NAMI Mass Board members at the 2016 Walk
FROM LEFT TO RIGHT BACKGROUND: Ewa Pytowska, Deb Pacheco, Tom Scurfield, Jane Martin, Mathieu Bermingham, Constantine Souris, Michael Fetcho, Kathleen Considine, Steve Rosenfeld and Howard Trachtman.
MISSING FROM PHOTO: Robert Antonioni, Craig Davis, Bernice Drumheller, Kitty Dukakis, Mel Greenberg, Roy Lynch, Mary Jean Guidette and Ed Manzi, Jr.

THE NAMI MISSION

Our Mission: Improving the quality of life for people with mental illness and their families.

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

Our Values: Central to NAMI Massachusetts is a commitment to programs that are both peer-driven and family-driven; to the key concepts of recovery, resiliency, and support that are essential to wellness and quality of life; and to full and meaningful lives for all people.
In October 2016, we say goodbye to Steve Rosenfeld as our Board President who expertly served in this capacity for the last three years. We are indebted to Steve for his service and we are lucky that he will remain on the Board and has taken the time to groom his successor, Tom Scurfield.

His Board Presidency saw many positive, innovative changes at NAMI Mass. He oversaw a board that diversified its membership, participated in more fundraising events, and adopted a new Strategic Plan to reflect the many changes that have occurred on his watch and the progress we wish to make in the next five years. We applaud Steve for his many achievements as Board President. Some of his accomplishments are:

- Steve introduced our Spring Fundraiser which always features a special guest such as Senator Elizabeth Warren or actress Glenn Close and has been very successful. Typically, we raise over $80,000 which has allowed us to expand our programs.
- Steve initiated a Major Gift drive of $10,000 or more that also has significantly helped our coffers.
- Steve was instrumental in launching CEOs Against Stigma, (see page 9), our campaign to educate businesses from the top down about depression and anxiety being the leading causes of disability in the workplace, as well as single-handedly writing the first edition of *Bad for Business: The Business Case for Overcoming Mental Illness Stigma in the Workplace* that is given to every CEO and their Human Resources Director.
- Steve played a pivotal role in the formation of NAMI Boston and was its first President.
- Steve also played a major role in the overhaul of our resource helpline, called the COMPASS (see page 10). We now have a full time Director of the NAMI Mass COMPASS and a half time assistant. We use Salesforce customized for the helpline that contains information on housing, employment, substance use, insurance, et al. with new information regularly posted. Steve suggested forming an advisory board and now sits on this board. His commitment and loyalty to NAMI Mass is exemplified by his eagerness to be trained as a COMPASS Navigator — one of the volunteers who answer the COMPASS phone lines.
- Under Steve’s watch, NAMI Mass has brought on new programs like Peer-to-Peer which has taken off like a rocket and hired a Diversity and Inclusion Director to help our 21 local chapters attract people of color to our education programs and support groups as well as to encourage diverse communities to get mental health treatment.
- Perhaps most importantly, Steve was at the forefront of our development of the Criminal Justice Diversion Project, CJDP, (see page 6) including being Chair of the Advisory Board. Without his stewardship, NAMI Mass probably would not have the project today. You can see the change this program has accomplished in Police Departments in Cambridge, Brookline and Somerville, to name a few, and the extended training that new cadets receive on mental illness. NAMI Mass now has two staff working on our CJDP with a third person to be hired this fall.

His many years of board experience and fundraising, and superior knowledge of the mental health field, healthcare in the Commonwealth, and nonprofits in general has touched and educated every staff and Board member. His kindness has affected us all and we have all learned life lessons from him.

With enormous gratitude and thanks, we wish Steve nothing but the best and look forward to our continued work together.

Laurie Martinelli
Executive Director

Karen Gromis
Deputy Director
In Our Own Voice (IOOV) is one of NAMI’s signature programs, in which two trained presenters share their personal stories of recovery—from the dark days to where they are today and everything in between. Developed in 1996, IOOV harnesses the expertise of people in recovery recognizing that when we share our wisdom with others, everyone is helped. Anti-stigma research has shown that the best way to destigmatize mental health conditions is through direct contact with people who live with them. In FY 2016 the program grew substantially, we brought 309 In Our Own Voice presentations to 9,806 people across Massachusetts. In FY 2015, we did 209 presentations and reached 5,010 people.

**Highlights:** We were part of three hospital Schwartz Rounds presentations; spoke to DMH Commissioner Joan Mikula and all area directors; did a presentation for correctional officers with Sheriff Bowler and Berkshire County Corrections; spoke at the Attorney General’s office and at the Massachusetts State House, and an IOOV presentation officially became a curriculum requirement for all first-year students at Tufts Dental School.

**Trainings:** We held four presenter trainings this year (Boston 8/2015; Hyannis 3/2016; Northampton 4/2016 and Cambridge 6/2016) welcoming 43 new people to our team.

**Breakdown of venues:**
- Hospitals/residential units: 706 people “I learned I am not alone.” Carney Hospital Attendee
- CIT trainings: 163 law enforcement personnel
- Faith Communities: 401 people “To hear them speak, in their own voices lets me, as a family member, see that self-acceptance and freedom from stigma are possible.” Attendee First Parish Church
- Providers/human service agencies: 653
- Colleges/Universities: 2713 students “Seeking help for a mental illness can be scary... I think the most important thing that these presentations provide is the sense of hope that having a mental illness is something you can overcome and defeat. ...it’s a shame that mental illness is treated differently than any other disease or physical health issues such as cancer or breaking a leg.” Student from Tufts University
- High school students: 1911 students at nine different high schools “Today I learned that I am not alone, and it feels a little hopeful.” Student at Newton South High School
- Teachers: 127
- CEOs Against Stigma: reached 1335 people at work. “I felt at ease asking questions because the speakers were so open.” Attendee from Community Catalyst

**Basics**

We’ve found it hard over the last couple of years to maintain the momentum of previous years. We have now put Basics in the capable hands of Nancy Parker who directs the Allies for Student Mental Health (formerly Educating the Educators) program. We hope to offer Basics as a follow-up to Allies for Student Mental Health to school systems to educate parents and caregivers of children and adolescents living with mental health issues. Basics classes were held in Acton, Gloucester and Springfield in 2016. Nancy has already partnered with two local service agencies in offering Basics to the people they serve.
The Peer-to-Peer (P2P) program continues to grow and demand is exceeding supply. Every NAMI Mass Affiliate is eager to offer the program. As part of our goal to reach a wider audience, we held two classes at substance use recovery centers. Participants not only enjoyed the inspiration and hope that the program offers but were able to gain insight into how their substance use might have been a response to mental health challenges.

As each participant goes through the class, we see them learning the value of their experience, growing in confidence, making friends and creating a roadmap for their future that focuses on their growing ability to cope, make decisions and thrive in society.

Every class member now has the opportunity to create images and use them to express their hopes and dreams in a powerful way. The Expressive Digital Imaging (EDI), now an integral part of the Peer-to-Peer class, allows participants to give visual expression to their feelings and emotions.

Class members tell their stories to each other using words and the images they create. Some participants find that they can express in pictures what they find hard to share in words.

We had over 100 class participants in ten classes and we trained nine more mentors in Gardner, MA in June 2016.

Sharing the images with my loved ones helps them understand me more than they already do... One of the images I shared with my son made him cry — which he never does. So that’s how powerful these images can be.

Going in, I was uncertain if I could relate to a mental illness program but discovered new awareness about my mental health and substance use issues.
**Family Recovery Support Groups, FY 2016**

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**Spring Classes 2016**

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<td>Everett</td>
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<td>Lexington</td>
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The FY16 Family-to-Family (F2F) program saw a record number of classes — thirty three. Sixteen classes were offered in fall 2015 and seventeen more in spring 2016.

Sixty-eight volunteer teachers from seventeen Affiliates put their hearts and souls into the program to bring it to families, partners, friends and significant others of adults living with mental illness. Close to five hundred people across the state were able to benefit from this NAMI signature evidence-based course with most leaving with words of high praise and gratitude for their teachers and the materials.

In April 2016, NAMI Mass organized a F2F Teacher training in Western Massachusetts. Fourteen new teachers from six Affiliates received their certifications and most of them are already teaching. This training opened an opportunity to offer the program in a Western Mass area previously not covered. A smaller eight-person F2F Teacher training was held in January 2016 on Nantucket and covered the regional needs of our NAMI Cape Cod & the Islands Affiliate. Three trainees from NAMI Latino and South Shore Affiliates joined the Nantucket training.

NAMI National welcomed two new F2F teacher trainers to our organization. Sharon DeVos and Carolyn White from NAMI Cambridge-Middlesex volunteered to get trained at the NAMI national training in Washington, DC in April 2016.

Starting with fall 2015, NAMI Mass managed to move away from requesting the teachers to pick up participant manuals at the state office. Now all class materials are delivered directly to the teachers.

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**Connection**

This year, we have been evaluating the strengths of our Connection groups. Facilitators have received in-person tips for running their groups and help with recruitment. We recently trained 12 facilitators. This is allowing us to expand the reach of our programs into new geographical areas and provide much needed help to facilitators who are going it alone.
As advocates for people living with mental health conditions and their families, we are fully committed to ensuring the ability of all people to lead full and happy lives. Although one in five adults is living with mental illness today, 70% of those who receive services tend to drop out of treatment, according to a report, Engagement published by NAMI National in July 2016.

Nevertheless, we never give up! Instead, we’ve reached out to thousands of families and the people they love with mental health conditions to ensure access of quality services, care and coordination impacting 6,832 people in FY2016. This includes programs such as:

- **Sharing Hope** provides understanding of mental illness and stigma while building hope about recovery for African-Americans.
- **Diversity Trainings** raise sensitivity and awareness to implicit bias and microaggressions to increase team building.
- **Bridges of Hope** provides hope and understanding of mental illness for clergy, professionals and community members.
- **Compartiendo Esperanza** provides understanding of mental illness and stigma while building hope about recovery for people in the Latino Community.
- **Bilingual Immigration and Healthcare Event** (provides information and connection to services for Latino Community).
- **National Minority Mental Health Awareness Month (NMMHAM)** reached 34 libraries across the Commonwealth with a NAMI book exhibit.

**A list of Family Support Groups**

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<th>Acton</th>
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NAMI Mass offers Family Support Groups (FSG) throughout the Commonwealth to meet the needs of family members and caregivers. The Family Support Groups are led by two NAMI Mass trained facilitators who share their experiences and resources with the group. They are also trained in problem-solving skills. The groups provide a secure, nonjudgmental environment where caregivers can discuss concerns and benefit from the collective knowledge and experience of one another. As a result, the groups are action oriented, and participants leave each session feeling hopeful and empowered.

Currently, NAMI Mass offers 39 Family Support Groups. During FY2016, we trained 18 new facilitators who will lead even more groups in additional communities.
Criminal Justice Diversion Project

Now in its fourth year, NAMI Mass’ Criminal Justice Diversion Project (CJDP) continues its vital work at the local and statewide levels to prevent the unnecessary arrest and incarceration of people with behavioral health conditions.

Mental health training for police officers: We work at the state and local levels to help police access high quality training on mental health response and de-escalation skills.

Crisis Intervention Team (CIT) training for local police officers
- Over 200 police officers graduated from an in-depth, 40-hour CIT training as a result of a partnership between the city of Somerville, the Cambridge Police Department, and NAMI Mass.
- The number of departments involved expanded from 7 to 10, including Cambridge, Belmont, Brookline, Everett, Haverhill, Malden, Medford, Somerville, Waltham, and Weston as well as staff from Cambridge Health Alliance Public Safety and Pro Ambulance.

Statewide academy training for new police recruits
- New municipal police officers continue to receive expanded training on mental health response, as a result of NAMI’s partnership with the Municipal Police Training Committee and DMH. Over 3,000 new municipal police officers have received the 16 hours of interactive content, co-taught by an experienced officer and a licensed mental health clinician.

Community partnerships between police and behavioral health providers: The CJDP continues to work closely with local police and community partners to increase collaboration and develop strategies that divert people with behavioral health conditions from unnecessary criminal justice involvement and increase access to community supports and treatment. Highlights of this work in FY16 included:

I believe it is important for [police officers] to know that mental illness is treatable & that there are success stories.
Developed a regional first responder-mental health collaboration on the South Shore:
• Included participation from six police departments, two local hospitals, two ambulance companies, and the local emergency psychiatric service provider.
• Developed and piloted strategies to improve safety and access to care for people with behavioral health conditions who come into contact with police, including a police-hospital communication form.
• Facilitated monthly case conferences in Brookline and Medford to improve supports for individuals with complex behavioral health needs.
• Provided consultation to police departments regarding policies and procedures for mental health response.

Education:
• Facilitated working group on best practices in mental health safety planning between families and local police departments and developed educational materials.
• Provided education on information-sharing between criminal justice and behavioral health sectors.
• Conducted presentations to police leaders, providers, and community stakeholder groups to help dispel myths surrounding HIPAA and promote best practices in cross-system communication.
• Conducted presentations to over 200 police chiefs on best practices and strategies for departmental approaches to mental health response.

Advocacy: The CJD has been working with the legislature and other policymakers to develop two vital initiatives:
• Senate Bill S.2320: An Act to Establish the Center of Excellence in Community Policing and Behavioral Health
  A statewide resource for training, technical assistance, and evaluation aimed at reducing the over-representation of individuals with mental illness in the criminal justice system. The Center would support jail diversion in all communities in the state.
• Middlesex County Crisis and Diversion Center: A community alternative to jail and hospitalization for people with mental illness. The Center would be a comprehensive service center with 24-hour bed capability and a range of services to meet individuals’ complex needs. The CJD received an FY17 grant to conduct the planning activities necessary, in collaboration with the Middlesex Sheriff’s Office and other key stakeholders, to lay the foundation for the Center.

Allies for Student Mental Health
With one in five children in the US showing signs or symptoms of mental health challenges each year, schools are looking for ways to help them succeed.

Allies for Student Mental Health has evolved and grown as a popular offering to schools in Massachusetts to help educators understand emotional and behavioral issues. NAMI Mass provides a two-hour professional development program for teachers and other school personnel with a panel of experts to share their perspectives: a student who is a peer, a teacher and a parent. After three successful events in early 2016, we added the peer voice to the program, enhancing the understanding of mental health in students.

With exposure to superintendents at their Executive Institute in July 2016, demand for Allies for Student Mental Health has increased.
**Advocacy Day & Legislative Priorities**

We had another busy year on the Advocacy front. Our annual Lobby Day was held on April 8, 2016. Meeting with your elected official, or “lobbying for a bill” is all about “telling your personal story.” We use our Lobby Day at the State House to role play and give NAMI members and stakeholders “tips” about talking to their elected officials.

Congressman Joe Kennedy III was our keynote speaker; he was incredibly well received. The Congressman spoke about the broken mental health system and the “tireless work of patients and families who raised their voices and demanded change. Whether guaranteeing parity, increasing MassHealth reimbursement rates, or ending the harmful stigma surrounding mental illness... I am honored to stand beside advocates from across the Commonwealth as they bring this cause to the State House.”

Police Chief Craig Davis also spoke. He talked about the need to train police officers and first responders about mental health issues. Although a bit shy about tooting his own horn, Chief Davis has led the way first in the police department in Framingham and now as the Chief of Police in Ashland. In both towns, he established a Jail Diversion program where a clinician becomes part of the police department. Ashland now shares this program with nearby Sherborn and Holliston. Chief Davis also spoke passionately about the importance of the connection between training police and decriminalizing mental health.

Our FY 2016 Legislative Priorities are:

- The Department of Mental Health (DMH) budget. Funding for mental health services in the Fiscal Year (FY) 2017 legislative budget ended up at $761.1 million. This budget represents an increase over FY 2016 funding, with a notable increase in funding for residential behavioral health treatment.
- A big push for us late this year was a bill that Senator Jason Lewis filed as a late file:
  
  **Senate Bill #2320**  
  *An Act to Establish the Center of Excellence in Community Policing and Behavioral Health*  
  **Sponsored by Senator Jason Lewis**  
  Police officers are key first responders. With the right mental health training and partnerships, they can de-escalate situations, prevent unnecessary arrest or violence, and connect people to appropriate treatment and support. However, only 17% of police departments in Massachusetts have access to adequate mental health training. Without a cohesive statewide strategy, police efforts are disjointed and both officers and community members are at risk.

  **House Bill #786**  
  *An Act Requiring Mental Health Parity for Disability Policies*  
  **Sponsored by Representative Ruth Balser**  
  This legislation eliminates the discriminatory practice that allows insurance companies to end long term disability benefits for people with mental illness after two years, even as policies for those with a physical illness provides coverage while person is under care of doctor and until age 65.

  **Senate Bill #578**  
  *An Act Relative to Mental Health Certified Peer Specialists*  
  **Sponsored by Senator James Eldridge**  
  This legislation requires MassHealth to cover certified peer specialist services.

  **Senate Bill #1027 & House Bill #787**  
  *An Act to Require Health Care Coverage for Emergency Psychiatric Services*  
  **Sponsored by Senator Kenneth Donnelly and Representative Ruth Balser**  
  These two bills are identical and each requires commercial insurance companies to pay for behavioral health emergency services provided by emergency services providers (ESPs) across the state. Presently, children and adults who receive MassHealth benefits are covered by ESP providers but unfortunately, most children and adults with private health insurance are not. This must change.

  **Reimbursement Rates for Health Care Providers**  
  Behavioral health services are woefully under-reimbursed. From hospitals to clinics and everywhere else services are provided, there has been no coordinated effort to permanently improve provider reimbursement rates that will facilitate the delivery of high quality, integrated behavioral health care to all. As a result, many providers have reduced behavioral health services and abandoned this critical area of need.

  Our NAMI Mass advocacy won some relief as the FY 2017 state budget included about a $1.0 million increase for rates for behavioral health and substance abuse providers, and the Administration was able to get an additional $3 million to MassHealth for behavioral health rates as well.
During the summer of 2016, we hit the 100 CEOs mark in our quest to sign up 250 Massachusetts CEOs for CEOs Against Stigma. Pledged are Mayors, Sheriffs, Bank CEOs, mental health providers, and major hospitals in and around Boston including Peter Slavin from MGH, Elizabeth Nabel from Brigham & Women’s and Kate Walsh from Boston Medical Center.

We welcome everyone to browse the website ceos.namimass.org to learn more about this campaign.

A key aspect of the pledge is to present NAMI’s signature program In Our Own Voice (IOOV). Two people relate their stories of diagnosis through recovery and their successes, hopes and dreams accompanied by an 11-minute video. Time is allotted for Q&A afterwards. A leading researcher on stigma, Patrick Corrigan, indicates that IOOV is the most effective program he’s seen to combat stigma and bring understanding of what it is to have a mental health issue.

IOOV was presented at 34 organizations during FY2016, attending were 1,335 employees.

It is not unusual for an individual to disclose their own mental illness after an IOOV presentation. One such occasion happened at Tufts Health Plan:

Barrie Baker, MD, MBA holds three graduate degrees and is the Chief Medical Officer in the Public Plans division at Tufts Health Plan. Married for 25 years with two wonderful, grown children, Dr. Baker loves to travel, cook, and create art. Yet her success masks a personal secret she has held for a very long time — one which she believes others in the medical profession also keep. Now, to prompt others in the field and help erase the stigma that surrounds mental illness, Dr. Baker is revealing that she manages her own mental health condition. “It was good to hear others’ stories.”

Outwardly naturally cheerful and optimistic, Dr. Baker admits that she’s had thoughts of suicide and periods of depression since her youth. In her 20’s, she was initially diagnosed with Bipolar Disorder, and her first major depressive episode and suicide attempt came in her early 30s. That is when she experienced major stigma — in medical school.

Dr. Baker recalled her second year of medical school. She was hospitalized after a suicide attempt and missed six weeks of classes. Upon returning, she learned that another student — who had also missed six weeks of school due to mononucleosis — was given a chance to make up the semester. Dr. Baker asked that she be given the same protocol, but was denied. Dr. Baker says she was told that the other student had what was referred to as a medical illness. “I was required to drop out and repeat the entire semester with a different class,” says Dr. Baker. “I also learned to never mention my mental illness to anyone on a professional level again, especially in the medical profession.”

Dr. Baker is now a trained IOOV presenter — she has presented at several CEO venues. Employees are surprised to hear that she is someone who struggles with mental health issues and is a successful medical doctor. Dr. Baker hopes that by telling her story she will provide hope and courage to others living with a mental health condition.
The NAMI Mass COMPASS program has come a long way in FY16. We trained five new Navigators in January 2016 and have retained a core group that is invested in delivering invaluable information about the complex mental health system to our callers. Each case is unique and each caller treated as an individual. We train our Navigators to listen first to the caller’s concerns, ask important questions about the supports and resources available to the person who needs help, guide the caller toward local resources, and collaborate on an action plan for what to do next. Some calls and emails are straightforward, where the person is looking just for a support group or needs help finding a provider. Many calls are more complicated, requiring Navigators to tease apart the story into actionable items that correspond to resources in our database. We do a lot of prioritizing with callers, helping them identify what needs to be done today, tomorrow, and what can wait. It is sometimes helpful to offer a short-term resource that mitigates the immediate crisis, and additionally follow up with suggestions for more sustainable solutions to an ongoing problem. With each call, Navigators learn more, add resources to our growing database, and are better able to help the next caller.

In addition to our day-to-day helpline work, COMPASS has formed an Advisory Committee to guide the project’s progress and improve the quality of our work. Advisors include peers, family members, insurance plans, legal professionals, Emergency Service Providers (ESPs), Department of Mental Health (DMH) experts, Recovery Learning Communities (RLCs), and other helplines. Because our call data reflects a tremendous need for safe and supportive housing, Advisors have come together to improve our response to housing inquiries and more effectively track information about the deficits in housing resources statewide. Other top priorities include expanding peer support resources, improving response to DMH clients with complaints about services, and building a more comprehensive legal referral network.

In FY16, COMPASS fielded 2009 calls & emails
- 32% of calls/emails referred to support groups & NAMI programs
- 18% of calls/emails dealt with housing issues
  - About 40% of housing calls (we can say 2 out of 5 calls) had to do with homelessness or a person at risk of becoming homeless (due to eviction, for example)
- 17% of callers/emailers needed help finding a program or provider
- 9% of callers/emailers were in crisis or needed help planning for a potential crisis
  - Suicide came up in about one third of those cases (34.7%)
- 8% of calls/emails dealt with getting insurance or issues with insurance
- 6% of callers/emailers disclosed substance use as part of their stories
- 4% of calls/emails were about employment issues or finding employment
- 3% of calls/email had to do with youth mental health services

Thank you for all this information. You have been very helpful. It means a lot to me that you spent so much time listening to my story. I also just want to say that it made a difference to me that you told me that you live with a mental health diagnosis. It changed the dynamic of our conversation in ways that I don’t understand. Your personal sharing made it real; it allowed me to believe you when you affirmed my pain and my strength.
The NAMI walk is a great opportunity for people served, family members, provider agency staff and other friends to come together to raise awareness and reduce the stigma associated with mental illness. The combination of fresh air, exercise, and friends with shared values make this a special day ... one I wouldn’t miss. We appreciate the tremendous work that NAMI does and are proud to join with them on the NAMI walk each year.

Bill Sprague, Bay Cove Human Services

For the seventh year in a row, we were the top NAMIWalks campaign in the country out of 80+ NAMIWalks. When all was said and done we raised a stunning $661,462, surpassing our goal of $650,000.

We are grateful to our Volunteers, Team Captains, Walkers and their Donors, and our Corporate Sponsors. Together, they made the 2016 Walk a financial and community-building as well as stigma-busting success.

We distributed $113,000 to 18 NAMI Affiliates.

Our Lead Corporate Sponsor, Beacon Health Options with their team and sponsorship contributions out-did themselves and raised over $95,000. Generosity and the spirit of giving are alive and well at Beacon Health Options; we are so thankful.
NAMI Walkers Raise Funds

Our Gratitude is Boundless to those Walkers Who Raised $250 and Up

Eric Adelman
Paul Albert
Regina Aldhurst
Kim Anderson
Molly Anderson
Michelle Andrews
Melanie Pasko &
   Angela Deorssey
Catherine
   Antoinetti
Rachelle Araujo
Steffi Aronson Karp
Lily Awad
Nancy Bacher

Megan Chalek
Linda Chance
Kate Chen
Benjamin Chin
Kerry Chouinard
Rebecca Cioffi
Bever and Gregg Cobb
Roxane Cohanim
Walter and Brenda Conlin
Fred Conti
Gene Conti
Jennifer Cook
Jeanne Cooke
Kate Cordner
Elaine Farash
Aalana Feaster
Joseph Feaster
Dee Febba
Michael Fetcho
Beth Flannery
Michael Foley
Kendra Forbes
Jessica Frost
Idonia Gaede
Bernard Gallant
Karlie Garden
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<tr>
<td>Interest Income</td>
<td>Walk Payments to NAMI National and Affiliates</td>
</tr>
<tr>
<td>Net Assets Released from Restrictions</td>
<td>Total Operating Expenses</td>
</tr>
<tr>
<td>Used for Operations</td>
<td>Income from Operations</td>
</tr>
<tr>
<td><strong>Total Revenue and Support</strong></td>
<td>Unrealized Loss on Investments</td>
</tr>
<tr>
<td></td>
<td>Realized Gain on Investments</td>
</tr>
</tbody>
</table>

**Increase in Unrestricted Net Assets** | $81,406

### Functional Expenses FY 2015

**GENERAL & ADMINISTRATIVE** • 6.55%
**FUND RAISING** • 7.94%
**PROGRAM COSTS** • 85.5%
Our 5th Annual Spring Fundraiser on Sunday, April 3, 2016 with former U.S. Surgeon General Dr. David Satcher featured another huge crowd at Canary Square restaurant in Jamaica Plain, MA.

In December 1999, Dr. Satcher broke new ground when he released the first ever Surgeon General’s report on mental health. In Mental Health: A Report of the Surgeon General, Dr. Satcher highlighted the importance of increased attention to the mental health concerns that face our country. He also confirmed what NAMI Mass stakeholders know to be true: that with access to care, the help of family and the realization of health care parity, recovery is both real and possible. The event raised over $80,000.

The people of this country desperately need to engage in an open and honest debate about mental health. …We’re talking about creating an environment of support and caring where a person not only feels comfortable coming forward, but would be encouraged to come forward...  

> Dr. David Satcher