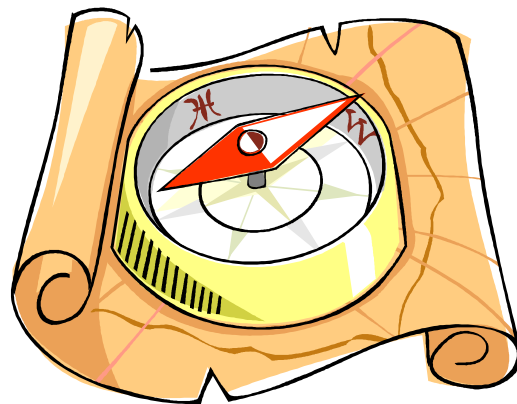


VISION: 2011

THE NAMI SACRAMENTO

STRATEGIC PLAN



THE SACRAMENTO NAMI BOARD OF DIRECTORS

December, 2007

# Table of Contents

<b>A Letter from the NAMI Sacramento President</b>	2
<b>Executive Summary</b>	3
<b>NAMI Sacramento 2008-2011 Strategic Plan Development</b>	
• Background	4
• Strategic Vision	4
• Mission Statement	5
• Current Programs	5
• Planning Process	6
<b>Goals and Strategies</b>	8
<b>Appendices</b>	
• A - Strategic Planning Timeline	18
• B - Member Survey	20
• C – Member Survey Summary and Analysis	21
• D - Stakeholder Interview Questionnaire	27
• E – Stakeholder Interview Summary	28
• F – Board Strategic Priorities	30

## Acknowledgement

The NAMI Sacramento Board of Directors would like to thank the members and stakeholders for their participation in our strategic planning effort.

### 2007 Board of Directors

John Gilbert  
Lloyd Lagerstrom  
Al Lipson  
Valentin Lopez  
Pat Pavone  
Caroline Prod

Valerie Reis-Lerman  
Heidi Sanborn  
Sherri Sala-Moore  
Jeanne Templeman  
Susan Whaley  
Mei Yip

# A Letter from the NAMI Sacramento President

**Dear Members and Stakeholders,**

We deeply appreciate the support we received from our members and stakeholders in preparing this Strategic Plan. This effort was challenging for the Board of Directors, but one that was long overdue. We hope that this plan reflects the views and attitudes of our membership and those that care about our organization and our mission.

Our greatest strength is that we are a dynamic and growing organization infused with the passion and commitment of our members. Our biggest weakness is that we struggle to meet the needs of our members and the community with very limited resources. In the eyes of our stakeholders, we represent the “voice of families” struggling to help loved ones who suffer from debilitating brain disorders and those without families who are too ill to speak for themselves. We are committed to educating the community about mental illness and stamping out the stigma that keeps those who are ill from seeking the treatment and support that they need to live rich and fulfilling lives.

Our Strategic Plan is a living document that will move us forward to become an organization that sets an example for others who share our mission and for all nonprofit organizations in our community. We strive to use this plan to help us be the best that we can be and more. Through our goals and strategies, we will seek to increase and diversify our membership, expand our programs, and advocate for changes that are necessary to improve the lives of those we love.

In this effort, we need your support and expertise. We cannot accomplish our ambitious agenda without everyone being focused on the key goals that we have outlined in this document. If you see something in our plan that you feel is not of value to our organization our community, we urge you to speak up and make your views known. If there is something that “lights a fire in your heart” then let us know that too, for it is that passion which will give us strength to go the distance and overcome all obstacles.

I would like to recognize the efforts of our Board of Directors in the development of this plan. I believe that the hours that we took to debate and argue about our future was time well spent. I feel confident that as we move forward, the plan will become a blueprint that will give us a foundation and renewed energy. It was my privilege to be involved in this effort—a first of its kind for NAMI Sacramento.

**Caroline Prod, Acting President  
NAMI Sacramento**

## Executive Summary

NAMI Sacramento has been an all volunteer organization since its inception as an affiliate in 1979. While our volunteers have built a strong organization, we find ourselves in a situation where we cannot expand our support services or advocacy efforts without taking a major leap forward and building a more sustainable infrastructure.

The first step in doing this is to establish a viable strategic plan that lays out our vision, goals, action strategies, tasks and targets over the next three years. This document is intended as the documentation of our planning process and outcomes. In developing this plan, we obtained input from our members and key stakeholders in the community. Our Board of Directors used this input to develop a plan that focuses on the following five goals:

1. NAMI Sacramento has a strong, sustainable and financially secure organizational infrastructure.
2. NAMI Sacramento has diversity in membership and leadership that is more representative of our community.
3. NAMI Sacramento leads in crafting and implementing high quality educational and support programs.
4. NAMI Sacramento has high visibility, conducts projects in concert with other community groups and incorporates consumers in its activities.
5. NAMI Sacramento is a highly effective advocate for mental health and works with our community partners to leverage our influence on key issues.

We have given considerable thought to how these goals will help to transform the mental health system in Sacramento County, as well as efforts to dramatically change the way mental health is discussed and treated throughout this state and the nation. We see our strategic plan as a part of a larger agenda that relates to the NAMI National and NAMI California strategic plans, as well as the implementation of California's Mental Health Service Act.

This plan is a dynamic document subject to change as we move forward. We intend to use it as a guide, not as a constraint, in developing annual implementation plans, policies and programs that meet the needs of our members and the greater community.

# NAMI Sacramento's 2008-2011 Strategic Plan

## BACKGROUND

NAMI Sacramento has 231 total active members as of June 2007. This consists of 198 family memberships<sup>1</sup> (86%) and 33 consumer memberships (14%). There are ten members of the Board of Directors, including four officers. There are also six project leaders who are not on the Board.

In the summer of 2006, the NAMI Sacramento Board of Directors met at its annual retreat and decided that in order to properly serve our membership organization and meet its needs, we had to develop a strategic plan that would help us focus on those goals and strategies that would take us to the next level of development. As an all volunteer organization, we have been extremely successful in meeting the basic needs of our membership but our Board felt that we lack the basic infrastructure to achieve all that our members would like us to do. We did not have any paid staff and we did not have a plan for developing a sustainable funding base for future developing.

In January of 2007, a small sub-committee of the Board was tasked to develop a plan of action to make the Strategic Plan a reality before the end of the year. The sub-committee came back to the Board in March with a methodology and timeline (Appendix A) that included obtaining input from our members and stakeholders prior to developing a plan. The Board endorsed this approach and the sub-committee took the steps necessary to lay the groundwork for this effort, using the NAMI National Strategic Plan as a guideline and template.

## STRATEGIC VISION

This is how we envision our future three years from now.

*NAMI Sacramento is viewed by stakeholders and the public as the pre-eminent voice of families and consumers who suffer from brain disorders. It uniquely represents the interests of those with serious mental illness who are unable to speak for themselves. It is politically influential in the County, particularly with the Board of Supervisors, Mental Health Agencies, Law Enforcement and the Courts. NAMI leads and collaborates with other stakeholders in transforming the Mental Health System to make it more consumer and family focused and oriented toward recovery. It successfully advocates for reducing the incarceration of mentally ill offenders and for improved services to those requiring treatment in acute and long-term locked facilities and in the community. Its advocacy leads to increased in-county placement for those requiring secure long-term care. As the affiliate in*

---

<sup>1</sup> Please note that some family memberships include consumers also.

*the State Capitol it plays an effective role with Statewide NAMI to influence legislation and executive action.*

*NAMI Sacramento's organizational infrastructure, dynamic leadership and strategic planning process are models for other affiliates around the State. Its enlarged Board of committed working volunteers and staff reaches major planned benchmarks. It achieves fundraising goals through grants and donations from diverse public and private sources.*

*NAMI Sacramento has an active voice in minority communities and among many religious faiths. Its Board and membership better reflects the diversity of our community.*

*NAMI Sacramento is known for its critical role in providing support for families and consumers in crisis through a network of strategically placed support groups throughout the County. It helps those in need navigate the mental health system to get the information and services they need on a timely basis. Its signature educational and support programs regularly expand and achieve higher penetration levels. It undertakes innovative pilot programs supported by NAMI national and others to provide information, services and training.*

*NAMI Sacramento's newsletter and website are widely recognized for their quality and impact. Its effective outreach programs make families and consumers in need aware of our services and those of other community agencies. Its impressive speakers, including both consumers and family members, are in demand by the media and the public to explain brain disorders and reduce stigma.*

## **MISSION STATEMENT**

NAMI Sacramento is a grassroots, family and consumer self-help, support, educational and advocacy organization dedicated to improving the lives of people with severe mental illnesses.

Severe mental illnesses are physically-based brain disorders that can profoundly disrupt a person's ability to think, feel, and relate to others and their environment.

## **CURRENT PROGRAMS**

NAMI Sacramento offers the following programs and services to its members and the community at large:

Monthly General Meetings – offer guest speakers on topics of interest to the membership

Family-to-Family Training – a twelve week training program for families coping with loved ones who have a brain disorder

Peer-to-Peer Training – an eight week training program for individuals who have a brain disorder

Family Support Groups – twice monthly meetings for family members in crisis

Peer Support Group – once monthly meetings for individuals in need of mentoring and support

Consumer Counseling—support group for consumers to share experiences and learn coping skills

In Our Own Voice – a program that trains and arranges for individuals to speak about their illness with the purpose of educating the public and reducing stigma

Community Outreach – educational presentations and distribution of information to various social, professional, cultural and faith-based groups in the community about brain disorders and the services available to treat them

Law Enforcement Training – the training of new peace officers in the City and County of Sacramento about brain disorders and the symptoms of mental illness

Educational Materials – monthly newsletter, brochures, library and website resources for individuals in need of information and support

Advocacy – advances NAMI goals by attending public meetings, participating in community forums related to mental health (such as the Sacramento County Mental Health Services Steering Committee) and testifying before legislative and administrative bodies

## **PLANNING PROCESS**

Key to the process of developing a strategic plan was input from our members and the stakeholder community. First, a member survey was developed in April 2007 (Appendix B) and distributed to current members via email. It was also made available on our website and distributed in hard copy to any members who attended the May General Meeting. Responses to the one page survey were requested by May 31st. Forty-two members responded to the survey, approximately 18% of the membership. The results were analyzed in a report that was submitted to the Board in late June (Appendix C).

While the member survey was underway, a parallel effort to obtain stakeholder input was pursued. A letter was sent to over thirty stakeholder organizations to obtain input on several key questions (Appendix D). Some of these organizations are listed below:

- Consumer Self-Help
- El Hogar
- La Familia Counseling

- Mental Health Association
- Sacramento Board of Supervisors
- Sacramento County Counsel
- Sacramento County Superior Court
- Sacramento County Division of Mental Health
- Sacramento Native American Health Center
- Sacramento Police Department
- Sutter Center for Psychiatry
- University of California Medical Center
- Turning Point Community Programs
- Transitional Living and Community Support Services
- Visions, Inc.

Some stakeholders were interviewed on an individual basis; others were invited to participate in a Focus Group Meeting held on July 5<sup>th</sup> at the NAMI Office. The stakeholders were advised that their input would be treated in a confidential manner and shared only with the NAMI Sacramento Board, so only a high level summary of the comments is provided for review in this report (Appendix E).

The NAMI Board considered all of the input prior to its retreat on July 15<sup>th</sup>. At that time, the Board discussed the input and developed a list of strategic priorities which formed the basis for this report.

A draft of this report was shared with our members, stakeholders, and other interested parties during the month of October 2007 in order to obtain additional comments and input before the report was finalized. It will be used to set the organization's direction for the next three years.

## Goals and Strategies

Goal 1: NAMI Sacramento has a strong, sustainable and financially secure organizational infrastructure.

### VISION:

*NAMI Sacramento's organizational infrastructure, dynamic leadership and strategic planning process are models for other affiliates around the State. Its enlarged Board of committed working volunteers and staff reaches major planned benchmarks. It achieves fundraising goals through grants and donations from diverse public and private sources.*

### CHALLENGES:

NAMI Sacramento has been an all volunteer organization since its inception. While our volunteers have great passion and commitment, they have lives that are very full and often complicated by the impact of mental illness on themselves or their loved ones. This limits how much we can reasonably expect our volunteers to give to NAMI. This year, for the first time, we contracted with PrideWorks to hire a part time office assistance to provide better service to callers who need our help. This has worked very well and given us an opportunity to appreciate how much more we could do to serve our members if we had additional staff support. Obviously, to hire staff we need to ensure that we can sustain a certain level of annual income that will provide sufficient funds for salaries and benefits. While NAMI has played a major role in community fundraising through its leadership in the Walk for Mental Health, and has received grants from NAMI National and other sources, we must now shift our focus to increased fundraising to yield higher levels of grants and donations.

Expanding fundraising is a necessary but not sufficient condition to move our organization to the next level. Recruitment of leaders and members who will sustain our dynamism will be crucial to success. As important, will be mobilizing our energies in the right direction — toward the challenges we must confront, our vision for the future, the goals we adopt and the implementation strategies we put into place. Our strategic planning process, involving our members and stakeholders is a first step toward charting NAMI Sacramento's future.

### STRATEGIES FOR CHANGE:

- Establish a strong organizational infrastructure including high quality Board Members, paid staff, contractors and volunteers

- Develop diversified sources of ongoing and sustainable income
- Create meaningful performance measures
- Expand membership and participation in NAMI sponsored activities
- Implement our Strategic Plan

#### TASKS AND TARGETS:

1. Establish Baseline Budget
2. Hire a part-time Executive Director by January 1, 2008.
3. Recruit three new capable and committed Board Members each year who have the background and skills to promote NAMI Sacramento in the community and to help it to be successful and grow.
4. Increase total income by 20% each year over the next three years.
5. Develop performance measures for all programs by June 30, 2009.
6. Increase membership by 20% each year for the next three years through outreach, Family-to-Family classes, Support Groups and Peer-to-Peer and other Programs.

Goal 2: NAMI Sacramento has diversity in membership and leadership that is more representative of our community.

#### VISION:

*NAMI Sacramento has an active voice in minority communities and among many religious faiths. Its Board and membership better reflect the diversity of our community.*

#### CHALLENGES:

Sacramento is one of the most diverse communities in the Nation. Although NAMI Sacramento has a solid membership base of over 230 including both individuals and families, there is insufficient representation from certain sectors of our community, especially among African-Americans, Hispanic-Americans and Asian-Americans. There is a great need to include these groups to increase our effectiveness in representing all members of our community who suffer from brain disorders.

We received an Inclusion Grant of \$25,000 from NAMI National to increase our outreach efforts through faith-based and cultural groups in order to make all members of our community aware of the services that NAMI provides and invite them to join our organization. The grant allowed us translate our outreach brochure into several languages including Spanish, Hmong, Russian, Tagalog and other languages spoken in ethnic communities throughout Sacramento. We were also able to offer stipends to individuals fluent in these languages that could help

us with our outreach efforts. We meet with ethnic and religious leaders in underserved communities and provided training sessions on the services that NAMI has to offer. While this effort has not directly increased NAMI membership to date, we are encouraged by the interest shown in our programs, including Family-to-Family and Peer-to-Peer training. We have also seen an increase in participation at monthly general meetings and support groups, especially among Hispanic and African-American family members and consumers.

With these grants as a foundation, we intend to increase our visibility throughout the county and provide support groups and training in geographically dispersed locations that will be more convenient for many individuals who have limited transportation or other obstacles that make it difficult for them to travel long distances to attend training and support group sessions.

#### STRATEGIES FOR CHANGE:

- Increase diversity among NAMI Board members and volunteers
- Improve community outreach, especially in diverse community and faith-based groups

#### Tasks and Targets:

1. Continue efforts to increase awareness of NAMI activities and programs among various ethnic and faith-based groups.
2. Recruit new board members who have the background and skills to promote NAMI Sacramento in ethnic and faith-based communities.
3. Through the Inclusion Grant and the In Our Own Voice Program increase awareness of NAMI Sacramento throughout Sacramento County, especially in the southern part of the county where there are larger numbers of African-American, Hispanic-American, and Asian-American families and consumers.

Goal 3: NAMI Sacramento leads in crafting and implementing high quality educational and support programs for families and consumers.

#### VISION:

*NAMI Sacramento is recognized for its critical role in providing support for families and consumers in crisis through a network of strategically placed support groups throughout the County. It helps those in need navigate the mental health system to get the information and services they need on a timely basis. Its signature educational and support programs regularly expand to achieve higher penetration levels. It undertakes innovative pilot programs supported by NAMI national and others to provide information, services and training.*

#### CHALLENGES:

This is an area where we feel that our organization already has strength. Both members and stakeholders see NAMI Sacramento as a source of support and education to family members through our support groups and Family-to-Family classes. However, we are unable to meet the demand on a consistent basis because of a lack of resources. Also, while we are viewed as responsive to the needs of families, we do not have as strong an identification with supporting consumers who need help. We need to change this perception. At a minimum, we should provide more support groups for both families and consumers so that individuals do not need to wait sometimes up to a month to get help when they are in crisis. To address these problems we have started implementing some significant program improvements. Our successful Peer-to-Peer Recovery Education Program has been bolstered by grant funding from NAMI California. Peer to Peer mentors have been trained and are offering classes. We received grant funding to begin the In Our Own Voice program. Trained presenters have spoken to numerous groups describing their unique experiences with mental illness. We have also expanded the availability of our support groups. But there is more that needs to be done.

#### STRATEGIES FOR CHANGE:

- Expand support groups for families and consumers
- Increase participation in Family-to-Family classes, Peer-to-Peer Recovery, In Our Own Voice and the General Meetings
- Increase penetration of the NAMI newsletter and website

#### TASKS AND TARGETS:

1. Establish four support groups for family members geographically distributed throughout the county by June 30, 2008.
2. Establish four support groups for consumer members by June 30, 2008.
3. Offer at least two Family-to-Family courses each year.
4. Offer at least two Peer-to-Peer courses each year.
5. Continue to offer quality speakers and presentations at General Meetings held at least 10 months of the year.
6. Continue high quality material in the NAMI newsletter for all members at least 10 months of the year and continuously update the informational content of the NAMI website.

Goal 4: NAMI Sacramento has high visibility, conducts projects in concert with other community groups and incorporates consumers in its activities.

VISION:

*NAMI Sacramento's newsletter and website are widely recognized for their quality and impact. Its effective outreach programs make families and consumers in need aware of our services and those of other community agencies. Its impressive speakers, including both consumers and family members, are in demand by the media and the public to explain brain disorders and reduce stigma. Consumer education and support activities form an essential part of NAMI's repertoire of signature programs. NAMI Sacramento spurs the creation of collaborative partnerships with other stakeholders to monitor and enhance the availability of effective crisis intervention and treatment services.*

CHALLENGES:

It is fair to say that NAMI Sacramento is probably well known as a community resource among mental health professionals, but beyond that our visibility in the community is uneven. Even though our family and consumer programs have expanded and our newsletter and website have been substantially upgraded, the NAMI name is not yet well recognized in the community at large and we are still regarded by many as an organization serving only family members. Also, too many family members and consumers suffering the effects of mental illness remain unaware and unconnected to our services. We must concentrate our energies on strengthening our public education and outreach to the community at large and expand our efforts to reach specific target groups of consumers and family members.

Great opportunities exist to improve the quality of life of those who are placed in short-term acute hospitals, in locked facilities or who live in Board and Care or Room and Board homes or in apartments. We have not yet invested enough in reaching out to other community organizations serving these consumers to help ensure that they receive the services they need.

STRATEGIES FOR CHANGE:

- Improve community outreach, especially in diverse community and faith-based groups
- Cultivate a positive presence and relationship with local media outlets and representatives
- Seek out partnering opportunities with other organizations to monitor the quality of care and improve services in treatment facilities and homes

- Maximize cooperation with NAMI National and NAMI California to achieve mutual goals

#### TASKS AND TARGETS:

1. Target better ways to connect family members and consumers to our services
2. Successfully Implement the Inclusion Grant by December 31, 2007 and improve membership representation among minority groups in Sacramento.
3. Create at least two partnership opportunities with other stakeholder organizations (e.g. Consumer Self Help, Turning Point Community Programs, Transitional Living and Community Support) to advance initiatives that will benefit our members and our community.
4. Seek out opportunities at least twice a year to feature NAMI members or activities in news coverage with the local media.
5. Have consumer speakers trained through the In Our Own Voice Program present their stories to groups such as the police and sheriff's deputy recruits, church groups, and cultural groups.

Goal 5: NAMI Sacramento is a highly effective advocate for mental health and works with our community partners to leverage influence on key issues.

#### VISION:

*NAMI Sacramento is viewed by stakeholders and the public as the pre-eminent voice of families and consumers who suffer from brain disorders. It uniquely represents the interests of those with serious mental illness who are unable to speak for themselves. It is politically influential in the County, particularly with the Board of Supervisors, Mental Health Agencies, Law Enforcement and the Courts. NAMI leads and collaborates with other stakeholders in transforming the Mental Health System to make it more consumer and family focused and oriented toward recovery. It successfully advocates for reducing the incarceration of mentally ill offenders and for improved services to those requiring treatment in acute and long-term locked facilities and in the community. Its advocacy leads to increased in-county placement for those requiring secure long-term care. As the affiliate in the State Capitol it plays an effective role with Statewide NAMI to influence legislation and executive action.*

#### CHALLENGES:

NAMI is the advocate for the most seriously mentally ill among us, many of whom are unaware of their illness or the need for treatment. This sometimes puts us at odds with those who believe solely in the efficacy of voluntary treatment and tend

to view us as a one-issue “pro-family”, “anti-consumer” organization favoring involuntary treatment. These labels are neither true, nor meaningful. We believe that NAMI is both “pro-family” *and* “pro-consumer”. NAMI Sacramento is committed to mental health wellness and recovery for everyone. That means that we will advocate for the best interests of individuals with mental illness and those who love and support them. We are a resource to anyone in the county who needs our services.

A major issue that confronts consumers and their facilities is the need for decent, safe and sanitary housing for the mentally ill, with sufficient wrap-around services that allow them to function as independently as possible. Surveys have shown this to be a priority issue for the mental health community requiring collaboration among many organizations to produce results.

An unfortunate consequence of mental health reforms that de-institutionalized individuals with mental illness, without adequate community treatment, was that they were re-institutionalized in local jails and state prisons. The creation of the Sacramento County Mental Health Court allows certain offenders to receive mental health services in the community. We expect this program will be successful and look forward to its expansion and the adoption of other statewide efforts to treat low risk offenders in the community.

NAMI was a strong advocate for passage of the Mental Health Services Act (MHSA). Our members served on the first Sacramento County MHSA Steering Committee charged with helping to determine priorities for the allocation of new funds voted by the public to help transform the mental health system. Several new MHSA programs have come to fruition: a Transcultural Wellness Center to serve the Asian Pacific Islander Population; the Transitional Community Opportunities for Recovery and Engagement (TICOR) for those at risk of hospitalization; the Sierra Elder Wellness Program for those with complex mental health and other co-occurring disorders; Pathways To Success After Homelessness providing permanent supportive housing along with supportive services; and the Wellness and Recovery Center offering multiple client-driven services for recovery and transition into community life. As of this writing, the County has determined that The Psychiatric Emergency Response Team (PERT) that was also approved after some debate will not be implemented. This is because the State Department of Mental Health has raised questions about whether MHSA funds should be used to support certain law enforcement functions. We believe that crisis intervention teams along with Crisis Intervention Training (CIT) for law enforcement are desperately needed in our community to prevent needless suffering and even death for those who have decompensated and need emergency help. NAMI will continue to play a major role in the MHSA process supporting needed mental health reforms.

NAMI has been active in calling attention to the plight of seriously mentally ill consumers who are placed in out-of-county facilities, far from their homes, family and friends. These are conservatees committed by the courts to private facilities or Napa State hospital for months and in many cases years. About three-fourths of them are placed out-of-county primarily in Skilled Nursing Homes (SNF's) in Stockton and Modesto and as far south as Bakersfield. At the same time, about three-fourths of the beds in Sacramento facilities are taken up by out-of-county residents. While some of these placements may be justified due to medical needs, this mismatch demands correction. The County has taken steps to reduce the length of stay at these facilities by investing in services aiding their placement in the community—but more needs to be done to find beds close to home for those who have family and community ties.

Members and stakeholders of NAMI Sacramento place high emphasis on the need for our organization to advocate for change in the mental health system. Our involvement on the County Mental Health Service Act Steering Committee has also increased our resolve that we must take an active role in transforming the mental health system in this county. To do this we must commit to working with our community partners on those issues of common concern that are most pressing. Since we live in the state capitol, we have a unique opportunity to have our voice heard on issues of importance to NAMI members throughout the state.

#### STRATEGIES FOR CHANGE:

- Strengthen our advocacy efforts by leveraging areas of agreement that we have with other community groups on issues of importance to our members (e.g., housing)
- Utilize the funding available via MHSA to transform the MH system
- Advocate to reduce incarceration of individuals with serious mental illness in jails and prisons
- Advocate to reduce the number of seriously ill placed in out-of-county locked facilities and increase the number placed locally
- Advocate for emergency services in the community via PERT and CIT-type programs

#### TASKS AND TARGETS:

1. Continue to actively participate in the Sacramento County Mental Health Services Act Steering Committee for the next three years.
2. Support efforts to establish better system supports for mentally ill individuals who are arrested, such as those envisioned in the Mental Health Court pilot program.
3. Continue to lobby for implementation of a PERT and CIT training for local law enforcement.

4. Work with the Sacramento County Division of Mental Health to dramatically reduce out-of-county placement for seriously mentally ill individuals except in cases of clear medical necessity.

## Appendices

- A - Strategic Planning Process
- B - Member Survey
- C – Member Survey Summary and Analysis
- D - Stakeholder Interview Questionnaire
- E – Stakeholder Interview Summary
- F – Board Strategic Priorities

## Appendix A

### NAMI SACRAMENTO STRATEGIC PLANNING PROCESS 2007

To help us achieve better clarity of vision and effectively accomplish our mission, it is essential that we develop a long range strategic plan. In order to complete the Strategic Plan this year, the Executive Committee has developed the following tentative process and timeline.

#### ❖ Stakeholder Input

- The stakeholder's view of the NAMI Sacramento organization is an essential first step in the Strategic Planning Process. A stakeholder is any person, group, or organization that can place a claim in the organization's resources, attention, or output, or is affected by its output.<sup>2</sup>
- Through a series of interviews and surveys, we will have a discussion with our stakeholders about NAMI Sacramento and what they view to be our organizational strengths, weaknesses, opportunities and threats.
- Once we have decided on a list of stakeholders to interview, we will contact them via letter or email explaining our interest in getting their views on our strategic plan. We will request to set up a time to meet with them to talk about our strategic direction. These interviews are intended to be open-ended and informal. If possible, we should conduct the interviews in person or on the telephone and at least two Board members should be involved in each interview. Some interviews can be conducted in small focus groups; others can be done on a one-on-one basis. Not all stakeholders must be interviewed, but we should make sure that we reach out to all and talk to a reasonable cross-section of the community that shares our interest.
- NAMI Sacramento Stakeholders include:
  - NAMI Members
  - Mental Health Association
  - United Advocates for Children and Families
  - Co-Occurring Disorder Support Groups
  - Homeless Support Groups (Loaves and Fishes, TLCS)
  - Resources for Independent Living
  - County Mental Health Department
  - NAMI California
  - NAMI National

---

<sup>2</sup> Creating and Implementing Your Strategic Plan – A Workbook for Public and Nonprofit Organizations by John M. Bryson and Farnum K. Alston (Jossey-Bass, 1996), page 43.

- 4 Regional Support Teams: Visions, El Hogar, Human Resources Consultants, Turning Point
  - Hospitals: Sierra Vista, Heritage Oaks, Crestwood
  - Consumer Self-Help Groups
  - Schools and Youth Support Groups
  - Law Enforcement (including the Court)
  - County Conservator's Office
  - Community Groups and Faith Based Organizations
  - Sponsors (including Pharmaceutical Companies)
  - Tasks and Schedule:
    - Stakeholder Questions, Member Survey, and Solicitation Letter prepared for Board Review at the April 4<sup>th</sup> Board Meeting
    - Members briefed on Strategic Planning Process at April General Meeting
    - Solicitation letter sent out to stakeholders – April 12<sup>th</sup>
    - Stakeholders contacted and interviewed - April 23<sup>rd</sup> – May 25<sup>th</sup>
    - Member Survey distributed at May General Meeting
- ❖ **Data Analysis**
- The Strategic Planning Team (TBD) will analyze the survey results and summarize the stakeholder input for Board review June 4<sup>th</sup> – 22<sup>nd</sup>
  - The Board will be given the data summary prior to the Board Retreat on July 15<sup>th</sup>
- ❖ **Data Synthesis and Decision Making**
- At the Retreat, on July 15<sup>th</sup>, the Board Members will use this data and other information to engage in a discussion about strategies and priorities for the future.
  - Using a Nominal Group Technique (NGT), the Board will develop a list of top priorities for the strategic direction of the organization
- ❖ **Report Preparation, Review and Adoption**
- The Strategic Planning Team will develop a draft plan based on the direction received from the Board by August 24<sup>th</sup> so that it can be emailed to all Board members for review prior to the September Board Meeting
  - The Strategic Plan will be discussed and modified as needed at the September 5<sup>th</sup> Board Meeting
  - The Plan will be briefly reviewed at the General Meeting on September 12<sup>th</sup> and made available to the membership for review via the website during the month of September. Comments received by the general membership will be discussed with the Board at its October 3<sup>rd</sup> meeting and changes made as appropriate
  - The Plan will be finalized and posted to the NAMI Sacramento Website by the end of October 2007

## Appendix B

### NAMI SACRAMENTO MEMBER SURVEY

*Please respond to the following questions. You may add additional pages if needed.*

Name (Optional)
<p>1. How long have you been involved with NAMI Sacramento?  <input type="checkbox"/> Less than 1 year   <input type="checkbox"/> 1-2 years   <input type="checkbox"/> 2-3 years   <input type="checkbox"/> 3-4 years   <input type="checkbox"/> 4-5 years   <input type="checkbox"/> More than 5 years</p>
<p>2. What do you think the primary role of NAMI Sacramento should be? Please prioritize the following list of activities with 1 as the highest priority.  <input type="checkbox"/> Education for Families and Consumers   <input type="checkbox"/> Advocacy for Mental Health Issues   <input type="checkbox"/> Crisis Support  <input type="checkbox"/> Community Outreach   <input type="checkbox"/> Clearinghouse for Information &amp; Resource  <input type="checkbox"/> Identify and Act on Local Issues   <input type="checkbox"/> Other _____</p>
<p>3. Have you participated in any of the programs/events sponsored by NAMI Sacramento? If so, which ones? (Check all that apply)  <input type="checkbox"/> General Monthly Meetings   <input type="checkbox"/> Support Groups   <input type="checkbox"/> Family-to-Family Training  <input type="checkbox"/> Peer-to-Peer Training   <input type="checkbox"/> In Our Own Voice Presentations   <input type="checkbox"/> Walk for Mental Health  <input type="checkbox"/> Christmas Party   <input type="checkbox"/> Other _____</p>
<p>4. What attracted you to NAMI? (Check all that apply)  <input type="checkbox"/> I needed information about mental illness to help myself or a loved one  <input type="checkbox"/> I needed support dealing with a personal or family mental health crisis  <input type="checkbox"/> I wanted to advocate for better circumstances and services for those with mental illness  <input type="checkbox"/> I am a professional in the mental health system or deal with individuals who have mental illness  <input type="checkbox"/> I wanted to share my experiences in the mental health system  <input type="checkbox"/> Other _____</p>
<p>5. Have you visited our website at <a href="http://www.namisacramento.org">www.namisacramento.org</a>?  <input type="checkbox"/> Yes   <input type="checkbox"/> No          If yes, what did you think about the look and content of the website?</p>
<p>6. What do you think are our primary strengths?</p>
<p>7. What do you think are our primary weaknesses?</p>
<p>8. If there was only one thing that NAMI could keep doing, at all costs, what should it be?</p>
<p>9. If there was only one thing that you could change about NAMI Sacramento, what would it be?</p>
<p>10. If you were to give NAMI a grade from A-F what would it be and why? How can NAMI do a better job of meeting your specific needs?</p>

## Appendix C

### 2007 NAMI Sacramento Membership Survey Summary and Analysis

*(Please Note: The detailed exhibits provided with the original analysis have been omitted for brevity, but are available upon request.)*

NAMI Sacramento's mission statement is on the web page for the organization<sup>3</sup> and the objectives are specified as well. They emphasize support, education and advocacy to improve the general welfare and treatment of mentally ill persons and their families. This survey attempts to validate the objectives and to determine the level of emphasis that should be placed on the objectives as well as ascertain the membership's confidence in the administration of the local chapter. All the analysis sheets are included as attachments for this summary.

NAMI Sacramento has 231 total active memberships<sup>4</sup> as of June 24, 2007. This consists of 198 family memberships (86%) and 33 consumer memberships (14%). There were a total of 42 respondents to the survey or approximately 18% of the total membership. It is not possible to determine the ratio of family to consumer respondents based on the information available.

There are 10 members of the Board of Directors, including four officers and 6 project leaders (not on the Board). Four (4) of the respondents identified themselves as Board, staff or active volunteers in response to question #2. An analysis of the names (identification optional) indicates that 6 names are Board members or have project responsibility. Based on the name analysis, this represents about 30% of the administration of NAMI Sacramento responded.

Based on the survey documents available, 21, or 50%, of the respondents used the online survey and an equal number responded on the paper form.

#### Question 1: How long have you been a member of NAMI?

Total Respondents	<1 year		1-2 years		2-3 years		3-4 years		4-5 years		>5 years	
	Resp	Percent	Resp	Percent	Resp	Percent	Resp	Percent	Resp	Percent	Resp	Percent
42	10	24%	8	19%	2	5%	7	17%	1	2%	14	33%

This indicates that there were 43% of the respondents less than 2 years with NAMI. There are 33% with more than 5 years with NAMI. An assumption is that all respondents are receptive and supportive of the organization's objectives by

<sup>3</sup> NAMI web site mission statement: <http://www.namisacramento.org/about/mission.html>.

<sup>4</sup> Based on June 27, 2007 email from Sherrie Sala-Moore to Patricia Pavone.

virtue of their participation. This appears to be borne out by responses to following question.

**Question 2: What do you think the primary role of NAMI should be?**

	Education		Advocacy		Crisis Support		Community Outreach		Clearinghouse		Local Issues	
Total ==>	40	95%	38	90%	34	81%	37	88%	36	86%	37	88%
Priority 1	13	31%	13	31%	6	14%	1	2%	1	2%	2	5%
Priority 2	12	29%	9	21%	5	12%	2	5%	5	12%	5	12%
Priority 3	7	17%	7	17%	6	14%	7	17%	5	12%	6	14%
Other	8	19%	9	21%	17	40%	27	64%	25	60%	24	57%

Note: Percentage less than 100% because some respondents did not rank choices.

Clearly the expected role of NAMI is in the area of education and advocacy. These two objectives have been identified as the number one priority of the organization consistent with the self-described mission. Community outreach, serving as a mental health issues clearinghouse, and dealing with local issues is not perceived as critical priorities from the results of this survey. Crisis support is recognized as one of the higher priorities especially with those respondents with more than 5 years as members. Advocacy is an objective that is consistent with all respondents regardless of their years as members. Education may be the focal point that brings members to the organization. All the respondents with less than 1-year membership and 75% of those with 1-2 years of membership have made this one of the top three priorities of NAMI. Those members with more than 2 years activity also are heavily supportive of the education objectives of NAMI. This later group may be more attuned to the ongoing awareness and activities that accrue by attendance at general meetings, which are a form of continuing education and a forum for mental issue discussions in general.

**Question 3: Have you participated in any programs sponsored by NAMI?**

	<1 year	1-2 years	2-3 years	3-4 years	4-5 years	>5 years
<b>General Meetings</b>	7 70%	7 88%	2 100%	4 57%	1 100%	12 86%
<b>Support Groups</b>	1 10%	3 38%	1 50%	1 14%	- -	10 71%
<b>Family to Family</b>	1 10%	5 63%	2 100%	4 57%	1 100%	9 64%
<b>Peer to Peer</b>	1 10%	- -	- -	- -	- -	- -
<b>In Our Own Voice</b>	- -	- -	- -	- -	- -	- -
<b>Walk For Mental Health</b>	- -	5 63%	1 50%	4 57%	1 100%	3 21%
<b>Christmas Party</b>	- -	1 13%	2 100%	4 57%	1 100%	6 43%
<b>Board, Staff, Volunteer</b>	- -	- -	- -	2 29%	- -	2 14%
<b>No Program Participation</b>	2 20%	1 13%	- -	- -	- -	- -
<b>Total Respondents</b>	10 100%	8 100%	2 100%	7 100%	1 100%	14 100%
Note: Respondents may participate in more than one program.						

Respondents indicate the general meeting, support groups and family-to-family programs are clearly the foremost NAMI programs. Four of five members attend the general meetings. Three of five members avail themselves of a combination of the general meetings, support groups and family-to-family program.

### Question 4: What attracted you to NAMI?

Information Need	<1 year	1-2 years	2-3 years	3-4 years	4-5 years	>5 years	Categorical Total
	7 70%	7 88%	2 100%	7 100%	1 100%	13 93%	
Support Need	5 50%	4 50%	2 100%	3 43%	- -	12 86%	26 62%
Advocacy	4 40%	1 13%	1 50%	4 57%	1 100%	7 50%	18 43%
Professional	2 20%	- -	- -	- -	- -	2 14%	4 10%
Experience Sharing	1 10%	- -	- -	- -	1 100%	3 21%	5 12%
Total Respondents	10 100%	8 100%	2 100%	7 100%	1 100%	14 100%	42 100%

This is further substantiation of the interpretation of question #2. Again the need for information and support as well as the desire for advocacy are clearly the dominant categories regardless of the length of membership.

### Question 5: Have you visited our website?

Of the respondents, 78% indicated they had visited the NAMI website. There was no evaluation of the website to indicate whether it meets the respondents' objectives or not. There appears to be substantial information on the website and sufficient links to NAMI state and national levels information.

### Question 6: What do you think are our primary strengths?

Respondents heavily substantiate the educational efforts and the support activities as being the strongest elements of NAMI. Approximately 80% of the comments can be categorized in these two areas. For purposes of this question, the definition of support takes into account the need for additional staff as well as the dedication and commitment of existing staff and administration and the support provided to members and consumers. Selected comments follow:

- [Good website] - Relevant and current events-related articles, multiple links, easy to navigate, network of care service directory wonderful asset,
- Education of families, providing information and support.
- First hand knowledge of dealing with mental illness, using the knowledge for advocacy and education.

- Great general meetings, good variety of speakers and topics.
- Motivated volunteers and the Chapter President's dedication/vision.

**Question 7: What do you think are our primary weaknesses?**

While information and support activities are strengths of NAMI, there are also weaknesses in these programs. Respondents speak to the level of quality and quantity in these programs. Increased membership is reflected in the sense that NAMI representation is very small for such a large constituency. For purposes of this question, the definition of support takes into account the need for additional staff as well as the dedication and commitment of existing staff and administration and the support provided to members and consumers. Selected comments follow:

- Information given out is not always up to date. Families need resource options and it's not always available on how to access.
- [Small] size of membership.
- In a crisis, help and support are often more than a month away.
- Greater public awareness of NAMI Sacramento; not enough information through the media.
- Not enough help; not enough volunteers.

**Question 8: One thing NAMI should keep doing, at all costs.**

Respondents believe NAMI should continue both the educational and advocacy by a 2 to 1 margin. This may represent expectations of taking the objectives of NAMI to a higher level of intensity. This also could be a result of a lack of information dissemination of legislative advocacy at the NAMI California level. Selected comments follow:

- Provide family consumer personal support; almost nowhere (else) to get it.
- Advocate for mental health issues affecting this community and provide information on resources and services in Sacramento County.
- Provide up to date information on mental illness, care, treatment and services.
- Efforts to reduce stigma and increase understanding are wonderful.
- Support groups and education to the public, professionals in the business, law enforcement, and courts.
- Continue to advocate for insurance parity, housing, fair and decent treatment of the mentally ill.

**Question #9: One thing you could change about NAMI Sacramento.**

Respondents want NAMI to start doing certain activities and to stop doing other activities. One of the key issues may be strong difference of opinion between family members who do not want to see their relatives or friends injured or harmed by placing them in some controlled environment and the opinion of

consumers who are fearful of losing their autonomy and independence. Selected comments follow:

- To be able to change the laws for involuntary hospitalization or meds.
- Try to improve our image with consumers in the community. I think we have become too strongly identified with involuntary commitment and this has hurt opportunities for partnerships with other groups.
- NAMI would publicly support prescriptive authority for appropriately trained psychologists.
- A website where a family member can fill out forms (all kinds of ideas of loved ones are lost).

**Question #10: Give NAMI a grade from A to F.**

This question represents a summary of personal satisfaction overall. While there may be several issues or concerns that respondents have voiced some comment, this indicates that NAMI is “the only game in town” when it comes to providing a range of services for those needing it. A full 62% graded NAMI an “A”; and, 97% graded NAMI no worse than a “B”.

## Appendix D

### **NAMI Sacramento Stakeholder Interview Questionnaire**

Name of Participant(s): \_\_\_\_\_

Area of Interest (e.g. member, provider, advocacy group): \_\_\_\_\_

1. What do you think is the most significant problem facing individuals with mental illness in our community?
2. In your opinion, what value does NAMI bring to the Sacramento community?
3. What do you think are our primary strengths as an organization?
4. What do you think are our primary weaknesses as an organization?
5. What opportunities would you like to NAMI pursue to help transform the mental health system in Sacramento County?
6. If there was only one thing that NAMI could keep doing, at all costs, what should it be?
7. If there is one thing that you could change about NAMI Sacramento, what would it be?
8. What can we do to partner more effectively with your agency?

## Appendix E

### Stakeholder Interview Summary

Stakeholder	Key Problem	NAMI Value	NAMI Strength	NAMI Weakness	Opportunities	Top Priority	Changes
COUNTY GOVERNMENT AGENCY	Revolving door in criminal justice system for the mentally ill in crisis	Voice for families – no one else represents the families and the consumers in crisis like NAMI	Committed and passionate members	Lack of clear direction; lack of focus on issues – who do you represent? What are your goals?	Support for better solutions for individuals and families in crisis like PERT and Mental Health Court	Did not respond	Change your position on the use of Prop 63 funds for Law Enforcement; advocate for more crisis services
COUNTY GOVERNMENT AGENCY	System compaction related to outpatient services	Good local and national lobbying efforts; information and referral	Voice for families – people listen; very organized; well known resource	Focus on involuntary treatment; focused on medical model rather than recovery model	Advocacy for funding; support increased outpatient services and employment opportunities	Education and support; F2F training and support groups	Need broader perspective; too closely identified with involuntary treatment
NONPROFIT SUPPORT AGENCY	Lack of housing and appropriate services	Educational programs for families and consumers; advocacy at the county level	Advocacy skills and consumer involvement and support	Fund raising	No response.	Education programs	Staff office and hire an executive director with exceptional fundraising and organizational skills
SERVICE PROVIDER	Stigma & Fear in Community	Our education and advocacy	Advocacy for MH Programs; Ability to speak for families	Strong position on involuntary treatment has polarized and split supporters	Advocate for housing; train police; help to integrate services better	Advocacy; working with providers to increase services	Moderate position on involuntary commitment
SERVICE PROVIDER	Lack of safe, affordable housing, lack of employment opportunities; Services impacted	Education for those unfamiliar with mental illness; advocacy for underserved communities and families	Family voice, education, influence with policy makers	None	Collaborate with existing community based organizations; continue to advocate for change and influence policy makers	Family voice	Increase collaboration with programs like TPCP
NONPROFIT SUPPORT AGENCY	Lack of access to services and complexity of services; it is difficult to figure out what is available; lack of transportation	NAMI is a powerful voice for mental health in the community; policy makers listen and take you seriously	Very organized; family members are more empowered than consumers	Your position on involuntary commitment seems very emotional and very controlling; it doesn't advance the dialogue on recovery	Did not have a specific response; believes that "we are unstoppable" on any issue where families and consumers agree	Keep working on partnerships with consumer groups to advance programs that will help individuals to recover	Nothing

Stakeholder	Key Problem	NAMI Value	NAMI Strength	NAMI Weakness	Opportunities	Top Priority	Changes
COUNTY GOVERNMENT AGENCY	LPS is very outdated needs major overhaul	Advocacy	Terrific support system for families	Limits on what we can do because of the limits the system puts on family members	Help to rewrite LPS; work with CA County Counsel Assoc to propose major reforms; Should work more like juvenile dependency system	Advocacy	Focus more on advocacy for major changes
FOCUS GROUP PARTICIPANTS:  SERVICE PROVIDER AGENCIES	Access to care is impacted w/ too many hoops to jump through; not enough outpatient providers; two tiered system of services (insured v. uninsured); lack of services for individuals w/ medical and mental illnesses	Voice for families; education programs	Support for families and consumers; The "tone" of hope and recovery	Not enough outreach; the word doesn't get out to all parts of the community; need a schizophrenia support group	Both Sutter and Visions are eager to sponsor NAMI support groups or training programs at their locations; Very interested in having IOOV speakers come to talk to staff and clients; get information to emergency rooms	Education	Do a better job of getting the message out to the entire community

## Appendix F

### **NAMI Board Retreat Strategic Planning Priorities**

1. Develop a strong organizational infrastructure including both paid staff and volunteers.
2. Develop sources of ongoing and sustainable income.
3. Improve Board Recruitment Strategy to improve diversity, expertise and community contacts.
4. Continue to provide high quality educational efforts including Family to Family Training, Peer to Peer Training, the General Meeting and the Newsletter.
5. Address and resolve any organizational and communication issues with NAMI California and NAMI National.
6. Increase the number of members in NAMI Sacramento and the level of member participation in NAMI sponsored activities.
7. Cultivate a positive presence and relationship with local media outlets and representatives.
8. Establish more support groups for families and consumers.
9. Seek out partnering opportunities with other organizations in the community that share our vision and goals.
10. Improve community outreach, especially in diverse community and faith-based groups.
11. Develop meaningful performance measures.
12. Improve our advocacy efforts by leveraging areas of agreement that we have with other community groups on issues of importance to our members (e.g., housing).