulates our role as a state office: it is to provide support to our Affiliates, that are on the front lines everyday providing support, education and advocacy to individuals coping with serious mental illness and their family members and friends. It is through the hard work of our Affiliates that NAMI’s work is best accomplished — in a very real sense, working together, we are an army of volunteers that bring hope to Texas coping with mental illness one Texan at a time.

You will also see proposed changes to our bylaws. As a grassroots organization, we draw our strength from our members and our leaders. Our board and our bylaws can only be changed by a vote of the membership—that is you! So, please review the following proposed amendments to our bylaws, and express your opinion by voting.

Only NAMI members in good standing (with fully paid dues) may vote, either by absentee ballot or at the annual NAMI Texas Conference.

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On the Cover: Sunflower by Kathy Busby
Voting in the Election

Voting Packet:
In mid-September, a packet of voting information, including the ballot and this copy of the NAMI Texas Election newsletter will be mailed to each member in good standing.

Absentee Voting
Members that wish to vote absentee may do so via official ballots that will be mailed in September. Absentee ballots are due to NAMI Texas by October 15, 2010.

Voting at the Conference
Voting will take place on Friday, October 22, 2010, in Dallas, at the NAMI Texas Annual Conference. The NAMI Conference program will include a map with the voting area clearly marked. Members in good standing may vote between 9 a.m. and 4 p.m. only. All ballots must be returned to the ballot box by 4 p.m.

Election Results
Results of the election will be reported at the closing session of the NAMI Texas Annual Conference on October 23, 2010. Results will also be posted on www.namitexas.org the following week.

Meet the Candidates

Candidates are listed in alphabetical order, starting with board candidates and followed by consumer council candidates. Candidates were asked to respond to five questions and their responses appear in the following pages, unedited and exactly as submitted.

The board candidates addressed the following five questions:

1. Why do you want to serve on the NAMI Texas Board of Directors?
2. What financial management or fund raising expertise would you bring to the Board?
3. What is the most pressing public policy issue facing NAMI Texas members today? What course of action do you suggest?
4. What brought you to NAMI—and what is most valuable to you about your participation in the NAMI movement?
5. What is the most pressing internal or organizational issue facing NAMI Texas today? What course of action do you suggest?

The consumer council candidates addressed the following five questions:

1. What brought you to NAMI and what has been most valuable to you about your participation in the NAMI movement?
2. Have you previously held or do you currently hold any notable positions within your local affiliate or other similar mental health organizations?
3. What credentials do you have (i.e., Are you trained to facilitate NAMI Connection, mentor Peer to Peer, or present In Our Own Voice? What about other similar program(s) like WRAP? Are you a certified peer specialist, etc.)
4. Why do you want to serve as the NAMI Texas Consumer Council Representative?
5. What is your vision of what the NAMITXCC should be or look like?

NAMI Texas
2010 List of Nominees

Three-Year Terms, Regional
Paula Hendrix Region 6
Basil Casteleyn Region 7
Elvia Ruelas Region 9

Three-Year Terms, At Large
Sharon DeBlanc At Large
John Tatum At Large

Two-Year Terms, At Large
Joe Powell At Large
Polly Ross Hughes At Large

One-Year Terms, At Large
Karen Garber At Large
Marsha Phillips At Large

The following individuals are running for the position of NAMI Texas Consumer Council Representative:
Denise Baldarrama
Rose McCorkle
Jeanine Hayes
Paula Hendrix  
Region 6, Nominated by NAMI Lufkin

As president of NAMI Greater Longview for the past 5 years, I have had the privilege and opportunity to meet and network with individuals from many organizations in our area. Due to more visibility from networking, news paper articles featuring personal stories, and starting education classes, our affiliate has seen a steady growth.

Three Year Term: 2011 - 2013

1. I would like to make a difference in the lives of people affected by mental illness. Through our education programs, the NAMI Texas Convention and the NAMI National Convention, I have seen what a difference NAMI programs make in the lives of individuals. I would like to work to make these programs available to all areas of our state.

2. I have worked in accounting for forty years. I was the Accounting Manager for an insurance agency for ten years. My duties included accounts payable, accounts receivable, payroll and reports, ordering supplies, etc. My husband has been a self-employed Electrical Contractor for thirty-two years and I have done all of the above for our business. I have also been on the Budget & Finance Committee for my Church for the last eight years.

3. While there are numerous public policy issues facing NAMI Texas members, I believe getting legislators and law enforcement to accept the TRUTH that mental illness is a biological and physical illness just like Alzheimer’s Disease, seizures, cancer, strokes, etc., is imperative before real reform in our laws and budgets can be accomplished. Although Congress passed parity and insurance companies are beginning to treat mental illness the same as other illnesses, too many still believe the behavior problems stemming from mental illness are just life choices. They must understand the domino devastation that a serious mental illness can cause in a person’s life, family, and in the community. They must understand why prevention and continuing after-care is a must.

I think the best way to accomplish this is through programs like “In Our Own Voice” and family members bombarding these people with our stories. Our affiliate has been giving “In Our Own Voice” presentations for almost a year. We have presented to over 420 people including local law enforcement schools, university nursing classes, as well as in community settings. We have been seeing attitudes changed when people hear “mental illness”.

4. I feel I can add an additional skill set to the board to assist in ensuring NAMI Texas is a premier organization within the national NAMI family. My current position affords me a tremendous amount of insight into the needs of the mental health consumer and his or her immediate family members.

5. I have an extensive background in financial accounting and audit representation. My concentration during my 16 years in public accounting was almost exclusively with the healthcare industry. Further, most of my management experience has been at the Chief Executive level.

Basil Casteleyn  
Region 7, Nominated by NAMI San Antonio

I have an extensive background in financial accounting and audit representation. My concentration during my 16 years in public accounting was almost exclusively with the healthcare industry. Further, most of my management experience has been at the Chief Executive level.

Three Year Term: 2011 - 2013

1. I feel I can add additional skill sets to the board to assist in ensuring NAMI Texas is a premier organization within the national NAMI family. My current position affords me a tremendous amount of insight into the needs of the mental health consumer and his or her immediate family members.

2. My background is in computer science and accounting. I bring over 19 years of public accounting experience to the board. My fundraising efforts, although limited, have been extensive over the past few years. I am also serving as the Treasurer for Abundance Ministries, Inc., a ministry that serves over 2000 widows, and some 250 orphans in Nigeria Africa.

3. Mental Health funding at all levels of service for both consumers and immediate family members:

- Treatment
- Education, family and consumer
- Transpiration
- Housing
- Advocacy support and training
- Consumer support and Peer to Peer groups
- Education resources and guidance

4. I was nominated for a position vacated during an active term for Region 7. Upon taking the position as Region 7 director, I have learned more than I could imagine about the diversity of needs both for our consumers and family members. This learning process has been ongoing since I started serving, I believe this position will give me the necessary information and additional skills necessary to be a better provider of services in my community. Finally, I will be able to educate people regarding NAMI’s mission and resources.

5. I think the direct relationship and support of the local affiliates is the number one problem facing NAMI Texas today. There is much diversity in opinion regarding the support received by the local affiliates from the State organization. I think it would be appropriate to look at NAMI “National” as a whole. The system, they way it is currently structured may at times create conflicts of interest between the State, Local and National organizations. Therefore, one should pose the question: Would it be possible to restructure the organization to integrate a culture of teamwork? In this doing so, I tend to believe that it would better define how the National organization benefits each and every State organization, and the State organization is better able to communicate the benefits intrinsically.

I would recommend a strategic plan that would include legislative lobbying techniques that would ensure NAMI’s needs are heard, acted upon, and most importantly budgeted and funded.
Elvia Ruelas
Region 9, Nominated by NAMI Rio Grande Valley

Presently, I serve as the NAMI Laredo President of the Board. We are a small but committed NAMI affiliate. I joined NAMI during the 1990’s, “decade of the brain.” I have learned that through education and advocacy, families can support their loved one suffering a brain disorder.

Three Year Term: 2011 - 2013

1. I want to continue to help my community better understand that mental illnesses are treatable. Our region is predominately of Hispanic descent, and many myths and misconceptions still exist. Additionally, our mental health services are very limited. Upon returning from the July board meeting, I found out that our local mental health center had lost its only two psychiatrists. I will continue to advocate and educate until NAMI is a household name. I want to continue on the board to start to reach out to the lower Rio Grande Valley. Region 9 covers 13 counties with over 15,000 square miles. The Rio Grande Valley region which includes McAllen, Harlingen, and Brownsville has a population of over one million. The valley area as well as Laredo, Texas (situated on the northern part of the region) is neighbor to the state of Tamaulipas, Mexico. This geographical situation presents many complex economic and social issues that have impact on the mental health of our communities.

2. I have organized small seminars and presentations which have brought some funds to our small affiliate. I was born and raised in Laredo only leaving it to go to college, so I have developed many personal, professional, and business relationships. I have accompanied the executive director of one of our local non profits make presentations to request UNITED WAY funding. I am a hard worker and will commit to get any project completed.

3. The concern from North Texas to South Texas is the same...cuts to mental health services! NAMI TEXAS must continue its advocacy activities to assure that mental health services are not reduced or cut any more. A strong Advocacy policy is a MUST. Local affiliates must come to the battle front; personal visits, letters, phone calls to our state and federal legislators must be done. A regional summit to do this would be great. Texas is too large a state to just show up in to Austin and make the legislative contacts. We must bring the lawmakers to our table and discuss regional and statewide concerns.

4. I first joined NAMI in the early 1990’s. I was asked by husband’s family to help the Hispanic families in Laredo learn what mental illnesses were and how they could cope and help their loved ones reach wellness. My husband’s brother was diagnosed with schizophrenia while he served in the Navy. Our family did not know where to begin to help him. We were fortunate to have both health and behavioral professionals in our family to support my brother in law. What about the less fortunate? The cultural and language differences kept many from seeking help. As a social worker, I felt that NAMI had to reach them. I led our local affiliate for many years; I then joined Tom Jackson and Nina Shannon on the board. I have served as board secretary under the leadership of Tom Hamilton and Donna Fisher.

My experiences as a social worker in the school system also prompted me to become a Family to Family teacher. NAMI Laredo has hosted many seminars to educate school districts and local health providers about mental illnesses. I will continue to help NAMI TEXAS in its efforts to reach out to those culturally diverse communities about mental illness by participating in advocacy, awareness, educational activities.

5. Having NAMI TEXAS become a strong and viable name in our community. 

Elvia Ruelas: Con’t on 19

Sharon DeBlanc
At-Large, Nominated by NAMI Collin County

I have been a member of NAMI since 1994, and I’ve served on the NAMI Texas Board since October 2007. I am a family member, and have had four serious episodes of Major Depressive Disorder in my lifetime, one requiring hospitalization. I have worked in the field of mental health since 1993, and consider it both my vocation and passion.

Three Year Term: 2011 - 2013

1. I would like to continue to serve on the NAMI Texas Board of Directors to help strengthen our state chapter and promote the Recovery philosophy for persons living with serious and persistent mental illnesses. I believe that my personal and work experience provide me with a wide range of knowledge that can benefit the board. My experience as a board member in the past three years will make it possible for me to continue to work on my original goals of making NAMI Texas fiscally healthy again, and to further its core missions of providing training and technical assistance to the affiliates, educating the general public about mental illness and the issues that face persons living with those illnesses and their families, and advocating on behalf of better mental health services and good state and national policies in areas of law and policy that affect persons with mental illness.

2. As a board member of both NAMI Collin County and NAMI Dallas Southern Sector, I have been involved in fund raising for our chapters. In addition, as a ten year board member of the Plano PTO, I participated in planning and executing numerous fund raising drives and activities. For the past three years, I have participated in the annual conference and various fundraising initiatives of the NAMI Texas Board.

3. The most pressing public policy issue facing NAMI Texas members remains the continual need to advocate for better funding for public mental health treatment in Texas. As Texas continues to drop to the bottom of the states in funding services, and our population continues to grow, the need is acute in all areas of the state. In addition to more funding, the state needs to focus on the Recovery Model that empowers consumers to self-direct their care and provides opportunities for Peer Provided Services that allow consumers to model Recovery to others. Due to current economic stricture, it is imperative that NAMI fight any further cuts to our already under funded system.

4. I joined NAMI as soon as I learned of its existence, largely for the comradeship of being with other families who lived with the difficulties posed by mental illness. The friendships and bonds that I have established with NAMI members all over the state have been invaluable to me. NAMI truly means the phrase that our members have said to me the comradeship of being with other families who lived with the difficulties posed by mental illness. The friendships and bonds that I have established with NAMI members all over the state have been invaluable to me. NAMI truly means the phrase that our members have said to me: “You are not alone.” We are truly a family.

5. NAMI Texas continues to struggle to achieve adequate funding to be able to deliver the support services needed by the affiliates, and that remains the most pressing need, as without it, we cannot fulfill our mission. It is the duty of the board to assist the Executive Director in finding novel and innovative ways to raise the funds needed to meet our goals, and to ensure that we have adequate unrestricted funds to meet the day to day operating expenses of the organization.
1. I want to help others affected by mental illness.
2. I have experience in 3 business ventures in which I provided financial oversight and analysis. I have an MBA that included studies in financial management and accounting. I am an active member of the Rotary Club of Brenham, Texas where I recently served as Community Service and Fundraising Chair. In the past I served as the President of the UT Permian Basin Alumni Association, I was active in 4 Toastmasters International Clubs, serving in every office and forming a new club, also I served as Area Governor. All involved fundraising.
3. An inadequate, underfunded, disorganized system of health care services that lacks connections to the police, judiciary, schools, and homeless centers allows many to fall through the gigantic cracks and results in increased suffering. This is of major concern. But I must agree with the “U.S. Surgeon General’s First Report on Mental Illness”, that stigma is the largest barrier to help. This overarching problem prevents many to seek services, makes many feel like lesser human beings and stifles public support for reform and research.
4. I had a debilitating mental illness that prevented me from even taking care of myself, through treatment I now live a normal life and have achieved great things. I think of those I left behind who are still struggling and it breaks my heart. I want to use my personal strengths to help all who suffer from mental illness.
5. I feel the most pressing organizational issue facing NAMI Texas is providing management and marketing support to the Affiliates just as a strong franchisor provides to its franchisees. Providing advanced training and “cookie cutter” plans and procedures that affiliates can choose from and adapt will enhance the effectiveness of affiliates. Strengthening the organizational support for affiliates will help insure that affiliates in every part of the state are strong. I also feel improving communication and fundraising efforts are important.

In order to achieve this, however, NAMI-Texas must first be on a firm financial foundation. Raising unrestricted funds is the highest priority. We must increase our unrestricted funds so that we will have

John A. Tatun
At-Large, Nominated by NAMI Brazos Valley

My name is John Tatum from the Brazos Valley Affiliate. I have OCD and have successfully completed my BA in Communication and MBA in management. I have experience in 3 entrepreneurial ventures. Currently, I have worked as a management consultant at my private practice. I have served on the NAMI-Texas Board of Directors for one year.

Three Year Term: 2011 - 2013

1. I want to help others affected by mental illness.
2. I have experience in 3 business ventures in which I provided financial oversight and analysis. I have an MBA that included studies in financial management and accounting. I am an active member of the Rotary Club of Brenham, Texas where I recently served as Community Service and Fundraising Chair. In the past I served as the President of the UT Permian Basin Alumni Association, I was active in 4 Toastmasters International Clubs, serving in every office and forming a new club, also I served as Area Governor. All involved fundraising.
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Joe Powell
At-Large, Nominated by NAMI Dallas

My name is Joe Powell and I am in long-term recovery with 21 years free of alcohol and other drugs. I am a founding member of NAMI-Southern Sector Dallas and am a strong believer in peer-peer recovery support services.

Two Year Term: 2011 - 2012

1. I believe firmly that peer-to-peer support and training is key to mental health and chemical dependency recovery for the future. As a person in recovery, with all seven of my siblings suffering with addictions and five with severe mental illness. I believe in family members, the community and people with mental illness /chemical dependency working together for recovery. I work with SAMHSA/CSAT/CMHS to integrate behavioral health systems at the federal, state and local levels. NAMI, unlike many other mental health organizations, still believes in the grassroots approach to support, education and advocacy, and heavily involves consumers in every aspect. I also understand the need to have people with varied cultural backgrounds, professional aspects and experiences serving on the NAMI Texas Board. I am a consumer, a family member, and a professional, and I want to help bring support and wellness to the community.
2. As the executive director of APAA (the Association of Persons Affected by Addiction), I am constantly looking for dollars to keep my program going. I work with federal, state and local grants, along with contract-for-service. I have a staff of 15 that relies on me to get the funding to let us do our job, and I also must act as the fiscal agent for my organization and as a servant leader. So I am no stranger to grant writing and fundraising on a large scale. We work with the Texas Rangers Baseball Team and others to promote wellness and recovery with our annual “Recovery Day in the Ballpark” and several other visible events in the community.
3. The great pressing issue for public policy is funding – how much will be cut – and can we still deliver services of any quality with these cuts. Comparing Texas to other states is not important in this mix – we are 48th in mental health funding and 49th in chemical dependency funding – and we are 48th in getting people to the hospital instead of jail or prison – so we have to start from where we are now. The only thing the legislature will consider is an alternate way of saving money. The recent Treatment Advocacy Study with the National Sheriff’s Association does shed much-needed light on the cost of incarceration versus the cost of treatment. That seems to be the only way we can justify avoiding the cuts that the other agencies will get.
4. I came to NAMI more than 15 years ago to find like-minded folks who wanted change in the mental health system. The value NAMI has to me is many fold. As a family member I find much help and guidance in speaking with other family members about my brothers and sisters, their problems and how I can better cope with the tragedies of their lives. As a professional I know that NAMI has a place in the scheme of things – that NAMI is there for clients and their families that have nowhere to turn. As a consumer, NAMI has brought me hope many times that I can work my recovery and encourage others to continue theirs.
5. I have experience in 3 business ventures in which I provided financial oversight and analysis. I have an MBA that included studies in financial management and accounting. I am an active member of the Rotary Club of Brenham, Texas where I recently served as Community Service and Fundraising Chair. In the past I served as the President of the UT Permian Basin Alumni Association, I was active in 4 Toastmasters International Clubs, serving in every office and forming a new club, also I served as Area Governor. All involved fundraising.
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7. I had a debilitating mental illness that prevented me from even taking care of myself, through treatment I now live a normal life and have achieved great things. I think of those I left behind who are still struggling and it breaks my heart. I want to use my personal strengths to help all who suffer from mental illness.
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Joe Powell: Con’t on 19
1. I believe in advocating for civil and human rights for people who live with serious mental illness and/or traumatic brain injuries. As a relative of a loved one diagnosed with bipolar disorder, seizure disorder and substance use disorder, I’m acutely aware of the frustrating disconnects in our existing delivery of mental health services. Because both my heart and my brain inform me, I’m dedicated to working for a rational delivery of mental health services in Texas. We need an accountable system that helps Texas families and saves taxpayers money, a system that provides mental health services when appropriate so that untreated mental illnesses don’t land people in expensive emergency rooms, jails or prisons that are not well equipped to provide effective treatments. I also bring professional expertise and valuable insights into how the media works, what factors shape public opinion and ultimately how public policy gets made.

2. I’m currently serving on NAMI Texas’ fundraising committee where I am learning more about fundraising options to help provide unrestricted dollars for our non-profit. I am dedicated to strategies to raise considerably more unrestricted funds to help NAMI Texas more definitively set its own course of action rather than relying too heavily on government and other grants that can only be used for specific tasks. Since joining the board, I’ve volunteered for training sessions in corporate fundraising and for using social media as an important tool to further the strategies set by the board.

3. The most pressing public policy issue today is the funding crisis our state faces, with a budget shortfall estimated as high as $18 billion. I am 100 percent behind a course of action to convince lawmakers that spending more for appropriate mental health services will save far more dollars on expensive stays in emergency rooms, hospitals, jails and prisons. Spending mental health dollars intelligently will save lives and lead to more effective outcomes for people with mental illness, including opportunities to engage in productive and meaningful work.

4. I learned of NAMI first as a reporter who wrote on various mental health issues in the news. I came to NAMI as a family member seeking a place in a Family-to-Family class. The sense of shared support and advocacy for an often-misunderstood group in our society is what I find most valuable as a participant in the NAMI movement.

5. NAMI Texas can no longer rely on a set amount of unrestricted funds from state government, as it did in the not-too-distant past. Consequently, NAMI Texas needs to find new and ongoing and reliable funding streams so it can remain sensitive to members’ needs and to the challenges they face in their lives. While NAMI Texas should continue to seek grants that fund programs that help mental health consumers and their families, it must place far more priority on establishing new and unrestricted funding streams. I strongly believe our organization should hire a full-time development director to establish ongoing fundraising activities with corporations and philanthropists who will pledge to help fund our operations into the future. NAMI Texas needs staff communications outreach as well to accomplish this goal.

Karen Garber
At-Large, Nominated by NAMI Bryan/College Station

My name is Karen Garber and I am the President of the NAMI-Brazos Valley Affiliate. I’ve been active with NAMI since 1966 and have worked in the mental health field for more than 20 years. I bring 30 years of management, strategic planning, organizational change and development experience as the CEO of several non-profits to my nomination. I’ve served three years on the NAMI Texas Board.

1. I think that I have a skill set of value to the organization. I have been on multiple state boards on Florida and Texas, have been a NAMI state trainer in Florida, Family and Provider Educator in Florida and Texas, and gained broad experience in outreach to diverse audiences as an advocate for persons with mental illness. I have served for three years on the state board and believe in the mission of our organization, have provided models of policies and designed curriculum for board development which I believe are still needed for NAMI Texas. Mostly, I love the work that’s oriented to empowering with brain disorders and to fighting stigma.

2. I have solid understanding of the fiduciary responsibilities of board members, believe in putting my money where my mouth is and model board member philanthropy. I have years of experience in non-profit administration, audits and compliance requirements for non-profits, as well as establishing check and balance systems for financial risk management.

3. The most significant issue is the “faceless population” that we represent. Grass roots advocacy, coming out of the closets to acknowledge and discuss our mental health challenges and to educate policy decision-makers and appropriate persons of the enormous costs of untreated mental illness must be the priority for the organization. Our constituents must be helped to speak up and speak out for the services that will allow them to regain a quality of life epitomized by resiliency and wellness.

4. I came to NAMI to find answers when my brother’s untreated depression and alcoholism was tearing my family apart. I joined NAMI Pensacola, FL, and became a “Family to Family” Educator. At the time I was the CEO for the Mental Health Association of West Florida. I found enormous satisfaction in creating partnerships between NAMI and MHAWF and the provider community, universities and state funding agencies. We were successful in bringing important changes to the treatment system in Florida. In 1999, when my husband died of cancer and I developed depression and panic attacks myself, I gained a closer understanding of how damaging these illnesses can be to one’s life. I felt it was my responsibility to speak out about my own personal experience so that others who suffered silently and alone could get the help they need to regain their wellness and quality of life.

5. I think there are actually two critical issues. The first is money… NAMI Texas is dangerously low on unrestricted resources and could close the organization’s door’s with little more stimulus. The second critical issue is personnel which is also money driven. I don’t believe that NAMI has the necessary staff to implement all of the work that the organization is called upon to perform. That also includes board members because we have too many vacant board seats so are not fully staffed to perform those functions which the board must do.
Marsha Phillips
At-Large, Nominated by NAMI Metropolitan Houston

Over sixteen (16) years licensed attorney. Worked for the City of Houston. Pro bono work for consumers and their families. Over seven (7) years in own law practice helping consumers and their families. Hard to watch my clients struggle but never give up; they didn’t get a choice in their situation.

One Year Term: 2011

1. I was asked, and I think I’m one of a few attorneys in Texas with my type of practice and personal credentials mentioned in Question 4. What I say in Question 4 altered my practice, and now I help both consumers and their families who live with the various neurological brain disorders affecting their lives.

2. I put myself through undergraduate and law school while being a single mom and not getting child support. I owed relatively little upon becoming a licensed attorney. I know about choices, the difference between a want and a need, and good financial management. I think if a group of people have a positive goal for something and are truly cohesively focused on it, they’ll find a way to get it.

3. I’ll focus my answer on the word “public” policy issue facing NAMI. Stigma is our worst enemy. While we are working to diminish it, I think more could be done. Literature calls these diseases a “mental illness”. I don’t think this is the correct term to use when describing these diseases. We don’t say a consumer of medical services with heart diseases have a “blood circulation illness”. Nor do we say consumers of medical services with lung diseases have a “breathing illness”. Let’s not let the side affect determine the name for the disease.

The brain is an organ just like any other organ and it should be given the same respect in naming the illness it has, and not a term for the function of the organ. Especially, since it is the master organ. I think the term “mental illness” should be replaced with “brain disorder”. NAMI could be NABD. A brain disorder is what they have with these diseases. When people would ask what is NABD, in answering, our own members could help break the stigma even more. I think we inadvertently let this term become attached to these diseases because we were grateful at the time to just get some attention to them.

4. I have a brother who’s had schizophrenia for 38 years. I saw neurological brain disorders before there was much choice of anything for treatment for those afflicted. I watched my parents help him their whole lives. It was difficult for them and sad to watch. As recent as thirteen (13) years ago, my son, a senior in college, became afflicted with schizophrenia. He almost died three (3) times within the first eight (8) months of his hospitalization. I never knew it could hurt worse than my brother’s illness. His younger brother became truly broken hearted to see his hero become so ill. Finding NAMI helped me survive easier and then move forward. Since knowledge is power, we need all the power we can get to help those less biologically fortunate than ourselves. We need more power to stop the stigma so our afflicted ones can have better self-esteem and confidence. And, caregivers and/or parents need respect for what they do, and should not have to carry shame about it because of other people’s lack of knowledge about these diseases.

5. Having started in NAMI over 12 years ago, I’ve watched Houston develop into several affiliates or chapters. When I came to NAMI it wasn’t so much about organizational groups. It was about desperately needed help for people like my son and me. It has changed some.

I think NAMI should treat or focus its operation a little more like

Jeanine Hayes
NAMI Texas Consumer Council
Nominated by NAMI Dallas

My name is Jeanine Hayes with NAMI Dallas. I have had extensive experience as a consumer advocate in the Dallas area. I was a charter member of the Consumer Council for Mental Health Advocacy of Greater Dallas and served as its President from 1998 to 2004. I have served on the Boards of PLAN (Plan Living Assistance Network) and NAMI Dallas, facilitate groups and training programs, and am the Consumer Advocate for Value Options Managed Care in Dallas. I work regularly as an instructor to the Police Force in Dallas and the surrounding areas, educating them on issues concerning dealing with people with mental illness. I have received numerous awards for my work on behalf of consumers, and have served as the consumer representative receiving the Dallas Mayor’s Proclamation commemorating Mental Health Awareness Month each October.

Two Year Term: 2011 - 2012

1. My parents found NAMI in the 1980s. They were at a loss to find help for me. Soon they were members of Journey of Hope (now referred to as Family to Family). The most valuable thing I have learned from NAMI is what is possible when there is a fellowship of consumers coming together as a powerful force. The Consumer Council representatives are ambassadors for NAMI. NAMI has provided me with the opportunity to develop myself as a representative and speaker on consumer issues, lecturing to a number of organizations, such as the Graduate Social Workers Classes at the University of Texas at Arlington, and talking to state legislators and local representatives. Through my service on the Board of NAMI Dallas, participating in strategic planning and the creation of services and programs, I learned how the consumer can be an asset to furthering NAMI’s mission.

2. As mentioned before, I was a charter member and President of the Consumer Council for Mental Health Advocacy of Greater Dallas, and am active in the consumer movement. I have been on the NAMI Dallas Board of Directors and served as a Consumer Liaison to the Board. I am on the Board of PLAN (Plan Living Assistance Network), which provides housing and programs for consumers in the Dallas area. I work with Sharon DeBlanc at Value Options. I represent their position as Consumer Advocate and have been at the company for 6 years. I am very proud of that. I am an instructor with the CIT (Crisis Intervention Training) program, telling my story to the police in the Dallas area, and providing information and guidance on how to deal with persons who are living with mental illness. I was given an award for this, and am also the 2001 recipient of the PRISM award from Mental Health America for my work as a consumer advocate. Also, I am proud to be a monthly contributor to the NAMI Dallas Newsletter, for which I write the column, “Consumer Corner.” I am the director of the Iris Place Singers for PLAN, which is a chorus made up of consumers. We perform all around the Dallas area at local nursing homes, community events, and are even regular participants in Christmas at the Meyerson Symphony Hall. In 2008, I entered the Ms. Texas Senior America Pageant and was the recipient of the first annual Mary Francis Hansen Community Service Award recognizing my work on behalf of mental health consumers.

3. I have been trained in TIMA (Texas Implementation of Medication Algorithms). I facilitate a Peer-to-Peer Group at PLAN, formally a NAMI program, and have taken the WRAP training from Jo Halligen (Mental Health Consumers). The instructor’s training I received for the CIT (Crisis Intervention Training) with the Dallas Police was invaluable.

4. It is my dream to give hope to my fellow consumers. All of us give strength to each other. I feel my story is a success story and I have come such a long way. I would love to be inspirational to those who need support. Each consumer has a right to tell their story. It is giving strength to each other. I feel my story is a success story and I have come such a long way. I would love to be inspirational to those who need support. Each consumer has a right to tell their story. It is

5. NAMI Texas Consumer Council does not end at the conclusion of a conference, workshop or seminar. We must erase stigma and give others hope that their recovery is of the utmost importance and
**Rose McCorkle**  
**NAMI Texas Consumer Council**  
Nominated by NAMI Austin

I have lived with bipolar disorder for 29 years. I have provided volunteer services through Austin Depression and Bipolar Support Group, Austin State Hospital, and NAMI Austin. I have been trained in advocacy at the state and local level and am a certified and experienced IOOV presenter.

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**Denise Baldarrama**  
**NAMI Texas Consumer Council Representative**  
Nominated by NAMI San Antonio

My name is Denise Baldarrama and I am applying for the NAMI Texas Consumer Council Representative position. I have held the Consumer Advocate Chair position on the NAMI San Antonio Affiliate Board of Directors since 2008.

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**Two Year Term: 2011 - 2012**

1. I was interested in giving back to the mental health community and came to NAMI through the Internet. I have enjoyed a variety of experiences with NAMI, but educating others through IOOV and meeting with state officials has been extremely rewarding.

2. I was elected to serve as the leader of the Austin Depression and Bipolar Support Group from 1986-1988. I have served on the Austin NAMI Walk committee for the past two years, and have been responsible for expanding the media presence, participated in fundraising, and various other committee duties. I am a volunteer Peer Specialist and a trained IOOV presenter. I have studied Mary Ellen Copeland’s WRAP method and employed the techniques in my own wellness plan. I am actively seeking certification as a peer specialist and formal training in WRAP.

3. Consumers need a strong voice in leading the direction of the future of NAMI. As Texas Consumer Council Representative, my 29 years of educational and advocacy experience as well as my challenges and success as a person with bipolar disorder make me a strong representative for my peers.

4. I believe the NAMI Texas Consumer Council should represent the diverse voices of the thousands of persons affected by mental illness throughout the state. The Council should work in concert with the NAMI Texas Board to educate consumers by expanding current advocacy programs and developing new ones to serve under-represented groups. Ideally the NAMI Texas Consumer Council will empower consumers at the local level to take leadership roles in education, support, and advocacy initiatives.

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**Two Year Term: 2011 - 2012**

1. I came to NAMI in 2005 after I was diagnosed with a Bipolar Disorder that same year in the Rio Grande Valley area and have been involved ever since. My family and I moved to San Antonio in 2006 and immediately joined the affiliate. I went and still attend all monthly meetings, joined the 2007 NAMI Walk Committee, am presently part of the Bexar County Mental Health Task Force Hospitality Committee for the last three years. I have also co-chaired and now chair the NAMI San Antonio Affiliate Christmas party since 2007.

2. As far as my credentials go, I am the Director of all Consumer Programs. I am the Coordinator and a Mentor for our Peer to Peer courses as well as an IOOV presenter. In August we will be hosting a NAMI Connections Facilitator Training that I will be attending too.

3. My desire to serve in the above-mentioned position is great, as over the years with NAMI, I have really learned much about mental illness and all the other people who are afflicted by it. I love advocating for ALL Consumers and strive daily to hopefully make life better for all.

4. The NAMI Texas Consumer Council should be represented by all Affiliates and come together to pinpoint concerns and issues of Consumers. We should first use our own resources such as our classes and programs, experience of all coordinators, mentors, facilitators and presenters to hopefully resolve the concerns and issues.

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**NAMI Texas would like to thank the following annual corporate members:**

- Value Options
- Pfizer
- Eli Lilly
- Systems of Hope
- Janssen
- AstraZeneca
- Bristol-Myers Squibb
- Shire
- Family Support Foundation for Mental Illness

If you would like to be a corporate member and business supporter of NAMI Texas, please contact Kelly Jeschke at (512) 693-2000.
Consider the Bylaws Amendments

This year, 5 amendments to NAMI Texas’ bylaws have been proposed. Bylaws amendments may be proposed by NAMI Affiliates, or by a member of the NAMI Texas Board of Directors. Bylaws changes require a two-thirds majority of those voting to pass.

Text proposed for removal is **struck through**; text proposed to be added is **bolded and underlined**. For a complete copy of the current NAMI Texas bylaws, visit www.namitexas.org;

1) Bylaws Proposal #1 - Amendment of Article I, Section 4. The NAMI Texas Mission Statement

**Article I Organization, Section 4: Mission**

NAMI Texas, in partnership with our Affiliates, is dedicated to eradicating the stigma, **myths and misconceptions** of mental illnesses, to improving the quality of life for all who are affected by these illnesses, and to supporting recovery.

We support our Affiliates by providing leadership, training and technical assistance. We are dedicated to serving our communities by empowering consumers and families and promoting meaningful systems change.

The mission of NAMI Texas is to improve the lives of all persons affected by serious mental illness by providing support, education and advocacy through a grassroots network.

NAMI Texas is dedicated to supporting the inclusion of individuals with mental illness throughout the organization.

NAMI Texas will provide guidance, coordination and resources to promote communication and education through its affiliates by:

- Establishing a network of local support groups/affiliates that will serve as influential resources for the decisions that affect persons with serious mental illness in Texas.
- Establishing NAMI Texas as the pivotal voice for persons affected by serious mental illness:
  - Combating stigma through education and raising public awareness that mental illnesses affect everyone and treatment works;
  - Moving all partners of the mental health system toward the common goal of a comprehensive recovery-based model that meets the needs of persons (including children, adolescents, and adults) with serious mental illnesses in the community;
  - Empowering interested community stakeholders to become informed participants at the national, state, county and local level through education in order to understand the comprehensive community mental health system and the needs of decision makers for knowledge that will allow for decisions to be made that will result in successful political and financial outcomes.

Submitted by the Strategic Planning Committee of the NAMI Texas Board of Directors.

The NAMI Texas Board of Directors supports this proposal.

Rationale: The proposed bylaws amendment makes our mission consistent with our strategic plan and clearly articulates the role of the State office.

2) Bylaws Proposal #2 - Amendment of Article IV, Board of Directors, Section 7. Process for Filling Board Vacancies

**Section 7. Vacancies**

In the case of any vacancy of one or more of the regular members of the Board of Directors, the Board of Directors shall elect the person or persons who shall fill the vacancy or vacancies until the next annual membership meeting, at which meeting the voting members shall elect the person or persons for the then remaining unexpired term or terms. In the event of a vacancy that occurs after the close of the ninety (90) day nomination period prior to an annual meeting, but still prior to the annual meeting the Board of Directors shall elect a replacement to serve until the subsequent annual meeting (that is, the meeting that takes place after the next cycle of the nominating period). In the event of a vacancy, replacement Directors serving less than fifty (50) percent on the unexpired terms can serve the unexpired term and two (2) full terms. Replacement Directors serving more than fifty (50) percent on the unexpired term can serve the unexpired term and only one (1) full term.

Submitted by Jackie Shannon.

The NAMI Texas Board of Directors supports this proposal.

Rationale: The proposed bylaws amendment improves continuity and reflects best practices for non-profit board governance, making this section consistent with NAMI’s national bylaws.

3) Bylaws Proposal #3 - Amendment of NAMI Texas Consumer Council, Article V, Section 4. Process for Filling Consumer Council Vacancies

**Article V NAMI Texas Consumer Council**

**Section 4. Vacancies**

In the case of any vacancy of either the NAMI Texas Consumer Council Representative or the NAMI Texas Consumer Council Representative to the NAMI National Consumer Council position, the Board of Directors shall elect the consumer or consumers who shall fill the vacancy or vacancies until the next annual meeting, at which meeting the voting members shall elect the consumer or consumers for the then remaining unexpired term or terms. In the event of a vacancy that occurs after the close of the ninety (90) day nomination period prior to an annual meeting, but still prior to the annual meeting, the Board of Directors shall elect a replacement to serve until the subsequent annual meeting (that is, the meeting that takes place after the next cycle of the nominating period).

Submitted by Jackie Shannon.

The NAMI Texas Board of Directors supports this proposal.

Rationale: Same as above.

4) Bylaws Proposal #4 - Amendment of Article VI, Directors’ Meetings, Section 6. Bylaws Committee Opinion on Conflicts and Ambiguities

**Section 6. Responsibilities/Duties**

A. In addition to the responsibilities vested in them by these Bylaws, the directors shall be vested with the responsibility to execute the corporate purposes as stated in the Statement of Purpose contained in the Articles of Incorporation and the expressed consensus of the members. It shall be the continuing responsibility of the Board of Directors to evaluate the overall function of the organization to ensure that the purposes are being adequately served.

B. All board members are expected to be supporters of the organization—to attend and participate in meetings, to contribute financially to the extent possible, and to make investments of their time and their talents.

C. The Board of Directors shall have the final authority to resolve the interpretation of any conflicts or ambiguities in the Bylaws. The Bylaws Committee shall render an opinion for consideration by the Board on any perceived conflict or ambiguity, unless an immediate decision is required of the Board.

Submitted by Eric Willard, Chair of the Bylaws Committee.

The NAMI Texas Board of Directors supports this proposal.

Rationale: The proposed bylaws amendment ensures that the Board has the reasoned opinion of its Bylaws Committee on any perceived conflict or ambiguity rather than rely solely upon the Board’s possibly fractured and hazy effort.

5) Bylaws Proposal #5 - Amendment of Article VIII, Committees, Section A. Executive Committee’s Non-Voting Members

**ARTICLE VIII Committees**

**Section 1. Executive Committee**

A. The Executive Committee shall consist of the four (4) elected officers of NAMI Texas, and two additional NAMI Texas Directors who have expressed interest in seeking officer positions in the foreseeable future. The manner of selection and qualifications for these two additional non-voting Executive Committee members shall be determined by the Board as set out in its Policies and Procedures Manual.

B. The Executive Committee, by concurring consent of at least three (3) members, shall:

- Transact all business referred to it by the Board of Directors provided the action of the committee shall not conflict with that of the Board;
- Act in emergencies between meetings of the Board of Directors;
- Take recommendations to the Board of Directors on matters of administration and policy;
- Make a full written report of each meeting of the Executive Committee for submission to the Board of Directors for their approval;
- Have full responsibility for preparing a program for leadership training;
- Approve for Board consideration a proposed budget developed by the Executive Director.

C. The Board of Directors by vote shall ratify the actions of the Executive Committee.

Submitted by.

The NAMI Texas Board of Directors supports this proposal.

Rationale: The proposed bylaws amendment is a housekeeping matter to include the non-voting Executive Committee members in the Bylaws, with the purpose of supporting succession planning for the NAMI Texas Executive Committee.
2010 NAMI Texas
26th Annual Conference
Rising to the Challenge-
Making Recovery a Reality!

October 23-24, 2010
Intercontinental
Dallas Hotel
15201 Dallas Parkway
Dallas, Tx 75001

Front Desk: 972-386-6000
Fax: 972-991-6937

Make hotel reservations under the NAMI Texas special rate of $109.00 no later than September 30, 2010.

You can register online for the annual conference. Just go to www.namitexas.org

Keynote Speaker
Dr. Octavio Martinez, Executive Director, Hogg Foundation
Dr. Martinez has a master's degree in public health from Harvard University's School of Public Health, a doctor's degree from Baylor College of Medicine, and bachelors and masters degrees in business administration from the University of Texas at Austin. He has extensive experience as a classroom and clinical teacher in a variety of subjects related to psychiatry and medical practice.

He will provide an overview of mental health in Texas with a focus on budgetary concerns, recovery, and statewide projects.

GALA DINNER - Friday, October 22nd

NAMI Texas' Annual Gala Dinner will be held on Friday, October 22nd at the Intercontinental Dallas Hotel.

The evening will begin with our Silent Auction starting at 6:30pm.

Dinner will begin at 7:00pm. Dancing and music provided by Diva G will start at 8:30pm.

Lifetime Achievement Award
NAMI Texas is proud to present Dr. Ken Altshuler and Ruth Collins Sharp Altshuler with our Lifetime Achievement Award.

Dr. Altshuler was the Chair of the Southwestern Medical Center Psychiatry Department from 1977 to 2000. Dr. Altshuler has been greatly recognized for his outstanding community service in mental health. Ruth Collins Sharp Altshuler is a nationally renowned philanthropist who pioneered women's leadership in social services, healthcare, education and the arts. She was the first woman chair and longest serving member of the Southern Methodist University Board of Trustees.

Gala Dinner Speaker – Pete Earley
Pete Earley is a dynamic award winning investigative reporter and author of Crazy: A Father's Search Through America's Mental Health Madness. Pete's book presents the “criminalization of the mentally ill” and alternates between his son's story in Northern Virginia and Miami-Dade County, where he was able to gain access to one of the nation's largest jails and its psychiatric ward.

Gala Dinner Tickets
Tables of eight for this fundraiser are available for $1,000, half-tables will sell for $500 and individual seats will sell for $100. The cost for the Gala Dinner is not included in your conference registration fee, but we hope you will join us for this exciting event.

To purchase Gala Tickets or for additional information about sponsoring tables, please contact Kelly Jeschke at (512) 693-2000; kjeschke@namitexas.org

Mail Checks to:
NAMI Texas
2800 South IH 35, Suite 140
Austin, TX 78704
Fax: 512-693-8000

You can also register online at www.namitexas.org;

If you need more information, call Kelly at the NAMI Texas office at (512) 693-2000
## Agenda

### October 21: Thursday Night
7:00 to 9:30 p.m.
Malachite Showroom

**Movie Presentation: Unlisted: A Story of Schizophrenia**

Enjoy snacks and drinks as you start the NAMI Texas Conference—*Rising to the Challenge: Making Recovery Reality*, with a new movie by Delaney Ruston, M.D. Dr. Ruston had broken contact with her father, who has schizophrenia, for 10 years, then decided with her father stable on medications and in supportive housing, that it was time to re-connect. This film is about Dr. Ruston’s journey to discover who her father is, who she is, and let her son know his grandfather. After the movie, we will have a professionally-led discussion about the movie and its impact on our lives.

### October 22: Friday Morning
7:00 to 8:00 a.m.
Le Gala

**Affiliate President’s Breakfast**

All NAMI Texas Affiliate Presidents, and the NAMI Texas Board of Directors, are invited to attend a networking breakfast featuring a talk by Jackie Shannon, former Board President of NAMI Texas and NAMI National.

### October 22: Friday Morning
7:30 to 8:30 a.m.
Garden Court III

**Continental Breakfast**

Please join us for breakfast before the conference begins

### October 22: Friday Morning
8:30 to 9:00 a.m.
Malachite Showroom

**Welcome**

NAMI Texas President John Dornheim, NAMI Texas Executive Director Robin Peyson, Dallas County Commissioner Maurine Dickey & Dallas County Criminal Court 3 Judge Doug Skemp, open the conference, followed by a performance by The Iris Place Singers.

Dallas County Commissioner Maurine Dickey has long been a friend to NAMI and to people with mental illness. Her compassionate common sense has helped maintain county spending for mental health & her professional training as a social worker has led her to chair or co-chair committees to study mental health care in Dallas County. Commissioner Dickey is also a past honorary chairperson of the Dallas NAMIWalks.

Dallas County Criminal Court Judge Doug Skemp is a long-time NAMI member, and his lovely wife Elizabeth is a former NAMI Dallas Board member. While in office, Judge Skemp has also presided over the Misdemeanor Competency Court. He is a true advocate for people with mental illness.

The Iris Place Singers, named for the apartment complex where many reside, is a group of talented men and women with mental illness who all belong to PLAN (Planned Living Assistance Network). They are led by Jeanine Hayes, a pianist and singer, who has a master’s degree in music from the University of North Texas.

### October 22: Friday Morning
9:00 to 10:00 a.m.
Malachite Showroom

**Opening Keynote**

**Octavio N. Martinez, Jr., M.D., M.P.H., M.B.A., F.A.P.A., Executive Director of the Hogg Foundation**

Dr. Martinez has a master’s degree in public health from Harvard University’s School of Public Health, a doctor’s degree from Baylor College of Medicine, and bachelors and masters degrees in business administration from the University of Texas at Austin. He has extensive experience as a classroom and clinical teacher in a variety of subjects related to psychiatry and medical practice. Dr. Martinez will provide an overview of mental health in Texas with a focus on budgetary concerns, recovery, and statewide projects.

The Hogg Foundation for Mental Health was founded in 1940 by Miss Ima Hogg, daughter of former Texas Governor James Stephen Hogg, to promote improved mental health for the people of Texas. For more than 65 years, the foundation has accomplished its mission through grant making for mental health service, research, and public education and policy projects in Texas.

### October 22: Friday Morning
10:00 to 10:15 a.m.

**BREAK**
October 22: Friday Morning  
10:15 to 11:15 a.m.  
Garden Court III  
AFFILIATE

Implementing Health Care Reform the Challenge for Consumers and Families in Texas  
Andrew Sperling, J.D., Director of Legislative Advocacy, NAMI National

The new federal health care reform law will bring enormous changes for children and adults living with mental illness and their families. New coverage options for the uninsured, expanded Medicaid eligibility for single adults, new rules governing insurance markets and potential expanded access to primary care will present important challenges here in Texas and across the nation. This workshop will examine opportunities and obstacles for implementing the new law, as well as strategies for making sure the new law works for consumers and families.

October 22: Friday Morning  
10:15 to 11:15 a.m.  
Mayfair  
CONSUMER

My Story of Co-Occurring Illnesses  
David Dillard

David is an extraordinarily talented artist who works in many mediums. He is also a man who is in recovery from co-occurring disorders. He will tell the story of his long trip to recovery, and what he now does to help others.

October 22: Friday Morning  
10:15 to 11:15 a.m.  
Bel-Air I-III  
TREATMENT

Critical Incident Training  
Jeffery C Metzger, M.D., F.A.C/E.P., Deputy Medical Director,  
Dallas Police Department; Assistant Professor, UT Southwestern Medical Center  
Senior Corporal Herbert Cotner, Lead CIT Instructor, Dallas Police Department

One of the most frightening situations that an individual, family member, and/or first responder may be forced to face is a critical incident involving an individual with a severe mental illness in crisis. This workshop will describe the collaborative partnership between the Dallas Police Department’s Crisis Intervention (CIT) Team and the Dallas medical community in responding to individuals experiencing psychiatric crises.

October 22: Friday Morning  
10:15 to 11:15 a.m.  
Bel-Air IV-VI  
ALTERNATIVE TREATMENT

Recovery International: 73 Years of Peer Support & Self-Help  
Sarah Grant Reid

Sarah Grant Reid, a self-professed “child of Recovery, Int.” will present the history, an overview and a demonstration of what happens during a Recovery, Int. meeting. Recovery, Int. is about people helping themselves. Sarah’s mother was the first Area Leader for Chicago, and on Recovery, International’s first Board of Directors. Her father was Executive Director of the Mental Health Association of Greater Chicago.

October 22: Friday Morning  
10:15 to 11:15 a.m.  
Malachite Showroom  
WORKPLACE

Work and Benefits  
Nancy Bailey, Executive Director, Advocates for Abilene  
Ray Williams, Employment Continuity of Care Coordinator, Betty Hardwick MHMR Center

The goal of this workshop is to present and make available easily understood information and tools that will enable consumers, family members, service providers and advocates to answer questions about work, disability, insurance and other benefits.

Nancy Bailey has been the Executive Director of Advocates of Abilene for five years. She has been a mental health advocate for more than 20 years. Ray Williams is the Employment Continuity of Care Coordinator of the Betty Hardwick MHMR Center in Abilene, and has many years of experience working to employ people with disabilities.

October 22: Friday Morning  
11:15 to 12:30 p.m.

LUNCH - on your own

October 22: Friday Afternoon  
12:30 to 2:00 p.m.  
Malachite Showroom  
LAW ENFORCEMENT/ PUBLIC POLICY

Assisted Outpatient Treatment: What it Can Mean to Your Community  
Brian Stettin, Public Policy Director, Treatment Advocacy Center

As a policy aide to former New York Attorney General Eliot Spitzer, Brian drafted the original proposal of Kendra’s Law, landmark 1999 legislation establishing Assisted Outpatient Treatment (AOT) in New York for severely mentally ill persons who struggle with treatment compliance.

Brian was also instrumental in marshaling critical support for the bill, negotiating revisions with the New York Legislature and Governor, and enhancing the law upon its initial expiration in 2005.

October 22: Friday Afternoon  
12:30 to 2:00 p.m.  
Garden Court III  
AFFILIATE

Getting Your Act Together  
Cheryl Black, Chief Operating Officer, TANO

Cheryl will share important news about the financial management of a nonprofit including: audit reports; budgeting; 990s; financial statements and internal controls.

She has 25 years experience working within nonprofit organizations as a volunteer, board member, fundraiser, consultant, and executive director.
<table>
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<th>Time</th>
<th>Event Description</th>
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| October 22: Friday Afternoon 12:30 to 2:00 p.m. Mayfair | **Eden LifeLong Living**  
**Improving the Quality of Life for Individuals with Mental Illness and Their Families with Supportive Living**  
Greg Walton, M.Ed., Director  
Rhonda Sparre, B.A., Program Manager, RidgeOak Living Community  
*The presentation will discuss the application of the Eden LifeLong Living (ELL) principles for those who require life-long support due to mental illness and cognitive difficulties. There are more than 20 million people in the United States with brain disorder who require life-long support. Participants in the workshop will master the practical application of philosophy and concept of the program, and will learn how it applies to individuals with mental illness.* |
<table>
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<tr>
<th>Date</th>
<th>Time</th>
<th>Room/Location</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>October 22</td>
<td>2:15 to 3:45 p.m.</td>
<td>Mayfair</td>
<td>The Clubhouse Model: Strengthening a Best Practice</td>
<td>Reverend Joel Pulis, Community Pastor, Joshua Pulis, LCSW, Program Director, Karen Edwards, Operations Director, Jeff Alsup, Executive Director, The Well Community</td>
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<td>The Well is a community of people working to bring love and health to adults recovering from mental illness. Much more than a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal – offering people with mental illness hope and opportunities to achieve their potential. The Clubhouse Model, which originated in 1948 at the Fountain House in New York City, has spread to more than 400 clubs in 27 countries. The effectiveness of the Clubhouse Model has been demonstrated to provide: improved well-being; reduced hospital stays; reduced incarcerations; a cost-effective placement and support system.</td>
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<td>October 22</td>
<td>2:15 to 3:45 p.m.</td>
<td>Bel-Air I-III</td>
<td>Pediatric Mood Disorders</td>
<td>Jair C. Soares, M.D., Professor and Chair, Psychiatry and Behavioral Studies, University of Texas Medical School at Houston., Co-chair, University of Texas Center for Excellence</td>
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<td>Dr. Soares will focus his talk on pediatric bipolar and unipolar mood disorders, and the pediatric high-risk offspring of a bipolar parent. These studies utilize tools from brain imaging, neuropsychology, cognitive neuropsychology and genetics to study the mechanisms involved in causation of these illnesses. These studies entail collaborations with human geneticists to investigate the genetic underpinnings of detectable brain and neurocognitive changes, including studies that focus on unaffected relatives of bipolar patients to look for possible endophenotypes.</td>
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<td>October 22</td>
<td>2:15 to 3:45 p.m.</td>
<td>Bel-Air IV-VI</td>
<td>Helping Consumers with Criminal Backgrounds Obtain Employment</td>
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<td>The health and growth of NAMI State Organizations and Affiliates depends on our ability to reach and serve all communities who need us, making no distinction between people who have a mental illness and other members. This session will provide a framework for awareness and action. Let’s Talk was designed to help NAMI leaders come together to form and take important steps toward meeting your goals of diversity and inclusion.</td>
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**October 22: Friday Afternoon**

2:15 to 3:45 p.m.

Mayfair

CONSUMER

The Clubhouse Model: Strengthening a Best Practice

Reverend Joel Pulis, Community Pastor
Joshua Pulis, LCSW, Program Director
Karen Edwards, Operations Director
Jeff Alsup, Executive Director, The Well Community

The Well is a community of people working to bring love and health to adults recovering from mental illness. Much more than a social service, a Clubhouse is most importantly a community of people who are working together to achieve a common goal – offering people with mental illness hope and opportunities to achieve their potential.

The Clubhouse Model, which originated in 1948 at the Fountain House in New York City, has spread to more than 400 clubs in 27 countries. The effectiveness of the Clubhouse Model has been demonstrated to provide: improved well-being; reduced hospital stays; reduced incarcerations; a cost-effective placement and support system.

2:15 to 3:45 p.m.

Bel-Air I-III

TREATMENT

Pediatric Mood Disorders

Jair C. Soares, M.D., Professor and Chair, Psychiatry and Behavioral Studies, University of Texas Medical School at Houston., Co-chair, University of Texas Center for Excellence

Dr. Soares will focus his talk on pediatric bipolar and unipolar mood disorders, and the pediatric high-risk offspring of a bipolar parent. These studies utilize tools from brain imaging, neuropsychology, cognitive neuropsychology and genetics to study the mechanisms involved in causation of these illnesses. These studies entail collaborations with human geneticists to investigate the genetic underpinnings of detectable brain and neurocognitive changes, including studies that focus on unaffected relatives of bipolar patients to look for possible endophenotypes.

2:15 to 3:45 p.m.

Bel-Air IV-VI

WORKPLACE

Helping Consumers with Criminal Backgrounds Obtain Employment

Victor Pratt, Founder, The Job Lead Generator

Some of the goals of this workshop are as follows: find real-time felony/misdemeanor-friendly employers; the “criminal background” interview formula; unconventional job search techniques. Victor is a graduate of Texas Christian University and is the founder of The Job Lead Generator, a for-profit company that provides employment consulting services to the unemployed, underemployed, and people who have a criminal background.

2:15 to 3:45 p.m.

Bel-Air I-III

TREATMENT

Police Response to People in Crisis

Officer Priscilla Rayon, Mental Health Unit, Lieutenant Mike Lee, Mental Health Unit, Houston Police Department

Officer Rayon and Lt. Lee will discuss the importance of knowing when to call the police (involving a person with mental illness) and knowing what to say when the police are called and when the police arrive. Attendees will also learn about the importance of community resources when the event does not lead to police becoming involved. The workshop will also be an open forum for greater insight about the police as first responders to a mental illness crisis.

3:45 to 4:00 p.m.

BREAK

4:00 to 5:00 p.m.

Malachite Showroom

LAW ENFORCEMENT/ PUBLIC POLICY

Let’s Talk: Diversity in Action

Majose Carrasco, MPA, Director, Multicultural Action Center NAMI National

The health and growth of NAMI State Organizations and Affiliates depends on our ability to reach and serve all communities who need us, making no distinction between people who have a mental illness and other members. This session will provide a framework for awareness and action. Let’s Talk was designed to help NAMI leaders come together to form and take important steps toward meeting your goals of diversity and inclusion.

4:00 to 5:00 p.m.

Garden Court III

AFFILIATE

Self-Directed Care: A Peer-Driven Component of Treatment

Walter Norris, MA, Program Director for Self-Directed Care, Luis Moreno, BA, Self-Directed Care Advisor, North Texas Behavioral Health Authority

The Self-Directed Care Program is a two-year pilot program with the NorthSTAR Region of Texas. It is a four-agency collaboration between the North Texas Behavioral Health Authority; Texas Department of State Health Services; the University of Illinois at Chicago and ValueOptions. SDC is a recovery program that makes available a new approach to the delivery of community services to people with a serious and persistent mental illness. It allows consumers to manage their own care, and control a budget.

4:00 to 5:00 p.m.

Mayfair

CONSUMER

Self-Directed Care: A Peer-Driven Component of Treatment

Walter Norris, MA, Program Director for Self-Directed Care, Luis Moreno, BA, Self-Directed Care Advisor, North Texas Behavioral Health Authority

The Self-Directed Care Program is a two-year pilot program with the NorthSTAR Region of Texas. It is a four-agency collaboration between the North Texas Behavioral Health Authority; Texas Department of State Health Services; the University of Illinois at Chicago and ValueOptions.

SDC is a recovery program that makes available a new approach to the delivery of community services to people with a serious and persistent mental illness. It allows consumers to manage their own care, and control a budget.
Suicide Prevention

Beverly Bernzen, MSW, NAMI Gulf Coast Consultant, Counselor at the Family Resource Center

Beverly Bernzen's motto is "small things save lives." Becoming informed is something you can do to prevent suicide. Youth suicide is a public health problem that is preventable. Learn what you can do in your relationships, schools, churches and community to reduce deaths by suicide.

This workshop will address all of that and prevention programs that can address the suicide rate, which is 11.1 deaths by suicide/100,000 population.

The Chisholm Challenge: Using Horses for Therapy

Cynthia Amodei, Program Director, All Star Equestrian Foundation

This workshop will acquaint the participant with a thorough knowledge of therapeutic horseback riding and how it may affect mentally challenged adults. Using the horse as a tool, classes can be customized to improve balance, posture, attention span, focusing skills, muscle tone, breathing patterns and much more. Therapeutic horseback riding serves a range of disabilities including ADD, Paraplegia, PTSD, sexual abuse, Cerebral Palsy and many other disorders.

NAMI Texas Gala Event & Silent Auction Opens

(optional – individual tickets available for purchase – tables also available for purchase)

Seated Dinner Begins

Dinner Speaker

Pete Earley, Mental Health Advocate, Author, Former Washington Post Reporter

Pete Earley, a terrific supporter of NAMI and CIT, is an award-winning investigative reporter. This background may have prepared him to write Crazy: A Father's Search Through America's Mental Health Madness, but as consumers, families, and friends know, nothing ever prepares you for the shock of mental illness – especially in your own family.

Earley's son, Mike, diagnosed with bipolar disorder, and recently out of college, broke into a stranger's house to take a bubble bath and vandalized the premises. His book presents the "criminalization of the mentally ill" and alternates between his son's story in Northern Virginia and Miami-Dade County, where he was able to gain access to one of the nation's largest jails and its psychiatric ward.

Pete will explain why jails and prisons have become our new asylums, why this is wrong and what we need to do to turn mental health back into a health issue instead of continuing to make it a criminal justice problem.

Music and Dancing

Enjoy dessert, the Silent Auction and the rest of the evening with the amazing music and vocals of Diva G, Gloria D’Arezzo Diva G has been providing quality entertainment for many years. Gloria reads the crowd and gets the party going. Backed by an ensemble of talented musicians, she takes you back to the early days of beloved jazz standards or will have you dancing to hot tunes.

Silent Auction Tables Start Closing

All Silent Auction Tables Closed
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Event Title</th>
<th>Description</th>
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<tr>
<td>October 23: Saturday</td>
<td>Continental Breakfast</td>
<td>Please join us for breakfast before the conference beings.</td>
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<tr>
<td>Morning 8:00 to 9:00 a.m.</td>
<td>Garden Court III</td>
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| October 23: Saturday      | Saturday Keynote                                         | Kevin Sullivan, President of NAMI Board of Directors, Former Lieutenant Governor of Connecticut  
In 2004, Kevin Sullivan became Connecticut's 106th Lieutenant Governor and the first to serve from West Hartford. As Lieutenant Governor, he led a Connecticut Community Mental Health Cabinet that continues to advocate for mental health care reform. He is recognized nationally by the American Psychiatric Association and American Psychological Association for his leadership in enacting landmark initiatives to provide more effective, less costly and more recovery driven community-based mental health care.  
Kevin is now President and CEO of Children's Museum of Connecticut. He is also the author of a training program called, “Why Bad Government Happens to Good People.” His wife, Dr. Carolyn Thornberry, is an educator and Town Councilwoman. |
| Morning 9:00 to 10:00 a.m.| Malachite Showroom                                      |                                                                                                                                                                                                              |
| October 23: Saturday      | How Diversion Courts Can Make A Difference In Your Community | Judge Susan Hawk, J.D.  
The rate of mental illness in the criminal justice system is three times higher than in the general population and people with mental illness are twice as likely to fail on probation as non-mentally ill offenders. Judge Susan Hawk, who presides over the 291st Criminal District Court, created the ATLAS Mental Health Divert Court for habitual felony offenders. It is the first of its kind in Texas.  
Judge Hawk's court has provided mentally ill offenders, their families, and the community a path to stop the revolving door of mentally ill offenders in the criminal justice system. Judge Hawk's mental health court has served more than 400 participants resulting in a savings of $5,123,470 in incarceration costs. |
| Morning 10:15 to 11:15 a.m.| Garden Court III                                        |                                                                                                                                                                                                              |
| October 23: Saturday      | Ask the Doctor                                           | John Bennett, M.D. Medical Director, Adapt of Texas  
Dr. Bennett is a long-time community psychiatrist and advocate for people with mental illness. He is very recovery-oriented, creative, persistent and caring in his efforts to work with patients and their families to achieve the highest level of recovery possible.  
Dr. Bennett will answer questions from family members, consumers, and professionals about mental illness and treatment. |
| Morning 10:15 to 11:15 a.m.| Mayfair                                                 |                                                                                                                                                                                                              |
| October 23: Saturday      | A Personal Perspective                                   | Michael Fuller, M.D. University of Texas Medical Center at Galveston  
Michael A. Fuller, MD, Associate Clinical Professor, serves as a Faculty Clinician and Advisor for the Psychiatric Consultation and Liaison Service for the Department of Psychiatry at UTMB. His expertise comes from years of experience with the Psychiatric Consultation and Liaison service where he evaluates and treats hundreds of patients requiring immediate interventions during their hospitalization.  
Dr. Fuller’s sensitivity and “down to earth” manner have been praised by his patients and co-workers. Dr. Fuller is refreshingly honest about his own mental illness, and always brings humor and great insight to his talks. |
| Morning 10:15 to 11:15 a.m.| Bel-Air I-III                                            |                                                                                                                                                                                                              |
| October 23: Saturday      | North Texas Psychiatric ER Services: How 23-Hour Triage Services Work | Frank Webster, M.D., Associate Professor of Psychiatry, University of Texas Southwestern Medical Center, Medical Director of Integrated Crisis Services, Green Oaks Hospital and Parkland Memorial Hospital  
Dr. Webster and Ms. Whiteley will present a workshop about the Psychiatric Emergency Services in the North Texas Area. Pam was actively involved in creating, staffing and implementing the Psychiatric Emergency Room at Green Oaks Hospital more than 10 years ago. This Psychiatric ER works as the “front door” for psychiatric crises in a seven-county North Texas area that includes Dallas, Collin, Rockwall, Kaufman, Ellis, Hunt and Navarro.  
The goal of the program is to eliminate barriers to accessing care. The unique properties of PES at Green Oaks Hospital are the 23-Hour Observation and Triage techniques used to identify, stabilize and either admit or refer people in crisis to their appropriate level of care in the community. |
| Morning 10:15 to 11:15 a.m.| Bel-Air I-III                                            |                                                                                                                                                                                                              |
**Team Move: Balancing Mind, Body and Motion**

Steven R. Scott, MA, LPC-S

Steven will explain the link between physical fitness and good mental health and how Team Move has successfully combined them. He will also discuss research he conducted with Holly Lockett, and will review those findings. Steven will also attempt to prove that physical fitness in combination with group psychotherapy is a cutting-edge approach to holistic wellness that is solution focused.

**MHMR of Harris County: A Working Consumer Advisory Council**

Herb Bateman, Consumer Council Coordinator  
Harris County Consumer Advisory Council  
Rose Langham Childs, MSW, Deputy Director of MHMR Authority of Harris County  
Felix Martinez, Harris County Consumer Advisory Council  
   The Consumer Advisory Council was established by the MHMRA Board of Directors to address issues that may come up about an individual’s service in the system of care. Participants will learn about the history of the Consumer Advisory Council, its mission, goals and accomplishments, and identify key parts of creating and maintaining an effective program.

**Balance Your Brain: Balance Your Life**

Jeff Bullard, M.D., Medical Director  
Leigh Richardson, BCIA, EEG Certified, Clinical Director, The Brain Institute  
The goal of the presentation is to educate people on the cognitive neuroscience that is associated with everyday mental health issues, and create awareness to different modalities of treatment available to address the varying psychological issues.  
The first step is to see what is going on in the brain by making a brainmap (QEEG) -- and reading brain waves in 19 places. Testing for depression and anxiety, as well as the IVA, an auditory and visual continuous performance test to assess ADHD symptoms, may also be performed.

**The Implementation of the Recovery Model in All Veterans Health Care Programs**

Cliff McGlotten, MAT, LCSW, ACSW, BCD, ACSWCM  
Senior VA Social Worker, Local Recovery Coordinator, Acting Veterans Justice Outreach Coordinator  
Elizabeth Goff, LCSW, Senior VA Social Worker  
Faith Lane, LCSW, Senior VA Social Worker  
Holly Darling, LCSW, Senior VA Social Worker  
Audie L. Murphy VA Medical Center in San Antonio, San Antonio VA Hospital  
Phil Dunn, LCSW, VA Social Work Supervisor  
Phil Jones, Peer Mental Health Volunteer  
Bruce Jones, Peer Mental Health Volunteer  
The VA's Uniform Mental Health Handbook prescribes the transformation of all VA Mental Health programs from that of the traditional medical model to that of the Recovery Model. This presentation will describe the Uniform Mental Health Handbook, its mandates for transformation and its goal of implementing a veteran-centered Recovery Culture within the largest integrated health care system in the United States.  
The presentation will describe the roles of individuals and agencies charged with leading this recovery movement with the VA and the barriers that impede them.

**Vocational Rehabilitation Services**

Rochelle Owens, MS, Vocational Rehabilitation Counselor, Department of Rehabilitative Services  
Rochelle has a master's degree in Rehabilitation Counseling from the University of North Texas and has a certification as an Employment Specialist, Ex-offender’s Employment Specialist, and Mental Illness Resource Provider.  
The object of this workshop is to inform family members and people with mental illness of the services available to people with disabilities regarding employment opportunities.
Elvia Ruelas: Con’t from 5

From the perspective of a family member, support for consumers is vital. NAMI needs to increase the visibility of their work and the knowledge of the public about mental illness in order to reach this goal. We need to put NAMI out there. Word of mouth helps, but organization and planning are vital also. I would like to further develop the role of Consumer Advocate in contributing to NAMI’s efforts to make its presence and mission known throughout our society.

Finally, I would like to build on NAMI’s work with consumers to create and support the opportunity for socialization within the network of consumers. When we come together, we are a powerful force for change. So many consumers have not yet discovered their voices and potential. NAMI is in a unique position to harness this power, and I’d like to be a part of that.

Jeanine Hayes: Con’t from 8

...their treatment is possible. NAMI needs to continue to broaden its reach and inclusiveness to consumers, with programs, education and support on a day-to-day level. I would like to see more programs geared to consumers to take an active part as leaders - more powerpoints, use of talent and creativity, planning together to come up with inclusive efforts benefitting the consumer.

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Mark Korenek: Con’t from 8

...funds will be easier to raise. Word of mouth is the best way to advertise. The more we spread our services, the more our name is spread. I plan to do as much networking as possible to make NAMI programs available. I don’t want people waiting three years to call us, like I did, thinking we can’t help. I know we can help and I want to share this with as many people as possible.

Marsha Phillips: Con’t from 8

...counseling organization, i.e., AA. A family or consumer should be able to call or come to any group for help wherever they are. I give my clients my cell phone number because trouble doesn’t always happen 9-5 on M-F. Catapults and tragedies don’t always happen in the same place or a certain location. People need help when and where they are.

Paula Hendrix: Con’t from 4

...month. I realized that education without the support group left a big hole. It took both to regain balance in my life. I sincerely believe this applies to all consumers and family members. Seeing people come and find that balance at NAMI is awesome!

5. Funding our programs across the state is definitely a priority. Fundraising is extremely important. Working on the NAMI Texas Board the last three years, I have become very aware of the importance of raising unrestricted funds. Unrestricted funds allow us to provide our services in a much broader arena. If we all work together to make NAMI Texas the first point of contact for psychiatrists, mental health clinics, emergency rooms, and law enforcement when they come in contact with a person with mental illness and/or a family member of the person these funds will be easier to raise. Word of mouth is the best way to advertise. The more we spread our services, the more our name is spread. I plan to do as much networking as possible to make NAMI programs available. I don’t want people waiting three years to call us, like I did, thinking we can’t help. I know we can help and I want to share this with as many people as possible.

Joel Feiner, M.D.

Winner of the 2000 NAMI Exemplary Psychiatrist Award, Dr. Feiner is a retired psychiatrist from the Dallas VA, a former Professor of Psychiatry at UT Southwestern Medical Center, an author and consummate friend, and a huge proponent of consumers taking control of their own destinies by having a major say in their treatment.

“My sub-specialty is social and community psychiatry, which I define as the development of and clinical involvement in systems of care for populations at risk. I have always maintained a teaching and mentoring relationship to medical students and psychiatric residents. My interests have involved urban adolescents, jail mental health, psychiatric rehabilitation, persons with major mental illness, especially with co-occurring substance abuse. Recently, in working with the latter group, I have been concerned with necessary attitudes and values, particularly those which enhance adherence and the process of Recovery.”

Elvia Ruelas: Con’t from 5

...state is crucial. I would like NAMI TEXAS to be as visible and “talked about” as the American Heart Association, the Juvenile Diabetes Association.

To do this, the board with the local affiliates must promote the NAMI name by securing unrestricted funds. A Development Director position is needed to cultivate a viable donor list such as a NAMI Champions honorary board to recognize those generous and kind supporters of NAMI TEXAS.

We also need these funds to support our state office in Austin. The services from our executive office must be stable and steady. This cannot happen without the funds to support salaries and benefits.

NAMI WALKS in all regions need to be fostered. The walks in Houston, Dallas, Austin, San Antonio and Fort Worth have been great! We must extend this effort to other areas. I have confidence that the VIA HOPE grant will help affiliates get the grassroots activities off the ground.

I suggest that a regional plan to raise funds be drawn. A large fund raising event such as a Gala featuring a notable public speaker could be planned for the points of the state: DALLAS, HOUSTON, SAN ANTONIO, EL PASO, CORPUS CHRISTI, MCALLEN. Not only would we increase our unrestricted funds, but those areas would get a boost in publicizing the NAMI efforts.

Joe Powell: Con’t from 6

...But the one concept that must be followed is the integration of behavioral healthcare and traditional healthcare. A combination that will be cost-effective up front but will provide for all of the health needs, medications, etc. at one time. This effort will lead to true and lasting Recovery. To reach this goal we must be willing to move to a more peer-driven support system and have physicians willing to be trained in the recovery model.

Joel Feiner, M.D.

Luncheon Keynote

Winner of the 2000 NAMI Exemplary Psychiatrist Award, Dr. Feiner is a retired psychiatrist from the Dallas VA, a former Professor of Psychiatry at UT Southwestern Medical Center, an author and consummate friend, and a huge proponent of consumers taking control of their own destinies by having a major say in their treatment.

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Award Categories

Charley H. Shannon Advocate for Justice Award
Mental Health Professional of the Year
Betty Fulfenwider Media Award
Volunteer of the Year Award
Dedication to NAMI Award
Creativity, Hard Work, and Loving Commitment Award
Mark Korenek Consumer Quality of Life Award

NAMI Texas’ Annual Quilt Auction

Luncheon Keynote

Joel Feiner, M.D.

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2:30 p.m. NAMI Texas Annual Election Results for Board of Directors and Consumer Council Representative will be presented.

Conference Closes
To join NAMI as a consumer/family member, please visit the NAMI Texas website at www.namitexas.org or contact your local Affiliate. A listing of our local Affiliates can also be found on our website- please check to see which Affiliate is closest to you. You may also make a donation at www.namitexas.org.

To find a NAMI Texas affiliate in your area, call 1-800-633-3760 or visit www.namitexas.org.