

2010 Annual Report



National Alliance on Mental Illness

Find help. Find hope.



Executive Director's Message

Each year, NAMI leaders and members strive to help people whose lives are touched by mental illness. The men, women and children affected by mental illness are the heart of NAMI. In 2010, we grew our ability to support individuals and families across the country while influencing the national and local discussions around mental illness. NAMI remains the strongest voice for the millions of Americans living with mental illness—and that message is heard loud and clear.

NAMI's core mission over the past 32 years remains unchanged. Raising awareness, providing education and advocating for improved access to effective treatments are goals central to our mission. The strong roots we have grown throughout our history have ensured a solid foundation for our future.

2010 proved itself as another tough year for the country economically. NAMI continued in 2010 to fight hard on Capitol Hill to block budget plans that would cut essential services. States struggled with their budgets while grappling with the loss in previous fiscal years of over \$2 billion in cuts to mental health services.

Mental illness affects the lives of more than 100 million Americans each year. We know that the consequences of untreated mental illness for the person, their family and society are staggering. Sadly, this country's mental health system is not a system at all. What we have in this country is a loosely connected array of services—services that are difficult to access and decreasing in availability because of budget cuts. Higher numbers of service men and women returning from war combined with many families handling the stress due to a stagnant economy create an enormous need for mental health services. Our current mental health system is not equipped to provide the proper services and support the American people desperately need and deserve.

With the enhanced Medicaid stimulus monies expiring on June 30, 2011, states in 2010 proposed deep cuts to

Medicaid, which funds more public mental health services than any other source. We had not seen times as dangerous as these before. NAMI was needed more than ever. In the face of these challenges, NAMI advocates in many communities across America united with allies to push back and shape the budget debates.

NAMI's work on Capitol Hill continued to show results. The mental health insurance parity law was implemented—even in the face of opposition from the health insurance industry. While many government agencies saw their budgets cut, NAMI's staunch advocacy on the importance of research helped to ensure that funding for the National Institute of Health was not.

After years of efforts, the Affordable Care Act was officially signed into law on March 23, 2010. With its passage, mental illness will no longer be a condition that insurers can use to deny coverage. The many who have been discriminated against in the past by health insurers can now stand on equal ground and receive the coverage they rightfully deserve.

Providing education and support continue to be the pillars on which NAMI stands. This past year, NAMI expanded the availability of many of its programs. Crisis Intervention Teams (CIT) are now implemented in more than 1,500 communities. NAMI expanded the scope of CIT to better address the needs of youth and veterans. We also extended this reach into minority and foreign populations. The translation of NAMI's In Our Voice program into Spanish, as well as offering our NAMI Connection peer groups in Spanish, made NAMI services accessible to many new individuals and families affected by mental illness. Our NAMI Connection groups became available in 47 states.

A four-year study funded by the National Institute of Mental Health, under the leadership of Dr. Lisa Dixon, showed support for our Family-to-Family program as an evidence-based practice. The findings of this study bring hard evidence to what we at NAMI already know: Family-to-Family works. In 2010, Family-to-Family was offered in 49 states.

2010 also saw the introduction of the innovative NAMI Hearts & Minds program to promote the well-being of "mind and body." Research shows that addressing both is vital to achieve optimal health, and methods of treatment should adapt accordingly. The program aims to continue to close

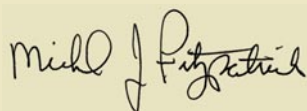
the 25-year gap in life expectancy between people living with mental illness and other Americans.

This past year, NAMI expanded significantly into the social media sphere. At the beginning of the year, NAMI launched its social media initiative on Facebook and Twitter, enabling us to construct bridges into virtual communities and reach millions of individuals in search of support and information. To create a place specifically for transition-age youth and young adults living with mental illness, NAMI introduced StrengthofUs.org. With more than 2,000 active registered users, this social networking site continues to serve as a digital haven for youth and allows them to connect, share their stories and "find help, find hope."

In 2010, 74 communities across America participated in NAMIWalks, where thousands of supporters in communities across the country walked for mental illness. Millions of dollars were raised to support the work of NAMI State Organizations and NAMI Affiliates. We know that no widespread disease remains as under-recognized, misunderstood and untreated as mental illness. NAMIWalks continued to make a difference, community by community, by sending the message that mental illness is an illness like any other, and reminding our communities that treatment works and that recovery is possible.

As we move into 2011, we at NAMI understand that while progress has been made, we will continue to face many challenges. Less than one in five people who need effective treatment for mental illness get that treatment when they need it. NAMI will continue to work to block cuts to essential services, while decreasing the impact of the stigma that stops many persons living with mental illness from getting the treatment that they need. We will continue to offer free education courses and support opportunities in communities across America. Our efforts will not waiver in the face of hard times. Just as we have for 32 years, NAMI will continue to stand strong and meet challenges head-on.

Sincerely,



Michael J. Fitzpatrick, M.S.W.
NAMI Executive Director

I am NAMI

Jackie Shannon
NAMI Texas President,
1991-1994;
NAMI President
1998-2001



My family's story with NAMI began as it has with so many other families: a child diagnosed with mental illness. It was 1987 and like other families we searched for answers, searched for resources, trying to understand our new situation.

We found NAMI and found hundreds of other families also dealing with the trauma of something little of us understood. Our whole family got involved with trying to make things better for people living with mental illness.

Locally, my husband and I helped to start our local NAMI Affiliate and I became involved on the state level. NAMI Texas, then TEXAMI, was a volunteer organization operating out of one room of donated space within the office of the Texas Society of Psychiatric Physicians.

Through the hard work of many, many volunteers and with a legislative champion, we achieved the almost unthinkable: successfully legislating parity for serious mental illness within all health insurance for public employees! It was the first parity legislation achieved in the United States.

In 1997, TEXAMI followed up that success through working hard for legislation that extended the parity for mental illnesses in health insurance in the private sector, which affected businesses with 50 or more employees.

After 25 years, NAMI Texas and NAMI have continued to grow. We are no longer that small organization operating out of one room, but have matured into a vibrant, busy national organization. The future is very bright and I am pleased to be one of those many volunteers helping to shape the organization.

At last year's NAMI Annual Convention Jackie Shannon was presented with the Outstanding NAMI Member Award, the highest honor that NAMI gives to a member of our family.

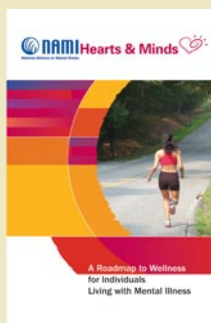
2010: A Year in the Life of NAMI

January

NAMI launches its social media initiative via Facebook and Twitter, expanding its impact by reaching new, virtual communities of tens of thousands of individuals in search of support and information.

February

NAMI's Hearts & Minds education program is launched to promote sound "mind and body" health practices among individuals who live with serious mental illness.



At a special briefing for Congressional staff, former Connecticut Lieutenant Governor and NAMI board member Kevin Sullivan testified on the need for federal action to address the growing mental health crisis in states.

March

Vietnam-era combat pilot and NAMI board member Clarence Jordan testified at a U.S. Senate hearing calling for better outreach and coordination of mental health care by the Department of Veterans Affairs (VA).

NAMI celebrated the third anniversary of the NAMI Connection Recovery Support Group, a free support group for adults living with mental illness. NAMI offered nearly 500 NAMI Connection support groups in 47 states.

NAMI launched StrengthofUs.org, an online community where young adults living with mental health concerns can network, share information and find support unique to their situations.

The Affordable Care Act is signed by U.S. President Barack Obama on March 23. It is anticipated that federal health care reform will help ensure that the needs of Americans living with serious mental illness are addressed. Starting in 2014, substance abuse or mental illness can no longer be used by insurers to deny coverage as a "pre-existing condition."

April

The BringChange2Mind campaign, created by Academy Award-winner Glenn Close, is welcomed as a supporting

partner of NAMIWalks. BringChange2Mind teams participated in select NAMIWalks to support the common mission of battling the stigma often associated with mental illness.

An Army platoon in Iraq ran five kilometers (5K) in full body armor on April 17 to raise awareness about posttraumatic stress disorder (PTSD) and the need to end stigma surrounding mental illness. In 2010, 83 NAMIWalks were held in 45 states with more than 140,000 participants.

May

PBS stations nationwide aired *When Medicine Got It Wrong*, a documentary about NAMI's grassroots origins and founding as a national organization, to coincide with Mother's Day.

NAMI called on Congress for greater scientific research, mental health grants to offset massive state budget cuts and an end to a backlog in the processing of Social Security disability claims. NAMI's staunch advocacy on research helped preserve funding for the National Institute of Mental Health (NIMH) at a time when many other federal programs were cut.



Ken Duckworth, M.D., medical director of NAMI, was honored with the Patient Advocacy Award of the American Psychiatric Association (APA). The Patient Advocacy Award recognizes a public figure respected for personal accomplishments and beliefs, who has promoted the improvement of services for people coping with mental disorders and substance abuse.

NAMI honors 22 doctors as "Exemplary Psychiatrists" at the American Psychiatric Association annual conference. This was the 20th consecutive year that NAMI has presented the awards.

June

The NAMI Consumer Council honored Paolo del Vecchio with its annual Gloria Huntley Award, which recognizes an individual or organization that has made significant strides in reducing the use of restraints and seclusion in

the treatment of mental illness. Del Vecchio is associate director for Consumer Affairs at the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services.

NAMI played an instrumental role in achieving the passage of the Frank Melville Supportive Housing Investment Act. It will significantly enhance and streamline federal funding for supportive housing for people living with serious mental illnesses and other disabilities.

Preliminary results for a four-year study conducted by NIMH, and headed by Lisa Dixon, M.D., revealed that Family-to-Family produces significant results for individuals engaged in the program. Family-to-Family is NAMI's signature education program for caregivers and families of individuals living with mental illness. Over 200,000 people have graduated from the program since its introduction.

July

NAMI hosted its annual convention in Washington, D.C. Featured was NIMH's Raise Study, which continues to

explore the effectiveness of early and aggressive treatment in reducing the symptoms of schizophrenia. Former Representative Patrick Kennedy appeared to affirm the importance of providing adequate mental health care to veterans.

NAMI continued to call national attention to minority mental health by promoting Bebe Moore Campbell

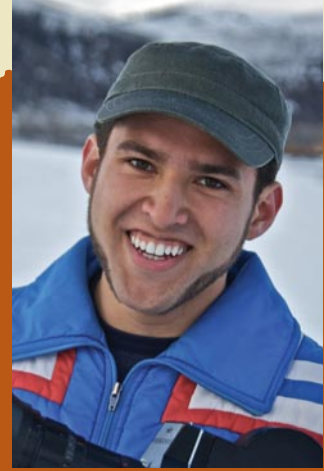
National Minority Mental Health Awareness Month.

NAMI publicly confronted BP oil company for ignoring Louisiana's appeals for help in funding mental health care in communities affected by the BP oil spill. The NAMI letter came after Louisiana's Department of Health and Hospitals advised the U.S. Department of Health and Human Services that the state had written twice to BP asking for \$10 million for mental health services without receiving any reply. As a result, BP issued large payments to affected gulf coast states to assist with providing mental health services to people affected by the spill.



I am NAMI

Alex M. White
NAMI



It all started in seventh grade. I began to hear voices. At first I thought it was just someone calling out my name, but as time went on the voices grew stronger, louder and increasingly self-destructive. Eventually the voices wore me down and convinced me to kill myself.

I was placed in a psychiatric hospital for two weeks. Initially, I was diagnosed with schizophrenia because of the auditory hallucinations. I did okay for about one year. However, in the spring of my freshman year, I was also diagnosed with a panic disorder.

My medication at the time ignited a severe manic episode and I lost control. I was hospitalized again. I laid in bed staring at the ceiling, barely eating and speaking to anyone for days except for the occasional one-word verbal utterance to my father confirming I was still alive.

I was finally diagnosed with bipolar disorder. Even with the proper diagnosis, the struggle had just begun. I eventually dropped out of high school and was home-schooled. Every semester I would try to go back but could not handle it.

Around this time, I started looking at films differently. I realized that the only true escape I felt from what seemed like perpetual misery and instability was when I was watching a movie. With time, film became more than a window of escape.

This "artistic therapy," along with a therapist who believed in combining traditional and nontraditional treatments, began to help me regain control of my life. I was able to graduate from high school in four years, and walk with my graduating class. Three-and-a-half years later, I graduated with honors from Montana State University with a B.A. in film.

I found NAMI and realized the tremendous influence and potential that NAMI had. I joined as a member and soon became a member of the young adult advisory group that helped create StrengthofUS.org. Reaching out to teens living with mental illness is vital in achieving a positive recovery.

August

NAMI raised added concerns to a study released by The Urban Institute that showed more than one-half of babies in poverty are being raised by mothers living with depression. At least 70 percent of low-income mothers go without treatment, according to the study, with only 30 percent even speaking to a mental health professional over the course of a year.

NAMI expanded its efforts in providing technical assistance, education and promotion of Crisis Intervention Teams (CIT) to over 1,500 initiatives in 45 states. A national model, CIT is a community program designed to improve the outcome of encounters between law enforcement and people living with mental illness. In 2010, NAMI began to expand this effort to better meet the needs of youth and veterans.

September

NAMI's Peer-to-Peer program, a free, 10-week educational course for people living with mental illness, is launched with a new Spanish translation of the course, making it available to more individuals in diverse communities.

NAMI launches a new online ADHD resource center to support children and adults. The newly redesigned website offers updated tools for parenting, school, work and relationships.

The NAMI Corporate Advisory Group was officially formed. The Advisory Group will work to craft strategies and identify opportunities to help NAMI broaden the representation of corporate America as donors and supporters.

October

The Sharing Hope program continued to grow in 2010. The Sharing Hope toolkit was been distributed to over 65 NAMI State Organizations or Affiliates around the country. The Multicultural Action Center worked closely with five grant sites who made connections and established relations with African American faith communities. Ninety-seven percent of people who responded to post-program evaluations agreed that the program increased their understanding of mental illness.

Seven NAMI leaders and colleagues received leadership honors at the 2010 SAMSHA Voice Awards. The Voice Awards honor individual/peer leaders who have played vital roles in raising awareness and understanding of mental health and other behavioral health issues..

NAMI promotes the 21st annual Mental Illness Awareness Week (MIAW). In an effort to raise awareness prior to the 2010 elections, NAMI encouraged discussion on various issues of mental illness in the media, including mental illness and jails, children's mental illness, stigma, housing costs and budget cuts, to make sure candidates were addressing the facts.

November

Recognizing the unique needs of the Asian American/Pacific Islander (AAPI) community, NAMI's Multicultural Action Center hosted an AAPI Mental Health Listening Session on Nov. 4-5, 2010, in Los Angeles to discuss current issues in AAPI mental health and propose recommendations for action. An official report was published in 2011.



U.S. Army Maj. Gen. David Blackledge spoke in an online radio interview with NAMI about the revolution that is occurring in how the military looks at posttraumatic stress disorder. As part of a treatment "revolution," the Army has recognized a need to be "proactive" in helping troops in combat and "especially upon return." The new approach focuses on "comprehensive soldier fitness" and "resiliency."

December

NAMI released its triannual issue of *Beginnings*, focusing on military families and including articles from military personnel and families. This was *Beginnings* most popular issue to date.

NAMI published an updated and expanded version of *A Family Guide: What Families Need to Know about Adolescent Depression*. The new version includes information on self-injury, getting an accurate diagnosis, recent research studies and much more.

NAMI concludes the Puzzle Pieces public service announcement initiative, which included web, print, television, online and radio formats. It measured over 500 million audience impressions and raised awareness for NAMI as a destination of help and support for people affected by mental illness.



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I am NAMI

Sharon Denise Wise
NAMI D.C.



My name is Sharon Denise Wise, but my family called me Angel. I was diagnosed with a mental illness at a very young age. I began running away from home when I was 9 years old. I didn't know what I was running to, but I knew what I was running from. My home was filled with abuse and violence, and I never felt loved. I would eat scraps off the tables of outdoor restaurants and sleep in abandoned buildings and cars. I would rather sleep under a bridge with drug addicts and trash than go home.

At 18 years old, I was a teen mother of two living on the streets and, by then, I had been hospitalized for depression, anxiety and three suicide attempts. I also had become a drug addict—doing drugs while I was pregnant with my daughter until my water broke. I still didn't want to go to the hospital because I didn't want to stop getting high. Both of my children ended up in foster care.

After 15 hospitalizations, incarcerations and stays at other institutions, I was relocated by force to the Washington, D.C., area. I found myself homeless and battered again. I ended up at a shelter for battered women. It was there I had a rebirth. I got clean from drugs and alcohol and settled into a mental health center that offered a glimpse of hope. Art saved my life and my vibrant colored self-portraits illustrate my traumatic experiences and journey. Today, I am a member of NAMI D.C. and a WRAP coordinator facilitator, and have been a speaker and performer at past NAMI Annual Conventions.

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*Denotes multiple Leadership Alliance members who wish for their gifts to remain anonymous.

INDEPENDENT AUDITORS' REPORT

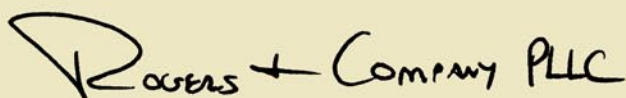
To the Board of Directors of
NAMI and Affiliate

We have audited the accompanying consolidated statements of financial position of NAMI and Affiliate (collectively "the Organization") as of December 31, 2010 and 2009, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of NAMI and Affiliate at December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental information included at pages 21-22 is presented for purposes of additional analysis of the basic consolidated financial statements and is not a required part of the basic consolidated financial statements. Such information for the years ended December 31, 2010 and 2009 has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.



Vienna, Virginia
March 7, 2011

NAMI and Affiliate

Consolidated Statements of Financial Position December 31, 2010 and 2009

| | <u>2010</u> | <u>2009</u> |
|---------------------------------------|-----------------------------|-----------------------------|
| Assets | | |
| Cash and cash equivalents | \$ 2,085,871 | \$ 1,620,516 |
| Accounts receivable | 1,104,011 | 2,732,338 |
| Inventory | 92,260 | 103,643 |
| Investments | 5,466,706 | 5,551,053 |
| Prepaid expenses | 253,454 | 246,111 |
| Property and equipment, net | 855,744 | 985,264 |
| Deposits | 46,900 | 46,900 |
| | <u> </u> | <u> </u> |
| Total assets | <u>\$ 9,904,946</u> | <u>\$ 11,285,825</u> |
| | | |
| Liabilities and Net Assets | | |
| | | |
| Liabilities | | |
| Accounts payable and accrued expenses | \$ 972,176 | \$ 1,147,690 |
| Deferred revenue | 256,381 | 83,075 |
| Deferred rent and lease incentive | 776,615 | 768,781 |
| Deposits | - | 14,786 |
| Charitable gift annuities | 261,071 | 255,050 |
| | <u> </u> | <u> </u> |
| Total liabilities | <u>2,266,243</u> | <u>2,269,382</u> |
| | | |
| Net Assets | | |
| Unrestricted | 4,440,434 | 4,326,687 |
| Temporarily restricted | 2,658,106 | 4,153,843 |
| Permanently restricted | 540,163 | 535,913 |
| | <u> </u> | <u> </u> |
| Total net assets | <u>7,638,703</u> | <u>9,016,443</u> |
| | | |
| Total liabilities and net assets | <u>\$ 9,904,946</u> | <u>\$ 11,285,825</u> |

See accompanying notes.

NAMI and Affiliate

Consolidated Statement of Activities
For the Year Ended December 31, 2010

| | <u>Unrestricted</u> | <u>Temporarily Restricted</u> | <u>Permanently Restricted</u> | <u>Total</u> |
|--|---------------------|-----------------------------------|-----------------------------------|---------------------|
| Revenue and Support | | | | |
| Contributions | \$ 2,972,228 | \$ 3,753,672 | \$ 4,250 | \$ 6,730,150 |
| Walks | 716,030 | - | - | 716,030 |
| Registrations | 306,488 | - | - | 306,488 |
| Investment income | 315,681 | - | - | 315,681 |
| Contracts | 867,022 | - | - | 867,022 |
| Dues | 329,103 | - | - | 329,103 |
| Sales | 227,243 | - | - | 227,243 |
| Other revenue | 44,006 | - | - | 44,006 |
| Net assets released from restrictions: | | | | |
| Satisfaction of program restrictions | 2,989,409 | (2,989,409) | - | - |
| Satisfaction of time restrictions | 2,260,000 | (2,260,000) | - | - |
| Total revenue and support | <u>11,027,210</u> | <u>(1,495,737)</u> | <u>4,250</u> | <u>9,535,723</u> |
| Expenses | | | | |
| Program services: | | | | |
| Program and membership support | 4,873,701 | - | - | 4,873,701 |
| Education services | 1,845,101 | - | - | 1,845,101 |
| Advocacy | 1,691,204 | - | - | 1,691,204 |
| Total program services | <u>8,410,006</u> | <u>-</u> | <u>-</u> | <u>8,410,006</u> |
| Supporting services: | | | | |
| Administration | 1,227,404 | - | - | 1,227,404 |
| Development | 1,276,053 | - | - | 1,276,053 |
| Total supporting services | <u>2,503,457</u> | <u>-</u> | <u>-</u> | <u>2,503,457</u> |
| Total expenses | <u>10,913,463</u> | <u>-</u> | <u>-</u> | <u>10,913,463</u> |
| Change in Net Assets | 113,747 | (1,495,737) | 4,250 | (1,377,740) |
| Net Assets, beginning of year | <u>4,326,687</u> | <u>4,153,843</u> | <u>535,913</u> | <u>9,016,443</u> |
| Net Assets, end of year | <u>\$ 4,440,434</u> | <u>\$ 2,658,106</u> | <u>\$ 540,163</u> | <u>\$ 7,638,703</u> |

See accompanying notes.

NAMI and Affiliate

Consolidated Statements of Cash Flows For the Years Ended December 31, 2010 and 2009

| | 2010 | 2009 |
|---|----------------|--------------|
| Cash Flows from Operating Activities | | |
| Change in net assets | \$ (1,377,740) | \$ (101,280) |
| Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities: | | |
| Net realized loss on sales of investments | 6,819 | 1,061,964 |
| Unrealized gain on investments | (197,929) | (1,331,747) |
| Donated investments | (35,622) | (25,712) |
| Contributions restricted for long-term purposes | (4,250) | (3,000) |
| Change in value of charitable gift annuities | 35,162 | 60,157 |
| Depreciation and amortization | 190,357 | 223,318 |
| Change in operating assets and liabilities: | | |
| (Increase) decrease in: | | |
| Accounts receivable | 1,628,327 | (1,500,898) |
| Inventory | 11,383 | (7,553) |
| Prepaid expenses | (7,343) | 94,124 |
| Deposits | - | (46,900) |
| Increase (decrease) in: | | |
| Accounts payable and accrued expenses | (175,514) | 178,822 |
| Deferred revenue | 173,306 | (8,732) |
| Deferred rent and lease incentive | 7,834 | (86,110) |
| Deposits | (14,786) | - |
| | 240,004 | (1,493,547) |
| Cash Flows from Investing Activities | | |
| Proceeds from sales of investments | 2,384,878 | 5,293,075 |
| Purchases of investments | (2,073,799) | (4,202,954) |
| Purchases of property and equipment | (60,837) | (183,515) |
| | 250,242 | 906,606 |
| Net cash provided by investing activities | | |
| Cash Flows from Financing Activities | | |
| Payments on charitable gift annuity obligations | (29,141) | (29,141) |
| Contributions restricted for long-term purposes | 4,250 | 3,000 |
| | (24,891) | (26,141) |
| Net cash used in financing activities | | |
| Net Increase (Decrease) in Cash and Cash Equivalents | 465,355 | (613,082) |
| Cash and Cash Equivalents, beginning of year | 1,620,516 | 2,233,598 |
| Cash and Cash Equivalents, end of year | \$ 2,085,871 | \$ 1,620,516 |

See accompanying notes.

What Is NAMI?

NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Founded in 1979, NAMI provides support, education and empowerment for more than 500,000 members and supporters. NAMI raises public awareness, builds community and steadfastly advocates for access to treatment, services, supports and medical research.



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