

Annual Report
October 2005 to September 2006

2005 to 2006



healthy minds
strong communities...



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Healthy Minds. Strong Communities.

About the National Council

An 85 year old — anxious and depressed; a 9 year old living in a foster home — acting up in school; a college student — hearing voices and afraid to leave the dorm; a 42 year old — homeless and addicted... these are typical of the individuals that member organizations of the National Council for Community Behavioral Healthcare help.

The National Council is an association of 1,300 organizations that help people in trouble — adults and children with mental illnesses or addiction disorders. The people our members treat and help live with their families or alone; some are in hospitals, jails, or juvenile detention facilities and others are in residential programs, foster care, or group homes. Each year, our member organizations give nearly 6 million children, adults, and families in communities across the country the chance to recover and lead productive lives.

We're proud of our member organizations. Our job is to help members do their jobs. As a not-for-profit 501(c)(3), the National Council advocates for policies that ensure that people who are ill can access services. And we offer state-of-the-science education and technical assistance so that services are efficient and effective.

“**T**he mentally ill...
need no longer be alien to our affections
or beyond the help of our communities.”

President John F. Kennedy

Today, mental illness is too often
about injustice and getting by.

We work for a day in which it is
about individuals, their communities,
their recovery, and the full,
productive lives they can go on to lead.

It's more than a dream. It's a commitment.

It was a Friday night. The police called the Child and Adolescent Mobile Crisis Program for help because 6-year-old Javier had a knife to his throat and was threatening suicide. His parents spoke only Spanish while Javier, who had spent most of his life in the U.S., spoke mostly English.

“Javier” needed psychiatric assistance, but no offices were open, his parents were uninsured, and there was a several-week wait. Usually this would lead to hospitalization but the Crisis Team thought that would be too traumatic, because of his age.

The Mobile Crisis team worked to find a psychiatrist to see Javier on Monday. In the meantime they devised a safety plan with Javier’s family and kept in touch with them throughout the weekend to help.

Two days later, Javier received medication to stabilize him. Today, he is safe at home and his family has received the supports they need to care for him.

A true story from EMQ Children and Family Services, Campbell, California



letter from the Board Chair Message from Betty

Dear National Council Members:

In my twenty years of involvement with this association, I have never been as excited and optimistic about the work and future of the National Council of Community Behavioral Healthcare.

Four years ago, we underwent a soul searching of sorts. We decided that we wanted to not just observe and report on the policy discourse on mental health and addictions matters, but to more effectively help inform and shape that important discussion. The Board helped shape a series of organizational, strategic, and personnel decisions that we believed would set us on a course that would steer us to this ambitious goal.

I am proud to have led the search for our outstanding President and Chief Executive Officer, Linda Rosenberg. Clearly, she is proving to be the right leader at the right time for the National Council. Under her management, we have become increasingly involved in the Administration and Congress in a meaningful way, increased our membership, enhanced our revenue, strengthened our financial status, improved partnerships with other key organizations, and attracted strong new talent to the National Council staff.

We have made tremendous strides in reorienting the National Council to best serve the interests of its membership and those whose lives we touch in such a profound way. The foundation is now in place at the National Council to lead us all to a higher level of involvement in shaping public policy.

However, any association is only as strong as its members. I call upon each of you to do your part, your fair share — not just by participating in National Council meetings and activities, but in your role as citizens. Each one of us needs to do more to help carry our message to our U.S. Senators, Members of the U.S. House of Representatives, governors, state legislators, local government officials, community leaders, the news media, and others. If we don't, who will?

As President John F. Kennedy once said, “Ours is not to fix the blame for the past, but to chart the course for the future.” It is in that spirit that I challenge you to participate personally and wholeheartedly in this noble enterprise.

Thank you for your membership in the National Council and your ongoing support of our mission and our team — and my heartfelt congratulations to Elizabeth Earls, who will serve as our National Council board chair for 2007-2008.

Sincerely,

Elizabeth Funk, MBA
Board Chair



*Elizabeth Funk, MBA
Board Chair*



“Shirley” moved into her community almost 35 years ago. Employed in the retail field, she had steadily moved up the ladder — from merchandising, to managing a department, to opening a new store.

But things weren't all they seemed. After the sudden and unexpected loss of a sibling, Shirley became depressed and started drinking heavily. For almost 10 years, she moved from job to job to avoid being caught. But eventually she lost her job and had a heart attack.

She had become friends with a community mental health authority employee who suggested she visit a group for people with mental illness to get support and encouragement and see a counselor.

Shirley was diagnosed with bipolar disorder. Six months later — with therapy, medication, and alcoholism education — the highs and lows had evened out and the panic/anxiety attacks had stopped.

Today, Shirley works with the homeless and mentally ill at the same center that helped her regain control of her life.

A true story from Southwest Counseling Solutions, Detroit, Michigan

To protect individuals' privacy, last names and real pictures are not used. Go to www.nocbh.org to read more “Real Stories, Real People.”

letter from the President and CEO Message from Linda

To Our Valued Members:

As an Annual Report, this document looks at the road we have traveled. The National Council has worked very hard to build the infrastructure and the relationships we need to begin the process of aggressively seeking adequate support for community mental health and addiction services.

But I want this Annual Report to also talk about where we must go together.

In November 2006, the American public sent a strong message that it wanted change. From Capitol Hill to county courthouses across America, the message was unmistakable. And from Washington, D.C. to the western shore, it is time for us to work toward realizing that vision John F. Kennedy laid out almost half a century ago.

We do not yet know what impact this new political environment will have on national policies or spending on mental health and addictions treatment. But what we do know is that if we are to succeed, we must convert our conviction into action.

It is our job to lead. It is incumbent upon us to participate in shaping national policies related to our enterprise and the people, families, and communities that we serve. No one will do it for us.

Every one of us needs to meet our U.S. Senators and members of Congress and their staffs and work to develop ongoing relationships with them.

Every one of us needs to do a better job of reaching out to others — state and local elected officials, community leaders, medical professionals, business people, clergy, law enforcement — and developing them as allies.

Every one of us needs to make it our personal mission to inform and educate legislators and community leaders on the needs of community mental health and addiction services. We can use our standing and expertise to build and adequately fund a better system.

And every step of the way, the National Council will be here to support you.

Best Regards,

Linda Rosenberg, MSW
President and CEO



Linda Rosenberg, MSW
President and CEO

Several years ago, George H.W. Bush reminded everyone of the dangers of politics and promises with his “Read my Lips” stump speech.

But I'm going to ignore that lesson right now and make a guarantee:

If every one of us does the things I mention here, I guarantee the state of community behavioral health will be better next year than it is today.

“Sam” spent most of his adult life in state psychiatric hospitals in four different states. Psychotic and self-destructive behaviors made it difficult for him to obtain services outside a hospital.

Last January, multiple providers met to coordinate services to move Sam into the community. He was placed in a men’s residential facility at the local mental health authority, with round-the-clock supervision and daily involvement by multiple service providers.

Today, Sam is celebrating his one-year anniversary out of the state hospital and is living in his first apartment.

Sam credits the local authority staff for supporting his goals and even helping him return to school by arranging for a used desk and schoolbooks. While he still struggles occasionally, Sam has direction and hope and is making progress toward his biggest goal — living a productive life in the community.

A true story from Weber Human Services, Ogden, Utah



our accomplishments National Council Highlights *October 2005 - September 2006*

GOAL 1: *Implement a provider-focused legislative and public policy agenda that promotes access to and delivery of recovery-oriented mental health and addiction treatment services that are adequately funded and of the highest quality.*

ACCOMPLISHMENTS

- >> Brought 120 members to Washington, D.C. for the Second Annual Hill Day and facilitated meetings with their Representatives and Senators on key issues: preserving Medicaid, protecting the Mental Health Services Block Grant, increasing addictions treatment appropriations, and supporting the National Council’s legislative proposal — the Community Mental Health Services Improvement Act.
- >> Arranged for member testimony before Senate Committee on Aging on challenges with the Medicare drug benefit and disseminated results of national provider survey on uncompensated costs of implementing the benefit.
- >> Narrowed scope of proposed cuts of \$42 billion to Medicaid and human services spending during passage of the Deficit Reduction Act.
- >> Advocated to narrow regulations for Medicaid proof of citizenship documentation to protect vulnerable groups.
- >> Garnered Congressional support for opposition against the Administration efforts to restrict Medicaid rehabilitative and school-based services.
- >> Successfully advocated for House and Senate Appropriations Committees budget report language that:
 - Excluded budget proposal to redirect \$153 million from the mental health block grant for “transformation” activities such as infrastructure development.
 - Called upon SAMHSA to regard community providers as important constituents in their efforts to transform the service system.
 - Directed 5% of the CMS Part D Education and Outreach budget to pharmaceutical benefit counseling by community mental health providers.
- >> Established the Policy Action Center to support member associations in states in their advocacy efforts as states use new DRA flexibility to introduce Medicaid and funding changes.



Consistent with our leadership role in the development and implementation of mental health and addictions treatment policy and delivery, two years ago the National Council Board, members, and staff collaborated on a series of five goals by which we could track our progress.



For a while, “Robert” was sleeping behind two buildings in a paper box and eating from the trash. He was picked up and taken to the dump and wasn’t sure if he was going to the shredder.

Homeless for almost 10 years, Robert left home at fourteen. His father beat him severely and locked him in a closet, often for days at a time. He didn’t attend school because he had too many bruises.

Drifting from job to job, he started drinking to take away the pain. Eventually, his whole life revolved around alcohol and he ended up homeless. A local mental health center got Robert off the street and diagnosed him with schizoaffective disorder and alcohol dependence.

Today, thanks to the Mental Health Center of Denver, Robert is living independently with his dog, Buddy, and is working to complete his GED.

*A true story from the Mental Health Center of Denver
Denver, Colorado*

To protect individuals’ privacy, last names and real pictures are not used. Go to www.nccbh.org to read more “Real Stories, Real People.”

GOAL 2: *Initiate and nurture relationships that heighten provider influence, offer opportunities for provider leadership, and increase the involvement of the provider community in national initiatives.*

ACCOMPLISHMENTS

- >> Engaged in continued dialogue with the Substance Abuse and Mental Health Services Administration and Center for Medicare and Medicaid Services to identify resources and opportunities for providers in diverse areas — grants and funding, electronic health record, veterans programs, workforce development, and implementing evidence based practices.
- >> Developed partnerships with health advocacy groups, National Governor’s Association, and National State Medicaid Director’s Association.
- >> Collaborated with SAMHSA and CMS in provider education and customer service/troubleshooting in implementing the new Medicare prescription drug benefit.
- >> National Council President and CEO Linda Rosenberg elected vice president of the board of the Campaign for Mental Health Reform, strengthening our leadership among other mental health advocacy organizations.
- >> Entered into partnership with the State Associations of Addiction Services to enhance the National Council’s addictions treatment advocacy efforts.

GOAL 3: *Broaden and strengthen the membership by maintaining a service culture, utilizing the expertise and energy of current members and engaging prospective members in the National Council’s agenda and activities.*

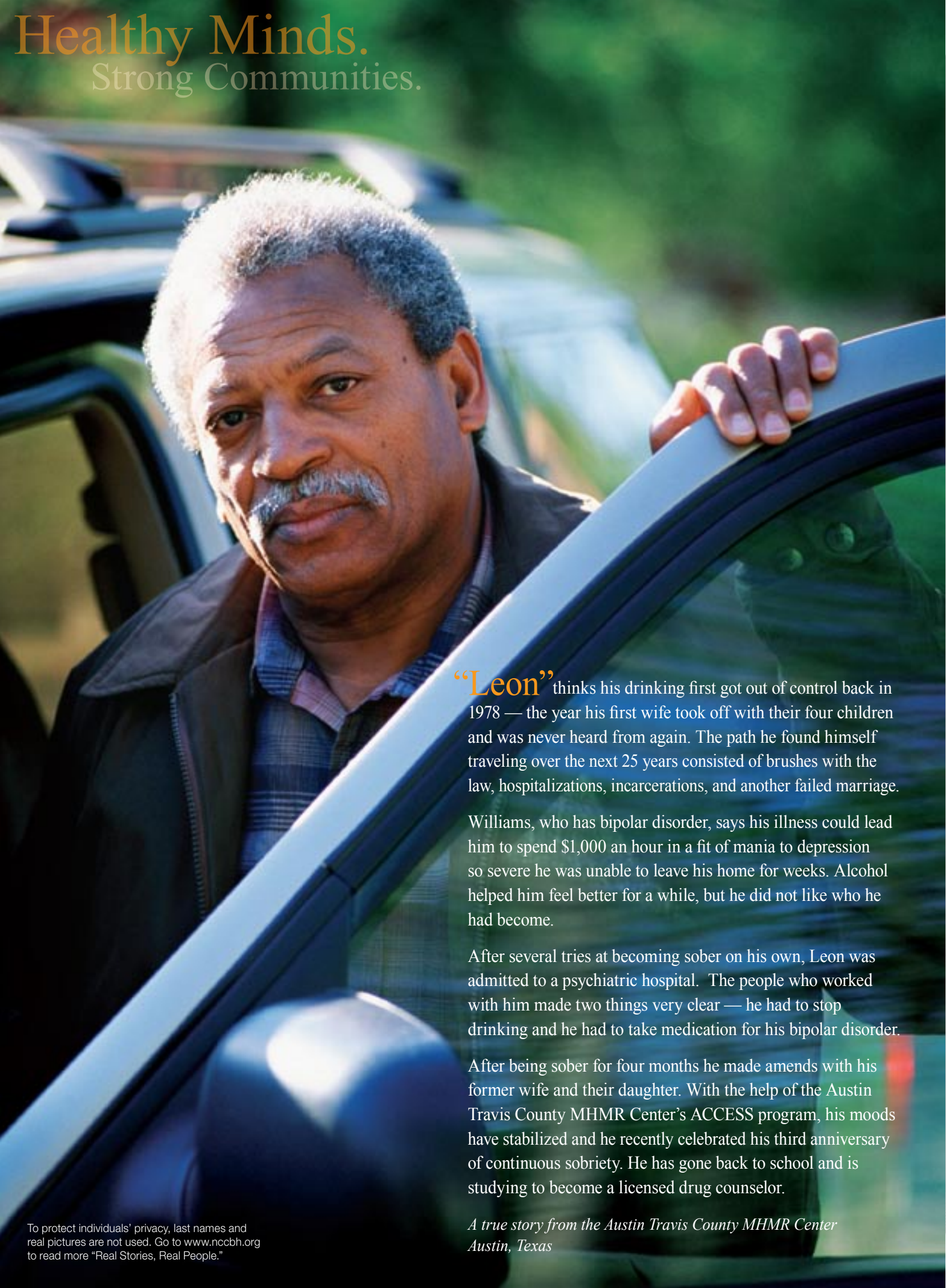
ACCOMPLISHMENTS

- >> Set all-time high of National Council membership with more than 170 new members and five new 100% state/regional associations — Alaska, District of Columbia, Florida, Indiana, and Pennsylvania.
- >> Visited members and state associations in 20+ states to provide federal legislative updates and national perspectives on funding and practice trends.
- >> Recognized outstanding member accomplishments through expanded Awards of Excellence program.



Campaign for Mental Health Reform Partners

American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Psychological Association, Children and Adults with Attention-Deficit/Hyperactivity Disorder, Depression and Bipolar Support Alliance, Federation of Families for Children’s Mental Health, Judge David L. Bazelon Center for Mental Health Law, Mental Health America, National Alliance on Mental Illness, National Association of County Behavioral Health and Developmental Disability Directors, National Association of State Mental Health Program Directors, **National Council for Community Behavioral Healthcare**, National Empowerment Center, National Mental Health Consumers’ Self-Help Clearinghouse, Suicide Prevention Action Network USA, United States Psychiatric Rehabilitation Association



“Leon” thinks his drinking first got out of control back in 1978 — the year his first wife took off with their four children and was never heard from again. The path he found himself traveling over the next 25 years consisted of brushes with the law, hospitalizations, incarcerations, and another failed marriage.

Williams, who has bipolar disorder, says his illness could lead him to spend \$1,000 an hour in a fit of mania to depression so severe he was unable to leave his home for weeks. Alcohol helped him feel better for a while, but he did not like who he had become.

After several tries at becoming sober on his own, Leon was admitted to a psychiatric hospital. The people who worked with him made two things very clear — he had to stop drinking and he had to take medication for his bipolar disorder.

After being sober for four months he made amends with his former wife and their daughter. With the help of the Austin Travis County MHMR Center’s ACCESS program, his moods have stabilized and he recently celebrated his third anniversary of continuous sobriety. He has gone back to school and is studying to become a licensed drug counselor.

*A true story from the Austin Travis County MHMR Center
Austin, Texas*

To protect individuals’ privacy, last names and real pictures are not used. Go to www.nccbh.org to read more “Real Stories, Real People.”

GOAL 4: *Provide expert education and consultation services to the leadership and workforce of the mental health and addictions treatment communities.*

ACCOMPLISHMENTS

- >> Held the best-attended and most successful Annual Conference in Orlando, FL, delivering an extensive array of educational and networking opportunities to nearly 1,500 attendees.
- >> Served as a key resource to help members with implementation of the new Medicare prescription drug plan and raised public awareness about implementation and transition challenges.
- >> Established a comprehensive library of e-learning and other Continuing Education opportunities to support workforce development.
- >> Published three new books, *Clinical Documentation and Operational Issues in Behavioral Health*, *Raising the Bar: Moving Toward the Integration of Health Care*, and *Consumers In the Mental Health Workforce*.
- >> Organized and hosted Meet Me teleconference calls on key business and clinical practice topics.
- >> Provided specialized consulting services in areas of managed care preparation, accreditation, and quality improvement in fiscal and clinical operations and outcomes.

GOAL 5: *Enhance the National Council’s capacity for timely and effective communications with members, the media, advocates, policy-makers and the public.*

ACCOMPLISHMENTS

- >> Increased the frequency and quality of communications with our members through the listserve, policy and technical assistance e-newsletters, the theme-based print newsletter, and the website.
- >> Developed strong relationships with trade media for frequent coverage that highlighted work of community providers and established the National Council’s leadership role in the industry.
- >> Conveyed to trade and mainstream media member stories and perspectives on breaking news and critical issues — Medicare prescription drug benefit implementation, CATIE study findings, prevalence of mental illness in jails, and the urgent need to provide comprehensive healthcare addressing mind AND body.



awards of excellence

honorees & sponsors

National Council Names 2006 Honorees



Each year, the National Council's Awards of Excellence recognize individuals and community provider organizations that have shaped the behavioral healthcare industry and improved the lives of those in need of treatment and support. These awards recognize the leadership, dedication and innovation of those who serve the nation's sickest and poorest, working to ensure that all who need services receive quality care.

EXCELLENCE IN PUBLIC POLICY

Senator Trent Lott (R-Mississippi)

Senator Jack Reed (D-Rhode Island)

Representative Steve Buyer (R-Indiana)

Representative Nancy Johnson (R-Connecticut)

Representative Patrick Kennedy (D-Rhode Island)

Representative Grace Napolitano (D-California)

**State of Michigan Executive and Legislative Branches,
Department of Community Health**

EXCELLENCE IN SERVICE DELIVERY

The Center for Health Care Services

San Antonio, Texas

Stars Behavioral Health Group

Oakland, California

EXCELLENCE IN COMMUNITY COLLABORATION

Durham System of Care

Durham, North Carolina

The Durham Center

Durham County Department of Social Services

Durham Department of Public Health

Durham Public Schools

Department of Juvenile Justice and Delinquency Prevention

Durham District Court

Duke University, Center for Child and Family Policy

Durham County Government

Wraparound Services of Livingston County

Livingston County, Michigan

Livingston County Community Mental Health Authority

Livingston County Department of Public Health

Livingston County Juvenile Court

Livingston Educational Service Agency

Livingston County Department of Human Services

Livingston/Washtenaw Substance Abuse Coordinating Agency

EXCELLENCE IN COMMUNITY CRISIS RESPONSE

Capital Area Human Services District

Baton Rouge, Louisiana

EXCELLENCE IN CONSUMER AND FAMILY SUPPORT

Mildred Smiley, Susan Smiley, and Tina Kotulski

Minnesota

Judy G. Reeves

Centerstone

Tennessee

EXCELLENCE IN MENTAL HEALTH & SUBSTANCE ABUSE AWARENESS

The Kent Center for Human & Organizational Development

Warwick, Rhode Island

EXCELLENCE IN SERVICE TO THE BEHAVIORAL HEALTHCARE INDUSTRY

ProtoCall Services

Portland, Oregon

EXCELLENCE IN MEDIA & JOURNALISM

Helen M. Dylag

Far West Center

Westlake, Ohio

Marilyn LaCelle

Valley Cities Counseling and Consultation

Auburn, Washington

Peter W. Zevenbergen, Jr.

Wyandot Center for Community Behavioral Healthcare

Kansas City, Kansas

EXCELLENCE IN PUBLIC SERVICE

Ronald W. Manderscheid

Bethesda, Maryland

HAROLD C. PIEPENBRINK AWARD FOR EXCELLENCE IN BEHAVIORAL HEALTHCARE MANAGEMENT & SERVICE

F. Jerome (Jerry) Doyle

EMQ Children & Family Services

Campbell, California

David C. Schimmel

David Lawrence Mental Health Center, Inc.

Naples, Florida



One year ago, 27-year-old “**Matt**” described himself as “A heart attack waiting to happen.” He weighed more than 300 pounds and smoked two packs a day.

Diagnosed with bipolar disorder in his senior year in high school, Matt had been hospitalized twice. During one six-week stay, he gained 25 pounds.

Matt’s weight had wildly fluctuated before. As a college freshman suffering from depression, he lost 119 pounds on only cigarettes and diet soft drinks.

He joined Monadnock’s In Shape program which offered him the services of a personal trainer to focus on health and nutrition. Now Matt looks at diet and exercise differently, and excels in the cooking class. He has learned how to judge the nutritional values of foods by reading the information on the packaging.

He’s also gained self-esteem through his athletic success, particularly in tennis, and gained perspective on his mental illness. “Now I don’t view myself as Matt with this major mental illness. It’s a component of me but not me. I try not to make it forefront of my entire being.”

*A true story from Monadnock Family
Services, Keene, New Hampshire*

our members

The Backbone of the Community

The National Council’s 1,300 member organizations are dedicated to improving the health of their communities.

Operating successfully in highly fragmented and complex health and human service environments, these organizations are integral to the communities they serve.

They provide critical mental health and addiction treatment services to nearly 6 million of their neighbors and friends.

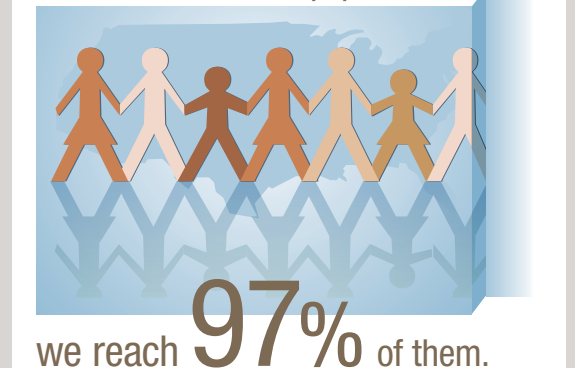
They are also critical economic engines within those communities. Together, **member organizations employ approximately 250,000 staff** including administrators, clinical professionals, para-professionals, peer counselors, and support staff.

Billions of dollars every year in services — financed by federal, state, and local grants and contracts; Medicaid, Medicare, and commercial insurance; self-payers; and individual and corporate charitable contributions — are delivered through member organizations.

Member organizations have annual budgets ranging from several million dollars to in excess of \$250 million and include:

- >> *Treatment organizations and clinics.*
- >> *Community mental health and addiction treatment centers.*
- >> *Mental health associations.*
- >> *Rehabilitation, club house, and residential programs.*
- >> *Hospitals that provide a continuum of mental health and/or addiction disorder treatment and support services.*
- >> *State and county behavioral health departments and regional boards.*
- >> *Managed care organizations that allocate resources, oversee services, and/or directly provide services.*
- >> *Associations of human service, mental health, and addiction treatment organizations.*

300 million
U.S. population



Healthy Minds. Strong Communities.

“Julie” was born into a middle class family. She lived in a nice house with her parents and brother.

But what the world did not see was that her parents drank — sometimes a lot. Julie was a sad and isolated child. Her mother was frequently at the local pub or out partying. When she was eight, her father began sexually abusing her. At 12, she was raped and became pregnant. She pleaded with Social Services to be placed in foster care along with her baby, but her parental rights were terminated by a court.

During her teen years, Julie began drinking and abusing other substances after the loss of her child. She began hearing voices.

Eventually she married and had two sons. But she continued drinking and using drugs, now with her husband. She tried to stop, but couldn't. She began to make “deals with God,” burning herself over the gas stove or cutting herself in exchange for God protecting her sons or providing food for them.

Then one day, her husband picked up the boys from school and vanished. Julie traveled everywhere she could think to find them, eventually ending up in New York where she prostituted herself to survive and to feed her drug habit.

Found on a street and hospitalized, Julie was returned to Vinfen at Massachusetts for treatment several years ago. Julie continues to work on her recovery today. She still hears voices but has not burned or cut herself in several years.

She holds a part time job, volunteers at a local shelter, and is in contact with her children.

*A true story from Vinfen
Cambridge, Massachusetts*

building Healthy Communities... Services we provide.

National Council member organizations serve adults and children with a range of emotional disorders, mental illnesses, and addiction disorders.

Member organizations reach out to those with special needs including older adults, refugees, individuals with HIV/AIDS, veterans, the homeless, children in foster care, and individuals in the criminal justice and juvenile justice systems.

Services are provided both in and out of the office include:

- >> *Psychiatric crisis services, inpatient hospitalization, outpatient medication and psychotherapy, case management and assertive community treatment, and treatment for trauma and post-traumatic stress disorders.*
- >> *Programs for the prevention of addictions, violence, and suicide; community education; early intervention; and jail diversion and prison re-entry initiatives.*
- >> *Addiction disorder treatment programs including detoxification, residential, and intensive outpatient.*
- >> *Rehabilitation and educational interventions including supported work and housing, illness self-management, and family psycho-education.*
- >> *Specialized services for children including therapeutic foster care, multi-systemic therapy, functional family therapy, and mentoring and respite services.*



financial statements

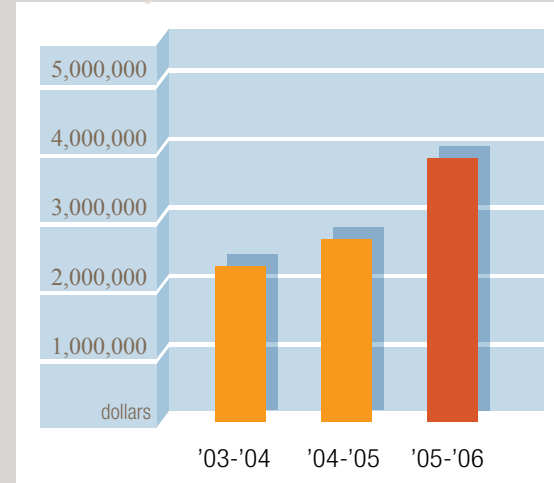
FY2005 to FY2006

Financial Statements

In order for our members to effectively serve their communities, the National Council must effectively serve them.

That is why we are always striving to improve both our services and our bottom line. As we outlined earlier in this report, we have made great strides in meeting our five goals.

Yearly Revenue 2003 to 2006



Our overall yearly revenue increased by 45 percent, **from \$2.56 million in FY05 to \$3.72 million in FY06.**

We continued to diversify our revenue streams, resulting in **more than \$1 million in new funding, contracts, and grants.**

Our year-end net is **in excess of \$400,000 allowing for substantial contribution to reserves.**

We realigned our staffing, adjusted salaries, and **recruited credentialed and skilled policy, communications, and development staff** essential to National Council effectiveness. We also hired Impact US, a government affairs and grassroots development firm, to assist in increasing our effectiveness on the Hill and in the states.

All of these actions will have an ongoing, positive effect on the bottom line and continue to generate:

- >> Record high membership.
- >> Increased member participation in public policy activities.
- >> Growth in interest and contributions from government and foundations.
- >> Record revenue and involvement from vendors and sponsors.
- >> Strong conference registration and respect within the industry.
- >> More efficient operations and decreased administrative overhead.

We will continue to build upon our non-dues revenue sources to enhance our advocacy efforts and provide an increasing array of membership benefits.

In addition, we've made a commitment to critical infrastructure improvements including increasing and diversifying revenue and staffing that will lead us into a more effective and prosperous future.

Balance Sheet

	Sept. 30, 2005 Audited	Sept. 30, 2006 Unaudited
Current Assets		
Cash	\$ 902,912	\$ 1,520,408
Receivables	228,666	568,411
Inventory	4,519	0
Prepaid Expenses	42,781	22,147
	\$ 1,178,878	\$ 2,110,966
Other Assets		
Investment in Subsidiary	\$ 42,000	\$ 42,000
Property and Equipment, Net	115,400	106,485
Other Assets	13,820	6,117
	171,220	154,602
Total Assets	\$ 1,350,098	\$ 2,265,568
Liabilities		
Accounts Payable & Accrued Expenses	\$ 200,032	\$ 265,270
Accrued Leave	43,594	58,018
Deferred Revenue	507,914	1,145,194
Total Liabilities	\$ 751,540	\$ 1,468,482
Net Assets		
Unrestricted, Beginning Year	\$ 324,799	\$ 371,457
Year-End Net Income	46,658	425,629
Temporarily Restricted	227,101	0
Total Net Assets	\$ 598,558	\$ 797,086
Total Liabilities and Net Assets	\$ 1,350,098	\$ 2,265,568

Income Statement

	Sept. 30, 2005 Audited	Sept. 30, 2006 Unaudited
Revenue		
Membership Dues	\$ 1,105,287	\$ 1,247,321
Public Policy	17,205	15,045
Grants & Contracts	254,642	866,620
Membership Services	41,791	53,548
Annual Training Conference	722,232	1,104,476
Other Educational Services	194,208	215,700
Other Revenue	232,540	218,997
Total Revenue	\$ 2,567,905	\$ 3,721,707
Expense		
Public Policy	\$ 371,260	\$ 448,843
Grants & Contracts	154,747	516,750
Membership Services	389,400	570,957
Annual Training Conference	474,725	622,213
Other Educational Services	360,697	484,281
Other Program Expenses	208,265	139,993
General and Administrative	562,153	513,040
Total Expenses	\$ 2,521,247	\$ 3,296,077
Change in Net Assets	\$ 46,658	\$ 425,630



Increased overall revenue by 45%, from \$2.56 million in FY05 to \$3.72 million in FY06.

Continued income diversification, resulting in more than \$1 million in new funding, contracts, and grants

Net revenues allow for substantial contribution to reserves.

board of directors

July 1, 2006 - June 30, 2007

Board of Directors July 1, 2006 - June 30, 2007

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Mental Health and Substance Abuse Corporations of Massachusetts

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Elizabeth Earls

Rhode Island Council of Community Mental Health Organizations

SECOND VICE CHAIR

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Comprehensive Mental Health Services Inc., Independence, Missouri

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The Ohio Council of Behavioral Healthcare Providers

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Board, Preferred Behavioral Health of New Jersey, Lakewood, New Jersey

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Comprehensive Mental Health Services Inc., Independence, Missouri

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Jeffery Walter

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Joseph Masciandaro

Maureen C. Stankowitz

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Carl Clark, MD

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Andrea Jackson

Katherine M. Mason

REGION X

Alaska, Idaho, Oregon, Washington

Rick Weaver



The National Council is grateful to the following organizations for their support in 2005-2006.

AstraZeneca

Community Health Facilities Fund

Eli Lilly and Company

Essential Learning

Genoa Healthcare

Janssen, L.P.

Joint Commission

Lavender & Wyatt Systems, Inc.

Mental Health Risk Retention Group

The Meyers Group

Negley Associates

Organon USA Inc.

Qualifacts

The Robert Wood Johnson Foundation

UNI/CARE Systems, Inc.

Wiley



NATIONAL COUNCIL

FOR COMMUNITY BEHAVIORAL HEALTHCARE

Healthy Minds. Strong Communities.

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We believe...

- >> *the best healthcare includes behavioral healthcare.*
- >> *in a holistic approach, personalized to meet the needs of the individual.*
- >> *people must be treated with respect, dignity, and cultural sensitivity.*
- >> *consumers and their families must be central to accessible, high-quality care.*
- >> *prevention and early intervention are our most efficient services.*
- >> *sharing education and information is critical to our effectiveness as providers.*