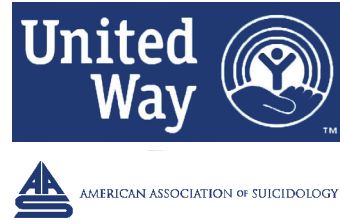


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 Clinical Associate William McDonald
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**2009
 Report to the
 Community**



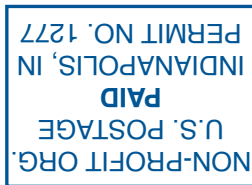
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Crisis Line (317) 251-7575
 (800) 273-TALK

301 East 38th Street
 Indianapolis, Indiana 46205
 (317) 251-0005



www.mhaindy.net



Mental Health America of Greater Indianapolis

Dear Friend of MHAGI,

Mental Health America of Greater Indianapolis' (MHAGI) Report to the Community for fiscal year 2009 reflects the organization's commitment to helping all people lead mentally healthier lives. 2009 marked the 60th year of service in working to improve mental health in the diverse communities of Greater Indianapolis.

This report reflects the talent and contributions of MHAGI's staff and volunteer leadership as well as the contributions and input of the consumers and family members who participate in the programs.

Gina Hays
Executive Director

MISSION

- To provide education, advocacy and service through programs designed to promote health.
- Positively affect public attitudes and perceptions of mental illness through support and knowledge.
- Improve care and treatment of persons with mental illness.

VISION

Our vision is a community where mental health is the cornerstone of public health, stigma is eliminated, and that people with mental illness have their unique needs met through quality service, culturally competent care, stable housing, and employment opportunities resulting in self-sufficiency.

MHAGI is a non-profit 501(c)(3) organization.

www.mhaindy.net

VALUES

- Mental health is essential to the development and realization of the full potential of every individual.
- Society has sufficient energy, resources and ability to adequately treat and ultimately manage mental illness.
- Every individual with mental illness is entitled to the same acceptance, high quality treatment, and support as are people with other illnesses.
- Individuals directly affected by mental illness must be empowered to influence and participate fully in all aspects of society.
- Families and caregivers who have a member with mental illness must have access to social supports.
- Mental health services should be available and delivered in a context that is culturally sensitive and accessible to all.
- The establishment of a social environment which fosters mental health is the responsibility of every American.
- Broad-based citizen action is vital to the achievement of our mission.
- Mental health promotion and services must begin in childhood and continue throughout a lifetime.
- Successful organizations, both public and private, must be flexible and adaptable to a changing, uncertain environment.
- Services of employees and volunteers are critical to the organizational achievement of mission and goals.

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2009 Summary Financial Statements

Consolidated Financial Statements 1-1-09 through 12-31-09 Fiscal Year



Our Programs

ASSETS

Cash	\$111,491
Money Market/Certificate of Deposit	97,387
Restricted Cash/Cash Equivalents -	461,421
Heritage Fund	
Total Cash/Cash Equivalents	\$670,299
Grants/Other Receivables	91,632
United Way Receivable	159,101
Prepaid Expenses	4,884
Client Deposits Held in Trust	796
Property/Equipment	275,518
Other Assets	40,000
TOTAL ASSETS	\$1,242,230

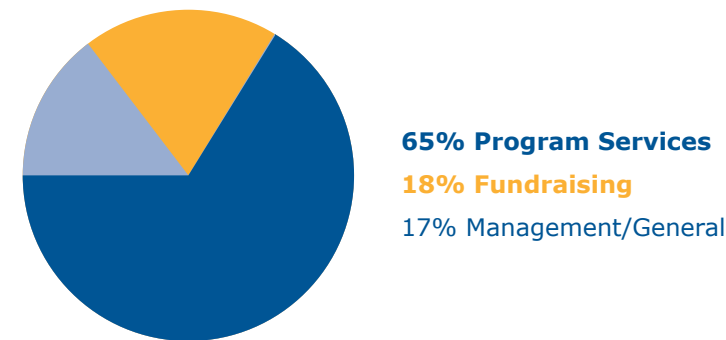
EXPENSES

Program Services	
Forensic Program Services	\$105,160
Health Promotion	85,204
Suicide Prevention	120,680
Adult Guardianship Services	115,905
Other	1,445
Total Program Services	\$428,394
Management/General	112,114
Fundraising	116,193
Total Expenses	\$656,701
Change in Net Assets	\$211,557
Loss on Disposal of Assets	(\$4,839)
TOTAL CHANGE IN NET ASSETS	\$206,718

LIABILITIES & NET ASSETS

Liabilities	
Accounts Payable/Accrued Expenses	\$171,601
Other Liabilities	796
Net Assets	
Unrestricted	401,031
Temporarily Restricted	207,381
Permanently Restricted	461,421
TOTAL LIABILITIES/NET ASSETS	\$1,242,230

TOTAL EXPENSES



REVENUE & SUPPORT

United Way of Central Indiana	\$339,474
Grants/Contracts	163,364
Program Service Fees	4,604
Contributions	331,577
Fundraising	6,005
Dividends/Interest	4,003
Other Income	19,231
TOTAL REVENUE/SUPPORT	\$868,258

Through your generous support, Mental Health America of Greater Indianapolis was able to assist nearly 7,000 persons during 2009.

Thank you!

Information derived from the Audited Financial Statements as of 12-31-09.

*The organization launched a capital campaign in 2009 for renovation of its offices. As of 12-31-09, the renovation of the building was 56% complete and approximately 86% of the campaign goal of \$408,000 had been raised.

Adult Guardianship Service (AGS)

The staff of MHAGI's Adult Guardianship Services makes daily life, health, safety and emergency decisions for mentally compromised adults who have been deemed incompetent by a court, and have no family members to look out for them. Courts award this type of guardianship for individuals who pose a significant risk for personal harm based upon their demonstrated inability to adequately provide for their own nutrition, health, housing or physical safety. Most clients live in supervised living facilities. Many are unable to communicate at all. At any given time, MHAGI can assume guardianship for up to 60 individuals. In 2009, we averaged 63 clients. Our guardians are available on a 24/7 basis in order to make emergency decisions if called upon to do so. Each MHAGI guardian makes monthly visits to each of their clients in order to insure appropriate care and participates in all formal discussions concerning their clients' continuing care. Such monthly visits exceed the industry norm.

On a monthly basis, each MHAGI guardian completes a "Quick Reference" tracking tool on which every personal visit, medical appointment, care coordination meeting, phone call and any written communications are documented for each of their clients. Overall health status along with any changes to clients' medications, general health or physical surroundings are documented. In emergency situations, a volunteer advisory committee is available with whom the guardian can confer. In such situations, care decisions don't wait until a meeting can be convened but are made immediately via phone or email. Also, a qualitative survey is completed annually by the provider facility and by the client, if possible, concerning the services provided by the MHAGI guardian.

An AGS Success Story

Joe B. entered a local stress center because of exacerbation of a delusional disorder and psychosis. After two months he was referred to a residential home under the support of a community mental health center. A cousin was his guardian and Joe had no other family. This guardian insisted that because of his disorder, Joe was not able to take care of his basic needs or live on his own without the continuous direction of the guardian. Because of the level of restriction, control and manipulation being exerted by the guardian towards Joe, the community mental health center, Joe's physician and the staff of the residential home all agreed that this relationship was detrimental to Joe's well being.

A hearing on this guardianship was held and was contested by the cousin. After hearing the evidence, the court agreed with Joe's treatment team that the relationship was not in the best interest of the ward. Guardianship of the person was transferred to MHAGI.

Since that time, Joe has gradually been rebuilding his life. With proper medication he has gained better control over his delusional disorder and the psychotic symptoms have disappeared. Four months after the transfer of guardianship Joe was able to begin handling his own finances again. He moved out of the residential home and into the home of a friend from his church. He obtained a job and was then able to move into his own apartment. Three months later a hearing was held and the court determined that Joe was able to make his own decisions and the guardianship was terminated. Joe did sign a healthcare power-of-attorney, so that if in the future he is unable to make decisions due to mental or physical health problems, he has the assistance of someone that he trusts and has chosen himself.

Not only did Joe prove his cousin wrong, but his story serves as proof that people with chronic mental illness can live full, independent lives.



Crisis & Suicide Intervention Service (CSIS)

MHAGI operates the only 24-hour crisis line in Central Indiana for individuals who are in crisis and/or are contemplating suicide. In 2009, more than 4,000 such calls were received. Calls are answered by trained Clinical Associates (CAs) whose role is to set in motion a process of identifying the real issues and the seriousness of the situation, reinforcing the notion that there are positive options available, and, with the caller, developing strategies and healthy responses to the situation at hand. Most crisis calls involve suicide threats, rape, drug abuse, alcoholism, depression, stress management and relationship issues.

All calls are assessed for suicide lethality. Clinical resources are made available to the CAs. Law enforcement is involved as needed. At the end of each call, the Clinical Associate attempts to determine the effectiveness of the intervention based upon the caller's response. Follow-up calls are particularly conducted with those callers who seemed at particular risk. All calls are logged into a centralized database.

Educational Outreach

Groups, organizations and businesses in the community benefit from the MHAGI workshops offered on mental health and wellness. These include workshops on common mental illnesses, stress and suicide intervention. In 2009 MHAGI provided 15 workshops to community, civic, and corporate groups throughout greater Indianapolis.

MHAGI also hosts large and small trainings on mental health and illness to educate both professional and lay audiences on the latest in mental wellness and treatment. In 2009 MHAGI hosted 5 conferences where continuing education units were provided to mental health professionals.

Additionally, MHAGI provides information at health fairs to encourage people to seek professional treatment when necessary. In 2009 MHAGI participated in 12 health fairs. MHAGI makes literature available to families, educators, doctors, and businesses on mental wellness and living with mental illness.

The Need for Education Continues

According to the 2008 Community Assessment on Mental Health presented by the United Way of Central Indiana:

- Approximately 20% of the U.S. population is affected by mental illness in any given year, most commonly by depression. More than 19 million U.S. adults suffer from depression. Clinical depression is the leading cause of disability in the country and the cause of more than two-thirds of suicides each year.
- 5.4% of adults suffer from serious mental illness, or about 250,000 Hoosiers, including over 60,000 persons from Central Indiana. About 20% of children are estimated to have mental disorders with at least mild function impairment.
- The best treatments for serious mental illnesses today are highly effective. Between 70 and 90% of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and psychosocial treatments and supports. However, fewer than half of adults and only one-third of children with a diagnosable mental disorder seek the help they need.

MHAGI continues to develop education and programming addressing the aforementioned issues.



A CSIS Success Story

Emma is a young mother who called the crisis line because she was experiencing a lot of anxiety. Her husband is in the Marines and had been deployed overseas, leaving her to take care of their six-month-old daughter by herself. Her mother is deceased, her grandmother is ill, and she does not have many friends in town. This all had her understandably overwhelmed. Emma said she had talked to her doctor about how she was feeling hoping to get some help, but the doctor seemed more interested in medicating her than listening to her.

The CA listened to Emma carefully and told her it sounded like she was responding very normally to an unusual amount of stress. Although Emma had no family or friends nearby, she did feel close to her mother-in-law and thought it may be helpful to talk with her more often. The CA also recommended support groups for parents and for families of service people who were overseas. After having an objective, non-judgmental, and empathetic third party take the time to listen to her, Emma felt much better and more equipped to tackle the challenges that lied ahead.



Forensic Services

Psychiatric Assertive Identification & Referral (PAIR) and Community Corrections

Often times, individuals with a mental illness are underserved and impoverished causing a lapse in their treatment and medication. Other individuals with a mental illness have never been previously and definitively diagnosed. Due to these circumstances, some of these individuals may become involved in relatively minor offenses such as criminal trespass, public indecency, public intoxication or criminal conversion. PAIR is a pre-sentencing diversion program that leads people with mental illness to needed treatment instead of jail. The PAIR program provided services to 725 individuals during 2009.



Formerly, these individuals would be arrested and taken into custody, brought before a judge and sentenced according to the law. However, if the defendant is eligible, voluntarily agrees to participate in PAIR and complies with the terms of the diversion, the criminal case will be dismissed at the end of a one-year compliance period. Defendants are not required to file a guilty plea and their criminal record will indicate an arrest but not a conviction. The absence of a conviction will help the individual as they apply for employment which such clients are encouraged to do.

MHAGI also provides mental health advocacy, monitoring and collaborative assistance to individuals with mental illness sentenced to Marion County Community Corrections for non-violent crimes. With the Community Corrections mental health component, individuals get the mental health assistance they need while continuing to work or go to school. This program served 174 individuals during 2009.

Treatment providers prepare a detailed and specific treatment plan for each PAIR and Community Corrections client. Clients' progress is monitored throughout the treatment and sentence period until the client successfully graduates or is expelled from the program for failure to comply. Independent studies have shown

the effectiveness of programs in which collaborations between the criminal justice system, the mental health system and the advocacy community plus essential treatment services reduce the inappropriate use of jails to house persons with acute symptoms of mental illness.

A PAIR Success Story

Steven is a middle aged man who had been arrested in Marion County 23 times in five years for theft, public intoxication, disorderly conduct and possession of marijuana. Steven struggled for many years with alcohol abuse and generalized anxiety disorder. Steven was arrested in April 2009 for public intoxication. This was Steven's seventh arrest in the last twelve months. Steven's public defender submitted all of his cases for the PAIR program. Five of Steven's cases were approved and he was placed on the program for a one year period. At first, Steven struggled with treatment and his addiction to alcohol. His treatment provider worked tirelessly with him and Steven was admitted to a state hospital in January 2010 on a voluntary basis. Upon release from the hospital in April 2010, Steven started taking all of his medications as prescribed for his anxiety disorder and attended all compliance hearings in front of the judge, showing his progress. Steven was successful in completing treatment, and all charges were dismissed in May of 2010.