

## NAMIWalks 2010 is a great success

We were lucky to have a beautiful day in May for the first year to have two NAMIWalks in Maryland. Everyone from NAMI pulled together to make both walks a success.

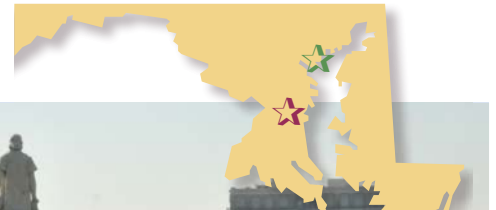
The Druid Hill Park walk was a great location and the crowds came out to show their support. Approximately, 1500 people gathered in front of the Maryland Zoo to “Stomp Out Stigma” and rally support for mental health services. Janet Edelman and Lynn Albizo offered welcome from NAMI Maryland. Kate Farinholt, Executive Director of NAMI Metro Baltimore offered a B’more welcome and acknowledged the beauty and historic significance of Druid Hill Park. Nollie P. Wood, PhD, M.P.H., Executive Director of the Mayor’s Commission on Disability Issues brought a welcome and acknowledgment from the Mayor Stephanie Rawlings-Blake. Cynthia Petion presented the proclamation from the Governor of Maryland designating May, Mental Health month and noting the significance of the walk and the goal of reducing stigma, educating the public and providing supports and services to improve the lives of individuals with mental illness. A special thanks to Stacey Harrison, Kate



Farinholt and the wonderful volunteers and staff at NAMI Metro Baltimore for all the hard work and wonderful teamwork in making the Baltimore walk a success. This group really stepped up to make everything run smoothly.

At noontime, another group of NAMI Walkers gathered at the University of Maryland, College Park in front of the Comcast

Center. A festive atmosphere prevailed as the D.J. played music and children played games and got their face painted. Erica Sullivan did a great job coordinating the College Park site and affiliate leaders, board members and volunteers all pulled together to make the event a success. In the noon heat, Janet and Lynn gave their second greeting of the day and Jim Chambers, of the



More Walk photos on page 8

Mental Hygiene Administration offered the Governor’s proclamation. Staff members, board members, affiliate leaders, students and volunteers all worked together to make the event a success. To date, we have raised over \$155,000 and counting. Donations are accepted through the end of June. You may donate online or send checks to NAMI Maryland.

## From the Director's Desk

### Lynn H. Albizo



This past year there have been significant national legislative changes in terms of health care reform and mental health parity. It will take several years for all of the benefits to be implemented but it is important that consumers understand and assert their rights.

Although Maryland already had a mental health parity law in place, there were major loopholes that that exempted self-insured companies, resulting in a large number of state and federal employees who work in Maryland and were governed by ERISA. Under the federal parity law, these entities are no longer exempt. In addition, federal parity applies both to mental health and substance use disorder benefits. The parity provisions apply for most plans beginning July 2, 2010. Any plan covering more than 50 employees that offers medical/surgical benefits and mental health and substance use benefits is included. In general, a plan may not apply to any financial requirement or treatment limitation to mental health or substance use disorder benefits requirement that is more restrictive than substantially all medical/surgical benefits in the same classification. The six classifications are (1) inpatient, in-network; (2) inpatient, out of network; (3) outpatient, in-network; (4) outpatient, out of network; (5) emergency care; and (6) prescription drugs. Currently, the major provider entities are legally challenging interpretations of what is required by the parity law in reference to non-quantitative treatment limitations. As consumers, we should be vigilant in asserting our rights and filing claims with the Maryland Insurance Administration if insurers are not providing mental health benefits on par with other health benefits.

In terms of health care reform, there are some important changes that may help those living with mental illness. Parents may now include their children up to the age of 26 on their health insurance plan even if the child is no longer a student. The Maryland Health Insurance Plan (MHIP) already exists to cover high-risk, uninsurable residents. Many states don't have anything like this yet. The federal law will expand the scope of MHIP and will allow residents to choose between the benefits provided by MHIP or a federal high-risk pool. Because Maryland already has a system for administering a high-risk pool, implementation of these benefits should occur relatively easily. Mental health consumers should also benefit from the prohibition of the preexisting condition limitation, required coverage of preventative services,

*Continued on page 4*

## From the President's Desk

### Janet Edelman



At the Annual Meeting on June 17 I will complete my term as president of NAMI Maryland. It has been my honor to serve as president for the past two years. I will continue to volunteer for NAMI on the NAMI Maryland Board, the NAMI-Howard County Board, and as chair of the NAMI State Presidents Council.

I am very grateful to Lynn and her staff who supported the Board, advocated in Annapolis for people living with a mental illness in Maryland, supported fundraising events, obtained grants to support our efforts, provided training statewide on NAMI signature programs, and provided technical assistance to the Affiliate Leaders.

Each president gets to move the organization forward in different ways, depending on the needs of the organization at that time. My tenure brought the need to respond to new IRS reporting requirements for nonprofits. As a result, we worked to document and improve our Board policies. We also increased Board participation in the workings of the organization by strengthening our committee structure. In addition, a re-write of our bylaws both to modernize them and bring them into line with NAMI national requirements will be presented for approval by the membership at the Annual Meeting.

I am very pleased that over the past two years that NAMI Maryland has been able to provide support to our local Affiliate Leaders in several ways. We hosted monthly teleconference calls through which Affiliate Leaders could learn about upcoming NAMI events, share ideas with their fellow leaders, and ask for advice from others who are in similar positions. In October 2009 NAMI Maryland hosted a weekend retreat for Affiliate Leaders featuring some fantastic presenters. As a result, several of our affiliates made strides in improving their own governance. NAMI Maryland provided additional opportunities for fundraising as the NAMI Walk first moved to College Park and then expanded this year to Baltimore. NAMI Maryland and its affiliates joined other mental health advocacy organizations on our very successful Annapolis Day in January for what I hope becomes an annual tradition.

I have enjoyed meeting and working with so many of you over the past few years. I hope that we can continue to work together to support NAMI's mission.

## EDUCATION AND SUPPORT GROUP PROGRAMS

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.

### EDUCATION PROGRAMS

NAMI Maryland proudly offers the following educational courses through participating affiliates:

- **In Our Own Voice**
- **Peer-to-Peer**
- **Family-to-Family**
- **Healthy Hearts and Minds**
- **Engaging Consumers and Family Members in the Transformation Process**
- **NAMI Basics**

In 2009 NAMI Maryland provided ten statewide trainings and three local trainings for participants to become mentors and facilitators in our signature education programs. Those who completed the statewide trainings provided 40 In Our Own Voice presentations, 16 Peer-to-Peer courses, 30 Family-to-Family courses (in English and Spanish) and 8 NAMI Basics Courses.

### SUPPORT PROGRAMS

Integral to 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 25 support groups for both family members and individuals living with mental illnesses offered through our affiliates.

NAMI Connection is a recovery support group program facilitated by and for adults living with mental illness. There are thirteen groups presently running in Maryland and the numbers are continuously growing.

### TRANSFORMATION

In April 2010 NAMI Maryland began work on the Washington County Mental Health Authority Transformation Grant Projects. The two projects include the Engaging Consumers and Family Members in the Transformation Process Project, also known as the Information Dissemination Project, and the Healthy Hearts and Minds Program.

Engaging Consumers and Family Members in the Transformation Process aims to increase the availability of mental health resources by strategically compiling important information on local mental health resources, local NAMIs, and other mental health-related services. These materials are then distributed to hospitals, emergency facilities, doctors’ offices and other similar businesses. Implemented by our affiliate organizations, beginning with five affiliates, this project will eventually be implemented statewide.

The Healthy Hearts and Minds Program is a four-part workshop designed to educate consumers, their families, and the community on the connection between mental and physical health. The workshops are taught by a team or trained presenters and two local guest speakers who present on an area of wellness and provide local resources for participants. Those who complete the course leave with a booklet of materials and many other tangible resources: a food diary, an individualized wellness plan, a nutrition guide, and simple exercises to increase body awareness. The course is currently offered through the NAMI Southern Maryland and Howard County affiliates.

For more information on attending one of the education or support programs offered by NAMI Maryland, or on becoming a facilitator, please visit [www.namimd.org](http://www.namimd.org) or contact Erica Sullivan at 410-884-8691 or [esullivan@namimd.org](mailto:esullivan@namimd.org). You can also contact your local affiliate or visit the NAMI National website at [www.nami.org](http://www.nami.org).

We at NAMI Maryland appreciate the generosity and participation of every single person involved in helping to make possible the invaluable programs offered throughout the state.

### 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

### 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

## Legislative Snapshot

NAMI Maryland had a very active Legislative Session despite the large number of bills that received unfavorable reports. NAMI members testified at hearings multiple times a week, composed written testimony for over 20 bills, and monitored many other bills that directly affected NAMI members. We are pleased to announce that a number of bills NAMI Maryland supported were passed and signed into existing law.

### MENTAL HYGIENE ADMINISTRATION (MHA) BUDGET

The mental health budget has been reduced in the past few fiscal years. Enrollment in the Public Mental Health System grew by 9% between FY 2008 and FY 2009. The Mental Health budget was not subject to significant reductions this year. Only grant monies to the Core Services Agencies were cut.

### SB 28 / HB 816 - Honorable Lorraine M. Sheehan Act to Protect Voting Rights for Individuals Under Guardianship for Mental Disability

Beginning June 1, 2010, individuals under a guardianship for a mental disability will be granted the right to register to vote.

### SB 761 / HB 1335 – Mental Health – Local Correctional Facilities – Incarcerated Individuals with Mental Illness

Requires a local detention center to provide access to a 30-day supply of psychiatric medication upon release to inmates who have been diagnosed with mental illness and who were sentenced to a term of at least 60 days.

### SB 540 / HB 269 – Child with a Disability – Individualized Education Program

School personnel must provide parents an accessible copy of any assessment, report, data, chart, draft individualized education program, or document at least five (5) business days prior to a scheduled meeting of the individualized education program team and parents.

### SB 204 / HB 11 – Student Stigma Act

Changed the term “emotional disturbance” to the term “emotional disability” in the statutory definition of a “child with a disability.”

### HB 973 – Public Schools – Maryland Youth Crisis Hotline – Distribution of Information

Requires each county board to provide the Maryland Youth Crisis Hotline number to students in grades 6 – 12 by printing the telephone number in the school handbook.

### SB 717 / HB 832 – Lorraine M. Sheehan Health and Community Services Act

Otherwise known as the “Alcohol Tax” or the slogan “Ten Cents Makes Sense,” this bill would have raised the tax on alcohol by ten cents a drink. This increased revenue, estimated to be \$214.4 million, would have been given to services that provide for mental health, substance abuse, developmental disabilities, and Medicaid expansion. Many mental health groups, including NAMI, worked together in an attempt to pass this legislation. However, this bill met strong opposition and did not pass this Legislative Session. Although the bill did not pass, NAMI is hopeful that a renewed effort next session will pass this legislation into law and provide much needed funds to mental health groups across Maryland.

*Executive Director's letter from page 2*

prohibitions on coverage limits and exclusions, and limits on policy restrictions. These insurance market changes will be required in 2010. The full impact of health care reform and the new parity provisions will not be known for a number of years. The mandate for individual and employer coverage will not be implemented until 2014. At that time premium credit and cost-sharing subsidies for individuals will be available, small business tax credits will be available, and state-based individual and small business exchanges will be operational. By 2014 prohibitions on lifetime limits, limitations on out-of-pocket costs, deductibles, and waiting periods will be fully implemented. Additionally, Medicaid benefits will be expanded to 133% of the Federal Poverty Level and childless adults will be added. Many insurers are beginning to make changes even before they are legally required. The barriers to receiving coverage for mental health services are beginning to come down as a result of these health care reforms. Families should make sure to take advantage of these changes and assert their rights to ensure compliance with the law.



# NAMI Maryland

## ANNUAL MEETING

JUNE 17, 2010

**Hickory Ridge Hawthorn Center**  
6175 Sunny Spring  
Columbia, MD 21044

### Vision Statement

NAMI Maryland is dedicated to the persons, families, and communities affected by mental illness.

### Mission Statement

NAMI Maryland is a grassroots organization dedicated to education, support and advocacy for persons with mental illnesses, their families and the wider community. Our mission is to improve the quality of life for individuals with severe mental illnesses and their families.

### Executive Officers

*President*, Janet Edelman  
*1st Vice President*, Connie Walker  
*2nd Vice President*, Don Slater  
*Treasurer*, Remo Molino  
*Secretary*, Johanna Snyder

### Board Members

Jerry Carr  
 Darlene Dockins  
 Stephanie Feldman  
 Gerri Gray  
 Suzanne Harvey  
 Renee Y. McDaniel, Ph.D.  
 Royal Riddick  
 Steven S. Sharfstein, MD

Lynn H. Albizo, *Executive Director*  
 Erica Sullivan, *Director of Programs*



### Business and Foundation Sponsors

#### Businesses

Bristol-Myers Squibb  
 Eli Lilly and Company  
 Howard County General Hospital  
 Innovative Resources  
 Interpublic Group  
 Magellan Health Services  
 Ortho-McNeil  
 Sheppard Pratt  
 Vanda Pharmaceuticals

#### Foundations

Daltorio Family Foundation  
 Lutheran Community Foundation  
 Edward St. John Foundation  
 Stanley Family Foundation

## Statement of Activities

For the years ended June 30, 2009 and 2008

	2009		2008	
	Unrestricted	Restricted	Unrestricted	Restricted
<b>Revenues</b>				
<i>Where the money comes from</i>				
Contributions and grants, membership	\$ 72,701		\$ 78,826	
Government grants and contracts	253,539		214,119	25,000
Nami Walks	90,786		110,508	
Investment	(7,262)		7,350	
All Other	6,413		9,084	
Released from restriction	29,902	(29,902)	40,805	(40,805)
<b>Total Revenues</b>	<b>\$446,079</b>	<b>(29,902)</b>	<b>\$460,692</b>	<b>\$(15,805)</b>
<b>Expenses</b>				
<i>Where the money goes</i>				
Personnel	\$226,293		\$215,548	
Office/Occupancy	183,141		140,752	
Walk	27,956		32,804	
Workshops/Affiliate Funds	86,156		71,728	
<b>Total Expenses</b>	<b>\$523,546</b>	<b>—</b>	<b>\$460,832</b>	<b>—</b>
Surplus/(deficit)	\$(77,467)	\$(29,902)	\$ (140)	\$(15,805)

## Balance Sheet

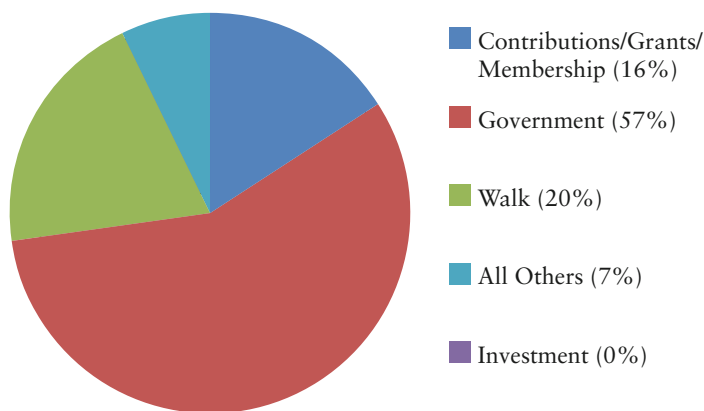
Fiscal years ending June 30, 2008 and June 30, 2009

	6/30/09	6/30/08
<b>Assets</b>		
Cash and cash equivalents	\$ 24,850	\$131,814
Investments	323,188	390,659
Grants and contracts receivable	40,476	47,883
Furniture and equipment	3,082	6,174
Other assets	11,465	9,260
<b>Total Assets</b>	<b>\$403,061</b>	<b>\$585,790</b>
<b>Liabilities</b>		
<i>Accounts payable and accrued expenses</i>	\$ 15,638	\$ 90,998
<b>Net Assets</b>		
Unrestricted	305,679	379,856
Unrestricted board designated Affiliate Fund	46,419	48,952
Unrestricted board designated Endowment Fund	35,325	36,082
Temporarily restricted	29,902	29,902
<b>Total Net Assets</b>	<b>387,423</b>	<b>494,792</b>
<b>Total Liabilities and Net Assets</b>	<b>\$403,061</b>	<b>\$585,790</b>

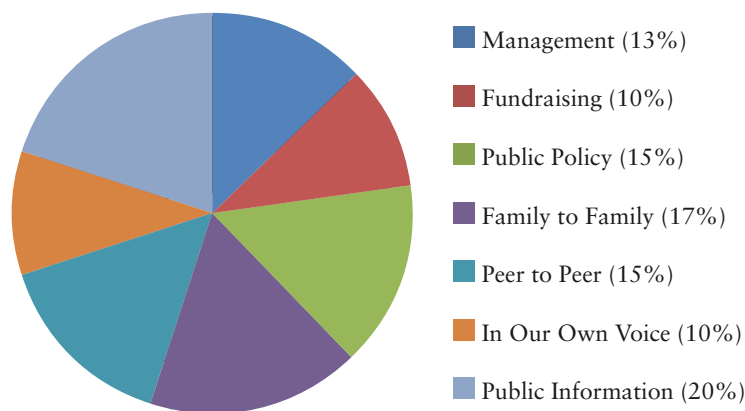
The complete Report on the Audits of the Financial Statements is available upon request

# 2009 ANNUAL REPORT

## Revenues



## Uses of Funds



## NAMI Maryland Education And Support Group Programs

**The Family-to-Family Education Program** is a free twelve-week course for relatives and caregivers of individuals with mental illnesses. NAMI trained family members teach the course and all materials are free for class participants. The course discusses treatment for mental illnesses and teaches skills to cope with challenge of living with a relative with a mental illness.

**NAMI Family Support Groups** are for relatives and caregivers of individuals with mental illness. The support groups are run by local affiliates and have facilitators trained by NAMI. These groups provide a caring atmosphere for individuals to share their common experiences while developing skills needed to cope with daily challenges.

**Peer-to-Peer: NAMI's Recovery Curriculum** is a free nine-week course taught by a team of trained mentors who are experienced at living well with mental illness. It is for persons with serious mental illness who want to establish and maintain their wellness and recovery.

**NAMI Connection: Peer Support Group Program** is a 90-minute weekly support group run by NAMI trained peer facilitators who live with mental illness for others who also live with mental illness. NAMI Connection is not illness-specific, and welcomes persons with all psychiatric diagnoses.

**In Our Own Voice: Living with Mental Illness** is an informational, outreach program on recovery, presented by trained persons who live with mental illness to professional and lay groups in the community and institutions. This program includes a video, personal testimony, and discussion. It is an opportunity for individual presenters to gain self-confidence, offer insight and provide hope to others by sharing their experiences.

**NAMI Basics** is a new signature education program for parents and caregivers of children and adolescents who developed the symptoms of mental illness prior to the age of 13 years. NAMI-trained parents and caregivers teach the free six week course and all materials are free for participants. Participants that complete the course leave with the fundamentals to care for their family and children with mental illness.



# NAMI Walks

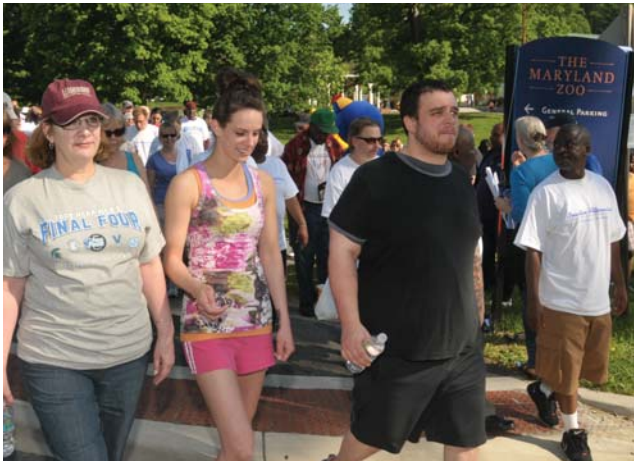
National Alliance on Mental Illness

★ BALTIMORE ★

# 2010

★ COLLEGE PARK ★





## Evidence-Based Practice: Family Psychoeducation (FPE)

Family Psychoeducation (FPE) is an evidence-based clinical intervention for mental health consumers and their identified family members. Family is defined as anyone in the community providing emotional support to the consumer. This could include parents, grandparents, siblings, significant others, spouses, friends or anyone involved in supporting the consumer's road to recovery from mental illness.

Most agencies offering FPE use the multi-family group model. Two practitioners (social workers, vocational or substance abuse specialists, psychiatrists, etc.) facilitate a bi-monthly meeting for several consumers and their families. Groups are illness-specific (meaning all the consumers have the same diagnosis - either schizophrenia or bi-polar disorder, currently, in Maryland) and are limited to six to eight consumers.

FPE has been around for many years and has a strong research base proving it to be a helpful intervention for consumers and their family members. Research has shown that consumers who attend the bi-monthly meetings for at least nine months have reduced psychiatric symptoms, fewer hospitalizations and an increased rate of employment.

The FPE model uses a strengths-based approach to address illness-related issues and concerns affecting the consumer's recovery.

Consumers, family members and practitioners partner in a collegial relationship to support the consumers' recovery goals. All members

**“Practitioners report observable improved relationships enjoyed by the consumers and their families.”**

of the group participate in the helping process, bringing their learned experiences to share with the other group members. The strengths-based approach takes into account that all people have strengths which may be untapped or unrecognized, and the multi-family group provides the forum to reveal

those talents. Two practitioners serve as teachers and mentors for the consumers and their family members.

Before the group meetings start, the two practitioners meet individually with the family member(s) and consumer in what the model calls joining sessions. Three joining sessions are the standard, with the option of additional meetings if the consumer or families need more education or support. In these sessions the practitioners, consumers and family members get to know about each other in a mutually respectful way. Since the relationship of the practitioners to the consumers and family is more mentor than therapist, these sessions are focused on how the illness has impacted all of the family members. Joining sessions also help the practitioner learn more about the consumer's life and goals before the illness onset.

Additionally, joining sessions allow the practitioner to build a relationship with all group participants before the actual bi-monthly meetings begin, and allow the practitioner time to explain the format and purpose of the group meetings. Following the joining sessions, and before the first group meeting, a full day Skills Workshop is held; it provides mental illness education, information about medications, side effects and different treatment modalities, and explores how mental illness affects all members of the family. This workshop presents an opportunity for the families to meet and get to know each other before the group meetings begin.

Once the multi-family groups begin, they meet for 90 minutes, and start and end with casual conversation, providing consumers and family members time to socialize with each other and the practitioners. The practitioners check in, one family at a time, to see how mental illness has impacted their lives since the last meeting. As they go around the group (called the Go-Round), one practitioner keeps track of the illness-related issues raised. When all families have shared, both practitioners briefly restate each issue, and one issue is recommended for the group to discuss and brainstorm possible solutions. The chosen family's permission to address their concern is requested and the consumer is asked to elaborate so the group has more detail about the nature of the issue.

Once the issue is clear, a problem statement is developed by the consumer and practitioner, and written for all to see. The group then discusses, and comes up with a list of possible solutions to the problem. At the end of this brainstorming, the practitioner reviews each possible solution by asking the group for any positive aspects (pros) and any negative aspects (cons) to implementing each of the solutions. Then, the consumer chooses one solution he/she is willing to implement over the next two weeks. Each step in the solution is clearly written, along with the person's name who will implement that step. The original implementation plan goes into the consumer's chart and a copy is handed to the consumer and family to help guide them while working toward the selected solution.

Consumers report satisfaction in the multi-family groups because they develop ongoing friendships with other group members. Families report improved relationships with their relative as well as with the other group participants. Some groups routinely meet outside of the group for social events, broadening the support and social networks of everyone. Practitioners enjoy getting to really know the consumers and their families and acknowledge the benefits they see for the consumers, such as reducing hospitalizations, reaching employment or independent living goals. Practitioners also report observable improved relationships enjoyed by the consumers and their families.

For information regarding where FPE is offered in Maryland, contact Bette Stewart at the University of Maryland Evidence-Based Practices Center, 410-646-5181 or [bstewart@psych.umaryland.edu](mailto:bstewart@psych.umaryland.edu).

## SAVE THE DATE!



Date	Event	Location
Thursday, June 17	Annual Meeting	Hickory Ridge Hawthorn Center
June 30-July 3	NAMI National Convention	Washington Hilton
July 16-18	Family-to-Family and Peer-to-Peer teacher training	Maritime Conference Center
November 4	NAMI Maryland Annual Education Conference	Sheppard Pratt Conference Center

For more information on the events listed above please call the NAMI Maryland office at 410-884-8691 and ask for the listed contact or feel free to send us an e-mail at [info@namimd.org](mailto:info@namimd.org).



## NATIONAL CONVENTION



**JUNE 30 - JULY 3, 2010**  
**WASHINGTON HILTON**  
**WASHINGTON, DC**

**RECOVERY AND REFORM:  
 THE ROAD FROM HERE**

To register visit <http://www.nami.org/template.cfm?section=Convention>

### 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](mailto:info@namimd.org). To view NAMI Maryland's Public Policy platform, go to [www.namimd.org](http://www.namimd.org).

**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:

Aug. 15, 2010 (Fall Issue)  
 Nov. 15, 2010 (Winter Issue)  
 Feb. 15, 2011 (Spring Issue)

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## NAMI Maryland

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National Alliance on Mental Illness*

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E-mail: [info@namimd.org](mailto:info@namimd.org)  
Website: [www.namimd.org](http://www.namimd.org)

Janet Edelman – *President*  
Constance Walker – *1st Vice-President*  
Don Slater – *2nd Vice-President*  
Remo Molino – *Treasurer*  
Johanna Snyder – *Secretary*  
Lynn H. Albizo – *Executive Director*  
Erica Sullivan – *Director of Programs*

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 [www.namimd.org](http://www.namimd.org) or call your local affiliate. See page 3 for affiliate phone numbers.