



# *Affiliate Toolkit*

*A guide to Operating  
a NAMI Affiliate*

**Spring 2005, 3<sup>rd</sup> Edition**  
**Presented by, Center for Leadership Development**



**The Nation's Voice on Mental Illness**

# *Table of Contents*

<i>Thank You</i> .....	1
<i>Introduction</i> .....	2

## **Part I:**

### *Affiliate Organization: A Guide to Governance of a NAMI Affiliate*

#### *Affiliate Board of Directors*

<i>Board Roles and Responsibilities</i> .....	3
<i>Officer Duties and Responsibilities</i> .....	5

#### *Organizing for Success*

<i>Bylaws</i> .....	7
<i>Committees: How Affiliates Get Things Done</i> .....	11
<i>Volunteers</i> .....	13
<i>Legal Matters</i>	
<i>Incorporating Your Affiliate</i> .....	14
<i>Non-Profit Tax Status</i> .....	14
<i>Consumer Involvement in NAMI</i> .....	15

## **Part II:**

### *Affiliate Operations: A Guide to Basic Operations of a NAMI Affiliate*

#### *Nuts and Bolts of Basic Affiliate Operations*

<i>Member Services</i> .....	18
<i>Membership and Dues</i> .....	19
<i>Web-based Membership</i> .....	19
<i>Suggested Member Records</i> .....	21
<i>Recruiting New Members and Retaining Current Ones</i> .....	22
<i>Integrating New Members into the Affiliate</i> .....	23
<i>Meeting Facility</i> .....	23
<i>Post Office Box</i> .....	24
<i>Bulk Mail Permit</i>	
<i>Bank Account</i>	
<i>Financial Records</i> .....	25
<i>Affiliate Communications</i> .....	26
<i>Funding Your Affiliate</i> .....	27
<i>Computer Support</i> .....	28
<i>NAMInet</i> .....	29

**Part III:**

*Affiliate Programs: A Guide to the General Activities of an Affiliate*

*Opportunities to Serve*..... 32

*Support*

*Affiliate Contact Person(s)* .....33

*Support Groups* .....34

*Education*

*NAMI Signature Programs* ..... 35

*Public Education/Community Relations*..... 35

*Your Affiliate Newsletter* ..... 39

*Newsletter Goals*

*Advocacy*

*Advocacy at the Affiliate Level* .....44

*Community Action Projects* .....44

*Legislative Contact* .....45

*Tips for Effective Legislative Interaction* .....46

*Contacting Legislators* .....46

*Affiliate Checklist for Excellence*.....48

*Time for a Tune Up* .....49

**Part IV:**

*NAMI: Information about Your State NAMI Organization 50*

*Contact Information and Staff*

*Board of Directors*

*NAMI “State” Bylaws*

*Current Strategic Plan*

*Affiliate Contact List*

**Part V:**

*NAMI National: Information about the National NAMI Organization*

*Contact Information* ..... 3

*Board of Directors*.....4

*NAMI National Bylaws* .....5

*Current Strategic Plan* .....16



# *Thank You*

Thank you for offering your time and energy to your NAMI affiliate. Because of your commitment to our cause and your willingness to serve, we can—and do—have a lasting positive impact on the lives of families and mental health consumers living with mental illness throughout our country.

If you're a first-time officer, director or committee chair of your affiliate, you may feel overwhelmed with your new responsibilities. If you're a seasoned veteran, you may be looking for fresh ideas to revitalize your affiliate. In either case, the NAMI Affiliate Toolkit has been created for you.

Use the Toolkit to—

- Educate and orient new affiliate leaders.
- Build understanding and consensus about our organization's mission and goals among your members.
- Provide officers and committee chairs the information and perspectives they need to do their jobs more efficiently and effectively.
- Ensure affiliate practices meet NAMI organizational standards.
- Adapt ideas and strategies that have worked for other affiliates to yours.
- Help organize your affiliate and its activities.
- Help identify your affiliate's annual "action plan" activity(s)

The NAMI Affiliate Toolkit will be updated on an annual basis. Thus, every year the new edition will include changes made at that national and state level to include the most up-to-date information.

The NAMI Affiliate Toolkit will also be available online on the NAMI Website, [www.nami.org](http://www.nami.org), in the members only section under State Relations. You can print pages directly from your computer to give to volunteers and committee chairs to help them in their affiliate leadership roles.

## *Call Us. We Can Help.*

The Affiliate Toolkit is a supplement—not substitute — for the support services your state and national offices provide. Besides using the Toolkit for ideas, training and reference, we urge you to work directly with NAMI National and/or state staff to receive support and guidance tailored to your affiliate's individual situation, resources and needs.

Please let us know if you have any questions or suggestions for improving The Affiliate Toolkit by contacting the NAMI State Relations Department at 1-888-999-6264 ([www-NAMI](http://www-NAMI)). Thank you, again, for your service to your affiliate.



# *Introduction*

As the blades of grass in our logo symbolize, NAMI is a grassroots organization that is dedicated to the eradication of mental illness and to the improvement of the quality of life of those whose lives are affected by these diseases (NAMI By-laws, July 2002).

NAMI is a service and action-oriented organization that brings communities together: to advocate for improved services and laws that govern the care of people with mental illness; to combat the stigma that surrounds mental illness; to support individuals and families in their path to recovery; and to educate individuals, families and the public on the nature of these diseases and their treatment.

NAMI focuses its efforts on serious mental illnesses caused by brain disorders that can affect the ability to think, feel and relate to other people and the environment. For adults, serious mental illnesses include schizophrenia, major depression, bipolar disorder (manic depression), obsessive-compulsive disorder, panic disorder and other brain disorders. For children and adolescents, serious mental illnesses include those experienced by adults as well as attention deficit disorder, autism, pervasive developmental disorder and Tourette's syndrome.

Membership consists of: people of mental illness, their family, friends and mental health care professionals (NAMI By-laws, July 2002). Our financial support comes from member donations, corporate, federal and state grants and other philanthropic grants.

With an estimated 20 percent of families affected by mental illness, our organization's membership represents only a small fraction of those who could benefit from our services and add their voices to ours. As a leader of your affiliate, you can nourish our grassroots by extending support, education and advocacy opportunities to individuals in your community.

For more information contact the NAMI National office at:

NAMI  
Colonial Place Three  
2107 Wilson Boulevard, Suite 300  
Arlington, VA 22201

Phone: 1-888-999-6264  
Website: [www.nami.org](http://www.nami.org)



# *Part I: Affiliate Organization*

*A Guide to Governance  
of a NAMI Affiliate*



# *Part I*

## *Affiliate Organization*

Clearly, the best-run affiliates are the ones that are the best organized. They have formulated bylaws, elected officers and appointed committees, developed policies and procedures and have volunteers in place to handle key affiliate functions, such as answering calls, holding meetings and collecting dues.

### *Affiliate Board of Directors*

#### *Board of Directors Roles and Responsibilities*

The Board of Directors will:

- Prepare and submit affiliate bylaws for member approval
- Establish goals, priorities and strategic plans for the affiliate
- Determine how the affiliate spends its money
- Develop general policies and procedures for operating the affiliate
- Establish committees and appoint committee heads
- Create task forces to handle special projects
- Help members develop leadership skills to qualify them to hold affiliate offices and encourage turnover among affiliate leaders

#### *Suggestions on Setting Goals, Priorities & Strategic Plans*

- Survey your members annually to find out what programs and projects they want and need most.
- Include questions about skills, interests and the types of tasks and projects members want to work on.
- Schedule a planning retreat soon after your affiliate elects its officers and board members.
- Work with your state office staff and/or Board to incorporate important state and national initiatives
- Make general long-range plans for membership growth, program growth and funding growth you anticipate during the next year or two.
- Discuss and reach consensus on your affiliate's three most important priorities. Make strategic plans and allocate affiliate resources to address your affiliate's priorities.
- Make specific plans for programs, projects and activities during the upcoming year.
- Outline responsibilities and tasks for the upcoming quarter and identify the member(s) who will see that they get done.
- Construct a budget that reflects expected revenue and expenses for your planned activities.

All affiliates should elect officers, including—

- President
- Vice-president (Note: Some affiliates elect a first and second vice president.)
- Secretary
- Treasurer

Normally, one person serves in each office, but in some affiliates, two members share an office. In addition to electing officers, your members may also elect at-large board members to represent them on your affiliate’s Board of Directors.

All affiliate officers and directors are expected to—

- Understand the affiliate’s mission, services, policies and programs.
- Identify key political issues and decide how the affiliate will address them.
- Establish policies for the affiliate’s relationships with area mental health programs and other organizations with similar interests and goals.
- Develop policies for the support services the affiliate will provide to individual members.
- Set policies for length of officers’ terms, elections and other operational matters.
- Attend and participate in all board and membership meetings.
  - Keep meetings focused on a single purpose—education *or* support *or* affiliate business. Schedule separate sessions for each function.
  - Prepare a simple written agenda for meetings and stick to it. If possible, mail, fax or email a copy of the agenda to meeting participants in advance.
- Attend affiliate functions and special events.
- Serve on committees that can benefit from the board member’s area of expertise

#### *Notes About Responsibilities & Tasks*

In the smallest of our affiliates, the officers *are* the members—all of them. For those officer-members, being *responsible* for a task means *doing* the task. Ideally, for the rest of our affiliate leaders, accepting responsibility for seeing that a task gets done means breaking it down into manageable pieces and *delegating tasks to members*.

Why is delegation so important? Here are a few of the many reasons:

- Delegation allows affiliate members to share the work—and the satisfaction that comes with working together on a successful project.
- Delegation allows more members a chance to be interested and involved in your affiliate. When a few officer-members keep all the responsibilities *and all the tasks* to themselves, newer members or those who feel outside your affiliate’s “inner circle” lose interest and lose the chance to feel they belong.
- Delegation helps minimize the burnout that comes when too few members take on too much work.
- Delegation allows your members opportunities to develop the knowledge and skills they need to head committees and hold offices. This is how your affiliate develops new leaders.
- Delegation of tasks frees officers to concentrate on leading and managing the affiliate. By shifting from a task orientation to a leadership orientation, your officers and board members can concentrate more on planning, setting goals and establishing priorities.

# *Officer Duties and Responsibilities*

## *President*

- Works with other officers and board members to develop long-range plans and set priorities for the affiliate.
- Works with members and officers to develop an annual operating plan that includes an annual budget.
- Plans, schedules and presides over board and affiliate business meetings.
- Chairs the affiliate's executive committee.
- Calls special meetings when needed.
- Appoints members to chair affiliate committees.
- Oversees affiliate operations to make sure essential tasks are getting done.
- Serves as the affiliate's primary contact with the state and national organizations.
- Reviews and responds to mail and messages from the state and national offices.
- Acts as the spokesperson for the affiliate.

## *Vice President*

- Attends all board meetings.
- Serves on the executive committee.
- Manages special projects as requested by the president.
- Takes over the president's responsibilities when the president is absent.

## *Secretary*

- Attends all board meetings.
- Serves on the executive committee.
- Notifies members about upcoming meetings.
- Records and reports minutes of all board, executive committee and business meetings.
- Takes on the president's responsibilities when the president and vice president are both absent.

## *Treasurer*

- Keeps the affiliate's financial records.
- Reports financial information to officers, directors and members.
- Prepares operating budgets and monitors spending.
- Collects dues and other affiliate revenues.
- Forwards dues collected from affiliate members for the state and national organizations, along with a statement showing the exact amounts due to the state and national organization by December of each year.
- Manages member records.
- Supplies the state office with current information, including members to be added or deleted from the affiliate roster and address changes.
- Notifies the state office promptly of changes in affiliate officers or contact persons.
- Collects and classifies donations to the affiliate as gifts from individuals, gifts from organizations or grants.
- Pays bills.
- Files appropriate tax forms and reports.

### *Notes for the Treasurer: Keeping Books & Records*

- Keep accurate records of the income your affiliate receives, the money it spends, the value of any assets it owns and the amount of any money it owes.
- See the “Financial Records” Section in Part II, Affiliate Operations for a suggested chart of accounts.
- Add new members immediately to your affiliate’s mailing list for newsletters and meeting notices.
- Utilize the NAMI web-based membership system for promptly updating member records as members’ addresses and other information changes.
- Develop a system for sharing current member information within your affiliate and with the state office.

### *Notes for the Treasurer: The Budget*

- As the end of your affiliate’s fiscal year approaches, begin work on a budget for the upcoming year, using financial records from previous years as a guide.
- Provide past financial reports to your affiliate’s board, committee heads and program coordinators to use as a guide and ask each of them to prepare a proposed budget for the coming year’s income and expenses in their areas of responsibility.
- If your affiliate plans to recruit new members, be sure to factor in the additional variable costs to serve them, such as increases in newsletter printing quantities, postage and refreshments.
- Keep financial records up to date and review them at least quarterly. Compare actual income and expenditures to budgeted amounts and make adjustments as needed.

# *Organizing for Success*

## *Bylaws*

If your affiliate has not already done so, you will need to develop and adopt bylaws immediately. Sample affiliate bylaws that meet NAMI standards are provided below. We recommend using this sample as a framework for developing or reviewing your own affiliate bylaws. Based on the size and activities of your affiliate you may want to exclude, clarify or revise the wording. **Don't forget to have your state NAMI office and/or the national office review your bylaws and any revisions before they are adopted, and send each a final copy when approved.**

*Please note that suggestions and guidelines have been denoted with \*\*\*\*'s and should not be included in your final copy.*

## *Sample Affiliate Bylaws*

### **I. Mission**

- A. To provide support, education and advocacy for people with mental illness and their families.
- B. To promote better quality of care, rights and interests of people with mental illness, particularly of those who cannot speak for themselves, and to advocate policies at the local, state and national levels to accomplish these objectives.
- C. To help families and friends of people with mental illness by providing emotional support, education and information.

### **II. Membership**

- A. Membership is composed primarily of people with mental illness, their families, friends, mental health providers, and/or allied professionals, and people in the community.
- B. Members in good standing are eligible to hold office and vote in person or by proxy on all motions considered at general membership meetings.
- C. Control of this organization rests with the members. Any action of the Board of Directors is subject to review and approval by a majority of the membership present at a meeting. Any member may request that any action or motion be tabled or rescinded by a majority of the membership at a regular meeting or a special meeting called for the purpose.
- D. The organization shall be independent of other agencies and advocacy groups not affiliated with NAMI, and shall not share bylaws, articles of incorporation, or boards of directors with such other groups.

### **III. Dues**

- A. Affiliate members pay dues yearly as established by the Board of Directors.
- B. The local or state Board of Directors may waive dues for individual members at their discretion.

#### **IV. Membership Meetings**

- A. Regular meetings of the membership will be held once a month except in July and December.
- B. The March membership meeting is designated as the Annual Meeting for the election of officers.
- C. Special meetings of the members may be called by the President, the Board of Directors or on request of five or more members.

#### **V. Fiscal Year**

The fiscal year begins January 1 and ends December 31.

#### **VI. Board of Directors**

A. The Board of Directors will have no more than nine\*\* members including the five elected officers—president, first vice-president, second vice-president, treasurer and secretary. The officers may elect by majority vote as many as four additional directors from among the affiliate members to serve concurrent terms.

\*\* The number of directors is flexible depending on state law. The BOD can be comprised of between three and fifteen members

#### **VII. Terms of Office**

- A. The officers' regular term of office is two years, continuing until the election of their successors.
- B. The immediate past president serves as an ex-officio member of the Board of Directors.
- C. The Board of Directors may replace any director or officer who has failed to attend three consecutive board meetings. After giving reasonable notice to the director or officer involved, board may declare the office vacant.
- D. The board will elect replacements to fill vacant elective positions except for the office of president.

\*\* Consider limiting officers and members to two consecutive terms

\*\* Consider requiring officers and members to take a year off from holding office after serving two consecutive terms. (Of course, these former board members can head committees and task forces during their year off from the board.)

\*\* Stagger terms of service so that one half or one third of the board members are elected every one or two years for terms of two to three years. The initial board members may be placed in three classes A, B & C for staggering purposes.

#### **VIII. Duties of Officers**

A. The president presides at all meetings of the members and of the Board of Directors. The president appoints chairpersons for all committees except the Nominating Committee, with the

approval of the Board, and supervises their work. The President acts as the affiliate's executive officer and, in general, performs the duties usually associated with the office of president.

B. The first vice president succeeds the president in case of a vacancy in that office and performs the duties of the president in his absence or due to disability. The first vice president undertakes other responsibilities assigned by the president.

C. The second vice president succeeds the first vice president in case of a vacancy in that office and performs the duties of the first vice president in his absence or due to disability. The second vice president undertakes other responsibilities assigned by the president.

D. The secretary handles correspondence for the affiliate and records minutes of all meetings of the membership and the Executive Board.

E. The treasurer receives and disburses all the affiliate's funds and maintains a complete and accurate account of all funds received and disbursed. The treasurer provides members an annual financial report listing all receipts and disbursements by budget category after the close of the fiscal year.

### **IX. Authorization to Spend Affiliate Funds**

A. The treasurer is authorized to pay as much as \$50 in a given month for any valid office expenses for supplies, printing or postage. All other disbursements of funds must be approved in advance by either the Board of Directors or the membership.

B. The Board of Directors, by approval of at least three of its members, may authorize expenditures of as much as \$200 in one month for any expenses deemed appropriate to the mission of the affiliate. The board will use discretion in authorizing expenditures and will seek membership approval when possible.

C. Expenditures not approved by the Board of Directors or in excess of \$200 must be approved by a majority vote of members in good standing at a regular membership meeting.

### **X. Elections**

A. Officers are nominated by a three-member Nominating Committee appointed by the president and including at least one member who is a past president of the affiliate.

B. After securing the consent of the nominees to serve if elected, the Nominating Committee prepares a slate of candidates for election as officers.

C. Officer nominations are permitted from the floor provided the candidate is a member in good standing and has agreed to serve if elected.

### **XI. Standing Committees**

A. The Executive Board creates suitable standing committees as needed.

B. The Board of Directors may create special committees as needed.

### **XII. NAMI Name and Logo**

A. This Organization acknowledges that NAMI controls the use of the name, acronym and logo of NAMI and AMI, that their uses by this corporation shall be in accordance with NAMI policy.

B. Upon termination of affiliation with or charter by NAMI, the uses of these names, acronyms and logo by this Affiliate member shall cease.

### **XIII. Non-Discrimination**

This Organization shall not discriminate against any person or group of persons on the basis of race, disability, creed, sex, religion, or age in the requirements for membership, its policies, or actions.

### **XIV. Parliamentary Authority**

A current edition of *Robert's Rules of Order* shall govern the conduct of business in all cases in which they are applicable and not in conflict with the bylaws.

### **XV. Executive Director**

An Executive Director may be employed by the Board of Directors and shall have general direction of and supervision over the day-to-day affairs of the organization. The Executive Director shall exercise such authority and perform such duties as the Board of Directors may from time to time assign to the Executive Director.

### **XVI. Amendments**

Any proposed amendment to the affiliate bylaws is to be presented in writing to the entire general membership at least three weeks before the meeting at which it is to be voted on. Ratification of the amendment requires a favorable vote by at least two-thirds of the members in good standing present at the meeting.

\*\* Consider a dispute resolution clause that resembles that of your state bylaws.



## *Committees: How Affiliates Get Things Done*

Most of the work of affiliates gets planned, organized and accomplished by committees. The board decides how many committees your affiliate needs and their leaders, sizes, names and areas of responsibility, based on available personnel and service priorities.

How your affiliate organizes and assigns jobs is up to your board. The important thing is to get the jobs done. To help your members do their jobs better, we encourage you to share with them the appropriate lists of tasks, notes and tips which follow.

### *Committee Chairperson Duties*

- As committee chairperson, your job is to plan programs and projects and *see that tasks get done* on schedule.
- You are not expected to do all the tasks yourself. Instead, give members a chance to get involved by taking on specific task assignments.
- Recruit enough committee members to handle tasks comfortably.
- Assign tasks so that all committee members get to make a meaningful, manageable contribution to the program or project.
- Assign tasks based on members' experience, skills, interests and available time.
- Prepare written lists of responsibilities, guidelines and goals for the committee (see sample Committee Description Template below).
- Check with members regularly to see that work is proceeding on schedule.

### *Committees Providing Support Services*

The committee or committees in charge of your affiliate's various support services are responsible for functions including—

- Appointing and *training* one or more members to serve as the affiliate contact.
- Appointing additional referral contacts within your affiliate to support young families and consumers.
- Seeing that interested affiliate members participate in support group training to prepare affiliate members to lead support groups.
- Organizing ongoing support groups led by trained facilitators to meet the needs of the community (such as support groups for family members, people with mental illness, young families, etc). Arrange for all on going support groups facilitators to be trained.
- Organizing ongoing support groups run by and for people with mental illness.
- See *Support* section under Programs in Part II for more information

### *Committees Providing Education Services*

## **The responsibilities and tasks for the committee or committees your board appoints to help**

- Recognize and respond to members' varying needs by planning both basic educational programs for newer members and more advanced programs for established members.
- Plan special events to engage and educate the public about mental illnesses.
- Recruit affiliate members to teach family/consumer and community education courses. Designate a speaker bureau consisting of family members, and people with mental illness targeted toward a variety of audiences.
- Identify and plan educational programs for people, groups and agencies in the community who often deal with individuals living with mental illness and their families, including hospital programs and community settings.
- Track news and research current information on mental illnesses and their treatment.
- Collect books, brochures, fact sheets and copies of relevant news and feature stories and makes them available to members and prospective members through the affiliate's lending library.
- Provide the affiliate contact with a current list of resources and sends them to callers as requested by the affiliate contact.
- Provide members of the Advocacy Committee with a current list of resources and send them to legislators as needed.
- Recommend and/or supply resources to the local public library.
- See *Education* section under Part II: Affiliate Programs for more information.

## *Committees Providing Member Services*

Your board may create committees and task forces or appoint individual members to handle these member services tasks—

- Recruit new members for the affiliate, reflecting the diversity of the community and help them get involved in affiliate activities.
- Encourage current members to renew their memberships.
- Publish the affiliate newsletter.
- Organize a telephone tree to get urgent messages to members quickly.
- Find suitable locations for meetings.
- Welcome visitors to meetings.
- Provide refreshments for meetings.
- Prepare, distribute and report to the board on the annual member survey.
- Organize a nominating committee or task force to develop a slate of officers each year.
- See *Membership & Dues and Member Services in Part II: Affiliate Operations* for more information

## *Other Committees*

Other committees your affiliate may choose to initiate are:

Public Policy – handles tracking and disbursement of information on local, state and National public policy issues

Community/Media Relations – separates the community education portion of the Education committee to another committee. This is becoming more popular as more and more affiliates offer one or more NAMI signature education programs.

## *Committee Description Template*

### **Committee Name**

- *Responsibilities of the Committee:*  
A brief narrative of the committee's responsibilities and objectives. Include any language from the bylaws that applies to this committee.
- *Background:*  
Provide a brief explanation of why this committee was created, a purpose statement.
- *Contact information:*  
Include contact information for the committee chair and a listing of committee members
- *Other Information:*  
You may want to reproduce any notes or suggestions included in this Toolkit that relates to this committee.

## *Volunteers*

Every NAMI affiliate member is a potential volunteer. Volunteers are the lifeblood of our affiliates; they are the oil that keeps the NAMI machine running. Below is a job description template for volunteer positions. Job descriptions help make volunteers more effective by providing clarity of roles and outlining expectations. Job descriptions also help ensure consistency when volunteers change.

### *Volunteer Job Description Template*

#### **Position Description for:**

List of Duties:

Responsibilities:

Authorities:

Bylaws that pertain to this position:

Pre-requisites:

Training, if applicable:

Traditions:

Who to contact for assistance



## *Incorporating Your Affiliate*

You may wish to create a separate legal entity for your affiliate, and make it eligible for non-profit tax status. Most charitable foundations require you to submit your articles of incorporation before considering your proposal for a grant. Incorporating your affiliate also shifts certain legal liabilities from individuals to the organization itself.

If your affiliate is already incorporated, you need to notify the appropriate state government agency and your NAMI state office any time you amend your articles of incorporation, change your principal office address or rename your affiliate.

Check with your state office to find out the status of your affiliate or for assistance/recommendations on affiliate incorporation and non-profit tax status.

## *Non-Profit Tax Status*

Nonprofit corporations with charitable, educational, scientific, religious or cultural purposes have federal tax-exempt status under section 501 (c) (3) of the Internal Revenue Code.

**If your affiliate's receipts are no more than \$5,000 per year, donations you receive may be tax-exempt for the donor even without securing official tax-exempt status.** However, nearly all grant-making foundations contribute only to organizations that have formally applied for and received tax-exempt status. Non-profit mailing rates and some state and federal tax exemptions are available only to organizations with official tax-exempt status.

Because of these advantages, NAMI recommends that you to talk to your NAMI state office about their opportunities for assistance in seeking tax-exempt status—also known as 501 (c) (3) status. Many states offer umbrella tax-exempt status in which your affiliate is exempt through the state office's status. In this case, you will work closely with your state office to maintain records and necessary IRS documents.

**REMEMBER:** As a tax-exempt corporation, your affiliate may not endorse or oppose any political candidate. Your members may lobby legislators, but you may not spend more than 20 percent of affiliate income doing so. Since affiliates do not typically hire professional lobbyists, your lobbying costs should be well below the maximum.

There are other important restrictions on what 501 (c) (3) can and cannot do. To avoid legal problems, be sure to contact the state or national office before you begin any fund raising activities.



# *Consumer Involvement in NAMI*

## *Why Consumer Involvement and Inclusion is important to NAMI:*

- 1. Those persons for whose benefit NAMI was formed, namely consumers, have important assets to offer NAMI based on their unique experiences and insights as consumers of services.** New, more effective treatments and supports are allowing more consumers to recover to a substantial degree. Many realize that mental illness health care is in transition today. They want to be a part of NAMI advocacy activities, where experiential knowledge is priceless.
- 2. Consumers want information that NAMI provides.** Membership in NAMI gives consumers an array of resources, including the *Advocate*. Educational meetings, state NAMI conferences, state and local NAMI newsletters, and the NAMI national convention are other activities available to NAMI members.
- 3. A number of consumers are highly effective advocates.** Side by side with family members (many consumers also are parents, spouses and have siblings with mental illness) they are considered by many policy-makers to be the most credible spokespersons for citizens who have mental illnesses. Increasingly, consumers show a passion and tenacity and knowledge that can be an inspiration to others. Their valuable knowledge can help clarify our goals and steer our course more reliably. NAMI affiliates are stronger as a result of the different perspectives and skills consumer members bring to the table, complimenting advocacy, education, and support activities at the grassroots level.
- 4. Many calls to the NAMI Helpline (as many as one third) come from consumers seeking help.** Callers are referred to the affiliate nearest them, but they may not find a helpful, welcoming response in some cases. There may or may not be a suitable support group in their area, either one sponsored by a NAMI affiliate or with an outside consumer organization. Many recovering consumers would like to join or form support groups under the NAMI umbrella, and need help. Integrating NAMI signature consumer programs into the menu of resources affiliates offer can add value to membership in NAMI for consumers.
- 5. Support is as important to consumers as it is to family members.** As family members know, peer support is a cornerstone of meeting the challenges of mental illness. Consumers also find support from their peers a critical factor in promoting recovery and developing a stable, productive life. NAMI can provide a great service in facilitating the development of support groups, especially for those who are not yet connected to peer support groups and in areas where such groups do not currently exist.



## *Suggestions for Consumer Inclusion & Involvement in Local Affiliates*

*This list, created by NAMI consumer members, state leaders, and staff, provides suggestions for involving consumers in NAMI state organizations and local affiliates. Consumers already successfully fill many of these positions around the country, making significant contributions to their organizations. Local affiliates that actively embrace consumers often see a revitalization of their organizations with a significant increase in membership.*

### **1. Governance**

- Encourage consumer members to run for affiliate Board of Directors positions.
- Provide mentoring for consumers interested in serving on the affiliate Board
- Recruit consumer members for Board committees
- Encourage consumer member attendance at affiliate Board meetings
- Encourage consumer members to seek positions on state-level Consumer Councils (where they exist) and as state representatives or alternates to the NAMI national Consumer Council.

### **2. Education**

- Involve consumers in the leadership and administration of NAMI consumer programs, including the development of strategies to offer these signature programs in affiliates without any consumer program capacity
- NAMI C.A.R.E. support groups
- In Our Own Voice public education and outreach campaign
- Peer to Peer education program
- Family to Family (consumers are family members, too)
- Provider Education course presenters

### **3. Volunteer roles in local affiliates:**

- Telephone information/ telephone tree support.
- Newsletter reporter, writer; develop a consumer column on consumer issues/ perspectives.
- Story Bank maintenance—Consumer personal stories are in great demand by both media and legislators. Develop a Story Bank form that a consumer could coordinate by getting consumer profiles from around the state and sorting them for easy access for media or legislative use.
- Speakers Bureau—Consumers can pair up with families by doing educational, anti-stigma presentations in the community. Consumers could develop a list of people willing to speak in public and the topics they address.
- Helpline / Warmline volunteer.
- State NAMI web site maintenance. Many consumers have or are developing excellent computer and web skills.
- Information and Referral Maintenance—Most state offices and local affiliates have a constant struggle maintaining their I&R resources. Be responsible for reading all NAMI E-News and ‘filtering’ to affiliate and/or Board meetings.
- Provide input on pertinent Board decisions: “nothing about us without us.”
- Involvement in anti-stigma & discrimination efforts; Stigma Buster chair or committee/taskforce member.

- Involvement in state conference planning to develop consumer-friendly activities and workshops
4. Involvement in Advocacy Initiatives
    - Serving on State PACT Steering Committee
    - Serving on Local PACT Advisory Committees
    - Participation in Affiliate Annual “Action Plan”
    - Voter Registration- Connect consumers with other consumers and consumer organizations at “I Vote. I Count” registration meetings across your state.
    - Support consumer involvement on State Mental Health Planning Councils, local community mental health advisory boards (Protection & Advocacy entity), intersystem de-criminalization efforts (Crisis Intervention Team development, mental health court development)
    - Inclusion in developing legislative priorities in collaboration with state NAMI organization
  5. Financial Support
    - Some financial support may be helpful or necessary to enable consumer participation in state and affiliate activities, and to support the state Consumer Council, if there is one. Such assistance could provide:
    - Scholarships for state NAMI conferences
    - Postage, phone calls, copying and transportation to support NAMI consumer activities
    - Transportation stipends to NAMI state Board of Directors meetings
    - Scholarships for the NAMI annual convention.
    - Partnering to obtain funding for NAMI consumer signature programs
  6. Social and Recreational Activities
    - Encourage consumer members to sponsor recreational and social activities. These activities present a particular opportunity for local affiliates to involve local providers, peer-run services (drop-in centers, clubhouses), and may be an important source of new NAMI members.
    - Art shows
    - Arranging opportunities with local merchants for complimentary or discounted access (movies, bowling, sporting events)
    - Dances
    - Talent Shows
    - Review local newspaper notices regarding free events (community events section)

Involvement and inclusion of consumers is important. Current NAMI consumer members offer skills and talents which can contribute to local affiliate growth and success. Those consumers in your local community who are not NAMI members will benefit from joining, but only if your affiliate is ready to embrace consumers as equal and valued partners in the NAMI family.

While there are challenges in this area, consumers are among the fastest growing segment of NAMI membership. Local affiliates are in a unique position to welcome consumer members, and to support recovery by providing acceptance, support, and encouragement.



# *Part II: Affiliate Operations*

*A Guide to Basic Operations  
of a NAMI Affiliate*



# *Part II:*

## *Affiliate Operations*

### *Nuts & Bolts of Basic Affiliate Operations*

Whether your affiliate has ten members or more than 200, the basics of organizing and operating your affiliate are essentially the same. On a practical level, we recommend you approach affiliate operations as if you were running a business. Naturally, the state and national office staff will support your efforts every step of the way.

### *Member Services*

The single most important task for any affiliate is to attract and engage new members. When we consider that one in five people in our community have a mental illness it is obvious that we have much work to do. Our definition of a member challenges us to expand our ideas about serving our members and providing meaningful opportunities for involvement.

People join your affiliate for the services and opportunities you provide, including:

- **Chances for meaningful involvement in programs and projects to reduce the stigma of mental illness and improve services and care**
- One-on-one support from fellow members and/or your affiliate telephone contact
- Family and consumer support groups for people with mental illness, families, and families with young children an/or adolescents
- Access to family, consumer and/or provider education courses
- Local, state and national newsletters providing news and useful information from community, state and national perspectives
- Guidance and support for young families
- Access to training by the state and national office staff for members who want to facilitate a support group, teach a course, advocate more effectively or present educational programs to church and civic groups or in other community settings
- Opportunities to engage in the NAMI organization at all three levels
- List of community resources for people with mental illness

Your affiliate also serves members by keeping them informed about affiliate activities, encouraging them to keep their membership current, finding a place to meet, making sure visitors and newcomers feel welcome, and striving to provide innovative opportunities to support NAMI in your community.

## *Membership and Dues*

*As of January 2003, new members must join NAMI through local or state organization. NAMI National no longer offers national membership.*

## *Web-based Membership*

Improved coordination of membership lists and files between the three levels of NAMI and the flow of paper work will allow all of us to service our members better and grow our membership.

To address this, NAMI national has launched the web membership system. The NAMI Web Membership will allow all of NAMI's leaders to view and work from the same membership list, minimizing the probability of human errors, delays in connectivity, and allowing for enhanced membership growth within our NAMI organization.

Information on the Web Membership Database and Processes is available as follows:

### *Frequently Asked Questions on Web Membership Database*

- **QUESTION:** What are the costs involved with the NAMI Web Membership option?  
**ANSWER:** There is no cost for NAMI Affiliates to participate in the NAMI Web Membership program.
- **QUESTION:** We have decided that our state or local affiliate needs to process our membership and address changes via the Internet using the NAMI Web Membership. What do we need to do?  
**ANSWER:** If you do not already have an Internet provider, you will need to find one in your area and sign up. You can use AOL, MSN or any local provider. You will then need to contact the Web Membership Team at [webmembership@nami.org](mailto:webmembership@nami.org) to obtain a user login ID and password.
- **QUESTION:** Will other states or local affiliates be able to see or access our membership records on the NAMI Web Membership system?  
**ANSWER:** No. NAMI National will control access to the local affiliates or state organization records you can access through your user login ID and password. For security reasons, you will need authorization to process memberships for your affiliate or state organization.
- **QUESTION:** What exactly can I do on the NAMI Web Membership system?  
**ANSWER:** You can renew memberships, add new memberships, change addresses, spouse and demographic information, print rosters and mailing labels.

- QUESTION:** When I process membership using NAMI Web Membership, how do I pay National for the memberships submitted?

**ANSWER:** When you submit your membership, you will have 30 days to submit payment to National based on the invoice produced from the memberships you processed. Failure to pay within that time will result in those membership records being reversed.
- QUESTION:** Do we have to submit all of our memberships at one time or can we submit them in any amount as often as we like?

**ANSWER:** You submit memberships in as many invoices as you like and as often as you like.
- QUESTION:** Why should I use the NAMI Web Membership system instead of submitting my memberships on NAMI's manual forms?

**ANSWER:** Because your memberships will be updated immediately. You control how the information is entered. Your new or expired members start receiving NAMI benefits and publications sooner.
- QUESTION:** How can I keep my state organization informed when I make updates to my affiliates membership records in the Web Membership system?

**ANSWER:** Each time you make changes to your affiliates membership records, an e-mail will be generated and sent to your state office with a detailed report of the changes and updates that were made.
- QUESTION:** Is the NAMI Web Membership system easy to use?

**ANSWER:** Yes, but like anything you use for the first time, you will have to follow the training instructions. You can download from the Web Membership welcome screen. We will also have a help-desk at the NAMI National office available for questions.

We will work together with NAMI state organizations and affiliates in taking all other steps necessary (e.g. workshops, development of manuals, travel to provide technical assistance, etc.) in order to assure that this system works without problems. This is the first stage in a comprehensive re-orientation of our national office to better enable us to provide excellent services to all NAMI members: state organizations, affiliates, and individuals.

To sign up for immediate access to the Web Membership Database, please contact the Web Membership Team at [webmembership@nami.org](mailto:webmembership@nami.org) (see NAMI Menu of Services: Membership, for contact information).

## ***Member Records:***

Below is the information you may consider collecting for your members. The data fields below match NAMI web-based membership system (see previous section for more information)

Fields marked with “\*” are required for the NAMI system.

\* Record Type (Individual or Company)  
Prefix  
\* First            Middle  
\* Last  
Suffix  
Nick Name  
Title  
Organization  
\* Member Type (Voting, Family, Open Door)  
Rate  
\* Address Code (Home or Business)  
\* Address 1  
Address 2  
Address 3  
\* City  
County  
\* State                    \* Zip  
Country  
District            Zone  
Phone            Ext  
Phone 2            Ext  
Mobile  
Fax  
Email  
www

### **Spouse Information**

Spouse Prefix  
First            Middle  
Last  
Member Type  
Rate  
Address Code  
Address 1  
Address 2  
Address 3  
City  
County  
State            Zip            Country

## *Recruiting New Members & Retaining Current Ones*

Members come in all shapes and sizes. The support needs of today's families and consumers differ dramatically from those of twenty or even ten years ago. We must look beyond what we consider to be a typical member of NAMI to the larger community at those who are interested in community action for social justice, while continuing to embrace families and individual responsibility.

No matter how comprehensive your education programs, most graduates want to learn even more about issues such as housing, available services and benefits and current drugs and treatments. With their interest and motivation at its peak, course graduates represent your affiliate's best new member and leadership prospects.

Your affiliate's ability to manage relationships with course graduates, family support group visitors, and other interested community members determines your affiliate's quality and growth potential. To interest prospective members in joining and remaining active in your affiliate—

- Work with the affiliate contact to see that everyone who approaches your affiliate receives a brochure containing descriptions of affiliate services and a membership application.
- Work with the treasurer to encourage current members to renew their membership.
- Send renewal notices and reminders, or ask your state or national staff to assist with renewals (NOTE: This is currently under National review, look for information soon)
- Talk informally to members about their levels of satisfaction with the services they are receiving and pass along any noteworthy comments to the appropriate committee chair.
- Contact members who drop out of groups or stop attending meetings to determine if they need the affiliate's help. Try to determine if they dropped out for a particular reason and if possible, try to help resolve any misunderstandings and encourage them to return.
- Make sure all your members are aware of the critical importance of new member recruiting to your affiliate. Help them understand the potential of the educational and support programs to membership growth.
- Encourage affiliate members to drop in on education program sessions.
- Have membership forms available at all meetings and in most affiliate publications.
- Plan an educational meeting related to course content soon after a course ends and invite all graduates to attend.
- Invite all course graduates to join your affiliate's support group.
- Invite all support group visitors to enroll in upcoming courses.
- Plan social events such as picnics, luncheons and awards dinners throughout the year and invite prospective members to attend.
- Leave brochures in emergency rooms, advertise on the local cable channel, and arrange for IOOV presentations to be done at colleges and in other community settings.
- **Create opportunities for at-large members of the local community to engage in public awareness events and/or advocacy efforts.**
- Add visitors', course graduates', and prospective members names to the newsletter and direct mail mailing list.
- Follow up invitations with telephone calls, or email to remind the prospective member of the event.

- Arrange for designated affiliate members to greet visitors and make sure they feel welcome.
- Pair established members as partners with new members to be sure they get the most benefit from their involvement in your affiliate and your affiliate gets the most benefit from their interests and skills.
- Involve new members early by personally asking them to complete a specific task.
- Provide meaningful opportunities for participation and involvement for members at all levels at NAMI.
- Avoid making general calls for project and program volunteers. Instead, get to know your members and ask one-on-one for their help with specific tasks suited to their interests and skills.
- Survey all affiliate members annually about their needs and interests and set priorities accordingly.
- Remember that many people belong to your affiliate to receive information and/or to support the cause. These members may not participate in regular meetings but are valued members of our organization.

Member recruiting and retention require a concerted effort by all members of your affiliate. In particular, board members, support group facilitators and course instructors need to work cooperatively to create and maintain an ongoing recruiting and retention program for your affiliate.

### *Integrating New Members into the Affiliate*

- Assign a member to greet and introduce visitors and new members at meetings.
- Remind members to help make newcomers' experiences with the affiliate positive and helpful.
- Determine the newcomer's needs, interests and skills and encourage the appropriate committee head to invite him or her to join a committee.
- Consider assigning a mentor to help the newcomer get involved.
- Remember some newcomers take longer to become part of the group than others. Don't pressure newcomers into joining committees before they're ready.
- Follow up with new members within 24 hours of their first contact with your affiliate.

### *Meeting Facility*

- Having all affiliate meetings in the same place simplifies things, especially for new and prospective members.
- Ideally, the facility you choose will accommodate small support groups as well as large educational programs.
- Libraries and churches are often willing to provide meeting space for nonprofit groups.
- Once you've found a good meeting place, stick with it. Changing meeting locations can be confusing to participants and may result in loss of members.

## *Post Office Box*

A post office box is a must for any affiliate and is well worth the minimal annual cost. Among the advantages—

- Your affiliate’s mailing address will remain the same over time, even as affiliate contacts and officers change.
- You save the time and effort of notifying others every time your leaders’ addresses change.
- Frequent address changes can prevent you from receiving important mail from organizations using outdated mailing lists. You may even miss some mail from the state and national offices while your address change is being processed.
- Keeping the same mailing address helps extend the “shelf life” of printed material, such as affiliate stationery and brochures.

Once you have a post office box, be sure someone checks it at least weekly, preferably more often—particularly when your members are mailing in their annual dues. Get duplicate keys from the post office for other members who need access to affiliate mail.

## *Bulk Mail Permit*

If your affiliate relies on mailings for most of its promotion, consider applying for a nonprofit mailing permit from the U.S. Postal Service. There is an initial cost for the permit and an annual payment.

Bulk mailings are cost-effective if your affiliate mails at least five batches of at least 200 pieces per year.

Given the savings over first class postage rates, it should be cost effective to add names of area health care professionals, service organizations, churches, civic groups, editors and reporters to your mailing list to reach the required minimum. Your affiliate will also benefit from the additional exposure. Keep in mind, however, third class mail may take longer than first class mail to reach its destination.

For more information, contact your local bulk-mailing center of the U.S. Postal Service. They have everything you need to set up a bulk mailing account, along with detailed instructions on how to prepare mailings.

## *Bank Account*

Your affiliate treasurer should open a basic checking account for the affiliate.

- Be sure you understand any service charges the bank will apply to account transactions. Although you will write relatively few checks, your bank deposits at dues time will consist of a number of checks, each of which may incur a service charge. Ask the bank to waive service charges altogether or, at least, to allow your affiliate to maintain a lower minimum balance to qualify for free checking.

- Save money by choosing wallet-sized checks instead of the larger format commercial checks.
- If your treasurer keeps your affiliate's financial records by computer, you may prefer to order computer checks.

## *Financial Records*

Among the accounts and sub-accounts your treasurer will want to establish—

### Income

- Family/Individual & Professional member dues income
  - Affiliate dues
  - National & state dues
- Open Door dues income
  - Affiliate dues
  - National & state dues

### Expenses

- Affiliate operating expenses
  - Postage
  - Post office box rental
  - Printing
  - Telephone
  - Office supplies
  - Books, periodicals, tapes
  - Refreshments
  - Ongoing program expenses
  - Clubhouse
- Special projects/events expenses**
  - Facilities rental
  - Advertising & promotion
  - Licenses or permits required by city and/or state
  - Contributions to the state organization

## *Affiliate Communications*

Like any organization, your affiliate needs to communicate effectively with your own members and with other groups, individuals, and the community at large. We encourage you to establish some simple procedures for making sure important information gets to the right people at the right time within your organization, between your organization and other organizations—especially the state and national offices—and with individuals your affiliate serves. See Public Education/Community Relations in Part III: Affiliate Programs for more information.

Your internal communications network should include—

- Officers and board members
- Affiliate contacts
- Committee chairs
- Affiliate members
- The affiliate newsletter editor
- Prospective affiliate members

Your methods of communication should include: regular emails, email alerts, phone trees, affiliate newsletter and special mailings.

We recommend appointing a communications committee or task force to determine who needs to know what when and to develop a simple system to keep information flowing within your affiliate. Task force members should include an officer or board member, a committee chair, the newsletter editor and a new member. (see *Community Relations* section under Programs: Education for more information.)

Your external communications network should include—

- **The state NAMI office**
- **The NAMI National office**
- Other community organizations with similar goals and services
- State legislators who represent your area
- Mental health care professionals in your community
- Families and individuals living with mental illness in your community
- The general public

The communications task force should develop simple policies and procedures for communicating with external audiences. Ask your affiliate's president and treasurer to work with the task force to develop policies and procedures for communications between your affiliate and the state and national office. Ask your affiliate's community relations committee chair to work with the task force to develop a simple system to keep key external audiences informed. Have the task force work with your affiliate's legislative contact to develop a system for receiving and disseminating incoming information about legislation.

## *Funding Your Affiliate*

Member dues should generate income to cover the basics for your affiliate, such as office supplies, photocopying, post office box rental and postage. Your affiliate will need additional funding for the services you provide.

Many affiliates raise money through special events or by having members sell merchandise. The events may be strictly to raise money, such as a yard sale or bake sale, or they may be designed to meet educational and community relations goals, too.

For example, if you set up an educational display, distribute brochures, sell merchandise and accept donations at a hospital health fair booth, you will simultaneously educate the public, raise your affiliate's visibility and solidify your relationship with the hospital as well as raise money. The state and national staff are happy to support you in planning and staging special events to raise money for your affiliate.

NAMI National assists in an annual Walkathon fundraising and public awareness event that all affiliates can participate in and benefit from.

Direct mail solicitation is seen by most volunteer organizations as a funding mainstay. Be on alert for information from NAMI National and your state office on direct mail collaboration opportunities.

One way to fund your affiliate programs is through community and foundation grants. NAMI encourages its affiliates to seek donations and grants from businesses, civic groups and community foundations. Some affiliates have applied for and received foundation grants for housing and clubhouses. Others have helped their area programs do so.

Grant-seeking involves—

- Carefully planning programs and projects to be supported
- Finding the right organizations to approach
- Writing grant proposals
- Submitting the proposals to the organizations

Remember, before you launch any fund raising efforts involving community foundations, you must have incorporated your affiliate and applied for official 501 (c) (3) status. Consult with your state and national office staff for help with identifying appropriate organizations to approach and advice on preparing grant proposals.

## *Special Events*

- Fund-raising events can be strictly for raising money, or they can combine fund-raising with education.
- Types of special events and fund raising projects your affiliate might sponsor include—
  - Campaigns to sell greeting cards, gift-wrapping paper, art, plants and bulbs, concessions at special events, doughnuts, candy or other merchandise
  - Raffles
  - Dinner dances
  - Golf or tennis tournaments

# *Computer Support*

Before personal computers became so common, small businesses and organizations relied entirely on handwritten customer or member data and financial records in ledger books and journals. These days computers are essential to keep up with the amount of information available on mental illness. The computer can help you organize affiliate business; produce mailing labels for your newsletter, link you to the World Wide Web of information, and much, much more.

Here are a few of the ways your affiliate can use a computer—

## *Word-processing*

- Meeting minutes
- General correspondence
- Newsletters (Most word processing programs support desktop publishing features suitable for newsletters.)

## *Database management*

- Member records
- Donor records
- Bookkeeping and budgeting

## *Internet access*

- NAMI Web-based membership system
- NAMI website [www.nami.org](http://www.nami.org)
- Your state NAMI website
- Email to and from members
- Email to and from the state and national office staff members
- Special-interest email mailing lists dealing with various disorders and mental health issues
- Research on mental health issues at World Wide Web sites
- Email reminders about upcoming meeting

## *Email List Serves*

The following are NAMI sponsored email list serves that you will want to receive:

- NAMI Stigmabusters – Periodic reports of current media actions that stigmatize mental illness – to subscribe go to: <http://www.nami.org/campaign/stigmabust.html>
- Public Policy E-News – Periodic updates, alerts, and action-calls on federal public policy issues – to subscribe go to: <http://www.nami.org/update/enewslst.htm>
- Friday Facts – A weekly briefing of current happenings in NAMI – to subscribe or remove your name please visit [www.nami.org/subscribe](http://www.nami.org/subscribe), sign in and mark your preferences.

## *NAMINet*

NAMINet is an interactive website for the NAMI grassroots leadership to gain information on NAMI national issues related to the strategic plan. It is a forum for a leader to communicate thoughts, questions, ideas and criticisms of those issues. Access to the NAMINet is free to all NAMI members. PLEASE NOTE: NAMI's new website features a members only section that will in the future, take the place of NAMINet.

NAMINet provides you with information and opportunity to give feedback on topics such as:

- NAMI Leadership Councils
- National outreach and education initiatives
- NAMI logos and graphics in reproducible formats
- National Board information and meeting minutes
- Committee and Task Force updates
- And MUCH more!

Your website account doubles as your NAMINet account. To use the NAMINet, visit <http://naminet.nami.org> and log in using your web site account information.

## *Minimum Hardware for Local Affiliates*

### **Computer specifications:**

- IBM-compatible desktop running Windows 98 or Windows XP (either edition)
- 1.2 Gigahertz Intel or AMD processor
- 64 megabytes RAM (random access memory)
- 20 gigabyte hard drive
- 1.44 MB Floppy disk drive and CD ROM drive
- 56 kbps (kilobits per second) modem

In general, computer novices are better off buying computer equipment locally since, if anything goes wrong, you can return the equipment to the store. It's best to buy from dealers in business for at least five years with multiple locations. If you are considering buying direct from a manufacturer, check computer magazines for service and quality ratings of the companies you are considering. Before making your final decision, discuss your computer purchase via mail order versus a local retailer with your affiliate's computer expert.

An alternative to purchasing a new computer is to find a business or individual willing to donate equipment to your affiliate. Many companies that rely on demanding software applications replace nearly new hardware that would be fine for your affiliate's needs. You may want to consider a refurbished or used computer, but we recommend you buy used equipment only from a dealer or directly from a manufacturer who is willing to offer a warranty. Whether or not this option is viable for your affiliate depends, at least in part, on the skill level of your computer expert.

## *Recommended Software*

**Microsoft Office** is the business software suite we recommend to affiliates. This is usually included with new computer purchases or can be added for between \$50-\$150 (depending on the edition... NAMI recommends the Standard edition if you need power-point capability, or small business if you do not.) Often, an alternative program called Microsoft Works comes already installed on new computers. This “all-in-one” program can do most basic word-processing and spreadsheet functions. However, it can be a little tricky sharing files with users who do not have Works installed (NAMI, for example, does not use MS Works.)

**Microsoft Money** and **Quicken** are simple accounting programs designed for users who need to keep basic financial records. If your treasurer is familiar with financial accounting, he or she may prefer a full-featured accounting program, such as **QuickBooks**, with has a program Simple Start. Be sure to consult with your treasurer before you buy accounting software.

For complete access to the Internet, including flexible email, World Wide Web sites, newsgroups and other Internet resources, you will need an account with one of the dozens of Internet service providers, such as America Online or BellSouth. If you or a friend has Internet access now, you can get a list of Internet Service Providers (ISPs) serving your area by visiting one of these World Wide Web sites:

<http://www.findanisp.com>  
<http://thelist.internet.com>

The Internet service provider you choose will supply you with the software you need to install on your computer to use the service. Most services bill monthly—approximately \$20 for unlimited access. Some providers offer discounts to nonprofit organizations. Some even donate to the account outright. It’s worth asking. Be sure to choose a provider who offers local telephone access and a toll-free customer service line.

## *Internet Access*

Most public libraries have computers with limited Internet access. However, if you have a personal computer and want to access the Internet you will need to sign up with an Internet Service Provider (ISP) such as AOL, Earthlink, or Compuserve. Check the Yellow Pages or with a local computer retailer.

E-mail is a fast effective communication tool for all affiliate leaders. NAMInet members are given a nami.org address and are able to use existing or create new list-serves for convenience.

Additionally, several companies offer free email accounts, supported by advertising. One of the best-known providers of free email accounts is yahoo.com. If you have Internet access you can log onto [www.yahoo.com](http://www.yahoo.com) and sign up for a free e-mail account immediately.

## *Get Some Help*

Despite what the television commercials suggest, there is more to using a personal computer than just plugging it in. We strongly recommend identifying an experienced computer user from among your members and asking him or her to serve as your affiliate's computer trainer and consultant.

If none of your affiliate members has the time and expertise you need, consider—

- A community volunteer
- A volunteer service bureau
- A civic club
- Boy Scouts or Girl Scouts
- A local computer club (check with a high school computer teacher)
- A high school computer whiz (ask the teacher)
- A college service fraternity
- Service Corps of Retired Executives (SCORE)

If you are unable to recruit a volunteer, consider hiring a high school student with computer skills. The student will probably work for a rather small fee and will appreciate the chance to show off his or her skills in a real-world application.



# *Part III: Affiliate Programs*

*A Guide to the General  
Activities of a NAMI Affiliate*



# *Part III*

## *Affiliate Programs*

### *Opportunities to Serve*

As a grassroots organization, NAMI derives its strength and delivers most of its services through local affiliates like yours. You and your fellow affiliate members truly are on the front lines in our battle to improve the quality of life for people and families living mental illness and to eliminate prejudice and unfair discrimination against them. NAMI National is committed to supporting programs and initiatives at the grassroots level.

You can encourage newcomers and potential members to advocacy by planning ongoing advocacy projects and public awareness events involving issues of interest to the community. As their interest and confidence grow, recommend further leadership training to interested members to improve advocacy skills, such as attending the NAMI Leadership Institute Conferences.

### *Key Affiliate Programs*

Because of the critical role support and education services play in our organization's health and well being, NAMI has traditionally encouraged each of its affiliates to offer both support groups and education courses. Additionally, the importance of integrating community advocacy opportunities is known to be a critical part of affiliate programming.

With well-developed family/consumer support, education programs, and community action opportunities in place, your affiliate can offer the best possible service to your community. Since new members are vital to your affiliate, you will benefit from the steady stream of prospective members these programs provide.

Educational programs should to be available for all members who desire them.

# *Support*

Support comes in many forms including, crisis assistance, information on local resources, taking part in a community action project, allowing anonymity while getting help, and much more. As a local affiliate, make sure you are prepared to address the varied ways members and potential members seek support. Your state and national offices are here to help.

## *Affiliate Contact Person(s)*

The importance of this critical role for all affiliates is often underestimated. How you handle your response to the first contact determines the caller's first and lasting impression of our entire organization. In a crisis, your ability to respond quickly and effectively to a caller who needs immediate help can even save lives.

Besides helping callers solve problems, the affiliate contact is critical to the long-term health and vitality of the affiliate. *Whether the caller ultimately becomes a productive affiliate member often depends on the quality of your affiliate's telephone support services.* If you provide excellent support services at this early stage, you'll be laying the groundwork for your affiliate's future growth and success.

Because of the importance of this role, and the often-taxing duties that come with it, we highly recommend your affiliate enlists two affiliate contacts to share the responsibilities.

## *Affiliate Contact Duties and Responsibilities*

- Answers all calls to the affiliate's contact number within 24 hours.
- Understands support services offered by the affiliate and promotes them to callers by inviting them to attend an upcoming support group meeting.
- Knows about the affiliate's upcoming educational programs and, when appropriate, invites the caller to attend.
- Researches and develops relationships with local and area mental health care providers and agencies for referrals.
- Provides basic information to the caller about available resources.
- Refers the caller to other individuals and organizations as needed.
- Consults with the state and national Helplines as needed to solve callers' problems.
- Mails the affiliate's brochure to callers.
- Records callers' names and contact information to be added to the affiliate's mailing list.

## *Affiliate Contact: Getting the Job Done*

If you agree to be the affiliate contact—

- You must be willing to receive telephone calls.
- You must be knowledgeable about community services and referral procedures.
- You must be willing to see that callers receive appropriate support materials, such as brochures and newsletters.

- If you are away from your telephone often or for hours at a time, you need an answering machine or voice mail service.
- Return calls as promptly as possible.

### *Other options:*

- Some affiliates have two or three contact persons who share responsibility for responding to inquiries.
- A natural division of labor could be between a telephone contact, a U.S. mail contact and an email contact.
- You may prefer to allocate responsibilities based on the contact person's knowledge or experiences with a particular disorder.
- You may wish to assign one contact person to handle questions concerning adults and or/children with mental illnesses, or another to provide information for people with mental illness.

## *Answering Calls*

- Your first message to callers should be, "You are not alone." Listen patiently and sympathetically to callers' problems and concerns. For some callers, simply talking to another person who understands is their reason for contacting you.
- Besides listening to and comforting callers, you have a job to do for your affiliate as well. Before hanging up, you need to have—
  - Written down the caller's name, telephone number and mailing address.
  - Offered to mail a brochure.
  - Offered to add the caller to the newsletter mailing list.
  - Described all affiliate services that might be helpful to the caller.
  - Invited the caller to attend an upcoming meeting.
- You're not expected to know the answers to all the callers' questions. You just have to know which people and organizations *do* have the answers. Your job is to *refer* the callers to the best sources of help.
- Many callers have first contacted the state office. Your state office staff has suggested they call you for help with accessing local services, including those of your affiliate. It's especially important for you to learn as much as you can about local resources.
- Keep a list of referral contacts and affiliate members willing to provide telephone support in their areas of experience or expertise (see Affiliate Contact Template attached)
- You can always call the national or state Helpline yourself on behalf of callers for suggestions on how to answer more difficult questions.
- After you conclude the call, get any materials you said you'd send into the mail.
- Pass the caller's name and address along to whoever maintains your mailing list.
- Follow up with the caller as needed.
- The NAMI Helpline (1-800-950-6264) is available to assist with guidance and information requests.

## *Support Groups*

If providing support group is one way your affiliate chooses to offer support then you will want to arrange for one or more of your members to be trained as a support group facilitator. By having trained facilitators guide your support meetings, you vastly improve the quality and effectiveness of the support your members receive. NAMI has training for all type of support groups  
Support Group Coordinators:

- Organize and conduct support group meetings.
- Make sure a trained facilitator is available to lead all meetings.
- Encourage experienced affiliate members to attend and share their insights at support group meetings

## *Education*

After participating in a state or national training program, affiliate members teach members of the community about the nature and treatment of mental illnesses affecting their families. Your affiliate also identifies and educates individuals and organizations in your community who come in frequent contact with people living with mental illnesses, such as mental health care providers, employers, educators and law enforcement officers.

### *NAMI Signature Programs*

NAMI signature programs are programs that have been specifically developed and piloted by NAMI, to be used by NAMI state organizations and their affiliates. NAMI signature programs are staffed at the national level and offer consistent consultation and technical assistance. These programs are updated regularly to reflect changes and advances in science, medicine and practice.

NAMI Signature Programs include:

- Family-to-Family
- NAMI Provider Course
- Peer-to-Peer
- Facilitator Skills Training
- In Our Own Voice
- NAMI C.A.R.E.

The Family-to-Family Education Program has an established evidence-base of its effectiveness; the other signature programs listed above are in the process of securing well-designed studies to test their effectiveness in the field.

Check with your state office for other programs that are supported by your state organization.

### *Public Education/Community Relations*

Sometimes referred to as a public relations or public affairs function, the community relations tasks your affiliate undertakes may include—

- Establishing and maintaining mutually beneficial relationships with selected individuals and organizations in the community.
- Drafting letters to editors of area newspapers to address key issues.
- Drafting news releases about affiliate programs, services and special events.
- Coordinating the affiliate's participation in community special events.

- Organizing and operating a Speakers Bureau for the affiliate.
- Encouraging interested members to receive training to present the NAMI Campaign to End Discrimination Science & Treatment Kit program for business and civic groups.
- Encouraging interested members to teach educators about working with students who have severe emotional disorders and mental illnesses.
- Scheduling IOOV (In Our Own Voice) presentations to be given in the community.

As a community service and advocacy organization, your affiliate must reach out to other organizations and individuals. The community relations function involves developing mutually beneficial relationships with specific groups within the greater community you share.

**PLEASE NOTE: The NAMI “AAA” Affiliate Advocacy and Action Clearinghouse is coming soon to help affiliates plan community action projects that will enhance community relations.**

Some community relations’ targets might include—

- Prospective members
- A specific cultural, ethnic or socioeconomic group
- The state psychiatric hospital serving your county
- The State Mental Health Agency (in cooperation with your NAMI State office)
- Mental health care providers
- Government officials (in cooperation with your NAMI state and national office)
- Local Editors and reporters
- Other local and regional advocacy groups
- Hospitals and primary care physicians
- Churches
- Colleges and universities
- Businesses and civic groups
- Jails and prisons might be considered as an additional bullet point.

NAMI encourages affiliates to cultivate meaningful working relationships with a variety of people and groups. Over time, your goal is to create a strong network of contacts who know you, respond to your questions and requests and refer prospective members to you for service.

### *Your Affiliate’s Relationship with Your State Mental Health Agency and Medicaid Authority*

- **Any activities with state governmental agencies must be coordinated with your state and/or national office staff**
- The best measure of the effectiveness of your affiliate’s community relations effort is your relationship with your community mental health center, your state mental health agency and your state Medicaid authority.
- In dealing with agency staff members, remember they are usually overworked and underpaid.
- Unless you have clear, unquestionable evidence to the contrary, give agency staff members the benefit of the doubt, assume they have consumers’ and families’ best interests at heart.

- Remember, it is in everyone’s best interests to maintain good, productive, relationships with staff members
- Encourage staff members to refer prospective members to your affiliate.
- Take a positive, problem-solving approach when you have questions or are lodging complaints.
- Try to find ways you can work together to resolve problems to everyone’s satisfaction.
- Don’t limit your contact with agency staff members to complaints. Be sure to pass along compliments and thank them when you hear they’ve been especially helpful to an affiliate member.
- Identify common goals, such as better funding for mental health care services in your community, and work cooperatively to achieve them.
- Ask staff members to suggest projects your affiliate could undertake to help them provide better care for people with mental illness.

## *Other Advocacy Groups*

As a NAMI affiliate, you have much in common with local chapters of other groups, such as the Mental Health Association, the Psychiatric Association, the Psychological Association, Law Enforcement groups, the League of Women Voters and other Mental Health Organization. While NAMI shares many goals with these organizations, there are definite, sometimes subtle differences in philosophies, mission and opinions about the best approaches to achieving those goals.

Here are a few examples of differences—

- The Alzheimer’s Disease Association does not refer to Alzheimer’s as a mental illness, even though Alzheimer’s is a biologically based disease of the brain.
- The Epilepsy Association does not refer to epilepsy as a mental illness, although epilepsy can cause symptoms of mental illness.
- The Mental Health Association, the Psychiatric Association, and the Psychological Association are committed to addressing all sorts of emotional disturbances, as well as illnesses designated as severe and persistent. They advocate for talk therapy for those suffering personal difficulties (whose crises may indeed be debilitating) with the same zeal as they advocate for services for those who have severe and persistent mental illness.
- The Head Injury Foundation does not refer to their clients as having mental illness, although they might have the same symptoms as persons with mental illness. They do not offer services to individuals who suffered brain damage before birth who may also have mental illness resulting from that brain damage.

To work most effectively with other groups, your affiliate must understand and acknowledge key differences between those groups and NAMI. Contact your state office for guidance and information on collaborating with other groups in your area.

## *Other Community Contacts*

- Identify people in your community who come in frequent contact with mental health consumers and their families and establish relationships with them.
- Before you approach potential community contacts, think through the benefits of a relationship with your affiliate from the prospective contact's perspective.
- Emphasize the benefits your affiliate can provide to the individual or organization when you approach a potential contact.
- Provide community contacts with clear, concise information about your affiliate's services.
- Ask your newsletter editor to put the community contact on the mailing list and ask to be placed on the contact's mailing list.
- Follow up with contacts periodically.

## *Media Contacts*

- Contact area newspapers and television news departments to compile a list of health and medical reporters, features editors and community calendar editors by name and establish relationships with them.
- Develop some basic fact sheets listing officers' names, contact information, services provided, a brief description of your mission and purpose, highlights of your history, etc. Providing this information in writing helps cut down on errors, misspelled names and misleading or incomplete program descriptions.
- Bring major news concerning mental illness to media contacts' attention with a brief call or letter.
- Offer to provide more information if they're interested, and if you say you'll send information, do so promptly.
- Refer reporters to the state or national NAMI office when appropriate, or get the information the reporter needs from the state or national office yourself and forward it to the reporter.
- Be prepared to respond immediately to requests from editors and reporters working on deadline.
- **After publication or broadcast, send a thank you note to editors and reporters who cover your events or use your story ideas.**
- Share all successful media contact with your state and national office.
- If your affiliate is contacted by a national media source please contact the NAMI National Media Relations department at 888-999-6264 ext. 7924.
- Add local editors and reports to your newsletter mailing list.

## *Your Affiliate Newsletter*

Your affiliate newsletter editor is responsible for—

- Tracking other publications for news and information of interest to members
- Planning story lists for each issue
- Writing and/or editing stories
- Developing and maintaining a graphic design format
- Establishing and maintaining a regular publication schedule
- Printing, addressing and mailing the newsletter

You may find yourself completing all tasks yourself, you may also consider sending your newsletter in email format.

Your members depend on your newsletter to keep track of meeting dates, affiliate programs and activities, news of other members and local events and issues. They also depend on the newsletter to help them interpret news and understand how issues affect them.

As an advocacy group, your affiliate has a definite viewpoint, and your newsletter stories should reflect that. You're not trying to present stories objectively. You're trying to represent the *under-represented* viewpoints and interests of people with mental illness and their families. You are writing specifically and solely for them.

## *Newsletter Goals*

You can help your affiliate achieve its larger support, education, and advocacy goals by setting supporting goals for your publication and planning content accordingly. Your goals might include—

- Keeping members informed about upcoming affiliate meetings and events.
- Reporting on the local aspects or impact of state and national news stories of interest to members.
- Recognizing and expressing appreciation for member contributions to affiliate projects.
- Encouraging members to use a full range of affiliate services.
- Providing information readers can use to follow up on stories, such as telephone numbers and addresses, magazine and journal article citations, book titles and publication information, etc.
- Promoting NAMI programs and encouraging members to seek the training they need to participate.
- Promoting a sense of ownership and belonging in the affiliate for all members.
- Keeping members informed about pending legislation and opportunities for advocacy.
- Informing prospective members, mental health care professionals and other targeted audiences about the affiliate and encouraging them to join.
- Recruiting new members and donors

## *Story Lists*

Plan newsletter contents based on the goals.

First, sketch out plans for a year's worth of lead stories. Some stories will fall naturally into a particular issue. For example, you'll want to publish a report of an affiliate fund-raising event in the next issue after the event. The timing for other stories can be more flexible. For example, you can publish stories on general interest topics—medical research, treatments, services—any time.

Why plan ahead?

- You're more likely to achieve a balanced mix of stories over time.
- You can scan other publications for the topics you plan to cover and file clippings or photocopies as you find them. When you're ready to write the story, much of your research will already be done.
- It's easier to work with other contributors to the newsletter if you can assign stories well in advance of the publication date.
- You'll minimize last minute scrambling to meet your publication deadline.

As a general rule, include only information not readily available in other publications. Remember that your purpose is to support the affiliate's goals and serve as a resource for the members of your affiliate—not to duplicate the efforts of scientific journals and magazines.

Certainly, if you find a book or article that would interest your readers, summarize it in the newsletter and direct those who want more information to the source. Don't waste your affiliate's resources reprinting materials your readers could easily find in another publication. Make your newsletter complement NAMI's "Advocate" and your state organization's newsletter by focusing on news of your affiliate and local angles of state and national stories.

While the content will vary from issue to issue, the *types* of information you publish will be fairly consistent from issue to issue. By establishing standard "departments" that carry over from issue to issue, you can simplify the planning process for each issue and help your readers find the information they're looking for quickly and easily.

Possible departments you may wish to include in every issue—

- A President's letter
- Business meeting minutes
- A calendar listing upcoming affiliate support, educational and business meetings and their programs and/or agendas
- Treatment update
- Legislative update
- Community advocacy and action reports and updates
- Current news about your State Mental Health Agency and other resources and services in your community

Provide readers the information they need to take action after reading a story. If you suggest they write a legislator, provide the address. If you review a new book, give readers the information they need to order it or find it at the bookstore.

## *Writing & Editing*

As editor of your affiliate's newsletter, you plan each issue's content. You will probably serve as chief reporter and copywriter as well. Ideally, a number of members will contribute newsletter content.

- Your secretary will supply business-meeting minutes.
- Committee chairs can provide monthly reports of their activities.
- Your president can write a monthly column about affiliate programs and activities.
- Other members may write articles about personal experiences.
- A local agency staff member may be willing to write an article or column specifically for your members.
- Other local professionals, such as therapists, doctors, lawyers and law enforcement officers can write articles of interest to your readers.

As editor, you assign stories, set deadlines and keep each issue on track. You also edit.

Since your contributors are volunteers, you may feel reluctant to make changes in their copy. Still, you should at least check spelling and grammar and use consistent abbreviations, capitalization and other style variables. For example, most newspapers follow the *Associated Press Stylebook* custom of referring to people by their surname after the first reference. *The Wall Street Journal* uses a different style, referring to people using a title (Mr., Ms., Dr., etc.) with the surname.

The particulars of the style you follow for your newsletter are not so important as consistency. If you abbreviate days of the week in one article, abbreviate them in all articles. If you capitalize job titles in one story, capitalize them in all stories.

You may edit copy to make it more readable or more easily understandable. You may edit a story to make it fit—ideally by making a number of small cuts throughout the piece, rather than simply dropping the final paragraphs.

You may also add notes, such as contact information, additional resources on the topic or suggested actions the readers can take.

Finally, check the language used. Replace any references to “mentally ill people” or “the mentally ill” with “people with a mental illness.”

## *Graphic Design*

A fundamental rule of design states, “Form follows function.” Another important design principle: “Less is more.”

The function of graphic design is to help you communicate most effectively. The form your newsletter takes should support the newsletter's communications goals as simply and directly as possible.

There's seldom any functional purpose served by fussy borders, decorative clip art or computer-rendered type effects. You're trying to inform, educate and motivate your readers—not demonstrate the features of your design software to them.

Your design should look and be easy to read.

- A series of short paragraphs is easier to read than a solid block of text.
- A familiar typeface is easier to read than an unfamiliar one, so choose a simple, standard type for story text. Use novelty faces sparingly, if at all.
- Roman or upright type is easier to read than italic type, which tends to slow the reader down. That's why it's good to use Italics for emphasis, but not for long passages of text.
- Words written in all-capital letters are the most difficult to read because readers recognize words by their shape—not by their individual letters. Words in all caps have essentially the same rectangular outline.
- Type set in columns is easier to read than type set the full width of the page.
- As a general rule, a line of type should be no longer than one and one-half times the width of the alphabet set in that type at that size.
- The longer the line of type, the more space you should put between each line. The standard is to space lines at 120 percent the size of the type. Usually, this is the default or automatic setting on word processing, graphic design and desktop publishing software.

## *Printing*

For most affiliates, photocopying is the most cost-efficient printing method. Use a high-resolution laser printer and smooth paper to make a sharp master copy. If you use an ink jet printer to create your master copy, use premium-grade paper made especially for ink jet printers. The paper's coating will keep the ink from soaking into the paper, resulting in sharper lines and edges.

## *NAMI Logo Specifications*

All logo digital files can be downloaded from the NAMI web site. Go to [www.nami.org](http://www.nami.org). Identity guidelines and art files will be routinely updated online.



NAMI: Corporate Identity

Two Color Version

PMS 871 (metallic gold) and PMS Reflex Blue - 072

File Names:

nami-Glogo-cmyk.tif (Use in MS Word and PowerPoint)

nami-Glogo-pms.eps (Use for professional reproduction)



One Color Version - Black ink

File Names:

nami-Glogo-blk.bmp (Use in MS Word and PowerPoint)

nami-Glogo-blk.eps (Use for professional reproduction)

## *Circulation*

Your mailing list should include—

- All current members by household
- State office address and your state president
- **NAMI National office (2107 Wilson Blvd, Suite 300, Arlington, VA 22201)**
- Local reporters and editors who cover mental health issues
- Editors of newsletters for other affiliates (who send you copies of their newsletters, too)
- State Mental Health Agency contacts
- Any social worker, psychiatrist or psychologist who has an interest in your affiliate
- Opinion leaders, such as ministers, hospital discharge planners, editors and reporters
- Teachers, school counselors and school psychologists
- Other organizations with compatible missions, such as the local branches of the Mental Health Association, the Depression and Bipolar Support Alliance, Legal Aid or organizations for mental health care consumers

You should maintain a separate list of prospective members and establish a time limit of three to six months for their free subscriptions. Otherwise, your mailing list and your printing and postage expenses will keep growing at the expense of your dues-paying members.

Certainly, use the newsletter to give prospective members a sample of your member benefits. Just remember the purpose of a sample is to make the prospect buy the product—or, in your case—join the affiliate.

The most likely prospective members include—

- Education course participants
- Support group visitors
- Callers to your local contact number

\*\*\* Remember: Some people may not be able to come to the affiliate meetings but will join your affiliate just to receive the newsletters and other forms of communication and information.



Your affiliate helps educate the general public about severe and persistent brain disorders to help reduce the stigma associated with mental illnesses and to build understanding and support for key issues.

As an advocacy organization, NAMI tracks and keeps members informed about important political and social issues affecting people with mental illnesses and their families.

For information and fact sheets on national advocacy issues visit the NAMI National policy website at <http://www.nami.org/policy.htm>. NAMI also issues the NAMI e-news electronic alerts on legislative issues. The NAMI public policy platform is available online at <http://www.nami.org/update/platform/toc.htm>.

Through the NAMI Policy Institute, NAMI is meeting the demands of driving the local, state and national debate on mental illness systems reform. The staff of the institute is available to review legislation, provide guidance on policy agendas and track state legislation on a number of policy issues.

\*\* Individual members advocating for their own causes should not mention or imply they represent a NAMI affiliate, state or national organization.

## *Advocacy at the Affiliate Level*

Advocacy is most effective when we all speak with a unified voice, that means policymakers hear the same message at all levels around the nation. Remember:

- The NAMI National board sets the public policy for national issues
- Your NAMI State office and board sets the public policy agenda and positions on the state level
- Before creating any type of public policy position you should check with your state and the national policy institute for what already exists. (See NAMI Menu of services for contact information)

## *Community Action Initiatives*

Many affiliates engage in community action initiatives and projects that have a clear purpose for increasing public awareness and/or fighting for social justice for persons with mental illness. Some examples of such projects are:

- Working with a local Habitat for Humanity chapter to build a house for a consumer/family affected by mental illness
- Engaging the media to take on a local criminal justice situation that is not providing proper mental healthcare to citizens with a mental illness
- Partnering with a local college to sponsor mental illness awareness activities on campus

For more information or to request technical assistance on organizing a community action initiative contact your state NAMI office or NAMI National State Relations at 888-999-6264.

## *Legislative Contact*

Your board appoints a legislative contact for your affiliate to receive and pass along information from the state and national offices concerning political issues, key legislative events and votes.

Among the legislative contact's responsibilities are—

- Passing along information and recommendations to members from the state and national offices for appropriate actions.
- Cultivating direct, personal relationships with their representatives and senators from both parties in the state legislature and the United States Congress. Ideally, you should be able to call a legislator's office and have the staff and the legislator recognize your name and recall your association with NAMI.
- Following actions by city and county governments and local agencies and alerts the state office staff or board of directors to events and situations of concern within the community.

## *Helping Affiliate Members Understand the Issues*

- While the state office is responsible for helping you understand critical issues, you are responsible for helping your affiliate members understand them.
- Most important issues of statewide and local interest are covered in the newsletter.
- If you have questions or don't understand an issue, call the state or national office staff and ask for an explanation.

## *Issuing Alerts to Affiliate Members*

- From time to time, the affiliate's legislative contact will need to issue a Legislative Alert to all affiliate members.
- Alerts from the state office to the legislative contact are bare-bones directives for action. They assume the legislative contact fully understands the issues involved.
- The legislative contact is responsible for educating affiliate members about the issues.

# *Tips for Effective Legislative Interaction*

**Develop personal relationships.** Legislators value the information and opinions they receive from constituents. Do not underestimate this. Begin to develop a personal relationship so that when the state office or your affiliate needs you, you can act quickly.

**Be brief.** Legislators receive information on many hundreds of subjects. Be brief, concise and clear with your message.

**Be timely.** Contact your legislators early. Even if they can't commit on your issue, they will know that it will be coming up and can contact you. Once they do commit, it is very hard for them to change and still maintain credibility.

**Be honest and don't bluff.** If you don't know the answer to a question, say so. Then research the question and get the answer to the legislator promptly. If you conceal important facts or give legislators bad information, your case is dead.

**Be clear.** As generalists, legislators and staff are not up on the jargon of the mental health system. Don't use acronyms that only some of us understand. At the same time, don't be condescending or talk down to them. Be concise and straightforward.

**Explain how the general public will benefit.** Legislators know the majority of individuals who come to them have a personal interest in the legislation they are supporting. Besides explaining how the legislation affects your family or friends, explain how it will benefit the general public. For example, you may talk about how legislation to help your family member will also benefit our state and our society by reducing the costs of mental illness.

**Avoid becoming defensive or angry.** The majority of legislators are trying to do a good job under pressure. So give legislators the benefit of the doubt and do not become defensive or angry if a legislator disagrees with your position. Be polite and straightforward. Remember, in politics, today's opponent can be tomorrow's ally—unless you have made a permanent enemy.

## *Contacting Legislators*

For contact information for your state legislators call your state office or visit your state government website. Maintain current, accurate contact information for your local elected officials and share this with your members.

**Telephone calls.** Try to talk with the legislator directly. Most do not mind receiving calls at home, but only at reasonable hours. If you encounter a staff person, communicate the same information to him or her, but tactfully request a return call from the legislator.

**Written communication.** Address the letter properly. Confine your message to a single page. Do not use form letters. Ask for a response. \*\* Don't forget to put your legislators on your newsletter mailing list.

**Face-to-face meetings.** Set up the contact at a convenient time. Breakfast is a good time because legislators may be more available. Take a fellow member with you for support, but let the legislator know in advance. Explain NAMI's goals, and be brief.

**Follow-up.** Follow up your contact with a thank you letter, whether or not the legislator supported your bill and whether not it passed.

**Feedback.** Share correspondence with the state office or your affiliate and send a note detailing the contact and the result.

## *How to Contact U.S. Legislators*

**All members of Congress can be reached by calling the Capitol Switchboard at 202-224-3121 or by visiting Write to Congress:  
<http://www.congress.org/congressorg/mail/compose/>**



# Affiliate Checklist for Excellence

NAMI affiliates are expected to strive to achieve excellence in their support, education and advocacy activities. Your NAMI state and national offices will help guide and support you in these endeavors. The following checklist will help you determine if your affiliate is meeting the challenges of operating a NAMI affiliate.

	<b>Organizational:</b>
	Board of Directors and working committees, with job descriptions
	Current bylaws in compliance with State and National
	Current NAMI Affiliation Agreement
	Articles of incorporation that meet NAMI standards
	Non-profit 501©3 status and IRS letter of determination or acceptable arrangement with state
	Regular business meetings
	Designated consumer representative active at State level and/or state consumer council
	Notice & minutes of all meetings
	Operating policies and procedures
	Annual tax filings, business license and other legal requirements all met
	<b>Operational:</b>
	Annual budget
	Annual audit (if you are a 501 c (3))
	Bank account
	Program/business plan and/or strategic plan for affiliate
	Post Office Box
	Bulk mail permit
	Regular newsletter
	Communication strategy for reaching all members
	Consistent, accessible meeting sites
	Web access, email address; preferably Web site, use of email, list servs
	Use of technology systems (answering machines, financial software, etc.)
	Engaged in fund raising
	Work relationship with media representatives
	Active membership growth
	Use of NAMI Web Membership
	Two-way communications and information sharing with State and National
	Appropriate and continual community relations activities
	<b>Programs:</b>
	<b>Support:</b>
	Offering one or more venues for support
	Outreach and support for families of children/youth
	Outreach to and support for people with mental illness
	One or more affiliate contacts identified and equipped to handle public inquiries
	<b>Education:</b>
	Educational forums and presentations for public
	Outreach to underserved and priority populations
	Information and referral services
	Education programs for family members
	Education programs for consumers
	MIAW/anti-stigma educational efforts
	<b>Advocacy:</b>
	Advocacy in local community and at state level
	Representatives on local/state governing, agency, and service boards
	Relationships with colleague organizations and service providers
	Community Action opportunities available to engage members and the public
	Regular contact with elected officials

# *Time for a Tune Up*

It's natural for long-time members to have a strong sense of ownership in their affiliate. Often, they've devoted many hours in establishing the affiliate. They may have served as president since the affiliate's founding, or they may have held every office at one time or another. Their dedication to the affiliate is beyond question.

Unfortunately, the closeness and familiarity these members share can sometimes, over time, cause their affiliate to stagnate. Newcomers feel unwelcome. Members outside the inner circle lose interest, feeling their ideas will not be accepted.

When an affiliate stagnates and fails to function as a service organization should, the community is deprived of the support, education and advocacy services they need.

If you suspect your affiliate needs a tune-up, you should consider formulating an action plan to revitalize your affiliate and redefine the roles within it. Contact the state or national office for help.

## ***Signs Your Affiliate Needs a Tune-Up***

- The same people serve as officers year after year.
- If one of your officers becomes ill or leaves town for more than a day or two, you have no back-up, and important affiliate operations grind to a halt.
- Membership numbers are low, static or declining.
- First-time visitors to your meetings leave early and never come back again.
- While you may have support group meetings, you no longer have regular business or educational meetings, or the meetings you have are poorly attended.
- Your telephone contact person has stopped returning calls.
- None of your members has spoken with a state office staff member in recent memory.
- Your local state mental health agency has never heard of your group.
- None of your affiliate leaders uses the Internet or has e-mail access.
- Your affiliate does not have opportunities for people to engage in community action projects.
- Your Affiliate Checklist for Excellence is scarcely marked.
- You send people with mental illness or young families to another organization for their support.
- People with mental illness or young families don't feel welcome in affiliate meetings.

## ***Signs Your Tune-Up Worked***

- Membership is growing steadily.
- Membership includes a mix of newcomers, experienced members and affiliate veterans.
- Mental health care providers refer families and consumers to you for help.
- Your Board of Directors varies from year to year to include a variety of members.
- Board members and committee chairs delegate tasks to give more members a chance to be involved.
- You offer support groups that meet regularly.
- You have monthly educational meetings.
- You have a monthly newsletter.
- You know the people at your State and local Mental Health Agency and they know you.
- You have identified local community action activities for members and non-members to engage in.
- You conduct fund-raising events.
- Your contact person returns all calls within 24 hours.
- You have a means for contacting members quickly to respond to alerts by phone and e-mail.
- Your Affiliate checklist for Excellence is almost completely filled in.



# *Part IV: NAMI “State”*

*Information about  
Your State NAMI Organization*



# *Part IV*

## *NAMI (State)*

The state office staff and the State Board of Directors are here to serve you and help you strengthen your affiliate. Please contact us for help with all your affiliate operations, programs, activities and concerns.

### *Contact Information and Staff*

Insert information including: All contact information, email and website; list of programs and responsible staff; all staff and how to contact.

### *Board of Directors*

Insert the state NAMI Board of Directors roster

### *Bylaws*

Insert up-to-date state bylaws; remember to send replacement copies when amendments are made

### *Current Strategic Plan*

Insert current strategic plan; remember to send regular updates.

### *Affiliate Contact List*

Insert a copy of your state Affiliate Contract or Agreement.



# *Part V: NAMI National*

*Information about  
Your National NAMI Organization*



# *Part V*

## *NAMI National*

In April 1979, six independent support groups for parents of adults with severe and persistent mental illnesses from around the country joined forces in Madison, Wisconsin, to hold the first conference of the National Alliance for the Mentally Ill. Attendance for this historic meeting was 284.

As NAMI has evolved, interest and membership has extended beyond parents to include spouses, siblings, children and friends of people with mental illness, people with mental illness and mental health care professionals. NAMI currently has more than 220,000 members in 1,200 affiliates across the country.

### *Contact Information*

NAMI - National Alliance for the Mentally Ill  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
NAMI Information and Service Center Line – 1-888-999-6264 ([www-nami.org](http://www-nami.org))  
Main: (703) 524-7600  
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TDD: (703) 516-7227  
Member Services: (800) 950-NAMI

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### **Dates to Remember:**

August 25-27: Board Meeting (Arlington, VA)  
November 9-11: Board Meeting (Nashville, TN)  
November 11-13: Leadership Conference  
(Nashville, TN)  
March 16-18: Board Meeting (Arlington, VA)  
June 26-27: Board Meeting (Washington, DC)  
June 28-July 2: Convention (Washington, DC)



**The Nation's Voice on Mental Illness**

# **National Bylaws**

**Effective September 11, 2004**

**2107 Wilson Blvd., Suite 300  
Arlington, VA 22201  
[www.nami.org](http://www.nami.org)**

## BYLAWS

### PREAMBLE

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases

NAMI will accomplish its mission through the following:

- Coordination of activities of state and local advocacy groups
- Serving as an information collection and dissemination center
- Monitoring existing health care facilities, staff, and programming for adequacy and accountability, influencing the pre-professional and continuing education of mental health service providers
- Promotion of new and remedial legislation
- Fostering public education
- Pressing for quality institutional and non-institutional care and individualized treatment of persons with mental illness
- Promotion of community support programs, including appropriate living arrangements linked with supportive social, vocational rehabilitation and employment programs
- Improvement of private and governmental funding for mental health facilities and services, care and treatment, and residential and research programs
- Liaison with other national and international mental health organizations
- Delineation and enforcement of patient and family rights
- Soliciting and receiving funds in support of all of the above

ARTICLE I  
Membership

**Section 1.** There shall be three categories of members:

- (1) Members ("Members")
- (2) Local Affiliates ("Affiliates")
- (3) State Organization ("Organization")

**Section 2.** Voting Members. The following categories shall be voting members as provided below:

- (1) Members,
- (2) Affiliates, and
- (3) Organization

that accept the mission of the NAMI organization and pay the annual dues in the amount and manner established from time to time for voting members by resolution of the Board of Directors of NAMI.

(1) Members

- (a) Definition - a Member is:
  - (i) a person with a mental illness, or
  - (ii) a relative of a person with a mental illness, or
  - (iii) a friend of a person with a mental illness

A Member may be one individual or a family of individuals living in one household that is counted as one for the purposes of paying dues and voting. A Member accepts the mission of NAMI and shall have paid dues to an Affiliate unless waived by the Affiliate. A Member shall have had his or her annual dues paid by the respective Affiliate to the respective Organization and to NAMI.

Members may become members through an "Open Door" policy that allows for a reduced dues payment. "Open Door" Members are defined by income or economic necessity, at the discretion of the Affiliate member or State Organization. "Open Door" Members shall have all the rights and privileges of members who pay full dues.

- (b) Voting rights - Members (i) shall be the voting members of Affiliates, (ii) shall nominate and elect the members of the Board of Directors and adopt and amend the bylaws of their respective Organization, and (iii) may otherwise be voting members of their Organization, all as prescribed by the Bylaws of their Organization, and (iv) shall also be the unit for purposes of determining the number of votes to be allocated to Affiliates in their voting by proportional representation within NAMI. A Member may support and work within several Affiliates but shall be a voting member of only one (1) Affiliate for NAMI and Organization purposes.

(2) Local Affiliates ("Affiliates")

- (a) Definition - Affiliates shall be groups of five or more Members that have (i) become members of NAMI prior to the issuance of a NAMI state charter to their respective Organization, or (ii) become members of their respective Organization after the Organization having been chartered by NAMI pursuant to the provisions of Section 6 (2).

(b) Roles - The roles of Affiliates may include, among other things, to organize and assist local support groups, to provide local information and referral services, to conduct community education by serving on local committees and boards, to interact with local professionals, to involve other community groups in the NAMI agenda, to work with the local media on matters relating to mental illness, to report on local issues and needs to their Organization, to engage in fund raising for Affiliate, Organization, and NAMI offices and programs, and to engage in grass roots advocacy on local, state and federal issues.

(c) Affiliation with State Organization - Within one year of the date of chartering by NAMI as the State Organization, all existing and new Affiliates shall become members of their respective NAMI chartered State Organization.

(d) Voting rights

(i) Within Organizations - Each Affiliate in good standing may be a voting member in any election or other vote on Organizational matters, excepting the nomination and election of members of the Board of Directors and the adoption and amendment of bylaws of the Organization, as may be prescribed by the bylaws of its Organization.

(ii) Within NAMI - Each Affiliate in good standing shall be entitled to cast, in any election or other vote on NAMI matters the number of votes determined by the following table:

Number of current Members in the Affiliate ninety (90) days prior to the date of the meeting at which votes are cast	Number of Votes
5-50	1
51-100	2
101-200	3
201-300	4
301-400	5
401-500	6
501-600	7
601-700	8
701-800	9
801 or more	10

(iii) Good Standing - For purposes of determining an Affiliate's entitlement to vote, an Affiliate in "good standing" shall be defined as one in which the dues of at least 5 of its members shall have been paid to its Organization and to NAMI during the 12 months preceding the credentialing date ninety (90) days prior to the annual meeting of NAMI. A list of local voting members constituting the voting membership of the Affiliate shall accompany the dues payment.

(e) Organization Endorsement of Affiliate Applications for Membership - All applications to NAMI for Affiliate membership in NAMI shall be endorsed by their respective Organization. Failure or refusal of an Organization to endorse favorably a membership application of a proposed Affiliate within sixty (60) days of the date of the Organization's receipt of the application from NAMI may, at the election of the Applicant, be deemed a dispute to be resolved through the provisions of Section 2(3)(f) vii) below.

### (3) State Organizations

- (a) Definition - Organizations shall be groups of at least three (3) geographically dispersed Affiliates within one state, territory, foreign country or the District of Columbia ("state(s)"). Affiliates and Members in states in which there are less than three (3) such Affiliates shall be deemed members of NAMI under these Bylaws notwithstanding any other provisions of these Bylaws to the contrary.
- (b) Roles - The roles of Organizations may be, among other things, to develop a mental illness agenda within their respective states which reflects the needs of all areas of their respective states, to conduct advocacy at state level within the legislative, executive and judicial branches, to monitor the activities and the budgets of state agencies, to encourage coordination of local advocacy, to support Affiliates by (i) organizing new Affiliates, (ii) providing a state information and referral service, (iii) providing technical assistance to Affiliates, (iv) conducting state conferences, and to report on state issues to NAMI.
- (c) Eligibility for Application for Organization Charter - All Organizations existing and recognized by the NAMI Board of Directors as of August 1, 1991, may commence the process, as prescribed by the NAMI Board, of applying for a NAMI Organization Charter. A charter shall be granted to Organizations that meet the criteria established by the NAMI Board. Any three or more geographically dispersed Affiliates of NAMI within a state that a) does not have an Organization existing and recognized by the NAMI Board of Directors as of July, 1991, or b) in which the previously recognized Organization shall fail i) to commence the chartering process as prescribed by the NAMI Board or ii) to meet the criteria for state chartering by August 1, 1994 shall apply to the NAMI Board for NAMI Organization charter for that state.
- (d) Number of Organizations per State - There shall be one (1) chartered NAMI Organization in each state with three (3) or more geographically dispersed Affiliates.
- (e) Incorporation - Organizations shall be incorporated as not-for-profit corporations under the laws of their respective state, and shall meet the requirements of, and, during the period of the chartering process, shall have applied for status as a tax exempt organization under the provisions of the Federal Internal Revenue Code.
- (f) Bylaws - In addition to meeting the requirements of the laws of its state of incorporation, the bylaws of each Organization shall at a minimum contain provisions relating to the following subject matters:
  - (i) Mission statement - A mission statement consistent with NAMI's mission and means to accomplish it as stated in the preamble of these NAMI Bylaws.
  - (ii) Membership - All Affiliates and all Members of Affiliates shall be members of the Organization of the State in which the Affiliates are situated, provided that they pay the prescribed dues to NAMI and to the Organization.
  - (iii) Voting Members - Each Organization shall prescribe the method and formula by which its membership shall vote in matters internal to the Organization. The method and formula for voting shall insure that Members shall have equal access to the process of nominating and electing the members of the Organization's Board of Directors and adoption and amendment of the Organization's Bylaws, and that Members and/or voting Affiliates shall have equal access to the process of voting upon other internal

matters of the Organization, and shall further insure representation of the interests of, among others, consumers, minorities, ages, urban, rural, and other geographical areas within the state.

- (iv) Dues - The Bylaws of each Organization shall prescribe the method of determining dues to be paid by its members to the Organization.
- (v) Name and Logo - All Organizations and their Affiliate members shall include in their names the words "NAMI." Each Organization shall acknowledge that NAMI controls the use of the name, acronym and logo of NAMI and AMI, that their uses shall be in accordance with NAMI policy, and that upon termination of affiliation with or charter by NAMI, the uses of these names, acronyms and logo by an Affiliate member or Organization shall cease.
- (vi) Resolution of Disputes Between Members and Proposed Affiliates - The Board of Directors of the Organization shall be invested with authority to mediate disputes between its member Affiliates, between its proposed Affiliates and between its members and proposed Affiliates by procedures and standards established by the Organization Bylaws. In the event the resolution of the dispute cannot be achieved within ninety (90) days from the receipt by the president of the Organization of a written notice from the Board of Directors of any member Affiliate or organizers of a proposed Affiliate of the existence of a dispute, or by agreement sooner, the dispute, together with the names of the persons authorized to act on the behalf of the member or proposed Affiliate, shall be referred by the Organization Board to the NAMI Board for final and binding resolution by the NAMI Board.
- (vii) Resolution of Disputes Between the Organization and Its Member Affiliates or Proposed Affiliates - The Bylaws of each Organization shall provide for a procedure for the mediation of disputes between the Organization and one or more of its proposed or member Affiliates; in the event that a resolution of the dispute cannot be achieved within ninety (90) days from the receipt by the president of NAMI of a written notice form the organizers of a proposed Affiliate or from the Board of Directors of an Affiliate or an Organization of the existence of the dispute, or by agreement sooner, the dispute, together with the names of the persons authorized to act on behalf of the disputants, shall be referred to the NAMI Board of Directors for final and binding resolution of the NAMI Board.
- (viii) Non-Discrimination - The Bylaws of each Organization shall provide that neither it nor any member Affiliate shall discriminate against any person or group of persons on the basis of race, disability, creed, sex, religion, or age in the requirements for membership, its policies, or actions.
- (ix) Adoption/Ratification of Bylaws - The adoption or ratification of the Organization Bylaws approved for purposes of chartering by NAMI shall be by a two-thirds (2/3) majority of all Members of all NAMI member Affiliates within that state voting.
- (g) Organization Vote - Each Organization in good standing shall be entitled to cast one vote in any matter before a NAMI meeting. An Organization "in good standing" shall be one in which dues of the Organization shall have been paid to NAMI pursuant to a resolution of the NAMI Board for the current fiscal year at least ninety (90) days prior to the annual meeting.

(h) Independence - Organizations and Affiliates shall be independent of other agencies and advocacy groups not affiliated with NAMI, and shall not share bylaws, articles of incorporation, or boards of directors with such other groups

**Section 3. Supporters.** Affiliates, State Organizations, and NAMI National may recognize, for their contributions, individuals, associations, and corporations that support the mission of NAMI.

**Section 4. Procedure.**

- (1) The NAMI Board of Directors shall grant Affiliate status to Affiliates and shall charter Organizations. It shall charter no more than one State Organization for each state or territory of the United States.
- (2) In states in which an Organization has been chartered, disputes between applicants for Affiliate membership, between an Affiliate and a proposed Affiliate, or between an Organization and a proposed or member Affiliate shall be resolved as provided in Section 2(3)(f), above.
- (3) In states in which no Organization has been chartered
  - (a) Disputes between applicants for Affiliate membership, between an Affiliate and a proposed Affiliate, and disputes between Affiliates which cannot be resolved within ninety (90) days from the receipt by the president of NAMI of a written notice from the Board of Directors of any member Affiliate or organizers of a proposed Affiliate of the existence of a dispute, or by agreement sooner, together with the names of persons authorized to act on behalf of the member Affiliate or proposed Affiliate, shall be referred to the NAMI Board for final and binding resolution.
  - (b) Disputes between applicants for an Organization charter which cannot be resolved with ninety (90) days from the receipt by the president of NAMI of a written notice from the president of any of the applicants of the existence of the dispute, or by agreement sooner, together with the names of persons authorized to act on behalf of the disputants, shall be referred to the NAMI Board for final and binding resolution.

**Section 5. Continuation / Termination of Status.**

- (1) Unless and until an Organization shall fail to apply for or shall be denied a charter as an Organization, or an Affiliate shall fail to apply for or be denied membership in an Organization, within the time prescribed by these Bylaws, no change in their membership in NAMI shall occur, excepting by voluntary dissolution, or by termination of its affiliation or charter by the NAMI Board.
- (2) Termination of an Organization's charter shall not result in termination of the status of its Affiliate members as members of NAMI.
- (3) Failure of an Affiliate or Organization to comply with the NAMI Bylaws and affiliation or chartering criteria of the NAMI Board may result in termination of affiliation or charter, or such other actions, as the Board may deem appropriate.

**Section 6. Implementation Authority of the NAMI Board.** In implementation of the provisions of this Article, the NAMI Board shall prescribe (1) procedures for the granting of membership status to Affiliate and charters to Organization, (2) procedures for the resolution of disputes by the NAMI Board,

including allocation of responsibility for expenses incurred, and (3) procedures for the termination of the membership of Affiliates and the charter of Organization or the taking of other actions upon failure of an Affiliate or Organization to comply with these Bylaws and chartering criteria.

## ARTICLE II

### Finance

**Section 1.** Dues shall be set at the annual meeting of the Board of Directors.

**Section 2.** The fiscal year shall be from July 1 through June 30.

## ARTICLE III

### Meetings

**Section 1.** The annual meeting of the members of the corporation shall be held in the summer unless otherwise directed by the Board of Directors, on such dates and at such place as the Board of Directors shall designate. Voting members representing twenty (20%) per cent of the voting power of the membership shall constitute a quorum at any meeting of the members. Voting members shall designate delegates to vote at the annual meeting. Voting members may be represented by written proxy. The delegates shall act by majority vote at any meeting of the voting members at which a quorum is present, except as may be specifically provided to the contrary elsewhere in these Bylaws. All meetings of the Board, its committees and the corporation shall be governed by Roberts' Rules of Order.

**Section 2.** Special Meetings. Special meetings of the members may be called by a majority of the Board of Directors. Special meetings may also be called by petition of one-eighth of the general membership.

**Section 3.** Resolutions. All resolutions proposed to be acted upon at annual meetings shall be proposed only by voting members, the Board of Directors, or duly constituted committees of the meeting. All proposed resolutions shall be submitted to a Resolutions Committee appointed pursuant to Article VI, Section 2 of the bylaws, in writing and in advance of the meeting session at which they are to be considered. Proposed resolutions must be received by the national office not less than 90 days prior to the meeting. Such resolution shall be forwarded to each voting member in good standing not less than 30 days prior to the. Resolutions shall be sent to the national office by registered mail.

## ARTICLE IV

### Board of Directors

**Section 1.** Directors. The Board of Directors shall consist of sixteen (16) in number, including fifteen (15) regular directors elected by the membership and one (1) Consumer Council director elected by the Consumer Council.

**Section 2.** Qualifications. The Board of Directors shall be NAMI members and consist of, at least seventy-five percent, persons who have or have had mental illness, or parents or other relatives thereof. Directors may serve no more than two consecutive full terms.

**Section 3.** Terms of Office. Commencing in 1990 and at each annual meeting thereafter, the membership shall elect five (5) regular directors for a term of three (3) years or until their respective successors shall have been duly elected and qualified to succeed the class of regular directors whose term will expire at the end of such meeting; commencing in 1992 and at each third annual meeting

thereafter, the Consumer Council shall elect from its members the Consumer Council director for a term of three (3) years or until his or her successor shall have been elected and duly qualified to fill vacancy of the Consumer Council director whose term shall have expired that year.

**Section 4. Nominating Procedure for Regular Directors.** Nominations for regular directors shall be made by Affiliates and Organizations. No Affiliate or Organization may nominate more than one individual for regular director per election. Nominations shall be in writing and forwarded to the office of the president of the corporation not less than ninety (90) days prior to the commencement of the next annual meeting. The office of the president shall submit to each voting member the name, nominator, and resume of each individual so nominated.

**Section 5. Vacancy.** In case of any vacancy of one or more regular members of the Board of Directors, the Board of Directors shall elect the person or persons who shall fill the vacancy or vacancies until the next annual meeting, at which meeting the voting members shall elect the person or persons for the then remaining unexpired term or terms. In the event of a vacancy that occurs after the close of the 90-day nomination period prior to an annual meeting, but still prior to the annual meeting, the Board of Directors shall elect a replacement to serve until the subsequent annual meeting (that is, the annual meeting that takes place after the next cycle of the nominating period). In case of any vacancy of the Consumer Council member of the Board of Directors, the Executive Committee of the Consumer Council shall elect a Consumer Council member to fill the vacancy for the unexpired term.

**Section 6. Consumer Council.** There shall be a Consumer Council of persons who have or have had mental illness. Each state voting member, or if there is no state voting member in a state, then the local voting members of that state, by consensus, shall elect a person who has or has had mental illness to the Consumer Council. The Consumer Council shall serve in an advisory capacity to the Board of Directors and shall elect one of its members to the Board of Directors. All Consumer Council members shall be members in good standing of a state or local voting member.

## ARTICLE V Directors Meetings

**Section 1. Annual Meeting.** After each annual meeting of the members, the Board of Directors shall meet and organize by electing, from among the directors, the officers and chairmen of the standing committees. Such officers and chairmen shall hold office until the next annual meeting or until their successors shall have been duly elected.

**Section 2. Regular Meetings.** In addition to the Annual Meeting, the Board of Directors shall hold at least two regular meetings annually, the times and places therefor to be designated by the President.

**Section 3. Special Meetings.** Special meetings of the Board of Directors may be called by the President or any three members of the Board of Directors.

**Section 4. Quorum.** A majority of the Board of Directors shall constitute a quorum at any meeting; and a majority of those present in either case shall have power to act in all matters, except as specifically provided to the contrary elsewhere in these Bylaws, provided, however, that no real estate of the corporation shall be sold, leased, mortgaged, or otherwise disposed of, except by resolution approved by not less than a majority of the Board of Directors.

**Section 5. Duties.** In addition to the responsibilities vested in them by these Bylaws, the directors shall be vested with the responsibility to execute the corporate purposes as stated in the Statement of Purpose contained in the Articles of Incorporation and the expressed consensus of the members. It shall be the

continuing responsibility of the Board of Directors to evaluate the overall function of the organization to ensure that the purposes are being adequately served.

**Section 6. Consent to Corporate Action.** If the directors of the corporation, acting without a meeting, shall severally or collectively consent in writing to any action to be taken by the directors, such consents shall have the same force and effect as a unanimous vote of the directors at a meeting duly held. Any certificate in respect of action taken by the written consent of the directors shall state that such action was taken in accordance with this Bylaw and has the same force and effect as a unanimous vote of the directors at a meeting duly held.

**Section 7. Removal for Non-attendance at Board Meetings.** The failure by an individual Director to attend two consecutive meetings of the Board of Directors without excuse may serve as a basis for removal of that individual from the Board. The determination of whether a particular individual should be removed for non-attendance shall include consideration of contributions that the individual has made to the organization in his or her capacity as a Director in lieu of attendance at Board meetings. When the Board of Directors determines that an individual should be removed, that individual shall be provided with notice of the intention to remove and shall have the opportunity to respond and object to such removal before the full Board within 10 days of receipt of notice. This will become effective for Directors elected beginning 1993.

## ARTICLE VI Committees

**Section 1. Executive Committee.** The Executive Committee shall be comprised of the President, the two Vice-Presidents, the Secretary, the Treasurer and the Executive Director ex officio. The President shall act as Chairman and the Secretary as Secretary of the Committee. In the interim between the meetings of the Board of Directors, the Executive Committee shall have and shall exercise all of the powers of the Board save and except only the powers to fill vacancies in the Board of Directors, and to remove officers elected or appointed by the Board of Directors. Three of the regular members of the Committee shall constitute a quorum. All actions shall require a majority vote of the regular members present. The Committee shall keep minutes of all of its meetings and transactions, and such minutes shall be reported at each meeting of the Board for approval and ratification by the Board of actions taken by the Executive Committee.

**Section 2. Standing Committees.** The Board of Directors by resolution adopted by a majority of the Directors in office may designate Standing Committees of the Directors. Such committees, to the extent provided in such resolution, shall have and exercise the authority of the Board of Directors in the management of the corporation.

**Section 3. Other Committees.** Other committees not having and exercising the authority of the Board of Directors and not necessarily having a Director as a member thereof may be designated by resolution adopted by a majority of the Directors in office.

## ARTICLE VII Officers

**Section 1. General.** The corporation shall have a President, two Vice-Presidents, a Secretary and Treasurer, and such other officers, as the Board of Directors shall deem necessary for the proper management of the corporation.

**Section 2. President.** The President shall preside at all meetings. The President shall exercise such authority and perform such duties as the Board of Directors may from time to time assign.

**Section 3. Vice-Presidents.** In the event of the death, absence, incapacity, inability or refusal to act of the President, then the first Vice-President, then the second Vice-President, shall perform such other duties and exercise such other authority as may be from time to time imposed upon or assigned to them by the Board of Directors.

**Section 4. Secretary.** The Secretary shall attend all meetings of the Board of Directors and shall record all votes taken and the minutes of all proceedings in a minute book of the corporation to be kept for that purpose. The Secretary shall give notice of meeting and shall perform such other duties as are incident to the office of Secretary and as may be assigned to the Secretary by the Board of Directors or President of the Corporation. The Secretary shall retain in the minute book of the corporation all written consents of the Directors adopted in accordance with Section 6 of Article V. The Secretary shall attest the signatures of authorized officers of the corporation on any instrument requiring attestation. The Secretary may, with the consent of the Board of Directors, assign such duties to the staff of the corporation with the exception of the attestation of the signatures of authorized offices of the corporation.

**Section 5. Treasurer.** The Treasurer shall have supervision and custody of all monies, securities and other valuable properties of the corporation and shall cause to be kept full and accurate accounts of the receipts and disbursement of the corporation in books belonging to it. The Treasurer shall cause all monies and other valuable effects to be deposited in the name and to the credit of the corporation in such accounts and in such depositories as may be designated by the Board of Directors. The Treasurer shall disburse and supervise the disbursement of funds of the corporation in accordance with authority of the Board of Directors, taking proper vouchers therefore. The Treasurer shall render to the President and Directors, whenever required, a written detailed account of his transactions as Treasurer and of the financial condition of the corporation, including a statement of all its assets, liabilities, and financial transactions. The Treasurer shall further perform such other duties as the President or Board of Directors direct and such other duties as usually pertain to the office of treasurer. The Treasurer may, with the consent of the Board of Directors, assign such duties to the staff of the corporation. The Treasurer shall be relieved of all of the responsibility for any securities or monies or the disbursement thereof committed by the directors to the custody of any other person or corporation, or the supervision of which is delegated by the Board of Directors to any other officer, agent or employee, and the Treasurer shall not be responsible for any action of any officer, agent or employee of the corporation.

#### ARTICLE VIII

##### Executive Director

An Executive Director may be employed by the Board of Directors and shall have general direction of and supervision over the day-to-day affairs of the corporation. The Executive Director shall exercise such authority and perform such duties as the Board of Directors may from time to time assign to the Executive Director.

#### ARTICLE IX

##### Indemnification of Directors, Officers, Employees and Agents

**Section 1.** Each person who is or was a director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, trustee or agent of another corporation, partnership, joint venture, trust or other enterprise shall be indemnified by the corporation

in the manner and to the full extent that the corporation has power to indemnify such person under section 351.355 of the General and Business Corporation Law of Missouri as now in effect or hereafter amended; provided, however, that the corporation shall not so indemnify such person, or purchase or maintain indemnity insurance for the benefit of such person, in the event such indemnification or expenditure would either (i) then constitute an act of "self-dealing" or a "taxable expenditure," as defined by Sections 4941 (d)(1) and 4945 (d), respectively, of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States Internal Revenue Code, as amended), or (ii) violate the provision of Section 355.530 or any other section of the Revised Statutes of Missouri as then in effect.

#### ARTICLE X

##### Notice of Time and Place of Meetings

**Section 1. Notices.** Written notice stating the place, day and hour of the meeting and, in the case of special meetings, the purpose or purposes for which the meeting is called, shall be delivered or given, either personally or by mail, to each member or director of record at such address as appears on the books of the corporation, not less than two (2) weeks before the date of the meeting in the case of the annual meetings of the members or Board of Directors, and not less than one (1) week before the date of the meeting in the case of any other meetings of members or meetings of the Board of Directors. Notice given by mailing shall be deemed given at the time such notice is postmarked. Whenever any notice is required to be given, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent thereto.

**Section 2. Time and Place.** Except where the Bylaws elsewhere provide for a specific time or place, the caller or callers of a meeting of the members or of the Board of Directors shall designate the time and place of such meeting

#### ARTICLE XI

##### Revision or Amendment of Bylaws

Revisions or amendments may be proposed by any voting member, or by any Director. Any such proposed amendments shall be submitted in writing by registered mail to a Bylaws Committee not less than ninety (90) days prior to the date of the next annual meeting. Each voting member shall receive all proposed revisions or amendments to the Bylaws not less than thirty (30) days prior to the next annual meeting. A two-thirds majority of the voting power of the membership voting shall be required to amend the Bylaws.

#### ARTICLE XII

##### Seal

The corporation shall have no seal.

#### ARTICLE XIII

Whenever not otherwise provided in the Bylaws, the internal affairs of the corporation shall be governed by the procedures established in the General Not-For-Profit Corporation law of the State of Missouri.



**nami**

**The Nation's Voice on Mental Illness**

**2004-2005  
NAMI Strategic Plan**

**Adopted by the NAMI National Board of Directors  
December 16, 2003**

# **NAMI 2004-2005 Strategic Plan**

## **Table of Contents**

### **Introduction: NAMI's 2004-2005 Strategic Plan .....20**

The NAMI National Board of Directors is pleased to present the 2004-2005 NAMI Strategic Plan.

### **The Strategic Planning Process .....22**

The NAMI National Board's Planning Committee launched an inclusive and interactive planning process, culminating in this document.

### **Mission, Vision & Envisioned Future .....24**

NAMI is indebted to the leaders who crafted the elegant and exciting five-year vision that frames the 2004-2005 plan.

### **Emerging Essential Themes in 2003 ..... 26**

Grounded in the vision expressed in 2001, NAMI's 2003 strategic planning discussions were notable for their emphasis on partnership and inclusion.

### **NAMI's 2004-2005 Strategic Goals ..... 29**

NAMI's 2004-2005 Strategic Plan incorporates seven strategic goals. The goals both honor traditional NAMI values and principles and seek to stretch that tradition to meet new challenges and opportunities.

#### **STRATEGIC GOAL #1..... 31**

People living with and recovering from mental illness have access to and benefit from evidence-based and emerging science-based practices in substantially improved mental health care systems that embrace family and consumer support and education.

#### **STRATEGIC GOAL #2..... 33**

NAMI empowers families and consumers through customized, state-of-the-art support and education.

#### **STRATEGIC GOAL #3.....**

**35**

NAMI's membership and leadership draw strength from all of America's diverse communities.

**STRATEGIC GOAL #4 .....37**  
NAMI is joined by new and influential partners who provide support and funding in achieving NAMI's strategic goals and mission.

**STRATEGIC GOAL #5.....38**  
NAMI national, state, and affiliate organizations work together to strengthen one another and achieve strategic goals.

**STRATEGIC GOAL #6.....40**  
Community leaders and the public increasingly support early identification and treatment, crisis intervention and acute care, comprehensive community treatment and supports, and the hope of recovery for all people living with mental illnesses.

**STRATEGIC GOAL #7 .....42**  
NAMI is the nation's voice for the most vulnerable and neglected individuals living with mental illness.

**Implementation, Evaluation and Accountability ..... 44**

*Appendices*

**August 2003 Strategic Planning Retreat Participant List.....46**  
**List of Resources Reviewed by Strategic Planning Group.....47**  
**NAMI's 2003 Strategic Planning Timeline.....48**  
**Glossary of Terms.....49**

## ***Introduction:***

### ***NAMI's 2004-2005 Strategic Plan***

The NAMI National Board of Directors is pleased to present the 2004-2005 NAMI Strategic Plan. This plan will guide NAMI from January 2004 through December 2005. The Board looks forward to working with all NAMI members to achieve the vision and goals articulated within this Plan.

Periodically, NAMI gathers its leadership to review the direction, strengths, challenges and ultimate goals of the organization and the movement it embodies. Action steps to close the gap between the desired future for NAMI and current conditions are identified and implemented. In August 2001, the first NAMI strategic planning retreat was held. From that gathering emerged a five-year vision that can be credited with substantial impact on the shape of NAMI today, just two years later.

NAMI is mid-stream in a five-year strategic planning process. NAMI's 2004-2005 Strategic Plan responds to the challenges before the organization and offers NAMI a revised and exciting course for the coming months. The 2004-2005 Strategic Plan addresses activity from January 2004 through December 2005 – the second phase in NAMI's five-year plan – and is an updated version of the 2001 document, sustaining NAMI's unique values and vision as they were articulated in 2001. This is a plan designed to guide all segments of the NAMI organization so that NAMI is – and is viewed as – a seamless entity, promoting hope and recovery for people who live with mental illness and their families.

The 2004-2005 Strategic Plan does not represent all that NAMI does, nor is it meant to minimize activities that are not expressly mentioned within the plan. Rather, it is a compilation of the *new focus and efforts* that seem *most important* in responding to the circumstances surrounding NAMI *today*.

NAMI's 2004-2005 Strategic Plan goals are these:

**GOAL #1: People living with and recovering from mental illness have access to and benefit from evidence-based and emerging science-based practices in substantially improved mental health care systems that embrace family and consumer support and education.**

*Vision: NAMI is driving the positive transformation of mental health systems at all levels nationwide.*

**GOAL #2: NAMI empowers families and consumers through customized, state-of-the-art support and education.**

**Vision: Consumers and families achieve personal and family well being and recovery through support and education programs that define a national standard of excellence.**

**GOAL #3: NAMI's membership and leadership draw strength from all of America's diverse communities.**

**Vision: The NAMI movement involves diverse populations in all activities and leadership roles, ensuring membership and leadership representation across the life span and from America's broad cultural and life experiences spectrum.**

**GOAL #4: NAMI is joined by new and influential partners who provide support and funding in achieving NAMI's strategic goals and mission.**

**Vision: NAMI national, state, and local organizations have expanded sources of funding, strengthened partnerships, and built new strategic alliances to better achieve NAMI's education, support, advocacy and research mission, and have successfully funded the accomplishment of all strategic goals.**

**GOAL #5: NAMI national, state, and affiliate organizations work together to strengthen one another and achieve strategic goals.**

**Vision: NAMI National, State Organizations, and Local Affiliates act as integrated, cooperative units working in interdependent collaboration with one another to create a strong nation-wide organization.**

**GOAL #6: Community leaders and the public increasingly support early identification and treatment, crisis intervention and acute care, comprehensive community treatment and supports, and the hope of recovery for all people living with mental illnesses.**

**Vision: Community leaders demand early identification, targeted intervention, and services and supports for people living with mental illness. Americans increasingly understand the importance of individual recovery for the greater social good.**

**GOAL #7: NAMI is the nation's voice for the most vulnerable and neglected individuals living with mental illness.**

**Vision: NAMI champions the needs of people living with mental illness who are the most ill and at risk. NAMI at all levels gives special attention to those with special needs and those who are poor or on the margins of society.**

## ***The Strategic Planning Process***

Strategic planning drives and enables planned change. Strategic plans focus on an organization's primary purposes and chart a positive course of action in support of these purposes. The process demands creativity and energy and offers multiple opportunities to extend NAMI capacity across the nation. If a plan becomes too static, if it is too bound by itself, it is neither constructive nor tactical. Embracing organizational transformation requires flexibility and some measure of daring. NAMI has embraced the challenge of planning and now reaps its rewards.

The NAMI National Board's Planning Committee has employed an inclusive and interactive planning process, culminating in this document. The Planning Committee appointed the Strategic Planning Group (SPG) as the responsible body in proposing NAMI's strategic course between 2001 - 2006. The members of the 2003 Strategic Planning Group were charged with developing the Draft 2004-2005 Strategic Plan and were selected to represent key stakeholders at each level of the NAMI organization: local, state, and national. The SPG is a representative and diverse group, composed of members of the Consumer Council, State Presidents Council, Executive Directors Group, local Affiliate leaders, national Board members, and national staff. As part of the effort to learn from the grassroots, three task forces were also established to report to and inform SPG debate.

The 2003 SPG was convened in January 2003 and spent seven months in preparation for its retreat, August 8-10, 2003, at the MITAGS facility in Lithicum Heights, Maryland. SPG met briefly at the Leadership Conference in January 2003, for a more in-depth, weekend-long discussion in February, and again at the NAMI annual convention in July. Between meetings, SPG members remained in contact and received background documents via email.

At the August retreat, SPG members worked with a process facilitator who helped the group identify operating norms and stay on task throughout the weekend. The group agreed it would work together with an open mind and open heart; be fully present; ask questions to create understanding; contribute their own perspectives to the dialogue; listen respectfully; be willing to name emotions; care for one another; and find ways to include those on the SPG who were not present. The group worked in a consensus decision-making model, which defined "consensus" by everyone's ability to say, upon reaching a decision, that:

"I have said all I have to say and I believe all can understand me. I have listened to what others have said and I believe I understand them. I will support the decision of the group even though it may not have been my first choice."

In preparing to draft their report, Strategic Planning Group members took careful note of all the input received. The SPG conducted a traditional SWOT analysis (Strengths, Weaknesses, Opportunities and Threats); reviewed NAMI's states' needs assessment; performed an environmental scan of external trends through recently-acquired TRIAD

(NAMI's Treatment/Recovery Information and Advocacy Database) data; and absorbed input from NAMI task forces on Standards, Development, Technology & Communications and informal "listening forums."

The SPG reviewed NAMI's mission and vision statements and examined the current strategic goal statements for relevancy and impact. The group found NAMI's mission and vision both compelling and resilient – then set about identifying the most important steps NAMI could take in pursuit of the articulated goals. In the course of discussion, two goal statements from the original 2001 plan seemed to merge and have been combined in the 2004-2005 plan. The group embraced the evolution of the goal statements as an indication of organization growth and maturity. Subsequent discussion centered on surfacing key challenges facing the organization and identifying specific "key result measures" to be achieved by December 2005.

Once the SPG draft document was available in early September, NAMI's leadership groups (State Presidents Council, Consumer Council, Executive Directors Group, Veterans Council, and an Affiliate Leaders ad hoc focus group) were asked for input, reporting to the Planning Committee at the October 2003 National Board meeting. Wishing to absorb and reflect on advisory group input, the Board adopted the SPG draft document as its own, while continuing to consider the advisory groups' input. The draft plan was distributed to every State Organization and Local Affiliate via mail and electronic files were made available on NAMI's intra-net (NAMINet) and the Members section of the public Web site [www.nami.org](http://www.nami.org). Through regional "Town Hall" conference calls, an email "comments" address, online discussion group, and receipt of faxed, phoned, and mailed input, the Planning Committee heard from scores of NAMI members and leaders regarding the draft.

The Board's Planning Committee collected and considered all input, then drafted the final version of the plan, which was presented to the Board in early December 2003. Based on Board discussion and input received, a new goal was introduced (Goal 7) focusing on the most vulnerable and at-risk people who live with serious mental illness. The National Board discussed and unanimously approved the final version during a teleconference meeting on December 16, 2003. NAMI's approved 2004-2005 Strategic Plan was shared with NAMI leaders and members and given a formal launch at NAMI's Leadership Conference in January 2004.

## ***Mission, Vision & Envisioned Future***

NAMI is indebted to the leaders who crafted the elegant and exciting five-year vision that frames this 2-year plan. The 2001 vision bears repetition and is presented below as it was adopted by the National Board on November 9, 2001:

### ***NAMI's Mission***

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.

### ***NAMI's Vision***

<b><i>Core Ideology</i></b>		<b><i>Envisioned Future</i></b>	
<b><i>Core Values</i></b>	<b><i>Core Purpose</i></b>	<b><i>Big Goal</i></b>	<b><i>Description</i></b>
<ul style="list-style-type: none"> <li>• <i>Grassroots</i></li> <li>• <i>Advocacy</i></li> <li>• <i>Science</i></li> <li>• <i>Support</i></li> <li>• <i>Education</i></li> <li>• <i>Dignity</i></li> </ul>	<p><i>NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases.</i></p>	<p><i>Mental illness is no obstacle to a full life.</i></p>	<ul style="list-style-type: none"> <li>• <i>All people nationwide can turn to a seamless NAMI organization for help and receive it</i></li> <li>• <i>All vestiges of stigma and discrimination have been eliminated.</i></li> <li>• <i>The best evidence-based and emerging science-based treatments are delivered to all people who live with mental illness.</i></li> </ul>

### ***NAMI's Envisioned Future***

NAMI's vision helps give form to the discrete and specific elements of the plan and its key outcomes discussed later in this report. In our envisioned future all people nationwide can turn to a seamless NAMI organization for help and receive it when they need it; all vestiges of stigma and discrimination have been eliminated; and, the best evidence-based and emerging science-based treatments and supports are delivered to all people who live with mental illness. Mental illness is no longer an obstacle to a full and satisfying life; it has either been eradicated or its impact greatly diminished as a result of research, early intervention and treatment.

***In 2001, NAMI leaders articulated a five-year vision:***

**Membership:** By 2006, NAMI will support over 400,000 members. Our membership will reflect the diversity of the community as a whole with outreach to those groups who remain under-represented among NAMI's membership.

**Budget:** The national office will have consistent funding greater than \$15,000,000. A method of tracking the total, combined budgets of the NAMI organization across its three levels will have been achieved. Funding sources will tend towards a balance of industry, membership, government, and other sources. The national office will have built an endowment of at least \$5,000,000 and will maintain a solid fiscal operational basis with annual surplus of at least 10% and a cash reserve of at least six months. All of NAMI's finances will be fully disclosed to its members and the public to reduce concerns about potential conflicts of interest.

**State Organizations and Affiliates:** Strong NAMI State Organizations will operate in every state and territory of the United States. Each State Organization will cover every major geographic area in their state directly through NAMI chartered affiliates and support groups. We will have a national training program to nurture and promote consumer, volunteer, and staff leadership and to keep leaders abreast of the most recent advances in management, fund-raising and advocacy. Centers of excellence within the NAMI organization will be identified and will operate to provide technical assistance and training in areas of unique capability.

**Evidence-based and Emerging Science-based Practices:** NAMI will continue to support basic and applied research and aggressively work to implement the resulting evidence-based and emerging science-based practices and services. NAMI will remain a key source of evidence-based and emerging science-based programs for consumer and family support and education.

**Policy Leadership:** NAMI will continue to make significant contributions to the development of policy on severe and chronic mental illnesses with a special focus on representing the views of families and consumers. The NAMI Policy Research Institute will operate task forces involving consumers, family members, experts and researchers to study issues of complexity in mental health policy. The Policy Research Institute will support and strengthen the policy-making responsibilities of the national board of directors. NAMI will maintain a national media presence that helps educate the public on mental illness issues, attacks stigma and discrimination, and promotes system reform.

**Infrastructure:** NAMI will have a technology base that allows interactive communications between all stakeholders, delivers distance learning, and allows rapid dissemination and communication among members. NAMI will operate as a seamless, unified national organization and mobilize its resources quickly and effectively in all areas it chooses.

## ***Emerging Essential Themes in 2003***

Grounded in the vision expressed in 2001, new and important themes emerged in NAMI's 2003 strategic planning discussions. These themes were notable for their emphasis on partnership and inclusion – and their universal applicability to NAMI's efforts nationwide. Participants urged incorporation of “inclusion” as a new NAMI value and spoke eloquently to the importance of integration, respect, and inclusiveness in securing NAMI's future and success. Special attention focused on inclusion of consumers in *all* NAMI activities.

Throughout the planning process, the name “NAMI” was and is understood to mean *all* NAMI – the greater NAMI organization – in recognition and appreciation of the healthy interdependence all NAMI entities must have. The resulting strategic plan reflects a growing desire among NAMI members and leaders to work collaboratively, cooperatively, and as a seamless organization while respecting the appropriate autonomy of each.

Beginning with input from the Task Forces, listening forums, and SPG and Board members' own experience, planning discussions focused around building a stronger NAMI by recognizing and leveraging the various and remarkable strengths among NAMI members and leaders, placing high priority on getting and keeping the “NAMI house” in order.

The National Board hopes that all NAMI members will see numerous opportunities to be involved and active in accomplishing the vision expressed in this Plan. Many specific recommendations from the Task Forces, listening forums, and advisory councils have been incorporated in the Plan and reflect the Plan's relevance in the work of NAMI members at all levels. For example, the Veterans Council's recommendation that the Veterans Affairs system (VISNs and other VA bodies) be included whenever NAMI speaks of “health care systems” has been accepted and should be assumed throughout the plan. Similarly, at the suggestion of the Development Task Force, local Affiliate leaders, and listening forums, voluntary pilot and demonstration projects provide venues for collaborative learning and building relationships among and between all NAMI organizations. The State Presidents Council's and Executive Directors Group's recommendations on accountability – at all levels – are reflected in refinements to key result measure language throughout the Plan, and in the work plans that will be developed from it.

Several significant themes emerged in the SPG, Planning Committee, and “public comment” discussions around the 2004-2005 Strategic Plan. These themes emerged as elemental and essential to every part of the plan: they should be understood within the plan, even if they are not expressly stated in the goal, vision, or key result measures' language:

***Recovery:*** The *goal* of recovery is a cornerstone of NAMI's promotion of support and education as well as its support for evidence-based practices. NAMI understands “recovery” as a process – an individually defined journey – that occurs when a person

with a mental illness discovers (or rediscovers) strengths and abilities for pursuing personal goals and develops a sense of identity that allows growth beyond the mental illness, regardless of age or diagnosis. While NAMI views recovery as an achievable outcome, we recognize that for many families and consumers it is still painfully elusive. We are equally dedicated to supporting and empowering those for whom recovery may not seem realistic at this time. NAMI's aim and expectation is that participation in NAMI and our programs, events, and initiatives will *contribute* to the recovery process.

**Cultural Competence:** *Although a specific goal (Goal #3) speaks to diversity and contains key result measures that specify particular efforts for which NAMI wants to hold itself accountable, cultural competence should be viewed as an vital theme throughout the Plan. SPG members identified failure to make progress in this area as an explicit threat to NAMI's future success. Experience has demonstrated the power of amending programs, publications, and initiatives to suit diverse audiences and reflect the broader human experience.*

Mental illness has intergenerational impact: *NAMI members know that mental illness is a family matter, its impact stretching across generations as well as up and down the age spectrum, affecting children, youth, adults, and the elderly. NAMI is committed to empowering all generations of the family to successfully manage their treatment and recovery. Research shows the tremendous impact early identification, intervention and treatment have on long-term outcomes: this evidence alone compels NAMI to keep children and youth very much in the fore of its advocacy and programs. This theme finds expression in the Plan's parallels with the President's New Freedom Commission Report on Mental Health, in a key result measure for targeted program development around children/youth, as well as the primacy of children and youth issues in the Campaign for the Mind of America. At the other end of the age spectrum, NAMI will focus attention on the impact of mental illness in later life and look at the life-long implications of mental illness for consumers and families.*

Inclusion and Representation of the Broad Spectrum of "Life Experiences"  
*Recognizing that different life experiences – from age and ethnicity to sexual orientation or the experiences of military service, homelessness or poverty – shape our interactions with the world around us, NAMI is striving to incorporate these valuable perspectives to enrich and empower NAMI programs, leadership, and policy.*

**Balance of Healthy Interdependence and Culture of Innovation:** Early in SPG discussion, the concept of "healthy interdependence" emerged as an important planning theme. SPG members intended by this that all NAMI entities would seek and find ways to rely on one another in trusting, constructive ways that will make NAMI a stronger and more flexible organization. Balanced with this dedication to interdependence was an understanding that NAMI must continue to honor its "culture of innovation" through which the unique needs of a particular community can be addressed without compromising NAMI's unity and strength. This dual theme expresses a general sense that to be truly strong, NAMI leaders must be willing to share power, communicate honestly, and delegate responsibility. This theme is reinforced with the Plan's emphasis on creating a "seamless" organization, that is, an organization well enough organized that neither members nor members of the public "fall through the cracks" as they seek

information or services from NAMI at any level. NAMI's aspiration to be "seamless" speaks to a desire for clarity of mutually embraced roles and responsibilities.

**Communication:** NAMI's ability to communicate effectively both internally and externally is of paramount importance – especially in nurturing and growing the grassroots. The 2004-2005 Strategic Plan emphasizes building both infrastructure and operating procedures to support improved communication across and among all NAMIs. Through improved communication, NAMI will build stronger organizational relationships and a healthy interdependence that will enable each NAMI member to do what she or he does best, knowing others are addressing other important areas of need. For example, better communication around and coordination of national, state, or local independent fund raising efforts will likely yield better returns for all parties.

**Leadership:** NAMI's envisioned future assumes a depth and breadth of leadership that will require assertive, on-going, and creative cultivation. Current NAMI leaders recognize the need to identify and equip *new* generations of leaders, especially among young families, consumers, and diverse communities. Full integration of new leaders has emerged as a high priority. Innovations in mentoring, training, and skill development are viewed as essential to organizational success and opportunities for leadership and organizational development are incorporated throughout the Plan.

**Accountability & Data Collection:** Data collection and evaluation are essential to measuring NAMI's success. The 2004-2005 Strategic Plan anticipates significant improvement in NAMI's ability to collect and interpret data on everything from access to treatment to membership. Data collection is dependent on the participation and contributions of all involved – local, state and national NAMI's – and is an important responsibility shared across the organization. NAMI's' collective ability to document and evaluate – and, ideally, demonstrate an "evidence-base" for NAMI's own work – will strengthen fund development capacity, allow for program improvement, and provide for measurable outcomes.

# NAMI's 2004-2005 Strategic Goals

NAMI's 2004-2005 Strategic Plan incorporates seven strategic goals. The goals both honor traditional NAMI values and principles and seek to stretch that tradition to meet new challenges and opportunities. NAMI's goal statements offer a view of the world as we would like it to be. Their achievement will require sustained effort over long periods of time. In the short term, the goals highlight priorities and critical matters for the NAMI movement. They are designed to inspire us and help us move as an integrated community to fulfill NAMI's mission.

Each goal is provided with a vision statement and several key result measures. The vision statement elaborates on the goal, giving it greater depth and breadth. Key result measures are designed to be specific, measurable, action-oriented plans that provide opportunities to build relationships within NAMI and demand creative new tactics to achieve NAMI's mission. Key result measures are intended to be achievable within the plan period and each will eventually result in a work plan that will detail the implementation steps needed to achieve it.

NAMI's 2004-2005 Strategic Goals are energized expressions of the 2001 goals:

Goal #1: *"NAMI must drive the local, state, and national debate on mental illness system reform"* now draws on the President's New Freedom Commission's report on mental health, moving beyond mere discussion or debate to tangible systems' change, becoming:

***People living with and recovering from mental illness have access to and benefit from evidence-based and emerging science-based practices in substantially improved mental health care systems that embrace family and consumer support and education.***

Goal #2: *"NAMI must work to improve treatment outcomes by advancing evidence-based and emerging science-based practices"* honors NAMI's long tradition of support and education; challenges NAMI to expand the state-of-the-art in support and education programs; and elevates the unparalleled importance of support and education in families' and consumers' lives, becoming:

***NAMI empowers families and consumers through customized, state-of-the-art support and education.***

Goal #3: *"NAMI must actively reach out to under-served and priority populations"* now reflects an unflinching commitment to diversity within NAMI and provision of genuine leadership opportunity for members with varied life experiences. The new goal statement challenges NAMI to do more than simple outreach, becoming:

***NAMI's membership and leadership draw strength from all of America's diverse communities.***

Goal #4: “NAMI must broadly expand its capabilities through groundbreaking partnerships and increased funding” now ties strategic partnership to organizational success and equates collaborative relationships with sources of strength, becoming:

***NAMI is joined by new and influential partners who provide support and funding in achieving NAMI’s strategic goals and mission.***

Goals #5 and #7: “NAMI must significantly strengthen its nationwide network of state and affiliate organizations” and “NAMI must link its resources nationwide through unified planning, membership, development and strategies” have merged. The central importance of supporting NAMI’s grassroots and building collaborative relationships – a “healthy interdependence” – within and across NAMI become a unified goal:

***NAMI national, state, and affiliate organizations work together to strengthen one another and achieve strategic goals.***

Goal #6: “NAMI must dramatically increase public commitment to mental illness and community integration by combating stigma and discrimination” shifts focus from stigma – which is deeply rooted in American traditions and slow to change – to community leaders’ and the public’s commitment to addressing the crisis of untreated mental illness in their own community, becoming:

***Community leaders and the public increasingly support early identification and treatment, crisis intervention and acute care, comprehensive community treatment and supports, and the hope of recovery for all people living with mental illnesses.***

Goal #7: NAMI’s dedication to the people living with mental illness who are most vulnerable and whose needs have been least well met is fundamental to our being and mission. As we speak increasingly of “recovery,” NAMI must never appear to lose sight of those for whom recovery does not yet seem possible – and around whom NAMI’s potent advocacy was first corralled. Drawing on NAMI’s efforts to transform the mental health care system and its commitment to partner with diverse community leaders to promote access to and use of evidence-based practice, NAMI introduces a new goal in the 2004-2005 Plan:

***NAMI is the nation’s voice for the most vulnerable and neglected individuals living with mental illness.***

# STRATEGIC GOAL #1

**People living with and recovering from mental illness have access to and benefit from evidence-based and emerging science-based practices in substantially improved mental health care systems that embrace family and consumer support and education.**

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***Vision: NAMI is driving the positive transformation of mental health systems at all levels nationwide.***

The President's 2003 New Freedom Commission on Mental Health report expresses some of the important characteristics of a transformed mental health system and provides a standard against which progress can be measured. The Commission's report included six goals that were heavily influenced by NAMI's work over the last 25 years:

- ◆ *Goal 1:* American's Understand that Mental Health is Essential to Overall Health
- ◆ *Goal 2:* Mental Health Care is Consumer/Family Driven
- ◆ *Goal 3:* Disparities in Mental Health Services are Eliminated
- ◆ *Goal 4:* Early Mental Health Screening, Assessment, and Referral to Services are Common Practice
- ◆ *Goal 5:* Excellent Mental Health Care is Delivered and Research is Accelerated
- ◆ *Goal 6:* Technology is Used to Access Mental Health Care

NAMI will leverage the New Freedom Commission report, advancing family/consumer involvement, and advocating for evidence-based practices and early identification and intervention for children, adolescents, and adults living with mental illness.

NAMI is dedicated to leading the nation's formulation of data-driven mental health policy across the life span and America's cultural spectrum. NAMI's advocacy will address needs across the life span, with renewed attention to the "ends" of the age spectrum – children, adolescents, and elderly people living with mental illness.

Using the existing Child and Adolescent Action Center as a model, NAMI will create additional Action Centers to provide organized centers for multi-disciplinary activity around issues of particular interest to NAMI members. Action Centers are intended to spur coordinated action in advocacy, support, education, and research. Their goal is to be an effective clearinghouse and support center for a nation-wide network of NAMI members who are determined to network, coordinate their efforts and advocacy, share their work, support one another, and develop programs and initiatives in support of their areas of interest and concern. Action Centers both advance the national policy agenda *and* support local initiatives. Through Action Centers, NAMI will achieve significant and substantive improvements in public policy relating to mental illness across the life span, with particular attention to redressing system and societal disparities and closing the research-to-implementation gap. Action Centers will interweave data-driven policy,

evidence-based practices, grassroots advocacy and program implementation to form a strong web supporting people who live with mental illness. Action Centers will foster collaborative coalition work with colleague organizations and strategic partnerships in advancing positive systems change.

NAMI leaders' active participation on key advisory boards, cultivation and nurturing of relationships with key media leaders, and victories in critical policy areas such as passage of federal parity, judicial redress of discrimination, decriminalization of youth and adults living with mental illness, or ensuring access to the full array of community services will be important indicators of NAMI's progress.

### **KEY RESULT MEASURES:**

1. At least three (3) additional Action Centers have been developed in the National office to support grassroots advocacy, education and support.
2. TRIAD (Treatment/Recovery Information and Advocacy Database) has become established as the vehicle for measuring state and other systems' effectiveness and has published and distributed annual reports to key opinion leaders, policy makers, major media, and NAMI's state organizations and local affiliates.
3. NAMI has achieved three (one national and two state-based) significant or groundbreaking policy initiatives with national implications.
4. Federal and state advocacy champions have been identified, trained, and mobilized in every state.
5. NAMI has created and optimized opportunities to elevate mental illness as an essential election issue in 2004.
6. NAMI has sponsored a crisis intervention-training institute for law enforcement, potentially in conjunction with a strategic partner or collaborator, which operates at least annually.
7. NAMI has created and maintains a state policy initiative clearinghouse.

## STRATEGIC GOAL #2

### **NAMI empowers families and consumers through customized, state-of-the-art support and education.**

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Vision: Consumers and families look to NAMI to achieve personal and family well being and recovery through support and education programs that define a national standard of excellence.

NAMI national, state and local organizations will continue to be leaders in developing customized support and education programs. Consumers and families alike join NAMI because they want to learn these skills and receive the support they need to enter and progress in recovery.

NAMI 's support and education programs adhere to rigorous standards in implementation, data collection, and evaluation among diverse populations, whether staffed at the National level or not. Even as standards are upheld, program customization and differentiation will be increasingly available as NAMI explores self-directed learning models.

NAMI is the nation's visible champion for culturally competent, evidence-based and emerging science-based practices, including family and consumer education and support programs, and sets a standard of excellence with its own programs nationwide. In addition, NAMI collaborates with others in supporting models of consumer-led evidence-based practices such as Indiana's implementation of CMHS's Illness Management and Recovery (IMR) program.

The hope of recovery is a cornerstone of NAMI support and education programs. NAMI will lead the way in demonstrating the roles support, program participation and leadership play in the recovery process. *In Our Own Voice* will continue to illuminate the value of consumer-led education in the individual's recovery process and the public's improved understanding of serious mental illness.

Through an "Education Center," National NAMI will meet the requests of state organizations and local affiliates in providing timely, differentiated, quality service guided by codified and time-proven protocols for implementation of NAMI support and education programs. "Best practices" for program implementation will be assessed, collected and disseminated.

## **KEY RESULT MEASURES:**

1. NAMI National has identified and supports at least one education/support program for children and adolescents and their families.
2. NAMI National has identified and supports at least one educational program for behavioral health, other healthcare providers, and/or educators working with children and adolescents.
3. A Practice Council of educators, trainers, and service providers is actively engaged in advocating for normalizing family and consumer participation in training of mental health services providers.
4. The NAMI Provider Education program is operational in 25 states and through VA facilities and community-based veterans' centers.
5. A multi-disciplinary group of researchers, including consumer/researchers, has been convened and is evaluating and helping to improve the effectiveness of NAMI's support and education programs.
6. Customized support group training has been provided for 15 additional states and facilitated support groups function in every state that received training.
7. With involvement of the Technology and Communications advisory groups and NAMI's Advisory Councils, NAMI has implemented at least one self-directed learning model.

## STRATEGIC GOAL #3

### **NAMI's membership and leadership draw strength from all of America's diverse communities.**

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Vision: The NAMI movement is made stronger by involving diverse populations in all activities and leadership roles, ensuring membership and leadership representation across the life span and from America's broad cultural and "life experiences" spectrum.

Recognizing that there is no shortage of possible target populations or "isolated communities" in need of assistance, NAMI has identified outreach to ethnic and racial minorities as of particular strategic importance at this time in America's history. As Hispanics are increasingly "the majority minority" in many communities and gaps around access to treatment and services persist between racial groups, NAMI will strive to bring members from these constituencies forward as leaders in our family/consumer movement.

NAMI will continue its efforts in outreach to diverse communities but will move beyond simple *outreach* to true *inclusion*. Creation and support of leadership opportunities for diverse populations are critical to NAMI's future growth. NAMI will work aggressively to develop and promote a diverse cadre of leaders, enriching NAMI's efforts by reflecting and drawing upon the varied life experiences of all people with mental illness and their families. NAMI's Action Centers, programs, advocacy, and public education messages will be strengthened and enriched by valuing and serving such diversity.

NAMI will expand and enhance its membership and leadership by including people of diverse life experiences. Different life experiences – from age and ethnicity to sexual orientation or the experiences of military service, homelessness and poverty – shape our interactions with the world around us: NAMI will draw strength from incorporation of these valuable perspectives. NAMI will address disparity in mental health service and treatment provisions and establish partnerships with minority and diversity groups, associations, organizations and institutions to collaborate on mutually beneficial projects.

NAMI programs and publications will have collateral materials that are language- and design-accessible. NAMI will continue aggressive efforts to provide culturally appropriate (language, design, data) programming and resources.

## **KEY RESULT MEASURES:**

1. Leadership roles and opportunities for multi-cultural and diverse populations have increased across NAMI.
2. Diverse leaders and curricula are integrated into the Leadership Institute and Convention programs, including provision of one scholarship per NAMI region to support culturally diverse leaders' participation in the Leadership Conferences.
3. NAMI National is tracking voluntarily supplied data on membership diversity over time (e.g.: age, sex, race, ethnicity, self-identification as consumer, etc.) and has successfully recruited, enrolled, trained, supported and maintained a 10% increase in diverse population membership and leadership.
4. All NAMI communications are culturally appropriate and key NAMI communications are produced and disseminated in Spanish.
5. Interpretation services are provided at key NAMI events.

## STRATEGIC GOAL #4

### **NAMI is joined by new and influential partners who provide support and funding in achieving NAMI's strategic goals and mission.**

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Vision: NAMI national, state, and local organizations have expanded sources of funding, strengthened partnerships, and built new strategic alliances to better achieve NAMI's education, support, advocacy and research mission, and have successfully funded the accomplishment of all strategic goals.

All NAMI's' development efforts will be mission-driven and rooted in a planning process that emphasizes strategic partnerships. Through collaborative and coordinated efforts within NAMI, and via external alliances, NAMI will demonstrate the value of partnership in achieving its desired goals. NAMI's visibility and "name recognition" will be increased and our voice amplified through strategic partnerships.

Through mutual planning and development, NAMI's will work to secure funding for articulated common goals. NAMI's will continue to develop independent funding streams while a healthy interdependence will characterize the deepening collaborative, coordinated relationships between NAMI's across the country in joint pursuit of balanced and diversified funding. NAMI will "learn by doing" as it pilots, develops, and implements multi-party fund raising activities.

NAMI's funding base will be strengthened through source diversification and identification of new funding streams. Dependence on any single, dominant funding source (government, corporate, or otherwise) will be reduced at all levels.

#### **KEY RESULT MEASURES:**

1. All NAMI organizations' (national, state, local) bases of support have continued to diversify, achieving a stronger balance of revenue sources.
2. NAMI has developed "revenue share" agreements on all new internal (national/state/local) collaborative development projects.
3. *NAMIwalks* has a national sponsor and is successfully established in every state.
4. National purchasing arrangements have been established and vendor and corporate in-kind giving has increased at all levels.
5. Strategic Goals and Key Result Measures receive priority in fund raising.

## STRATEGIC GOAL #5

### **NAMI national, state, and affiliate organizations work together to strengthen one another and achieve strategic goals.**

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Vision: NAMI National, State Organizations, and Local Affiliates act as integrated, cooperative units working in collaboration with one another to create a strong nation-wide organization.

NAMI's strength derives from the independence and "healthy interdependence" of its grassroots. By consciously building collaborative relationships and creating systems to support growth across the organization, NAMI will flourish. Capacity building and leadership growth will be fostered through identification and nurturing of emerging leadership, on-going skill development, creation of new leadership opportunities, and networking among grassroots leaders.

Communication among and between all NAMI's will be increasingly clear and efficient. With continued availability of communications in print and other formats, technological opportunities will be leveraged to NAMI's' advantage in building connectivity nationwide. Both "high tech" and "low tech/high touch" communication strategies will encourage and support NAMI's nationwide dialogue.

Sound operating standards for conducting the business of NAMI's effectively and efficiently will be developed to provide guidance and structure that support organizational unity and encourage local initiative. Even as NAMI pursues operating standards, NAMI's long tradition of grassroots innovation will be maintained and celebrated. A "culture of innovation" will be supported and encouraged as local affiliates strive to meet the needs of their communities.

NAMI will increase its commitment to leadership development. The NAMI Leadership Institute will continue its vigorous growth, moving increasingly into distance learning opportunities, targeted curriculum and differentiated instruction, mentoring, and facilitated colleague networking. Leadership Institute curriculum and presenters will focus on developing leaders from diverse communities. NAMI leaders will "learn by doing" through voluntary pilots and demonstration projects, serving as models for one another.

#### **KEY RESULT MEASURES:**

1. NAMI's Advisory Councils (Consumer Council, State Presidents Council, Veterans Council, and the ad hoc Affiliate Leaders Council) and the Executive Directors Group are routinely involved in implementing NAMI's Strategic Plan and operating standards.
2. Via a pilot project and in conjunction with their affiliates, five states (one per NAMI Region) have developed and implemented state-wide Plans describing state-wide advocacy, program and education goals and the specific responsibilities of each affiliate and the state office. The plan takes advantage of all resources and expertise available within the state and affiliate network and

incorporates the Veterans system/VISN. Activities and outcomes are tracked and communicated within the state, with National NAMI, and with all of NAMI.

- a) NAMI National provides coordination, facilitation, and consultation to support pilots.
  - b) Pilot sites have developed intra-state communication plans using technology to link state office and all affiliates.
  - c) Projects have been measured, evaluated and disseminated among NAMI's.
3. The Joint Task Force on Consumer Inclusion report recommendations have been fully considered for implementation.
  4. Computer and Internet access for affiliates has increased by 25%.
  5. State and affiliate grants and scholarships are significantly increased for purposes of capacity building, including support of Pilot Sites (see KRM#1).
  6. Building on the Standards Task Force report and recommendations, NAMI National has issued clear guidance regarding governance obligations, including procurement of appropriate insurance coverage. NAMI standards and best practices have been adopted and explanatory curriculum on standards has been developed and disseminated across NAMI.
  7. An expanded and enhanced Leadership Institute is operating and available at all NAMI levels, including:
    - a) Expansion in training and curricula for affiliate leaders across all affiliate sizes and types;
    - b) Training on best organizational practices (for states);
    - c) Development of a mentoring program (for affiliates).
  8. With input from the Technology and Communications advisory groups and utilizing Web-based technologies, NAMI has improved linkages between all parts of the NAMI organization for resource and information sharing.
  9. Technical assistance for grants, direct mail, and other fund development areas is provided to state organizations and affiliates.

## STRATEGIC GOAL #6

**Community leaders and the public increasingly support early identification and treatment, crisis intervention and acute care, comprehensive community treatment and supports, and the hope of recovery for all people living with mental illnesses.**

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Vision: Community leaders demand early identification, targeted intervention, and services and supports for people living with mental illness. Americans increasingly understand the importance of individual recovery for the greater social good.

Through integrated communication strategies, NAMI's public education messages will achieve broad visibility and acceptance, making the NAMI name much more familiar to the American public. The *Campaign for the Mind of America* will help people, particularly young Americans with mental disorders, and will strengthen communities by increasing access to cost-effective, evidence-based mental health treatment and services.

The *Campaign for the Mind of America* will focus on developing public education materials for use at all NAMI levels and will provide attractive opportunities for NAMI members and leaders to participate through public education campaigns and State Action Networks (coordinated public education initiatives operating within states and supported by materials and resources from National NAMI). NAMI National will offer templates, tool kits, and other resources for community use, based on community need and Affiliates' ability to implement.

***The Campaign for the Mind of America will promote early identification, intervention, and treatment, education and recovery as desirable for the good of the community at large. Messages of hope and recovery are central to NAMI's campaign and will continue to invigorate NAMI advocacy, programs and outreach.***

***NAMI's public education campaign will illuminate the facets of community life (housing, employment, child and adolescent school achievement and other developmental milestones, appropriate long-term care) that are too often denied to people living with mental illness and will articulate a vision of a "world-class" mental health care system.***

***NAMI's internal operations will be coordinated to support this increased level of visibility: internal communications strategies will strengthen connections among all NAMI's, enhancing relationships among and between NAMI organizations, and supporting NAMI's advocacy messages.***

## KEY RESULT MEASURES:

1. NAMI has developed and implemented the *Campaign for the Mind of America*, a national, multi-faceted campaign to significantly expand access to mental health treatment and support services.
2. The *Campaign for the Mind of America* has achieved nation-wide, popular-media-based visibility that supports state organizations and local affiliates and the NAMI policy agenda.
3. Messages and materials for the *Campaign for the Mind of America* incorporate and address diverse populations and life experiences.
4. Collaborative “State Action Networks” have been established and are operational in no fewer than 15 states.
5. NAMI has developed and distributed ready-to-use materials for use at the national, state, and local level for the *Campaign for the Mind of America*.

## STRATEGIC GOAL #7

### **NAMI is the nation's voice for the most vulnerable and neglected individuals living with mental illness.**

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***Vision: NAMI champions the needs of people living with mental illness who are the most ill and at risk. NAMI at all levels gives special attention to those with special needs and those who are poor or on the margins of society.***

NAMI has long been the champion of people living with the most severe mental illnesses. People with long-term needs or who are trapped in the criminal and juvenile justice systems have always been part of the NAMI vision, but their plight today has taken on a special urgency.

TRIAD's 2003 survey of NAMI members illuminated the tremendous impact of serious mental illness in members' lives and demands NAMI's strong advocacy. To those families and consumers who still need many supports and who are *not yet* in recovery, NAMI feels a special obligation. NAMI will identify, investigate, and celebrate innovative existing services and programs, ultimately charting a course for program development in this area. NAMI leaders will model compassion and individual empowerment for families and consumers in crisis and whose needs have remained unmet.

As NAMI champions the hope of recovery, we will not lose sight of the profound needs of those most ill and at risk from their mental illnesses. The desperate situations created in the criminal justice system and the devastating threats of homelessness and suicide rise as the most compelling needs for NAMI's attention. Leveraging good work already in place, NAMI will seek to identify and promote evidence-based practices that meet the needs of these constituencies. Where no such programs exist, NAMI will seek to fill the gap with replicable state-of-the-art programs.

NAMI will call attention to -- and fight to overcome -- the alarming risks facing people who are most ill. These individuals, including children and youth, face being victims of others' crimes, homelessness, poverty, extended or disproportionate incarceration, and even death.

#### **KEY RESULT MEASURES:**

1. NAMI has identified, investigated and inventoried innovative services and programs for families and consumers not yet in recovery, and has charted a course for future program development.
2. NAMI has identified and/or developed at least one program for people with mental illness in jails, prisons, and juvenile justice facilities.
3. NAMI has identified and/or developed at least one program for people living with mental illness who are re-entering the community from jails, prisons, and juvenile justice facilities.

4. NAMI has identified/and or developed at least one program addressing the social support needs of people living with mental illness who remain very ill and have not yet begun their recovery process.
5. NAMI has developed a policy strategy to address the public health crisis represented by the frequency of suicide, particularly among children, adolescents, and the elderly.
6. Joint advocacy strategies have been developed and disseminated to assist NAMI states and affiliates in partnering to address the disparities faced by under-served populations in their communities.
7. In conjunction with others, NAMI has initiated a strong advocacy program around homelessness and the need for housing for people living with serious mental illness.
8. NAMI National has convened a Task Force to investigate NIMH-sponsored SMI research and advocates strongly for the NIMH portfolio to be increasingly directed to SMI research.

## ***Implementation, Evaluation & Accountability***

Strategic planning has imposed new demands for data, self-evaluation, and accountability as NAMI works to realize the vision expressed in this Plan. NAMI's planning process includes these additional levels of planning and accountability:

***Work Plans:*** Once the governing body (NAMI's National Board) has articulated a vision and charged the organization with implementation, paid staff and volunteer workers set about organizing to accomplish the work. Work plans with time lines, deadlines, and staffing responsibilities will be developed around each key result measure in the Plan. To emphasize the plan's importance, National staffing, job descriptions, and reporting structures reflect the Plan's priorities.

The NAMI 2004-2005 Strategic Plan was designed to encourage implementation at all NAMI levels and will necessitate national, state and local entities' coordination of their work plans and implementation.

NAMI's' work plans will also incorporate activities not included in the strategic plan but nonetheless important to achieving NAMI's mission.

***Dashboard Indicators:*** NAMI continues to develop data collection systems that enable a "dashboard indicator" snapshot of progress. Much as a car dashboard allows the driver to quickly assess a car's speed and fuel consumption, NAMI's dashboard indicators provide a quick "read" in areas such as program training participation, revenue sources, Web visitors, and conference attendance.

NAMI will continue to develop and refine its indicators to measure achievements and better understand and meet organizational needs.

Data collection is dependent on the participation and contributions of all involved – local, state and national NAMI's – and is an important responsibility shared across the organization. National's ability to serve and report on service to state and local organizations will be in part dependent on their respective provision of data by which to assess national, state and local efforts.

***Reporting:*** With data provided from all NAMI levels, the National Executive Director provides to the Board quarterly reports on progress toward Plan goals. Quarterly reports employ dashboard indicators, as well as narrative accounts of Plan activity. Information exchange between local, state and national leadership will be essential to ensure that reporting is substantive and complete.

Copies of quarterly reporting will be made available to NAMI leaders via NAMI's intranet, and periodic updates will be provided in the bimonthly *Leadership News*.

An annual report on progress is provided to members by the NAMI National Board President in the "State of the Alliance" address at the annual business meeting during the NAMI convention.

**Oversight:** The National Board has ultimate responsibility for overseeing the planning process and its eventual implementation. It is aided in this task by its advisory groups (Consumer Council, State Presidents Council, Affiliate Leaders ad hoc council, Veterans Council, and Executive Directors Group) which provide invaluable feedback and advice, ensuring the Board achieves the interactive, responsive approach to planning that it has sought.

Through the Planning Committee and the Board's standing committee structure, the National Board reviews activity around the Plan on a quarterly basis.

The Board will revisit the entire Plan in 2005 for 2006 and beyond.

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## APPENDIX: 2003 Strategic Planning Retreat Participant List

<b>Strategic Planning Group (SPG) Members:</b>	
<b>Fredrick Sandoval, chair</b> New Mexico	National Board Planning Committee Chair
<b>Eileen Silber, co-chair</b> North Carolina	National Board Planning Committee Co-Chair Standards Task Force Chair
<b>Margaret Stout</b> Iowa	National Board Planning Committee National Board President
<b>Steve Miller</b> Iowa	National Board Planning Committee: Consumer Council Director
<b>Ed Foulks</b> Louisiana	National Board Planning Committee
<b>Jim Dailey</b> Kentucky	National Board Planning Committee National Board Treasurer
<b>Michael Mathes</b> Florida	State Presidents Council chair, <i>ex officio</i> to Board Planning Committee, NAMI Florida President
<b>Stephen H. Feinstein, PhD</b> Kansas	State Presidents Council former chair NAMI Kansas President
<b>Veronica Macy</b> Indiana	Consumer Council Vice Chair (alternate)
<b>Michael J. Cohen, MA CAGS</b> New Hampshire	Executive Director Group representative NAMI New Hampshire Executive Director
<b>Carolyn E. Hamilton</b> Texas	Large local affiliate representative NAMI West Houston & NAMI Metropolitan Houston Pres.
<b>Rick Birkel, staff</b>	NAMI National Executive Director
<b>Lynn Borton, staff</b>	NAMI National Director, Strategic Planning
<b>Katrina Gay, staff</b>	NAMI National Chief of Field Operations
<b>Darlene Nipper, staff</b>	NAMI National Chief Operating Officer
<b>Bill Woodson, Facilitator</b>	
<b>Additional National Staff Attendees:</b>	
Tom Gonzales	National Director, Governance & General Counsel
Tom Lane	Director, Office of Consumer Affairs
Joyce Burland	National Director, Education, Training & Peer Support Center
Mike Fitzpatrick	Director, NAMI Policy Research Institute
Liz Smith	Regional Director (Region 1)
Larry Himelfarb	Chief Information Officer
Bob Carolla	Director, Communications
Elizabeth Adams	Director, Public Relations
<i>Ron Dixon</i>	National Director, Communications & Marketing
Laura Lee Hall	Senior Policy Research Director (TRIAD)
Mari Pierce	NAMIWalks Manager
<b>SPG Members Unable to Attend Planning Retreat:</b>	
Jim McNulty	National Board Planning Committee; Immediate Past President
Betsy Smith	National Board Planning Committee
Xavier Amador	National Board Planning Committee
Darlene Prettyman	National Board Planning Committee
Marty Raaymakers	Consumer Council, Chair
Doug Call	Local Affiliate representative, small/rural affiliates

## **APPENDIX: Resources Reviewed by Strategic Planning Group in Drafting 2004-2005 NAMI Strategic Plan**

### ***NAMI/Governance Documents***

- ◆ NAMI National Bylaws
- ◆ National Board Operating Policies and Procedures
- ◆ 2001-2003 Strategic Plan
- ◆ *Call to Action*
- ◆ NAMI National's 2003-2004 approved budget

### ***Grassroots Input***

- ◆ Consumer Council report to NAMI National Board, January 2001
- ◆ Executive Directors Group "Blueprint" to NAMI National Board, January 2001
- ◆ State Presidents Council report to NAMI National Board, January 2001
- ◆ *Call to Action* response summary, winter 2002/spring 2003
- ◆ Standards Task Force report and recommendations, July 2003
- ◆ Development Task Force report and recommendations, July 2003
- ◆ Technology & Communications Task Force report and recommendations, July 2003
- ◆ Task Force participants' survey, July 2003
- ◆ "Listening Forums" summary, July 2003
- ◆ Joint Task Force on Consumer Inclusion report and recommendations, January 2003

### ***Organizational Data and Assessment***

- ◆ State Needs Assessment preview (January 2003) and final report (July 2003)
- ◆ Affiliate survey data summary, summer 2002
- ◆ NAMI funding sources data sheet, summer/fall 2002
- ◆ NAMI National 2002-2003 voting data
- ◆ SPG SWOT (Strengths, Weaknesses, Opportunities & Threats) summary, 2003
- ◆ 2001-2003 Strategic Plan Progress Report, June 2003

### ***Other Reports***

- ◆ TRIAD (Treatment/Recovery Information and Advocacy Database) report, *Shattered Lives*, July 2003
- ◆ NAMI MIO *The Listening Project: Proceedings from A Dialogue between NAMI and Black Psychiatrists*, October 2002
- ◆ *New Freedom Commission's Report on Mental Health*, July 2003

## APPENDIX: NAMI's 2003 Strategic Planning Timeline

<b>January 2003</b>	<ul style="list-style-type: none"> <li>◆ First meeting of Strategic Planning Group (SPG) at Leadership Conference in Orlando, FL</li> <li>◆ SPG and Board began process of “active listening” to gather grassroots input into planning</li> <li>◆ Board directed formation of Task Forces on Standards, Development, and Technology &amp; Communications to inform planning process; volunteers and nominees sought</li> </ul>
<b>February</b>	<ul style="list-style-type: none"> <li>◆ SPG weekend-long working session; set timeline and parameters for planning process</li> <li>◆ Task Force participant lists developed and refined</li> </ul>
<b>March</b>	<ul style="list-style-type: none"> <li>◆ Strategic Planning News, vol. 1, no. 1 distributed</li> </ul>
<b>April</b>	<ul style="list-style-type: none"> <li>◆ Task Forces weekend working session, Lithicum Heights, MD</li> <li>◆ Strategic Planning News, vol. 1, no. 2 distributed</li> </ul>
<b>May</b>	<ul style="list-style-type: none"> <li>◆ Listening Forum conference calls</li> <li>◆ Strategic Planning News, vol. 1, no. 3 distributed</li> </ul>
<b>June</b>	<ul style="list-style-type: none"> <li>◆ Task Forces meetings; appreciation dinner with Board and SPG</li> <li>◆ Convention listening forums meetings with Affiliate leaders, In Our Own Voice trainers, donors, and Diversity Work Group</li> <li>◆ “Strategic Planning Central” information and resource area open and staffed throughout Convention in Minneapolis, MN</li> <li>◆ Strategic Planning News vol. 1, no. 4 distributed</li> <li>◆ Presentation on plan implementation progress included in “State of the Alliance” address by NAMI President</li> </ul>
<b>July</b>	<ul style="list-style-type: none"> <li>◆ Task Force reports submitted to SPG</li> </ul>
<b>August</b>	<ul style="list-style-type: none"> <li>◆ SPG planning retreat, Lithicum Heights, MD</li> <li>◆ Draft plan document developed from planning retreat discussion; draft revised by SPG members</li> </ul>
<b>September</b>	<ul style="list-style-type: none"> <li>◆ SPG report submitted to Board, via Planning Committee</li> <li>◆ SPG report shared with advisory councils for feedback; advisory councils convened to discuss draft and formulate response</li> <li>◆ Affiliate Leader input included in Leadership News, Issue 6</li> <li>◆ Strategic Planning News, vol. 1, no. 5 distributed</li> </ul>
<b>October</b>	<ul style="list-style-type: none"> <li>◆ Planning Committee received reports from advisory councils</li> <li>◆ Board accepted Planning Committee recommendation that SPG report become Board's Draft 2004-2005 Strategic Plan</li> <li>◆ Draft Plan mailed to 1400 NAMI leaders; posted on NAMInet, Members section of <a href="http://www.nami.org">www.nami.org</a></li> </ul>
<b>November</b>	<ul style="list-style-type: none"> <li>◆ Town Hall conference calls in each region, hosted by Board Planning Committee</li> </ul>
<b>December</b>	<ul style="list-style-type: none"> <li>◆ Early December: Planning Committee consolidated input, proposed final plan to Board</li> <li>◆ December 16, 2003: Board approved final plan</li> </ul>
<b>January 2004</b>	<ul style="list-style-type: none"> <li>◆ NAMI 2004-2005 Strategic Plan launched at Leadership Conference, Arlington, VA</li> </ul>

## APPENDIX: NAMI Strategic Planning Process Glossary of Terms

- ◆ **Action Center:** Action Centers serve as centers for multi-disciplinary activity around issues of particular interest to NAMI members. Action Centers *may* be staffed, but will *always* have a core of active volunteers from across the country who are determined to network, coordinate their efforts and advocacy, and develop programs and initiatives in support of their areas of interest and concern. Action Centers both advance the national policy agenda and support local initiatives.
- ◆ **Campaign for the Mind of America:** NAMI's newly developed public education campaign, funded through the Mind of America Foundation (see below). NAMI's Campaign for the Mind of America is a new initiative to help people, particularly young Americans with mental disorders, and to strengthen communities by increasing access to cost-effective, evidence-based mental health treatment and services. The Campaign for the Mind of America will focus on developing public education materials for use at all NAMI levels.
- ◆ **Education Center:** An umbrella for education programs, providing support and technical assistance to NAMI leaders implementing education programs. The Education Center is envisioned as a source of data collection and review of the impact of consumer-to-consumer and family-to-family education programs.
- ◆ **Goal:** NAMI's goal statements express our long-term vision – a world we believe is attainable, toward which we can measure our progress, but not a destination we are likely to reach easily or soon. Goal statements are not intended to be achievable in the two years addressed by this plan.
- ◆ **Key Result Measure (KRM):** Each goal statement has several key result measures attached to it. Key result measures are specific initiatives that are to be undertaken during the term of the plan to help move NAMI toward our goals. Key result measures should be measurable, attainable within the plan's time frame, and help build the NAMI organization. Implementation of key result measures can occur at any and all NAMI levels.
- ◆ **Mind of America Foundation:** A NAMI supporting organization, the foundation is a 501(c)3 non profit corporation entirely controlled by NAMI. The foundation raises money to support NAMI initiatives and oversees the Campaign for the Mind of America.
- ◆ **Mission:** NAMI's mission statement was first articulated at NAMI's founding in the Articles of Incorporation. It provides the most fundamental guide for NAMI's actions and priorities: "NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases."
- ◆ **Planning Committee:** Standing Committee of the National Board of Directors charged with overseeing NAMI's strategic planning process
- ◆ **Practice Council:** Advisory group composed of professional service provider educators and trainers whose charge it will be to investigate, develop and implement strategies to bring the family and consumer perspective and lived experience into service providers' training and practice. The goal will be to make consumer and family involvement in treatment and service provision the *norm*, no longer an afterthought or add-on, but a central part of service providers' introduction to and daily performance of their duties.
- ◆ **Recovery:** NAMI understands "recovery" as a process – an individually defined journey – that occurs when a person with a mental illness discovers (or rediscovers) strengths and abilities for pursuing personal goals and develops a sense of identity that allows growth beyond the mental illness,

regardless of age or diagnosis. While NAMI views recovery as an achievable outcome, we recognize that for many families and consumers it is still painfully elusive. NAMI's aim and expectation is that participation in NAMI and our programs, events, and initiatives will *contribute* to the recovery process.

- ◆ **State Action Network:** Created as part of the Campaign for the Mind of America, State Action Networks are envisioned as coordinated public education initiatives operating within states (State and Local Affiliate involvement), supported by materials and resources from National NAMI.
- ◆ **Strategic Planning Group (SPG):** Delegated by the Board's Planning Committee as the responsible body in proposing NAMI's strategic course between 2001 - 2006. The members of the 2003 Strategic Planning Group were selected to represent key stakeholders at each level of the NAMI organization: local, state, and national. The SPG is a representative and diverse group, composed of national Board members, members of the Consumer Council, State Presidents Council, Executive Directors Group, local Affiliate leaders, and national staff.
- ◆ **Town Hall Calls:** A series of open conference calls to which all NAMI members were invited and during which they might offer input and comment on NAMI's draft strategic plan.
- ◆ **Vision:** A vision statement expands on the ideas expressed in a goal, giving it greater depth and breadth. In this document, each goal statement has a vision statement immediately following it, in slightly smaller bolded italics. The vision statement is elaborated upon in the narrative paragraphs that follow each goal.