THE NATIONAL ALLIANCE FOR THE MENTALLY ILL

NAMI INDIANA

MISSION POSSIBLE
Strategic Plan

2000 - 2002

MISSION POSSIBLE:
NAMI Indiana Strategic Plan: 2000-2002

PLANNING PROCESS

History

The NAMI Indiana planning process, as for many other organizations, was born in crisis. In November 1998 the elected president of NAMI Indiana had resigned. Soon thereafter the acting Executive Director was asked to resign since the organization had run out of funds to pay her. A couple that was coordinating the Family-to-Family program also resigned in this timeframe. The organization and the Board were in crisis. In mid-November, 1998 an informal group comprised primarily of Family-to-Family teachers met to discuss solutions to the crisis facing the organization. Also attending was Jill Taylor and Dee Weeks who had volunteered to serve as president. The idea that emerged from this group was to hold a Board Retreat in early 1999 to address the crisis and to set long term direction. The Retreat was held on January 30-31, 1999 in Fort Wayne. Among the results of the Retreat were the appointment of Bob Denniston as president, development of an action plan to address issues facing the organization and the appointment of Vid Beldavs to the Board. The Board also approved Vid's offer to document the Action Plan that resulted from the Retreat. The report that Vid prepared and Hal Taylor submitted to the Board at the February 1999 Board Meeting recommended the formation of a Planning Committee to develop a strategic plan for NAMI Indiana. The Board approved this recommendation and appointed Vid and Hal Taylor as co-chairs of the Planning Committee. In May, Bob Postlethwait, who had recently retired from Eli Lilly & Company, agreed to join the Planning Committee. A preliminary Strategic Plan was developed by the Committee, which served as the basis for funding proposals that were made to the Indiana Council of Community Mental Health Centers, major pharmaceutical companies and the Indiana Division of Mental Health. The success of the funding proposals in securing funding made it imperative to expand the strategic planning process. In December the Planning Committee was expanded to include Bob Denniston, Abby Flynn, Joan Lafuze, Wanda Mohr and Katrina Gay. The first task of the expanded Planning Committee was to organize the February 12-13, 2000 Board Retreat at Larue Carter. The primary input into this Retreat was a survey of affiliates. The Primary output of the Retreat was a near term action plan from February through August 30, 2000. The most important actions in the Action Plan were the decision to hire an executive director, the development of a search process and the appointment of a Search Committee. Pam McConey was hired and began work on April 18 playing a major role on the Planning Committee. Jim Jones, Executive Director, the ICCMHC, a major donor to NAMI, was invited to serve on the Committee in April as well.

Process and Plan Structure

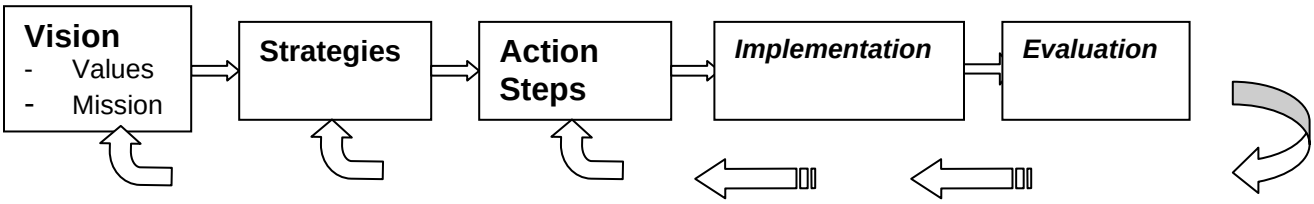
NAMI's planning process is iterative and has evolved with the organization and it's changing requirements. Committee members have suggested ideas and concepts for the plan that have been discussed by the Committee as a whole and carried back to the other standing committees of the Board for further discussion. Changes to the details of the Plan have resulted in changes to the top-level goals and strategies in the plan. The NAMI Strategic Plan is for three years. It follows a structure as laid out by Joseph Quigley in his book *Vision: How Leaders Develop It, Share It & Sustain it.* Quigley's process builds the commitment and ownership of the organization in the plan through the planning process. Every action taken by the company / organization relates back to its Vision. This makes it easier to resolve conflicts. If actions do not relate back to the vision of the organization there are clear reasons why they should not be done.

According to *Vision* the strategic plan is developed in three Leadership Conferences (see attached Leadership Conference Planning Process (LCPP) Flowchart

I. Develop Vision

II. Strategic Consensus

III. Total Commitment



To achieve a strategic plan with full commitment we need to reach agreement on the following:

Major Trends and Challenges. What is going on outside of the organization that NAMI must respond to?

Shared Values --- What do we believe as members of NAMI?

Mission Statement -- Why do we exist?

Overarching Goals – What are the big goals that we are trying to achieve over the next few years?

Strategies – How do we propose to achieve these big goals?

Action Steps – Who is responsible, when will they start, when will they finish with specific actions to implement the strategies?

Evaluation - what is the yardstick to measure performance against goals

MAJOR TRENDS AND CHALLENGES

MAJOR TRENDS

1. Improvements in medications and advances in other treatments will enable more of the severely mentally ill to recover and re-integrate as functioning members of their communities.
   Implications: These changes will make it necessary for NAMI to add to its traditional support group activity other means of support with an increased emphasis on the process of recovery (E.g. The Clubhouse concept).

2. Greater understanding of the brain's ability to change and adapt (plasticity) and the causes of change and adaptation will inform more prevention and early intervention efforts on a national basis.
   Implication/s: NAMI's membership will change to include families with children and programming will reflect those changes in the groups' demographics. *

3. A nomothetic (broad based) approach to research and service delivery will become as equally important as an ideographic (individual) approach.
   Implication/s: NAMI's members will become more involved in primary and secondary prevention advocacy. **

4. Within the context of continued aggressive cost controls, large federal budget surpluses will have a positive impact on the quality, availability, and accessibility of mental health services. Implication/s: Opportunities for NAMI programming and funding for initiating new programs should improve during the next 3-5 years.

5. Despite pressures to decrease the cost of care, new research and treatments will result in an increase in the utilization of mental health services.
   Implication/s: NAMI programs and services will be in more demand than in the past.

6. Stigma will continue to be a major barrier to funding and treatment, as well as an ongoing challenge to the recovery potential and normalization of our mentally ill citizens.
   Implication/s: The need for NAMI's advocacy activities will continue into the foreseeable future.

Notes:

* Although the exact causes of mental illness have not yet been identified, a number of risk factors have been found to increase the potential for maladaptation. Some of these risk factors include poverty, domestic violence out of home placements, low birth weight, lack of appropriate community resources, social isolation, and stigma. As science begins to identify prodromal (early) symptoms of mental illness and to understand the impact of these, new opportunities for early intervention will emerge for families whose loved ones are just beginning to show symptoms. These families will join traditional NAMI families to expand membership beyond families in tertiary care situations. NAMI will be enriched by the diversity of such membership.

**For example we know that low birth weight presents significant challenges to children. Recent evidence shows that 30% of LBW infants have poor cognitive outcomes. This is a preventable situation and NAMI will join with other groups (March of Dimes and others) to advocate for greater prenatal care services.

MAJOR CHALLENGES (related to NAMI)

1. The provision of a comprehensive and seamless continuum of mental health care services for all the citizens of Indiana. *

2. The establishment of prevention and early intervention programs.

3. The reduction and eventual elimination of the stigma that acts as a barrier to funding and that confers second class and indigent status on persons with mental illness. **

4. The need for greater research funding for bench and intervention studies. ***

* Includes forensic issues, housing issues, wrap- around services, bridging private-public programming, and access to evidence-based interventions. This also includes outreach services to treatment resistant individuals and the mentally ill homeless.

** Includes need for education the public at all levels (schools, consumers, families, providers, media, legislators).

*** Includes genetics, pharmaceutical, and other interventions.

STRATEGIC VISION

Shared Values

1. Recognizing that all persons are unique persons, that they are greater than the sum of their parts, and that each is connected to all of us through the common bond of our shared humanity.

2. Understanding that mind, body and spirit are indivisible.

3. Understanding and accepting mental illnesses as neuro-biological disorders that are treatable and recovery is possible.

4. Eliminating stigma and discrimination associated with people and families with mental illness.

5. Advocating optimal utilization of the best evidence based practices in the treatment of people who have a mental illness.

6. Partnering with others who share our values.

Mission

NAMI IN is dedicated to the improvement of the quality of life for persons who are affected by mental illnesses.

Major Goals

1. Develop new affiliates and work with existing ones to implement NAMI Indiana mission and shared values for all who are affected by mental illnesses.

2. Advocate at the local and state level for treatment, resources, and services that promote recovery and quality of life for families affected with mental illness.

3. Provide services, resources and support to NAMI Indiana affiliates serving people and families affected by mental illness by developing an effective state office.

MISSION POSSIBLE:
NAMI Indiana Strategic Plan 2000 - 2002

GOAL 1: *Develop new affiliates and work with existing ones to implement NAMI Indiana mission and shared values for all who are affected by severe mental illness.*

Strategy 1: Provide NAMI programs and training to all affiliates.

How?

Action step	Responsibility?	By when?	Evaluation
1. Hire program coordinator.	Pam & Joan	9/00	Person hired.
2. Develop regional management and leadership.	Program coordinator	9/02	Have 3 regional P-T program coord. hired by 9/02.
3. Increase number of Family-to-Family programs offered.	Program coordinator	5/01	2 more classes per year.
4. Implement Provider Education Program, and Family-to-Family Support Group Program.	Program coordinator & Joan	1/01	At least 2 classes of each, held per year.
5.Explore new programs: a. Visions b. Peer to Peer c. Others (including special programs for clergy, legal constituents, educators, & media. d. Living with schizophrenia.	Program coordinator & Program Committee	a. 4/01 b. 7/01 c. 4/02 d. 12/00	Implement at least one new program per year with funding.

Strategy 2: Actively seek potential geographical areas that are not being served by NAMI Indiana.

How?

Action step	Responsibility?	By when?	Evaluation
1. Identify & analyze underserved diverse populations.	Program Comm. & Pam	2/01	Have report.
2. Implement new programs & affiliates as needed.	Pam & Program Comm.	To be decided.	Quantitate

Strategy 3: Actively foster those affiliates that need help.

How?

Action step	Responsibility?	By when?	Evaluation
1. Provide affiliate training. (Affiliate toolkit)	Pam, Katrina, Bob P.	9/00	Membership will increase due to stronger affiliates.
2. Recognize and reward outstanding "best practices" in affiliates.	Board, Pam, Members	9/01	There will be several awards for affiliates at state conference
3. Increase membership in every affiliate.	Pam & Program Coordinator	Ongoing	Quantitate
4. Focus on Service, quality and level of member satisfaction	Pam & Program Comm.	11/01	Survey - Joan, Wanda, in conjunction with university and the IN Consortium for Mental Health Services Research. (RISP)

Strategy 4: Create a system of sharing between affiliates.

How?

Action step	Responsibility?	By when?	Evaluation
1. Create a "buddy system" between affiliates.	Pam & Prog. Coord.	6/01	Stronger affiliates will increase membership & communication.
2. Provide opportunities for information sharing.	Pam & Prog. Coord.	1/02	Good communication will build strong affiliates and increase membership.

Strategy 5: Create a statewide speakers bureau.

How?

Action step	Responsibility?	By when?	Evaluation
1. Provide training	Pam & Prog. Coord.	4/01	20 people trained
2. Local speakers bureau - service clubs, educational systems, etc.	Pam & Affiliate designate	9/01	17 affiliates will be speaking 6 X's a year to local groups.
3. Statewide speakers bureau.	Pam	9/01	Volunteers will be speaking 10 times a year.

Strategy 6: Actively foster volunteer involvement.

How?

Action step	Responsibility?	By when?	Evaluation
1. Increase the number of "help line" volunteers.	Leslie & Pam	7/ 01	Help line available 9 - 5, M – F.
2. Provide volunteer training and opportunities.	Pam & all committees	6/ 01	Have a list of volunteer opportunities available in newsletter.
3. Implement training for family advocates.	Advocacy Committee	12/ 01	Train 10 new people per year.
4. Implement training for consumer advocates.	Advocacy committee	2/ 02	Train 10 new people per year.

GOAL 2: *Advocate at the local and state level for treatment, resources, and services that promote recovery and quality of life for families affected by mental illness.*

Strategy 1: Assess and commit to priority political issues.

How?

Action Step	Responsibility?	By when?	Evaluation
1. Children's custody issues	Wanda & Appleseed Foundation	Ongoing	Appointment of study commission
2. Restraints & seclusions.	Wanda Mohr, Dee Weeks, Jane Vanable	Ongoing	Identify mechanisms of implementation of federal policies in Indiana regarding R & S
3. Forensic issues	Dee Weeks & Public Policy Comm.	Ongoing	Commission a study in collaboration with I.U. scholars to identify those ascertain parameters of this problem
4. Work & income supports	Ginnie Fearin, Judy Jorczak, Vid Beldavs	Ongoing	1 article per year in state newsletter
5. Housing.	Mary Petterson, Ardith Gardner, Abby and Erma Van Hoy, Cecilia Weber, Veronica Macy, Delores Montgomery	Ongoing	1 article per year in state newsletter.

Strategy 2: Actively foster strong coalitions / partners with organizations who have similar values and interests.

How?

Action Step	Responsibility?	By when?	Evaluation
1. Develop a working relationship with all Community Mental Health Centers.	Pam & Prog. Coord. And Affiliate leaders	3/02	Pam or Prog. Coord. Will visit every CMHC once a year.
2. Develop partnerships with local ministerial associations, advocacy groups & disability org.	Pam & Affiliate Designate, Joan Lafuze & Jill Bolte Taylor	12/03	Quantitate meetings with how many contacts made
3. Actively foster relationships with healthcare professionals.	BOD, Pam, and affiliates	Ongoing	Survey healthcare professionals once a year.

Strategy 3: Assess the lines of communication and dissemination of Public Policy issues that affect people with mental illness.

How?

Action Step	Responsibility?	By when?	Evaluation
1. Phone tree	Jane Novak	9/00	Will be able to contact members within 24 hours.
2. Newsletter - members, providers, professionals	Wanda Mohr	11/ 02	Will have 3 separate newsletters.
Develop funding for newsletters.	Wanda, Vid, Pam	11/ 02	Newsletters paid through donations.

Strategy 4: Provide training to be effective advocates at all levels.

How?

Action step	Responsibility?	By when?	Evaluation
1. Leadership Conference	Public Policy Comm. & Pam	5/02	Host leadership conference by May 2002.
2. Develop a plan to train advocates	Public Policy Comm. & Pam	9/01	Plan developed.

Strategy 5: Understand the National NAMI Public Policy agenda to assure consistency at local level.

How?

Action step	Responsibility?	By when?	Evaluation
1. Have state liaison with NAMI national	Public Policy Comm.	Ongoing	NAMI IN has a person to communicate with National on advocacy issues.
2. Prepare to respond to NAMI National needs.	Bob, Pam, Public Policy Comm.	11/01	To be decided.

GOAL 3: *Provide services, resources and support to NAMI Indiana affiliates serving people and families statewide that are affected by serious mental illness by developing an effective state office.*

Strategy 1: Transition the Board of Directors from a working board to a policy making board.

How?

Action Step	Responsibility?	By when?	Evaluation
1. Board Training	Pam	04/ 01	BOD will be trained.
2. Structure BOD meetings for more effective decision-making on policy matters facing the BOD	Bob D. and Pam	01/ 01	Board meetings should be completed in 2.5 hours.
3. Review the composition and structure of the BOD.	Nominating Comm.	05/ 01	NAMI IN will have the best representation of board members in the state.
4. Add new BOD members with a policy-making background	Nominating Comm.	05/ 01	Add two new members who have experience as a policy maker.
5. Develop a Board Member job description.	Pam	01/ 01	Job description will be complete.
6. Develop a BOD Book that contains copies of all relevant documents.	Pam	01/ 01	Book will be completed.
7. Implement new BOD orientation.	Pam	01/ 01	New board members will attend an orientation within 3 months of appointment.
8. Review the selection process of BOD.	Nominating Comm.	05/ 01	Evaluate & recommend new process.

Strategy 2: Attract and retain professional and volunteer personnel capable of implementing the NAMI Indiana strategic plan.

How?

Action Step	Responsibility	When?	Evaluation
1. Develop staffing plan to get the organization up to its full potential.	Exec. Comm. & Pam	01/ 01	NAMI IN will grow 10% a year financially and 5% year in members.
2. Secure Americorps and other grants that enable NAMI Indiana to expand its staff.	Development Comm. & Pam	10/ 01	Obtain at least 2 new grants per year.

Strategy 3: Create an effective state of the art management information system including membership records, affiliate and program services, development, advocacy, and financial accounting.

How?

Action step	Responsibility	When?	Evaluation
1. Network all NAMI IN computers and provide high-speed internet access to enable the state office to effectively fulfill its mission.	Vid, Pam	01/ 02	NAMI IN will have a computer per staff person that is networked.
2. Acquire the membership services system presently under development by National and train professional & volunteers how to use this system.	Leslie,	01/ 02	NAMI IN will have the most current efficient computers.
3. Develop an effective, interactive web site for NAMI IN that enables members and other Indiana residents.	Vid, Pam	01/ 02	Internet site is up and working.
4. Computers for all affiliates in the state.	Vid, Bob P. & Pam	11/ 01	Each affiliate president will be connected.
5. All board members computer literate and have access and use email.	Vid & Pam	11/ 01	Each board member will be connected.

Strategy 4: Actively foster an effective development function that can assure NAMI IN of stable, long term funding for its operations and to implement the strategic plan.

How?

Action step	Responsibility	When?	Evaluation
1. Develop a committee whose focus is on fund-raising and fiscal development.	Exec. Comm. & Pam	04/ 01	Committee formed
2. Develop a three-year fund-raising plan.	Development Comm. & Pam	11/ 01	Plan will be completed.
3. Hire a development director.	Pam	04/ 02	Person will be hired.
Develop a plan for endowment.	Development Director	08/ 02	Plan completed

Strategy 5: Actively foster strong relationships with NAMI National, NAMI Indiana local affiliates and other stakeholder organizations serving the mentally ill and their families.

How?

Action step	Responsibility	When?	Evaluation
1. What outside committees and boards should the E.D. be involved?	Exec. Comm. & Pam	01/ 01	List of committees and boards.
2. What outside committees and boards should we have board representation?	Exec. Comm. & Pam	01/ 01	List developed.

Strategy 6: Ensure NAMI Indiana finances and accounts are in compliance with Federal, State, NAMI National, and NAMI Indiana BOD requirements.

How?

Action step	Responsibility	By when?	Evaluation
Attend training to make sure we comply	Jean Ann & Pam	12/ 00	Complete all compliances.

Strategy 7: Evaluate the performance of the Executive Director whose responsibility it is to implement the Strategic Plan as approved by the BOD.

How?

Action step	Responsibility	By when?	Evaluation
1. Review executive's job description.	Exec. Comm. & Pam	10/00	Review done on a yearly basis on anniversary of hire.
2. Add performance standards.	Exec. Comm. & Pam	10/ 00	Performance standards developed.

Planning Committee: Vid Beldavs, Chair; Bob Denniston, Bob Postlewait, Abby Flynn, Dr. Joan Lafuze, Dr. Wanda Mohr, Jim Jones, Pam McConey.