



NAMI TEXAS

The State's Voice on Mental Illness

2007 ANNUAL REPORT

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Letter from our Board President

As most of you know, NAMI Texas has been struggling financially, and continues to do so. Every day we work tirelessly to identify new sources of funding on top of our already existing commitments, but finding funds to support our operating expenses continues to be a challenge. So where do we go from here?

Each of us personally knows why NAMI Texas must continue to exist. At one point, each of us has been hopeless and felt lost while attempting to navigate the mental health system, or lack thereof. Over the years, we have known that, through the work of NAMI, we together change lives, impact policy, change law, and change the future. We also know that we are far from done.

I tell you about our financial struggles because one person can not solve this situation. As we have

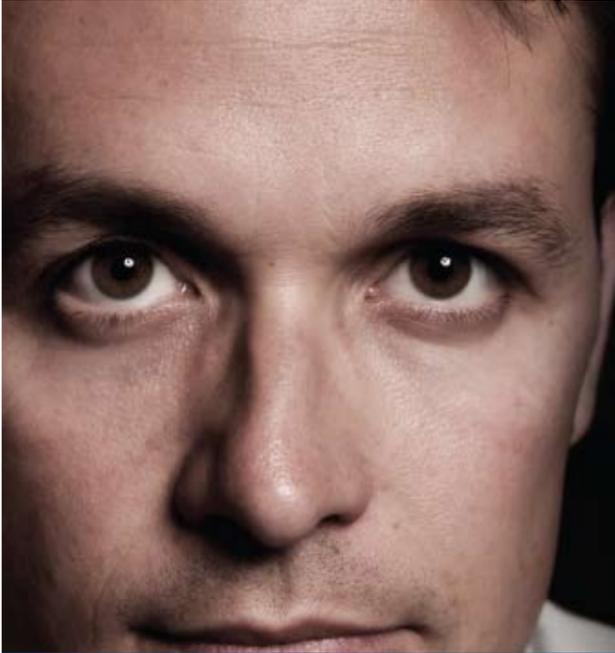
in the past, we must unite and solve this problem together. In a recent article in the Financial Times, Lauren Foster points out that, "unlike other medical charities that benefit from big-time charities... non-profit organizations dedicated to helping people with mental illness are neglected. Even though mental illness is more prevalent than cancer and diabetes, non-profit organizations that aim to serve people with mental illness and family members who support them remain hand-to-mouth organizations." Of course, this statement comes as no surprise to NAMI.

This Annual Report tells the story of what NAMI Texas has been able to accomplish with the hard work and cooperation of our Affiliates, despite our financial constraints. I want you to look through these pages to see the impact of our efforts. We

have accomplished phenomenal things during a year that was pressed for money; imagine what we could achieve when more financially stable! The transformation over the past two years is clear and 2008 is a year for all NAMI members to unite and work together to stay alive and support each other.

With our economy suffering, NAMI Texas will have to become creative. Our Board is reinstating our annual giving campaign. Our NAMI Texas staff will continue to work on grants. Our affiliates will continue to walk across our state. We will all continue to educate and speak out to the public and policy makers about mental illness and recovery. And we will all continue to be the support system that each of us needs to get through the day, bringing hope to Texans one Texan at a time.

-- Donna Fisher, Board President



The early treatment success rates for mental illnesses are 60-80 percent, well above the approximately 40 to 60 percent success rates for common surgical treatments for heart disease.

Supporting the Public

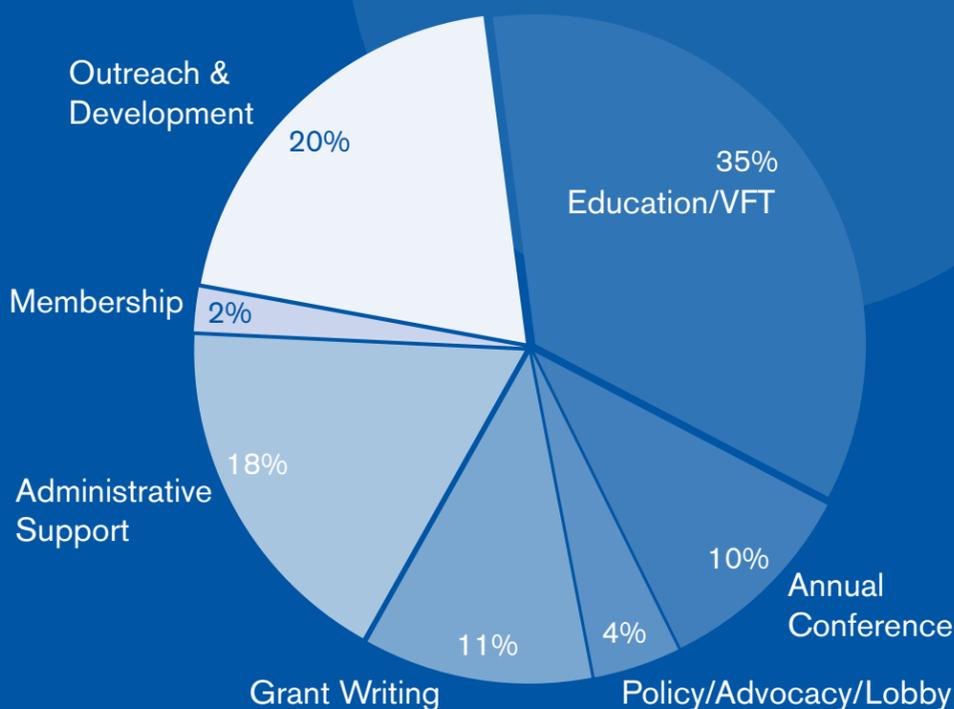
During the course of the year 2007, we took 1302 calls. Many we referred to resources in their area. For those whom we were unable to provide resources we offered support, encouragement, and a listening ear.

Year 2007

Family Members:	810
Consumers:	453
Professionals:	25
TOTAL	1302

217
hours of calls

Staff Activities



NAMI Texas Staff

Robin Peyson, Executive Director
Deborah Rose, Director of Educational Development
Lisa Moore, Education Coordinator
Kelly Jeschke, Office Manager
Kristalle Jaime, Office Assistant

NAMI Texas Board of Directors

President, **Donna Fisher**
Vice President, **Patti Haynes**
Treasurer, **Karen Garber**
Secretary, **Elvia Ruelas**
Region 1, **David Gibson**
Region 2, **Alice Clark**, NAMI Consumer Counsel
Region 3, **Lisa Tomaka**
Region 4, **Vacant**
Region 5, **Vacant**
Region 6, **Paula Hendrix**
Region 7, **Leon Evans**
Region 8, **Mary Robins**
At Large, **Jerry Parker**
At Large, **Roger Morin**
At Large, **Sharon DeBlanc**
Parliamentarian, **Jackie Shannon**
Texas Correctional Office on Offenders with Medical or Mental Impairments Representative (TCOOMMI), **Maurice Dutton**
NAMI Veterans Counsel Liason, **Clifford McGlotten**

Supporting Texans

A message from Diana Kern, former NAMI Texas staff, active NAMI member, and founder of Expect Recovery:

In 1998, my good fortune led me to NAMI Austin, my local affiliate. With their support and education, I was able to begin my journey to an amazing recovery. It was because of the relationships that I developed with these dedicated volunteers that I was able to heal physically, mentally and spiritually.

For 14 years, I had suffered with symptoms, never receiving treatment that worked,

until I started the new generation medications. I had the typical symptoms of schizophrenia: hallucinations and the need for isolation. For too long I lived in a separate world: separate because of the effects of my illness, separate because of the stigma of mental illness and separate from a world that operated in "normality". How could I communicate with anyone while I was hearing voices that were not there, saw things and people that did not exist and uttered nonsensical sentences? How could I connect with anyone at all? Other than the medical professionals and some educated lay people that had studied the symptoms of mental illness, particularly SERIOUS mental illness, no one was able to relate to me.

This is where NAMI comes in: my recovery is based on the relationships we share with one another. In this sharing, we are given the opportunity to feel safe enough to express our experiences and hopes. I did not and do not want to be alone or feel isolated from the world and had had enough of that all those years that I spent in and

outside of a mental hospital or halfway house. I was in a hospital over 30 times in the 80's and early 90's, and each time I left, I went home to no supports. Since I have worked at NAMI and learned the history of treatment for mental illness, I see that I too was a victim of deinstitutionalization without community supports.

This is an important time in NAMI history. We want people with mental illness to live outside of a hospital, right? We want our loved ones and our peers to participate in life,

right? We want them to have relationships and feel connected, which is so important to any human, right?

Okay then--now is the time to grow our NAMI family, to reach out to others who are making the transition from inpatient care to life in this big and often scary world. Now is the time to reach out to those who are newly diagnosed and their family members. Now is the time to ask for support if you

need it or offer support to someone else in need. Now is the time for NAMI to be the complement and the supplement to our mental health system. (Now is the time to renew your membership if it has expired!)

I worked at NAMI Texas for 8 years, and recently made the difficult decision to move forward and develop my own job. My focus will be to spread the message of "EXPECT RECOVERY!". I have seen that if I concentrate on the end product and listen to my intuition and follow my instincts to be a successful advocate, the growth of EXPECT RECOVERY! will unfold.

With each new obstacle I confront and overcome, I am ever more grateful for my success. I have relied on my NAMI family to motivate myself to accomplish any task. The important thing to remember RIGHT NOW is that we are all in this together. **No one recovers alone.** Every human being on this planet needs healthy relationships. This is what NAMI offers all of us--the unique and special relationships we share.

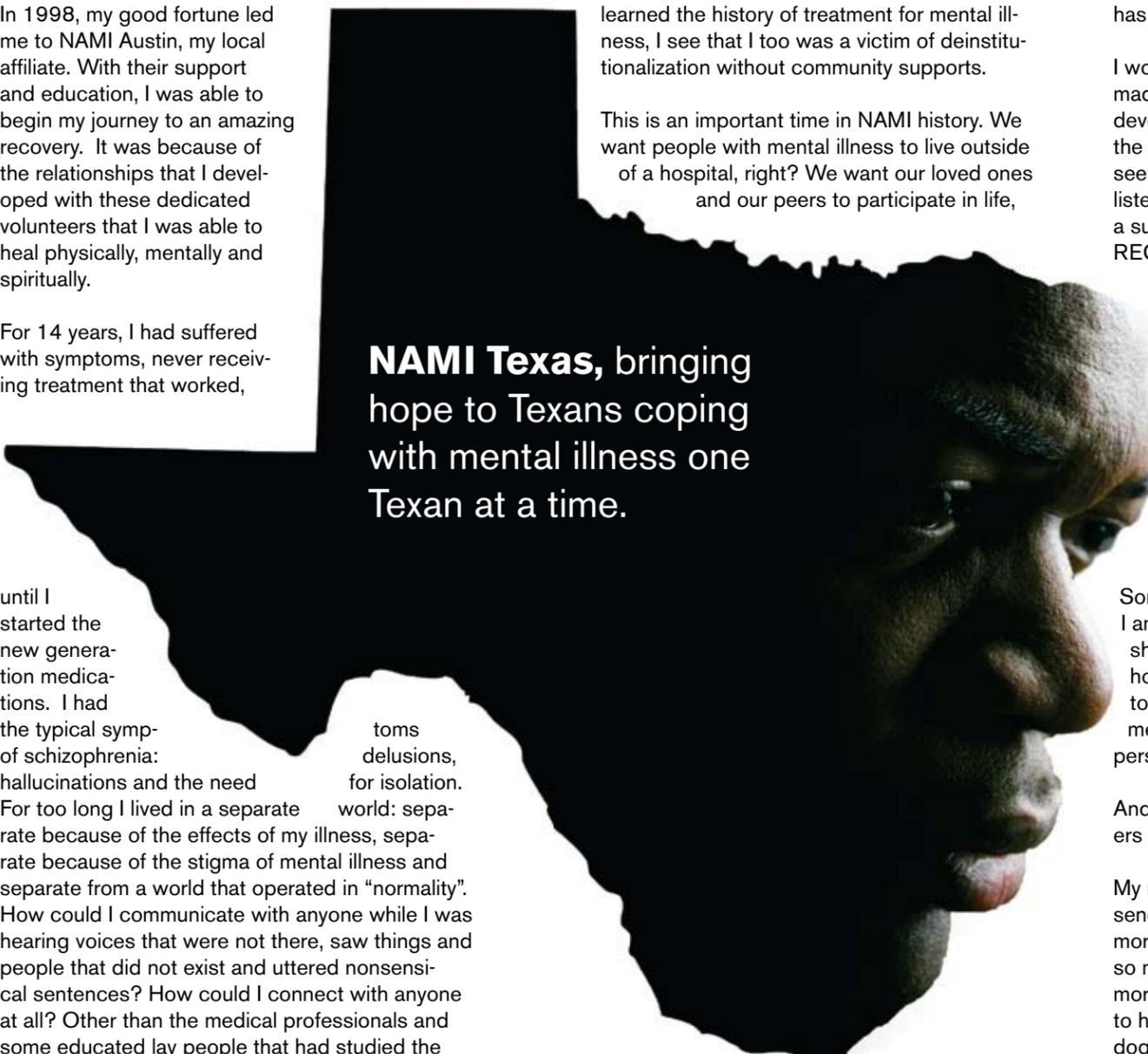
Something people don't know about me is that I am only just now becoming brave enough to share my story with my non-NAMI friends. My hope is that I can empower myself even more to reach out to the uneducated and spread the message that recovery is indeed possible IF the person with mental illness can access services!

And here is something I often will share with others when I speak:

My mental illness was not and is not now the essence of who I am as an individual. I am so much more than my brain disorder. This is what I want so much for others like me. I want others to have more happy days than difficult days. I want others to have a wonderful home, a fantastic partner, 2 dogs and 3 cats, a car, lots of friends, invitations to social events, laughter, a church family and a meaningful and productive life!

Please pass the word on that recovery is indeed possible for persons with mental illness. My expectations of myself changed when I began to get well, when my brain cleared and my mood stabilized and when I finally had the support I needed to maintain wellness. I went from expecting nothing to expecting recovery. Others can do the same. However, they cannot do it alone. Take some time from your busy days to pray and send healing energy to this group of people. Don't feel sorry for them, feel hopeful that they too can have happiness, EXPECT recovery for them.

For more information on Expect Recovery visit: expectrecovery.com



NAMI Texas, bringing hope to Texans coping with mental illness one Texan at a time.

“I have my life back. I have hope. Thank you.”

-- Visions for Tomorrow class participant

\$79 billion

The annual economic, indirect cost of mental illnesses.

Most of that amount – **approximately \$63 billion** – reflects the loss of productivity as a result of illnesses.

Educating Texans

In Our Own Voice

In this program, a team of two people who are living successfully with a mental illness are trained to talk about their experiences. Interspersed with their talk is a short video. The program is interactive, and the audience is encouraged to comment and ask questions. The topics covered in this curriculum are Dark Days, Acceptance, Treatment, Coping Skills, and finally Successes, Hopes, and Dreams. In Our Own Voice is a young program for NAMI Texas and has already grown tremendously. Currently, five affiliates offer In Our Own Voice. By the end of 2007, NAMI Texas had 38 active presenters. These 19 teams gave 26 presentations to over 515 individuals from the community, who now have a better understanding of what it is like to live with a mental illness. The presentations encompassed key groups that interact with our love ones daily. Some of these groups include Sheriff's Departments, Colleges, Adult Protective Services, Crisis Intervention Teams, Veterans Affairs, and the Mental Health Task Force. In 2007, NAMI Texas held one IOOV training, which resulted in 16 new presenters for our state.

“IOOV is a program that brings me full circle with my disability. I believe I offer hope by being an example of one person's view on mental health recovery. It's shown me I have a purpose in life: to help others better understand mental illness, their own and/or some one else's.”

— Ana Maxwell, IOOV Presenter

Family-to-Family

This year has been an amazing year for the NAMI Texas Family-to-Family program. Family-to-Family is a free 12-week course for family caregivers of individuals with severe mental illnesses that discusses the clinical treatment of these illnesses and teaches the knowledge and skills that family members need to cope more effectively. As the year 2007 comes to a close, NAMI Texas has 215 active Family-to-Family teachers across the state. As a result, our Affiliates held 29 classes in 2007, offering hope, knowledge, and support to over 330

“It is a blessing to have education like this available.”
— F2F class participant

family members. Two of these classes were in Spanish. Over 1,000 hours were volunteered by our Family-to-Family teachers. Four Teacher Trainings were also held, bringing 47 more active teachers into our family.

We look forward to continuing this growth. Twenty-five classes and five Teacher Trainings are already scheduled for 2008 and NAMI Texas will be sending four teachers to be trained as State Trainers in April, 2008.

Peer-to-Peer

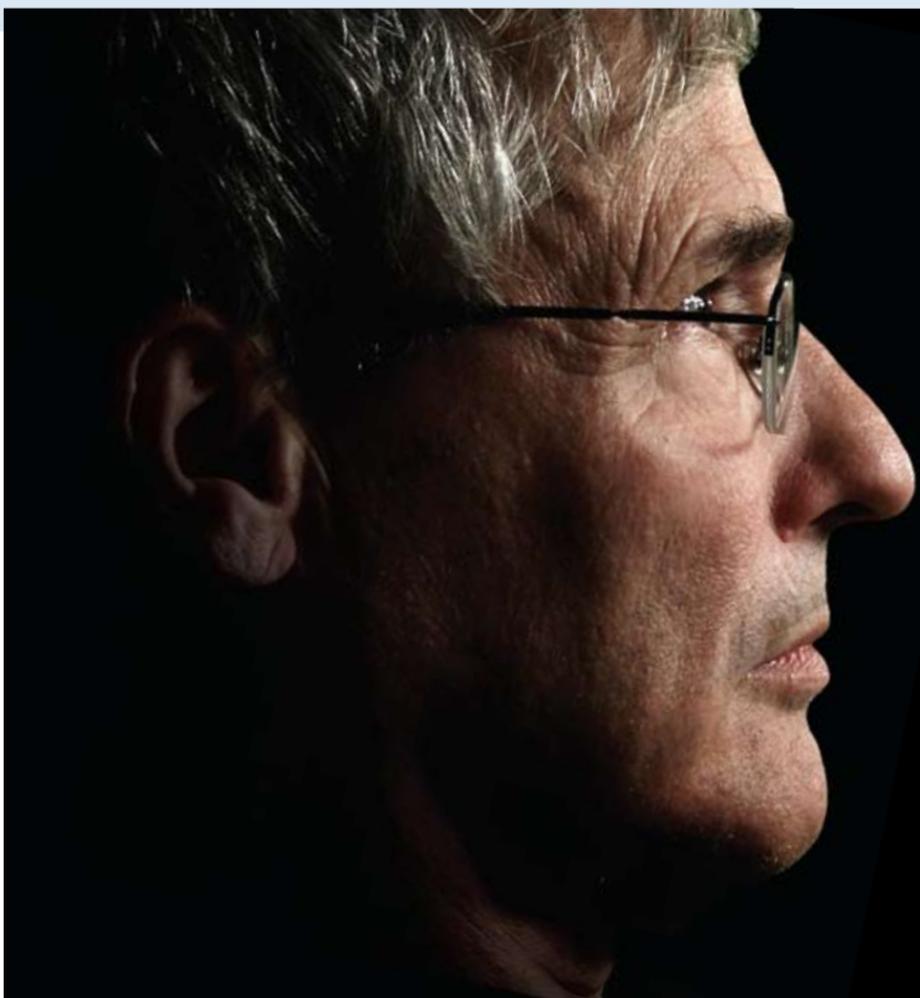
Peer-to-Peer is a NAMI National consumer education program started in Texas in 2007. Taught by consumers, this program offers phenomenal support and education for consumers and covers topics including individual relapse prevention planning, debriefing/storytelling, and developing advance directives for psychiatric care. NAMI Texas held its first Peer-to-Peer teacher training in November of 2006. Our first fifteen individuals were trained as Peer-to-Peer mentors. Working in teams, these fifteen teachers went on to teach seven classes in 2007. In 2008, NAMI Texas has already held one training in Peer-to-Peer, which trained 14 mentors. NAMI Texas looks forward to expanding this program in the coming years.

Visions For Tomorrow

Visions for Tomorrow consists of a series of workshops for direct primary caregivers of children and adolescents with brain disorders. This program reviews childhood diagnoses, provides the basics for day-to-day care giving skills, and offers caregivers an opportunity to share mutual experiences and learn valuable lessons from one another. VFT now has over 250 teachers trained across the country and is now also represented in Mexico and Jamaica. In the state of Texas, we have 50 teachers and we had 10 family trainings in 2007, reaching over 100 parents in need. Outside of Texas, there were 22 Family classes reaching 225 parents.

The VFT Professional In-Service is a recently implemented key component of the VFT series and has already been offered in Dallas at the Dallas Juvenile Center and to the Department of Family and Protective Services in San Antonio. VFT Professional In-Service is a fee based program that allows NAMI TX and its affiliates to significantly expand its outreach to other agencies and organizations by educating professionals about mental illness and the needs of families. The fees charged for these In-service Professional trainings provide NAMI Texas and our affiliates funds to help support our other educational programs for consumers and families. In 2008, we are starting with a bang, with the program already having grossed \$15,000.00 in January alone. This includes new Professional In-service trainings and family classes being offered at the Harris County Mental Health Mental Retardation Authority, the SAMHSA funded Systems of Care In Action for Families and Children, in Houston, and employee trainings for Travis County Juvenile Probation.

“A wealth of information. The personal stories made it very real. Highlights: the importance of a solid base of knowledge, together with empathy.”
— VFT Professional In-service Systems of Care Participant



“The teaching support team leading the class were awesome – couldn't begin to imagine better instructors.”

-- P2P class participant

Reaching Out and Advocating for Texans

NAMI Texas advocates for the underserved.

Faith Based Outreach

"NAMI GFC benefited from the NAMI Texas Faith Based grant. We had wanted to do another training for churches on mental illness for over 4 years, and this grant pushed us into action."

-- John Hoelzel, Faith-based outreach participant

"I became involved because of my personal experience in learning how to face the challenges that came into my and my husband's life with my son's bipolar disorder. For any loved one of a consumer, it is a very difficult journey. My most impressive experience in becoming involved with this initiative is the Seminars which are provided for ministers! It is so comforting to see Pastors and Ministers desire to educate themselves about this devastating illness and become aware of their need to support families. Hope and faith have an impact on families and as we are given the opportunity to share our faith in the wondrousness of God, this has given many of us the strength and determination we need to go forward and meet the challenges!"

-- Carmen Ortiz, Faith-based outreach participant

In 2007, NAMI Texas received a \$25,000 grant from NAMI National to implement a faith-based outreach program targeting minority populations. NAMI Texas used these funds to support six Affiliates who submitted proposals to NAMI Texas for funding faith based outreach activities. The six Affiliates chosen were NAMI San Antonio, NAMI Metropolitan Houston, NAMI Kerrville, NAMI Grayson, Fannin, Cooke, NAMI Southern Sector Dallas and NAMI Austin.

Two of these Affiliates, NAMI San Antonio and NAMI Metropolitan Houston, had begun implementing their faith based outreach in 2006, through a NAMI Texas grant made possible by the

Outreach toolkit, for use by NAMI Affiliates in Texas and elsewhere.

A key component of this grant included a Multi-Cultural Competency Training sponsored by NAMI Texas. Marjose Carrusco, Director of NAMI

funding from the Texas Bar Foundation for all three previous editions. In fact, NAMI Texas gets many requests for this publication, and sent out 443 books in 2007 to individuals looking for information. NAMI Texas sent 43 books to individuals from the general public, 1 to Department of State Health Services, 6 to attorneys, 134 to the Public Defenders Office in Hidalgo



National's Multi Cultural Center, was the trainer. In attendance was

the NAMI Texas Board of Directors, the six NAMI Affiliates implementing faith-based activities, and other Affiliates totaling representation from 12 NAMI Affiliates.

NAMI Texas would like to give a special thanks to NAMI National and the Houston Endowment for providing funds for this important outreach that supported our goal of increasing diversity within our organization.

County, 56 to incarcerated individuals, and 192 to the Judiciary Conference.

"The Family-to-Family Education Course is not only informative- it is a safe place for families to voice their concerns, be heard and supported, and transition from being only caregivers into being caregivers who advocate for their loved ones! We are armed and powerful. Thanks!!"
-- F2F class participant

Houston Endowment. In 2007, they received a total of \$10,000, which allowed them to strengthen and continue their work. NAMI Metropolitan Houston targeted the African American faith community, and NAMI San Antonio targeted a cross section of faith communities, primarily Hispanic. The other four Affiliates each received \$1,000 to support their efforts. A variety of approaches were used, with very successful results. As a final grant activity, a retreat for all the grantees was held on October 31, 2007 and the materials used in all the outreach and education activities were evaluated and reviewed. The results will be organized into a Faith Based

Judicial Training/Texas Center for the Judiciary Annual Conference

In 2007, for the very first time, NAMI Texas submitted to the Texas Center for the Judiciary a proposal to provide training on mental health topics at their Annual Conference for the judiciary, held last September in Galveston. Our proposals were accepted, and two different mental health tracks were provided, with four presentations.

In Track One, Prof. Brian Shannon, Kevin Keating and David Gonzalez presented on Criminal Competency Proceedings and the Insanity Defense. Prof. Shannon is Associate Dean of the Texas Tech University School of Law. Kevin Keating works at the Harris County District Attorney's Office. David Gonzalez is a criminal defense attorney. This presentation reviewed the Texas Code of Criminal Procedure Chapters which pertains to criminal competency proceedings and the insanity defense. All those in attendance in Track One received a free copy of the 3rd Edition of Criminal Competency Proceedings and the Insanity Defense, published by NAMI Texas with the support of the Texas Bar Foundation.

The Hon. Polly Jackson Spenser presented on the Bexar County Mental Health Jail Diversion Model, and reviewed the role of the Bexar County Jail Diversion Oversight Committee; the partnerships developed between the Center for Health Care Services with local law enforcement to create Crisis Intervention Team Training and the Bexar County Sheriffs Department to create the Deputy Mobile Outreach Team; and the role of the Involun-

Texas Criminal Procedure and the Offender with Mental Illness

• In October 2007, NAMI Texas was awarded a grant in the amount of \$24,103 from the Texas Bar Foundation to revise and publish the 4th edition of the Texas Criminal Procedure and the Offender with Mental Illness. This publication has been issued by NAMI Texas since March of 1994, with

Continued on next page

Advocating for Texans, cont.

tary Outpatient Commitment Program and Mental Health Docket, which combines the efforts of the courts, probation, and mental health personnel to advise the court on offender assessment, treatment and continuity of care at the misdemeanor level.

In track Two, the Hon. Nancy Hohengarten presented on Mental Health Evaluations and Costs of Jail Days vs. Treatment. Judge Hohengarten reviewed the work being done in Travis County as a Mental Health Learning Site through the GAINS Center for Jail Diversion and a test site for the Mental Health Cost Simulation Tool through the Council on State Governments in 2006. She highlighted the importance of mental health assessments in the success of these projects and how the cost simulation tool can be used to determine the fiscal impact of jail days vs. diversion to evidence-based community treatment.

John Snook, of the Treatment Advocacy Center, presented on Assisted Outpatient Treatment and Texas Law. Mr. Snook presented an overview of current Texas law regarding AOT, and placed the Texas law within a national context, highlighting the use of AOT as a tool for addressing the problem of treatment non-compliance before it becomes the purview of the criminal justice system. All those in attendance in Track Two received a copy of Pete Earley's book, *Crazy*.

Over 200 judges participated in these trainings. This training was made possible through the generous support of the Swalm Foundation. NAMI Texas has been invited to again submit mental health training proposals for the Texas Center for the Judiciary's 2008 Annual Conference.

Texas Jail Diversion/Incarcerated Vets Committee

Begun in October, 2005, the purpose of the Texas Jail Diversion/Incarcerated Vets Committee is "to seek means and methods of collaboration between the agencies and organizations of the Veterans Health Care System and the agencies and organizations of the state of Texas in order to improve the treatment of the medically and mentally ill, those individuals with traumatic brain injuries, and/or substance abusers who come in contact with the Texas Criminal Justice System". Special attention is being given to collaborative efforts between the Veterans Health Care System and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) and with the local MHMR Jail Diversion Committees mandated under HB 2292.

The Committee is hosted and facilitated by NAMI Texas. Its membership is made up of representatives from the Veterans Health Care System, TCOOMMI, the Texas Department of State Health Services, the University of Houston School of Public Health, Corporation for National & Community Services, Texas TBI Advisory Council, the Texas Health and Human Services Commission, Department of Psychiatry of the Texas A&M Health Science Center College of Medicine, the NAMI National Board and NAMI Texas.

An MOU between the Veterans Health Care System VISN 16, VISN 17 and VISN 18 and TCOOMMI has been approved. This MOU allows

for appropriate information to be shared between the VA and TCOOMMI so that veterans can be referred from the Texas Criminal Justice System to the Veterans Health Care System for services (continuity of care). The Department of State Health Services also has issued a memo to all Regional MHMR Centers recommending that they invite representatives from VA Health Care Centers and Clinics to be members of their local Jail Diversion Committees. A memo also has been sent by VISN 17 to all of their Health Care Centers

and Clinics recommending that they send representatives to the local Jail Diversion Committees. Five VA pilot sites have been set up to work with TCOOMMI and the local Jail Diversion committees. Located in Dallas, Waco, San Antonio, Houston and El Paso, these pilots are developing appropriate policies and procedures that can be refined and used as "best practices" for other locations to emulate. The VA sites also will identify contact individuals and services to be provided to the veterans who come in contact with the Texas Criminal Justice System.

Advocacy for Choice

"I learned a lot about what steps to take and how not to sit around and "watch" things happen."
— VFT class participant

In late 2006, the Texas Department of State Health Services initiated a collaborative effort to address the states mental health authority and provider functions, which has been a topic of debate in Texas for over a decade. In accordance with Governor Rick Perry's Executive Order RP45, which reinforced current law under HB2292's provider-of-last-resort provision, a negotiated rule making process was initiated. A Provider of Last Resort Negotiated Rule Making Committee was appointed by DSHS and included consumers, family-members, mental health advocates, private providers, representatives of the Local Mental Health Authorities (LMHA's), rural and urban county judges and commissioners, and a representative from DSHS. Robin Peyson was appointed as one of the advocates.

The Report, completed in early 2007, included language agreed upon by all participants. The rule acts as a roadmap for implementing the provider of last resort intent, which protects consumer choice as a priority, protects the local safety net, ensures continuity of services, and recognizes local differences between available provider networks in rural and urban communities. As stated by the Hogg Foundation for Mental Health (2007) the Committee's proposed rules articulate a clear preference for a system of service delivery in which consumers have choice from multiple service providers and in which the LMHA's role is to provide management and oversight. The extent to which this goal is achieved in any given service area depends on the circumstances, needs and preferences of the local communities served by each LMHA. The proposed rules establish a uniform process for planning and implementation and require each LMHA to work with stakeholders and the local communities it serves in assembling a network of providers to provide appropriate and available mental health treatment alternatives to individuals in need. The proposed rules provide a framework that incorporates checks and balances to ensure LMHA decisions reflect an appropriate consideration of the diverse needs of stakeholders at both the state and local level.

The process was facilitated by representatives from the University of Texas Center for Public Policy Dispute Resolution. In fact, the POLR Negotiated Rule Making Committee received a Peacemaker Award for their work from the Dispute Resolution Center at their Eleventh Peacemaker Awards Ceremony.

2007 Legislative Highlights

The NAMI Texas Public Policy Committee identified the following as our top legislative priorities for the 80th Legislative Session:

- Support the Texas Department of State Health Services (DSHS) Legislative Appropriations Request, including funding to reinstate the 10% reduction to the budget, as well as \$82 million in funding for Crises Redesign
- Mental Health Insurance Equity
- Amend the Insanity Defense
- Support the Health and Human Services Commission's (HHSC) request for \$31.5 million to better serve those with mental illness by reducing program waiting lists and increasing funding to provide mental health services to adults and children who are eligible
- Support the Texas Department of Criminal Justice's request for funds to provide better pre-trial and jail diversion services and increase residential treatment resources for mentally ill offenders, totaling \$10.6 million

We provided testimony throughout the session, and many NAMI Affiliate members joined NAMI staff to "walk the halls" of the Capitol, educating legislators about critical mental illness issues in our state. We collaborated with other advocacy organizations to strengthen our message, and, together, we worked to support Texas coping with mental illness.

After many ups and downs, NAMI Texas was successful in achieving our top priority. The 80th Legislature appropriated \$82 million for Crisis Redesign for the FY 08-09 biennium. These funds will allow DSHS to provide recommended crisis services, including a 24-hour crisis hotline, mobile crisis outreach services, up to 48-hours extended observation psychiatric emergency services, crisis

"If we do not step forward, then we step back. If we do not protect a right, then we deny it." — Paul Martin

outpatient services, community crisis residential services, and crisis intervention teams. In addition, the HHSC received \$9.6 million for waiting/interest list reduction, \$3 million of which targeted children and adolescent community based mental health services.

Ten million dollars was appropriated to the Texas Correctional Office on Offenders with Medical or Mental Impairments to provide mental health services, medications, and continuity of care to juvenile and adult offenders with mental impairments. The efforts of NAMI Texas and other stakeholders were unsuccessful in achieving mental health insurance equity or amending the insanity defense.

Highlighting 2007

Addressed Timely Issues

On Campus Violence

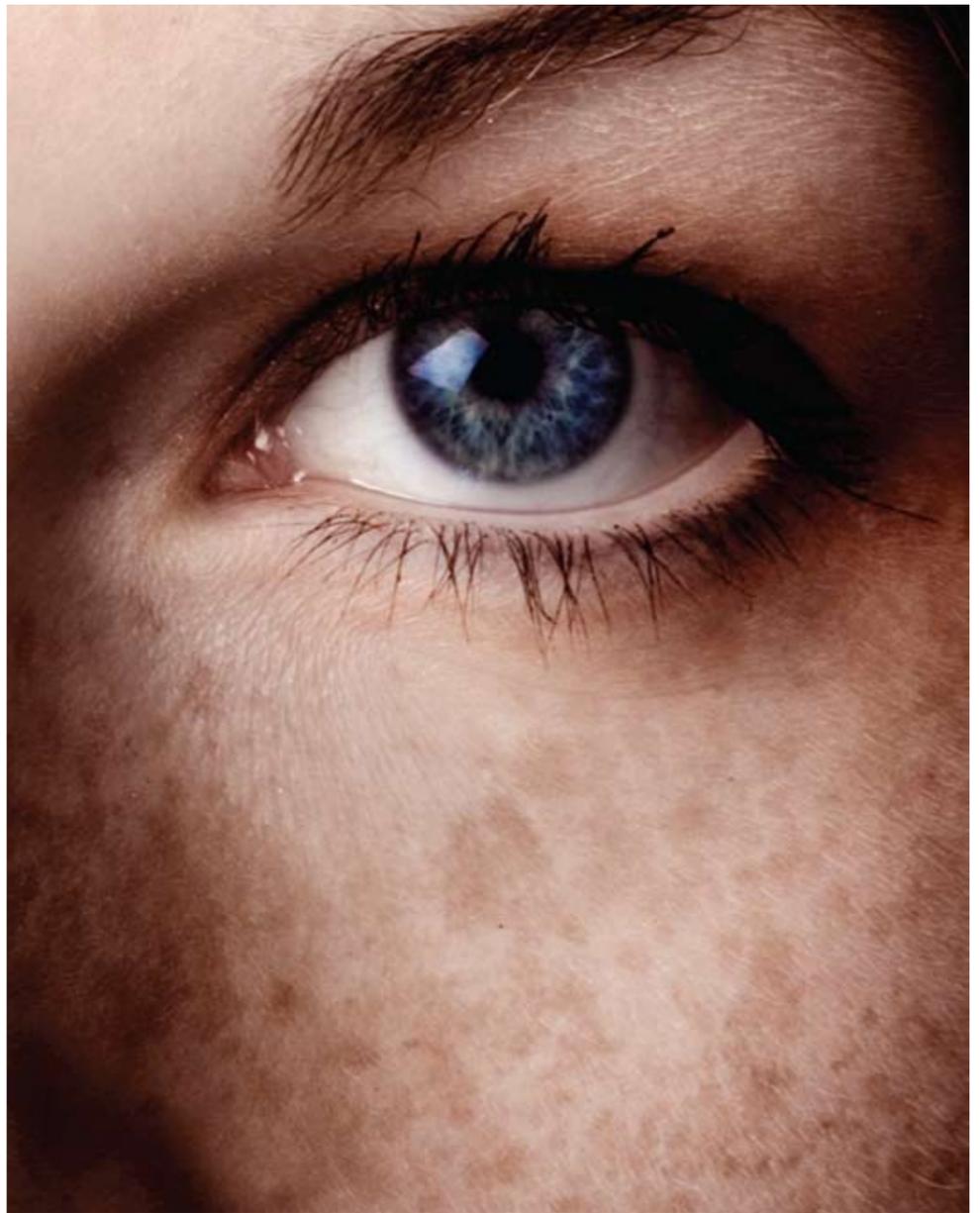
With a \$4,000 grant provided by the American Academy of Child and Adolescent Psychiatry, NAMI Texas held the NAMI Campus Connection Conference in Houston, addressing college mental health issues. NAMI Texas invited representatives from every college and university from across the state. This provided a great opportunity to explore college campus mental health issues and inform participants about NAMI programs.

In attendance were college students, college and university professionals, as well as the public. Speakers presented on prevalence, privacy, protection, ethnicity, support, advocacy, and solutions. The conference also included a three person student consumer panel and a three person parent panel. Many people noted on their evaluations that hearing these personal experiences and participating in the question and answer was the most beneficial part of the day.

One highlight of the conference was Ms. Patricia Gray, attorney and past legislator, who sorted through the policies and procedures colleges currently have in place, as well as those she recommended should be implemented. She spoke about the incorrect belief that a college is less liable if they avoid issues surrounding mental health or expel those suffering from severe mental illnesses. She then detailed what liabilities lay in not developing firm policies and the benefits a college gains by putting a system in place.

Addressing how NAMI could be of aid to college campuses, Liz Smith, Director of NAMI National's Center for Leadership Development, spoke about the need for student and faculty support on campus for those suffering from a mental illness. She talked about a program called NAMI on Campus, which is a student lead and run organization. Arthur Chiang, who sat on the student panel, was the first student to start a NAMI on Campus Club in Texas.

This conference was extremely important for our state for many reasons. Texas has over 200,000 college students, including the largest University in the nation. With an average age of onset at 18-24 years old for most of the severe mental illnesses, this leaves a large percentage of our population at great risk. According to the National Center for Health Statistics, suicide is the third leading cause of death for people between the ages of 15 and 24 and the second leading cause of death among college students. Data from the Centers for Disease Control on the suicide rates in Texas and the United States from 2000 to 2003 shows that Texas has higher than national rates for both males and fe-



males ages 15 to 19. For NAMI Texas, this Conference represents the cornerstone of an advocacy campaign to provide education to students, their families, college and university staff, policy makers and the public about these critical issues. NAMI is capable of offering tremendous support to colleges across the state and this conference served as a catalyst to forging many partnerships.

A special thanks to our speakers who donated their time and expertise: Liz Smith, Dr. Ted Stachowiak, Dr. Kenneth Arfa, Dr. Andrew Harper, Dr. Pedro Ruiz, Patricia Gray, J.D., and Dr. Regina Hicks. Thank you to Arthur Chiang, Rene Truxillo, Elizabeth Smalling, Bonnie Cord, Shelly Green, and Robin Peyson for the courage to share your stories. We would also like to thank Dr. Lois Moore, Dr. Steven Pliszka, the Menninger Clinic, and Gloria Horner for their collaboration and support of this conference.

2007 Annual Conference:

Every October we hold our annual conference. In 2007 our theme was "Recovery and Renewal". A variety of topics were covered in our 22 workshops. Our one hundred sixty eight participants enjoyed choosing workshops relative to their own experience. There was something for everyone, consumers, family and friends, affiliate leaders, and professionals.

At dinner that night our keynote speaker was Jill Bolte Taylor, renowned brain scientist. She was informative and entertaining. Although she shared her personal experience of having a stroke, the information about brain chemistry and function was fascinating and relevant to mental health.

Overall conference participants stated the conference was inspiring and informative. Attendees enjoyed each others company and networking in a safe, informative environment.

Honoring those who **support** the cause, the following individuals were presented with awards by NAMI Texas at the 2007 Annual Conference.

2007 Charley H. Shannon Advocate of Justice Award
Presented to **Maurice Dutton**
A Champion for Persons with Mental Illness

2007 Mark Korenek Consumer Quality of Life Award
Presented to **The Consumer Advisory Council (CAC) of MHMRA**
For Their Courageous Example That Recovery is Possible

2007 Mental Health Professional of the Year Award
Presented to **Dr. Steven Schnee**
For His Support and Compassion for Persons with Serious Mental Illness

2007 Betty Fulenwider Media Award

Presented to **Wendy Rigby**

For Furthering the NAMI Texas Mission of Educating and Battling the Stigma of Mental Illness

2007 Volunteer of the Year Award

Presented to **Ed Kuny**

For His Tireless Dedication to Persons with Mental Illness

Carolyn Karbowski

In Recognition of Her Years of Passion, Commitment, and Leadership.

Norma Bangs

For Her Dedication to NAMI

Deborah Rose

For Her Creativity, Hard Work, and Loving Commitment to NAMI Texas

A sincere thanks to those who financially helped make this conference happen:

Bristol-Myers Squibb

Patricia G. Edminston

Eli Lilly & Co.

St. David's Community Health Foundation TWG Investments

Texas Council of Community Mental Health and Mental Retardation Authorities

Telecare Corporation

Trilogy Integrated Resources

Ann & Bob Utley

Value Options, Inc.

Save the Date!

NAMI Texas 2008 Annual Conference

October 17 and 18

San Antonio, Texas

Budget

American Academy of Child and Adolescent Psychiatry
Bristol-Myers Squibb
Eli Lilly
Menninger
NAMI National Grants

- Family to Family
- Inclusion Grant
- In Our Own Voices
- NAMI Connections

Pfizer United Way Campaign
Sixty-Four Foundation
Solvay RX
Stanley Family Foundation
Swalm Foundation: now inactive
Texas Bar Foundation
Texas Council for Developmental Disabilities

Administration: \$26,742.51
Annual Conference: \$54,782.05
Education: \$214,720.12
Events: \$1,035.50
Fundraising: \$15,924.60
Membership: \$14,500.35
Outreach: \$98,807.03
Policy/Advocacy: \$56,081.19

“We
make a living
by what we get,
a life by what we
give.” -- Winston
Churchill

2007 General Giving

Libbye and Michael Amburn
Norma Bangs
Bill Biggs
Judy Biggs
Lawrence Brzozowski
Lee Burns
Elena Cave
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Community Health Charities
Millie J. Cowart
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Patti Haynes
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Joanna Hogan
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Russell Ingram
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Spiritual Fitness Center
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Gregory Thompson
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Lisa Tomaka
United Way
United Way of Greater Kansas City
Ann and Bob Utley

Patsy Wepler
Kira and Sean Willingham
Woodway Financial Advisors
Patricia Youmans

NAMI Texas would like to thank all the amazing volunteers that helped us in 2007. Although there are too many names to list here, the time they donated helped us accomplish all we did.