



National Alliance on Mental Illness

NAMI Madison County

* SUPPORT * EDUCATION * ADVOCACY * RESEARCH *

Website: <http://madisoncty.nami.org>

NAMI Office Phone: 618-798-9788

July 2007

Board of Directors

- Alan Johnson, President
- Diane Pisko, Vice President
- Ann Dirks Linhorst, Secretary
- Keith Gauen, Treasurer
- Pat Rudloff, Immediate Past President
- Dianne Crawford
- AJ French
- Jim Giger
- Margaret Merrell
- Kevin Niebur
- Ed Warden



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THANK YOU PAST AND PRESENT BOARD OF DIRECTORS!

Election of the board of directors and officers whose terms will start July 1, 2007 took place at the May Annual Meeting. Pat Rudloff completed her third year as President of NAMI Madison County. She will remain on the board as Immediate Past President. Jane Roennigke completed her third term as Vice President. These two ladies are a great example of advocates for persons with mental illness.

Pat spearheaded the joint NAMI/SIUE project along with the PsiChi Director of SIUE which is now in its fourth year. It has been a very successful program with approximately 500 people in attendance each year and is held in conjunction with Mental Illness Awareness Week in October. Pat is a Family-to-Family teacher. Under Pat's leadership, NAMI Madison County now has its own office in Gateway Regional Medical Center with our own paid office coordinator. Crisis Intervention Team (CIT) was started during Pat's administration. I could go on and on, but I must leave room for 12 other members!

Board member Alan Johnson was elected as NAMI Madison County's new President. Alan has served on the board for the past year and he too serves on the NAMI/SIUE PsiChi committee and will make a great leader. We welcome you and look forward to working with you.

Jane has completed her third term as Vice President and sometimes she wore the hat of Secretary too during meetings. Jane has been a key person in the Annual Piecing It All Together (PIAT) Children's Conference. Education is Jane's passion. Jane goes to schools and makes presentations to teachers, social workers, and students. She staffs NAMI booths during different conferences, seminars, meetings, and other events. She and her family participated in CIT training by helping to educate officers to learn what it is like for a person with a mental illness as well as their families.

We want to welcome Diane Pisko who was elected as Vice President. Diane has been very active with NAMI in the past and is President of the Depression and Bipolar Support Alliance (DBSA).

Our Immediate Past President, Tom Giger, will be off the board as Pat Rudloff will take his place. He has been on the Nominating Committee, the NAMI/SIUE PsiChi Committee, helped set up equipment in the office, and helped with the updates on the Resource Guide to name a few of his accomplishments over the years.

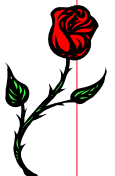
We welcome new board member and Secretary, Ann Dirks Linhorst. She feels that serving on the board will provide her the opportunity to advocate for people who may not otherwise be able to advocate for themselves. Great quality to have as a leader!

Welcome back, Dianne Crawford. Dianne served on the board several years ago and we are glad to have her back. She is also the Housing Chairperson.

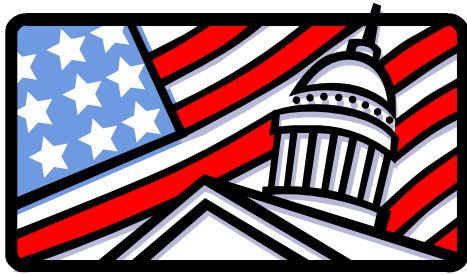
Our current treasurer, Keith Gauen, was elected for this third term as Treasurer. He has done a great job over the years and also serves on the NAMI/SIUE PsiChi Committee. Jim Giger, Kevin Niebur, and Ed Warden were re-elected for their second terms as board members and they too have served on several committees too numerous to mention.

Our last two board members are AJ French and Margaret Merrell. They are in their 2nd year of their first term. Their advocacy and dedication to NAMI has been extraordinary also.

When you see any of our board members or former board members, take time to say "thanks for all you do".



CRISIS HOTLINE PHONE NUMBERS ON PAGE 8



LEGISLATIVE UPDATE

by Congressman Jerry F. Costello

Funding for Veterans' Health Programs

The U.S. House of Representatives recently passed a \$4.4 billion increase in funding for veterans' health programs, dramatically increasing resources available to help our soldiers deal with serious brain injuries, post-traumatic stress disorder and other mental health disorders as part of H.R. 2642, the Fiscal Year 2008 Military Construction and Veterans' Affairs Appropriations Bill. The funding will add 1,100 new Veterans' Administration (VA) caseworkers to reduce waiting times for appointments and benefits, and \$600 million is dedicated to five poly-trauma centers and three "Centers of Excellence" in mental health care.

The funding will help correct deficiencies in the VA health care system that the Iraq War has made apparent and that were recently confirmed by the Department of Defense's Task Force on Mental Health. The Task Force noted the following problems:

- Mental health care stigma remains pervasive and is a significant barrier to care.
- Mental health professionals are not sufficiently accessible to service members and their families.
- There are significant gaps in the continuum of care for psychological health.
- The military system does not have enough resources, funding or personnel to adequately support the psychological health of service members and their families in peace and during conflict.

Along with other legislation, such as H.R. 1538, the Wounded Warrior Assistance Act of 2007, the historic funding levels in H.R. 2642 begin the process of fulfilling our commitments to the brave men and women who have sacrificed so much for our country. I will continue to follow the progress of these bills and all mental health funding issues very closely.



The Complete Family Guide to Schizophrenia

by Kim T. Mueser, Ph.D. and Susan Gingerich, MSW
(Guilford Press, 2006)

At 450 pages, this is one of the best, most recent, comprehensive, and easily read books on how to help a loved one--and the rest of the family--cope with schizophrenia.

It provides "state of the art tools for mastering extraordinary challenges" notes NAMI Medical Director Ken Duckworth, based on the premise that families are natural, lifetime support systems. The book is divided into six parts.

- An overview of schizophrenia
- Special issues for family members
- Preventing relapses
- Creating a supportive environment
- Coping with specific problems
- Improving quality of life

Each part contains chapters offering a wealth of practical information. One chapter discusses "establishing household rules and sharing responsibilities," while another addresses "anger and violence." Other chapters discuss "work and school" and "independent living and self-care skills." Still another involves "planning for the future."

The book provides a vision of recovery, while acknowledging that recovery is a lifelong journey. For families that are facing the onset of schizophrenia or who have been confronting it for years, it is an invaluable resource.



Save the Date

Support Meeting, Granite City.....Jul 3, 2007
 Business Meeting, Granite City.....Jul 10, 2007
 4th "Walk for Mental Health", Troy.....Sep 22, 2007
 NAMI IL Annual Conference, Springfield.....Oct 5-7, 2007
 Mental Illness Awareness Week.....Oct 7-13, 2007
 Consumer Conference, Collinsville.....Oct 12, 2007
 NAMI/PsiChi Event, SIUE.....Oct 19, 2007
 PIAT Children's Conference, SIUE.....Mar 7 & 8, 2008

This newsletter is published monthly and printed alternately each month as a service to NAMI Madison County by **Chestnut Health Systems and Community Counseling Center.**
 Thank You!

NAMI Madison County Project Leaders

Dianne Crawford..... **Housing**
 Mary Gauen..... **Webmaster**
 Barb Giesecking & Diane Pisko..... **Newsletter**
 Sandy Giger..... **Editor & Walk Chairperson**
 Tom Giger..... **Communication Liaison**
 Jane Roennigke..... **Education & PIAT Coordinator**
 Mary Rottmann.....**Stigma-Buster, and C.A.R.E. Trainer**

If you need information on, have any questions about, or would like to help with any of the above projects, please call the NAMI Madison County Office at 798-9788.

OTHER LOCAL MEETINGS

NAMI GREATER BELLEVILLE: 3rd Thursday of each month, 7:00PM at the Hilltop Emporium (rear entrance), 207 East Main St., Belleville. For more information contact Ron Szewczuk at 618-476-1771.

NAMI CUPFUL: 4th Saturday of each month, 2:00-4:00PM, 1505 Market Ave., East St. Louis. Call Pamela Perry, Central Comprehensive Mental Health, at 618-482-7364 (work) or 314-868-8031 (home) for more information.

ST. LOUIS OBSESSIVE COMPULSIVE DISORDER SUPPORT GROUP: 3rd Saturday of each month, 10:00AM, St. John's Mercy Medical Center, McAuley Room South, 615 S. New Ballas Rd., Von Gontard Conference Center. Speakers start at 10:00AM and support groups meet from 11:00AM till noon. For more information, call 314-842-7228, ext. 3.

Regular DBSA (Depression and Bipolar Support Alliance) Evening Meeting: Every Monday 7:00-8:30PM, O.C. Anderson Hospital, Maryville, IL, next to the cafeteria on Lower Level B.

DBSA Faith-Based Day Group. 1st and 3rd Tuesday of each month, 2:00PM to 3:30PM in the Conference Room of St. John's Community Haven 222 Goethe Avenue, Collinsville, IL.

DBSA Contact: Diane at 618-667-8781 or by e-mail at dbsamc@yahoo.com for more information.

ATTN: Potentials Advertisers!

Place your business-card size ad here for \$50.00 per year. The ad will run monthly in the newsletter which is received by 250 people. The e-newsletter is sent to approximately an additional 100 more recipients. The newsletter is posted to our website and therefore can also be seen **worldwide.**

For more information on advertising with us, call the NAMI Madison County Office at 618-798-7988.

DEADLINE for the August 2007 issue of newsletter is July 15th. Please e-mail your article to skgiger@hotmail.com on or before due date.



Hey Advocates

I hope you marked your calendar for the 4th Annual "Walk for Mental Health" and Picnic on Saturday, September 22, 2007. Keep checking the website and newsletter for more information AND have a great 4th of July!!!

Your friend, NAMI Llama



Web Resource on Homelessness Launched

Substance Abuse Mental Health Services Administration's (SAMHSA's) Homelessness Resource Center (HRC) has introduced the interim www.homeless.samhsa.org website.

The HRC fosters the development of an interactive learning community by bringing together state-of-the-art knowledge and promising practices to prevent and end homelessness among people with mental health and substance use problems, and trauma histories.

Shelter alone will not end homelessness. Housing and services together are necessary for many homeless people, especially those with mental health conditions, substance use issues, and histories of trauma. Finding comprehensive information about these complex issues in one place can be difficult.

When completed next winter, this site will cover the most important subjects in the homeless field from the perspectives of researchers, service providers, consumers, advocates, and policymakers. Its aim is to be among the most advanced resources available on any public policy issue.

Why is it Interim? The Interim Site is only the beginning. When this site is completed next winter, it will be among the most advanced resources available on any public or social policy issue. Keep up to date with new features and activities by visiting the Coming Soon section of homeless.samhsa.gov.

Invega's effectiveness in the treatment of schizophrenia was established in three placebo-controlled trials conducted in North America, Europe and Asia. 1,665 participating adults were evaluated for the full range of schizophrenia signs and symptoms.

Side effects of Invega may include restlessness, movement disorders, rapid heartbeat and sleepiness. Invega is a member of a class of drugs called atypical antipsychotics that have an increased rate of death compared with placebo in older adults with dementia-related psychosis. Invega is not approved for dementia-related psychosis.

Invega has not been evaluated in placebo-controlled trials for longer than six weeks. People who use the drug for extended periods should be periodically re-evaluated by a doctor.

What does this mean for you? Invega is another choice in a new generation of antipsychotics designed to provide more effective management of symptoms with fewer side effects. For example, for most people there's a lower incidence of tardive dyskinesia (TD) with the newer drugs than with the older medications. TD results in involuntary movements of your mouth, lips, tongue and other parts of the body.

The new drugs represent an advance in the treatment of schizophrenia and have led to greater independence and a higher quality of life for many people with schizophrenia. The approval of Invega adds to the treatment options for people with this serious condition.

According to the American Diabetes Association, certain antipsychotic drugs may increase the risk of diabetes, obesity and high blood pressure. For this reason, people who take these medications need to be screened and carefully monitored by their doctors.

Source: Mayo Clinic Newsletter



Invega: New Schizophrenia Medication Gets FDA Approval

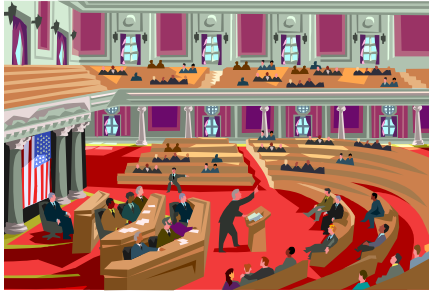
What happened? A new medication has joined a class of new-generation antipsychotic drugs available to treat schizophrenia.

The Food and Drug Administration (FDA) has approved paliperidone (Invega) extended-release tablets for treatment of schizophrenia. A similar medication, risperidone (Risperdal), has been available for some time. However, Invega is a new molecular entity containing an active substance previously not available in the United States.



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Outpatient group counseling for adults and children; case management; residential and housing options; 24-hour crisis services for adults and children; Methadone maintenance treatment; psychosocial rehabilitation services; psychiatric and medical services; senior/caregiver services.



LEGISLATIVE UPDATE

by Congressman John Shimkus

Veterans Can Get Assistance Obtaining Medals

One of the most rewarding aspects of my job as Congressman is to present military awards to deserving veterans. I have heard some amazing stories of local residents who really are true American heroes.


These men and women are always very humble about their service. Many times they do not even want to discuss the routine much less the difficult times they faced.

Some served in known battles on D-Day or the Battle of the Bulge. Some were just ordinary soldiers who served in difficult locations. Some took some very brave actions that saved others' lives.

Many times the medal presentation serves as a spark for the veteran to discuss their service in more detail than their family may have ever heard before. Sometimes I am presenting the medals to surviving spouses or children.

If you have never received your military awards after serving your country and would like to get them now, my office can help. If you had a relative who always talked about their service, yet no one in the family has their medals...my office can assist the nearest living relative obtain the medals.

For assistance, contact my Collinsville office at 618-344-3065. If you are not a resident of the 19th Congressional district, we will refer you to the appropriate office.



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Air Conditioners For Qualified Residents

The following agencies with phone numbers and contact persons listed below will be taking applications for air conditioners. **You must call for an appointment.**

1. Alton Salvation Army, 465-7764 (Stacy)
2. Alpha & Omega, 344-4091, (Nancy)
3. Madison County Urban League, 877-8860, (Vera)
4. Catholic Charities-Granite City, 877-1184, (Karen)
5. Catholic Charities-Alton, 462-0634, ext 235 (Jan)
6. Glen Ed Pantry, 656-7506 (Judy)
7. Highland Area Christian Service Ministry, 654-9295, Eunice

Madison County residents can apply at any of the above locations. Madison County Community Development (MCCD) will collect all of the applications. MCCD will make sure all of the required documentation is in order and then sort each application by date. MCCD will give out air conditioners based on completion of all the requirements and then by the day the application was taken. Each agency will be given a list of qualified applicants, a delivery date, and each agency will be asked to contact their customers and let them know when their air conditioner will be at their facility for pick up. If a person is found ineligible to receive an air conditioner, MCCD will send a notice in writing to that family/individual.

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Mental Health and Stigma: Overcoming the Ridicule

Some progress is being made to shed the stigma attached to mental health disorders. Meantime, you can take positive steps to combat stigma.

You've probably heard the hurtful words before — words like "psycho" and "schizo." Or you've seen the jokes on television about "loony bins" and characters in straitjackets.

But if you or a loved one has a mental health disorder, you know that these words and gimmicks aren't just harmless fun. They perpetuate the stigma attached to mental health conditions. Stigma may make you angry and upset, and it can cause the public to misunderstand mental illnesses. But while the stigma of a mental health disorder can be painful and shaming, you can find ways to cope with it and even combat it.

Stigma begins with labeling someone

Stigma, by definition, is a mark of disgrace or shame.

Stigma has four components:

- Labeling someone with a condition
- Stereotyping people who have that condition
- Creating a division — a superior "us" group and a devalued "them" group, resulting in loss of status in the community
- Discriminating against someone on the basis of their label

Labels can be useful, though, and they're not always negative. In health, for instance, a diagnosis is, in essence, a label. A label can offer reassurance that your condition has a medical cause, and it can help steer you toward appropriate treatment.

Labels don't always result in stigma, either. Many illnesses today are gaining acceptance and empathy. Breast cancer is a shining example. Survivors used to feel shamed and kept their condition secret for fear of being stigmatized. Today, though, survivors and advocates openly talk about the condition, hold fundraisers or wear ribbons or wristbands to show support.

Why mental health disorders still face stigma

While most people would never think of mocking someone with breast cancer, mental health disorders and conditions still remain fair game for ridicule.

Mental vs. physical

Why does stigma of mental illnesses continue? For one thing, the term "mental illness" suggests that it's not the same as a medical or physical illness. To some, the

word "mental" suggests that the illness is not a legitimate medical condition but rather a problem caused by your own choices and actions. People may blame you and think your condition is "all in your head." They may think that a mental health disorder means that you're weak or lazy. They may think that you should just "get over it." And you may begin to think these things about yourself, too.

In reality, mental illnesses have very complex causes, often a mix of your genetics, your biology and your life experiences — most of which are beyond your control. Neuroimaging studies, for instance, show physical changes in the brain associated with mental disorders. And studies show that some mental illnesses run in families, suggesting that they may be due in part to your genes.

Crime and violence

Some people also believe that if you have a mental health disorder, you must be dangerous and violent. This perception is often inflamed by media accounts of crime in which someone is vaguely referred to as "mentally ill."

Statistics, however, don't bear out a connection between mental illnesses and violence. Most people who have a mental illness are neither violent nor criminals.

Stigma worse for some conditions

As a result of such misperceptions, stigma continues, and mental health conditions remain the butt of jokes in popular culture. Negative portrayals of people with mental illnesses fuel fear and mistrust and reinforce distorted perceptions. That leads to even more stigma, causing a vicious cycle.

Some mental health disorders face more stigma than others, though.

Schizophrenia, for instance, is more highly stigmatized than depression is. It's routinely mocked and is less likely to generate compassion. Depression, on the other hand, is less often ridiculed, perhaps because an onslaught of advertising for antidepressant medications has made the disorder more mainstream and more acceptable.

Harmful effects of stigma

For someone with a mental illness, the consequences of stigma can be devastating — in some cases, worse

(Continued on Page 8)

(Stigma--Continued from Page 7)

than the illness itself. Some of the harmful effects of stigma include:

- Trying to pretend nothing is wrong
- Refusal to seek treatment
- Rejection by family and friends
- Work problems or discrimination
- Difficulty finding housing
- Being subjected to physical violence or harassment
- Inadequate health insurance coverage of mental illnesses

Open discussion can help erase stigma

Not all the news is bad, though. Today, the stigma surrounding some mental health disorders is slowly eroding. That's due in part to greater public understanding of mental illnesses and the biological basis that many of them have. As causes of mental illnesses and better treatments for them are discovered, stigma may fade even more.

In addition, many celebrities and public figures have openly discussed their experiences with a mental health condition. This also helps bring the topic out of the closet of shame.

Coping with stigma

So what can you do about stigma? If you have a mental illness, you can decide who to tell, if anyone, and how much to tell. You may not be comfortable telling anyone anything at all about your condition. On the other hand, if you confide in people you trust, you may find much-needed compassion, support and acceptance.

Perhaps you want to actively combat stigma. You may only be comfortable pushing for more awareness within a close circle of family and friends by gently reminding them about the harm in jokes and stereotypes. Or if you're more comfortable tackling bigger challenges and facing bigger risks, you may decide to make your cause more public.

In either case, here are some ways you can cope with and help end stigma:

- *Get appropriate treatment.* Don't let the fear or anticipation of being stigmatized prevent you from seeking treatment for your illness. For some people, a specific diagnosis provides relief because it lifts the burden of keeping silent and also underscores that you aren't alone — that many others share your same illness and issues.
- *Surround yourself with supportive people.* Because stigma can lead to social isolation, it's important to stay in touch with family and friends

who are understanding. Isolation can make you feel even worse.

- *Make your expectations known.* People may not know how to support you, even if they want to help. Offer specific suggestions and remind people of appropriate language.
- *Don't equate yourself with your illness.* You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," call yourself "a person with schizophrenia." Don't say you "are depressed." Say you "have depression."
- *Share your own experiences.* Speaking at events can help instill courage in others facing similar challenges and also educate the public about mental illness. Until you gain confidence, you may want to start at small events, such as talks at a support group or church community.
- *Monitor the media.* If you spot stigmatizing stories, comic strips, movies, television shows or even greeting cards, write letters of protest that identify the problem and offer solutions.
- *Join an advocacy group.* Some local and national groups have programs to watch for and correct archaic stereotypes, misinformation and disrespectful portrayals of people with mental illnesses.

Don't let stigma create self-doubt and shame

In the face of insensitive comments or crude advertising gimmicks, it may be difficult to feel good about yourself. Remember that you have a medical condition, that it's not your fault and that effective treatments are available. Try not to feel shamed, embarrassed or humiliated if someone knowingly or unknowingly ridicules your illness. Therapy may help you gain self-esteem and put less stock into what others think of you.

And if you're comfortable enough to speak up, you may be able to help educate people about the hurt that can result from stigmatizing mental illnesses. The tide is slowly turning.

(Source: Mayo Clinic Newsletter)

CRISIS HOTLINE NUMBERS	Southern Madison County Area Chestnut Health Systems (618) 877-0316
	Northern Madison County Area Community Counseling Center (618) 465-4388

Conte Center Community Seminar

Save the Date!

The Conte Center for Neuroscience of Mental Disorders at Washington University School of Medicine is dedicated to the study of schizophrenia. It was established in 2001 with funding from the [National Institute of Mental Health](#) (NIMH) as one of 15 such centers nationwide.

The Conte Center will be holding a Community Seminar entitled “Strategies for Navigating the Mental Health System: A Step-by-Step Approach to Treating Schizophrenia”.

It will be held on Friday, September 28, 2007 from 10:00AM to 3:00PM. It is open to the public and there is no charge! Lunch will be provided.

Location for the seminar is at The HEIGHTS: Richmond Heights Community Center at 8001 Dale, in St. Louis, MO 63117.

For more information, please call: The Conte Center for Neuroscience Research at 314-747-2160 or toll-free at 1-888-747-2162.

To learn more about the Conte Center or how to volunteer, visit their website at www.conte.wustl.edu.

Recuperation: The First Step to Recovery

An Open Letter To Families



My Dear Family:

This letter is a plea for your compassion, understanding and patience. We have all just come through an episode of my mental illness. I have experienced it personally and you have tried to deal with its effects while continuing to take care of our family as a whole. It has not been easy, but I have done the best I know how and so have you. For this, I thank you.

As a result of this episode, I am now exhausted. Maybe I look all right to you, but inside I am wounded. Even the least stress, the least effort is overwhelming to me. I need to just sit and pull myself together. I need to sleep a lot, and not do much at all. This may go on for quite some time.

It may be hard for you to see me this way. You may feel it is your duty to help me “snap out of it.” You may be wondering if I am using this as an excuse to be lazy. Please be gentle with me; let me heal.

If you want to do something for me, there are three things I would appreciate.

1) Learn about my illness. This is an illness of the brain and body, just like any other disease. It also affects my ability to think, feel and behave. Those effects may have been difficult for you to deal with. I’m sorry if the effects of my illness have made your life more difficult. Learning about the illness may help you put these difficulties in perspective. Please, go to the Journey of Hope Family Education Course and Support Group to learn more about what I am going through.

2) Help me find effective treatment. This takes patience and persistence. In my present state, I may not have the energy to follow through by myself. I may need you to advocate for me, until we find people and medicines that really help.

3) The other thing you can do for me is to listen with an open heart and an open mind. Don’t try to advise me. Just listen while I work this out for myself. Your trust and understanding during this time of rest and recuperation will help me feel confident enough to decide when I am able to step (perhaps gradually) back into life activities.

Thank you for your support and compassion. It will make my path to recovery more smooth and sure.

With thanks and hope,

(Source: Sita Diehl, co-author, Journey of Hope Education Course, piloted in Tennessee, 8-95)

(Editor’s Note: I ran across this letter when looking for something on my desk and it brought back memories, some good and some not-so-good. I have had this letter for over 10 years when my husband and I first started attending NAMI meetings searching for help. Ironically this letter is an excerpt from the “Journey of Hope” course which is now called...“Family-to-Family” (FTF). When my family was having a crisis, I would read the letter over and over again to help me understand; then my husband and I did take the FTF class which was an enormous help to us. I would suggest all family members to attend the courses when they are offered by NAMI because **education is the key to understanding mental illness**. Anyway, I thought I’d include this letter in the newsletter in hopes that it will help others as it did me long ago and still in the present day. If you are interested or need more info on the FTF courses, please call the NAMI office at 798-9788 to get your name on the list for the next class. It is definitely worth your time.)

**NAMI Madison County
Meeting Dates & Locations**



Family Members and Consumers Sharing and Caring Meeting: 1st Tuesday of each month, separate meeting rooms for consumers and family members, 7:00-9:00PM, Chestnut Clubhouse, 2054 Edison Street in Granite City.

Business Meeting for All Members and Advocates: 2nd Tuesday of each month, 7:00-8:30PM, Gateway Regional Medical Center, 1st floor Conference Room in Granite City.

Consumer Sharing & Caring Meeting: 3rd Tuesday of each month, 7:00-9:00PM, NAMI Madison County Office in Gateway Regional Medical Center, 4th Floor, North Wing in Granite City.

For questions about any of these meetings, call the NAMI Office at (618) 798-9788.

BHA
BEHAVIORAL HEALTH

Alternatives, Inc.

337 E. Ferguson Ave.
Wood River, IL 62095
Phone (618) 251-4073
Fax (618) 251-6246
TDD (618) 254-5524

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