

NAMI Maryland Education Conference

A steady drumbeat of rain didn't stop people interested in mental-health issues from attending the NAMI Maryland annual meeting on Thursday, November 4. People with mental illnesses, their families and friends, health professionals, and others converged at the Sheppard Pratt Conference Center, in Baltimore, seeing old acquaintances, meeting new ones, and listening to presenters on a wide-ranging list of topics, from helping combat veterans to mental-health advocacy. Early in the day, attendees were treated to an inspiring story of recovery by Suzanne Harvey, a NAMI Maryland board member.

Conference attendees were introduced to NAMI Maryland's new executive director, Kate Farinholt, though many already knew her. As executive director of the Metropolitan Baltimore NAMI for many years, Kate has been an outstanding NAMI leader and advocate. (For more about Kate, see her letter on the following page.)



Some of the workshops covered subjects of interest to mental-health consumers and their families, some to professionals (who were eligible for Certificates of Attendance), and some to both. Dr. Steven Sharfstein, Sheppard Pratt's president and CEO, led a session that addressed issues raised when someone with mental illness refuses care, which, he said, "creates conflicts between civil liberties and right to treatment.



Families are especially stressed when they cannot get timely care for a loved one who refuses care, despite obvious disability."

Health-care reform has been on everybody's mind lately, and a workshop on the subject answered a lot of questions about how the legislation will affect consumers.

Executive Director of the Mental Hygiene Administration of Maryland, Dr. Brian Hepburn covered health-related issues, and Daryl Plevy, Director of Maryland's Mental Health Transformation office, who covered legal issues. Don Slater, NAMI Maryland's vice president, found the discussion "lively and educational."

Other sessions covered drug addiction and mental health, older-adult caregivers, mental-health directives, the health status of people with mental illness, and how to expedite access to Social Security Disability Insurance and Supplementary Security Income (SSDI and SSI).

The conference included two keynote addresses: One, by Lisa B. Dixon, MD, MPH, a professor of psychiatry at the University of Maryland School of Medicine, gave clinical support to something many

of us have already experienced — the effectiveness of the NAMI Family-to-Family program. The other, by Dwight Dickinson, PhD, JD, chief of the Neuropsychology Laboratory at the National Institute of Health, spoke about cognition and psychosis in schizophrenia.

Suggestions for Future Conferences

Whether or not you attended the conference, we would like to get your comments and suggestions to help us plan future meetings. Are there topics you would like for us to cover? Would you be more likely to attend on a Saturday or Sunday than during the week? Is there a location you think would be more convenient for most Marylanders? Do you know of a company that would be interested in being a sponsor? Send us your suggestions and comments at info@namimd.org!

A few months from now, we will be organizing a committee to plan the 2011 conference, and we welcome your input so we can tailor the event to your interests and needs.

From the Director's Desk

Kate Farinholt



A few weeks ago, I accepted a job I'm very excited about -- executive director of NAMI Maryland. I left my post as executive director of NAMI Metropolitan Baltimore and began my new job on November 22nd.

I've been involved with NAMI for 15 years, first as a volunteer local and state board member and eventually as executive director of the Metropolitan

Baltimore affiliate, but I also have a personal connection. My sister has had paranoid schizophrenia since she was 11 years old, over 40 years ago. As many of you can understand from your own experiences, it has been a difficult journey for my sister and for my entire family.

Through the years, NAMI has played a major role in helping people like me and my family understand mental illnesses -- not only schizophrenia but also major depression, bipolar disorder, addiction, panic disorder, obsessive-compulsive disorder, and borderline personality disorder. But NAMI also has another vital role: advocacy.

NAMI's advocacy takes two forms: One is legislative and systems advocacy, in which we work to enlighten lawmakers and other decision makers so they will create legislation and reform systems affecting people with mental illness -- everything from health insurance to the criminal justice system -- with understanding rather than ignorance and fear.

The other is personal advocacy. All of us at NAMI are dedicated to empowering individuals to be the voice of mental illness. It starts with our programs, which include support groups and recovery-oriented programs run by people who have mental illness and their families, such as Peer-to-Peer and Family-to-Family.

Besides equipping individuals to deal with day-to-day issues, these programs give participants the resources they need to become ambassadors in the community, to provide information and foster understanding about mental illness among people of all kinds.

The NAMI community is filled with diverse members and volunteers who have valuable experience, insights, and a treasure trove of collective knowledge. We are the experts. And through us, NAMI has tremendous reach. Each one of us represents thousands of people. We all have networks, even though we may not think of them that way. We have neighbors, co-workers, friends, and relatives. We belong to social groups, athletic groups, book groups, special-interest groups, religious groups,

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From the President's Desk

Connie Walker, Capt, USN (Ret.)



In late November, the Drudge Report's feature headline was based on a Reuters article published in Chicago.

The headline appeared as an inch high black slash across the top of my computer screen and it said, "Nearly 1 in 5 Americans had mental illness in 2009." Typical Drudge, I wondered who at Reuters had just figured that out.

It turns out that the Substance Abuse and Mental Health Services Administration (SAMHSA) had just released the results of its 2009 National Survey on Drug Use and Health: Mental Health Findings, with this announcement: "Too many Americans are not getting the help they need and opportunities to prevent and intervene early are being missed."

Another news flash, don't get me wrong, I'm glad to see any news agency flash on this issue.

The Reuters' article focused on the impact of a record unemployment rate, noting that it's at a 25 year high. I was surprised that it didn't mention the poverty rate in 2009 -- 14.3%, which, according to the Census Bureau, is the highest it has been in more than 50 years. A search for a more comprehensive discussion about this survey and its findings led me to WebMD. It discussed the following: the prevalence rates of mental illness in various age groups, our nation's suicide and attempted suicide rate, mental illness and involvement in the criminal justice system; stigma as a continuing barrier to care ... in other words, all of the things that we've been talking about and working on to improve for years.

I hope the SAMHSA survey can help change attitudes and perhaps it can, if it receives the sustained national level and media attention required to get through to Congressional leaders, State and local government leaders, and simply stated, lots and lots of people throughout the entire country. At the very least, this survey will become one more excellent reference for NAMI to cite as we continue to say, "No more cuts. The mental health system of care in this country must be overhauled and reformed. Look at the problem. It's not just us and we're deadly serious. No more cuts. Meaningful change."

And then things will be quiet -- until the next news flash about another Virginia Tech ... or a desperate father, unemployed and newly homeless, driven to kill his family and himself ... or the ever-increasing number of people with mental illness incarcerated in prisons and jails ... or the alarming rate of PTSD and suicide in our Armed Forces and among our Veterans.

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2011 Public Policy Platform

Who are we?

NAMI Maryland is a statewide organization, with thirteen local affiliates, dedicated to advocacy for and education of persons with serious brain disorders/mental illnesses, their families and the community. NAMI Maryland advocates for the public and private resources needed to assure the availability, accessibility and quality of comprehensive mental health treatment and rehabilitative services throughout the State of Maryland.

Our Core Values

- The belief that services should be relevant to the consumer's culture and life experiences, and barriers to treatment such as lack of language access and lack of cultural competence must be eliminated.
- The recognition that mental illness is a brain disorder and should be treated with a level of understanding and competency equal to treatment of any other chronic illness.
- The acknowledgement that persons with mental illness can effectively manage this illness with proper treatment and support, and often recover and live healthy and productive lives and that they have a right to plan their own goals, advocate for themselves and choose their own advocates.
- The belief that the practice of blaming family members for the mental illness of their loved ones should be eliminated and, instead, that families be treated with understanding, compassion, and sensitivity.
- The belief that families should be involved in ongoing mental health treatment planning along with the consumer with the consumer's permission.

Recent Background from the 2010 Legislative Session

In the 2010 state legislative session, NAMI Maryland and its Public Policy committee focused heavily on working with a coalition of mental health and disability organizations to pass an alcohol tax targeted toward funding services for people with disabilities. Although it didn't pass, great progress was made in educating legislators and the public as well as in developing partnerships with other advocacy groups.

Due to budget constraints, Maryland's Department of Health and Mental Hygiene unilaterally made the decision to close the Upper Shore Hospital. The decision was based on the fact that funding for state psychiatric hospitals did not include a Medicaid match. Although it was viewed as a strategic cut by the department, there were concerns about mental health treatment for Eastern Shore residents that were expressed at that time, and that remain today. NAMI Maryland advocated for increased services on the Eastern Shore, which did result in some increased funding to the local Core Service agency, Mid-Shore Mental Health Systems, Inc.

There were significant cuts made to Maryland's health and human services funding in 2010, however, NAMI Maryland, in partnership

with the Maryland Mental Health Coalition, was successful in minimizing the projected cuts during the legislative session.

In 2011 NAMI Maryland will advocate for:

Financing of Treatment and Services

- Support revenue initiatives targeted toward increased funding for mental health services, for example, a dedicated tax on alcohol.
- Monitor the implementation of insurance parity and healthcare reform to ensure compliance with federal law, maximize benefits to persons with mental illness, and support policies that will ensure that public and private health insurers provide adequate mental health coverage.
- Continue to use funds for existing levels of care which provide services integration for the continuum of recovery-based mental health treatment and rehabilitative services. This includes Assertive Community Treatment (ACT) teams, 24/7 crisis services, and criminal justice diversion programs. As funding permits, expand these services to underserved communities, including in Maryland's rural areas.
- With the passage of the Affordable Care Act in 2010 and the establishment of the Maryland Health Care Reform Coordinating Council to assist in implementation of the Act in Maryland, the system for mental health care delivery and payment in the public and private arena is undergoing significant review and assessment. We will advocate that any changes that occur provide for comprehensive and integrated behavioral health care, ensure that a broad range of mental health services are provided and allow for expansion of services without loss of current services covered by public or private insurance.
- Ensure that there are policies which require private insurance companies to provide a full range of outpatient mental health services comparable to those provided by the publicly supported Medicaid system.

Access to Services

- Improve access to and availability of high-quality, culturally and linguistically competent and recovery-based mental health services that promote best practices in care for all individuals regardless of insurance status, ability to pay or geographic location.
- Ensure adequate hospital bed capacity is available. Acute and longer term inpatient treatments are vital components in the array of treatment interventions and services that are necessary to assure a timely and durable recovery from the symptoms of mental illness.
- Ensure that discharge planning and community reintegration are consumer-driven, with family participation whenever possible and appropriate, and that housing, supported employment, and adequate therapeutic and community supports are included.
- Ensure continuity of care and access to medications for consumers regardless of where they are being treated and particularly when

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In Memorium—Raymond Clive Watson



NAMI Maryland regrets the unexpected passing of one of its newest Board members, Raymond Clive Watson, on October 18, 2010. Clive came to serve on the Board of Directors with a long history of service in the mental health field and a true dedication to making a difference. During his short period of service he was able to quickly contribute to many discussions and help the Board chart a path for decisive action.

Clive's commitment to improving the lives of those with mental illness was reflected not only in his NAMI Maryland experience, but also in his work as the Adult and Elderly Services Coordinator for the Prince Georges County Core Service Agency. In this role he also served on committees of a variety of government departments and agencies, sharing his expertise with other leaders as he did with us. His devotion to education and advocacy was similarly reflected in his long membership in the Anti-Stigma Project, where he took yet another leadership role by facilitating an anti-stigma training in Prince Georges County.

Through his involvement for so many years in so many ways, he has touched many lives and left us with a wonderful example to follow.

Clive is survived by his wife, Ann Margaret, and two children, Chelsea and Matthew Watson.

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and business groups. We have informal networks of people we communicate with by phone, e-mail, text message, Facebook, Twitter, and LinkedIn.

Through those networks, we can educate people of all kinds, including community leaders and decision makers, and in doing so, we can improve not just the laws we live by but also the many other systems in our community -- criminal justice, education, even faith communities.

Help us spread the word. Leverage your networks. And if your personal networks include decision makers, community or business leaders, or people in the media, please let us know.

Together, we have the power to make a difference.



President's letter from page 2

In the 21st century when it looks like our nation is not yet poised to do more than what it's been doing and, given the economy, is apt to do less the work of NAMI Maryland and the work of our affiliates is more vital than ever.

Too many Americans are not getting the help they need and opportunities to prevent and intervene early are being missed.

—SAMSA 2009 National Survey

As we support and work with individuals and families throughout Maryland via our education programs, support groups, and services ... let's find a way, now, to grow them and do more.

As we engage as advocates in the 2011 legislative session in Annapolis, and in Washington, D.C., the only sure thing is another uphill battle. Being prepared will mean being informed, articulate, assertive, and agile in our communications.

Thank you for all you have done, and continue to do. We'll need to press even harder in the coming year. Working together, I am certain that we can and that we will.

Meet Karin Kramer



In January 2011, I joined the NAMI Maryland team as the new Communications and Fund Development Coordinator. Over the past 10 years, I have worked in marketing and development at the American urological Association, SAT-7, and the United Way of Hampton Roads. I am amazed by how many lives are touched with the small

staff of NAMI Maryland. I look forward to raising awareness about such an impactful organization.

Join Public Policy Committee Help review bills, formulate positions, or write testimony. This is a chance to make your voice heard in Annapolis. Contact NAMI Maryland at info@namimd.org. To view NAMI Maryland's Public Policy platform, go to www.namimd.org.

Family Advocacy for Supported Employment Project

*Bette Stewart, Consultant/Trainer
University of Maryland Evidence-Based Practice
(EBP) Center*

NAMI Maryland in collaboration with the Maryland Mental Hygiene Administration (MHA) is participating in the Johnson & Johnson – Dartmouth Community Mental Health Program’s Family Advocacy for Supported Employment Project. In August 2010, NAMI MD and MHA submitted a joint application to participate in the project, joining Connecticut, Illinois and Vermont (awarded in 2008), Missouri, Ohio, Oregon and South Carolina (awarded in 2009) and Kentucky, the District of Columbia and Maryland in 2010.

The goal of the project is to begin engaging and educating family members, consumers and family advocacy groups about the role of supported employment (SE) in recovery from mental illness. Many Maryland counties offer high-fidelity evidence-based supported employment programs for individuals in the public mental health system. This project can promote increased demand from consumers and family members, resulting in more individuals accessing this effective approach to employment.

The first step in the project was to develop a Family Advocacy Team. MHA identified areas in Maryland where there are established evidence-based supported employment programs, and local affiliates in those areas assisted in identifying individuals to participate on the Family Advocacy Team. The Team consists of Maryland NAMI family members and MHA staff dedicated to promoting awareness of SE in the state. Members include Donald Reed, a current Family to Family teacher in NAMI Montgomery County; Vanita Leatherwood, Director of Communications NAMI Howard County; DeDe Pucino, Vice-president NAMI Frederick County; Clarissa Netter, MHA Director of Consumer Affairs; Bette Stewart, volunteer coordinator for NAMI’s Family-to-Family Education Program, and

the Team Liaison to the State; and Steve Reeder, MHA’s Chief of EBP Services and EBP Evaluation.

The Family Advocacy Team attended a day and a half training, at Dartmouth College, focused on learning the principles and practices of supported employment then began to develop goals and a plan to promote consumer and family advocacy for supported employment.

As a kick-off activity, Bette Stewart and Steve Reeder introduced this project at the NAMI Maryland Education Conference November 4, 2010. It was evident from the questions raised that families are in need of accurate information about supported employment to help them become advocates for these services in their communities, to understand the important role work can play in recovery, and to encourage participation in this service.

The Family Advocacy Team is in the process of gathering educational materials as well as contact information for supported employment sites, in order for affiliates to use when responding to calls from consumers and family members. The team members will soon be available to present at NAMI affiliates’ monthly informational meetings. As the group begins its work in Baltimore, Howard and Montgomery Counties the team will welcome input from all Maryland affiliate chapters regarding families’ experiences with supported employment services.

The team is interested in comments or stories about you or your family member’s experience with a supported employment program or with any type of vocational program. Please send your comments to bstewart@psych.umaryland.edu. For more information on this project, please go to www.dartmouth.org and click on the J&J Dartmouth icon. For more information about supported employment go to <http://www.nrchmi.samhsa.gov/resource/supported-employment-evidence-based-practice-toolkit-48852.aspx>.

Program Overview

NAMI Maryland offers an array of education, support, training programs and services for consumers, family members, providers and the general public. Over the past year, the state of Maryland has benefited from the multitude of services provided by our affiliates.

PEER EDUCATION PROGRAMS FOR INDIVIDUALS AND FAMILY MEMBERS

NAMI Maryland’s peer-led education programs are wrapping up their fall courses and will graduate a crop of newly educated and empowered individuals and family members impacted by mental illness. In 2010 nearly thirty NAMI Peer-to-Peer and NAMI Family-to-Family Education courses have been taught across the state. Those thirty courses graduated over 350 people in participating affiliates. NAMI Maryland wants to thank all of the teachers, volunteers and staff members who have made this possible: your hard work continues to greatly help your community.

In November 2010 an In Our Own Voice presenter training was held at St. Mary’s Seminary in Baltimore, MD. Eleven people completed the training and will be conducting the In Our Own Voice Program in their local areas. With these new presenters we hope to surpass the 125 presentations completed this year.

PEER SUPPORT PROGRAMS FOR INDIVIDUALS AND FAMILY MEMBERS

Peer support programs are integral to NAMI’s central missions. Support groups are the backbone of grassroots support for those coping with the stresses of serious and persistent brain disorders. NAMI Maryland currently offers over 25 peer-led support groups through our affiliates for individuals living with mental illnesses or for their family members.

The NAMI Family Support Group is a structured peer support group model in which pairs of intensively trained individuals

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transitioning from institutional care to community living.

- Adopt incentives to increase and sustain a better qualified mental health workforce, including training for peer specialists, psychiatric rehabilitation paraprofessionals and direct care workers.
- Require that service providers prioritize access to services to people with serious and persistent mental illness, providing oversight and advocacy through well-trained care managers. Services should use an integrated consumer centered approach that may take professionals out of the traditional office setting to a location that is comfortable for the consumer.
- Provide solutions that support treatment of and assistance to individuals with severe mental illness who do not acknowledge their illness and/or resist treatment and who, without treatment and supports, present a danger in the community.
- Provide easily accessible emergency services, available 24 hours a day, seven days a week in professionally staffed crisis centers or psychiatric emergency departments.

Services and Supports for Adults

- Provide adequate, effective and coordinated mental health treatment and services in all areas of Maryland based on a Recovery Oriented System of Care model.
- Ensure that evidence-based practices are utilized to provide the most effective services.
- Provide coordinating services for consumers, such as case management, to assist in their recovery wherever they reside.
- Provide safe, affordable housing for individuals with serious mental illness.
- Ensure medical care and psychiatric care are coordinated to address the health needs of the whole person.
- Provide meaningful employment opportunities with supports available for all levels of abilities, including supportive employment programs and other programs to help individuals succeed in the workplace.
- Eliminate policies that create barriers to employment for individuals with mental illness.

Services and Supports for Children, Adolescents, Young Adults and Families

- Implement an effective, comprehensive, statewide system of care for children and youth with mental health needs and their families based on a Recovery Oriented System of Care model.
- Allow parents wherever possible to retain custody of their children, with adequate supports, regardless of their ability to pay.
- Provide limits on the use of restraint and seclusion for children.
- Train teachers, school counselors and primary care providers in early detection of mental illness and in making referrals to appropriate mental health professionals.
- Ensure that parents are full participants in their child's Individual Education and Treatment Plans.

Special Populations

- Ensure access to appropriate and timely services for veterans in all stages of recovery, regardless of discharge status or disability.
- Provide dual diagnosis programs for treatment for those with both substance use problems and a mental illness so that both conditions are addressed at the same time and, if possible, at the same site.
- Provide improved coordination and treatment for individuals with co-occurring disorders including substance use, developmental disorders and functional limitations.
- Develop policies that recognize and provide for the unique needs of aging caretakers of people with psychiatric disabilities.
- Develop suitable, non-discriminatory community residences and the same improved services for elderly persons with serious mental illnesses as for other adults.

Criminal Justice and Forensics Issues

- Ensure that individuals entering the criminal justice system are screened at point of entry for serious mental illness and co-occurring disorders and that provision is made for services to be provided to address their needs.
- Ensure that a statewide continuum of care is provided for persons with psychiatric or co-occurring disorders who become involved in the criminal justice system, including Crisis Intervention Teams (CIT), jail diversion programs, In-Prison Therapeutic Community (ITC) programs, mental health courts, and other forensic services, along with the supports necessary to provide safe and effective services in the community.
- Make provisions for post-release medication, identification, and access to treatment providers in the community.
- Recommend training for corrections, judicial, and law enforcement personnel to promote effective and compassionate interaction with people living with a mental illness.

Quality Monitoring, Accountability and Accreditation

- Improve data collection, promote outcomes measurement and ensure accountability in mental health services delivery, including promoting new technology to maximize service delivery.

Research

- NAMI Maryland supports both effectiveness and efficacy-based research, focusing on severe and persistent mental illnesses, especially those with marked burdens of disease.
- NAMI Maryland recognizes the wealth of research institutions within Maryland and supports efforts to collaborate across institutions, organizations and programs to develop research protocols to further investigation into mental illness and its causes and treatments.

For more information, contact Kate Farinholt, Executive Director, NAMI Maryland at: kfarinholt@nami.org or 410-884-8691

This platform was approved by the NAMI Maryland Board of Directors on December 30, 2010.



SAVE THE DATE!

Date	Event	Location
January 7-9, 2011	Connection Recovery Support facilitator training	St. Mary's Seminary, Baltimore, MD
February 8, 2011	Advocacy Day and Rally at the State Capitol	Annapolis, MD
February 25-27, 2011	Family-to-Family and Peer-to-Peer training	Maritime Conference Center
May 15, 2011	NAMI Walks for the Mind of America	Silver Spring, MD
May 21, 2011	NAMI Walks for the Mind of America	Baltimore Inner Harbor, MD

To be announced: Various teleconferences about mental health, mental illnesses and resources >>

Local NAMI Maryland Affiliates

- NAMI Allegany 301-724-2866
- NAMI Anne Arundel 443-569-3498
- NAMI Carroll 410-857-3650
- NAMI Cecil 443-955-4963
- NAMI Frederick 240-379-6186
- NAMI Harford 410-879-0111/410-893-4968
- NAMI Howard 410-772-9300
- NAMI Lower Shore 410-208-3328
- 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

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who have lived with mental illness in their families facilitate peer groups focusing on sharing useful information and problem solving.

NAMI Connection, a recovery-oriented peer support group program, is based on the same NAMI support group model in which pairs of intensively trained individuals living successfully with mental illness facilitate a structured support group. Adults living with mental illness share coping strategies and provide mutual support. There are 13 Connections groups presently running in Maryland and the number continues to grow.

For more information on attending one of the Maryland NAMI peer education or support programs or to learn what is necessary to become a peer facilitator or teacher, please visit www.namimd.org or contact Erica Sullivan at 410-884-8691 or esullivan@namimd.org. You can also contact your local affiliate or visit the NAMI National website at www.nami.org.

NAMI Maryland members and staff appreciate the generosity and participation of the many individuals and supporters who make possible the many invaluable NAMI signature programs available throughout Maryland.

Are you a NAMI affiliate leader? Are you a relative or an individual with a mental illness? A health care provider? A friend or employer? A concerned community member?

Make sure you get the notice of upcoming teleconferences of interest to YOU! Email us at info@namimd.org and put "NAMI Maryland Listserv" in the subject line.

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:

- Feb. 15, 2011 (Spring Issue)
- May 15, 2011 (Summer Issue)
- August 15, 2011 (Fall Issue)
- Nov. 15, 2011 (Winter Issue)

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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

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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 _____

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To join NAMI or to make online donations, go to our website at www.namimd.org or call your local affiliate. See page 3 for affiliate phone numbers.

Published quarterly. Submissions may be sent to the NAMI Maryland office. Views expressed are those of the writers and not necessarily those of our officers or funding sources. Newsletter materials may be reproduced without further permission, if credited. Financial statements available upon request.