Dear Friends,

As you read through this annual report, you will notice the consistency of our message and our actions to promote recovery. NAMI’s belief is that people who experience mental illness deserve to live and have the ability to achieve the same types of lives that all people strive for, from the quality of where we live and work, to cultivating the key relationships that sustain us. Recovery is key to healing and growth, especially for this unique population in our health care system for whom a traditional “cure” may not always be possible.

Recovery sounds so manageable as defined by Webster’s:

Re • cov • er • y
(noun) 1. The act of regaining something lost; 2. A return to health; 3. Compensating for, or making up for; 4. Getting back to a state of control, balance and composure.

Yet, recovery is not nearly as simple in practice. Recovery is a very complicated process, especially for those in recovery from mental illness. Consumers and families require easy access to — and a detailed understanding of — the multitude of treatments, services and supports that are available within our complicated mental health care system. And, they must seek out this information while affected by the symptoms, distress and disabilities caused by these illnesses. At the same time, they must battle the accompanying stigma linked to the diagnosis of mental illness. Many lose hope quickly that recovery can ever be possible.

NAMI Southwestern Pennsylvania knows that recovery from all forms of mental illness is possible. Yes, mental disorders can cause significant changes in the quality of an individual’s life — and the lives of loved ones — but we understand that mental illness does not have to mean a lifetime of disability. Our efforts will continue to include education and advocacy for recovery efforts for all mental health consumers, from young children to the elderly, and every age in between. And we will also continue to challenge the stigma — both public and self-imposed — that robs people of rightful opportunities such as work, housing, community involvement and quality health care.

We believe that all adults, children and adolescents affected by mental illness, as well as their connected caregivers and involved health care professionals, need a collective voice that promotes improvements in quality of care and cultivates the development of, and access to, resources encouraging recovery efforts. NAMI Southwestern Pennsylvania’s past endeavors have been accomplished through this vision, and we pledge that our future work will continue to give opportunity and hope to individuals and families fighting to recover from mental illness.

Sincerely,

Edna I. McCutcheon
President

Harriet D. Baum
Executive Director
NAMI Southwestern Pennsylvania is guided by a professional staff and well-qualified board, and is faithfully supported by dedicated, involved volunteers. In 2005 and 2006, NAMI worked diligently to meet our mission of developing and promoting opportunities that encourage recovery, while removing barriers to healing by providing advocacy and education to dispel the stigma of mental illness. Highlights of some of these accomplishments include:

- Dramatically increasing our membership by 40 percent. This broadened base of new members, as well as former members who have rejoined NAMI, gives us a louder, stronger voice to advocate for improved services and crucial system changes to afford better options and more choices for recovery.

- Actively addressing 221,000 web site and email requests (an increase of more than 18 percent from last year), and responding to 1,290 telephone inquiries for information, education and support services from recovering mental health consumers and their family members/caregivers.

- Consistently assisting volunteer leaders and providing a variety of resources to participants in more than 20 affiliate and peer support groups throughout the 10-county service area. These groups serve parents of children coping with behavioral and emotional disorders, as well as adults recovering from mental illness and their families.

- Preparing and offering informative NAMI Education Workshops for professionals, students, families and consumers on:
  - Effective Legislative Outreach
  - The Medicare Part D Prescription Drug Benefit and what it means for people with a disability
  - Mental Health Advance Directives
  - Family-to-Family Education Program, a 12-week course taught by trained peer educators for families of adults with serious mental illness
  - In Our Own Voice: Living with Mental Illness, a unique, informational outreach program developed by NAMI that offers insight into the recovery now possible for people with severe mental illness.

- Focusing activities to promote NAMI’s mission of recovery and to encourage mental health parity across the health system through active participation in a number of educational conferences and special events, sponsored by the following:
  - It’s All About Choice - A Celebration of Fair Housing, hosted by the Fair Housing Partnership, Pittsburgh, and Pennsylvania Commission on Human Relations HUD Panel on Diversity and Inclusion
  - American Association of Community Psychiatrists
  - WPIC Office of Education & Regional Programming Video Conference Series Family Role in a Recovery — Oriented System of Care
  - Pennsylvania Mental Health Consumers Association
  - Pennsylvania Community Provider Association
  - Allegheny HealthChoices - Strategies for Families of Children and Teens Receiving Behavioral Health Services
  - National Alliance on Mental Illness National Convention
  - Informal presentations to Catholic Diocese Social Ministries, master’s-level social workers, occupational therapists, educators, families and consumers across the region

- Providing valuable mental health information to more than 300 participants at the annual NAMI Southwestern Pennsylvania Recovery Conference, which featured 24 workshops and keynote speaker Lizzie Simon, a nationally-known author and mental health advocate who is in recovery from bipolar disorder. Attendance in 2006 was the largest in the event’s history.

"Recovery does not refer to an end product or result. Recovery often involves a transformation of the self wherein one both accepts one's limitation and discovers a new world of possibility."

- Patricia Deegan, The Conspiracy of Hope
Advocating to protect the rights of mental health consumers of all ages, to incorporate families in the recovery process, and to support access to mental health services by: providing testimony regarding the Allegheny County Consolidated Housing Plan; participating in the Pennsylvania governor’s Listening Tour regarding Medical Assistance; offering free Mental Health Advance Directives Workshops; and addressing Medicare Part D’s prescription drug benefits and access.

Distributing immediate, frequent legislative action alerts to members and other stakeholders, and offering detailed information through The Voice newsletter, which reached 2000 individuals quarterly. A wide variety of topics are covered in each issue, including these cover articles:

- The New Medicare Prescription Drug Benefit — Important Information for People with Mental Illnesses and Their Families
- Pennsylvania’s State Hospital Service Area Planning Process — Opportunities to Craft a True Recovery-Oriented System of Mental Health Treatments and Supports
- An Essential Component of Recovery — Certified Peer Specialists: Who They are and How They Can Enhance the Transformation to a Recovery-Based Behavioral Health System
- Choosing the Best Recipe — What are Evidence-Based Therapies?

Supporting the ongoing development of Consumer Family Satisfaction Teams and their efforts, including:

- Assisting Armstrong and Indiana counties with the creation of a best practice model for a consumer/family satisfaction team process.
- Completing 3,102 interviews through the Consumer Action and Response Team (CART) to evaluate customer satisfaction regarding mental health and addiction services to quantitatively support the implementation of necessary system reforms.

- Developing 170 peer and family assessments to identify needs for individuals (whose Pennsylvania state hospital stays at Mayview, Torrance or Warren exceeded two years) who are preparing to transition back into the community. As part of the process, 24 family members were trained to conduct family assessments for use in future discharge plans.

Audited Financial Statement
July 1, 2005 through June 30, 2006

Revenue Sources

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<td>Contributions</td>
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Expenses

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NAMI Southwestern Pennsylvania Board of Directors 2006-2007

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CART (Consumer Action and Response Team)

Paul Freund
Consumer/Family Satisfaction Services Director

Joel R. Berger
Information Support Specialist

Michelle C. Castriota
Clerical Support/Interviewer

Philip Dutch
Interviewer

Karen M. Fishell
Reporter/Interviewer

Carly Jandla
CHIPP Coordinator

Dwight Lenzner
CHIPP Interviewer

Paula M. Pinon
Site and Information Coordinator

Marilyn Micknowski
Interviewer

Brian J. Rayne
Interviewer

Barbara Ann Reith
Administrative Assistant

Angie Sanders
Interviewer

Evelyn J. Stafford
Interviewer

Armstrong/Indiana Counties Consumer/Family Satisfaction Team

Deborah Marshall
Consumer/Family Satisfaction Team Supervisor

Lonnie Bowman
Drug/Alcohol Interviewer

Bonnie Gallaher
Armstrong C/FST Interviewer

Doris Poydence
Indiana C/FST Interviewer

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