Join Us at the 2015 NAMI Texas Conference

Join us for "Pathways to Wellness" - the 2015 NAMI Texas Annual Conference, which will be held on October 23 & 24 in Dallas, Texas. An engaging lineup of speakers is planned, so be sure not to miss it!

For more information and to register for the conference, visit:

www.namitexas.org/conference/

Photo credit: Matt Ponte

84th Texas Legislative Session Re-Cap
Assisted Outpatient Treatment

Letter from the President
Texas Affiliates Lead National Standards of Excellence Efforts

Affiliate Spotlight

NAMI Gulf Coast has been running Second Chance Thrift Shop since 2011 in order to raise funds for their Affiliate and awareness about mental health.

Ask-a-Fundraiser

Linda Cantu shares how effective it can be to organize a small fundraiser, such as the successful Royale Tea event she recently held in support of NAMI Texas.

Journey of Hope

Elizabeth Buckley, Peabody and Emmy award-winning filmmaker, talks about her family’s journey and the important role NAMI has played in their life.

Say It Out Loud! Campaign Launched

NAMI Releases Mental Health Support App

Miss Texas International 2015 to Serve as NAMI Texas Ambassador
Dear Friends,

Another summer is upon us, which means the state legislative session is over. There are many bills that passed, or that were rejected, in which NAMI Texas had a major role in the outcome. Without a staunch public policy committee and the very able Greg Hansch in the saddle for us as our Public Policy Director, our voice would not have been heard.

I know that many of us are not true political animals, we say the wrong thing, and we insert many feet in mouths and have a hard time not complaining about what happens in Austin. Lucky for us we have cooler heads prevailing – many times it means reaching across both sides of the aisle to accomplish anything for mental health. Thank you Greg for having the confidence, the tenacity and the calm demeanor to express our views without making enemies.

Public policy has far-reaching effects on us all as we look for more funding, better governance and fairer treatment of people with mental illness and their families. With this in mind, remember to thank our mental health champions, thank those who voted along with them, and keep active in your state and local politics. Your next state senator may carry the next great mental health bill.

My best for a safe and enjoyable summer – and don’t forget to keep a lookout for information about the NAMI Texas Conference October 23 and 24th in Dallas – Pete Early and Brian Cuban are our fantastic keynote speakers – don’t miss out!

John Dornheim
President, NAMI Texas
84th Texas Legislative Session Re-Cap

The 84th session of the Texas Legislature was a busy time for lawmakers, their staff, and mental health advocates. After a productive 83rd session, progress continued to occur as stakeholders worked together to identify and address gaps in the laws related to mental health in Texas. As NAMI Texas and our Affiliates look to the future for a new set of opportunities, it is important to consider what occurred in 2015 to build upon our successes, learn from our failures, and reassess our approach to the challenging, important work of mental health advocacy.

We made a great deal of progress this year. Out of the 140 bills that we tracked, nearly 50 went to the Governor’s desk. Over 60% of the bills that we supported passed both chambers. We played an active role in killing at least two bad bills. Several initiatives that we spearheaded made it all the way to the Governor, and our advocacy partners relied on us to be leaders on at least 5 coalition priorities. We testified in dozens of hearings, made hundreds of phone calls and sent hundreds of emails to the Capitol, and visited every last legislative office in the Capitol numerous times. The NAMI voice was heard loud and clear this legislative session and we are a respected stakeholder in the Texas legislative community.

Among the highlights from the 84th session is an approximate $150 million dollar increase in funding for mental health services over the previous biennium. With mental health services in Texas being chronically underfunded, this issue is a perennial concern for NAMI Texas and it is encouraging to see substantial increases during the last two legislative sessions. NAMI Texas was vocal about the need for higher funding levels for outpatient services, alternatives to hospitalization, and inpatient services. Also, NAMI Texas spearheaded an unprecedented effort to establish state funding for recovery-focused Clubhouses – the Legislature and Governor agreed to provide $1.3 million in funding. Another notable item in the budget is $32 million to allow for an expansion of Medicaid Home and Community Based Services to include a forensically-involved population. This is a substantial improvement to the system of care and NAMI Texas was closely involved with the effort to fund it. There were numerous other budget items and riders related to mental health that passed and we’ll be placing a full recap on the NAMI Texas website.

State agencies in Texas go through a periodic Sunset review to determine the need for continued existence. In this past legislative session, several state agencies of interest went through Sunset review. There were about 10 Sunset bills that we were tracking and conducting advocacy on. A core theme of Sunset health and human services outcomes is consolidation. Here are a few key changes to know: mental health client services are transferring from DSHS to HHSC by September 2016; state hospitals and DSHS regulatory functions are transferring to HHSC by September 2017; prevention and early intervention services are transferring to DFPS; supported employment services are transferring to TWC; most advisory committees are being reorganized; a Transition Legislative Oversight Committee will be established to oversee the changes, and a study on the continuing need for DSHS and DFPS will be completed by September 2018.

It was clear going into the session that the well-documented mental health workforce shortage would be something worked on by the Legislature. Bills passed include SB 239 (creating a student loan repayment assistance program for mental health professionals), SB 18 (establishing a permanent fund supporting graduate medical education), SB 295 (requiring the state to track information about medical students and how often they stay in Texas after school), HB 1924 (expanding the authority of a licensed psychologist to delegate psychological tests or services to pre-doctoral interns), and HB 1430 (raising awareness of mental health career possibilities among students). Also, an amendment to one of the Sunset bills will help Licensed Marriage and Family Therapists receive reimbursement for their services.
Texas has one of the nation’s largest veteran populations and there is a growing recognition that the state needs to better address the mental health needs of those who have served our country. Bills passed include SB 55 (establishing a grant program for the purpose of supporting community mental health programs providing services and treatment to veterans with mental illness), HB 19 (strengthening the Military Veteran Peer Network by enhancing mental health intervention services for veterans, establishing preventative family crisis support services for veterans and military families, and requiring the state to support the local collaboration of both mental health services and preventative family crisis support services), HB 1338 (requiring the state to establish and maintain a training program for peace officers that provides information on veterans with combat-related trauma, post-traumatic stress, post-traumatic stress disorder, or a traumatic brain injury), HB 3404 (requiring the state to study the possibility of providing integrated care to veterans with PTSD), SB 1304 (creating a women veterans mental health initiative within the existing mental health intervention program for veterans), SB 1305 (creating a rural veterans mental health initiative as part of the mental health intervention program for veterans), SB 1308 (providing veterans services information to veterans who receive a driver’s license or personal identification certificate), and HB 1762 (create a health care advocacy program to resolve access issues raised by Texas veterans at VA healthcare facilities).

The policymakers of Texas continue to show an awareness of the importance of early intervention, prevention, and harnessing family support. Bills passed include SB 133 (specify that the educators provided training in mental health first aid through an existing grant program are school district employees and school resource officers), SB 125 (require a child in the custody of the state to receive a developmentally appropriate comprehensive assessment within a reasonable period of time), SB 1117 (requiring the state to assist youth transitioning out of foster care with housing needs), SB 1889 (prohibit the state making a finding of abuse or neglect against a person in a case in which DFPS is named managing conservator of a child who has a severe emotional disturbance only because the child's family is unable to obtain mental health services for the child), HB 2684 (requiring the state to develop a model training curriculum for school district peace officers and school resource officers, and for districts with 5,000 or more students to adopt policies requiring the completion of the curriculum), HB 440 (clarifying that modifications for physical education should be provided for all public education students who have disabilities, including mental and emotional health or intellectual or developmental disabilities), SB 674 (facilitating appropriate educator training in steering children in need of care for a mental illness or an addictive disorder toward treatment), and HB 2186 (requiring suicide prevention training to be provided on an annual basis, as part of a new employee orientation, to all new school district and open enrollment charter school educators and to existing school district and open enrollment charter school educators on a schedule adopted by the state). Also, with mental illness so commonly emerging in the young adult years, it is critical to have proactive interventions that link people directly to care. Bills passed include SB 1624 (requiring a general academic teaching institution to provide to each entering full-time undergraduate, graduate, or professional student information about available mental health and suicide prevention services offered by the institution or by any associated organizations or programs and about early warning signs that are often present in and appropriate intervention for a person who may be considering suicide) and HB 197 (requiring certain public institutions of higher education to create a web page on the institution's website dedicated solely to information regarding the mental health resources available to students at the institution).

Successful efforts were made in this legislative session to address several issues related to consumer rights that were long overdue for reform. Bills passed include SB 1129 (requires the method of restraint used in transporting a person to a mental health facility to permit the person to sit in an upright position without undue difficulty unless the person is being transported by ambulance), HB 2216 (prohibits a driver’s license application, other than a general inquiry as to whether the applicant has a mental condition that may affect the applicant’s ability to safely operate a
motor vehicle, from including an inquiry regarding the mental health of the applicant, including an inquiry as to whether the applicant has been diagnosed with, treated for, or hospitalized for a psychiatric disorder), and HB 2708 (deletes text from rules regarding relative-led driver’s education course that reads “disabled because of mental illness”). One important employment-related bill that passed is SB 1664 (initiating the Texas ABLE Act, through which individuals with disabilities and their families create tax-free savings accounts to cover qualified expenses without the fear of losing eligibility for Medicaid). As for housing, bills passed include HB 1428 (preventing persons with disabilities from ever risking a loss by participating in the state’s Homebuyer Assistance Program) and HB 1510 (limiting liability of landlords for renting to a person with a criminal record).

Through our Stepping Up Initiative and other endeavors, NAMI Texas and our Affiliates have committed to address the criminal justice system involvement of individuals with mental illness. Bills passed in this area include SB 578 (increasing the accessibility of information to help with the reentry and reintegration of prison inmates), SB 1507 (establishing the position of Forensic Medical Director at the Department of State Health Services), HB 211 (establishing reasonable time frames for the resumption of criminal proceedings following competency restoration), HB 549 (requiring the state to adopt reasonable rules and procedures establishing minimum standards for prisoner visitation that provide each prisoner at new county jails with a minimum of two in-person, noncontact visitation periods per week of at least 20 minutes duration), HB 1083 (requiring mental health assessment of prison inmates before placement in solitary confinement and alternative placement if deemed that solitary confinement would be detrimental to inmate mental health), and HB 1908 (improving continuity of care planning for criminal offenders with serious and persistent mental illness).

Several bills that we worked in support of were vetoed by the Governor. We will evaluate the Governor’s justification and reassess our approach going into the next session. Vetoed bills include SB 359 (would have authorized licensed hospitals to adopt and implement a policy providing for a 4-hour hold of a person who voluntarily presents for treatment but then expresses a desire to leave before the examination or treatment is completed and who the facility has reason to believe that the person has a mental illness and because of that mental illness there is a substantial risk of harm to the person or to others unless the person is immediately restrained), HB 1855 (crisis intervention training for corrections officers), and HB 225 (would have granted drug overdose victims and bystanders who call for help a defense to prosecution for minor drug-related offenses under limited circumstances).

Overall, it was a great session for mental health and we’re going to keep up the momentum in the interim. Thank you for your work!
Assisted Outpatient Treatment

Many individuals with serious mental illness live the reality of being trapped in the revolving door of hospitals and the criminal justice system without consistently receiving the treatment and services that would provide a sound foundation for their recovery. Medication adherence is often a serious challenge for this population: studies show that relapse of those with first-episode psychosis can be extremely high for certain conditions and that the greatest predictor of relapse is medication non-compliance. Many of these individuals suffer from anosognosia, which refers to having a lack of insight into their condition, commonly leading to a divergence from the treatment plan and repeated hospitalizations and incarcerations. This is a challenge that has faced our community for many, many years.

Since the early 1970s, an approach known as Assisted Outpatient Treatment (AOT) has been increasingly utilized and recognized as a highly effective means to bring this population onto a trajectory for recovery. Now, all but 5 states have laws that explicitly authorize AOT. Texas is one of them. Under AOT, persons meeting stringent eligibility criteria (typically involving repeated stays in hospitals and/or criminal justice settings and a history of divergence from treatment plans) are placed under court order to comply with a treatment plan as a condition for living in the community. Intensive case management, court advocacy, and monitoring are provided as well. A court may not compel a person to comply with a treatment plan – rather, AOT relies upon a ‘black robe effect’ whereby the weight of the court order generally motivates a person to adhere to treatment by means of the ritual of court and the symbolic significance of a court order. If a person were to not comply with the court order, an evaluative hearing would typically be held to determine whether or not hospitalization is needed. Evaluations of AOT show that non-compliance with the court order is actually a rare occurrence – people are frequently influenced and motivated by their involvement with the judge.

As previously mentioned, Texas is one of the many states that has a law authorizing AOT. Our AOT statute is found in Chapter 574 of the Texas Health and Safety Code. It allows probate judges to order extended outpatient mental health services only if a finding is made that a person has a serious and persistent mental illness and that if it goes untreated the person will suffer severe and abnormal distress and will experience deterioration of the ability to function independently in the community. Furthermore, the person must have shown an inability to participate in outpatient treatment effectively and voluntarily, and must have either received an inpatient commitment of at least 60 days during the preceding 12 months or received an outpatient commitment during the preceding 60 days. Program requirements include care coordination and any other treatment and services, including medication and supported housing, considered clinically necessary to assist the person in functioning safely in the community. The statute makes clear that the court may order but not compel performance and that failing to comply with the court order is not grounds for punishment for contempt of court. NAMI Texas and our Affiliates have worked over the years to improve Texas’s AOT law. Even though Texas and 44 other states have laws permitting AOT, it is clear that AOT is vastly underutilized as a local intervention. Misconceptions, concerns about civil liberties, lack of funding, and flat-out willful ignorance all play a role in the underutilization of AOT.

The state of New York initiated a landmark AOT law in 1999. An initial evaluation of it in 2003 found that AOT had resulted in substantial declines in incarcerations, arrests, psychiatric hospitalizations, and homelessness among the people engaged in the program. The evaluation also found that AOT had both dramatically increased participation in vital services and improved medication adherence. A majority of the recipients endorsed AOT after becoming involved with it. More recent evaluations by a team of researchers from Duke University School of Medicine have found similar results. Findings suggest that it is not just the increased availability of services that results in
improved outcomes – the court order itself exerts a critical, positive effect. In 2013, the same researchers found that AOT “requires a substantial investment of state resources but can reduce overall service costs for persons with serious mental illness”. As we’ve learned in past advocacy, cost savings can be a major selling point for policymakers in all levels of government. The research base behind AOT as a highly efficacious, cost-effective intervention is exceptionally strong.

In December 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA) held a public seminar geared towards sparking a discussion on AOT. Then, in February of this year, SAMHSA updated its National Registry of Evidence-based Practices with a page on AOT. The AOT outcomes highlighted by SAMHSA include reduced hospitalization, reduced assault or threat of violent behavior, improved quality of life, and reduced suicide. SAMHSA’s endorsement of AOT is encouraging, intriguing, and somewhat unexpected because of a widely-held perception that SAMHSA is not focused on serious mental illness and that it at times is openly anti-psychiatry. As AOT earns increasing support from stakeholders that have historically had reservations about it, we will see greater numbers of individuals with serious mental illness achieve positive outcomes and progress on the path of recovery.

Mental health advocates like NAMI Texas have a duty to get the word out about these developments and to build opportunities for AOT to become a more widespread practice in our state. Other advocacy groups, providers, consumers, family members, funders, policymakers, and the general public need to know about AOT. Currently, there is a bill (H.R. 2646) in Congress that can truly be seen as a comprehensive mental health overhaul bill. Among its many provisions is one that incentivizes states having an AOT law by offering a 2% increase in mental health block grant funding. NAMI has indicated support for the bill and for getting the most of this incredible opportunity for broad federal mental health reform. There is a robust internal discussion taking place within and among NAMI groups around the country. NAMI Texas urges you to contact your congressional representative and to engage in this discussion, especially as it pertains to AOT. Your voice is needed to bring the truth about AOT to the forefront of the present mental health policy discourse that will shape the future for many years to come.
Texas Affiliates Lead National Standards of Excellence Efforts

NAMI Texas is proud to announce that four (4) NAMI Affiliates in Texas were among the first nine (9) Affiliates nationwide to successfully complete the Standards of Excellence process.

At the March 2015 NAMI Board of Directors meeting, NAMI Austin, NAMI Dallas, and NAMI El Paso all passed the vote to be offered re-affiliation through the Standards of Excellence process. They join NAMI Denton County, which was the first Affiliate in the nation to be offered re-affiliation back in 2014. Congratulations to these Affiliates on this well deserved distinction!

Established to strengthen and protect NAMI Affiliates, the Standards of Excellence requirements are based on best practices, IRS and legal requirements, as well as operations practices that will contribute to greater consistency across NAMI, NAMI State Organizations, and NAMI Affiliates. Throughout this process, Affiliate leaders update, revise, and post the necessary documentation for both quantitative and qualitative reviews. Once their documentation passes the reviews, the Affiliate goes up for an endorsement vote by the NAMI State Organization, followed by a re-affiliation vote by the national NAMI office. The acknowledgement of being re-affiliated is an indication that the NAMI Affiliate is upholding the operational standards set forth by the National Alliance on Mental Illness.

Other NAMI Affiliates in our state are well on their way to achieving the Standards of Excellence requirements, as well. We encourage you to reach out to your Affiliate leaders to support them in their efforts to complete this important process.
Miss Texas International 2015 to Serve as NAMI Texas Ambassador

We are very excited to announce that Elise Banks, Miss Texas International 2015, will serve as the NAMI Texas Ambassador. With her background in the mental health field, and her personal platform as Miss Texas International, we know Elise is an excellent choice to help us break down the stigma associated with mental illness.

She is determined to encourage everyone to develop healthy lifestyles that contribute to good mental health. Her platform, Healthy Mind – Successful Life, is an outreach initiative she founded to help others understand the power they have to create mental health, and to help remove the stigma of asking for help. During her reign, Elise’s goal is to create more awareness of mental health issues, helping to find tangible ways for all individuals to lead productive and healthy lifestyles.

As Miss Texas International 2015, Elise works with middle- and high-school-aged students to give them tools for effectively coping with common teen stressors and adolescent issues. She will collaborate with the National Alliance on Mental Illness — Texas to conduct information sessions on staying mentally healthy for students and parents. She also serves as a spokesperson for H.U.G.S for Autism and partners with the D12 Foundation, the non-profit founded by the Houston Rockets’ Dwight Howard, to encourage people to make positive choices in their lives. Elise also works with the Houston-area Go Red for Women organization, a movement of the American Heart Association, serving as a keynote speaker on women’s heart and health issues.

Her commitment to her mission is a very personal one: At the age of nine, she watched her grandmother pass away from Alzheimer’s Disease. Elise decided that her life’s work would be furthering mental health, so in addition to raising funds and acting as a legislative advocate for the Alzheimer’s Association, she became a licensed counselor, committing herself both personally and professionally to the issues that surround mental health.

Elise earned a Bachelor of Science Degree in Psychology from Baylor University and a Master of Science Degree in Counseling from the University of Houston, where she graduated with honors.

Elise is committed to a heart-healthy lifestyle, and loves using her daily workouts to keep her mind and body healthy. She enjoys running, boxing and weight training. Elise also loves to travel and scrapbook her trips, and enjoys spending time with family and friends. Elise is a member of Lakewood Church, and she resides in Houston.

Contact Elise at: MissTexasIntl2015@gmail.com
One in five teens are facing a mental health condition, and yet studies show that more than 50 percent of those teens and young adults are not getting the help they need. In response to this crisis, NAMI has created a new program in an effort to raise awareness and fight the stigma keeping teens from seeking help. *Say It Out Loud* was created to get teens talking about mental health in a meaningful and productive way. Among young adults, ages 10 to 24, suicide is the leading cause of death, with more than 4,500 young people dying by suicide each year. Teens and young adults who live with mental illness can feel hopeless and alone. Many young adults don’t understand what’s happening to them, or fear they can’t be helped. NAMI recognized that it is essential to start the conversation with teens and young adults in an effort to prevent the unthinkable, as well as to let teens know that it’s okay to not be okay. It’s okay to ask for help.

*Say It Out Loud* gives adults the tools they need to start the conversation with teens in a variety of different settings, including faith-based and community youth groups and programs. Group leaders and adults have instant access to helpful tools such as a short film addressing the 10 common warning signs, a discussion guide on how to successfully facilitate a group discussion, a presentation to learn more about mental health conditions in youth, and fact sheets and information about how to connect with their local Affiliate. There is even a social media assets guide to get teens and young adults engaged and excited about an awareness event.

With these tools available at no cost, NAMI is taking steps to partner with adults and group facilitators to make a difference in the lives of teens. If you know of or suspect a teen who is struggling to cope with mental health issues, please visit [www.nami.org/sayitoutloud](http://www.nami.org/sayitoutloud).
NAMI recently released a new mental health app, AIR (Anonymous. Inspiring. Relatable.). It is a free social network-based app designed specifically for individuals living with mental illness and their family members and friends.

AIR gives users the opportunity to create an account, anonymously share their stories, and receive support from other members of the community. In addition, it includes resources about how to get help and learn about NAMI.

AIR can be downloaded through both the Apple and Android app stores. All posts are completely anonymous; the only information users are asked to provide is an email address.

To learn more about the AIR app, please visit:
https://www.nami.org/Find-Support/Air-App
Affiliate Spotlight: NAMI Gulf Coast

Second Chance Thrift Shop was established by NAMI Gulf Coast in 2011 in an effort to diversify funding sources for the Affiliate and give individuals living with mental illness an opportunity to engage in productive employment. They receive items such as clothing, furniture, accessories, and seasonal goods, from generous local donors, then re-sell them to raise funds for the organization.

Proceeds are primarily used to fund education and support programs, however it doesn’t end there.

“Not only are the financial proceeds beneficial to our programs,” explained Jeanette Taylor, Executive Director of NAMI Gulf Coast, “We also have a voucher program where case managers from MHMR can submit requests for clients. Later, clients come and have a shopping spree to get them back on their feet and build their confidence. Last year, NAMI Gulf Coast provided about 30 vouchers providing $1,500 in items, clothing, furniture and goods.”

When first getting the shop off the ground, NAMI Gulf Coast encountered a number of challenges. They needed to convince leaders that this was an opportunity worth pursuing; they needed to find a facility that would accommodate their vision within budget; and they needed to get the word out to drive public support.

Having patience was key. “It used to be a day of making $100 was considered good,” said Taylor. “Now we get excited when we have $400-$500 days, which luckily have been happening at least once a week. Last year, the thrift store generated almost $50,000 in sales.”

Most of the shop’s growth came over the past two years, after welcoming Erin McReynolds on board as the Thrift Shop Manager. Erin was able to apply her previous sales experience to their new endeavor with great success. The shop now employs 4-5 people at any given time and draws from its base of volunteers, who have experience in many areas of expertise.

“Finding the right team with the right chemistry has made a huge difference,” said Taylor. “Part of recovery requires families and individuals to make efforts to socialize and not isolate. Working in the thrift store creates an environment of fellowship, team work, and build[s] confidence.”

Taylor offers the following advice to other Affiliates interested in pursuing similar efforts: “Know what you are already good at...and consider how it can be grown into something profitable.”

Despite initial hurdles, NAMI Gulf Coast quickly realized the potential for impact in their area. “The positives are the exposure it brings to the community and an opportunity to have an open dialogue with people who may have never known who we are and how we can help,” said Taylor. “It is a great way to start a conversation about mental illness and what we do.”
Ask-a-Fundraiser

**Contributor:**

*Linda Cantu* has had experience organizing successful fundraising events over the years. Along with her nearly 30-year career at Bristol-Myers Squibb Pharmaceutical Company, she is passionate about a variety of causes including the Texas HIV AIDS Coalition, League of Women Voters of Houston Area, and Crisis Intervention Hotline Advisory Council. Inspired by a family member’s struggle with mental illness, she served as a NAMI Gulf Coast Board Member from 2011-2013 and currently serves on the NAMI Texas Board of Directors. Ms. Cantu received her BA in Political Science with a minor or Latin American Studies from Trinity University in San Antonio. She also received an Interior Design Certificate from the University of Houston. Ms. Cantu is married to her husband of 35 years and has two daughters.

What was your inspiration for a Royale Tea?

I was looking for a fundraising idea for NAMI Texas that would be fun and different for my friends and family. I also wanted an event that would be fairly easy to implement and not be expensive to execute. My goal was to have a high return on my investment (ROI). I thought an Afternoon Tea would fit the bill for a two hour fundraiser / fundraiser. It definitely would be simple to execute – tea, finger sandwiches, desserts, and champagne. I did a lot of research and learned a lot about Tea Parties. By the way, a Royale Tea means you can serve champagne, not just tea.

Where did you hold it and why?

I decided to hold it in my home. I actually thought about a restaurant but wanted to keep costs down. Holding the event in my home was easier to control budget and my loft could accommodate the size of the group.

What was your overall goal? Did you meet it?

My initial goal was $2,000.00 for 2 hours (that was how long the Royale Tea lasted). Happy to say we more than doubled the goal and money is still coming in!!! I enclosed a self-addressed envelope to each invitation, asking folks to consider donating even if they could not make the event. At least half of the invitees who could not come sent in donations, which was incredibly generous. I have wonderful friends.

What is your prior fundraising experience?

I have attended and helped with numerous fundraisers, I have also hosted a couple of fundraisers in my home and have learned from each experience. I would say I am still a novice at fundraising but determined to continue to improve. It is worth the time and effort to raise funds for NAMI Texas because NAMI Texas benefits so many individuals living with a mental illness and their families.
Were you limited to the number of attendees? If so, how did you determine who would be on your guest list?

I did think about the number of attendees because my loft is not that big. Landed on 20-25 and guest list was easy because I have many friends who care greatly about our community.

Did the Royale Tea require admission?

My personal invitation was the admission to the Royale Tea.

What activities did you have?

Presentation by NAMI Board Members (5-10 minutes)

Miss Texas International presentation on why mental health is her platform

Fascinators (hats) by Eye Heart Me for the ladies to enjoy

Raffle of a fascinator (hat), which was fun and brought in an additional $80.00

Lots of tea, champagne, sweet and savory treats

Did you ask for a specific amount from each attendee?

I have actually tried different strategies – relying on donations or charging an admission up front. Since it was a house party, decided to let attendees decide on the amount of their donation.

How did you create an experience that emotionally pulled your attendees into what you do matters to them, personally?

Talked about NAMI Texas’ Mission, Vision, Education, Support groups, and Advocacy work. Also, discussed the prevalence of mental illness and where we stand as Texans in providing resources to individuals with a mental illness.

Personal story shared by fellow board member, Mary Ferree

Also, utilized my friends and family who are mental health providers and advocates to share their stories

How did you communicate the philosophy of NAMI Texas?

Many different ways, the printed invitation itself contained NAMI Texas Mission and Vision on back plus an enclosed handwritten personal note expressing why NAMI Texas is a worthwhile organization to support.

Spent 5-10 minutes at the beginning of the Tea to familiarize attendees about NAMI Texas. As I mentioned before, having Mary Ferree share her story was inspiring.

Also, I had a NAMI Texas fact sheet available for people to take home.

Other than asking for donations at your event, did you give attendees the option to give more?

Yes, in my thank you notes after the event, I once again invited them to visit www.namitexas.org.
What plans do you foresee to secure future support from these donors?

Since the event was so successful, I do plan on an Annual Royale Tea, my friends should be looking for another invitation next year. I also think it is very important to continue to communicate with donors on how their donations helped individuals living with mental illness and their families. NAMI Texas also conducts donor outreach activities.

What advice do you have for first time fundraisers?

Don’t be intimidated; people want to be a part of a bigger vision and cause. I think you will be pleasantly surprised about the generosity of your friends, co-workers, neighbors, and perfect strangers. I had a big goal but I would have been thrilled even if I didn’t reach it. At least, I brought awareness to people about mental illness and NAMI Texas. The Tea was about friendraising to bring awareness about NAMI Texas and fundraising. The majority of donations to NAMI TX are from individual donors; hence, expanding our reach as members and supporters of NAMI Texas is critically important.
Journey of Hope: Betty Buckley

I came to NAMI, like many, in a state of confusion. Our family member was suffering, and we were suffering as well. My experience has transformed me into an activist for NAMI, and for families living with mental illness.

My husband and I are recent graduates of NAMI’s Family to Family program, which is a most amazing - and completely free - class. I learned more in 12 weeks than I have in 12 years. I understand more fully from this free program than from all the programs I have paid for, researched, and spent countless nights on the Internet digging to find. What did I find? Knowledge, clarity, support, and a real-world forum to ask questions. But mainly, it was the support. We all need ongoing support in understanding and seeking solutions to this terrifying illness.

During the opening comments of the recent NAMI supported Mental Illness Awareness Coalition Day convergence at the Texas State Capitol, I was moved to tears by a galvanizing speech which inspired us all to a standing ovation. Kimberly Allen’s story spoke to me with such insight. Kimberly is an accomplished professional currently managing her own illness & brain disorder. As she recalled her father’s battle with mental illness and the alcoholism he developed over years of hiding and self medicating, she touched my heart. She was carrying his voice through her own. She was carrying his message of pain and his quest for healing through his now-adult child. She did not disappoint. She spoke clearly, powerfully, and emotionally till many of us leapt to our feet and cheered. Kimberly is chair of DBSA Texas (Depression and Bipolar Support Alliance, http://www.dbsalliance.org) a part of the the statewide coalition as well.

I am thrilled to be a part of this coalition, and of NAMI Texas, an organization that gives voice and light to the millions with this “invisible illness” that many run from — till we turn to fight.

As a filmmaker and writer, I love the timeless stories of the battles of good vs. evil, darkness vs. light.

I see now, in my own loved one, that there is a battle he wages against this disorder of his mind. And he is winning. But like many struggles, it is exactly that - a struggle. He is searching for a place of peace. It’s a daily journey, with the ups and downs that come with any journey. Part of the process is learning to define what that peace means to oneself: what kind of life can be managed, what kind of support is needed, and then most importantly the path to that place of balance. I see it as the true hero’s journey. He is our hero.

And I have learned that one of the tools for defending oneself from this brain disorder is medicine. Another is talk therapy. Yet another is stretching actual muscles and walking, or some kind of exercise or practice that eases the mind. And finally, a simple, yet powerful one, meditation. Some find it in prayer. I have found that in trying to practice self-care, even short, guided 10 minute sessions can bring a sense of solace.

In every case, I have learned that alcohol and street drugs exacerbate the very symptoms they are chosen to pacify.

Most of all, I have learned that these tools on the journey, are best evaluated by the individual. Certainly there are doctors to analyze, review, diagnose, recommend, and prescribe. Certainly some individuals reject the notion of illness or disorder. But my hero knows what is working, when it is working. And when it is not.

With NAMI, those of us who coach and cheer from the sidelines can only offer the best love and support to our loved one, while remembering to practice self care as much as possible.