BREAKING DOWN BARRIERS

2013 NAMI Minnesota Annual Report
“LOVE RECOGNIZES NO BARRIERS. IT JUMPS HURDLES, LEAPS FENCES, PENETRATES WALLS TO ARRIVE AT ITS DESTINATION FULL OF HOPE”  

-Maya Angelou

NAMI Minnesota’s Mission is to champion justice, dignity, and respect for all people affected by mental illness. Through education, support and advocacy, we strive to eliminate the pervasive stigma of mental illnesses, effect positive changes in the mental health system, and increase the public and professional understanding of mental illnesses.

BREAKING DOWN BARRIERS

Breaking down barriers and changing attitudes about mental illnesses does not happen overnight and takes the hard work of many. Stigma, discrimination and fear act as primary barriers for why individuals continue to live in the shadows. NAMI plays a vital role in breaking down these barriers.

When NAMI breaks down barriers, doors open.

We understand that before families can work for systemic change, they first must feel support and know that they are not alone. That is why our educational classes and support groups are essential. We reach out and partner with professionals because we know that they are often the first point of contact for individuals and families in crisis. Then, we focus on the greater public by promoting broader anti-stigma messages through multi-media, and through a multitude of outreach events and presentations.

Breaking down barriers opens doors...to hope.

When hope becomes tangible, individuals begin to recover, families feel supported and knowledgeable, and professionals apply their new tools to help diminish the stigma and provide resources. All this happens when we join together as a community, create awareness, provide education, support one another, and advocate for change.

“The needs are great. But we can all do small things with great love, and together we can do something wonderful.” - Mother Theresa

Together with our funders, donors, community partners and volunteers we are breaking down barriers and making incredible strides towards ending stigma so that children and adults living with mental illnesses have access to the resources they need to live a life of dignity and hope. In fiscal year 2013, NAMI reached over 70,000 people through our education classes, support groups, presentations and social media. It was a whirlwind year marked by high visibility in the media both locally and nationally, putting NAMI “on the map” for many. We have seen a huge increase in the number of calls and website visits of people looking for information and resources. We increased the number of classes, workshops and support groups offered. More people participated in our classes and presentations, and we initiated collaborations to increase our reach statewide and advocacy efforts to improve the mental health system. All in all it was another very successful year. Barriers came down and doors opened.
BREAKING DOWN BARRIERS THROUGH EDUCATION

Mental illnesses are frequently misunderstood by families and the greater public. Learning about mental illnesses breaks down the barriers of misunderstanding, opening the door to compassion. When families and professionals have good information and know how to access resources, they are better equipped to support their loved one or their clients. NAMI also works with the media and the greater public to raise awareness about mental illnesses and portray positive messages of courage and hope.

EDUCATING FAMILIES

To best support family members, NAMI believes that education about mental illnesses is a key component to better understanding and accompanying their loved one on a journey to recovery. In fiscal year 2013, NAMI classes assisted 1,076 families that have a loved one living with a mental illness. NAMI’s signature classes include: Family-to-Family, Hope for Recovery, Family Connections, Children’s Challenging Behaviors (CCB), What Works What Helps, and Mental Health Crisis Planning for Families. These classes provide information on mental illnesses, treatment options, the mental health system and coping strategies. Our educational approach has proven to be highly effective in increasing people’s awareness and knowledge of mental illnesses. Family-to-Family is now an evidence-based practice, and Hope for Recovery is the only class of its kind in the country.

NAMI is committed to reaching all communities and brokers relationships and partnerships within diverse communities to ensure that our curriculum is culturally appropriate. Our Children’s Challenging Behaviors curriculum is tailored to include the impact of trauma and historical racism for the American Indian and African American communities. Additionally, our Hope for Recovery class is offered in Spanish.

EDUCATING PROFESSIONALS

Often professionals within the health care system, the criminal justice system and schools are the first to encounter mental illnesses. These professionals with targeted educational information and trainings. In 2013, 8,109 professionals participated in 184 classes statewide. NAMI’s classes for professionals include: Mental Health First Aid, Means Restriction Education (suicide prevention), Emergency Department Training (empathy and de-escalation skills) and Gray Matters (older adult care providers). NAMI also continues to expand the Reentry Road to Recovery project which helps people living with mental illnesses and are reentering the community from the corrections system stay on the road to recovery. Additionally, our successful Allies in Recovery program, provides information on the eight components of wellness with special attention to the need for natural supports, such as family members and friends. NAMI continues to deepen partnerships with Ramsey and Dakota Counties to bring Crisis Intervention Team Training (CIT) to police and sheriffs and with the Minnesota Department of Corrections to bring CIT to staff at prisons.

EDUCATING THE PUBLIC

Breaking down barriers and changing public attitudes requires strategic outreach. This year staff and volunteers presented to 3,777 people at workplaces, community settings and major conferences. These presentations included In Our Own Voice, Understanding Stigma, Mental Illnesses in the Workplace and Mental Illness 101. NAMI had booths at over 86 events, including the Minnesota State Fair. The information conveyed in these presentations and booths helps build awareness of mental illnesses and reduce stigma felt by those living with a mental illness.

To further promote the importance and awareness of the latest mental health issues and research NAMI hosted three conferences in the Twin Cities metro area. The 11th annual Research dinner held in collaboration with the University of Minnesota, Department of Psychiatry featured the newest information on research in the areas of autism and mental illnesses, cognitive behavior therapy in teens, therapy for eating disorders and tracking the course of schizophrenia. NAMI’s annual state conference featured keynote speaker Dr. Henry Emmons, integrative psychiatrist and author of The Chemistry of Joy and The Chemistry of Calm, who spoke on Restoring Resilience. Fifteen breakout sessions featured a variety of current mental health issues including transition age services and supports, the benefits of employment in recovery, health care exchanges and health care reform, and more. In collaboration with Postpartum Support International, NAMI Minnesota co-sponsored the Postpartum Support International Conference: Innovation and Advocacy to Support the Mental Health of Pregnant and Postpartum Families. The four day conference covered topics such as PTSD, Birth Trauma, Perinatal Mental Health, Supporting Secure Parent-Child Attachment in the Face of Maternal Depression, and Birthing Project USA. These three events reached nearly 800 people this year.

NEW EDUCATION INITIATIVES IN 2013

• Youth Mental Health First Aid is a new curriculum developed by The National Council for Behavioral Health that grew out of a similar class focused on adults. NAMI staff became certified to teach this class in Minnesota. Youth Mental Health First Aid is an evidence-based training program to help families and professionals identify mental health problems in young people, connect youth with care, and safely deescalate crisis situations.

• Transitioning to Adulthood and Independence Project was developed in response to a need for more information and materials to assist youth ages 14 – 25 living with mental illnesses. The project aims to prepare and support youth and their families in navigating the mental health, education, vocational and human services systems in order to effectively use services that will enable them to successfully manage their illness and achieve their dreams.

• Make It OK Campaign was launched this year in partnership with HealthPartners to break the silence surrounding mental illnesses and make it okay to talk about it. The effort to raise public awareness and reduce stigma includes a new website www.makeitok.org, a toolkit of posters and booklets, outreach to hospitals to help inpatient psychiatric units improve their care, staff training and more.

• Allies in Recovery Online Training is a new curriculum that NAMI piloted in 2012. The goal is to help professionals understand the importance of family and friends in recovery and how to engage families for this reason. The training promotes the eight dimensions of wellness involving a person’s social, physical, emotional, spiritual, occupational, intellectual, environmental and financial spheres. This training is now available online and on a CD.

• safeTALK is a new effort NAMI Minnesota is offering to meet additional needs in our communities. It is a 3 hour suicide prevention workshop that is listed on the Best Practice Registry of the Suicide Prevention Resource Center and The American Foundation for Suicide Prevention.
EDUCATIONAL IMPACT: AT A GLANCE

• 184 classes reached 8109 professionals on mental illness
• 86 free workshops and classes reached 1108 family members throughout Minnesota
• 75 presentations of In Our Own Voice reached, a record, 2360 people
• 800 people attended three educational events: University of Minnesota Department of Psychiatry Research Dinner, Postpartum Support International Conference, and the NAMI Annual State Conference
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• 86 NAMI booths were staffed at events and conferences, including the Minnesota State Fair

BREAKING DOWN BARRIERS THROUGH SUPPORT

One of the greatest hurdles for those living with a mental illness and their loved ones is isolation. Our work is rooted in the belief that connecting with others is essential and improves the quality of a person’s life. To provide the support that individuals living with a mental illness and their families need, NAMI offered 64 ongoing peer-to-peer support groups statewide in fiscal year 2013. These groups support family members, adults living with a mental illness, parents of children, spouses/partners, adult sons and daughters and LGBTQ-identified people.

NAMI’s support groups are peer-led and provide an opportunity for people to gain a better understanding of mental illnesses and build a supportive network. In addition to support groups, NAMI offers Kidshops, a supportive class for children with a sibling or parent with a mental illness and Progressions, a class for youth and young adults with mental illnesses. Additionally an experienced parent program started in Dakota County where parents new to the system are matched with more experienced parents.

“OUR SON ENJOYED THE GROUP HE WAS IN. HE REALLY LIKED THE LEADERS AND WAS ALWAYS READY TO GO ON MONDAY NIGHTS! MANY TIMES, HE REFERENCED INFORMATION THAT HE LEARNED FROM THE GROUP.” - Progressions Class participant

During this time, people helped her get the support she needed that included: a psychiatrist, a county case manager, a frequent therapist, a community support worker and a partial hospitalization program leading into a day treatment program. While all of these services were crucial and very beneficial, she finally realized that, “it wasn’t what other people did for me that helped, it was what I did for myself that made the biggest difference in the long run.” In March of 2009 she began to volunteer with NAMI Minnesota where she facilitated a NAMI Connection Support Group at the Cambridge Medical Center.

Things started to take a turn for the better in her own life as she began to connect with others in similar situations. She felt less alone and was able to help others in the meantime. “We meet on a weekly basis and some of the attendees claim that the support group has a life saving effect. They can’t wait for Thursday each week so they can come and talk to people who ‘get it’ and know what having a mental illness is all about.” She explains that one week someone may come to vent and another week they come to simply listen, and either is okay. “The point is to keep coming and stay connected with each other so we don’t feel so alone.”

She likes their groups in Cambridge because not only do they have the NAMI Connection Support Group for individuals with mental illnesses, but the NAMI Family Support Group meets at the same time down the hall. She jokingly remarks, “That means they sit at one end of the hall and complain about us and we sit at the other end of the hall and complain about them misunderstanding us. It works out, we all get support.” All kidding aside, “One of the principles of support that we review every week is, we find strength in sharing experiences, and that is what the group does for us. It gives us the strength to successfully deal with the symptoms of our illnesses for one more week. For us, there is a light at the end of the tunnel that shines on Thursday evenings in Cambridge.”

NEW SUPPORT INITIATIVES IN 2013

• Young Adult Connections is a group for youth ages 18 to 20 who live with a mental illness, was added this year and two new groups meet weekly in the metro area.
• Progressions is a 6-week course that empowers young people to take charge of their lives and deal with the issues they are facing in a healthy and effective way. Progression offers a safe space where teens can feel comfortable talking about what they’re going through.
• Family Support Groups added an additional family support group and another group for partners and spouses in St. Paul.
• NAMI Connections is a group for adults living with a mental illness, expanded from 22 to 26 groups by training new facilitators to reach new areas of the state.
• Psychiatric Hospitalization: What you need to know when a child is hospitalized. NAMI published a new booklet, to help families whose children are hospitalized for the first time.

LOUISE FINDS HOPE THROUGH NAMI SUPPORT GROUPS

Louise was raised in the sixties when mental illnesses were severely misunderstood. Her first episode of depression began at about age 15. At that time there was not much in the way of support or community resources. Louise continued to experience years of depressive episodes before she was diagnosed with bipolar disorder in her mid 30’s. Her major crash came in the spring of 2004 when she lost her job and profession as a nursing instructor. Her diagnosis was defined as rapid cycling and she was hospitalized 16 times from 2004-2010.

In addition, NAMI provided help and support to over 3,000 individuals and family members through our help line advocates who responded to phone calls and e-mails this year. Finally, we have published nine booklets on various mental health topics, with two new ones published this year to help families understand the juvenile justice system and inpatient psychiatric hospitalizations.

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NAMI MINNESOTA CAME INTO THIS PAST LEGISLATIVE SESSION WITH AN AGGRESSIVE AGENDA RESPONDING TO THE MENTAL HEALTH NEEDS OF MINNESOTA’S CHILDREN. NAMI MINNESOTA ASSEMBLED A BROAD COALITION OF SUPPORT, DEMONSTRATED BOTH THE NEED AND THE VALUE OF RESPONDING WITH PROGRAMMING, AND HAD A VERY SUCCESSFUL YEAR. MINNESOTA CHILDREN AND FAMILIES CHALLENGED WITH MENTAL HEALTH ISSUES CAN BE GRATEFUL FOR THE WORK OF NAMI MINNESOTA. “- Representative Jim Davnie

This past winter, I testified before our state legislatures’ Health and Human Services Policy Committee. I am a parent of a thirteen year old son who lives with mental illness. My son’s symptoms and challenges are chronic and complex. Over the years, he has required hospitalizations, day therapies, and residential treatment. By testifying before our state legislature through NAMI Minnesota, I was given the opportunity to share how our son’s mental health challenges have impacted his daily life at home, at school, and in the community. I was able to convey the challenges that we have faced as parents trying to afford, coordinate, or navigate mental health care for him over the years. The experience of sharing our child and family’s story strengthened my determination to keep working alongside of NAMI Minnesota and others who share the desire for improved mental health systems of care for children and their families. The experience opened my eyes to the role that individuals can play engaging their legislature for improved mental health systems of care for children. I have such appreciation for the work that NAMI Minnesota has done here in Minnesota in working with our state legislature. I am honored I have had the chance to contribute and be part of it. - Jennifer Thomas

The successes this year are due to the hard work of NAMI staff, volunteers and members. It was a true grassroots effort! NAMI staff and volunteers testifed over 70 times on a variety of issues and in numerous committees. Staff and volunteers were at the Capitol every Thursday educating legislators about the key issues before them that impacted children and adults with mental illnesses and their families. NAMI members responded to weekly action alerts by calling or writing their legislators. This intensive effort paid off – our mental health system will be stronger and better funded.

“I HAVE BEEN A PRIVILEGE TO WORK WITH NAMI MINNESOTA TO ADVANCE INITIATIVES ADDRESSING MENTAL HEALTH CONCERNS IN MINNESOTA. FROM SETTING UP A SUMMIT ON MENTAL HEALTH AND WORKFORCE DEVELOPMENT TO EXPANDING THE MN FAMILY INVESTMENT PROGRAM TO COVER FAMILIES WITH MENTAL ILLNESS, NAMI MINNESOTA HAS BEEN A STEADFAST PARTNER IN PROMOTING MEANINGFUL LEGISLATION AT THE CAPITOL. I LOOK FORWARD TO WORKING WITH THEM IN THE FUTURE AND THANK THEM FOR BEING A STRONG VOICE FOR COMMUNITIES AFFECTED BY MENTAL ILLNESS.” - Senator Greg Clausen

OUTREACH AND PARTNERSHIPS... OPEN DOORS

This is NAMI’s second year as the state’s outreach partner for the National Institute of Mental Health where we distribute their materials and promote research, further broadening the impact we have as an agency. The Johnson and Johnson Dartmouth IPS Supported Employment Project selected NAMI Minnesota to create a family advocacy team to promote this evidence-based practice for employment supports for people with serious mental illnesses. Our anti-stigma efforts have included partnering with East Metro hospitals to develop posters for inpatient units and expanding NAMI in the Lobby where NAMI volunteers serve as a resource to other families.

NAMI Minnesota launched its new website for youth, www.namihelpsyouth.org to coincide with national Children’s Mental Health Awareness Day on May 9. Over 1,000 people checked out the new website on its first day. NAMI was also in five metro area schools with its Walk a Mile in My Shoes campaign to help students to support each other and promote mental health. The program was well received and plans to expand next year.

NAMIWalks was another rousing success in 2013 where 4,300 participants gathered in the Twin Cities and in St. Cloud to raise awareness of mental illnesses and stomp out stigma.

NAMI’s work to advocate for children and adults with mental illesses is widely acknowledged. This year NAMI Minnesota’s executive director, Sue Abderholder, received the following awards for her leadership: 2013 Distinguished Service Award from the Minnesota Administrators of Special Education, 2013 Gaylord Anderson Award from the University of Minnesota School of Public Health, and the 2013 Distinguished Service to the Community from the University of Minnesota School of Social Work. In addition she was recognized as one of the 100 Most Influential Health Care Leaders by Minnesota Physician.
ADVOCACY & PUBLIC AWARENESS: AT A GLANCE

- 800 individuals joined forces at the Day on the Hill rally at the State Capitol
- NAMI staff and volunteers were represented on over 40 different committees and advisory committees
- NAMIWalks brought together more than 4,300 walkers in Minneapolis and St. Cloud to reduce stigma
- NAMI has 2012 Facebook fans and 1329 Twitter followers
- 131 newspapers published 1888 NAMI articles or quotes
- The website received over 71,974 visitors, and of those 43,884 were unique visitors.
- NAMI’s new website for youth www.namihelpsyouth.org reached over 1000 people the first day
- 500 attendees filled the History Theater to hear stories of hope at Minds Interrupted
- 529 NAMI volunteers served a total of 14,400 hours

NAMI VOLUNTEERS...OPEN DOORS

With over 529 NAMI volunteers clocking in a total of 14,400 hours, things get done. NAMI Volunteers are the foot soldiers of our grassroots movement. They help to carry out the mission while doubling and tripling our reach each year. NAMI volunteers help us to be everywhere all at once, with 25 volunteer-run affiliates statewide, we are able to bring classes, support groups and advocacy initiatives to every corner of the state.

The In Our Own Voice Program is one of the fastest growing volunteer driven public awareness campaigns NAMI offers. It is a place for individuals living with mental illnesses to share their stories with other Minnesotans. Everyday people, sharing their stories of courage, perseverance and hope in workplaces, educational settings and other public venues.

"I FIRST BECAME INVOLVED WITH NAMI IN THE LATE 1980's WHEN I WROTE ARTICLES FOR THE NAMI NEWSLETTER. I RECENTLY BECAME MORE FULLY INVOLVED WHEN I BECAME AN IN OUR OWN VOICE SPEAKER, A MEMBER OF THE ANTI-STIGMA SPEAKERS BUREAU, AND A WALKER ON THE NAMIWALKS. SPEAKING OUT HAS BECOME A WAY OF LIFE FOR ME. I FEEL GOOD ABOUT COMMUNICATING THE MESSAGE OF RECOVERY BECAUSE I THINK THERE IS STILL A LOT OF MIS-COMMUNICATION OUT THERE. NAMI HAS BEEN A PISTON IN MY MENTAL HEALTH ENGINE."

- Bruce Ario, IOOV Speaker

NAMI volunteers facilitated 86 classes for families, led 64 on-going peer-to-peer support groups for individuals living with a mental illness and their families, spoke at over 75 public events, staffed information tables at 86 outreach events, provided research, front desk reception, office assistance, served on the board and on over 40 different committees and task forces and assisted with over 15 special events.

NAMI Volunteers are the backbone of NAMI’s success and their work always makes a difference.

LOOKING AHEAD

In 2011 we completed and exceeded all of the goals set in our five year strategic plan. NAMI is proud of its work over the past five years. Now it’s time to take the next step and look to the future. Our new five year strategic plan was adopted in the summer of 2013. Input was gathered from NAMI members, affiliate leaders, key stakeholders from the community, staff and key volunteers. Over and over again people highlighted the incredible education, support and advocacy provided by NAMI, the “peer” aspect of how we carry out our work, and the commitment and passion of our staff and volunteers. And, everyone agreed there was still more work to be done.

Deepening Our Commitment

For the past five years, NAMI Minnesota has focused its efforts on providing leadership for change. We built on our public policy momentum to become the leading advocacy organization in Minnesota working successfully to improve the mental health system for children and adults. We expanded our educational programs to ensure that they were provided in every region of the state thereby increasing our presence statewide. We reached more people, including professionals, than ever before through classes, presentations, online trainings, the website and social media. We increased and diversified our funding and built a strong and dedicated team of staff and volunteers.

In looking to the future, it became clear that our goal should be to deepen our commitment to our mission. By this we mean expanding our membership, strengthening the voice of our grassroots, building stronger affiliates, creating collaborative relationships and deepening our reach to diverse communities and unique needs of specific populations. NAMI Minnesota will continue to be a leader in creating change, but we will also look to serve new people and to continue to strengthen our funding sources and staff.

NAMI MINNESOTA’S GOALS THROUGH 2018

Goal 1: Ensure access to education and support through Minnesota
NAMI Minnesota recognizes that people with mental illnesses, especially in certain areas of Greater Minnesota, do not have adequate access to resources and care. NAMI Minnesota’s reach is statewide with a mission that encompasses all of Minnesota.

Goal 2: Inform and advocate policymakers around emerging or critical issues related to the needs of children and adults with mental illness and their families
NAMI Minnesota will build on its success advocating for legislation related to mental health issues and its strategic relationships and reputation for skillful facilitation on contentious issues.

Goal 3: Work with providers and professionals who touch the lives of people living with mental illnesses
NAMI Minnesota strives to advance the concept of recovery and the SAMSHA’s “eight dimensions of wellness” in the work that providers do with people living with mental illnesses. This understanding is critically important in improving the quality of life for all people living with mental illnesses.

Goal 4: Ensure that all people living with mental illness in Minnesota have access to a NAMI Affiliate that meets NAMI standards
Strengthening NAMI Minnesota affiliates are key to carrying out our mission throughout the state.

Goal 5: Assure a sustainable organization that builds on NAMI Minnesota’s strengths
NAMI Minnesota experienced financial and organizational growth with a concurrent increase in staff and volunteers. A key priority is to ensure that volunteers and staff have the support, professional growth opportunities and infrastructure they need to be effective.

For a complete summary of our strategic plan visit www.namihelps.org/giving or call NAMI Minnesota to request a copy to be mailed.

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NAMI MINNESOTA AWARD WINNERS 2012

LEADERSHIP AWARD
Brian Marsolek

VOLUNTEER COUPLE OF THE YEAR
Connie & Gary Johnson

PROVIDER OF THE YEAR
Gerard Academy, Austin

LEGISLATOR OF THE YEAR
Senator Kathy Sheran

MEDIA AWARD
Bob Collins, MPR

PROFESSIONAL OF THE YEAR
Bravada Garrett-Akinsanya, Ph.D.

CRIMINAL JUSTICE PROGRAM OF THE YEAR
Deputy Jim Schueller, Olmstead County Sheriff’s Office

EMPLOYER OF THE YEAR
John Horner, Burlington Coat Factory-Maplewood

SPECIAL EVENTS VOLUNTEER OF THE YEAR
Todd Stitt

OFFICE VOLUNTEER OF THE YEAR
Rachael Woerner

ANTI-STIGMA AWARD
Silver Ribbon Campaign, South High School, Minneapolis

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Tracey Newman
Heidi Nordin
Jan Ormaza
Pat Seppanen
Kathleen Westerhaus

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Kristy Collier*, Parent Leader
Tracey Daniels*, Helpline Advocate
Cynthia Fashaw, Multi-Cultural Director and Children’s Program Director
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Kay King, Major Gifts Officer and Older Adults Program Director
Samantha Kolles, Walk Coordinator
Chuck Krueger*, Communications Director
Virginia Kujawa, Office Manager
Dara Larson*, Esq., Helpline Advocate
Andrea Lee, Transition Project Director
Amanda May, Special Events Director
Anna McAfferty, Criminal Justice Project Director
Susan Mitchell*, Resource Representative
Suzaette Scheele, Director of Operations
Steve Susens*, Database Manager

Added after July 1, 2013
Genna Torney, Affiliate Engagement Coordinator
Erin Pavlovic, Development Director
Kelsey Simpkins, Development Associate

*indicates part-time staff member
DONORS

FOUNDATIONS, CORPORATIONS & ORGANIZATIONS

IRIS CIRCLE ($10,000+)
- Allina Health System
- Cigna
- David Fund
- HealthPartners Family of Organizations
- HealthPartners Behavior Health Department
- The Kaunin Fund of the St. Paul Foundation
- Martha & William Muska Fund of the St. Paul Foundation
- Medica Foundation
- Otto Bremer Foundation
- Stevens Square Foundation
- U Care

VISIONARY ($5,000 - $9,999)
- AMFCTC Auxiliary Rose Fund
- Fred C. & Katherine E. Anderson Foundation
- Blue Cross and Blue Shield of Minnesota
- Burkic-Cracklick Family Foundation
- Foster Family Foundation
- Haggerty Family Foundation
- Hennepin County Medical Center
- Hugh J. Anderson Foundation
- Johnson & Johnson Health Care Systems, Inc.
- Mt. Sinai Community Foundation
- Preferred One

ADVOCATE ($1,000 - $4,999)
- Brown Family Foundation
- Canstar Health
- Catholic Community Foundation
- Earl D. & Marian N. Olson Fund
- Elizabeth Wesen Gift Fund of the Minneapolis Foundation
- Farsetsi Family Fund
- Foley & Mansfield Charitable Foundation
- Genos Healthcare
- Guldaf Family Foundation
- Jenny’s Light
- LifeSpan of Minnesota
- Lilly Foundation
- Mall of America
- Nystrom & Associates, Ltd.
- Open Door Foundation
- Optimus
- Otto C. Wimzen Charitable Fund
- PHMA
- Prairie Care
- Sacajawea Charitable Foundation
- Senior Care Communities, Inc.
- St. Thomas Aquinas Church
- SunVest
- Tofswild Foundation, Inc.
- U.S. Bancorp Foundation
- Matching Gift Program
- United Behavioral Health
- Worthington Regional Health Care Foundation Inc.

SPONSOR ($200 - $999)
- F. Sassani, M.D.

ASSOCIATE ($1 - $199)

BENEFCTOR ($500 - $999)
- Andy & Linda Arnts
- Bank of America
- Bill & Sue Bond
- Bill & Sue Bond
- Bob & Pat Bunke
- Bob Bunke & Lynne O’Kane
- Bob & Susan Endres
- Bob & Sue Froberg
- Bob & Susan Froberg
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ASSOCIATE (100 - $100)

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- Constance Bender
- Gene Berteard
- Mark & Holley Biglerback
- Patty Bittner-Starkes
- Donna Blaauw
- Nancy & Jerry Blume
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- Kristin Lindholm
- Patricia Lindholm
- Daniel & Darlene Linglef
- Randy Loan
- Diane Loffler

- Jan Ormaas
- Tom Poppe
- Mary & Walter Potterfield
- Richy & Jonnie Potent
- Martha Raymond
- Robert Sauer & Mary
- Theresa Blaine
- Brett & Patricia Seppanen
- Stephen Settler
- Holly Shurower
- Doster Sidney
- Beth Silverwater & Norman Greenbaum
- Sarah Ross & David Foster
- Robert & Carolyn Thompson
- Barbara Trosthegy
- Eric & Lucinda White
- Kyle White
- Gary & Cary Zahrack
- John M. Zako & Ronnie Watkine

- Michael Cleve
- Nancy M. Collins, M.D.
- Robert & Corrinne Collins
- Rachel Dahme
- Mike Dain
- Sarah Delong
- Kate & Reid DeVries Smith
- David Doh
- Hilas & Pat Downum
- John Downum
- Oren J. Doyle
- Pat Dwyer & Kelly Cottlem Dwyer
- Sue Elbing
- Geraldine Eliott
- Marita Einer
- Deborah Ericsson
- Martin Eriksson
- Dennis Erro
- Richard & Susan Fleging
- Carol Foeman
- John Ghesdy
- Howard & Karen Goechberg
- Gayle Goffrey
- Irving & Carol Gottseeman
- Tracey Graas
- Colleen Haar
- John & Pam Hallman
- Paul & Patricia Hamilton
- Katherine L. & Thomas Hart
- Mark Haynes
- Diane Henthor
- Bob & Patty Hothers
- Kevin & Kristin Homestad
- John & Stephens Jacobson
- Kristin & Charles Jacobson
- Ellen & James Johnson
- Judith Johnson
- David & Louisa Jones
- Linda Jones
- Robert Kleypj
- Shannon & Thomas Klein
- Barbara Knapp
- Kathryn Knight
- Pat Kopka
- Mary Krager
- Joan Kroder
- Linda Lams
- Alexandra Lage
- Eric Larson, M.D.
- Geeta Dush, M.D.
- Ruth Leathers
- Katherine M. & Patrick Light
- Chattopadhyay
- Chris Lisnitski
- Barb Lind
- Nathan Lindberg
- Susan Landman
- Greg Tschang
- Linda Leckey
- R. & Dorothy Taylor
- Mark Trayvon
- Bob & Les Trencheul
- Dennis & Mary Tremain
- Michael Trembley
- Chris Urenold
- Chuck & Nancy Wall
- Ann Wanchoco
- John & Sally Ward
- Gerald & Doretta Weisman
- Tom Wincel
- Lynda & Cliff Whisler
- Cliff & Conni Whisler
- Vine Whislander
- John & Joan Wolf
- William Wigley
- Bethany Waters Young Chaves
- Daniel & Nancy Young-Dixon
- Kimberly Zeller
- Hilary Zilols
- Joseph Zueck & Virginia Samuele

- Melissa Beltranc
- Constance Bender
- Gene Berteard
- Margie Bickoff
- Mark & Holly Biglerback
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IN MEMORIAM

- Megan Bauer
  Bob & Patty Holycross

- Carolyn Becker
  Jim Becker

- Sue Beithon
  Corrine Stowe

- Irvin Benge
  Elizabeth Dunn & Kathy Vondrum

- Thomas Beran
  Elizabeth Kuehn & Jessica Kuehn
  Ed & Becky Deutchke
  Douglas Tiffany
  Margaret Tiffany & Philip Haire

- Josh Brook
  Svi Design

- Bob Burns
  Arthur & Gretchen Eaton

- Daniel Cade
  John & Janice Hess

- Allison Callahan
  John & Anne Gibson
  Garrett & Diane Lyvick
  Catherine Rich & Lawrence Dos

- Dean Collander
  Donna Bentsen
  Bernard & Susan Devine
  John & Barbara Erlandson
  Sylvia Harowitz
  Joyce & James Johns
  Mary Ellen & Steve Johnson
  Marlene & John Jorgensen
  Bill & Theresa Lawton
  Jerry & Jan Lawton
  Betty & Floyd Mohr
  Philip Reilly, Jr.
  Marc & Lisa Reilly
  Merna Reilly
  Susan M. Wright

- Debbie Cosby
  Andrew Johnson

- Andrew Engledinger
  Tilman & Ann Moore
  John & Marie Patterson
  Leonard & Renee Peterson
  Gerald & Donna Mac Speiker
  Sue & Mike Vacanti

- Adam Erickson
  Ronald & Teresa Baragi
  Johanna E. Eastman
  Darlene Hanson
  Michael & Tamara Hemmesey
  Christene & Robert Koch
  Peggy & K. Kosciolek
  Maris Jose Martin
  Dick & Regina McCarthy
  Robert & Katherine McCusker
  Bernice Miller & Shelley Jaeger
  Susan Von Mosch
  Patricia & Michael O'Brien
  Mary Petrielli
  Edwin & Jacqueline Renn
  Margaret Siebert & Carolyn Fernstrom
  Mary B. Wagner
  Diane M. Vier
  Leslie L. Wilson
  Laura Wild & Chris Lindsom
  Beth Wild
  Suzanne Claire Wild

- Jaclyn Ann Evert
  Michael & Karen Bohland
  Melinda & Jim Holmke

- John and Gloria Feuer
  Mary Fischokowski

- Aaron Feuer
  Sherri & Larry Feuer

- Ann Marie Geddes
  Roberta & Donna Haskin

- Myrtle Ruth Graham
  Karen & Jerome Anderson
  Bob & Kay Bonge
  Patricia C. Doherty
  Doris Geber

- Susan & Larry Jensen
  Jean Knegler
  Phyllis A. Langfield
  Charles & Diana Lawrence
  Betty Molsgaard & Delia Gaglau
  Marilyn & Darlene Melquist
  Jim & Carol Padden
  Greg Peterson
  Vincent & Marcia Fletcher
  Martha & William Schaefer
  F. Dale & Marilyn Simmons
  Ethelmae M. Snell
  Sharon & James Strother
  Madge E. Tillet
  Judy Young
  Bob & Danielle Zitdoff

- Dan Graves
  Wes & Linda Brown Skogland

- Samuel Gustafson
  Sheila Cramer
  Donna Hendelsen
  William & Janice Jaworski
  Sandy & Patrick Johnson
  Thomas Nicoll & Mary Cray
  Debra Nicoll
  Keith & Stephanie Seiler
  Stephen & Delia Ehman
  Richard T. Van Bergen

- Amy Jo Hallin
  Accredited Investors, Inc.
  Brand & Penny Blons
  James & Connie Johnson
  Lisa & Thomas Reinhardt
  Katherine Reynolds
  John Schub

- Sandra Hanstad
  Kay King & Zach Dowling
  Randy Rinkers

- John Robert Iverson
  Robert & Catherine Iverson

- Ryan L. Jackson
  CHS Employee Fund

- Jeff Kaner
  Joseph Kaner

- Jerry & Marga Kazmierczak
  Jean A. Larson
  Nellis Padron Kuenen
  Karen J. Wensberg

- Lee Levering
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- Kirsten Malmstrom
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- Doretha Marty
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- Barbara Kay Nelson
  Arnold & Sandra Reis
  Brainard Friends Meeting
  James & Anne Carlson
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- Carl E. Nelson
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- Sally Novick
  Anoka Metro Regional Treatment Center

- Eric Larue Peterson
  Stella N. Anderson
  Michael B. Doyle
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  M. Jeanne O’Keeffe
  Michael G. Trom
IN HONOR OF

Jan Brown
Karen VanMeter

Claire Chang’s Baby Booties
Sue Abderholden & Lee Keller
Kay King
Deborah & Norman Peterson
Neil & Nancy Robinson

Katherine Doerr
The Windibrow Foundation

Pat & Merv Grindahl
Mark & Janet Gray

Christine Kostner
& Addison Rohr’s Wedding
Janice & John Gray

Abby Marier
Patricia C. Stoddard
# Statement of Financial Position

## June 30, 2013 & 2012

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$261,778</td>
<td>$227,157</td>
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<tr>
<td>Cash Held for Others</td>
<td>11,900</td>
<td>14,708</td>
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<tr>
<td>Accounts Receivable</td>
<td>76,379</td>
<td>102,006</td>
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<tr>
<td>Contributions Receivable</td>
<td>1,013</td>
<td>23,455</td>
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<tr>
<td>Inventories</td>
<td>6,772</td>
<td>6,662</td>
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<tr>
<td>Prepaid Expenses</td>
<td>41,368</td>
<td>29,550</td>
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<tr>
<td>Furniture and Equipment, Net</td>
<td>3,221</td>
<td>3,865</td>
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<tr>
<td>Beneficial Interest in Funds Held by Others</td>
<td>150,725</td>
<td>138,912</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$553,256</strong></td>
<td><strong>$546,315</strong></td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$81,433</td>
<td>$38,898</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>10,934</td>
<td>7,261</td>
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<tr>
<td>Deferred Revenue</td>
<td>7,500</td>
<td>18,750</td>
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<tr>
<td>Funds Held for Others</td>
<td>11,900</td>
<td>14,708</td>
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<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$111,767</strong></td>
<td><strong>79,617</strong></td>
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</table>

### Net Assets

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<tr>
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<th>2013</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>64,961</td>
<td>72,428</td>
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<tr>
<td>Undesignated Beneficial in funds held by others</td>
<td>150,725</td>
<td>138,912</td>
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<tr>
<td><strong>Total Unrestricted</strong></td>
<td><strong>215,686</strong></td>
<td><strong>211,340</strong></td>
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<tr>
<td>Temporarily Restricted</td>
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<td>200,651</td>
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<tr>
<td>Permanently Restricted</td>
<td>54,907</td>
<td>54,907</td>
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<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>441,489</strong></td>
<td><strong>466,698</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>$553,256</strong></td>
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### STATEMENT OF ACTIVITIES
#### Years Ended June 30, 2013 & 2012

#### 2013

<table>
<thead>
<tr>
<th>Support &amp; Revenues</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Contributions</td>
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<td>Membership Dues</td>
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<tr>
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<td>Investment Income (Losses) on funds held by others</td>
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<td>Special Events, Net</td>
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<td><strong>(29,553)</strong></td>
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<td><strong>$1,310,042</strong></td>
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<table>
<thead>
<tr>
<th>Expenses</th>
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<td>Information and Advocacy</td>
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<td>122,299</td>
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<td>Fundraising</td>
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<td>-</td>
<td><strong>265,691</strong></td>
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<td><strong>$1,335,251</strong></td>
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</tbody>
</table>

| Change in Net Assets | $4,346 | (29,553) | - | (25,209) |
| Net Assets, beginning of year | 211,340 | 200,451 | 54,907 | 466,698 |
| **Net Assets, end of year** | **$215,686** | **$170,896** | **$54,907** | **$441,489** |

#### 2012

<table>
<thead>
<tr>
<th>Support &amp; Revenues</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
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<td>Juvenile Justice Coalition</td>
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<td>77,817</td>
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<td><strong>$1,168,231</strong></td>
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<table>
<thead>
<tr>
<th>Expenses</th>
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<th>Temporarily Restricted</th>
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<th>Total</th>
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<tbody>
<tr>
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<tr>
<td>Information and Advocacy</td>
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<td><strong>$1,232,227</strong></td>
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</tbody>
</table>

| Change in Net Assets | $11,175 | (75,171) | - | (63,996) |
| Net Assets, beginning of year | 200,451 | 275,622 | 54,907 | 530,694 |
| **Net Assets, end of year** | **$211,340** | **$200,451** | **$54,907** | **$466,698** |