



National Alliance on Mental Illness

Massachusetts



2012 ANNUAL REPORT



PRESIDENT AND EXECUTIVE DIRECTOR

DEAR FRIENDS:

As we look back over these last 12 months, we see that together with our membership, NAMI Mass has made real gains in achieving our mission to improve the quality of life for people with serious mental illness and their families.

Our Education and Support programs increased substantially in FY 2012:

- We offered 18 *Family-to-Family* classes around the state, and trained over 300 families. The NAMI Mass office held a teacher training on Cape Cod which trained a dozen new teachers;
- 50 *Family Support Groups* were held around the state and we hosted our very first commuter training in the fall of 2011 that trained eight facilitators;
- 174 *In Our Own Voice* presentations reached an audience of 2,800 at high schools, college classrooms, churches, health plan organizations, Rotary Clubs, and more;
- We offered nine NAMI Basics programs for parents and caregivers of children and adolescents;
- 12 NAMI Connection groups are now held regularly, giving support to people with lived experience.



Lynda Cutrell, NAMI Mass Board President



Laurie Martinelli, Executive Director

On NAMI Advocacy Day on April 2, 2012 at the State House, we met with House Speaker, Robert DeLeo, to ask specifically for his support in funding CIT (Crisis Intervention Teams). Law enforcement is often the first point of entry for so many individuals. At the moment when people really need mental health intervention and services, they often end up in the criminal justice system. In support of NAMI, Senate President, Therese Murray, was our keynote speaker. She spoke of the importance of making your voice heard and speaking out about the needs of people in recovery from mental illness.

In our efforts to advance NAMI's Crisis Intervention and Diversion Project, which includes both a law enforcement training and jail diversion component, June Binney joined us as our Project Director. To fund this project, NAMI received its largest grant ever—a \$100,000 award from the Cummings Foundation (aka One World Boston).

This year's NAMIWalks, held on May 12, 2012, in Artesani Park in Boston, was attended by over 7,000 people. The sun was shining, after days of rain—such a beautiful day to fight stigma. In addition to this huge crowd, our Walk Teams, affiliates, sponsors and volunteers raised over \$520,000. These funds allow NAMI Mass and our affiliates to offer NAMI programs at no charge in the community—education and support programs for those striving toward recovery. And...NAMI Mass is, again, the largest NAMIWalks in the nation!

NAMI Board President Lynda Cutrell spearheaded our involvement with the musical theater production *Next to Normal* in Boston, which deals with how a family handles a diagnosis of mental illness. The play is serious, yet wholly entertaining. After Saturday matinee performances, Lynda organized weekly audience conversations with leading doctors in the field of mental health and individuals in recovery. Also, she planned a NAMI Night at the SpeakEasy Stage in Boston where we invited our leading Walk sponsors to enjoy a performance of the musical. The evening generated a healthy dose of publicity for us.

In April, 2012, NAMI Board Vice President Steve Rosenfeld pulled together a very successful fundraiser. On a Sunday afternoon, despite torrents of rain, over 200 guests attended and raised over \$40,000. The event, held at Canary Square restaurant in Jamaica Plain, gathered many NAMI friends and colleagues, including Governor and Kitty Dukakis.

As we celebrate these accomplishments, we also know we have achieved this because of the hard work of our affiliates, the many volunteers and our dedicated staff and board.

On behalf of our Board of Directors and the NAMI staff, thank you for all you do.

LYNDA CUTRELL

President, NAMI Mass Board of Directors

LAURIE MARTINELLI

Executive Director, NAMI Mass

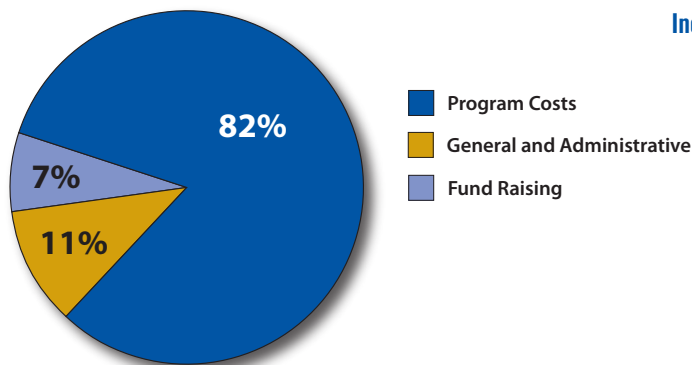
FINANCIAL RESULTS FOR FY 2012

(July 1, 2011 – June 30, 2012)

UNRESTRICTED NET ASSETS REVENUE AND SUPPORT

DMH Contract	\$244,738
Special Event - NAMIWalks	\$522,152
Special Event - Other	\$44,100
Contributions	\$94,261
Membership and Convention	\$38,038
Interest Income	\$2,345
Net Assets Released from Restrictions Used for Operations	\$1,977
Total Revenue and Support	\$947,611

FUNCTIONAL EXPENSES FY 2012

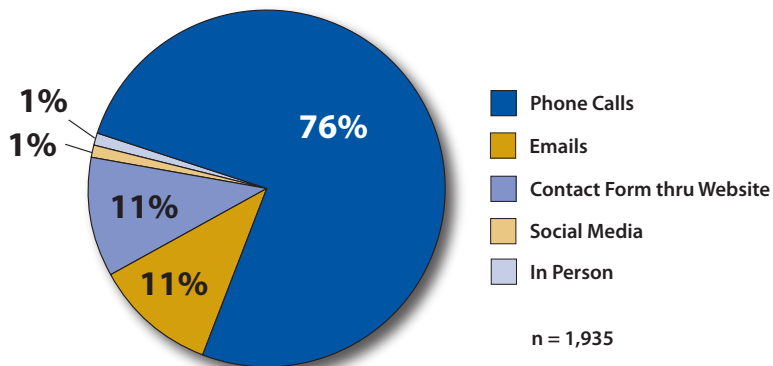


OPERATING EXPENSES

Salaries and Benefits	\$432,724
Professional Fees	\$37,900
Occupancy Costs	\$41,774
Direct Program Expenses	\$197,436
General and Administrative Expenses	\$33,311
Walk Payments to NAMI National and Affiliates	\$123,206
Total Operating Expenses	\$866,351
Income from Operations	\$81,260
Unrealized Gain on Investments	\$2,644
Increase in Unrestricted Net Assets	\$83,904

**Unaudited

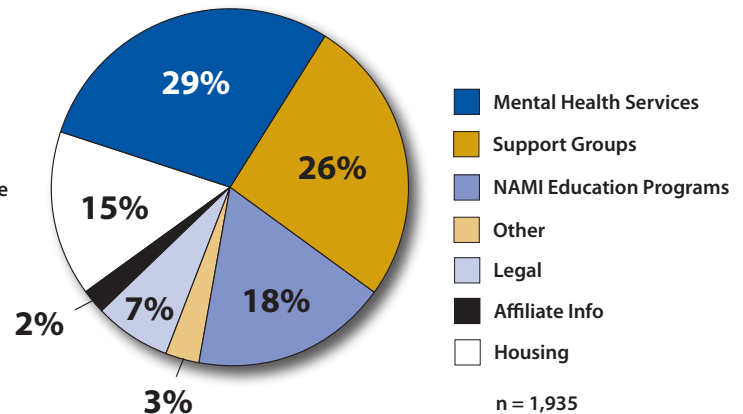
HELPLINE SOURCE OF INQUIRIES



Website during FY2012:

Visitors: 71,428
Returning Visitors: 19,398
New Visitors: 52,030

HELPLINE TYPE OF INQUIRIES



NAMI Massachusetts is grateful to the following Foundations for funding our work in FY2012:

- Danversbank Charitable Foundation – *In Our Own Voice*
- John W. Alden Trust Grant – Children's Programs
- MetroWest Community Health Foundation – Crisis Intervention and Diversion Project
- Boston Medical Center – Collaborative programming with the Metro Boston Recovery Learning Community
- One World Boston, Cummings Foundation – Crisis Intervention and Diversion Project

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EDUCATION AND SUPPORT

FAMILY TO FAMILY—AN EVIDENCED BASED PRACTICE*

Family to Family (F2F) is a *free* 12 week course for family and friends of individuals with a serious mental illness taught by volunteer family members who have a loved one with mental illness.

In Fiscal Year 2012, NAMI Massachusetts offered 18 F2F courses in Massachusetts:

- Cambridge (two times)
- Concord
- Dorchester
- Falmouth
- Fitchburg
- Lexington (two times)
- Martha's Vineyard
- Gloucester
- Holyoke
- Jamaica Plain in Spanish
- Newburyport
- Pittsfield
- Westborough
- Weymouth (two times)
- Woburn

We did not offer a course specifically for veterans and their families during FY2012. However, NAMI National has since renewed its partnership with the Veterans Administration to offer more courses at their sites and they are happening in the fall of 2012 at both the Bedford VA and the Brockton VA.

We would like to thank Vinfen, Baycove Human Services, Eliot Community Human Services, Activmed Research and the Edinburg Center for underwriting and/or donating locations, monies and in-kind goods to our F2F classes and helping us bring F2F to their client's families.

We also held a training this year for 12 new F2F teachers, thanks to NAMI Cape Cod & Islands Affiliate. It was taught by Larry and Tina DeAngelo with Karen McGravey-Gajera & Judd Phelps doing background work. NAMI thanks them all for conducting this training.

We graduated over 300 family members who now know they are no longer alone!



** In fiscal year 2011, the Family to Family course celebrated its 20 year anniversary and was officially designated as an "evidenced based practice" by Dr. Lisa Dixon and her team of researchers at the University of Maryland.*

Based on randomized trials done at the Family to Family courses offered by NAMI Maryland, Dr. Dixon has determined that the F2F course reduces stress, increases empowerment, increases knowledge and problem solving skills, and reduces the "worry factor."

L. to r. Larry and Tina DeAngelo, Ron Holmes and Judd Phelps at F2F training on Cape Cod in January of 2012.

PROGRAMS



IN OUR OWN VOICE

In Our Own Voice (IOOV) is an hour-long, *free* presentation given by two trained people about living with their mental illnesses. The program includes personal testimony, a video, and discussion with the audience. The goal of IOOV is to address stigma in the community and to enrich the audience's understanding of how people cope with serious mental illness.

In Fiscal Year 2012, NAMI Mass gave 174 IOOV presentations and reached an audience of 2,808 people. We had a banner month in April, 2012, with 28 presentations, the most ever. There were a variety of venues where IOOV was presented; including Smith College, twice at the State House, Mt. Holyoke College, Brockton Hospital School of Nursing, Westford Academy High School, several for our walk sponsor Beacon Health Strategies, Cape Cod Hospital, and four presentations to deaf and hard of hearing audiences.

At the NAMI National convention in Chicago in July 2011, Julie Langbort and Laurie Martinelli accepted a "Distinguished Service Award" for the *In Our Own Voice* program and their work on developing an American Sign Language version of the IOOV DVD.

In December, NAMI Mass accepted a grant from the Danversbank Charitable Foundation for \$2,500. During the month of June 2012, Julie Langbort and Mary Morin conducted IOOV training and graduated six new presenters.

NAMI CONNECTION

Fiscal Year 2012 saw the NAMI Connection Program, a network of *free*, statewide peer-run recovery support groups, maintain 11 existing support groups as well as the commencement of an additional group in Haverhill. In October of 2011, Karen Reedy was hired as the new Connection State Coordinator for NAMI Mass. She hopes to lay the groundwork for offering more recurring facilitator trainings as well as establish a nexus of peer support that is far-reaching and demographically diverse.

In April 2012, NAMI and Metro Boston Recovery Learning Community hosted a Connection Facilitator Training at the Boston Resource Center which resulted in the induction of five new graduates into the program. These graduates are currently facilitating groups at the Hope Center in Boston, the Cambridge/Somerville Recovery Learning Community, the Boston Resource Center and Merrimack Valley Hospital in Haverhill.

Karen Reedy has been actively attending groups to survey and monitor their progress in terms of attendance and participation as well as to ensure compliance with reporting group data to NAMI National. NAMI National data collection in Massachusetts reflects that the Connection groups are currently serving mostly peers between the ages of 30 and 55, with an average equal distribution of attendance by men and women.

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FAMILY TO FAMILY:

"It grounded me and widened my perspective on my loved one's experience...I was feeling so angry, powerless and hopeless upon beginning the class and now I am working closely with community supports in an attempt to get my daughter the help she needs when another crisis occurs. Now I am feeling more informed and hopeful."

"It has saved my sanity. I feel more empowered when talking to my son's caregivers. I feel more hopeful of his future."

From a 14 year old sibling: "It helped me to understand things I never would have known because I didn't know what questions to ask."

"It is the best thing I have done in the last twenty years."

IN OUR OWN VOICE:

"The IOOV presentation was what convinced me that I needed help and I could not do this alone...With the proper treatment and optimism I have gained my life back and I know that a balance is important in my life. I have learned coping skills and have big dreams for my future."

- Carver High School student

NAMI SUPPORT GROUPS

NAMI Massachusetts held one Family Support Group Facilitator Training in the fall of 2011. Judi Maguire, our state trainer, taught the commuter training over the course of two Saturdays in November, 2011. Karen McGravey-Gajera was her assistant. Eight new people were trained. Some are taking over support groups for retiring facilitators and others are adding new support groups.

NAMI Family Support Groups in Massachusetts:

- Agawam (2)
- Barnstable
- Bedford
- Beverly
- Boston
(in Spanish)
- Cambridge (2)
- Chatham
- Clinton (2)
- Dorchester
- Fall River
- Fitchburg (2)
- Gloucester (4)
- Greenfield
- Haverhill
(new group)
- Hyannis
- Lexington
(no longer 2 Care and Share meetings,
now as official NAMI Support Groups)
- Littleton (2)
- Lowell
- Marlborough (2)
- Martha's Vineyard (2)
(one is a new group)
- Mashpee
- Middleton
(new group)
- Newburyport
- Newton
- Norwood
- Orange
- Plymouth (2)
- Springfield
- Stow
- Uxbridge
- Wakefield
- Wellesley
(for parents of young children)
- Weymouth (2)
- Worcester (2)

Depression and Bipolar Disorder are the two most common diagnoses of peers who participate in the groups, although other diagnoses are represented.

In FY 2012, there were 12 NAMI Connection support groups held in the following locations:

- Agawam
- Boston Resource Center – Boston
- Casa Primavera – Boston
- The Hope Center – Boston
- Cambridge/Somerville
- Easthampton
- Fitchburg
- Cape Ann/Gloucester
- Haverhill
- Marlborough
- Orleans
- Westfield

NAMI BASICS—CHILDREN AND ADOLESCENT PROGRAMS

A recent addition to NAMI signature education offerings is NAMI Basics. Where Family-to-Family focuses on all those who have an **adult** loved one with lived experience of mental illness, NAMI Basics carves out a special program for parents and primary caregivers of **children** and **adolescents** living with behavioral or emotional concerns.

In Fiscal Year 2012, we tripled the number of NAMI Basics—a *free* six-session course—classes from the previous year! We also trained 27 new certified NAMI Basics teachers representing cities and towns from Boston to the Berkshires, bringing our total number of Massachusetts teachers to 35. Of those 27 newly-trained teachers, 70% have already taught, or are on the fall schedule to teach their first classes. This is a truly inspirational achievement by an inspiring team of volunteers.

In Fiscal Year 2012, we held nine classes:

- Concord
- Framingham (two classes)
- Gloucester
- Leominster
- Pittsfield
- Somerville
- Springfield
- Waltham

We were also lucky enough to be able to hold both a fall and a spring Basics teacher training last year, which certainly helped us build our numbers. Valerie Hammond, the director of programs for Children and Adolescents at NAMI Massachusetts, went to the NAMI National training in St. Louis to become a certified state NAMI Basics teacher trainer. The momentum is growing for NAMI Basics, which is good, because the need to impart knowledge to parents and caregivers of children and adolescents with mental illness is only beginning to be met.

"I thought the Basics class was terrific. It was a great balance of neuroscience information about brain development and practical resources, suggestions, and sharing of stories by other parents who are raising children with mental health issues."

PUBLIC POLICY AND ADVOCACY

Results on Beacon Hill in FY 2012

Like the summer, the 2011–2012 Legislative Session is almost over. A lot was accomplished, though some issues slipped through the cracks. Laws to control health care costs, encourage renewable energy development, expand gambling, prevent foreclosures, prosecute human trafficking, and protect transgender rights are among those that passed this session.

The frenetic pace has slowed, providing an opportunity to reflect upon the session that just finished on June 30, 2012, culminating with a 2013 budget that included a 3.1% increase to the Department of Mental Health (DMH) for a total budget of \$671.4 million. It is evident that NAMI's efforts in Massachusetts this past year were effective and productive.

DMH Budget Increases in FY 2013:

- \$5.0 million for children and adolescent mental health services;
- \$11.7 million for adult mental health and support services;
- \$12.6 million for inpatient facilities;
- \$1 million increase in funding for clubhouses

Another milestone this past year was a NAMI-led effort to create a new initiative: NAMI Mass Crisis Intervention and Diversion Project. In an austere fiscal climate, it is difficult to create new programs, but with the help of Senator John Keenan, Representative Liz Malia, the Association for Behavioral Health, and the Executive Office of Public Safety, NAMI did just that.

This newly created program that NAMI championed will help police departments in cities and towns throughout this state develop training approaches that promote access to mental health treatment rather than arrest or jail, and provide resources to develop prevention and intervention programs.

CIT/Jail Diversion Grant Overview

- Creates a competitive police grant training program;
- Provides \$125,000 per year (ideally to increase annually for five years) to cities and towns;
- Decriminalizes people with mental illness;
- Reduces arrests of people in mental health crisis;
- Fosters access to Emergency Psychiatric Service Programs.

The proposed closure of Taunton State Hospital was arguably the most controversial issue NAMI faced this session, but once the dust settled, and after a governor's veto and legislative override, collaboration and advocacy efforts resulted in an appropriation of \$5.1 million to keep the hospital serving patients with mental illnesses at a diminished, 45-bed capacity.

The initiative also created an advisory committee of legislators and stakeholders that will commission a consultant to provide an independent analysis of public and private behavioral health services in Massachusetts and earmarks \$100,000 to hire such consultant. NAMI Mass is named in the legislation and will participate in the discussion and recommendations.

Though quite successful in 2012, NAMI Mass recognizes the need to keep fighting to ensure the progress continues. By leveraging the collective voices of NAMI's members, friends, family, and supporters throughout the state, there were noteworthy victories and tangible results. It is critical to grow this network in 2013 and beyond, and it all begins with friends of NAMI making their voices heard!

Advocacy Day, April 2, 2012



Senate President Therese Murray



Sid Gelb and Valerie Hammond

NAMI WALKS MASSACHUSETTS



NAMIWalks Massachusetts May 12, 2012 Artesani Park, Boston

NAMI Massachusetts's ninth Walk was held on Saturday, May 12, 2012, at Artesani Park along the Charles River in Boston. The sun god was again in our favor: We had a beautiful day after days of rain and about 7,000 people crowded the area. This was another year of new records in a sluggish economy: We made our goal of raising \$500,000—in fact we raised \$522,152. Beacon Health Strategies (BHS) set a new record for a Lead Sponsor's contributions with over \$25,000 in Team funds plus their Corporate donation of \$30,000 putting them over \$55,000. To everyone at BHS who contributed their time and energy as well as donations, especially CEO/President Tim Murphy, NAMI Massachusetts is enormously grateful. To continue the record-setting, we had a single Walker, Bunny Shapero, who raised over \$14,000 and we received \$219,600 in corporate sponsorships. For the third year in a row, NAMI Massachusetts had the most revenue of any of the 85 NAMIWalks campaigns in the country and was the first Walk to break through the \$500,000 mark. Also, we were fortunate to be selected as part of the MBTA program that allows non-profits to have advertising space on buses and trains. We had a very eye-catching poster made for this purpose that appeared throughout the MBTA system.

The Walk is a fun, social event that works to end the stigma surrounding mental health. Its goal is to educate the public about mental illness so that more people will hear our anti-stigma message and seek treatment. We believe the Walk is an opportunity to celebrate dignity, hope, recovery and resiliency.

The Walk is successful because of the volunteers, walkers, staff, and board members who have worked together to make it possible for the past nine years. Our NAMI Massachusetts stakeholders know how important the Walk is to our financial well-being. They come through for us because they know the worth of our education programs, support groups, grassroots advocacy, and helpline, as well as the work our 20 Affiliates undertake locally.

At the 2012 Walk, we had 159 teams and 2,131 walkers. Our top team was Cambridge-Middlesex raising \$26,852.00. Volunteers are an essential part of Walk Day. We had 70 hard-working volunteers taking care of everything for us from set up to break down, making the Walk run seamlessly. Special thanks to Naresh Gajera, Marilyn DeSantis, Larry DeAngelo, John Sharp, Tina DeAngelo, Karen McGravey-Gajera, and Cindy Nelson, our operating, registration, safety, nurse, parking and volunteer leads respectively.

Finally, this year we set another new record, distributing over \$76,000 to the 18 Affiliates who participated in the Walk.



l. to r. Laurie Martinelli, Kitty and Governor Dukakis, and Marylou Sudders



Deputy Commissioner Cliff Robinson with friend

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We extend our sincerest thanks to all corporate sponsors of NAMI Walks Mass 2012 as well as those companies who graciously provided in-kind donations.

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While we made every effort to include all the generous corporate sponsors and businesses which gave in-kind donations, if we inadvertently omitted any entity, or misspelled any names, please accept our apologies and contact our office.

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**Lynda Cutrell assumed the presidency in June 2012.*



L to R: Jane Martin, Marylou Sudders, Lynda Cutrell, Michael Fetcho, Debra Pacheco, Howard Trachtman, Kathleen Considine, and Constantine Souris.

Not pictured: Robert Antonioni, Bernice Drumheller, Laurel Landon, Hannah Martinez, Christine Previtera, Steve Rosenfeld, Brenda Venice, and Anne Whitman.

NAMI MASSACHUSETTS AFFILIATES

NAMI Massachusetts has 2000 members and 20 Affiliates (local chapters). Affiliates are the source of hundreds of volunteers who give thousands of hours to educate, support, and advocate on behalf of persons with mental illness and their families.

NAMI MASS AFFILIATES AND BOARD PRESIDENTS:

Berkshire County	Marilyn Moran
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Mission

The mission of NAMI Massachusetts is to improve the quality of life both for people with mental illness and their families.

Vision

We seek to extend the education, support, and advocacy programs of NAMI Massachusetts so that we will reach out to all Massachusetts peers and their families; improve the public's awareness and understanding of mental illnesses; and advocate at all levels to ensure that all people affected by mental illnesses receive, in a timely fashion, the services that they need and deserve.

Values

Central to NAMI Massachusetts is a commitment to programs that are both peer-driven and family-driven; to the key concepts of recovery, resiliency, and support that are essential to wellness and quality of life; and to full and meaningful lives for all people.