

NAMI Maryland Advocacy

Advocacy—promoting knowledge about the needs of individuals with mental illness and their families and ensuring that those needs are addressed and funded through the mental health system—is one of the major missions of NAMI Maryland. Working in cooperation and coordination with other state advocacy organizations that form the Mental Health Coalition, NAMI Maryland and its Public Policy Consultant and committee, promote an agenda that recognizes (1) the diverse needs of individuals with severe mental illness (2) the funding necessary to help these individuals lead full lives in the community, and (3) the unique position of family members who often serve as case managers for their ill family member.


Advocacy within the state of Maryland takes several forms. These include:

Participating in statewide committees that meet to address topics that include mental health courts, the needs of transition age youth with mental illness, suicide prevention, criminal justice issues and training for criminal justice personnel and patient rights in hospitals.



Participation and coordination with other mental health advocacy groups including Coalition for Families for Children's Mental Health, Community Behavioral Health, Maryland Disability Law Center, the Mental Health Association, and On Our Own of Maryland.

Meeting with delegates of the General Assembly to represent the unique needs of individuals with mental illness and their families.



MENTAL HEALTH ADVOCACY DAY

Wednesday January 20, 2010
Annapolis, Maryland

LET YOUR VOICE BE HEARD!

Following legislation that may impact the needs of individuals with mental illness and their families while providing oral and written testimony that supports (or opposes) particular bills that may impact the lives of NAMI Maryland members.

Sending alerts to NAMI Maryland members to encourage grass roots attention to ongoing statewide concerns. Stories told by family members have a major impact on our governing officials.

Encouraging adequate funding for necessary services that include crisis intervention, in-patient beds and effective community resources. NAMI Maryland encourages the use of evidence based practices and the use of effective training for mental health professionals.

Right now, all mental health services are threatened by the budget cutting brought on because of the recession. A great deal of advocacy is spent making sure that mental health services are not taking a disproportionate amount of the budget cuts. Without adequate funding for community services, more individuals with mental illness will

Happy Holidays from NAMI Maryland

We wish you happy holidays this season. The holidays are about giving and spreading good cheer, so whether you celebrate Christmas, Kwanzaa, Hanukkah, or Ramadan, we hope that you will adopt this holiday tradition. Rather than spend all your time in the mall, spend time with family and friends. Rather than running up the balance on my credit cards, take the money and invest in the future. Invest by sending a check to NAMI Maryland and your local affiliate. For me, I give gifts on behalf of my children to teach them the value and joy of giving during the holidays!

It is so important to invest in our local communities. Many of you are receiving mailings from national organizations this time of year and it may be the only time that you hear from them. Well, you work with NAMI Maryland all year long; we send you quarterly updates on progress for mental health advocacy throughout the year. We invite you to work in your local communities and offer support services for you and your family. We need your help now!

Nancy Hall, President of 501(c) Solutions' has posted an article on their website that speaks directly to this subject. We are reprinting it for our members and partners.

To read more about investing in the future through giving to the nonprofit sector, go to www.amazingnonprofits.com. This web address will take you to 501(c) Solutions' new website where you can check out the Resources section which features materials from recent training events. There is new information on the federal student loan forgiveness program and a template for boards to use in setting executive compensation.

For ways to give, please visit our website at <http://md.nami.org> or contact my office at (410) 863-0470 or manderson1@nami.org. Happy Holidays to you and yours!

From the Director's Desk

Lynn H. Albizo



The theme of this newsletter is advocacy and now through the winter, I will be asking for your help to preserve services for those with mental illness in Maryland. On January 20, 2010, NAMI Maryland will be holding an advocacy day in Annapolis where we will be gathering in the morning, petitioning our legislators and joining other advocates at noon for a mental health rally.

The major issue for this year is the Mental Hygiene Administration (MHA) operating budget. The MHA is part of the Department of Health and Mental Hygiene (DHMH). The director of MHA makes recommendations to the Secretary of DHMH who in turn makes budget recommendations to the Governor. The Secretary of the Department of Budget and Management (DMB) advises Governor O'Malley on the overall budget. Once the budget is proposed by the Governor, the legislature has the power to cut the budget but not to expand it. In other words, in Maryland, the Governor controls the budget. It is therefore very important to begin putting pressure on all parts of the executive branch before the legislative session.

This year, due to high unemployment and tough economic times, state revenues are down and demand for services are up. In order to address the shortfall, the Governor has had to make more and more cuts to the budget. MHA has been seriously affected by these cuts which have included, the elimination of a .9% cost of living increase for mental health providers, a 2% across the board reduction for mental health providers, the closure of the Upper Shore Community Mental Health Center, closure of wards at Spring Grove Hospital and Regional Institute for Children and Adolescents (RICA) in Montgomery County and additional cuts to Springfield, Spring Grove, Perkins and RICA-Baltimore. Additionally the administration will be strictly enforcing eligibility criteria for all services. As of this printing, the accumulation of five rounds of cuts to MHA since Oct 2008 totals about \$56 million and MHA will have lost at least 7% of its budget.

The last of the cuts taken in November 2009 totaled approximately, 11.5 million which is about one half of what had been originally proposed. Mental health advocates, consumers and families who put pressure on the governor to limit these recent cuts should be commended for helping to limit the damage. Letters, emails and phone calls to the Governor and department Secretaries do make a difference.

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From the President's Desk

Janet Edelman



An important goal of NAMI is to provide education to the general public about mental illness. We also provide support to people living with mental illness and their families. We cannot provide that support if people in need do not know we exist. Every year NAMI participates in activities to educate the public, yet there are still so many people who do not have a good understanding of the illnesses and

who do not know about NAMI.

Recently NAMI has had assistance reaching out to the public at the national level through a partnership with the FOX TV show *House* and the showing of the PBS program *Minds on the Edge: Facing Mental Illness*. *House* has had a number of episodes with a sensitive portrayal of mental illness. The *Minds on the Edge* program was shown in Maryland on October 30th. If you missed it, you can view it online at the PBS website. Visit www.mindsontheedge.com

NAMI national has also developed a series of Public Service Announcements for TV and radio that are being seen and heard across the country. To view the public service announcement, visit YouTube.com and search on "NAMI Puzzle Pieces".

NAMI Stigmabusters campaign works to identify both positive and poor portrayals of mental illness in the media. Twenty thousand NAMI Stigmabuster members are sent e-mail alerts encouraging them to write letters to fight stigma or to thank those who have educated the public through the media. You can sign up for NAMI Stigmabusters by visiting to the NAMI Maryland website at <http://md.nami.org>, go to the Links section and click on the NAMI National website link. Once there, start by searching on "Fight stigma" to go to the Fight Stigma page and register.

Other ways to help include becoming a NAMI member, making a donation, participating in NAMI Walks, referring people in need to NAMI, writing a letter to the editor, telling your story as an In Our Own Voice presenter, becoming a NAMI trainer and educating your elected officials about mental illness. You can also watch movies such as the Soloist and Canvas and discuss them with family and friends.

Thank you for your support of NAMI Maryland. Have a great holiday season!

EVIDENCE-BASED PRACTICES AVAILABLE TO ADULTS WITH PSYCHIATRIC DISORDERS IN MARYLAND

Bette Stewart and Eileen Hansen
University of Maryland Evidence-Based Practice Center

Everywhere we go we are bombarded by buzz phrases describing services offered and received, and nowhere is that more prevalent than in the mental health arena. Evidence-based practice is one of those phrases frequently bantered about regarding services for persons with mental illness. The clearest definition comes from an article written in *Psychiatric Services* almost a decade ago—"Evidence-based practices are interventions for which there is consistent scientific evidence showing that they improve client outcomes." Much of the information in this article has been taken from the journal *Psychiatric Services*, January 2001, Volume 52, No's. 1 and 2; more detail can be found in those articles.

Research protocols vary in establishing evidence-based services, but the most widely accepted scientific method involves several randomized clinical trials comparing the "model" practice to "service as usual" or to no service intervention at all. For an intervention to become an evidence-based practice, the research data must show improved outcomes for the individuals receiving that model of service over the comparison groups.

Additional research findings reveal programs offering a service that resembles an evidence-based practice is not sufficient; rather, it is important that programs adhere to the specific standards of the evidence-based practice, often referred to as fidelity of implementation. Programs with higher fidelity (or faithfulness) to the model tend to produce superior outcomes. In other words, close enough is not good enough when it comes to evidence-based practice.

Research has added a great deal to the knowledge base of effective mental health interventions, leading to improved consumer outcomes in terms of symptoms, functional status and quality of life. The services for which there is an evidence-base includes medications prescribed within specific parameters, training in illness self-management, assertive community treatment, family psychoeducation, supported employment and integrated treatment for co-occurring substance use disorders.

"Mental health services for persons with severe mental illness should reflect the goals of consumers. People with severe mental illness, like people with other long-term illnesses, want to pursue normal, functional, satisfying lives to the greatest extent possible. Therefore, mental health services should not focus exclusively on traditional outcomes of treatment compliance and prevention of relapses and re-hospitalizations, but emphasize helping people attain outcomes such as independence, employment, satisfying relationships and good quality of life." (*Psychiatric Services*, February 2001, page 180).

With limited mental health resources available, consumers have the right to receive interventions that are known to be effective and that are delivered in a manner faithful to the evidence-based practice's active ingredients." And yet other research findings indicate that despite positive outcomes for these interventions, few consumers are routinely offered them.

Maryland has been an historical leader in this national movement toward the implementation of EBPs and recovery-oriented practices. It was one of eight states to initially recognize the opportunities and promise offered by EBPs to positively impact the quality and delivery of mental health services. In 2001, to address the gap between science and "real world" practice, the Maryland Mental Hygiene Administration established the Evidence-Based Practice

Center (EBPC) at the University of Maryland, Baltimore. The Center's goal is to distribute research-based information on mental health treatment to stakeholders in Maryland's public mental health system, and to promote adoption and implementation of those practices through ongoing training and consultation. It serves as a resource to MHA in examining and addressing the system barriers to faithful implementation of evidence-based practices. The Center also assists MHA in responding to federal and other funding opportunities that offer an expanded capacity for research and

service delivery in the state.

Through the combined efforts of MHA and the EBPC, in 2002 Maryland began participation in the National Evidence-Based Practice Project in conjunction with the New Hampshire-Dartmouth

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Maryland is also recognized nationally for its pioneering financing strategies to promote EBPs

Local NAMI Maryland Affiliates

NAMI Allegany	1-800-467-0075
NAMI Anne Arundel	443-569-3498
NAMI Carroll	410-857-3650
NAMI Cecil	443-326-1485
NAMI Frederick	240-379-6186
NAMI Harford	410-879-0111/410-893-4968
NAMI Howard.....	410-772-9300
NAMI Lower Shore.....	410-641-6809
NAMI Metro Baltimore.....	410-435-2600
NAMI Montgomery.....	301-949-5852
NAMI Prince George's.....	301-429-0970
NAMI Southern MD.....	301-904-9926
NAMI Washington.....	301-824-7725

Ask the Expert

Lori Doyle, Public Policy Director - CBH

As a NAMI Member, why should I get involved in advocacy and how can we be effective?

As a NAMI member, you may be reluctant to get involved in legislative advocacy for a number of reasons. You may feel that you are not a professional advocate. Policy issues can be very complicated, and it is scary having to meet with legislators or testify at hearings. While you may be comfortable volunteering for NAMI classes and support groups, you don't see the direct connection between what legislative advocacy has to do with mental health. On top of everything else, once you drive all the way to Annapolis there is no parking.

The involvement of family members and consumers in mental health advocacy cannot be underestimated

Advocacy is, in fact, extremely important to ensuring access to mental health services and supporting policies that help families and consumers. With over 2500 bills filed, legislators heard testimony on issues ranging from the shelf life of milk to the re-regulation of electricity. No elected official can be expected to understand the wide variety of topics before them. You are the expert in terms of mental illness! You have lived experiences that others do not. While there may be doctors, social workers and professional lobbyists testifying on mental health issues, there is no substitute for a personal story. Legislators tend to be more generous to those giving personal testimony than to the experts who they will want to cross examine and demand statistics and additional information. Although it may seem intimidating, your voice is important. And parking is actually very easy. Just park at Navy Stadium and take the shuttle bus right to the legislative complex.

Here are some helpful tips to ADVOCACY:

1. Legislators want to hear from their own constituents. Find out who your representative is and contact them. Find out what committees your legislator serves on. Regarding the budget, the House Appropriations Committee and the Senate Budget and Taxation Committees are key. For other mental health related issues, the Senate Finance and House Health and Government Operations Committees are important. The Maryland General Assembly website is very useful in finding your legislator, committee assignments, bill information and dates of hearings. If you have personal connections with legislators or other government officials, use these connections even if the person is not on one of the "key" committees. Work in concert with other individuals and groups that have the same interests. Make sure not to alienate any one. Your opponent on one issue may be your partner on another. Put your energy into what will make the biggest impact. Don't spend time trying to convince those who are firmly opposed to your position. Make sure to thank legislators and their assistants who have helped you and always maintain integrity.
2. When writing a letter or e-mail, make sure to limit your letter to one issue and don't begin on a righteous note! Make clear what your position is and what you are asking your legislator to do. Use your own words and your own experience. Recognize that your representative may have many competing interest so you need to be reasonable in your request. Extreme demands will be dismissed. Include your address and contact info. Ask your legislator to reply with his position. If your legislator votes your way, be sure to follow up with a thank you note or letter.
3. Finally, visiting legislators in small groups is very impactful. Make sure to

make an appointment ahead of time. Begin on a positive note, be courteous and listen carefully. Clearly state your position and what you are asking the legislator to do. Do not let the meeting stray. Reinforce your meeting with a one-page handout. If your legislator is amenable, take a group photo to post in newsletters, etc. If your legislator is not available, ask to speak with an aide. Thank your legislator for his time.

The involvement of family members and consumers in mental health advocacy cannot be underestimated. Decision makers want to hear from the voters and people that their policies directly affect. If they do not hear from you directly, then they will assume that it is not that important. In these tough economic times, when budgets are being cut your voice is more important than ever.

Lori Doyle serves as the public policy director for the Community Behavioral Health Association of Maryland (CBH), and has lobbied the Maryland General Assembly for over 15 years. She has also worked in community-based mental health for 24 years, the last 7 as chief operating officer of Mosaic Community Services, an organization annually serving over 6,000 children and adults with mental illness in Baltimore, Howard and Carroll Counties along with Baltimore City.

Advocacy from page 1

wind up homeless, in jails or in emergency rooms - all more expensive services.

All NAMI Maryland members must be aware that the threat to services is real and that advocacy must occur on all levels to protect the services necessary for individuals with mental illness to live productive and fulfilling lives and to recover to the greatest extent possible.

Join Public Policy Committee

Help review bills, formulate positions, or write testimony. This is a chance to make your voice heard in Annapolis. Contact Katy Crane at katycrane@vermontel.net To view NAMI Maryland's Public Policy platform, go to <http://md.nami.org>

PROGRAM OVERVIEW

NAMI Maryland offers an array of education, support, training programs and services for consumers, family members, providers and the general public. Please contact Erica Sullivan for more information.

EDUCATION PROGRAMS

The fall Family-to-Family, De Familia a Familia, NAMI Basics and Peer-to-Peer programs have already started in participating affiliates. There are currently more than twenty NAMI educational courses being offered in Maryland. These essential programs are doing very well and steadily growing. All of the participating affiliates do a remarkable job with recruiting and marketing.

Thank you for all of your hard work!

The Family-to-Family training in September 2009 conducted by Bob Wirtz and Patricia Epperson was a success. NAMI Maryland now has eleven new course mentors. Thank you Pat and Bob and to everyone who attended the training.

In Our Own Voice (IOOV) is a unique informational outreach program developed by the National Alliance on Mental Illness (NAMI) that offers insight into the recovery now possible for people with severe mental illness. In 2009 alone over thirty IOOV presentations have been conducted to more than 400 audience members. The presentations continue to gain popularity and the demand for more presenters is increasing. An IOOV statewide training was held in November 2009 which produced 18 ambitious presenters.

I would like to thank Scepter Spainbey and Royal Riddick for conducting the training and everyone who participated.

Spring 2009, NAMI Maryland began the Washington County Transformation projects. The Engaging Consumers and Family Members in the Transformation project and the "Healthy Hearts and Minds" workshops both focus on the integration of physical and mental health. The 'Engaging Consumers and Family Members in the Transformation' project involve dissemination of local mental health resources to local physician offices. Currently seven affiliates are actively involved in the project. The Healthy Hearts and Minds Program is a four part workshop that educates participants on the connection between physical and mental health. Currently NAMI Howard County and Southern Maryland affiliates have the Healthy Hearts and Minds program.

NAMI Maryland's charity designation numbers:

4186: The Maryland Charity Campaign for State Employees and Retirees (private and state donors) & Central Maryland-Private Sector

80114: Combined Federal Campaign of the National Capital Area

8568: The United Way

SUPPORT PROGRAMS

As one of NAMI's central missions, support groups are the backbone of grassroots outreach to those coping with the stresses of serious and persistent brain disorders.

NAMI Maryland currently has over twenty-five support groups for both family members and individuals living with mental illnesses offered in our affiliates. The Family Support Group training in August 2009 produced eleven new support group facilitators.

Thank you Jack Monahan, Carol Bocchini and Barbara Gwynn for training all of our new facilitators!

For more information on attending one of the education or support programs offered by NAMI Maryland or becoming a facilitator please go to our website <http://md.nami.org> or contact my office at 410-863-0470 or esullivan@nami.org. You can also contact your local affiliate or the NAMI National website at <http://www.nami.org>.

NAMI Maryland would like to thank every single person involved in the invaluable programs offered throughout the state. We appreciate your generosity and participation to help make all of this possible.

NAMI MARYLAND MOVES!

There are so many new things happening at NAMI Maryland as its offices move to better serve our constituents throughout the State of Maryland.

The new offices are located at:
**10630 Little Patuxent Parkway
 Suite 475
 Columbia, MD 21044
 Phone: (410) 884-8691
 Fax: (410) 884-8695**



We also welcome Heather Reynolds as the newest member of the NAMI Maryland office staff. Heather comes to us from Carolinas Medical Center in Charlotte, NC where she served as a Unit Secretary III providing administrative and clerical support to the clinical staff at the hospital. Prior to that Heather served as Activities Coordinator for White Rose Senior Center and Office Manager for Victim Assistance Center, both in York, PA. Join us in welcoming Heather Reynolds to the NAMI Maryland state office!

» **SAVE THE DATE**

**NAMI Maryland will host an Open House in April, 2010.
 Please plan to come out and see your new state offices!**

Evidence-based practices from page 3

Psychiatric Research Center. This project was a large-scale research and systems change effort designed to disseminate knowledge generated by research for six discrete EBPs and to facilitate their implementation in real world practice settings.

In 2002, MHA, in collaboration with the Division of Rehabilitation Services (DORS), launched its EBP in Supported Employment. Under the National EBP Project and with additional funding from the Johnson and Johnson Foundation, SE implementation began in 6 sites. Since that beginning, 33 programs throughout the state have now received training on the EBP of Supported Employment. Maryland's efforts in Supported Employment were recognized nationally when MHA received a Science to Service Award by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2007.

Under the National EBP Project, Family Psychoeducation was also implemented in Maryland in 2002. Family Psychoeducation is designed to help families and consumers better understand mental illness while working together towards recovery by providing training in problem-solving, social skills, communications skills and coping skills. Currently 10 programs have been trained on this EBP throughout the state.

In addition to involvement in the National EBP Project, in 2003 the Mental Hygiene Administration, in partnership with the University of Maryland's Evidence-Based Practice and Systems Evaluations Centers, wrote a successful application for a three-year EBP training and evaluation grant from SAMHSA to develop Assertive Community Treatment (ACT) in Maryland. This grant allowed Maryland to implement ACT in three sites (existing mobile treatment services); two of those sites are now designated ACT Training Resource Programs (TRPs), providing training under the supervision of the EBPC to other mobile treatment teams wishing to become ACT providers. This effort has successfully expanded ACT capacity in Maryland; 10 programs are now providing ACT services throughout the state.

Maryland is also recognized nationally for its pioneering financing strategies to promote EBPs. To provide an incentive to programs to implement EBPs with fidelity, MHA reimburses programs at an enhanced rate when they meet the threshold for high fidelity, meaning these programs precisely follow the model. To receive these increased rates, programs must comply with the key ingredients set forth in the model and must score high by MHA fidelity assessors using a standardized fidelity scale. These MHA monitors are trained on the individual EBP models, and visit the sites annually to make sure the program follows the model.

If your affiliate is making great strides in development, or you have a special event that you want to share, please let us know so we can recognize your efforts in the state newsletter! Please e-mail your news to Monica Anderson, manderson1@nami.org.

In upcoming editions of this newsletter the EBP Center will describe in more detail each of the current evidence-based practices supported by MHA. For more information about evidence-based practices, please see the SAMHSA website <http://mental-health.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp>.

To address EBPs for children, MHA has developed the Child and Adolescent Mental Health Institute (CMHI) in partnership with the University of Maryland and Johns Hopkins Departments of Child Psychiatry and the Maryland Coalition of Families for Children's Mental Health. More information regarding this effort may be found at <http://medschool.umaryland.edu/innovations> under the Training and Technical Assistance tab. Contact Bette Stewart at bstewart@psych.umaryland.edu and Eileen Hansen at ehansen@psych.umaryland.edu

ADVANCE DIRECTIVES FOR MENTAL HEALTH

A new Maryland Advance Directive for Mental Health document was recently developed by a consortium representing the Maryland Department of Health and Mental Hygiene, providers, and consumer and advocacy groups. Additionally, a two-hour training program is now available for presentations to patients, clients, family members and mental health professionals.

Mental Health Advance Directives are legal documents, which describe a competent person's specific instructions and preferences regarding future psychiatric treatment, in the event the person may not be competent to communicate treatment choices at that time. Under Maryland law adults with mental illnesses who becomes incompetent to make decisions can, through an Advance Directive for Mental Health, identify mental health professionals, programs and facilities that the person would prefer to provide their mental health services; appoint health care agents (surrogate decision-makers) to authorize treatment and/or make decisions as instructed by the individual in the Advance Directive; and state preferred medications and treatments. The Advance Directive takes effect when the person's attending physician and a second doctor, not directly involved in the person's care, certify in writing the person is incapable of making an informed decision about his/her mental health treatment. The Advance Directive is valid until the person changes or revokes it.

The potential benefits of Mental Health Advance Directives include increasing treatment collaboration by improving communication between the individual and his/her treatment team; allowing for consumer-centered care and treatment planning; expediting crisis interventions; preventing unnecessary guardianship procedures; and promoting individual autonomy and empowerment in the recovery from mental illnesses.

To obtain a copy of the new Mental Health Advance Directive and/or to schedule training (minimum 15 participants) contact Kim Burton at the Mental Health Association of Maryland, 410-235-1178, ext. 210, or e-mail kburton@mhamd.org

SAVE THE DATE!



What	Where	When
January 20, 2010	Advocacy Day	Annapolis, Maryland
January 29-31, 2010	NAMI MD Connection facilitator training	The Conference Center at the Maritime Institute
February 12-14, 2010	NAMI MD Family-to-Family teacher training	The Conference Center at the Maritime Institute
February 19-21, 2010	NAMI MD Peer-to-Peer teacher training	The Conference Center at the Maritime Institute
May 2010 (date pending)	NAMI Maryland Walks	College Park, Maryland Baltimore, Maryland

For more information on the events listed above please call the NAMI Maryland office at 410-863-0470 and ask for the listed contact or feel free to send us an e-mail at namimd@nami.org.

The director's desk from page 2

After the Governor releases his budget, it still needs to be approved by the legislature. Grassroots advocacy continues to be very important to ensure that further cuts are not made. In the Ask the Expert column, Lori Doyle offers excellent advice about how you can be effective in advocacy. Use these tips to pressure the legislature not to make any further cuts. This year, mental health advocates are joining other disability groups to advocate for an increase in the alcohol tax to support mental health, substance abuse and disability services. Your advocacy will help in this area as well. We will also be working with the mental health coalition to publicize real stories for government officials to hear.

These are hard times and your voice is needed to ensure that services are there for our loved ones. If you want to help, contact the NAMI Maryland office at (410) 863-0470. We will work with you to make sure that our voice helps preserve necessary services in Maryland.



CONNECTIONS is published quarterly by NAMI MD – National Alliance on Mental Illness of Maryland. Letters, articles, and responses are welcomed and encouraged. NAMI MD reserves the right to edit all submitted materials. Please submit all materials no later than the dates listed below:

- January 15, 2010 (Winter Issue)
- March 15, 2010 (Spring Issue)
- May 15, 2010 (Annual Report)

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Erica Sullivan – *Coordinator of
Programs and Publications*

Heather Reynolds – *Office Administrative
Assistant*

Contribute to NAMI Maryland so that we can continue our mission to improve the quality of life for persons diagnosed with serious mental illnesses and their families.

I want to make a difference by:

volunteering

making a contribution (circle one) \$50 \$100 \$250 other \$ _____

in memory of in honor of on the occasion of _____

Name _____

Address _____

City, state, and zip _____

Telephone _____

E-mail _____

To join NAMI or to make online donations, go to our website at md.nami.org or call your local affiliate. See page 8 for affiliate phone numbers.