Message from SARDA, CEO

Dear Friends,

It takes a team to create opportunities for good health and change. SARDA is working to bring together more team participants. It can be challenging to put aside some of the differences and unite in our common goals and efforts to improve access to treatment. We are reminded that “divided we fail; united we prevail”, or something like that.

We have submitted a letter to The President and The Vice President of the United States requesting a meeting to include other organizations with the potential to make necessary changes so people with neurological brain illnesses can receive treatment. We suggested several clear paths of action directly helping millions of Americans impacted by severe neurological brain illness:

1. Fund access to quality integrative health care especially in underserved areas.
2. Build the psychiatrist, psychiatric nurse practitioner and psychologist workforce by forgiving student loans for those working in underserved areas.
3. Support school efforts to identify children at risk, get them professional help, and maintain community-based treatment after graduation. (NOTE: Half of SMI appears by age 14, and 75% by age 24.)
4. Support court ordered Assisted Outpatient Treatment when necessary for those not ill enough to be hospitalized, suffer from
anosognosia and who still benefit from remaining in treatment.
5. Require more police to receive Crisis Intervention Training, so they have the tools to de-escalate a crisis, before it turns harmful.
6. Increase support for the criminal justice system diversion programs that facilitate patients to receive evaluation and treatment rather than be incarcerated with poor or no attention to their brain illness.
7. Increase programs to prevent and address homelessness for individuals with brain illness.
8. Suicide rates among police are climbing. Funds are needed for first responders to receive counseling for their own post-traumatic stress.
9. Reform HIPAA laws to allow very selective compassionate communication between providers and responsible family members for those adult patients clinically unaware of their condition, or are not following up on their own care.
10. There are more we will vigorously support, such as eliminating the IMD exclusion and others.

We are aware that some of the items are not items that other organizations will agree to supporting, but we do know that we can work with each organization in the areas where we agree. We also realize this is a very preliminary step forward and there will be many more steps forward to generate changes.

Schizophrenia remains in the language to be included in the National Neurological Conditions Surveillance System (NNCSS), but we continue working to retain that language. We are reaching out to other organizations in the Mental Health Liaison Group (MHLG) to sign on to a supportive letter requesting the Senate Labor Appropriations Committee to keep the language as passed by the Congressional Labor Appropriations Committee.

SARDAA is here to advocate for improving lives affected by psychosis.

Thank you for your great efforts to improve lives!!!

Looking forward to seeing you in NYC on November 4, 2019! If you haven’t registered, please do so as there is limited space and guest rooms at the block room rate are limited, as well.

Very best,
Linda Stalters, MSN, APRN (ret)
Chief Executive Officer
Schizophrenia and Related Disorders Alliance of America

Read the letter to the President of the United States HERE
2:30 - 5:30 pm
**COMPLIMENTARY SYMPOSIUM**
**Translation to Transformation**
How We Can Help the Most Seriously Ill
Reclassification of Schizophrenia Spectrum As a Neurological Brain Illness
Panel Discussion and Speakers featuring world-renowned experts including:
- Former Congressman Dr. Tim Murphy
- Dr. Henry Nasrallah
- Elizabeth Ford, MD
- Elyn Saks, JD, PhD
- Raymond Cho, MD, MSc
- Clayton Chau, MD, PhD
- Matcheri Keshavan, MD
- Deborah Levy, PhD
- Robert Laitman, MD
- Jeffrey Lieberman, MD

**Complimentary with Registration**

5:30 - 6:30 pm
**VIP RECEPTION** by invitation only
International Recording Artist **Paul Taylor**

6:30 – 8:30 pm
**JOIN US FOR A STAR-STUDDED AWARDS RECEPTION**

**Honorary Chair:** Glen Close  
**Keynote Speaker:** HHS Assistant Secretary Dr. Elinore McCance-Katz

International Recording Artist **Paul Taylor**

$300 - Off Broadway Rate (until September 1st with discount code: EARLY)  
$350 - Orchestra Rate (until November 4th)
$400 - At the Door

Please inquire at gordon.lavigne@sardaa.org about sponsorship opportunities and angel.white@sardaa.org for information and auction item donations.

Funded by: Ann Allen Cetrino Family Foundation

Purchase Your Brains on Broadway Tickets Now!
Limited Space Available
Early Registration Discount until September 1st with Code: EARLY

Shout out to folks living in and around New York City. Schizophrenia and Related Disorders Alliance of America (SARDAA) is in need of volunteers for our upcoming, Brains on Broadway event coming November 4, 2019 at The Westin New York at Times Square. This spectacular event begins with a symposium from 2:30 p.m. to 5:30 p.m. followed by a star-studded reception from 6:30 p.m. to 8:30 p.m. Hot topics include the reclassification of schizophrenia for future research and treatment and how we can help improve lives affected by psychosis.

Can we count on your support for this exciting event? A fantastic opportunity for you to learn more about brain illnesses while meeting some amazing people.

If you are interested in volunteering for this special event please contact Mary mary.troy@sardaa.org or Angel angel.white@sardaa.org or 240-423-9432.

Message from FFC, Families for Care, Coordinator
We are 'carers', a term I saw recently which resonated with me. We
wouldn't have chosen the life path we are on, but here we are. I believe that balance exists in life, in most or all of that which is life force, seen or unseen. The yin yang Chinese concept, the symbol of which is in white and black, expresses that whatever is, the opposite also exists, in balance. Examples we may be familiar with might be bright/dark; ease/difficult; joy/sorrow; hope/despair; strength/weakness; calm/stress; elder/youth (in the whole life cycle); sound/silence; positive/negative, etc. The common expression 'opposites attract' might somehow relate?

I have to believe that at the times we might feel negativity, in any way, regarding our loved one's life, the tough, the challenging, we are called on to seek out whatever positives there might be. Being confronted with shattered dreams, when the next crisis passes, when life levels or slows a bit, what positives might there be? It is important to let go of the 'if only', the 'wish it were' thoughts, to move on, come into the present which is the only time when anything potentially can be done.

Feelings of disappointment or despair can motivate us to mind our own self care. This is a gift, a positive to we carers, to extend that caring to ourselves which we do 'so well' for our loved ones. I heard it spoken recently that “one should hope for enough challenges to keep us humble”. This surely is a quality common to carers, one of the positives provided us on this path.

In Heart,
Mary Ross

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Message from SA Staff Supporter
Help Start and Promote Self-Help/Peer Support Groups known as SA groups

By Sandy Dimiterchik

Get your creative juices flowing! I am looking for new ways to start SA groups, otherwise known as Schizophrenia Alliance: Psychosis Support and Acceptance (SA) self-help/peer support groups for people with schizophrenia or related disorders. The related disorders include bipolar disorder, schizoaffective disorder, depression with psychosis, or experience with psychosis. Currently, we have different types of groups here in the US and internationally. These groups include in-person, conference calls, and a closed Facebook page called SARDAA Support. We are starting Skype groups and pen pals. The pen pals include writing to a person
in prison with schizophrenia or a related disorder, where you also have a related disorder, or just corresponding to someone with schizophrenia or related disorder. To become a pen pal, you need to get from us and sign a Non-Disclosure Statement and Nature of Relationship Statement. You have different options of how to receive the letters, including being anonymous and sending mail to our main office, deleting any personal information. Also let us know if you want to start a Skype group.

The other options to help us include translating the Blue Book and/or Group Leaders’ Manual. We currently have the Blue Book translated in German, Russian, Farsi, Hungarian, and an older version in Spanish. Also, we are trying to self-publish the Blue Book on Kindle (Kindle Direct Publishing -https://kdp.amazon.com/en_US/) so that we can reach the visually-impaired potential members.

Do you have any other ideas of how we can start SA groups? Please contact me if you currently have a group, so that I can stay in touch with you about your group’s needs and membership.

For more information, contact me at 832-439-1586 or sandy.dimiterchik@sardaa.org. You can also reach the main office at 240-423-9432 or info@sardaa.org.

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**GET INVOLVED!!!**

Join Michelle and others in a larger peaceful protest at Union Square, NYC for August 16th at 5PM EST (more details to come). Join us for the peaceful protest in NYC and/or organize your own!

Signup! [https://www.surveymonkey.com/r/8j9DMM5](https://www.surveymonkey.com/r/8j9DMM5)

Use the hashtag #ImMentallyIllAndIDontKill

We need to stop further stigmatizing mental illness in the gun violence debate. [https://www.facebook.com/events/923789301328267/](https://www.facebook.com/events/923789301328267/)

If you are not able to join in New York City on August 16th you can make a poster, take a selfie and post on Hearing Voices of Support Facebook page and
SARDAA needs volunteers!

Are you or someone you know a Social Media expert? Join the SARDAA Social Media Team!

View Requirements HERE

Please contact: Angel 240-423-9432 or angel.white@sardaa.org

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**Personal Story of SA Members**

**Andi**

I had a relatively good childhood, with minor stresses. For example at the age of 5 the coffeemaker exploded next to me, or when the iron door slammed on my thumb and my nail came off.

At the age of 14 I went to the grammar school specialized in sports in a neighboring town, staying at a hostel. I have always been interested in sports, I still exercise. Unfortunately at that time I tried to commit suicide, even at the primary school I had had similar thoughts. I took pills and wanted to sleep. My parents were not aware of it.

I always saw signs, heard voices, I was anxious and looked for my place in the world, I believed I discovered connections in everything. I roved alone a lot, sometimes far away from my home. I would have liked to fit in the society. I have always been interested in public health.

At the age of 16-17, I had suicidal thoughts several times. I often walked, alone on the rails. I meant myself harm. Now I know that suicide is worse thing. I would have made everybody sad with. I escaped to Budapest. I wandered about the city. I spent the night in bushes. I thought everyone was watching me and I had to save the world. I undertook the cares of the life and the world, I would have liked to help everybody. I believed I was one of the chosen knowing the answer for everything. I tried to live in a way to show a good example because I thought everybody was watching me.
In 1992, when I was 16, I was taken to psychiatric ward to Zalaegerszeg for the first time. Later I was in Kaposvár, too. From this time on I had to be looked after in hospital regularly, every two years. I spent a lot of time in Pécs where they were very kind with me. I had a good relationship with my consultant, and I was almost happy to go back. In the meantime I had strange feelings and thoughts. The main point is that I cooperated with everybody and accepted that I have to take medicine. First I received clozapine which made me put on a little weight. I was very worried about it. Then I carried sports to extremes and I was even 44 kilos. Besides clozapine they tried several medications. Now I am well-balanced.

Every Monday I volunteer for the local elderly people’s home. There are four old ladies I talk to, this is a contact for them and a good feeling for me, too. This year I will be 43, I often remember that I still don’t have a family of my own and maybe I will never have one in this life. Fortunately, I have parents, a brother and a sister, too, but what I really would like to have is a relationship, but my parents completely talk me out of it. They tell me to accept my fate as it is, but I hope in secret that I will find, in this life, my soul mate I can share with everything I have.

I live with my parents, I help with the household, the cooking, especially the baking, and I do the shopping, too. I move a lot, I walk every day, I jog, cycle or exercise. In the summer I swim. My natural elements are water, sunshine and air.

I haven’t been hospitalized since the local psychiatric community was formed. I take medicine, I take part in the community skill developments. In the SA group I have found true friends. We organize programs with. I can almost live a full life this way. Thank you and I am glad if somebody reads this story. Perhaps I will be able to serve as an example to help someone.

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**Book Review of The Edge of Every Day: Sketches of Schizophrenia by Marin Sardy**

By Sandy Dimitrichik

Most books I have reviewed thus far have been a personal account of living with a brain disorder, mainly schizophrenia. This book is very different, as it provides the perspective of family and friends, in particular one person, who is both a daughter and sister of people with schizophrenia. That said, a person is given a unique view of what family and friends go through when a family or friend lives with schizophrenia.

I recommend this book to SA and Families For Care groups. The book provides
an intimate history of the difficulty of diagnosing and treating schizophrenia. As a reader, I felt overwhelmed by how little was done for the potential and actual diagnosed people by the medical community in the past. Though things are different now, the book also shares insight into the life of the homeless and how homeless people end up in their situations.

The book also gives a different attitude towards spirituality, which I think is important for SA members to address. Through our SA 6 Steps of Recovery, we as group members discuss the importance of spirituality to achieve and maintain recovery. The author shares with the readers her own approach to spirituality, as a member of Wicca. I think it is important to remember that we all have our own brand of spirituality, and SA does not discriminate about how people address the spiritual issue.

This book can be purchased wherever books are sold — all of the online retailers (Amazon, B&N, Indiebound, Apple) as well as in bookstores.

-David Geiger

We are actively recruiting State Chapter Leads, State Chapter Members, and Families for Care Group Leaders

SARDAA is the only advocacy organization focused on psychosis, the most debilitating symptom of brain illness.

Are you interested in starting a SARDAA State chapter, being a chapter lead, or member? Running a local Families For Care support group? Helping other families in their journey through brain illness?
Contact Laura Pogliano, laura.pogliano@sardaa.org or call 240-423-9432.

We will send you all the info you need to get help for your family & find resources on brain illness, and also information on starting a state chapter, becoming a member and forming a local support group.

We need you! Join us in making a difference.

Our mission: improving the lives of people living with psychosis!

Thank you, Laura Pogliano

-W. Warsky

ParityRegistry

denied
coverage for
mental health
or addiction
treatment?

Phone Support Groups
SA Conference Call Groups
Only for individuals diagnosed
Sundays - 7 pm Eastern Time
Mondays - 4 pm Eastern Time
Thursdays - 7 pm Eastern Time
Fridays - 7 pm Eastern Time
Saturdays - 1 pm Eastern Time

Spirit of SA Conference Call
For SA Leaders and Potential Leaders
First Wednesday of Each Month - 7 pm Eastern Time

Families For Care Conference Call
Not for individuals diagnosed
Every Tuesday - 7 pm Eastern Time

Toll-free Calls
Call-in information (855) 640-8271
Entry Code 88286491#
International Number (720) 362-6499

Facebook Support Groups
Only for individuals diagnosed
SARDAA Support
JOIN The Facebook Group Here

Only for Caregivers
SARDAA Families for Care
JOIN The Facebook Group Here

Diagnosed, Caregivers, Professionals
LOBBY CCAC - Circle of Comfort and Assistance Community
JOIN The Facebook Group Here
These are Closed groups, ask to be added.

Become a SARDAA Pen Pal

Have you ever wanted to be a pen pal? By pen pal, we at SARDAA mean someone who corresponds with a person who has schizophrenia or related disorders, including bipolar disorder, schizoaffective disorder, depression with psychosis or experience with psychosis. The person you are writing to could possibly in prison, a hospital, or neither, just someone with the diagnosis looking for a friend to correspond with. You can specify. Also, you can be anonymous, receiving an anonymous SARDAA email address or sending your letters anonymously to our office staff, who will then send the letters to the person.

If you are interested, please contact the office at 1-240-423-9432, 1-800-493-2094 or info@sardaa.org
-Sandy Dimiterchik
Treatment Targeted at a Genetic Mutation Relieves Psychosis Symptoms
Proof-of-principle Findings Pave the Way for Precision Medicine in Psychiatry
Biological Psychiatry, published by Elsevier
July 3, 2019
Treatment of psychosis can be targeted to a specific genetic mutation in patients with psychotic disorders, according to a study in Biological Psychiatry, published by Elsevier. The study provides a proof-of-principle demonstration that treatments can be tailored to a specific genotype, rather than diagnosis, to relieve symptoms. The findings also link an individual structural mutation to the underlying biology of psychosis and treatment response.

Mental Illness and Mass Murder
August 4, 2019
Wall Street Journal, E. Fuller Torrey
The FBI found 70% of shooters had 'stressors' or 'concerning behaviors' prior to the attack.

Based on the increase in the U.S. population, there are now some one million people with serious mental illness living among the general population who, 60 years ago, would have been treated in state mental hospitals. Multiple studies have reported that, at any given time, between 40% and 50% of them are receiving no treatment for their mental illness. With the best of intentions and the worst of planning, America has emptied out its public psychiatric hospitals without ensuring that the released patients would receive the necessary treatment to control their symptoms. What did we think would happen?

NIMH Deploys New Strategy for Outreach
July 19, 2019
New resources, events, and tools will support engagement with stakeholders and communities.

Against a backdrop of significant changes in the way health information is communicated to the public, the National Institute of Mental Health (NIMH) is launching a new comprehensive outreach effort to increase the public's access to science-based mental health
information. As part of the first phase, NIMH developed NIMH Education and Awareness, a portal on the NIMH website with tools and resources designed for and dedicated to outreach.

**Top US Psychiatric Hospitals Ranked**
July 30, 2019
Megan Brooks
There has been no change in the top two US hospitals for adult psychiatric care, although they did flip positions this year.

According to the 2019–2020 US News and World Report annual ranking, Massachusetts General Hospital in Boston was ranked number 2 in last year’s report but rose to number 1 this year, edging out McLean Hospital in Belmont, Massachusetts, which held the number 1 spot last year and now sits in the number 2 position.

**Structural Brain Changes, Inflammation and Psychosis**
Treatment Advocacy Center, Research Weekly
Abnormalities in the choroid plexus, a brain region vital for neurodevelopment and brain protection, was first implicated in schizophrenia and bipolar disorder in the 1920s. However, the role of this important brain region in psychotic disorders has remained relatively unaddressed since that time.

**Clozapine Found More Effective Than Other Antipsychotics in Real-World Settings**
American Psychiatric Association
Patients with severe schizophrenia treated with clozapine experience greater symptom improvements and fewer hospitalizations than those given other second-generation antipsychotics, according to a meta-analysis of population-level studies published yesterday in JAMA Psychiatry. Clozapine use also was associated with a greater risk of cardiometabolic problems such as obesity and diabetes, noted Takahiro Masuda, Ph.D., of the Zucker Hillside Hospital in Glen Oaks, N.Y., and colleagues.

**Mental Health Advocate Sues County, Says it Failed to Provide Mental Illness Medication to Her Son in Jail**
Milwaukee Journal Sentinel
July 3, 2019
A mental health advocate is suing the Milwaukee County Sheriff’s Office, correctional officials, medical personnel and insurance companies on behalf of her son over their alleged failure to provide him with needed mental illness medication during his time at the
County Jail.

The advocate, Brenda Wesley, is the former city outreach coordinator for the National Alliance on Mental Illness. She now serves on the Milwaukee County Mental Health Board.

The federal lawsuit, filed last month, is demanding a jury trial to determine punitive damages, financial compensation and other relief deemed by the court.

**A Way of Predicting if New Psychosis Patients Will or Won't Respond to Standard Treatment**

Brain & Behavior Research Foundation

“Trial and error” remains the basis for care of people who have recently been diagnosed with psychosis, and “poor outcomes are common,” say a team of researchers at the University of California, Davis, led by BBRF Scientific Council member Cameron Carter, M.D. These facts have motivated the team to find a reliable, inexpensive, and easy-to-administer way of predicting who among recently diagnosed patients will and will not respond to existing treatments.

**NIA: Clinical Trials and Older Adults**

The National Institute on Aging has produced a booklet that describes for older adults what a clinical trial is, reasons why people take part in a clinical trial, how to find a clinical trial, and the benefits and risks of a clinical trial.

**AHRQ STATS: Common Mental and Substance Use Disorders**

This statistical brief highlights the finding from the AHRQ Healthcare Cost and Utilization Project that 1 in 5 hospitalizations for mental and substance use disorders in 2016 was for alcohol disorders and schizophrenia.

**FDA Article: Some Medicines and Driving Don't Mix**

This article from the Food and Drug Administration discusses the side effects associated with certain types of prescription and over-the-counter medications that can make it unsafe to drive, including specific types of medications used to treat mental illnesses.

**Guidance to States and School Systems on Addressing Mental Health and Substance Use Issues in Schools**

SAMHSA

This Joint Substance Abuse and Mental Health Services (SAMHSA)-
Centers for Medicare and Medicaid informational Bulletin provides guidance to states and school systems about addressing mental health and substance use issues in schools. It provides examples of approaches for services in schools and describes some Medicaid authorities that states may use to cover services.

**READ MORE**

**MHTTC National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools**
The SAMHSA-funded Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office has developed the National School Mental Health Curriculum to facilitate cross-network and cross-regional activities to promote screening for mental health issues in schools, adoption of evidence-based mental health practices by school personnel, and capacity of schools to appropriately refer students to mental health services.

**READ MORE**

**WEBINAR: Successful Supported Employment - Financing Strategies**
August 12, 2019, 3:00-4:00 PM ET
In this SAMHSA GAINS Center webinar, presenters will describe different approaches to financing supported employment programs that have been implemented at the state, community, and program levels, including Medicaid waivers, collaborating with Vocational Rehabilitation departments, Social Security Administration Work Incentives, and more.

**REGISTER HERE**

**WEBINAR: Strategies for Collaborative Early Diversion Encounters**
August 15, 2019, 1:00-2:00 PM ET
**PRESENTERS:** Sgt. Doug Winger, M.P.A., Los Angeles Police Department's Systemwide Mental Assessment Response Team (SMART)  
Josh Cantwell, L.C.S.W., Clinical Director of Special Programs, Grand Lake Mental Health Center, Inc.
Many early diversion strategies rely upon cooperation between law enforcement officers and mental health professionals to manage crisis encounters. However, on-scene cooperation depends on stakeholder collaboration and clear protocols for how to handle a variety of situations. This webinar will spotlight jurisdictions that have established effective joint responses to mental health crises and provide participants with guidance for their own communities.

**REGISTER HERE**

**WEBINAR: Critical Crossroads: Pediatric Mental Health Care in the Emergency Department**
August 15, 2019, 3:00 PM ET
This HRSA webcast will describe the Critical Crossroads toolkit, a new resource to help hospital emergency departments better manage and coordinate care for children and adolescents in mental health crisis. Presenters include HRSA Associate Administrators Michael D. Warren (Maternal and Child Health) and Tom Morris (Rural Health).

**REGISTER HERE**

**WEBINAR: Effective Early Diversion Follow-Up for Engaging Individuals in Services and Recovery**
August 19, 2019, 1:00-2:00 PM ET
Many early diversion programs experience challenges around engaging individuals in services following the warm hand-off to mental health professionals. Early diversion programs have employed follow-up engagement strategies led by a variety of professionals, including law enforcement officers, emergency medical services, mental health professionals, and peer support specialists. This webinar will examine follow-up strategies implemented in several jurisdictions to improve treatment engagement.

**REGISTER HERE**

**WEBINAR: Successful Supported Employment - Overcoming Common Barriers to Employment**
August 21, 2019, 3:00 PM ET
This SAMHSA GAINS Center webinar will focus on what steps programs have taken to break down the barriers to successful, competitive employment for individuals with serious mental health conditions. Expert presenters will describe the perceptions of program staff, family members, employers, and individuals that can create barriers within supported employment programs, and what can be done to shift those perceptions. In addition, presenters will provide examples of practices or processes used for overcoming other common obstacles to successful supported employment, such as limited access to comprehensive benefits counseling, staff turnover, and others.

**REGISTER HERE**

Find Clinical Trial Participation by State: **HERE**

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**Donate to SARDA**

Help Support Schizophrenia and Related Disorders Alliance of America
Amazon donates to Schizophrenia & Related Disorders Alliance. Shop for great deals at smile.amazon.com/ch/33-1213657

Easy steps to support Schizophrenia and Related Disorders Alliance of America through Amazon Smile:

Sign in to your Amazon account at smile.amazon.com.

Select Schizophrenia and Related Disorders Alliance of America
Search for and select Schizophrenia and Related Disorders Alliance of America as your charity. Once selected, you will receive a confirmation email.

Shop and checkout as you would on Amazon. No extra cost is passed on to you, but Amazon will automatically donate 0.5% of your purchases to Schizophrenia and Related Disorders Alliance of America.

Please share with your friends and family to join you to support Schizophrenia and Related Disorders Alliance of America!

By choosing Schizophrenia and Related Disorders Alliance of America as your charity on smile.amazon.com, Amazon will donate 0.5% of your eligible purchases to Schizophrenia and Related Disorders Alliance of America.

Please take a moment to find out how you can help support SARDAA, not only today but every day - at no extra cost to you!!

**IT'S SO SIMPLE: just bookmark this link [http://smile.amazon.com/ch/33-1213657, start shopping and support us every time you shop.**

Shop with PayPal and choose SARDAA to Donate with PayPal Giving Fund to help support SARDAA.

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Texas and Louisiana Friends:
Re-Enroll Your Kroger Plus Cards

You can support SARDAA without spending a penny! Register Schizophrenia and Related Disorders on your Kroger Plus Card and they will donate a percentage to SARDAA each time you use your card.

Please register online at [www.krogercommunityrewards.com](http://www.krogercommunityrewards.com)
Link to: Schizophrenia and Related Disorders–Kroger Plus Card [XA142](#)
Help Change Lives -- Donate Now

Thank you to those who already made a donation. Every contribution makes a difference.

Sincerely,
Angel White, Editor