



OUT OF THE FOG

The monthly newsletter of NAMI San Francisco
www.namif.org

This month the NAMI office is moving with Family Service Agency administration to:
77 Geary, 5th Floor
San Francisco CA 94108
 The phone and email will remain the same

N.Y. Kendra's Law a Success for Treating Mental Illness, New Study Shows

New York's Kendra's Law to provide assisted outpatient treatment for people with severe mental illness is effective in a wide-range of measures, and provides long-lasting benefits the longer someone with a mental illness is in the program, a comprehensive independent evaluation conducted for the state by Duke University Medical School finds.

"The clear fact is that Kendra's Law is an effective mechanism to engage people with the most severe forms of mental illness in outpatient treatment," said Rosanna Esposito, Interim Acting Executive Director of the Treatment Advocacy Center. "Kendra's Law reduces hospitalizations, arrests, substance abuse and other negative consequences of mental illness, while it greatly increases treatment. The law is working just as intended; to increase treatment and to keep people safer."

Kendra's Law was enacted in 1999 after Kendra Webdale was tragically pushed to her death in front of an oncoming New York City subway train by a man with an untreated mental illness. The incident galvanized the

Continued on page 7

July Meeting Notes

By Roberta Kaye

Attendees at NAMI's July monthly meeting were introduced to the Physicians Organizing Committee (POC). Appearing for the group were Brian Tseng, Valerie Gruber and John Rouse.* POC began in 1983 when doctors from a variety of practice settings decided to come together to restore the ethical standards that had inspired them to pursue a career in medicine. They joined together with nurses and other healthcare workers to fight for the common goal of insuring the highest professional standards. Patient care was to govern their medical practice not corporate HMOs, insurance companies or government.

Membership in POC is open to physicians and other medical professionals who agree to further its objectives. If a physician, for example, seeks resolution of a problem regarding abusive practices on the part of hospital review committees, POC will work out a mutually agreeable plan to fill the member's need. This may include legal advice from volunteer attorneys on topics such as interpreting contract language or how to hold HMO's and insurance companies liable for not covering medically necessary services for patients. POC

Continued on page 5

3rd Wednesday of each month
 6:30 - 8:00 pm
 1010 Gough (till Jan 2010)

The Monthly Meeting

September 16

Baron Miller, Attorney at Law, will discuss special needs trusts and Proxy Parenthood PLAN of California

October 21

Sheri L. Johnson, PhD Director, and Ann Kring of the Cal Mania (CALM) program and professors of Psychology at UC, Berkeley will talk about Psychological Treatments to Add to Medications for Severe Mental Illnesses, bipolar disorder, schizophrenia, and schizoaffective disorder.

November 18

Elizabeth J. Yetter of UCSF with Daniel Mathalon and Judy Ford of the Brain Imaging and EEG Lab at the VA Medical Center present "Out of synch and out of sorts: Schizophrenia"

December: No meeting.

Map of Your Brain May Reveal Early Mental Illness

Source: Northwestern University, July 09, 2009

CHICAGO --- John Csernansky wants to take your measurements. Not the circumference of your chest, waist and hips. No, this doctor wants to stretch a tape measure around your hippocampus, thalamus and prefrontal cortex.

OK, maybe not literally a tape measure, but he does want to chart the dimensions of the many structures in the human brain. From those measurements -- obtained from an MRI scan -- Csernansky will produce a map of the unique dips, swells and crevasses of the brains of individuals that he hopes will provide the first scientific tool for early and more definite diagnosis of mental disorders such as schizophrenia. Diagnosing the beginning stage of mental disorders remains elusive, although this when they are most treatable.

The shapes and measurements of brain structures can reveal how they function. Thus, Csernansky hopes his brain maps will reveal how the brains of humans with and without major mental disorders differ from each other and the time frame over which those differences develop.

Diagnosing psychiatric disorders currently is more art than science, said Csernansky, M.D., the chair of psychiatry and behavioral sciences at the Northwestern University Feinberg School of Medicine and of psychiatry at the Stone Institute of Psychiatry at Northwestern Memorial Hospital. Unlike a heart attack, for example, which can be identified with an EKG and a blood test for cardiac enzymes, psychiatric illness is diagnosed by asking a patient about his symptoms and history.

"That's akin to diagnosing a heart attack by asking people when their pain came and where it was located," Csernansky said. "We would like to have the same kinds of tools that every other field of medicine has."

To that end, he is heading a National Institutes of Mental Health study to measure the differences between the structure of the schizophrenic and normal brain to be able to more quickly identify schizophrenia in its early stages and see if the medications used to treat the illness halt its devastating advance.

Schizophrenia usually starts in the late teens or early 20s and affects about 1 percent of the population. If the disease is caught early and treated with the most effective antipsychotic medications and psychotherapy, the patient has the best chance for recovery.

Current treatments are evaluated on whether the patients' symptoms improve over several months. Csernansky, however, wants to take a longer and broader view. "What we want to know is whether a few years later are you more able to work, are you better able to return to school?" he said. "If you take these medi-

cines for years at a time, is your life better than if you had not taken them? We want to understand the effects of the medicines we give on the biological progression of the disease. We think that's what ultimately determines how well someone does."

Psychotic and mood disorders are life-long illnesses and require management throughout a person's life.

Csernansky is recruiting 100 new subjects, half with early-stage schizophrenia and half who are healthy, to map their brain topography and compare the differences and changes over two years.

"The brain is very plastic and is constantly remodeling itself. Any changes we see in a disease has to be compared in a background of normal changes of brain structures," said Csernansky, who also is the Lizzie Gilman Professor of Psychiatry and Behavioral Sciences.

He said a brain map of schizophrenia would enable doctors to make the diagnosis with more confidence as well as catch it earlier.

"Like every other illness, psychiatric illnesses don't blossom in their full form overnight. They come on gradually," he said. "You don't need a biomarker to tell you that you have breast cancer, if you can feel a tumor that is the size of a golf ball. But who wants to discover an illness that advanced? A biomarker of the schizophrenic brain structure would help us define it, especially in cases where the symptoms are mild or fleeting."

In the past, comparing MRI brain maps was done painstakingly by hand. A technician used a light pen and attempted to trace and manually measure the boundaries of structures in the brain.

"It was very laborious and you had to have an expert in your laboratory," Csernansky explained. Now he is teaching computers to do the work, speeding the process and enhancing accuracy.

Csernansky's previous research has already shown that the brains of schizophrenic patients have abnormalities in the shape and asymmetry of the hippocampus, a part of the brain that is critical to spatial learning and awareness, navigation and the memory of events.

"People with schizophrenia also have problems with interpretation, attention and controls and thought and memory. So the thalamus is another natural structure to study," said Lei Wang, assistant professor of psychiatry and behavioral sciences, and of radiology, at Northwestern's Feinberg School. Wang works with Csernansky on brain mapping.

Csernansky says, "Understanding what changes in brain structure occur very early in the course of schizophrenia and how medication may or may not affect these structures as time goes by will help us reduce the uncertainty of psychiatric diagnosis and improve the selection of treatments."

—Biocompare

Looking at Leisure to Promote Recovery

Newswise - It's well known that those who suffer from mental illness can benefit greatly from an active lifestyle. But most of the existing research focuses almost solely on physical activity, and while exercise is certainly important for mind and body, Temple researcher Yoshitaka Iwasaki says it's not the only aspect of an active lifestyle.

"Living actively encompasses social, emotional, spiritual and cultural features of life as well," he said. "Active living is also defined within the ways people express themselves, interact with others, and find meanings of life through actively pursuing leisure that is valued by and important for them."

That's why Iwasaki and co-principal investigators Kathy Coyle and John Shank, all professors of therapeutic recreation at the College of Health Professions, will study how members of diverse, urban communities who are recovering from mental illness can benefit from this aspect of an active lifestyle, called actively engaged leisure, thanks to a two-year grant of more than \$412,000 from the National Institutes of Health.

Iwasaki says examples of actively engaged leisure can range from practicing Tai-Chi, to doing things with friends, to playing music or dancing, and the research team will focus particularly on this as a context for promoting recovery, health and life quality.

He distinguishes actively engaged leisure as a key part of active living, and one that focuses more on a person's enjoyment, meaningfulness and enrichment than their level of physical activity. "For example, when a person regularly walks only for a health reason without experiencing enjoyment and good feelings, and without gaining meaningful and enriching experiences, she/he is not experiencing leisure," he said.

The team will work directly within the community to learn about the experiences of African-, Hispanic-, Asian-, and Caucasian-Americans living with mental illness and, based on those wants and needs, develop a program to promote actively engaged leisure, grounded in social, cultural, and environmental systems, as a way to support mental health and well-being.

"Unfortunately, the existing mental health system does not appropriately meet the unique needs of culturally diverse groups of Americans - such as those residing in urban areas - living with mental illness, especially their needs to pursue actively engaged and meaningful living in their community," said Iwasaki.

The community-centric method that Iwasaki and his team use, called Community-Based Participatory Research (CBPR), is unique in that it is conducted as a partnership between academics and members of a community, who share and participate equally in all aspects of the research process - from resources to results to credit. "Our team will integrate

the expertise of our partners that represent mental health advocacy, psychiatric care, community-based mental health care and academic domains in working with individuals with mental illness to produce meaningful and valuable outcomes that are grounded in the realities of the lives of those individuals," said Iwasaki.

Other researchers on this study are David Baron from Temple University; Mark Salzer of the University of Pennsylvania; Glenn Koons of the National Alliance on Mental Illness; Lynda Mitchell of RecCare: Recreational Therapy Support Services; and Andrea Ryan, the Philadelphia community representative for persons with mental illness.

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Released: Wed 08-Jul-2009, 13:55 ET

Family to Family Class will start mid-September on Saturday mornings, 9:30 am to Noon at Kaiser on Geary Blvd. Please call the hotline at 415-905-6264 if you would like to sign up for this free 12-week class.

Peer to Peer Class: Sept 12

NAMI's Peer-to-Peer course is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their well-ness and recovery. The course consists of 10 units and is taught by a team of three trained "mentors" who are personally experienced at living well with mental illness. Each class contains a combination of lecture and inter-active exercise material and closes with Mindfulness Practice (techniques offered to develop and expand awareness).

Each class builds on the one before: attendance each week, therefore, is required. **Registration on Saturday 9/12 and the first class on 9/19 are both mandatory, from 11am-1pm.** Classes will be held at 201 Turk Street (between Leavenworth & Jones), in the Community Room. Please contact Kathleen Wallace at 415 255-3684, or Liza Murawski at 415-255-3622 for more info.

County Mental Health

The County Mental Health Access Line

for all consumers

415-255-3737

Substance Abuse Treatment Access

1380 Howard, First Floor

415-503-4730 or 1-800-750-2727

The Mobile Crisis Unit

415-355-8300

Anti-Psychotic Drugs Could Help Treat Cancers

Source: University of New South Wales, 8/12/09

The observation that people taking medication for schizophrenia have lower cancer rates than other people has prompted new research revealing that anti-psychotic drugs could help treat some major cancers.

A preliminary finding in the current online issue of the International Journal of Cancer reports that the anti-psychotic drug, pimozide, kills lung, breast and brain cancer cells in in-vitro laboratory experiments.

Several epidemiological studies have noted the low rate of cancer among schizophrenic patients. These studies found, for example, that these patients have lower rates of lung cancer than other people, even though they are more likely to smoke.

Genetic factors and the possibility of reduced cancer detection in patients have been considered and over the past decade anti-psychotic drugs have been suggested as possible mediators of this effect.

In the new study, pimozide was the most lethal of six anti-psychotic drugs tested by a team from UNSW and the University of Queensland. Rapidly-dividing cancer cells require cholesterol and lipids to grow and the researchers suspect that pimozide kills cancer cells by blocking the synthesis or movement of cholesterol and lipid in cancer cells.

Analysis of gene expression in test cancer cells showed that genes involved in the synthesis and uptake of cholesterol and lipids were boosted when pimozide was introduced.

To test the idea that pimozide acts by disrupting cholesterol homeostasis, the researchers combined pimozide with mevastatin, a drug that inhibits cholesterol production in cells. The two drugs were more lethal in combination against cancer cells than when either drug was used alone.

"The combination of pimozide and mevastatin increased cancer cell death," says UNSW researcher Dr Louise Lutze-Mann, a co-author of the study. "We needed a lower dose of each drug to kill the same amount of cells."

Although side-effects are associated with the use of high doses of these drugs - such as tremors, muscle spasms and slurred speech - these effects are considered to be tolerable in patients where other treatments have failed and the drugs will only be used short-term. These side-effects would be reduced if the drugs were used in combination with a lipid-lowering drug, such as mevastatin.

The researchers have also investigated the effects of olazapine, a "second-generation" antipsychotic drug, and found that it also kills cancer cells but has a better side-effect profile. When administered to patients, it accumulates in the lung, which suggests that it may prove to be most useful in treating lung cancer.

The researchers are now testing these drugs on tumour cells from brain cancers since these tumours are extremely difficult to treat and are frequently associated with poor patient prognosis. Patients diagnosed with glioblastoma, for example, survive less than one year.

The results are very promising as these drugs are greater than 50-fold more effective at killing glioblastoma cells than the chemotherapeutic drug currently in use. The researchers are also investigating the effects of these drugs on cells derived from drug-resistant childhood cancers where current chemotherapy has failed.

Another hopeful prospect is an investigation of another group of drugs, called SERMs, which are similar in structure to the antipsychotic drugs but have far fewer side-effects associated with them.

DBSA Education Night

"Psychosocial Predictors of Mania"

by Dr. Sheri Johnson

Wednesday, Sept 23, 6:45-8:15pm

Conference Room B&C (lower levels) of
St Francis Memorial Hospital
900 Hyde St, San Francisco, CA 94109

Dr. Johnson's research focuses on symptoms and treatment of bipolar disorder. Her interests include understanding predictors of depression and mania and exploring how reward sensitivities impact social, cognitive, and emotional outcomes. She is currently working on developing a mania prevention program called the GOALS Program.

This is a free, monthly event sponsored by Depression and Bipolar Support Alliance (DBSA) SF. For more information, contact Margaret at dbsasf@gmail.com.



Remember to donate to the
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This is one of our *best*
sources of income for the
NAMI SF Chapter!!

625 Valencia Street at 17th Street
415-861-4910
www.communitythrifthsf.org
(check with us about acceptable items to donate)

has a significant history of accomplishments.

Currently POC is working to make sure that patients have access to a full range of support services. It seeks both quality and quantity of patient care and wants non-profit hospitals to be held to the level of charitable services that allows their tax exempt status. The charity care must be sufficient to merit that taxadvantage which represents millions of dollars in write offs---money that could be used to fund community services. Hospitals should be required to provide what is best for the patient not for what is most profitable for them.

POC's Fall 2008 newsletter called New Diagnosis featured an article called: Doctors Demand Government and Corporate Responsibility discussing ways to restore full patient services to St. Luke's Hospital in San Francisco. It demanded that the parent corporation Cal Pacific Medical Center/Sutter Health either live up to the obligations of its non-profit status to care for the poor or relinquish that status and pay taxes that could be used to fund urgently needed services. According to the annual 2008 San Francisco Department of Public Health Report, CPMC (which operates five hospitals in SF including Saint Luke's) received nearly \$70 million in Federal and State income tax exemptions and \$2.8 million in local property tax exemptions. They spent only \$5.3 million on charity care. St. Luke's psychiatric unit was shut down in 2005.

Advocates for needed funding in San Francisco must navigate through layers of bureaucracy (the Mayor, Board of Supervisors, Department of Public Health). Further, it is necessary to build community wide demand that responsible governmental bodies enforce the duty of "non-profit" health care. There is some hope that the Obama health plan will influence local government to increase not cut back on sorely needed facilities.

In the opinion section of the above-mentioned newsletter, Paul Linde, M.D.** examines San Francisco's Public Mental Health Policy. Dr Linde is an attending psychiatrist at SFGH primarily in Psychiatric Emergency Services (PET) and says that conditions

have "never been worse." SFGH's outpatient clinic is designed for 18 patients but often has 30 patients at a time. Patients can wait three or four days to get admitted into an inpatient psychiatric bed; these are among society's most disenfranchised. In this already inadequate setting the city has shut down psychiatric units at St. Mary's and St. Luke's and, under the auspices of the SF Department of Public Health, a decision was made to close an entire 21 bed unit at SFGH and to cut the department's budget by more than a million dollars. Dr. Linde writes that, in addition, two hospital-based outpatient mental health programs were also shuttered: Psychosocial Medicine and Bridge to Wellness. He questions whether City officials care or even notice the consequences.

POC would like to work with NAMI. This meeting suggested areas in which we could join to advocate for fully funding mental health care in San Francisco. POC accepts no outside funding that could influence the priorities of the organization; it is entirely volunteer with no paid staff.

- * Brian Tseng, POC Operations Manager
- * Valerie Gruber, PhD SFGH's Addiction Medicine
- * John D. Rouse, M.D. Psychiatry at SFGH
- ** Paul Linde, M.D. PES psychiatrist, SFGH, member of POC

Notes:

1) During the POC discussion Dr. Rouse made reference to a June 1, 2009 New Yorker article by Atul Gawande saying it should be required reading for anyone concerned about the state of medical services in this country. In that Annals of Medicine article called The Cost Conundrum, Dr. Gawande visited two towns in Texas contrasting their Medicare expenditures which revealed the reasons behind the explosive trend in American medical costs. Learn from the article why costlier care is often worse care.


2) As reported in San Francisco Business Times, Stanford Medical School has received a 10 million dollar five year National Institute of Mental Health grant devoted to the study of neuroplasticity. "Neuroplasticity research could have implications for understanding schizophrenia, autism, bipolar disorder, pain and other syndromes and other conditions that induce brain adaptations...."

Helpful Tips!

From Frances Sheehan, here's another website that really looks good and helpful:


Disability Scoop: www.disabilityscoop.com, the nation's leading news organization serving the developmental disability community.

SZ magazine from Canada has a website: www.schizophreniadigest.com. Take a look and maybe you will want to subscribe too.



**The SFGH CAB
CLOTHING PROJECT**

This program is a big help to consumers who are in need of clothes while they are at SF General Hospital.



Just call and they will pick up your donation or meet you at the front door of the hospital when you bring it in.

Please call Amelia Truman, 415-206-4465

Support Groups



Family Members' Groups

Healing Circle African American Family Support
1st Thursdays, 6 - 7:45 pm at 1099 Sunnydale Ave (The Village). Call LaVaughn at 415-832-9616

Sibling & Adult Children Network
Call Mary Gullekson at 474-7010 for information

Berkeley Sibling Support Group
Call Carolyn Defay at (510) 644-8579

Bilingual & Monolingual Support Groups

Asian Mental Health Resources
The Culture to Culture Foundation's directory of Asian-American mental health services in the Bay Area can be accessed at www.asianmentalhealth.info or call 925-938-9988

Chinese Families Mental Health Alliance. Ed Koo 352-2047

Spanish Language Support Group for family members and caregivers. 1st Tuesday 5:30-7:30 pm at Mission Mental Health, 2712 Mission Street. Call Carmen Burgos 415-401-2733 about the meetings, and for information call Anita Madrigal at 415-701-5302.

Consumer Self-Help Groups

Depression & Bipolar Support All. (formerly DMDA)
Saturday afternoons at 1:30-3:00 and
1st Mondays at 6:45-8:00 pm in the Saint Francis Hospital, 900 Hyde St., 2nd Floor Conf. Room. Call 519-0171

OASIS (Office of Self Help)
1095 Market Street at 7th, Suite 202 (415) 575-1400

RECOVERY, Inc. for nervous ailments
(415) 333-6454 Community Miracles Center,
2269 Market Street (between Noe and Sanchez)

Consumers with Schizophrenia
3rd Wednesday of each month, 5:30-6:45pm
1010 Gough. Info: Susanne at 558-5900

Hoarding & Cluttering Support
2nd Monday and 4th Wednesday of each month.
Antonio (415) 421-2926 x306

Health and Wellness Action Advocacy
1st Thursday of each month, 1-3pm. Antonio at
(415) 421-2926, x306

Alcoholics Anonymous: San Fran: (415) 621-1326
Marin: (415) 499-0400 San Mateo: (650) 573-6811

Narcotics Anonymous SF Helpline: (415) 621-8600

Harm Reduction Therapy (415)-863-4282



NAMI-SF Support Groups

For Family Members, Caregivers and Friends Only

- 1) 1010 Gough
2nd Wednesday at 6:30
Contact Vicki Evans at 661-5208
- 2) SF General Hospital
7th Floor, Room 7 M 30
Tuesdays, 5:15 – 6:45 p.m.
Call Susanne Killing at 558-5900

DBSA

Depression and Bipolar Support Alliance of San Francisco



Regular Support Group:

every Monday at 6:45-8:15pm and
every Saturday at 1:30-3:00pm.

Young Adults Support Group:

1st and 3rd Monday of each month at 6:45-8:15pm for 18 to 25+ year old people.
Contact Harry at 650-430-2909 for information.

Friends And Family Support Group:

1st and 3rd Monday of each month at 6:45-8:15pm. Contact Jane Norbeck at 415-519-0171 or Harry Walters at 650-430-2909 for information.

Location:

900 Hyde St., St. Francis Hospital
between Pine and Bush in San Francisco
At Outpatient Registration desk, take elevator down to lower level. Meeting rooms are next to the elevator.

Meetings are on a drop in basis and are open to peers, please note we do not allow observers. You do not need to be a member to attend, however memberships are \$20.00 a year and you are encouraged to join and support the organization.

NAMI-San Francisco is a self-help organization of family members, mental health consumers, friends, professionals and other interested citizens, united to provide support, education and advocacy for persons with severe mental illness. NAMI-San Francisco is a private, non-profit organization.

mental health community and state lawmakers to develop a better way to provide outpatient treatment to people with severe mental illnesses who have had multiple hospitalizations or violence due to noncompliance with medication.

Key findings of the report include:

- * Hospitalizations were reduced by more than one-half among people receiving 12 months or more of assisted outpatient treatment.
- * The likelihood of arrest in any given month was reduced from 3.7 to 1.9 percent for AOT participants as compared to before they were in the program.
- * Suicide or other attempts of people on assisted outpatient treatment to harm themselves decreased by more than half;
- * Nonadherence to medications among participants decreased from 47% to 33% after six months of AOT.

The 107-page study also indicates the positive outcome of assisted outpatient treatment extends after the person is taken off the order, with the largest long-term improvement coming from people in AOT for 12 months or longer.

"This independent evaluation proves that Kendra's Law works and should be made permanent in New York. It is a model to be replicated in other states," Esposito said. Last month, New Jersey passed a similar bill and it is awaiting signature by Gov. Jon Corzine.

—TAC Web Site

Giff at NAMI Conference

Our President, Dr. Giff Boyce-Smith delivered the following remarks at the National NAMI Convention banquet meeting:

On behalf of our San Francisco Affiliate of NAMI, I want to welcome you all to this outstanding meeting in this great city of San Francisco.

However, in spite of what you may have heard from some of our local elected officials, this is not yet a truly "Healthy San Francisco." We are struggling with the same budget cuts and the same under-funding of mental health services that I am afraid exists in every other major US City. Because of these difficult economic times NAMI's message of hope and our mission of advocacy is needed now more than ever.

We need to reach out to the public to convince them that mental health services are not a luxury; they are a matter of human decency and public safety. Just as fire prevention and police protection are basic services of every society, mental health services need to be viewed as essential to the well-being of our own society. There is no health without mental health!!

So thank you for coming and thank you for helping make this meeting so successful.

Out of the Fog is published 10 times a year by NAMI-San Francisco, a non-profit organization affiliated with the National Alliance on Mental Illness, which goes by the acronym NAMI, and NAMI-California, the statewide affiliate.

www.namif.org

NAMI San Francisco

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Send newsletter additions/submissions/
change requests to roopa2nami@gmail.com



Please Join NAMI SF

NAMI-San Francisco is moving to a system where members renew in their anniversary months, but many of you are on the calendar-year system.

Please let us count you. There is power in numbers. We need the support of families, friends, consumers, professionals and others who share our goals. Your dues help us pay for the printing of the newsletter, educational materials and mailings and the Family-to-Family Education Course, an invaluable resource for people who love someone with a mental illness.

Checks may be made out to "NAMI San Francisco"

Please mail to:

NAMI-San Francisco Treasurer
77 Geary Blvd., 5th Floor
San Francisco, CA 94108

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This is a: •New Membership •Renewal •Address change

What is your relationship to a person with a mental illness?

•self • parent • sibling • spouse • health care/professional
Other _____

Please Check One:

- \$10 Consumer
- \$45 Individual or Family Membership
- \$100 Organization or Benefactor Membership
- \$250 or more for Patron Membership
- \$500 or more for Sustaining Membership

• I cannot join NAMI-San Francisco at this time but I would like to receive ***Out of the Fog*** or **I am enclosing a donation of \$ _____ to help cover the cost of *Out of the Fog*.**

NAMI SAN FRANCISCO

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