

NAMI of Kalamazoo NEWS

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NAMI of Kalamazoo is a registered 501C-3 non-profit self-help and advocacy group. Our mailing address is: NAMI of Kalamazoo; P.O. Box 51693, Kalamazoo, MI 49005-1693; Editor: Michael D. Kenny, 269-343-6952

We would like to report on positive, uplifting, and good stories in this newsletter. However, while reading the U.S. general public press, positive stories covering health, mental health, insurance, and disabled persons are hard to find. One recent insurance issue that has not been approved in Michigan is that of mental health parity. Even an "autism" insurance parity subsection was not approved during 2010 in Michigan.

Michigan state government continues to struggle with financial woes— let us hope that our legislators we elected this past November can develop and actuate ways to maintain and improve all necessary state services, especially those in support of disabled person's health care.

Local positive news includes: the successes of the peer support program and the activities of various self-run consumer groups in the Kalamazoo area.

Families in Action (FIA)

Family Support Classes at KCMHSAS. Family Support teaches several mental health classes during the year, including Families in Action. All classes are at no cost to participants. The upcoming spring 2011 FIA class program will start Tuesday, March 1, 2011 and run for 12 weeks ending May 17, 2011. Persons interested in attending can call 269-553-7096 to register or to get more information about the program. Classes usually run from 6:30 to 8:30 PM in Conference Room A at 418 W. Kalamazoo Ave.

NAMI of Kalamazoo would like to publically thank Ms. Renate Shiver, Family Support KCMHSAS, for her many years of dedicated service to this very valuable program.

Gov. Elect Rick Snyder Names Department of Community Health Director, Ms. Olga Dazzo

By Chris Christoff; Free Press Lansing Bureau

Gov. Elect Snyder, at a news conference introduced Ms. Olga Dazzo and called her an American success story. As a child, she was among 14,000 children who fled Cuba in 1961 under an anti-Communist refugee program. Snyder said she developed an interest in health care as a high school student.

Dazzo, 60, is president and CEO of Health Reform [Innovations](#) LLC; she previously was CEO of Physicians Health Plan in Lansing and director of Jackson Health Plans in Miami.

She has a degree in accounting and an MBA from [Michigan State University](#). She was a trustee of Ferris State University. Snyder said he is excited about having Dazzo as part of his team. He said her department will be grouped with the Department of Human Services and possibly other departments in a "people and their families" group headed by a group executive who is yet to be named.

"There is an attitude that the only way to lower costs is to reduce the level of care. I reject that premise," Snyder said. "Olga understands that the decisions she makes will directly impact the well-being of Michigan's most vulnerable citizens, and she will always have an eye toward delivering services more efficiently so those who need treatment are able to get it."

Dazzo, who is fluent in Spanish, came to the United States as a child refugee in 1961 following the communist takeover of Cuba. She moved to Michigan in 1978.

Community Health is one of state governments biggest cost areas as Snyder seeks to balance a budget with a projected \$1.6 billion deficit.

Source: Detroit News and Free Press 12/17/2010

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Stress Management and Empathy Improve with Age

By Rick Nauert PhD *Senior News Editor*

Reviewed by John M. Grohol, Psy.D. ; December 17, 2010

Emerging research suggests older people are better at seeing the positive side of a stressful situation and are better than young adults when empathizing with the less fortunate.

This better management of mental processes holds true even though older people may become emotional when confronted with poignant or repelling situations.

A team of scientists led by University of California — Berkeley psychologist Robert Levenson is tracking how our emotional strategies and responses change as we age.

Their findings — published over the past year in peer-review journals — support the theory that emotional intelligence and cognitive skills can actually sharpen as we enter our 60s, giving older people an advantage in the workplace and in personal relationships.

“Increasingly, it appears that the meaning of late life centers on social relationships and caring for and being cared for by others,” Levenson said.

“Evolution seems to have tuned our nervous systems in ways that are optimal for these kinds of interpersonal and compassionate activities as we age.”

In the first study, researchers looked at how 144 healthy adults in their 20s, 40s and 60s reacted to neutral, sad and disgusting film clips. In particular, they examined how participants used techniques known as “detached appraisal,” “positive reappraisal” and “behavior suppression.” The findings were published in the journal *Psychology and Aging*.

The researchers monitored the blood pressure, heart rates, perspiration, and breathing patterns of participants as they watched a scene from the movie “21 Grams,” in which a mother learns her daughters have died in a car accident; and from “The Champ,” in which a boy watches his mentor die after a boxing match. They also watched repugnant scenes from “Fear Factor.”

For detached appraisal, participants were asked to adopt an objective, unemotional attitude. For positive reappraisal, they were told to focus on the positive aspects of what they were seeing. And for behavior suppression, they were instructed not to show any emotion.

Older people, it turned out, were the best at reinterpreting negative scenes in positive ways using positive reappraisal, a coping mechanism that draws heavily on life experience and lessons learned.

By contrast, the study’s younger and middle-aged participants were better at using “detached appraisal” to tune out and divert attention away from the unpleasant films. This approach draws heavily on the prefrontal cortex’s “executive function,” a mechanism responsible for memory, planning and impulse control and that diminishes as we age.

Meanwhile, all three age groups were equally skilled at using behavior suppression to clamp down on their emotional responses. “Earlier research has shown that behavior suppression is not a very healthy way to control emotions,” Levenson said.

The study concludes that “older adults may be better served by staying socially engaged and using positive reappraisal to deal with stressful challenging situations rather than disconnecting from situations that offer opportunities to enhance quality of life.”

In another study, published in the July issue of the journal *Social Cognitive and Affective Neuroscience*, researchers used similar methods to test how our sensitivity to sadness changes as we age.

In that experiment, 222 healthy adults in their 20s, 40s and 60s were wired with physiological sensors and instructed to view the same film clips from “21 Grams” and “The Champ.” The older cohort showed more sadness in reaction to emotionally charged scenes, compared to their younger counterparts.

“In late life, individuals often adopt different perspectives and goals that focus more on close interpersonal relationships,” said UC Berkeley psychologist Benjamin Seider, lead author of the study.

“By doing so, they become increasingly sensitized to sadness because the shared experience of sadness leads to greater intimacy in interpersonal relationships.”

Contrary to popular belief, heightened sensitivity to sadness does not indicate a higher risk for [depression](#) in the context of Seider’s study, but is actually a healthy sign, Levenson pointed out.

“Sadness can be a particularly meaningful and helpful emotion in late life, as we are inevitably confronted with and need to deal with the losses we experience in our own life and with the need to give comfort to others,” Levenson said. From University of California- Berkeley.

<http://psychcentral.com/news/2010/12/17/stress-management-and-empathy-improve-with-age/21922.html>

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Internet addresses for your usage

1. Recovery Institute of South West Michigan at http://recoverymi.org/RI_pages/news.php
2. Excellent- Jane Pauley- Lecture: <http://mitworld.mit.edu/video/847>
3. Treatment Advocacy Center- stories from across

America about mental illness:

<http://www.treatmentadvocacycenter.org/>

4. A psychology website by John Grohol:
<http://psychcentral.com/news>
5. Reintegration and recovery:
<http://www.reintegration.com/>
6. Our NAMI of Kalamazoo site is:
www.namikalamazoo.org

NAMI of Kalamazoo

Our NAMI of Kalamazoo organization serves Kalamazoo and surrounding SW Michigan counties as a local chapter of the National Alliance on Mental Illness. We are also affiliated with the State organization, NAMI Michigan, located in Lansing, MI and the National Alliance on Mentally Illness- NAMI, located in Arlington, VA

Thanks: to those sending in your additional contributions for our NAMI of Kalamazoo organization with your dues; these donations are the only extra monies that we have for activities in addition to the \$5 we keep of your annual dues. We use your donated money to pay for local activities that benefit our community.

Meetings: We now hold 1 meeting each month for members, friends, and advocates to attend. This is the Board meeting, which is usually held on the first Thursday of most every month at the Pathways building at 119 West Vine St., in Kalamazoo; about one block from the Bronson Hospital complex. These meetings begin at 6:30 PM. We will meet next on Thursday, January 6, 2011 for a regular board meeting beginning at 6:30 PM. Our next two meetings after January's meeting will be on February 4 and then on March 3, 2011.

The Thursday, March 3, 2011 meeting will also be used to conduct our annual business meeting.

NAMI Michigan's 2011 Conference

NAMI Michigan's 25th Anniversary conference, seminars, and annual meeting will be held on Friday, May 13, 2011 and Saturday, May 14, 2011 at the Detroit Livonia Marriott Hotel, 17100 Laurel Park Drive, in Livonia, MI 48152. Save the date and plan to attend.

For more complete information please see the www.namimi.org web site later in February 2011.

Winter Time in Michigan

The recent opening blast of harsh winter weather should focus everyone on what cold temperatures mean to those without food and shelter. The rough economic stretch our state has endured has increased their numbers, while the charitable organizations have strained to raise enough money to meet the growing need.

Michigan is ranked fifth in the nation and first in the Midwest for the number of homeless people and an increasing number of homeless individuals are the working poor, whose low-wage jobs do not enable them to maintain their families in permanent housing, according to the Community Foundation for Southeast Michigan.

Across the state, half of all the needy served are children. At the same time, relief agencies are reporting increased demand. In Michigan, 73 percent of nonprofits report an increased demand for services of all types and the vast majority of Michigan nonprofits cite unemployment and cuts to state services as the two major factors behind a growing gap between needs and resources, according to the Community Foundation.

From The Detroit News; 12/16/2010:

<http://detnews.com/article/20101216/OPINION01/12160342/Editorial-Food-and-shelter#ixzz18PTuLhlf>

NAMI Michigan names new Executive Director

Ms. Linda Burghardt, MPA, formerly of the National Association of Social Workers-NASW-MI Chapter as their Governmental Relations Director, assumed the NAMI Michigan Executive Directors position in December 2010. We wish her well in her new position. Linda's e-mail is lburghardt@namimi.org

Discussions on Medicaid, Medicare, and Health Care Issues

Often, Medicaid is overshadowed by Medicare. But the reality is Medicaid is a larger federal health program than Medicare. In 2010, the Center for Medicare and Medicaid Services estimated 60 million people received coverage through Medicaid and the state-run Children's Health Insurance Program (CHIP), whereas Medicare had 47 million beneficiaries. Total Medicaid spending – federal and state – is projected to reach \$430 billion this year, nearing \$900 billion over the next 10 years. Medicaid spending on the federal side alone will

surpass \$540 billion by 2019. At the state level, Medicaid now exceeds other state spending priorities such as education.

In its current form, Medicaid faces tremendous quality and access problems. Medicaid pays doctors and hospitals on average about 35 to 40 percent less than private insurance. With fewer doctors willing to see Medicaid patients, it is no surprise that Medicaid and CHIP patients visit the emergency room more than people who are privately insured, making it a costly and inefficient way to deliver care. Two recent studies highlight more troubles. [One](#) concluded that Medicaid patients were less likely to receive "evidence-based therapies and had worse outcomes" than patients with private insurance. [Another study](#), by researchers at the University of Virginia, found Medicaid patients had a higher rate of hospital mortality than even the uninsured.

More than half of the "gains" in coverage under the new Federal health care law will be achieved by expanding access to Medicaid. The new law adds 18 million more people to the Medicaid rolls, without addressing any of the long-term structural challenges. This shortcut to coverage only makes the gloomy scenario worse.

The final report fell short on the Medicaid front. Even the immediate Medicaid savings options were more of the same. Hopefully, alternative ideas that offer a clear path to reform, like the Rivlin-Ryan plan (see below), will take root on Capitol Hill. After all, if the new Congress wants to restore the nation's fiscal health, it will need to focus on Medicaid's long-term problems as part of any solution.

It's not that Medicaid reform was off the table. An early Bowles-Simpson draft offered a good start by suggesting that Congress convert the federal share of Medicaid's long-term care payments into a capped allotment. Former Congressional Budget Office Director Alice Rivlin, now with the Brookings Institution, and Rep. Paul Ryan, R-Wisconsin, took the idea a step further in their [long-term plan for Medicare and Medicaid reform](#), by proposing a conversion of the long-term and acute-care payments into a capped allotment. This approach would give states the flexibility to determine how best to meet the needs of their low-income recipients. A capped allotment is an important policy recommendation. If the goal of the commission is to get America's fiscal house in order, acknowledging that Medicaid's open-ended federal entitlement is outdated and unsustainable is a critical first step.

Excerpts are from:

<http://www.kaiserhealthnews.org/Columns/2010/December/121410ninao.aspx>

A Proposal for Medicaid Reform; Alice Rivlin and Paul Ryan

Convert the Federal Share of Medicaid into an Allotment to States. Beginning in 2013, the Federal share of Medicaid's payments for acute and long-term care services should be converted into an allotment to states.

In exchange for slower growth in the Federal government's Medicaid payment, states will have more flexibility in how they use Medicaid funds to meet the needs of their low-income populations.

Each state's initial allotment would be determined by the state's per capita low-income population based on Federal Poverty Level. The state allotment would grow at Gross Domestic Product = GDP +1 percent and would be further adjusted for population growth. November 17, 2010

Excerpts are from:

www.house.gov/budget_republicans/rivlinryan.pdf

Managing Michigan's Publicly-Funded Health Services System

The Michigan Department of Community Health (MDCH) is one of 18 departments of state government.

The department, one of the largest in state government, is responsible for health policy and management of the state's publicly-funded health service systems. About 2 million Michigan residents will receive services this year that are provided with total or partial support from MDCH.

The department was created in 1996 by consolidating the Department of Public Health, the Department of Mental Health and the Medical Services Administration, the state's Medicaid agency. The Office of Drug Control Policy and the Office of Services to the Aging were later consolidated with MDCH.

Governor Granholm named [Janet Olszewski](#) as the department's director effective January 1, 2003. A long-time health care executive, Olszewski was Vice President for Government Programs and Regulation at M-CARE, a non profit managed Care Company owned by the University of Michigan. Before joining M-CARE, Olszewski spent more than 20 years in state government health services.

MDCH has a 2010 gross appropriation of \$13.1 billion and approximately 4,100 employees.

Services are planned and delivered through these integrated components:

- Medicaid health care coverage for people with limited incomes
- Mental health services for people who have a mental illness or a developmental disability, and services for people who need care for substance abuse
- Health needs assessment, health promotion, disease prevention, and accessibility to appropriate health care for all citizens
- Drug law enforcement, treatment, education and prevention programs
- Administering the crime victims rights fund, investigating and processing crime victim compensation, and administering federal Victims of Crime Act grants

Medicaid provides healthcare coverage for more than 1.7 million Michigan residents who are eligible for Medicaid coverage under federal guidelines. Services covered include inpatient and outpatient hospital services, physician services, health screening for eligible children, maternity services, pharmacy, medical supplies and equipment, nursing, mental health care, community-based care, and other services.

The department's [Mental Health Services](#) are primarily provided through contracts with 46 Community Mental Health Services Programs (CMHSP) and 18 Prepaid Inpatient Health Plans (PIHP). These programs provide community-based behavioral and mental health services and supports to persons with mental illness, developmental disabilities and addictive disorders throughout Michigan. The CMHSPs are expected to serve more than 220,000 children and adults this year.

In addition, the department operates four adult state psychiatric hospitals for persons who have mental illnesses, one center for persons who have developmental disabilities, one children's psychiatric center, the state's Center for Forensic Psychiatry and, under a contractual agreement with the Department of Corrections, the Huron Valley Center; an inpatient program for prisoners.

Substance abuse services are provided through 16 substance abuse coordinating agencies in various locations throughout Michigan.

The department's [Health Administration](#) component contracts with 45 local public health departments that

serve all 83 Michigan counties. The local public health units assess health needs, promote and protect health, prevent disease, and assure access to appropriate care for all citizens.

The [Office of Drug Control Policy](#) administers federal funds in Michigan for drug law enforcement, treatment, education and prevention programs.

The [Office of Services to the Aging](#) promotes independence and enhances the dignity of Michigan's older persons and their families through advocacy, leadership, and innovation in policies, programs and services.

The [Michigan Crime Victim Services Commission](#) administers the crime victim rights fund, investigates and processes applications for crime victim compensation, and administers federal Victim of Crime Act grants

<http://www.michigan.gov/mdch/0,1607,7-132-58522-.00.html>

2010 Census: Michigan Loses Population

Mike Wilkinson / the Detroit News/ 12-21-2010

The unparalleled effect of the Great Recession on Michigan spurred massive migration that will cost the state one of its 15 congressional seats as Michigan was the only one in the nation to lose population this decade, according to U.S. Census figures for 2010 released December 21, 2010.

Michigan's population was down 0.6 percent from 9.94 million in 2000. The state lost more than 54,000 people in the decade, the first time a large industrial state has lost population since New York lost population in the 1970s. Michigan's 2010 population is 9,883,640, according to figures released today.

Michigan was the only state with a declining population; even Louisiana, which experienced an exodus following 2005's Hurricane Katrina, rebounded to add people.

The nation's population, by contrast, rose 9.7 percent, to 308,745,538. The nation added more than 27 million people. The Midwest as a whole gained 3.9 percent, underscoring the unique predicament Michigan found itself in as the automotive industry, upon which the state relied so heavily, imploded.

"As I look back, it's the economy. It killed us," said Michael Boulus, the executive director of the Presidents Council State Universities of Michigan.

Driving Michigan's pain was a recession that wiped out hundreds of thousands of jobs and sent recent college graduates, older construction worker and automotive engineers alike across the country in search of work. For much of the decade, Michigan experienced the highest jobless rate in the country, eroding incomes and spurring flight.

Michigan remained the eighth-largest state, but just barely. In 2000, it had 1.8 million more people than Georgia; its lead is now just less than 200,000. North Carolina is just 350,000 people behind Michigan. Both states have welcomed thousands of Michigan residents looking for work in the decade; Raleigh and Charlotte, North Carolina, were some of the most popular destinations, IRS data released earlier has shown.

In most decades, births outnumber deaths and most states have grown in every decade since the Census began tallying. But in Michigan, waves of domestic migration — earlier estimates indicate that more than a half million people left the state during the decade — actually eroded the overall population.

For decades, college graduates have often grabbed their degree and headed for Chicago and other parts of the country. But during the 2000s, that percentage increased as opportunities in state dwindled. The impact could resonate for years, experts say.

"You really have to have a stable and strong economy to attract them back and in the last decade we didn't have that," said Xuan Liu, manager of the data center at the Southeastern Michigan Council of Governments.

It marks the second time in 30 years the state has stagnated. During the 1980s, which saw hundreds of thousands flee to Texas and Louisiana for oil jobs, the state grew by less than 1 percent.

The effects could be long lasting. In addition to losing millions of dollars in federal funding based on population, the state will lose one congressional seat, further weakening the state's impact in Washington and in presidential politics. It will now have 14 seats; it lost another seat in 2000; two seats in 1990 and a seat in 1980. In 1970, Michigan had 19 congressional seats but since then, exploding growth in the south and west has sent dozens of seats to the Sun Belt.

Much of federal funding, from education to housing to help for small businesses, is based on population. The federal money amounts to roughly \$10,000 for each counted person over 10 years, a state official said. It affects the allocation of over \$400 billion annually.

Restructuring Michigan's Correction Budget

Editorial in the Detroit News; December 21, 2010

Michigan locks up too many people, keeps them in prison too long and pays too much to guard them. As Gov.-elect Rick Snyder looks for places to cut the cost of state government, the Corrections Department is a good first stop.

To help with the task, Snyder now has a fairly detailed blueprint for gleaning savings from the \$1.9 billion Corrections budget. The Corrections Reform Coalition, supported by The Center for Michigan, handed the incoming governor a report offering a menu of savings he can choose from to reduce prison spending.

The coalition notes that Michigan spends 23 percent of its general fund budget on prisons, and despite the early release of more than 5,000 prisoners this year, overall spending increased. It calls on Snyder to slash the Corrections budget by reforming prison operations and restructuring sentencing and incarceration policies.

Michigan must address its sentencing guidelines. It locks up more of its resident's per-capita than its neighboring Great Lakes states, and does so at a higher cost — more than \$30,000 per year per inmate. Some sensible ideas are suggested in the report, including letting most prisoners go free on their earliest release date, for a savings of \$120 million annually. Michigan also should adopt the Council of State Governments' sentencing guidelines, which recommend inmates serve at least 100 percent of their minimum sentences, but no more than 120 percent.

The coalition's report also rightly calls for a sentencing commission to review incarceration policies, and expediting the release of medically fragile prisoners.

Beyond the coalition's recommendations, Michigan must seriously consider whether prison is the right punishment for everyone who commits a crime. Alternative punishments, including fines, community service and victim compensation may work better for convicts who are not likely to repeat their offenses and present no danger to the community.

From The Detroit News:

<http://detnews.com/article/20101221/OPINION01/12210313/>

Renew or Join or Rejoin or Donate to NAMI of Kalamazoo for 2011-12

*NAMI of Kalamazoo-Year 2011-2012 Dues. The mailing label on your mailed copy of the newsletter normally gives your membership expiration date. We do not invoice (USPS mail) separately for continued memberships but ask that you renew according to this newsletters mailing label.

Our NAMI of Kalamazoo affiliate serves Kalamazoo and surrounding counties as a local chapter of the National Alliance on Mental Illness. We are also affiliated with the State organization, NAMI Michigan, with offices located in Lansing, MI and the National Alliance on Mentally Illness- NAMI, with offices located in Arlington, VA.

When you join NAMI Kalamazoo most of the regular \$25 dues you pay goes to the NAMI Michigan State organization (\$10) and \$10 goes to the NAMI National organization. So by joining us you belong to all 3 groups. This means that you will receive mailings from all three NAMI groups at different times during the year.

Please use this sheet to join/renew membership in NAMI of Kalamazoo. We collect dues anytime and credit you in a running year method. Date of your payment plus 12 months is your membership time. Please look at your mailing label if you are renewing your membership.

Most of our local programs are funded by your generous donations since we only keep \$5 of the dues monies that you send in to us. We really like donations.

2011-12 Yearly Memberships in NAMI of Kalamazoo, please circle your membership type:

Regular= \$25.00 Open door = 5.00 Professional Organization= \$40.00

Dues enclosed = _____ + my extra Donation to NAMI of Kalamazoo = _____ = Total \$ _____

Name (print please) _____

Address _____ is this a new address since last year? _____
Street City Zip

Phone #- _____ is this a new phone number for you since last year? _____

My E-mail address is _____

.....
Make your Checks or Money Orders payable NAMI of Kalamazoo and then send to our USPS mailing address at:

**NAMI of Kalamazoo
P.O. Box 51693
Kalamazoo, MI 49005-1693**

NAMI of Kalamazoo serves to educate, support, and empower individuals and families affected by brain neurobiological disorders (NBD), commonly called mental illnesses. We are a community wide 501C-3 non-profit advocate organization whose members are available and accessible to NBD affected consumers and their families.

The current NAMI of Kalamazoo Board members for 2011 are: Mike Kenny (343-6952), Tom Belco (685-8243), Mrs. Ann Bonevich (349-8444), Linda DeYoung, Mr. Bob Green, Ms. Chaya Gieszer, and Ms.Toni Morrian.

NAMI of Kalamazoo now holds 1 meeting each month for members, friends, and advocates to attend. This is the local Board meeting, which is held on the first Thursday of most every month at the Pathways building at 119 West Vine St., in Kalamazoo. This meeting begins at 6:30PM. Calendar of upcoming events is on the next page.

NAMI of Kalamazoo NEWS

Alliance for the Mentally Ill

P.O. Box 51693

Kalamazoo, MI 49005-1693

January 2011

Thursday, January 6, 2011. The regular monthly NAMI of Kalamazoo board meeting is to be held at the Pathways facility at 119 West Vine Street beginning at 6:30 PM.

February 2011

Thursday, February 3, 2011. The regular monthly NAMI of Kalamazoo board meeting is to be held at the Pathways facility at 119 West Vine Street beginning at 6:30 PM.

March 2011

Tuesday, March 1, 2011. Families in Action class begins for the 12 week spring session at 418 West Kalamazoo Ave at 6:30 PM. Call 553-7096 to register or to get more information about the program.

Thursday, March 3, 2011. The regular monthly and also annual NAMI of Kalamazoo business board meeting is to be held at the Pathways facility at 119 West Vine Street beginning at 6:30 PM.

April 2011

Thursday, April 7, 2011. The regular monthly NAMI of Kalamazoo board meeting is to be held at the Pathways facility at 119 West Vine Street beginning at 6:30 PM.

Monday, April 11, 2011; SW Michigan 9-County Legislative Meeting at the WMU Fetzer Center, begins at 8:30am

May 2011

Thursday, May 5, 2011. The regular monthly NAMI of Kalamazoo board meeting is to be held at the Pathways facility at 119 West Vine Street beginning at 6:30 PM.

Friday, May 6, 2011; 9:30 till 11:00 AM; Radisson Plaza Hotel; KCMHSAS– Mental Health Annual Breakfast

Friday, May 13 and Saturday, May 14, 2011; Livonia Marriott Hotel; NAMI Michigan 25th Anniversary Conference and Meeting. See www.namimi.org site for details in February.