

## MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30, 2020

Agency Name: NAMI Central Iowa

Program Name: **Mental Health Wellness Center**

Brief Description of Program: The Mental Health Wellness Center (Drop-In) Center provides support and programs with an emphasis on whole health for adults living with mental illness. The Wellness Center is in the same building as Miss Meyers Consignment at 424 5<sup>th</sup> Street in Ames. It is handicapped accessible and is open Monday through Friday 9 AM – 4:30 PM. And, a Dungeons and Dragons group meets every 1<sup>st</sup> and 3<sup>rd</sup> Saturday from Noon – 4. Activities such as writing group, art, music, leisure skills, recovery skills, cooking/nutrition, yoga, mindfulness, and other presentations are available here. A Peer Support Specialist is on staff to lead and model how to live positively in recovery with mental illness. Many volunteer hours help support these activities as well.

1. **Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:** Our clients are known as “peers”. We all have mental illness and help each other on our wellness and recovery path. 750 visits have occurred in this reporting period. That is an average of 150 visits per month, and is about 36 unique individuals per month. In FY20, we averaged 119 visits, thus, we are pleased with the increase. For many peers, we are a safe zone where no one will judge them. We tend to become the family and the support they need because many times, family and friends have deserted them. As long as mental illness carries a stigma, individuals need a safe place to find support and acceptance. Just today a peer told me that until they found NAMI Central Iowa, they had never received the acceptance, the assistance, and the positive support to help them in their life. And, they only wished they had known of this support much earlier in their life.
2. **Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:** Quarterly we aim to collect data from surveys to make sure we are meeting the needs of the peers. With the pandemic this year, our survey’s have focused on how it has affected them mentally, physically, etc.

**Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

From the pandemic survey we learned the following:

- Covid-19 has had moderate effects on 16 out of 33 peers' mental health. (48.5%)
- COVID-19 has had significant effects on 17 out of 33 peers' mental health. (51.5%)
- COVID-19 has had no effects on 6 out of 33 peers' physical health. (1%)
- COVID-19 has had moderate effects on 15 out of 33 peers' physical health. (45.5%)
- COVID-19 has had significant effects on 12 out of 33 peers' physical health. (36%)
- COVID-19 has changed 16 out of 33 peers' access to transportation. (48.5%)
- COVID-19 has impacted 23 out of 33 peers' access to support groups. (69.7%)
- COVID-19 has impacted 14 out of 33 peers' access to internet. (42%)
- 12 out of 33 peers would benefit from an iPad with a cellular hotspot.(36%)
- COVID-19 has impacted 12 out of 33 peers' access to food. (36%)
- COVID-19 has negatively impacted 26 out of 33 peers healthy eating habits and nutrition. (78.8%)
- COVID-19 has negatively impacted 21 out of 33 peers personal care and hygiene. (64%)
- COVID-19 negatively affected 23 out of 33 peer's self-esteem. (69.7%)
- COVID-19 has had a negative impact on 18 out of 33 peer's ability to go to parks for leisure and relax time. (55%)
- COVID-19 has had a negative impact on 20 out of 33 peer's ability to go to coffee shops for leisure and relax time. (61%)
- COVID-19 has had a negative impact on 30 out of 33 peer's ability to go to the library for leisure and relax time. (91%)
- COVID-19 has had a negative impact on 26 out of 33 peer's ability to go to meet new people. (79%)
- 5 out of 33 peers attended the Wellness Center **once per month** BEFORE COVID-19. (2%)

- 12 out of 33 peers attended the Wellness Center **once per month** DURING COVID-19. (36%)
- 7 out of 33 peers attended the Wellness Center **2-3 times per month** BEFORE COVID-19. (21%)
- 9 out of 33 peers attended the Wellness Center **2-3 times per month** DURING COVID-19. (27%)
- 16 out of 33 peers attended the Wellness Center **2-3 times per week** BEFORE COVID-19. (48.5%)
- 10 out of 33 peers attended the Wellness Center **2-3 times per week** DURING COVID-19. (30%)
- 5 out of 33 peers attended the Wellness Center **daily** BEFORE COVID-19. (2%)
- 2 out of 33 peers attend the Wellness Center **daily** DURING COVID-19. (0.6%)
- 19 out of 33 peers have difficulties accessing telehealth appointments due to COVID-19. (58%)
- 20 out of 33 peers would benefit from having a bike at NAMI CI. (61%)
- In-person support groups (vs. ZOOM) motivate 30 out of 33 peers to attend. (91%)
- Peer Support Group has helped 24 out of 33 peers set and maintain goals during COVID-19. (73%)
- COVID-19 affected 25 out of 33 peer's ability to maintain positivity and encourage others. (76%)
- The Wellness Center has helped 30 out of 33 peers cope with and understand COVID-19. (91%)

**3. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

Thus, in summary, from our conversations with peers and the responses to the survey convey:

- Peers prefer to meet in person for support groups, educational courses and recreational activities

- Peers are unable to access transportation to attend support groups
- Peers are unable to access transportation to attend the Wellness Center
- Peers are experiencing negative affects due to social isolation caused by Covid-19 (hygiene, leisure, recreation, socialization, eating habits, and mental health recovery resources & support)
- Some peers do not have Wi-Fi or internet capability in their home for video support groups
- Some peers do not have mobile devices, I-pads or laptops to access video capabilities for support groups or classes
- Peers who do have internet and video device capability felt uncomfortable being on a ZOOM support group where you could not see others faces. Thus, creating a less trusting, less transparent and less comfortable atmosphere.
- Peers who need telehealth services are unable to do so at home, and the NAMI CI staff could help them access this with our technology, assistance and confidential space
- Family members, friends or caregivers of peers are not comfortable with the peer utilizing public transportation with group sizes of more than 8-10 people.
- Family members, friends of caregivers of peers are not comfortable giving rides due to Covid-19 risk

4. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):** We still feel we need to increase our marketing efforts with providers to refer their clients. We have had some providers physically come with their client to the center to help ease the anxiety of going to some place new. Yet, for this FY, the biggest barrier is the COVID-19 pandemic. We have many peers that are not comfortable in social settings and thus, we have implemented phone calls, cards in the mail, and dropping off items for them at home. At this moment, our center is closed once again, and we are back to implementing unique ways to meet their needs.

5. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**  
750 visits with the most 52 unique individuals served

6. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?** Even if the center is closed, we are returning emails, phone calls, text messages, and social media messages. We do NOT want anyone to feel alone.

7. **Comments:** Thank you to the Cares Act Grant, we were able to purchase a handicapped accessible van. This should help us help peers attend the wellness center more often. We also received a grant from a bank to provide meal kits with recipes to lead a "Cooking show" via

zoom. This will help so much as many are experiencing food insecurities and had relied on our warm soup and snacks as a morning / mid-day meal. We are working with the CICS mental health region to provide technology so peers can connect on zoom / online.

## MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30, 2020

**Agency Name: NAMI Central Iowa**

**Program Name: ISU NAMI on Campus**

Brief Description of Program: ISU NAMI on Campus is a student-led, student-run mental health organization at Iowa State University and is dedicated to raising awareness, educating campus community, promoting mental health services, resources and supports, and advocating on mental health issues.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:** With the interesting start to the Iowa State University academic year, the NAMI on Campus also had an interesting start. Due to students' schedules changing, living at home, or changing their class load, we had much change in our leadership of the group. It took several months for the students on the leadership team to relay that they were NOT able to continue in their role. Thus, in October of 2020, after receiving notice that the student group may be dissolved if new leaders did not step up, a new leadership team of passionate young adults emerged.
- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:** October 2020 was the month that many meetings, 1:1 discussion and a promotion of the group on campus occurred. 150 candy bars and flyers were handed out to students, social media follower increased and a president, vice-president, social chair, treasurer, and secretary were installed. With semester ending in November, the student group decided they would meet over ZOOM during break to put together their meeting / promotional calendar for Spring 2020.
- 3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**  
The data that has been collected thus far was an interest form for anyone who wanted more information, or, to be considered for the leadership team. Our usual survey has not been

implemented due to zero presentations at this time.

4. **Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:** Keeping the student group intact and a leadership team formed was a major outcome achieved with the challenges of this pandemic and very unusual ending of school in March 2020 and beginning in August of 2020.

5. **Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

As stated earlier, students that thought they would be on campus or able to lead, were presented with obstacles due to the pandemic. Communication was difficult.

6. **Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

At this point 150 or more students became aware of the group. New partners have emerged and future presentations and activities are in the works.

7. **Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when? We have had a slow start, but everyone is being responded to.**

8. **Comments:** The NAMI on Campus president serves on the NAMI Central Iowa Board of Directors. The ISU NAMI faculty advisor is Chief Michael Newton of Iowa State, and he is also the NAMI Iowa Board of Directors President. The student group is in great hands with this man. Our former NAMI president has been instrumental helping other NAMI's across Iowa and is still actively helping with ISU NAMI on Campus as a mentor. NAMI on Campus Grinnell is also beginning to promote activities and has touched base to utilize our services.

## MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30, 2020

Agency Name: NAMI Central Iowa

**Program Name: Family and Consumer Education & Support**

Brief Description of Program: NAMI Central Iowa provides the following FREE educational programs for

families and peers: Family-to-Family (8 week course for families, spouses, friends, who want to become better educated about mental illness, advocacy, and how to help themselves and their loved one living with mental illness). Peer-to-Peer (8-week course for adults with mental health conditions, who want to better accept and understand their condition, find others and support, and learn how to implement recovery skills, and advocate for one's self). Basics (a 6-week online course for parents who either suspect their child might have mental illness or know their child has mental illness. This course can also be led in person). Family Support Group (led by family members and provides a safe, understanding space to help each other navigate caring for someone with mental illness). Connections Recovery Support Group (led by adults with mental health conditions, provides a safe place where support, encouragement and hope are found).

- 9. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:** Educating the family, friends and the individual living with mental illness is key to living with hope. NAMI's signature educational courses and support groups offer exactly that. Teaching that mental illness is a biological illness, hearing other stories of lived experience, cuts through the stigma and brings a face to hope with mental illness. People become empowered through these courses and support groups and are filled with new resources and support to keep moving forward in their journey. Our goal is that critical strategies are taught and caught, that people can learn to prepare for a mental health crisis, because it is not IF it will happen, it IS WHEN it will happen. We want these programs to bring an increased understanding of their condition and how to focus on recovery strategies.
- 10. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:** All participants in the courses complete a NAMI national survey at the end of the 8-week course. Our support group participants are asked to complete a survey once a quarter if possible. Not all choose to do so.
- 11. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):** In this reporting period we have had 257 attendees at 65 Connections Support Groups. Prior to this year, we offered Connections once a week. Now, due to the pandemic we offer it 3 times per week. In January 2021 we will have a Connections Support Group for working professionals suffering from anxiety and depression due to their job stress. Family Support Group averages around 8 individuals per meeting. In this reporting period we have had 11 Family Support Groups. In Ames FSG meets 1<sup>st</sup> and 3<sup>rd</sup> Thursday (prior to this year it was only once a month), and in Hardin county it meets the 3<sup>rd</sup> Tuesday of the month.

We completed Family-to-Family and Peer-to-Peer in August of 2020. 13 individuals “graduated” from Peer-to-Peer and 5 individuals from Family-to-Family.

**12. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

Our survey’s continue to show that the information provided in the courses is extremely helpful. Many of our next participants come from the individuals in prior courses that have referred them. We have even had individuals take the course more than once because at different stages of mental illness, you absorb what you need to know then. This has been so wonderful to see and know that it makes such a difference!

**13. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):** Due to the pandemic, we had to postpone our classes – however – we still found a way to hold them! Also, the derecho affected our classes in August. And, due to the current state of the pandemic, all of our support groups are via ZOOM. Some individuals are not comfortable with this setting, and it appears our numbers are affected by this way to “meet”.

**14. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):** In this reporting period we continue to reach out to our registered participants weekly, reminding them of our support groups, our courses and our resources. Compared to last year, I believe we are only reaching about ½ of the peers and families that we did. This is due to the barrier of ZOOM only meetings – technology is NOT available for everyone. And, the population of adults with moderate to severe mental health conditions do not have the financial means to own WIFI, mobile devices / technology.

**15. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?** Because we are not meeting in person, people are not joining in on our groups. When we offered in-person meetings briefly in October, our numbers increased. In person is preferred.

**16. Comments:** We have had a large number of registrations for our Peer-to-Peer and Family-to-Family courses that will begin the first of January. We look forward to helping these individuals. We also look forward to our working professionals support group.



## MID-YEAR REPORT FOR OUTCOME PROGRESS

Reporting for: July 1 – November 30, 2020

**Agency Name:** NAMI Central Iowa

**Program Name:** Public Education and Awareness

Brief Description of Program: NAMI Central Iowa increases public education and awareness in our communities many ways. 1. Our monthly newsletters that are sent electronically, posted on our website, printed, and through social media. We set up information booths at expos, and we provide presentations to the community, schools, civic groups, businesses and via social media platforms. The presentations we provide are 1. NAMI 101: This presentation provides a personal story how someone with lived experience came to use NAMI programs and services. In this way the audience connects with the experience and better understands our programs, services, support groups, educations and advocacy. 2. In Our Own Voice is a 60- or 90-minute presentation led by two adults sharing their journey with mental illness. This is an interactive discussion; thus, participants can become more confident talking openly about mental illness. 3. Ending the Silence is presented typically to middle & high school students, their faculty & staff as well as to parents and community members. This is an interactive presentation where the listener hears a young adult share their journey with mental illness and they also receive facts about mental illness, warning signs, suicide warning signs and actual resources in their community to use if they or someone they know needs help. 4. 1:1's = this is where an individual, a business owner, etc. is interested in learning more about NAMI CI and we meet for ½ hour to an hour.

- 1. Program/ Service Outcome (Change/ Benefit to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on program/ service outcome from July 1 to date:**

Ending the Silence Presentations: FY18 = 3 ; FY19 = 9 ; FY20 = 17; and to date FY21 = 5

In Our Own Voice: FY18 = unknown ; FY19 = 0 ; FY20 = 4 ; and to date FY21 = 3

NAMI 101: FY18 = unknown ; FY19 = unknown ; FY20 = 45 ; and to date FY21 = 16

1:1's = FY 18 = ; FY19 = ; FY20 = ; and to date FY21 = 23

- 2. Measurement Used (How Often, Tools Used) – please refer back to the corresponding ABF 5(O) and provide an update on measurement used from July 1 to date:** We keep data on the number of presentations and community events we attend or participate in. If applicable, a survey is given to those in the audience of at least one presentation annually. The surveys are mostly generated through NAMI National as the NAMI signature programs are evidence-based. Typically, the survey's measure if there was an increased understanding of mental illness as

treatable biological disorders as well as how to recognize warning signs of mental illness and suicide. Due to the pandemic, we have implemented our survey's in a GOOGLE form. Also, many of our meetings and presentations are now via ZOOM and this has had its benefits (such as less travel and reach more communities) yet barriers (more difficult for discussion and intimacy with the audience).

**3. Measurement Update (Please provide update on measurement data collected based on the ABF 5(O) from July 1 to date):**

In Our Own Voice surveys show that people DO believe that recovery with mental illness is possible. They see NOW that mental illness IS like a physical illness (i.e. diabetes), where prior to the presentation, they didn't think of mental illness in that way. The survey's show there still is a bias about being comfortable working with someone with mental illness – some feel they would be while others are not sure. Ending the Silence surveys still overwhelmingly are helping the listener as a result of the presentation NOW know how to help themselves, a friend, a student, a family member if they notice any warning signs. And, overwhelmingly, people would recommend our presentations to others.

**4. Outcomes Achieved (Result to Clients/ Community) – please refer back to the corresponding ABF 5(O) and provide an update on the outcomes achieved from July 1 to date:**

Our presentations can only reach the community as we have individuals with lived experience who are in the ADVOCACY stage, desiring to help end the stigma about mental illness. We have had a successful start to the fiscal year and have increased our certified presenters in the following areas:

In Our Own Voice = 3 additional presenters (7 total)

Ending the Silence = 5 additional presenters (13 total)

**5. Barriers Encountered (please refer back to the corresponding ABF 5(O) and provide an update on the barriers encountered from July 1 to date):**

Due to the pandemic, we have implemented our survey's in a GOOGLE form. Also, many of our meetings and presentations are now via ZOOM and this has had its benefits (such as less travel and reach more communities) yet barriers (more difficult for discussion and intimacy with the audience). Many times, we cannot see the audience, and thus, have not been able to tell how many individuals are in the group. Because we are not physically collecting names, handing out and collecting paper surveys, it is more difficult to receive data.

**6. Clients Served (please refer back to the corresponding ABF 5 Service Statistics and provide an update on number of clients served from July 1 to date):**

In Our Own Voice = 32 or more individuals

NAMI 101 = 832 or more individuals

Ending the Silence = estimating 163, this is difficult to know as the presentations are many times on a large screen so you cannot see how many were in the audience

Newsletters = we have sent out 4,805 newsletters since July 1, 2020

**7. Have you had to turn any clients away that desire to participate in this program? If so, why? If so, how many? If so, when?**

We have not had to turn any clients away, we have had to reschedule due to the pandemic and derecho, however, we were always able to find a new way, date or time!

**8. Comments:**

I believe we are reaching more and more individuals with the message about NAMI Central Iowa's vision, mission, purpose, services, and advocacy, one person, one presentation and one newsletter at a time. Our newsletter base continues to grow, which means, our contacts are growing. We have had partners in the community as well as individuals follow us on social media. As we continue to meet with providers in the communities and present our programs to their staff and clients served, we will continue to break the stigma about mental illness and show that there is a place where people with lived experience are able to find help and hope.