

**IT'S
TIME®**



In late 2012, our nation witnessed an unimaginable tragedy in Newtown, Conn. Glaring disparities in the mental health system were brought to our attention through the worst possible outcomes. In 2013, as our nation took steps toward healing, NAMI worked to raise public awareness and help shape the way Americans think and talk about mental illness.

The first step in making change is bringing awareness to the issue. We were fortunate to receive the support of a number of high profile individuals, including NFL star Brandon Marshall, and actresses Mariel Hemingway, Brittany Snow and Jennifer Hudson. These individuals served as ambassadors to the public and shed light on the importance of speaking openly about mental health. They reminded us that mental illness affects people from all walks of life.

Bringing mental health to the national spotlight, President Barack Obama convened a White House Conference to launch The National Dialogue on Mental Health, a new initiative to drive conversations about mental illness throughout the country. NAMI played a key role in organizing many of the events associated with The Dialogue held across the country. The hope is that these local dialogues will foster a nationwide understanding of the importance of mental health care.

We have a long way to go. Instead of addressing mental illness in its early stages, it is addressed downstream—when it's much more difficult to achieve positive outcomes. NAMI stresses the importance of early intervention, a key point that was reflected during the President's conference. With early intervention programs in schools, first episode psychosis programs, and initiatives like The National Dialogue, we will hopefully be able to identify symptoms before they become severe and promote better outcomes for families and individuals.

Healthcare coverage is an essential component of an early intervention strategy and NAMI has consistently called for access to comprehensive and equitable coverage. As a result of a strong call for action by NAMI and other advocates, the U.S. Department of Health and Human Services issued final regulations for the 2008 law calling for mental health parity. The final rules clarify that co-pays,

deductibles and visit limits are now not permitted to be more restrictive than they are for other medical benefits. We will continue our work to see that the rules become a reality on the ground.

In 2013, NAMI also advocated for Medicaid expansion as part of health reform, recognizing that Medicaid is the single largest payer for state mental health services and often supports individuals with the most severe illnesses. We achieved some success as 25 states and the District of Columbia expanded Medicaid coverage, but work remains in the 22 states that did not. This past year, NAMI released two significant reports: one calling for the continued fight to expand Medicaid and one highlighting improvements and effective practices that have been implemented across the country. Both reports received broad national attention and helped shape the policy agenda as policymakers looked ahead to 2014.

When individuals with mental illness cannot access health care, the criminal justice system becomes the default treatment system. As a result, NAMI also fought for policy reform in the criminal justice system. NAMI continued to work to divert people living with mental illness from jails or prisons into treatment. One of the most effective ways to ensure people with mental illnesses do not end up in prison is by establishing a police force trained in crisis intervention. The first CIT (Crisis Intervention Team) program was created in Memphis, Tenn. 30 years ago with the help of NAMI Memphis. Today, there are more than 2,000 CIT programs nationwide and NAMI continues to support these programs, providing technical assistance and on the ground participation and planning at the state and local level.

CIT is only one example of how the work of our grassroots members creates a strong foundation for all that we do as an organization. NAMI is consistently a place where individuals and families affected by mental illness can turn in their time of need. NAMI provides hope and a network of support through our education programs and support groups. In 2013, one of our signature education programs, NAMI Family-to-Family, was designated an evidence-based practice by the Substance Abuse and Mental Health Services Administration (SAMHSA), validating and supporting the work being done to help families.

NAMI also announced the launch of two new programs last year. We will now offer NAMI Homefront, a program based on the Family-to-Family model, for caregivers

and friends of military service members and veterans. In order to provide the best resources for young people, we have also launched NAMI Ending the Silence, a program to educate high school students about mental health symptoms, how to get help early and how to support a friend.

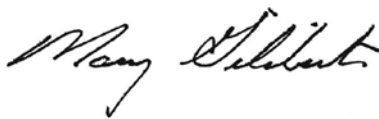
Half of all lifetime cases of mental illness begin by the age of 14 and three-quarters by the age of 24. Armed with this knowledge, NAMI is working to expand our movement to individuals in this age group and provide them with the necessary tools to succeed. At the request of Vice President Joe Biden, NAMI and our NAMI on Campus clubs worked together with university organizations like the North-American Interfraternity Conference and National Pan Hellenic Council to release a tool kit for college students, faculty and coaches to use in campus mental health presentations.

In addition, we know that young adults communicate through social media and even older generations are increasingly getting information through social media. As part of our efforts to make NAMI a household name, we are using social media in unique and innovative ways to offer help and advocate for our cause. Social media allows us to reach large numbers of people who might not otherwise be able to connect with NAMI or who have a variety of backgrounds and needs.

We recognize that as demographics shift and the nation continues to be more diverse, NAMI must also respond to these changes. In 2013, NAMI launched a year-long capacity-building initiative called "Build it Together" to provide technical assistance to six NAMI State Organizations for developing methods and programs to achieve greater diversity. Compartiendo Esperanza, a bilingual program that addresses the specific needs of the Latino community, was also launched.

In 2013, we celebrated our successes—achieving public policy wins and launching new NAMI programs. We recognize, however, that much more needs to be done and NAMI will continue working every day until all people affected by mental illness have access to the services and supports they need to build a better life.

Thank you for your support in 2013 and we look forward to continuing the work in 2014 and beyond.



Mary Giliberti, J.D.
NAMI Executive Director



I AM NOT ALONE

EDITH SALAZAR



Eight years ago, I had only a vague understanding of mental illness.

Everything seemed to be going wonderfully! My daughter had just started a new job. However, my friend called me very concerned about how my daughter was behaving. I thought she was probably talking about some other person. I couldn't understand how this could be happening to my daughter.

As a result of my daughter's odd behavior, my daughter was fired.

Over the next two years, we went from one center to another, asking acquaintances, friends and different doctors, looking for answers for my daughter's condition.

Unfortunately, no one could explain the cycle of crises that my daughter was experiencing every three or four months. It wasn't until she had an even more serious episode and went to the crisis center again that something changed. At the crisis center, the therapist informed me that it could be a mental health problem and recommended that I take her to a hospital near my house where she could receive proper treatment.

For the first time, after two long years, I heard the words mental illness. My daughter was admitted with the diagnosis of schizophrenia. It was hard to leave her, but after a week she had improved and was discharged with the recommendation to seek regular psychiatric treatment.

Six months after my daughter left the hospital, I received a call from the Spanish-language program coordinator from NAMI Montgomery County. She invited me to participate in the NAMI Family-to-Family class and I accepted immediately. For me, each class was a discovery of a world that isn't spoken about publicly and only seems to exist in the shadows.

After completing the class, I immediately signed up as a volunteer to teach the next class and spread knowledge and understanding about mental illness. Since then, I have dedicated my time to educating parents and families about mental illness. While I see there is resistance within the Spanish-speaking community to accept the realities of mental illness, my family's struggle pushes me to ensure that others receive the information they need to properly address mental illness in their lives.

NAMI Advocates

24,836



messages sent to Congress by NAMI members to advocate for services, supports, funding and research.

NAMIWalks

160,000

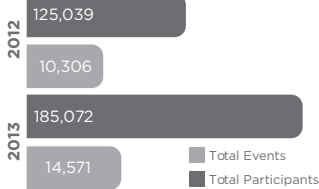
Participants

450
NAMI
Affiliates

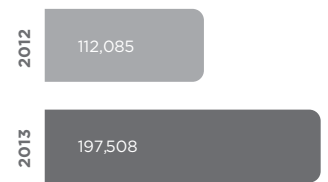


85
Events

NAMI Education Events



NAMI HelpLine Requests



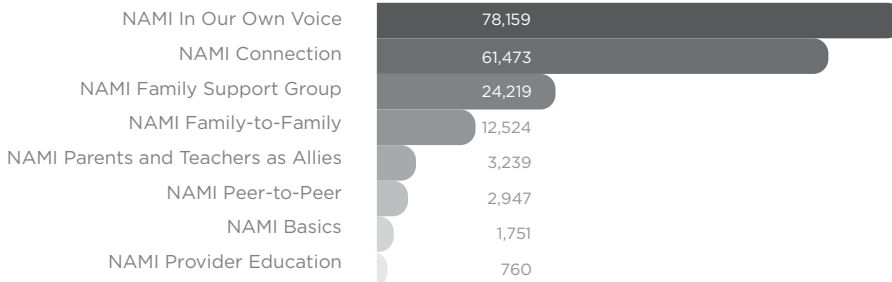
99%

of participants in NAMI Basics, NAMI Family-to-Family and NAMI Peer-to-Peer said they would recommend the program.

NAMI Support Groups

9,300 Meetings
85,700 Participants

NAMI Education Class Participation



95 Spanish-language Meetings Reached

880

Participants

2,500 Meetings with the VA Reached

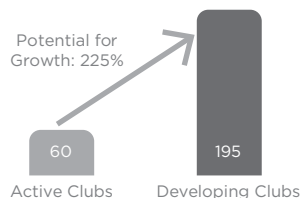
6,000

Veterans and Their Families

Over 450 have shared their story on NAMI's You Are Not Alone

NAMI On Campus Clubs

Potential for Growth: 225%



JANUARY

A NAMI survey evaluating NAMI's programs revealed that 99 percent of participants would recommend their NAMI signature program to others.

Following the tragedy in Newtown, Conn., NAMI participated in hundreds of

interviews, which helped educate the public and increase understanding of mental illness. These interviews included *USA Today*, the *Boston Globe*, the *Los Angeles Times*, the *Chicago Tribune*, *U.S. News & World Report*, *MSNBC*, *ABC News*, *Bloomberg News*, *NPR's Tell Me More and All Things Considered*, *PBS News Hour*, *CNN*, *The Huffington Post* and *Time*.



Michael J. Fitzpatrick, the then-executive director of NAMI, met with Vice President Joseph Biden's task force on gun control, along with other leaders of the mental health community, urging action to strengthen and expand mental health care services.

NAMI's JB Moore and Kenny Allred, Chair of the NAMI National Veterans and Military Council, participated in an invitation-only White House Interagency Task Force Meeting on Military and Veterans Mental Health and provided feedback and recommendations improving mental health and substance abuse treatment services for veterans, service members and their families.

FEBRUARY

Mariel Hemingway and director

Barbara Kopple spoke with NAMI about the new documentary *Running from Crazy*, which chronicles the history of mental illness in the Hemingway family and Mariel's understanding of her own struggles.



Academy Award nominated actor of *Silver Linings Playbook*, Bradley Cooper, visited Washington, D.C. on Feb. 1 with Patrick Kennedy, NAMI and others to discuss the state of mental health in America.

NAMI awarded more than 20 mini-grants to NAMI Affiliates in support of their outreach efforts to faith communities.

NAMI released grants to help eight NAMI State Organizations expand their NAMI Parents and Teachers as Allies programs. This two-hour, in-service program helps school professionals identify the warning signs of early-onset mental illnesses in children and adolescents in schools and learn how to support students experiencing mental health challenges and how to effectively partner with families to connect these students to services early.

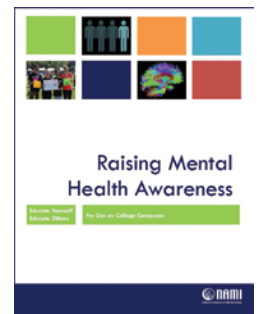
MARCH

NAMI relaunched StrengthofUs.org with its #ThinkPositive campaign and a fresh look and feel to make it more interactive and mobile- and user-friendly for its young adult community.

NAMI spoke before Congress, providing testimony before the Senate Committee on Veterans' Affairs and advocating for better mental health care for veterans.

The fifth edition of the NAMI Family-to-Family program was released. It included an overview of the latest advances in research and the science of mental illness and treatment. It also included changes to make it more relevant to a variety of cultures.

NAMI partnered with the North-American Interfraternity Conference, a national group of college fraternities, and the National Pan-Hellenic Council, a national group of college sororities, to create a presentation and guide for their members entitled *Raising Mental Health Awareness: Educate Yourself*. Together, these two organizations represent 600,000 students on 840 campuses.



APRIL

A partnership was formed between NAMI and Lifetime Television around the premiere of the



movie *Call Me Crazy: A Five Film* to promote public dialogue about mental illness. The movie is made up of five short films, and provides viewers a new perspective on what it's like when a loved one lives with mental illness. Its cast of distinguished actors included Jennifer Hudson and Brittany Snow.

NAMI's "Got You Covered" campaign was launched to educate on the opportunities and challenges of health care reform implementation. The campaign included a series of fact sheets and toolkits to help people understand how health care reform impacts those living with mental illness.

The Spring 2013 issue of the *Advocate* was released, and featured an interview with David O. Russell, the director of *Silver Linings Playbook*, who spoke with NAMI about the film and his personal connection with mental illness.



MAY

The NAMI Family-to-Family Education Program was added to the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). This recognition provided objective and scientific documentation to indicate what family members have known for 20 years: The NAMI Family-to-Family program leads to positive life changes for participants that enable them to feel more in control of their own lives.



NAMI Walks launched their 2013 events to great success. More than 85 events engaged more than 160,000 walkers and supporters who raised more than \$10 million.

JUNE

The 2013 NAMI National Convention was held in San Antonio. The three-day event served to raise awareness, provide information and give support to those affected by mental illness. It featured keynote speaker Xavier Amador, founder of the LEAP® Institute.



NAMI attended the White House's National Conference on Mental Health at the White House and shared information and expertise for resources.

As a result, NAMI played a pivotal role in promoting the National Dialogue on Mental Health across the country.

JULY

The first state training of new teachers for Bases y Fundamentos, the Spanish adaptation of NAMI Basics, was held in New York. This was a major step to making this program, designed for parents and other family caregivers of children and adolescents, available in Spanish.

NAMI observed National Minority Mental Health Awareness Month, which aimed to improve access to mental health treatment and services for multicultural communities through increased public awareness.

The NAMI Board of Directors re-elected Keris Jän Myrick, Ph.D.c, of California to a second one-year term as NAMI's national board president.

AUGUST

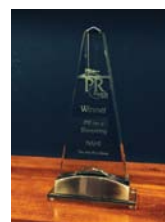
In response to schools' questions and public calls for schools to take a bigger role in early detection and prevention, NAMI released a number of articles and press releases to advise resource officers and administrators.

SEPTEMBER

The re-affiliation effort of NAMI State Organizations was launched to support the pursuit of organizational excellence. By the end of the year, 44 State Organizations had been rechartered. NAMI has engaged all State Organizations to create customized plans to drive the process in their communities.

When the Navy shipyard tragedy brought mental illness back onto the national stage, NAMI immediately responded, calling on the President and Congress to act immediately on mental health legislation that had stalled since the collapse of the gun debate earlier in the year.

The Fall 2013 issue of the *Advocate* featured a message to NAMI from President Barak Obama acknowledging the "long and sometimes lonely battle to change the way we treat mental illness in this country." The President expressed his deepest thanks to NAMI for all that the organization has done.



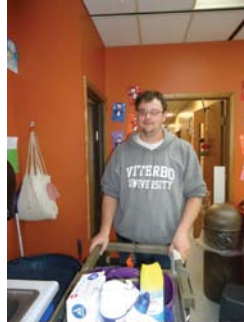
NAMI was awarded PR News' Platinum Award for its "You Are Not Alone" public education campaign on mental illness. The campaign was considered one of the "best of the best" in communications strategies.

September marked the launch of

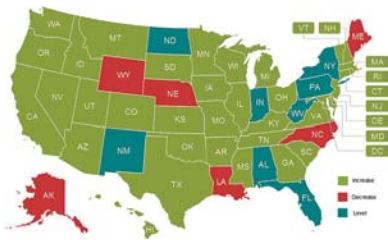


NAMI's newest signature program, NAMI Ending the Silence, which was gifted from NAMI DuPage. It is an in-school presentation about mental health and mental illness designed for high school students. The 50-minute presentation is designed to give students an opportunity to learn about mental illness from the lived experience of individuals and family members and short videos.

NAMI published updated content on supported employment to include resources on employment and mental illness, psychiatric disability and reasonable accommodation and models of supported employment.



OCTOBER



NAMI issued its *State Legislation Report 2013*, which revealed mental health to be a high profile issue across the nation. Most states enacted mental health

legislation around prevention, early identification, and privacy standards.

The second national NAMI Smarts teacher training was held. A total of 26 teachers were trained from 13 states, with a total of 24 states implementing the program. NAMI Smarts is a hands-on advocacy training program that helps people living with mental illness, friends and family transform their passion and lived experience into skillful grassroots advocacy.

NAMI observed Mental Illness Awareness Week, underscored by Chicago Bears wide receiver Brandon Marshall, who wore green shoes to bring mental illness awareness to a national stage

NOVEMBER

NAMI introduced *Connect4MentalHealth* in partnership with the National Council on Behavioral Health. The nationwide initiative called for communities to prioritize the needs those affected by serious mental illness and provide support through effective approaches.

NAMI celebrated the publication of final parity regulations ratified by the Obama Administration, culminating more than 15 years of advocacy, as mental health coverage is required to match that of other medical conditions.

I AM NOT ALONE

DOUG KNECHT

I was diagnosed with schizoaffective disorder in 1999. I was experiencing mood swings, delusions and hallucinations about evil spirits. I felt like I was very much alone. There are times I still do think I'm uniquely singled out to suffer.



But through the help of NAMI and other support groups available to me at my mental health center, I see clearly the focus doesn't have to be on myself anymore. Many people come to meetings and get to share their struggles, which are a lot like mine. The meds help me a thousand times over, as well as pastoral care, counseling and case management. When I struggle now with feeling like I'm alone, I usually am able to use some of the skills I've learned within the support group to realize I am not alone. For example, cognitive behavioral therapy has rewired my thought processes in a positive way, bringing hope and confidence, which both bring balance and happiness to my life.

The fight is real. We need real intervention—from meds and doctor visits to going to some NAMI meetings—to see our struggle through someone else's life.

When we think we're alone, we sort of give more power of the illness over our mind. We start "psyching ourselves out" and obsessing on top of the original disorder—hope diminishes and despair takes over. Deep depression takes a place in our mind that adds to the confusion we already are suffering.

The best place to go from there is some kind of meeting, be it a NAMI program, support groups or telephone support lines. I've even used the ER phone line offered through our behavioral health office just to talk. I think they got to know me personally.

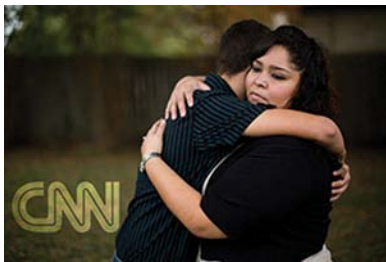
I always feared as a very young boy that I was going to have a mental illness. I read about it in our old encyclopedias we had at home and the notion just scared me. I grew up and found myself fighting all alone, unable to express what was really going through my mind—until the day I got treatment and support. Then I knew I could cope.

Patrick D. McGorry, M.D., was presented with NAMI's annual Scientific Research Award at the House of Sweden in D.C. for his work in early intervention for youth.



DECEMBER

NAMI met with Vice President Joe Biden and a small group of family members of victims of the Sandy Hook Elementary School tragedy. Ron Honberg, NAMI Director of Policy and Legal Affairs, came away "amazed and awed by the families of Sandy Hook victims who have somehow managed to translate unspeakable grief and sadness into positive acts towards the treatment and understanding of mental illness." He noted that "it is encouraging that there appears to be sincere interest...in making mental health treatment a national priority."



CNN aired a special feature, "My Son is Mentally Ill, So Listen Up," a 10-minute video documentary, which tells the story of Stephanie Escamilla and her 14-year-old son and his

experience living with mental illness. Following the CNN broadcast and reading some of the messages received about the feature, her son told her: "I finally can say that I accept myself for who I am. I am not my mental illness; I am me."

I AM NOT ALONE

SARAH KIMES



I've always had anxiety. As far back as I could remember I was always afraid of something happening. By the time I was 9 we had moved from Oregon to Alaska and my mother had been diagnosed with bipolar disorder. My father, who drank daily, became sick, and I found him passed out in the bathroom one night and he was rushed to the hospital. In less than 24 hours he was dead.

When we returned to Oregon, I was bullied at school daily. By the time I entered middle school I was suicidal, depressed and extremely anxious. I went to my school counselor for help but she made me feel so afraid and alone. Eventually I left school.

I spent the next four years in my house. Not moving, hardly sleeping and wanting very much to die. I attempted suicide twice and was about to attempt it again when I had a realization. It was like the moment of clarity you hear about on TV, that one moment where nothing hurts, where all you can see or think about is the life you have lived. I saw my family, my friends and I realized that I would hurt them, really hurt them, if I went through with my plan.

I began to seek treatment and started going to high school again. When I was 18, one of my teachers drove me to NAMI Clackamas County (Ore.), where I was greeted with acceptance and kindness. I began volunteering with them, working on their website and soon started attending support groups.

I then took the training to become a NAMI Connection facilitator, and began to co-facilitate a group. I also took up a position with NAMI on Campus and started taking on an active role in raising awareness for mental illness.

However, I was still having panic attacks daily and had started to act recklessly.

I went to a new therapist, who finally diagnosed me with bipolar disorder, posttraumatic stress disorder and panic disorder. I met with a doctor and tried various medications, which gave me many side effects: weight gain, shaking, fogginess, dizziness, etc. But I stuck with treatment.

I took a class with NAMI to become a presenter for NAMI Parents and Teachers as Allies. I have spoken at high schools and colleges, role played for CIT training for the police department, manned fair booths and even have taken a comedy class called Stand Up for Mental Health.

I am now 21 years old and have decided to dedicate the rest of my life to helping people living with mental illness.



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Please excuse any inaccuracies or omissions. For corrections, please contact Donor Services at 1 (888) 999-NAMI (6264).

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
NAMI

We have audited the accompanying financial statements of NAMI, which comprise the statements of financial position as of December 31, 2013 and 2012; the related statements of activities, functional expenses, and cash flows for the years then ended; and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI as of December 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Vienna, Virginia
April 30, 2014

NAMI

Statements of Financial Position
December 31, 2013 and 2012

	2013	2012
Assets		
Cash and cash equivalents	\$ 3,067,295	\$ 2,657,843
Contributions receivable	633,589	508,010
Grants and accounts receivable	166,999	64,798
Inventory	46,701	50,888
Investments	5,876,698	5,654,853
Prepaid expenses	259,751	289,591
Property and equipment, net	1,021,545	1,166,610
Deposits	46,900	46,900
Total assets	\$ 11,119,478	\$ 10,439,493

Liabilities and Net Assets

Liabilities	
Accounts payable and accrued expenses	\$ 1,507,136
Deferred revenue	111,230
Deferred rent and lease incentive	695,738
Charitable gift annuities	218,705
Total liabilities	2,532,809
Net Assets	
Unrestricted	5,187,239
Temporarily restricted	2,782,806
Permanently restricted	547,263
Total net assets	8,517,308
Total liabilities and net assets	\$ 11,119,478

NAMI

Statement of Activities
For the Year Ended December 31, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and Support				
Contributions	\$ 4,406,714	\$ 3,803,016	\$ 2,500	\$ 8,212,230
Walks	1,059,498	-	-	1,059,498
Government grants and contracts	224,441	-	-	224,441
Registrations	378,400	-	-	378,400
Dues	393,572	-	-	393,572
Investment income	415,041	-	-	415,041
Sales	164,438	-	-	164,438
Other revenue	45,670	-	-	45,670
Net assets released from restrictions:				
Satisfaction of program restrictions	2,280,413	(2,280,413)	-	-
Satisfaction of time restrictions	1,250,000	(1,250,000)	-	-
Total revenue and support	10,618,187	272,603	2,500	10,893,290
Expenses				
Program services:				
Program and membership support	5,290,846	-	-	5,290,846
Education services	1,032,229	-	-	1,032,229
Advocacy	1,688,159	-	-	1,688,159
Total program services	8,011,234	-	-	8,011,234
Supporting services:				
Administration	1,352,457	-	-	1,352,457
Development	1,185,135	-	-	1,185,135
Total supporting services	2,537,592	-	-	2,537,592
Total expenses	10,548,826	-	-	10,548,826
Change in Net Assets	69,361	272,603	2,500	344,464
Net Assets, beginning of year	5,187,239	2,510,203	544,763	8,242,205
Net Assets, end of year	\$ 5,256,600	\$ 2,782,806	\$ 547,263	\$ 8,586,669



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