



NAMI CCNS
Box 612
Winnetka, IL 60093

Place
Stamp
Here

NAMI CCNS EDUCATION CLASSES, SUPPORT GROUPS AND OTHER SERVICES

*NAMI CCNS' two psychoeducational classes

***Visions for Tomorrow** An 8-week course designed for primary care givers of children with mental disorders. The class covers bipolar disorder, schizophrenia, anxiety disorders, eating disorders, ADHD, as well as brain biology, treatments, medications, communication and coping skills. Class is free of charge. Call Barb Maier for information at 847-446-8416.

***Family to Family** A 12-week class designed for family members and close friends of individuals with mental illnesses. The course covers schizophrenia, depression, bipolar disorder, borderline personality disorder, panic disorder, obsessive compulsive disorder, co-occurring addictive disorders, as well as medications, coping skills, and advocacy. Class is free of charge. To register, call Joyce at 847-853-6191.

General Meeting is an educational program featuring speakers with expertise in the mental health field. (See Calendar for details)

Care and Share is a support group for people with mental disorders, as well as their friends and families. (See Calendar for details)

Visions for Tomorrow Support Group is for parents of children, adolescents, and young adults with mental disorders. Call Barb Maier for information at 847-446-8416. (See Calendar for details)

Response Team A "warm line" (not a crisis hot line) for anyone looking for resources, referrals (or just a chance to connect to others) about dealing with mental disorders. Call the NAMI CCNS office and leave a message at 847-724-1460

Sundays at One is a social meeting group for young adults (ages 18 to 35) coping with mental disorders. Run by Alan Carlile, Candice Savastio, and Nathan Maier (who struggle with chemical imbalances). Call Nate at 847-446-8416. (See Calendar)

Other Organizations

Anorexia Nervosa and Associated Disorders offers information on referrals, information, and local support groups for eating disorders. Call Dawn at 847-831-3438.

Child and Adolescent Bipolar Foundation is a national, parent-led organization of families raising children diagnosed with bipolar disorder. For information on support groups, visit www.bpkids.org or call 847-256-8525.

Depression and Bipolar Support Alliance of Greater Chicago meets the second and fourth Monday of each month at the Devon Bank, 6445 N. Western Ave., Chicago. 7:30 p.m. Call Chet for details at 773-465-3280.

Depression Support Group meets the fourth Monday of every month at the Kenilworth Union Church, 211 Kenilworth Avenue, Kenilworth, 7:30 p.m. Individuals and families interested in learning more about depression and bipolar disorder are invited to attend. Call 847-251-4272 for information.

Obsessive Compulsive Disorder Support Group meets Thursday evenings at Resurrection Hospital, 7435 W. Talcott, Chicago. 7:30-9:00 p.m. Call Carol Miller for information at 773-774-3019.

Obsessive Compulsive Disorder Support Group meets the first Monday evening of each month at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$20 fee. Call Mona Berman for information at 847-559-0001, ext. 4.

Obsessive Compulsive Foundation of Metropolitan Chicago Call for information 773-880-1635.

Panic Disorder Support Group meets Wednesday evenings at the Anxiety and Agoraphobia Treatment Center in Northbrook. \$15 fee. Call Marleen Lorenz for information at 847-559-0001, ext. 6.

Recovery, Inc. is a self-help group for people with mental disorders. Call 312-337-5661 for meeting places and times.

TARA Chicago Personality Disorder/Emotion Dysregulation support group Professionally-led group for family members of persons with BPD or other emotional dysregulation issues. Meets the third Wednesday of each month at the Northwestern Memorial Hospital conference facility in Chicago. 6:30-9:00 p.m. \$5 per session donation. E-mail rh5mail-tara@yahoo.com before attending for information. web: www.tara4bpd.org ■



Medication Update

Medication Recall: Generic lithium

Able Laboratories, a manufacturer of generic lithium carbonate, has recalled all its products following concerns about improper laboratory practices.

The following imprints on the surface of the pills can identify Able's products:

Generic Name	Size	Imprint Side 1	Imprint Side 2
Lithium Carbonate 150 MG CAP	100	A	355
Lithium Carbonate 150 MG CAP	500	A	355
Lithium Carbonate 300 MG CAP	100	A	270
Lithium Carbonate 300 MG CAP	1000	A	270
Lithium Carbonate ER 300 MG TAB	100	A	283
Lithium Carbonate 600 MG CAP	100	A	366

The FDA advises those who have been taking drugs produced by this firm to speak with their health care provider or pharmacist to obtain a replacement and to continue taking the medication until they have spoken with their health care provider.

Easier Lithium Blood Level Test

The FDA has approved ReliaLab's InstaRead system that enables patients on lithium to be monitored for blood levels in the psychiatrist's office. A blood sample is obtained by pricking the finger, with instant results.

FDA Rejects Risperdal for Treatment of Autism

The FDA sent Johnson and Johnson, manufacturers of the antipsychotic drug Risperdal, a "not-approvable" letter in response to the company's petition for additional use of the drug to treat autism (Risperdal is currently approved for use in the treatment of schizophrenia). The company is said to be evaluating its next step.

FDA Approves Focalin XR

The FDA has approved an extended-release formulation of dexamethylphenidate HCl (Focalin) for the one-daily treatment of attention deficit/hyperactivity disorder (ADHD).

Lilly Pays \$690 Million in Zyprexa Lawsuits

Eli Lilly & Company settled about 8,000 lawsuits from people who developed diabetes and other illnesses after taking Zyprexa. Zyprexa, used in the treatment of schizophrenia and bipolar disorder, is Lilly's biggest-selling drug. In the fall of 2003, the FDA required Lilly and other makers of atypical antipsychotics to warn patients and their doctors about the risk of diabetes. Zyprexa will remain on the market, according to the company. The average plaintiff will receive approximately \$50,000 in the settlement. More cases are pending. ■

From the Co-Presidents

Dear Members,

Many of us on the NAMI-CCNS board have moved to the stage of being able to take on a more active, advocacy-focused role regarding mental illness even though we must each still cope with its unpredictable course in our personal lives. In our various board activities, it is easy to overlook the obvious fact that a wide range of individual differences exists in the ways in which mental illnesses are experienced and addressed. In other words, we may miss cues that help us know that others are not at the same place in their cycle of recognizing and dealing with mental illness. Further, missing these cues may significantly reduce the helpfulness of our efforts.

This recently happened when a friend expressed a vague interest in doing something to help other parents avoid the difficulties she had experienced during her child's severe depression. Interpreting this as a desire to take on a more active advocacy role, a set of NAMI materials was given to her to read. She called the next day and said that she couldn't commit to doing anything at this time because reading the NAMI materials rekindled her strong, unresolved emotions related to her child's severe bout with depression.

Upon reflection, it became obvious that this friend's initial statements had been misinterpreted; she was not as far along in her pathway of understanding and coping with her child's mental illness as her words seemed to have conveyed. This friend's honesty provided a good reminder of how important it is to listen closely and gently help people in their learning about—and coping with—mental illness and allowing them to remain in control of the speed of their journey.

These past few months have been busy for NAMI-CCNS. In May, we successfully held our annual TAG Day weekend, again with the wonderful coordination of Julie Savastio. There has also been much energy devoted to alternative housing options. Our recent evening educational program about this topic was very well attended. Finally, we are very happy to share that a NAMI on Campus program has been recently established at Northwestern University through the initiative of student Elinor Hart and her fellow classmates.

With this summer edition, Ann and I wish you a restful and happy summer period. Although there will be no board meeting in July, most of us will remain busy with our various assigned tasks.

Board meetings are open to all members. We encourage you to attend. This is a good way to learn about what NAMI-CCNS is doing. The next meetings will be held August 3 at Wilpower, 444 Frontage Road, Northfield, at 7:30 p.m. If you would like to contact us directly, please do so by email: CHughesNamiCCNS@aol.com or annnGeorge@comcast.net, or call the NAMI-CCNS telephone number: 847-724-1460.

Sincerely,

Candice Hughes and Ann George

2005 Board of Directors

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Candice Hughes & Ann George

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Editor: Linda Logan, Ph.D.

Questions, comments?

Please e-mail: ldatlarge@comcast.net

Visit our website: www.namiccns.org

Website maintained by Tom Maier

July August 2005



Illinois Legislative Update

By Sally Mann

The following bills were signed into law:

S.B. 75 The Rental Housing Support Program

Act Provides for grants from the Illinois Housing Development Authority to local administering agencies to provide subsidies for landlords in order to allow them to charge rent that is affordable for low-income tenants. Also provides for grants from the Illinois Housing Development Authority to developers of affordable rental housing. Sets forth criteria for the awarding of grants. Requires the Authority to establish an operating reserve for the program. Amends the State Finance Act to create the Rental Housing Support Program Fund, a special fund in the State treasury. Amends the Counties Code. Provides that the county recorder shall collect a \$10 surcharge for the recordation of any real estate-related document, one dollar of which shall be deposited into the county's general revenue fund and \$9 of which shall be deposited into the Rental Housing Support Program Fund. Sets forth the conditions upon which and purposes for which expenditures may be made from the Accounts. Effective July 1, 2005.

SB 003 Amends the School Code Provides that the State Board of Education shall implement and administer a Giant Steps Autism Center for Excellence pilot program for the study and evaluation of autism and to provide related training for teachers, paraprofessionals, and respite workers, therapist training, and consultative services. Provides that the State Board of Education is authorized to make grants to school districts and other programs that apply to participate in the Giant Steps Autism Center for Excellence program. Effective immediately.

The following bills were passed by the Illinois State Legislature and have been sent to Governor Blagojevich for his signature.

H.B. 1345 Amends the Community Services Act

Provides that whenever any appropriation, or any portion of an appropriation, for any fiscal year relating to the funding of any State-operated facility operated by the Office of Developmental Disabilities within the Department of Human Services or any mental health facility operated by the Office of Mental Health within the Department is reduced because of any of the following reasons, those moneys must be directed toward providing other services and supports for persons with developmental disabilities or mental health needs: (1) closing of a State-operated facility;

(2) reduction in the number of units or available beds in a State-operated facility; or (3) reduction in the number of staff at a State-operated facility. Provides that in determining whether any savings are realized from closure of a State-operated facility or a reduction in the number of units, available beds, or staff, sufficient moneys shall be made available to ensure that there is an appropriate level of staffing and that life, safety, and care concerns are addressed so as to provide for the remaining persons with developmental disabilities or mental illness at State-operated facilities. Provides that the plan for using any savings realized from such a closure or reduction must be shared and discussed with advocates, advocacy organizations, and advisory groups whose mission includes advocacy for persons with developmental disabilities or persons with mental illness. Effective immediately.

HB3812 Amends the Mental Health and Developmental Disabilities Code

Adds provisions concerning a facility director's approval of a respondent's request for informal or voluntary admission. Provides that at any time before the conclusion of a hearing concerning admission to a mental health facility and the entry of the court's findings, a respondent may enter into an agreement to be subject to an order for alternative treatment or care and custody. States the conditions required for approval of such an agreed order and states other provisions concerning the entry of such an order.

H.B.59 Repeal the sunset provision of the Insurance Parity Provision.

H.B.210 Adds post-traumatic stress disorder to illnesses covered by parity law. ■

“When we honestly ask ourselves which persons in our lives mean the most to us, we often find it is those who, instead of giving advice, solutions, or cures, have chosen, rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair and confusion, who can stay with us in a moment of despair and confusion, an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares.”

Henri Nouwen

Viewpoint

Depression: The Sequel

By Linda Logan

The course of my recovery—a decade in the making—has frequently been derailed by recurrences of depression. What we lay people call a relapse is more properly defined as a recurrence. (If you're depressed and it's been less than six to nine months since the original depressive episode, it's a relapse; if depression returns after you've been well for longer than that, it's a recurrence). If you're depressed, however, such semantic distinctions are meaningless. When it's back, it's back, no matter what you call it: it's Ground Hog Day all over again. (Absent Bill Murray's smarmy charm.)

One night a squatter creeps into your brain, parks himself in a Laz-E-Boy overlooking the hippocampus, and spends a week or two guzzling six-packs of serotonin until pretty soon you don't want to go anywhere, do anything, or see anyone. Friends and families are concerned, of course. You're going through another bout of your peculiar illness (to call it a bout is like calling fifteen rounds with Ali a slap fest). You listen to their advice, straining to comprehend the words tumbling from their mouths in seemingly random phonemes—jabberwocky accompanied by reassuring

Ten Things Not to Say to A Depressed Person

(Verbatim comments from well-meaning friends and family)

1. You don't *look* depressed. [variant: You don't seem depressed; you don't act depressed.]
2. What you need is _____.
 - A nice, long shower
 - Some fresh air
 - A new hairstyle
 - A job
 - A baby
 - ECT
3. Everybody's depressed.
4. *I'm* depressed.
5. Busy people don't have time to get depressed.
6. You're too sensitive.
7. It could be worse.
8. It's not as bad as it seems.
9. Smile.
10. What do *you* have to be depressed about?

smiles. They all say the same thing, "You've been through this before. You'll feel better soon."

But for you, the past is mute; the future is a clouded mirror. You are stuck in the eternal present. You are what you feel; you always will be. As F. Scott Fitzgerald wrote, "In the dark night of the soul, it's always three o'clock in the morning..."

You and your doctor do the usual song and dance. He tells you it's a recurrent episode and to ride it out a few more days before he starts tinkering with your meds. He likens your depressive rerun to a nasty dental procedure: If you sit tight long enough, it will be over. But you have no perspective and find it inconceivable that this, too, shall pass. So you put on your brave soldier face and leave his office, unconvinced.

All plans are suspended, pending future notification. You couldn't get off the couch if the house were afire. Your doctor calls this neurovegetation and assures you that if, indeed, your house caught fire, you'd summon up the energy to leave.

You're not buying it.

The world, which had been bopping along just fine before depression came back into your life, suddenly seems a place of inexorable sadness. You want to cry about everything and sometimes you do. You feel tragic without a tragedy, grief-stricken with no reason to grieve.

Your old mantra returns unbidden: Hopeless, helpless, worthless...

Paradoxically, your sadness about the world is coupled with a sense of how absurd, how utterly pointless, it is. You look outside your window: Spring has sprung. Buds are sprouting on trees that barely managed to drag themselves through another winter. Birds furiously twitter and chirp in their maddening and undecipherable language. The sky is ridiculously blue. But from your outpost on the sofa, the world looks as flat as a postcard. And is about as meaningful.

The connector between thought and language has been mislaid. Your tongue's turned into titanium; your speech is impaired and retarded. A prodigious amount of thought goes into the formation of each new word. Conversation is debilitating.

You are overcome by a fatigue so potent it is a force of nature — you have no choice but to succumb. Your bed, with its promise of leaden sleep, is your refuge. The math is simple: The less time spent awake, the less pain.

You may seek to stuff yourself with food, but the void is bottomless, and what you hunger for is not food. Or you may refrain from eating altogether—all that chewing is such an effort. (Maybe you can become so tiny depression cannot find you.)

Time has assumed glacial dimensions. The day lies splayed before you like an indolent dog with nowhere to go. A week takes as long as the Pleistocene.

Memories, motivation, and concentration have all flown the

coop. Your brain is full of rust and recrimination. Your mind is slowly trying to cogitate, turning like a stalled Ferris wheel.

The only thinking you're capable of is anxious rumination. You mentally flagellate yourself pondering anything guaranteed to make you feel worse (naturally, since depression militates against positive thoughts). You ruminate about the collateral damage your illness is doing to your family. (More guilt to add to your I'm a Bad Person pile). Sure, they tolerate you, they may even feel sorry for you, but the truth of the matter is, they're sick of you. Why can't you be like other mothers in their white tennis skirts, throwing their heads back in laughter on the school's front

Continued on page 6

Recurrent Depression: An Overview

19 million Americans—one in ten adults—experience depression each year. According to the World Bank, unipolar major depression is the leading cause of disability in the U.S. and the world. Although treatment can alleviate depressive symptoms in over 80% of the cases, two-thirds of those afflicted with depression will not get the help they need (they're either not treated at all, or undertreated). Undertreatment results from incorrect or incomplete diagnoses, or inadequate treatment duration.

Even people that *do* get successful help for their depression are not guaranteed smooth sailing. Indeed, for many people, depression is a chronic disease, characterized by repeated episodes of recurrent depression. Although researchers have not identified the trigger that propels people with a history of depression back into depression, they have identified some factors that put certain individuals at risk for a recurrence:

- People with an incomplete response to antidepressants
- People with a history of chronic depression or long-standing personality disorder
- People experiencing interpersonal loss and disappointment*
- People who receive criticism from others*

Evidence-based medicine shows that continuation antidepressant medication (the meds used to successfully treat the acute episode), and ITP (interpersonal therapy)

or CBT (cognitive behavioral therapy) are the most effective treatments to reduce the subsequent risk of recurrence. NIMH research shows that CBT “appears to have an enduring effect that extended beyond the end of treatment.”

For those who are experiencing a recurrence, it is important to get treatment immediately. The NIMH states, “The earlier treatment begins, the more effective and greater the likelihood of preventing serious recurrences.” ■

*These apply to a specific sub-set of depressed people.

Sources: “Breaking Ground, Breaking Through: The Strategic Plan for Mood Disorders Research at the NIMH,” NIMH January 2003, NIH Publication number 03-5121. To order call 1-301-443-4513; “Depression Research at the NIMH,” NIMH 1999 (reprinted 2000), NIH Publication number 00-4501. To order call 1-301-443-4513; “Depression: What Every Woman Should Know,” NIMH August 2000, NIH Publication Number 00-3679. To order call 1-301-443-4513; “[Press Release] Depression Traced to Overactive Brain Circuit,” NIMH August 2, 2004; David Gutman, “Remission in Depression and the Mind-Body Link,” *Medscape*, November 14, 2002; MB Keller, “Long-term Treatment of Recurrent and Chronic Depression,” *J of Clin Psychiatry*, 63 Suppl 24:3-5, 2001; David Solomon et al., “Tachyphylaxis in Unipolar Major depression,” *J Clin Psychiatry*, 66: 285-290, 2005.

Further Reading

Nancy Andreasen, *The Broken Brain*. New York: Harper & Row, 1984
Rosalyn Carter, *Helping Someone with Mental Illness: A Compassionate Guide for Family, Friends and Caregivers*. New York: Times Books, 1998
Kay Redfield Jamison, *An Unquiet Mind, A Memoir of Moods and Madness*. New York: Random House, 1996
Peter Kramer, *Against Depression*. New York: Viking, 2005

Calendar

July 4 Holiday. No Board of Directors meeting.

July 12 Care and Share is a support group for people with mental disorders and their families and friends. Rush North Shore Hospital, 9600 Gross Point Road, Skokie, 7:30-9:00. (Sharfstein Auditorium). No charge; no registration required. Call Maun Dee for information at NAMI CCNS 847-724-1460.

July 14 Visions for Tomorrow Parent Support Group is a support group for parents of children, adolescents, and young adults with mental disorders. 7:30 pm, Kenilworth Union Church, 211 Kenilworth Ave., Kenilworth. Call Barb Maier for information 847-446-8416. **No August meeting.**

July 29-31 Family to Family Teacher Training. Registration is now open for NAMI Illinois family members who would like to become certified NAMI Illinois teachers of the Family to Family Education Program. Participants must make a 2-year commitment to the education program and agree to co-lead a NAMI 12-week education course within one year from the date of training. Holiday Inn, Bloomington, Illinois. \$75 per person, includes accommodations, meals, and teacher manual. Registration is limited so please register early by

contacting either of NAMI Illinois' Family to Family State Trainers: Carolyn Jakopin at 309-691-0261 or Charlotte Kauffman at 217-557-8571.

July 31 Sundays at One is a support group for young adults with mental disorders who want to do things together. 1:00-3:00 p.m. Borders Bookstore, 49 S. Waukegan Road, Northbrook (corner of Waukegan and Lake Cook Roads). For information and registration, call Nate Maier 847-446-8416. **No August meeting.**

August 3 Board of Directors meeting at Wilpower, Inc., 444 Frontage Road, Northfield. 7:30 p.m.

August 9 Care and Share is a support group for people with mental disorders and their families and friends. Rush North Shore Hospital, 9600 Gross Point Road, Skokie, 7:30-9:00. (Sharfstein Auditorium). No charge; no registration required. Call Maun Dee for information at NAMI CCNS 847-724-1460.

September 23-25 Visions for Tomorrow Teacher Training. Doubletree Oakbrook (formerly the Oakbrook Hyatt). Call Barb Maier for information at 847-446-8416. ■

Depression: The Sequel / *continued*

steps? Why do you have to be the one hiding in the car, slumped down low, hoping no one will see you? (A good thing, too, since you can't remember the last time you combed your hair). And you, too, are resentful. What do the children have to complain about? You're *there*, aren't you?

Decision-making is your undoing. What pants to wear? What to pack the kids for lunch? What TV show to watch? Your mental abacus flips back and forth, trying to render a decision. But you know that deep down—apart for the anxiety provoked by decisions—it really doesn't matter. A prop plane with the banner, Who Cares? flying over Wrigley Field would be nice.

So you wait in a welter of apathy and vegetation. What other choice to you have, really? You wait for this tempest to pass, wait for your new meds to kick in, wait hoping you don't end up back in the hospital or suicidal. You stare out the window: the right branch of the oak tree intersects the telephone wire at a perfect right angle. A red Frisbee, tossed in the air by your son eight years ago, still hangs from an upper bough. A bird flies by in a blur of motion.

It means nothing.

That's it for today. ■

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NAMI CCNS News Update

Judy Graff NAMI CCNS' chair of the Housing Committee reports: Residential Living Options for Adults with Mental Illness was the topic of the June 14th educational program at Rush North Shore Medical Center. Alexander Brown, Executive Director of Housing Options for the Mentally Ill in Evanston discussed housing and supportive services for adults coping with mental illness. He gave a PowerPoint presentation showing the various housing models and described client centered services. His organization owns five small apartment buildings and leases twelve apartments scattered throughout Evanston and currently services 48 individuals recovering from mental illness. Alexander discussed the mission statement of Housing Options which is the belief that "... stability is essential for managing a severe mental illness and that housing and support are the foundations on which individuals can rebuild their lives." His organization provides a network of support services so that each person can live as independently as possible.

Michelle Howden of the Center for Independent Futures discussed family-designed community living options. The Community Living Option is a community based housing model which is "educational, person centered, and family driven. Families can participate in a directed facilitated collaborative process to create a fee for service living option for young adults with disabilities." Michelle gave a PowerPoint presentation showing the various programs and services offered by CIF such as Public Benefit Workshops, Full Life Future Planning, and Family Coaching etc.

Follow up questions were directed to both speakers and issues were raised regarding funding sources, current housing availability, and the the gap between income and affordable housing. The members of the audience expressed frustration with the status of financial support in the State of Illinois for people suffering from mental illness and its effect on housing programs and services. The audience members were asked to fill out an evaluation form which asked whether they were interested in a follow up program on the topic and/ or related issues.

Judy is looking for people interested in housing and the mentally ill to help research and develop a resource guide for consumers. Please call her at 847-444-1505 or e-mail jdgslp@yahoo.com ■

A Tag Day Thank You

By Julie Savastio, Tag Day Coordinator

On Friday, May 13 and Saturday, May 14 NAMI CCNS members, friends and family met in Glenview for Tag Day 2005. Tag Day is an opportunity to introduce the community to NAMI CCNS through an informational "tag" that describes our mission and various NAMI programs, such as Family to Family and Visions for Tomorrow.

This year as we handed out tags, candy and solicited donations, the response from the passersby was overwhelmingly receptive and encouraging. We raised approximately \$6,700 in donations that will be used to support NAMI CCNS programs and continue our advocacy efforts for individuals recovering from mental disorders and their families.

A special thank you to the following members and their friends who volunteered time to organize the event, make phone calls, and tag:

Marilyn Applebaum, Katie Boyle, Jim Brodnicki, Ken Buzik, Agnes Byrne, Coldwell Banker Residential Brokers in Winneka, Marian Chase, Chris Dee, Maun Dee, Joan Derlene, Charlotte Donat, Jason Dubas, Pat Flynn, Jill Freidberg-Rubin, Ann George, Jenny George, Bridget Gillen, Judy Graff, Linda Green, Colleen Gullery, Jim Gullery, Patricia Gullery, Eleanor Guzzio, Mary Beth Hand, Godfrey Henry, Bonnie Hinkler, Sheila Horican, Nancy Hug, Candice Hughes, Gloria James, Jean Jorgenson, Maureen Kleiderer, Owen Kopon, Robert Lazar, Todd Logan, Barb Maier, Tom Maier, Linda Merczak, Maureen Mohling, Rita Nash, William Nash, Ginny Neukranz, Jean Northway, Judy Oyaro, Ellen Roth, Stan Rothhardt, Lauren Savastio, Linda Savastio, Ray Savastio, Jim Schantz, Bonnie Schein, Sheila Shanes, Sandra Shovers, Richard Sullivan, Thresholds Transitions, Diane Thurblad, Nancy Tudor, Deb Walsh, Jim Walsh, Joe Wilkenson, Liz Winkowski and Joyce Wright.

Thank you to the following members and NAMI CCNS supporters who sent in donations to support the Tag Day event:

Deane Borgeson, Jani Bress, Jim and Laura Brodnicki, Jim and Maureen Carroll, Dale Cohodes, Dr. Kirk Erickson and Turning Point, Fecarotta-Boyd Household, William C. Furst, Tiffany George, Ann George, Bridget Gillen, David Loveland, John and Roberta Malloy, Barbara Mawicke, Mary Jo Novak, Mike and Pat Rodbro, Lois Savastio-Van Ryan, Barbara Spencer, Richard Sullivan and Anonymous donor. ■