CELEBRATING A 50-YEAR LEGACY

RECLAIMING THE NEW FRONTIER

ANNUAL REPORT

JUNE 2012 — MAY 2013
THE NEW FRONTIER FOR BEHAVIORAL HEALTH

“The New Frontier for Behavioral Health
was foretold 50 years ago and is only now coming into view.”

LINDA ROSENBERG, PRESIDENT & CEO
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

With a stroke of his pen 50 years ago, President John F. Kennedy established a New Frontier for behavioral health in America. In signing the Community Mental Health Act of 1963, he emphasized that “The mentally ill...need no longer be alien to our affections or beyond the help of our communities.”

President Kennedy called for a bold new approach to mental health and developmental disabilities, one that ended the nightmare of men, women, and children being warehoused in secluded hospitals and forgotten institutions. The law ushered in a new era of recovery and offered people the hope of moving back into their communities.

The legacy of that final bill signed by President Kennedy before his assassination lives on in the dedication and passion of the members served by the National Council for Behavioral Health (National Council). Beginning with 96 community mental health centers in the 1960s, today the National Council has more 2,000 member organizations serving eight million of our most vulnerable citizens with mental illnesses and addiction disorders.

The community-based approach to care that President Kennedy called for offers the opportunity for all people to live dignified lives and to share in the American dream. Fifty years later we find ourselves with a historic opportunity to build on this legacy.

As President Kennedy said, “The New Frontier is here, whether we seek it or not.” Now is the time to reclaim the New Frontier in behavioral health — one built on scientific advances that promise new discoveries in brain research and on public policies that emphasize prevention as well as treatment.

President Kennedy believed the times demanded new invention, innovation, imagination, and decision, and he asked each of us to be pioneers on that New Frontier.

He described the frontier as one of "unknown opportunities and perils, a frontier of unfulfilled hopes and threats... The new frontier of which I speak is not a set of promises — it is a set of challenges." And the National Council helps members take on these challenges and explore the opportunities that lie ahead through our targeted advocacy efforts, Mental Health First Aid programs, quality improvement initiatives, and workforce development projects — described in the following pages.

The New Frontier is here, whether we seek it or not.

LINDA ROSENBERG, PRESIDENT & CEO
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

In the past 50 years, science has brought new knowledge. We've come to understand that addiction is a brain disease, not a moral failing. We know that addiction can be treated just like cancer, diabetes, and heart disease. People with addictions can recover and have a meaningful life in the community. The National Council is committed to giving them the chance they deserve, by turning the spotlight on addiction prevention, treatment, and recovery through our policy, science, and service initiatives.
BOARD OF DIRECTORS
PIONEERS LEADING THE WAY

CHAIR
Carl Clark, MD
Mental Health Center of Denver, Colorado

VICE CHAIR
Jeff Walter
Rushford Center, Inc., Meriden, Connecticut

SECOND VICE CHAIR
David Ptaszek, LCSW
CEO, Pennyroyal Center, Hopkinsville, Kentucky

SECRETARY-TREASURER
Susan Blue
CEO, Community Services Group, Mountville, Pennsylvania

COMMITTEE LEADERS

Tim Swinfard
Public Policy Committee Chair
President and CEO, Missouri Coalition of Community Mental Health Centers

Vic DiGravio III
Association Executives Chair
President and CEO, Association for Behavioral Healthcare, Massachusetts

George Delgrosso
100% Association Representative
Executive Director, Colorado Behavioral Healthcare Council

REGIONAL DIRECTORS

Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Ralph Provenza, MSW
Executive Director, United Counseling Services of Bennington, Bennington, VT

Katherine Wilson
President and CEO, Behavioral Health Network, Inc., Springfield, MA

Region 2: New Jersey, New York, Puerto Rico, Virgin Islands

Peter Campanelli, PsyD
President and CEO, Institute for Community Living, New York, NY

James Marhold, PhD
President and CEO, Declarations, Inc., Manalapan, NJ
Region 3: District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia

Alan Hartl  
CEO, Lenape Valley Foundation, Doylestown, PA

Jeff Richardson  
President and CEO, Mosaic Community Services, Timonium, MD

Region 4: Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky, Mississippi, Tennessee

Tom Ford, PhD  
Executive Director, Lookout Mountain Community Services, LaFayette, GA

Jon Cherry, CPA  
President and CEO, LifeStream Behavioral Center, Inc., Leesburg, FL

Region 5: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Ed Woods  
Board Member, Lifeways Community Mental Health Authority, Jackson, MI; Board Chair, Michigan Association of Community Mental Health Boards

Donald Miskowiec  
President and CEO, North Central Behavioral Health Systems, LaSalle, IL

Region 6: Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Bob Brown, JD  
Board Member, Mental Health and Mental Retardation Authority of Tarrant County; Board Member, Texas Council for Community MHMR Centers, Mansfield, TX

Region 7: Iowa, Kansas, Missouri, Nebraska

Pat Connell  
Director, Boystown National Research Hospital, Omaha, NE

Cindy Kaestner  
Executive Director, Abbe Center for Community Mental Health, Cedar Rapids, IA

Region 8: Arizona, Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

David W. Covington, LPC, MBA  
Chief of Adult Services, Magellan Health Services of Arizona, Phoenix, AZ

Neal Cash  
CEO, Community Partnership of Southern Arizona, Tucson, AZ

Region 9: California, Guam, Hawaii, Nevada

Richard Van Horn, MDiv  
President Emeritus, Mental Health America of Los Angeles, Long Beach, CA

Kita Curry, PhD  
CEO, Didi Hirsch Mental Health Services, Culver City, CA

Region 10: Alaska, Idaho, Oregon, Washington

Shirley Havenga  
CEO, Community Psychiatric Clinic, Seattle, WA

Steve Horn  
Executive Director, Alaska Behavioral Health Association

AT-LARGE DIRECTOR

Jan Kelton  
Victim/Witness Coordinator, Polk County District Attorney’s Office, Frederic, WI

OFF BOARD APPOINTEES

Rich Leclerc  
President and CEO, Gateway Healthcare, RI

Lauri Cole  
Executive Director, New York State Council for Community Behavioral Health

Kevin Campbell  
CEO, Greater Oregon Behavioral Health, Inc.
In April 2013, behavioral health stakeholders from across the country celebrated the 50th anniversary of President Kennedy’s Community Mental Health Act of 1963 with former first lady Rosalynn Carter at the National Council Awards of Excellence ceremony.

Featuring the Impact and the Lilly Reintegration and Welcome Back awards, the National Council Awards of Excellence are testament to the hope and recovery that is possible for persons with mental illness and addictions, and to the passion and dedication of all who care for them.

“The Reintegration Awards are testimony to the power of connections, and hope, and recovery in restoring persons with mental illness to their communities, where they belong.”

Ralph Aquila, Medical Director
The Sidney Baer Center, Fountain House and Senior Attending, St. Luke’s-Roosevelt Hospital

Major General (Ret.) Mark Graham and Carol Graham have battled through the tragic deaths of their two sons to become nationally recognized advocates for suicide prevention awareness, research, and education in the military. Kevin, a senior ROTC Cadet suffering from depression, took his life in 2003, and his older brother Jeffrey was killed in action in Iraq eight months later. The Grahams have turned their private pain into public passion as they reach out to military leaders to help soldiers, veterans, and their families seek help for mental health problems.

Elliott Steele, Executive Director of Vincent House, a lawyer, chef, and hospital administrator, was diagnosed with bipolar disorder and recovered through effective treatment. When his daughter left home, becoming one of the nameless faces of America’s homeless as a result of her battle with schizophrenia, Steele’s life gained a new purpose. He founded Vincent House, a clean, safe place for people recovering from mental illness. From its humble beginnings as a small storefront, Vincent House has grown, in 10 years, into a state-of-the-art facility offering hope and recovery for more than 600 lifetime members.
Dylan Henry, Morgan Henry, Travis Henry, and Mari Antclif are part of the Hope and Advocacy Panel formed in 2008, when a group of youth decided that the best way to fight the stigma around their mental illness was to talk openly about their struggles and aspirations. They share their personal stories of living with mental illness through PowerPoint presentations set to music. The youth, ages 13-24, travel around Montana and other states bringing a message of hope and enlightenment to many as they dispel the myths surrounding mental illness.

Economically disadvantaged children with mental illness often do not get positive reinforcement from adults. The Works of Heart Art Event and Auction has done much to change that painful reality. Since 2007, Family Service & Guidance Center has hosted five art nights a year to showcase the work of young artists with mental illness. Children work with volunteer artists in the community to create works of art that often serve as windows into their young lives. The art lets children focus on their amazing creations rather than their illness. The event has also helped community members realize that children with mental illness are no different than their own children and grandchildren.

The Mental Health Center of Denver’s 2Succeed program helps persons with mental illness find employment and partners local businesses with productive and motivated employees. Recognizing the importance of employment in promoting recovery, 2Succeed offers rapid placement and support for “real jobs” as an incentive for the people it serves to participate in integrated physical, mental health and substance abuse treatment and housing.

Meet more of the honorees and browse their stories at the Hall of Honor blog at www.TheNationalCouncil.org.
Several pieces of legislation introduced or renewed in Congress this year embodied President Kennedy's vision to “return mental healthcare to the mainstream of American medicine, and at the same time upgrade mental health services.” While much of the legislative activity gained momentum in the aftermath of the tragedy at Sandy Hook Elementary School and we still mourn the 26 innocent victims, it is gratifying that mental health is now an important part of the national conversation on building safe and healthy communities.

The Excellence in Mental Health Act is the most significant and comprehensive bill to strengthen our mental health system in a generation. Introduced in February 2013, the legislation was crafted to enable behavioral health centers to enhance the quality of their services and expand access to treatment for 1.5 million Americans, including 200,000 returning veterans from Iraq and Afghanistan.

The Excellence Act, included as an amendment to the gun violence bill, enjoyed unusually strong bipartisan support from a team of Senators including Debbie Stabenow (D-MI), Roy Blunt (R-MO), Jack Reed (D-RI), Susan Collins (R-ME), Barbara Boxer (D-CA), Marco Rubio (R-FL) and Patrick Leahy (D-VT), Lisa Murkowski (R-AK), Mark Begich (D-AK), Jay Rockefeller (D-WV), Jon Tester (D-MT), and Chris Coons (D-DE).

The bill also garnered the support of more than 50 mental health organizations, veterans groups, and law enforcement organizations such as the National Association of Police Organizations, American Psychiatric Association, National Alliance on Mental Illness, American Foundation for Suicide Prevention, Mental Health America, National Association of Psychiatric Health Systems, Iraq and Afghanistan Veterans of America, and Give An Hour.

Even with polls showing that eight in 10 Americans supported spending more money on mental health programs as a strategy for addressing gun violence, the amendment died when the gun violence bill failed to receive the support of a supermajority in the Senate. However, the National Council’s Senior Vice President, Public Policy and Practice Improvement, Chuck Ingoglia said in an interview with Modern Healthcare that he thinks the Excellence in Mental Health bill will be the basis for continued discussions and that a merger of different amendments will shape that discussion.
Another legislative milestone was the **Mental Health First Aid Act**. The bill, introduced by Rep. Ron Barber (D-AZ), offered local organizations $20 million to support public education and training on how help individuals experiencing a mental health or substance use crisis. The training targeted key community members from all walks of life, including teachers, faith leaders, health workers, firefighters, police officers, and emergency services personnel.

National Council President and CEO, Linda Rosenberg was invited to meet with Vice President Joe Biden’s task force on gun control legislation and requested support for a legislative agenda that will dramatically increase access to mental health services in the United States. She urged the task force to take action to increase our nation’s ability to provide timely, high-quality mental health and addictions services to individuals in need by expanding opportunities for public education about mental illness and increasing the behavioral health system’s capacity to serve people desperately needing care.

President Obama shone the spotlight on Mental Health First Aid in “Now Is the Time,” his plan to protect our children and our communities by reducing gun violence. The President called for the training to help teachers and staff recognize the signs of mental health disorders in young people and find them appropriate care and added, “We’re going to need to make access to mental healthcare at least as easy as access to a gun.”

Mental Health First Aid training for Members of Congress and congressional staff has become a regular feature of Mental Health Awareness Month in May. In May 2013, Reps. Grace F. Napolitano (D-CA), Ron Barber (D-AZ), and Lynn Jenkins (R-KS) hosted a training to introduce Members and staff to common risk factors and warning signs of mental illness, prepare them to act in the event of a psychiatric emergency, and teach them how to access mental health resources.

> **“If the Excellence (in Mental Health) Act passes, Kansas could see millions of dollars in funding restored. After years of funding cuts from federal and state budgets, that money could make a real difference in our state.”**

**DAVID JOHNSON, CEO, BERT NASH COMMUNITY MENTAL HEALTH CENTER IN LAWRENCE, KS**

*IN AN OPED IN THE LAWRENCE JOURNAL-WORLD*

While mental illness has gained increased attention on policymakers’ radar this year, continued failure to fully integrate **addiction prevention, treatment, and recovery** into our nation’s healthcare structure costs over 100,000 lives and more than a third of a trillion dollars annually. The National Council continues to advocate for real reform that can save lives and taxpayer dollars — and strengthen families and communities across the country. Reform that will ensure that addiction prevention, treatment, and recovery services are included in all healthcare coverage and integrated into other systems like criminal justice, child welfare, and housing.

Our **grassroots advocacy** gained momentum — as embodied in 3,600 messages to Members of Congress in a single quarter, op-eds in local and national media, multiple Hill briefings on the effectiveness of community mental health and addictions programs, and a contingent of 600+ attendees walking the halls of Congress at our **8th Annual Hill Day**. The impact of all this grassroots activity was evident in the introduction and passage of multiple bills to expand the behavioral health system’s capacity and promote public education about mental illnesses and addictions. As one example — attendee visits with their elected officials during Hill Day helped to preserve Medicaid funding for behavioral health against a series of threats during deficit reduction negotiations and to sign on 17 Senate and 29 House cosponsors for legislation to extend federal health IT incentive payments to behavioral health organizations.
“100,000 people now know how to have conversations with their neighbors, family members, colleagues, and friends about mental health and substance abuse. They don’t fear. They don’t avoid and isolate. This is the New Frontier in behavioral health and it’s here today.”

LINDA ROSENBERG, PRESIDENT & CEO
NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Perhaps the single most impactful health literacy program ever introduced to the American public is Mental Health First Aid. The innovative program uses a 5-step action plan to help people identify, understand, and respond to signs of mental illnesses and addiction disorders.

In 2008, the National Council brought Mental Health First Aid to the U.S., and along with its partners — the mental health departments of Maryland and Missouri — has trained more than 100,000 people as "Mental Health First Aiders" and certified 3,000 more as instructors. The program is now offered in all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

President Obama’s executive order to reduce gun violence highlighted Mental Health First Aid, calling for funding to train each of the nearly 14,000 school districts in the U.S. and provide training to more than half a million teachers and school staff.

This year saw significant growth among key audiences, particularly Spanish-speaking and rural populations. Spanish-language and rural teaching materials were developed and released with the support of the SAMHSA-HRSA Center for Integrated Health Solutions. Instructors are already using the Spanish-language version in their communities.

A new guide to Mental Health First Aid delivery in rural communities was released to increase mental health literacy in rural America — where 20 percent of the country’s population lives and the challenges of getting mental health treatment are exacerbated by stigma, lack of awareness about services, and chronic shortage of behavioral health providers. Alaska Island Community Services is testament to how Mental Health First Aid can make a difference in a rural community. A community health center in isolated Wrangell, Alaska, AICS has used federal grant funds to train local school system personnel, staff in integrated primary and behavioral health clinics, respite providers, and EMT first responders in Mental Health First Aid. The training has helped to reduce discrimination, make care accessible, and increase referral as well as the likelihood of clients following up on referrals for behavioral health services.

The program made significant strides to help people identify mental health problems in what President Kennedy called “our most precious asset—our children.” Youth Mental Health First Aid quickly proved to be an ideal forum to engage communities in discussing the signs and symptoms of mental illness, the prevalence of mental health disorders, the effectiveness of treatment, and how to engage troubled young people in services.
Lady Gaga and her mother Cynthia Germanotta offered their support as the launch of Youth Mental Health First Aid coincided with the Born Brave Bus Tour hosted by their Born This Way Foundation. The National Council was a partner on the bus tour scheduled to run interactive tailgate events in the U.S. cities of Lady Gaga’s concert tour. At each stop, young people met to share stories of bravery and empowerment. Mental health professionals helped connect young people in need of support to local resources.

The celebrity bus tour capped off a remarkable five-year run of extensive media coverage that helped Mental Health First Aid take a step closer to becoming as ubiquitous as CPR.

“Mental Health First Aid is one way to gain the confidence to offer help, to be of service when needed. It’s something we should all do, just like we should all know basic CPR and carry jumper cables in our trunks. It’s part of being prepared.”

SARAH GARRECHT GASSEN, COLUMNIST AND EDITORIAL WRITER
THE ARIZONA DAILY STAR

Philadelphia Inquirer: Mental Health’s Great Gray Area

“One of the most promising is called mental health first aid... Philadelphia’s program is perhaps the most audacious in the country, with a target of training 10 percent of the city’s population, including teachers, first responders, parents, and others. So far, the enthusiastic public response has shown a thirst for this kind of information.”

Sacramento Bee: Viewpoints, Shooters have mental health issues that need ‘first aid’

“One facet of the solution is social capital; the connections we have to one another, our ability to seek and receive support from others. It’s this social capital that could very well be the most important weapon we have against preventing rampaging violence in our schools...If a mental health emergency were to occur, would a teacher, parent, police or pastor’s congregation have the knowledge to provide support, the social capital required?...A popular course that renders such training is mental health first aid.”

Governing Magazine: Governments Discover Need for Mental Health First Aid

“In at least 22 states, state or local governments supported the program, usually paying for employees to take the course. Several states — including Arizona, Colorado, Georgia, Maryland and Missouri -- already have statewide programs, which require some public workers and citizens to complete training as part of their job.”

NPR Talk of the Nation: A First Aid Kit for Mental Health Emergencies

“Many people know how to respond when colleagues hurt themselves, or are felled by heart attack or stroke. But few know what to do in a psychiatric crisis. The Mental Health First Aid program aims to teach people to respond to psychiatric emergencies, from anxiety to eating disorders to psychosis.”

The Washington Post: Fairfax Co. Employees Get Mental Health First Aid Training

“Last week, 15 Fairfax County employees took a course in mental health first aid. None of them has a job that would seem to call for such training, but as more mental health care is provided in settings other than hospitals, people who work in local government say they are more likely to encounter people in need of mental health services. So Fairfax, the region’s most populous jurisdiction, is moving to provide basic mental health training to more employees, particularly those who deal with the public every day.”
• Convening a community of healthcare executives, mental health and addictions professionals, clinicians, advocates, innovators, researchers, and technology leaders.

• Presenting a speaker lineup unparalleled in healthcare — thought leaders, healthcare experts, policy wonks, business leaders, educators, clinicians, researchers, entrepreneurs, journalists, and more.

• Offering an inspired agenda to explore innovations in practice improvement, financing, integrated healthcare, technology, policy and advocacy, social justice, and professional development.

• Connecting great minds to discover new ideas, discuss innovations, and create the future.

Atul Gawande  *Surgeon, author, health reform leader*

“Scaling good ideas has been one of our deepest problems in medicine. The critical question is how soon…quality and cost control will be available to patients everywhere across the country. We’ve let healthcare systems provide us with the equivalent of greasy-spoon fare at four-star prices, and the results have been ruinous. The Cheesecake Factory model represents our best prospect for change.”

Doris Kearns Goodwin  *Presidential historian, Pulitzer Prize winner, sports journalist*

“Good leadership requires you to surround yourself with people of diverse perspectives who can disagree with you without fear of retaliation.”

Jeffrey Brenner  *Family physician, hot spotting pioneer*

“If we don’t rationalize healthcare we will have to ration it.”

One doctor in Camden, New Jersey, Jeffrey Brenner, used data to map “hot spots” of health care high-utilizers — one patient had gone to the hospital 113 times in a year — and found a better, cheaper way to treat these costly patients through collaborative care. Brenner’s team was able to reduce hospital visits and costs by 40 to 50 percent.
Kathleen Sebelius  Secretary, U.S. Department of Health and Human Services

“Yet, for all that we’ve accomplished over those fifty years — for all the progress we’ve made — we know that 60 percent of people with mental health conditions and nearly 90 percent of people with substance use disorders today still don’t receive the care they need. So it’s clear that we have work to do.”

Patrick Kennedy  Behavioral health advocate, brain research crusader, political legacy

“Ultimately, stigma comes from fear and fear comes from ignorance. Only when we eliminate our fear will we be able to have an enlightened conversation about brain illness and treat these illnesses with the same importance and urgency as we do physical illness.”

Jeremy Lazarus  Psychiatrist, author, president of the American Medical Association

“As AMA president, my focus will include the need to better integrate mental health care into other aspects of medical care — to provide more resources to treat more people.”

Nadine Burke-Harris  Physician, children’s health expert, thought leader on trauma and poverty

“In my mind when I am looking at communities that are exposed to what I call very high doses of trauma and adversity, I think that historically our culture has wanted to say, ‘Those kids: they fail in school and they get into fights and they have awful outcomes’...We accept some of these ideas as part of a community norm...I don’t accept it as a norm.”

Tracks

- Addictions and Co-occurring Disorders
- Behavioral Health-Primary Care Integration
- Board Governance
- Children and Youth
- Clinical Practices
- Criminal Justice
- Finance
- Healthcare Reform
- In My Own Words: Personal Stories of Recovery
- Organizational Excellence
- Promotion, Prevention, Peers, and Recovery
- Survival of the Sawiest: HIT, Marketing, and Media Relations
- Trauma-Informed Care
- Workforce, Management, and Leadership

Innovation & Engagement

- TED(like)Talks
- Consulting Genius Bars
- Expo Hall
- Film Festival
- Prometheus in Prison: A dramatic performance
- Three Days for Docs
- Seasoned Leaders Track
SCIENCE & SERVICE
CHARTING THE NEW FRONTIER

“The Mental Health Center of Denver strives to be the behavioral health Center of Excellence — a great place to work and a great place to get care. We are at the forefront of a movement across our nation to reshape how health professionals, policymakers, funders, and communities think about mental health. We are going upstream to reach people with helpful interventions before their problems become more acute — and more costly in money, overall health, and human potential. Our investment in the science of recovery is working. We’re helping individuals design their recovery based on what they want and what’s right about their lives.”

CARL CLARK, CEO
MENTAL HEALTH CENTER OF DENVER

It has been 50 years since President Kennedy called for a community-based approach to mental illness that emphasized prevention, treatment, education, and recovery. In these 50 years, science has brought new knowledge. New medications, psychotherapies, peer support, and other treatment technologies have expanded.

At the same time, the Affordable Care Act, Medicaid expansion, and new market and customer forces are ushering in an era of powerful change in how healthcare is accessed, delivered, and paid for. The number of people that mental health and addictions treatment organizations will serve is growing quickly — behavioral health coverage will expand to 62 million Americans in 2014. Through a range of consulting, training, and technical assistance initiatives, the National Council helps these organizations adapt to demand for greater accountability, increased efficiency, better quality of care, measurable outcomes, and improved customer service.

NURTURING BEHAVIORAL HEALTH CENTERS OF EXCELLENCE

A behavioral health Center of Excellence is an organization or program that excels at addressing the whole health of one or more identified populations and is viewed by the community as a preferred place of care.

Increasingly, Americans seek healthcare that is timely, cost-effective, based on world-class customer service, and solves their problems. To meet the need, specialty providers like behavioral health organizations need to be seen as Centers of Excellence — characterized by good value, great outcomes, and exceptional customer service.

The National Council has defined the seven key elements of behavioral health Centers of Excellence and is helping members reach this New Frontier through a spectrum of quality improvement and workforce development initiatives:

**Rapid Access/Open Access**
“Be there when I need you.”
New and continuing clients get the right care, at the right time, in the right setting, by the right provider.

**Comprehensive Whole-Person/Whole Family Care**
“Provide or help me get the healthcare and services I need.”
The services that fall under the physical or virtual roof of the organization should include all that is needed by the population served.

**Culture of Resiliency and Recovery**
“Behavioral health is part of health, prevention works, treatment is effective, people recover.”
Organizations engage and empower staff, as well as persons seeking care. They have high success rates and low dropout rates, with a by-product of shorter lengths of stay.

**Outcomes-based Care**
“Take responsibility for making sure I receive the best possible healthcare.”
This is an evidence-informed, multi-disciplinary, measurement-driven approach to using rapid cycle improvement. Patients are involved in developing care plans; outcomes are frequently measured; and where targets aren’t being met, the care plans are adjusted.

**High Value Services**
“We are accountable for both the cost and quality of care.”
Services are effective in achieving individual or system-wide outcomes; are more cost-effective than alternatives; and are "lean" with waste and excess costs removed.

World-class Customer Service
“Kind words can be short and easy to speak, but their echoes are truly endless.”
Behavioral health Centers of Excellence deliver the promise of quality behavioral healthcare; provide the personal touch; go the extra mile; and resolve problems.

Staff Engagement and Wellness
“People want to be part of something that’s bigger than themselves.”
Centers of Excellence are great places to work. They focus on staff engagement and wellness. Staff feel that what they do is meaningful and have a way of measuring success.

DISSEMINATING NEW AND EMERGING TREATMENTS & TECHNOLOGIES
The National Council developed revolutionary initiatives that challenge the traditional paradigms of the safety net and urge a competitive outlook:

The Same Day Access initiative, offered in tandem with our partner MTM Services, has helped hundreds of member organizations engage and retain patients. Members find that patients who are offered a same day appointment show up 91 percent of the time, while those who have to wait a day or so show up 75 percent of the time.

Through our SAMHSA-HRSA Center for Integrated Health Solutions technical assistance center, the National Council has been working to educate community behavioral health organizations to use medication assisted treatment regimens for addiction disorders. Medications for substance use disorders can today be prescribed and administered in a physician's office rather than in a specialty treatment or opiate treatment program. While no single approach is universally successful or appealing to all patients, medication assisted treatment offers effective options to maximize choice and encourage recovery.

Adults who experience a mental illness consume over 34 percent of all cigarettes smoked and smoke 2-4 times the rate of the general population while receiving far less tobacco cessation support. Through our partnership with the Behavioral Health & Wellness Program at the University of Colorado and the Smoking Cessation Leadership Center, the National Council offers training in how to screen, assess, and treat tobacco dependence, as well as a peer-to-peer tobacco recovery program.

The Depression Care Collaborative helped behavioral health organizations improve measuring and tracking of data to improve treatment for 15,000 patients. The project encouraged the use of standardized tools and measurements for depression screening and treatment, and urged treatment changes when the response to treatment was inadequate. We also offered education and support to help persons with depression adhere to prescribed treatment, set goals and self-manage their depression, manage side effects, and engage in routine follow-up.

The Advancing Standards of Care for People with Bipolar Disorder program is helping organizations achieve positive outcomes for people with severe mental illness. Using best practices that focus on treating signs and symptoms and addressing social factors that affect a person's ability to engage in positive social relationships, the program helps people make life decisions and become active participants in their recovery.

We declared 2013 the "Year of the Children" at the National Council and launched several initiatives to support the work our members do for children and families in their communities. The National Council’s Strengthening Families to Address Child Conduct Difficulties Learning Community helps youth-focused programs address the most common reason that children are referred for mental health services — disruptive conduct and behavioral difficulties. The Learning Community helps participating organizations increase staff competencies and promote positive results for children with behavioral challenges.

Behavioral health has embraced the concept of ‘treatment as prevention.’ The National Council supports the science that will yield early interventions for mental illness. Many National Council member organizations participated in RAISE — Recovery After an Initial Schizophrenia Episode — a research project conducted by the National Institute of Mental Health that seeks to fundamentally change the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness. Treatment models being tested focus on intervening as soon as possible after the first episode of schizophrenia.

The National Council also helped behavioral health advance the health information technology agenda on the policy and practice fronts. A new “Ten Minutes At a Time” library of narrated PowerPoints educates behavioral health organizations on critical skills like electronic health records management. As the nation moves forward to achieve the triple aims of “better health, better care and lower costs,” we continue to advocate for focus on care coordination. We know that sharing the history and status of patients’ symptoms and progress — or lack of progress — between and among physical health and behavioral health providers is essential for better care and outcomes. Under a SAMHSA-HRSA Center for Integrated Health Solutions contract, we brought together health information exchanges in five states to work on implementing the policies, procedures, standards, and protocols to share behavioral health and physical health data.

In a nation with a suicide every 15 minutes, we play a key role in suicide prevention by spreading awareness that suicide is a serious public health problem with solutions. Through webinars, strategic collaborations, and a special magazine issue “Not Another Life to Lose,” we offered an array of suicide prevention resources. We joined the National Action Alliance for Suicide Prevention in the rallying cry to save 20,000 lives over the next five years.
Other significant National Council initiatives to provide competitive advantages for behavioral health organizations included:

- Webinars and educational resources that offered guidance to thousands of healthcare providers in the use of screening, brief intervention, and referral to treatment for addiction disorders.
- A new paper “Addiction Treatment Providers Working with Integrated Primary Care Services” that provided a roadmap to address the needs of persons with addictions and co-occurring physical illnesses who require care from both specialty substance abuse providers and primary care providers.
- Innovative online treatment technologies disseminated through a partnership with myStrength, Inc. that helped clinicians extend care by offering web-based and mobile self-help resources.
- SPQM Dashboards, a tool offered in conjunction with our partners at MTM Services, that helped turn service data into actionable information and demonstrated to policymakers that safety net behavioral health services are effective and essential.
- A partnership with the University of Southern California’s School of Social Work that introduced member organizations to a web-based MSW program that takes social work education beyond what is currently offered at brick-and-mortar universities. The program offers access to a top-level graduate education, helping organizations retain staff while they train through local field placements.
- The Learning Management System, offered through our partner Essential Learning, that offered a low-cost way to train staff and track for compliance, with a library of more than 800 online courses to improve behavioral health workforce skills.
- BHbusiness: Mastering Essential Business Operations, a new venture in partnership with the State Associations of Addiction Services, that helped behavioral health providers improve their capacity to serve vast new numbers of Americans seeking mental health and addictions treatment services.

INTEGRATION FOR SEAMLESS HEALTHCARE

While patients are best served when healthcare is collaborative and integrated, different factors over the years have worked to divide various types of healthcare organizations and services. When services are not integrated, all aspects of healthcare suffer, but ultimately it’s the patients who are held back on their long journey to recovery.

Debbie Strotz, director of Integrated Health Programs at Cobb & Douglas Community Services Boards in Georgia, tells about the power of integration in an oped in the Atlanta Journal-Constitution. She writes about a patient with schizophrenic and drug addiction who today is clean and sober after only seven months of treatment. “Richard’s remarkable turnaround is due, in part, to the CDCSB and other community mental health centers around the country at the forefront of a trend toward healthcare integration — mental and physical health providers working together to treat patients.”

The National Council is the recognized leader in the evolution and implementation of key strategies to integrate the delivery of addictions, mental health, and primary care so people in need can obtain comprehensive services in a seamless, coordinated manner.

We continued to forge a path to integration through consulting, training, and curated resources delivered through our technical assistance centers:

- SAMSHA-HRSA Center for Integrated Health Solutions supports nearly 100 healthcare organizations — federal grantees for primary care and behavioral health integration.
- Geriatric Technical Assistance Center supports mental and physical health integration demonstration programs for the New York State Office of Mental Health.
- Ohio Health Homes Training and Technical Assistance Center supports community mental health centers in transforming delivery of healthcare services for Medicaid beneficiaries with serious and persistent mental illness through health homes and other integration models.

“There’s a difference between a system of care that’s provider-centered, rather than patient centered. We have a back that might ache, but we also might be sad about a loss, and that affects how our feet and backs feel.”

MARK MCGOVERN, PSYCHIATRY PROFESSOR AT DARTMOUTH UNIVERSITY

In an article about mental health integration in The Washington Post
National Council learning communities on a range of integration topics brought together hundreds of healthcare organizations and authorities serving people with mental and substance use disorders in an expert-led group learning environment.

**ADDRESSING TRAUMA IN HEALTHCARE**

A wide range of safety net health and human services organizations participated in our acclaimed trauma-informed care learning communities and consulting engagements. These groups have now been able to transform organizational culture through critical policy and practice changes, implement evidence-based practices, expand consumer and peer support roles, and partner with diverse human and social services agencies to provide community-wide trauma awareness and training.

Specifically, participating organizations learned how to:

- Develop and sustain a trauma-informed, educated, and responsive workforce
- Improve or implement screening and assessment for trauma
- Increase patient/survivor engagement and involvement
- Provide emerging and evidence-based trauma-informed best practices
- Create physically and psychologically safe and secure environments
- Engage and build trauma-informed community partnerships
- Develop tools to support organizational wellness

“The Addiction Recovery Center, through our partnership with the National Council, is guiding and inspiring Jackson County to become a trauma-informed community. We've had more than 27 agencies involved in trainings on trauma-informed care... Their vision, skills and leadership are making a difference in our community.”

MICHELE MORALES, PHD
ADDICTION SERVICES MANAGER,
JACKSON COUNTY HEALTH AND HUMAN SERVICES,
MEDFORD, OR

**WORKFORCE DEVELOPMENT PROGRAMS**

The World Health Organization identified shortages in the health workforce as “the most serious obstacle” to realizing the right to health within countries. We recognize that workforce development is essential to ensure a robust, qualified workforce that meets the needs of those we serve. We have focused on a range of training and development programs to preparing our workforce for the future.

Starting at the top, the Executive Leadership Program nurtures executives with policy acumen to excel in a dynamic healthcare environment and build a strong workforce that can embrace change. This inaugural 10-month program for 29 selected executives started in December 2012. The program offers coaching, training, performance improvement, and networking opportunities to strengthen each participant as a leader, community problem solver, and futurist.

The Middle Management Academy — the only program of its kind in healthcare — continues each year to turn hundreds of promising performers into influential organizational leaders. Originally designed for frontline supervisors, this program now helps managers at all levels enhance their ability to lead in increasingly complex environments characterized by tighter budgets, policy changes, and evolving clinical and business practices.

Now in its second year, the Addressing Health Disparities Leadership Program mentors culturally diverse mid-level managers into executive positions, nurturing leaders who can represent and serve our nation’s diverse communities.

WHAM (Whole Health Action Management) is a science-based program that trains peers in teaching skills to better self-manage chronic physical health
conditions, and mental illnesses, and addictions to achieve whole health and resiliency. More than 1,000 peers were trained in the past year.

Our **Case to Care Management** training — already extended to more than 5,000 case managers — has become a driving force in equipping the behavioral health workforce with in-demand skills for the integrated healthcare systems of the future. Case managers are trained to navigate care for chronic physical conditions for patients with serious mental illness.

Our **Community Health Worker** training is designed to expand the skills of existing community health workers in providing services to people with behavioral and physical health challenges. The training includes introduction to mental and substance use disorders, introduction to counseling, cognitive behavioral therapy, and motivational interviewing.

Under a grant awarded by the New York Community Trust, we offer the **Integrated Health Social Work Curriculum and Field Placement Project** to better prepare social work students for a career in the new healthcare marketplace. The training improves the core competencies of graduate social work students to work in an integrated, post-healthcare reform environment.

We partnered with the U.S. Department of Defense Center for Deployment Psychology and Essential Learning to offer the **Veterans Behavioral Health Certificate**. The course provides the latest clinical guidelines from the Department of Defense, applicable knowledge and skills through real-life examples, and understanding of cultural sensitivities to ensure clinical competency. So far, nearly 4,000 clinicians, case managers, and peer support specialists in diverse community healthcare settings that serve veterans and their family members have taken the online certificate courses.

---

**National Council Supports Hurricane Sandy Recovery Efforts**

In December 2012, the National Council awarded emergency cash grants to 32 behavioral health organizations in New York, New Jersey, Pennsylvania, and Rhode Island to assist with Hurricane Sandy recovery efforts.

The grants were awarded through the National Council’s Project Helping Hands, started in the aftermath of Hurricane Katrina in 2005 to help behavioral healthcare organizations respond to emergency needs in communities affected by disaster anywhere. The Hurricane Sandy grants were made possible through the generous support of the Ittleson Foundation, Janssen CNS, Optum, and Otsuka America Pharmaceutical.

The grants were used to help with emergency needs like hiring treatment staff, facility and resource repairs and replacement, purchasing medications and emergency equipment, and community education and support through programs like Mental Health First Aid.
STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>2,102,889</td>
<td>1,747,927</td>
</tr>
<tr>
<td>Receivables, net</td>
<td>3,351,277</td>
<td>3,057,423</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>352,824</td>
<td>204,853</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,806,990</td>
<td>5,010,203</td>
</tr>
<tr>
<td><strong>OTHER ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>5,572,630</td>
<td>3,173,082</td>
</tr>
<tr>
<td>Investment in subsidiary</td>
<td>42,000</td>
<td>42,000</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>281,874</td>
<td>264,065</td>
</tr>
<tr>
<td>Other assets</td>
<td>6,091</td>
<td>6,091</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,902,595</td>
<td>3,485,238</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>11,709,585</td>
<td>8,495,441</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>2,528,331</td>
<td>1,893,243</td>
</tr>
<tr>
<td>Accrued vacation</td>
<td>216,128</td>
<td>153,304</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,518,046</td>
<td>977,552</td>
</tr>
<tr>
<td>Deferred rent</td>
<td>17,993</td>
<td>21,662</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>4,280,498</td>
<td>3,045,761</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>6,373,205</td>
<td>4,410,952</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,055,882</td>
<td>1,038,728</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>7,429,087</td>
<td>5,449,680</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>11,709,585</td>
<td>8,495,441</td>
</tr>
</tbody>
</table>
## STATEMENT OF ACTIVITIES

<table>
<thead>
<tr>
<th>Revenue, Unrestricted</th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and contracts</td>
<td>10,628,701</td>
<td>1,786,000</td>
<td>12,414,701</td>
<td>8,796,455</td>
<td></td>
</tr>
<tr>
<td>Consulting services</td>
<td>2,146,053</td>
<td>-</td>
<td>2,146,053</td>
<td>1,938,530</td>
<td></td>
</tr>
<tr>
<td>Registration fees</td>
<td>1,931,941</td>
<td>-</td>
<td>1,931,941</td>
<td>1,577,130</td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>1,893,764</td>
<td>-</td>
<td>1,893,764</td>
<td>1,745,183</td>
<td></td>
</tr>
<tr>
<td>Training and support</td>
<td>1,130,577</td>
<td>-</td>
<td>1,130,577</td>
<td>1,180,141</td>
<td></td>
</tr>
<tr>
<td>Exhibit fees</td>
<td>467,745</td>
<td>-</td>
<td>467,745</td>
<td>352,135</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>320,185</td>
<td>-</td>
<td>320,185</td>
<td>317,844</td>
<td></td>
</tr>
<tr>
<td>Publication sales and royalties</td>
<td>215,155</td>
<td>-</td>
<td>215,155</td>
<td>176,117</td>
<td></td>
</tr>
<tr>
<td>Net assets released from restriction:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>1,768,846</td>
<td>(1,768,846)</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL REVENUE**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20,502,967</td>
<td>17,154</td>
<td>20,520,121</td>
<td>16,083,535</td>
<td></td>
</tr>
</tbody>
</table>

## EXPENSES

**Program Services:**

- Educational services: 5,097,969
- Integrated health: 4,519,405
- Health information technology: 3,049,561
- Communications: 1,633,600
- Public policy: 1,509,959
- Membership services: 1,349,780

**TOTAL PROGRAM SERVICES**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17,160,274</td>
<td>-</td>
<td>17,160,274</td>
<td>13,645,406</td>
<td></td>
</tr>
</tbody>
</table>

**Supporting Services: Management and General**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Services: Management and General</td>
<td>1,491,633</td>
<td>-</td>
<td>1,491,633</td>
<td>984,695</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18,651,907</td>
<td>-</td>
<td>18,651,907</td>
<td>14,630,101</td>
<td></td>
</tr>
</tbody>
</table>

**Change in net assets before net investment gain**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets before net investment gain</td>
<td>1,851,060</td>
<td>17,154</td>
<td>1,868,214</td>
<td>1,416,908</td>
<td></td>
</tr>
</tbody>
</table>

**Net investment gain**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net investment gain</td>
<td>111,193</td>
<td>-</td>
<td>111,193</td>
<td>(18,070)</td>
<td></td>
</tr>
</tbody>
</table>

**CHANGE IN NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets before net investment gain</td>
<td>1,962,253</td>
<td>17,154</td>
<td>1,979,407</td>
<td>1,398,838</td>
<td></td>
</tr>
</tbody>
</table>

**NET ASSETS, BEGINNING OF YEAR**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>4,410,952</td>
<td>1,038,728</td>
<td>5,449,680</td>
<td>4,050,842</td>
<td></td>
</tr>
</tbody>
</table>

**NET ASSETS, END OF YEAR**

<table>
<thead>
<tr>
<th></th>
<th>SEPT. 30, 2012</th>
<th>Temporarily Restricted</th>
<th>Total</th>
<th>SEPT. 30, 2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, end of year</td>
<td>6,373,205</td>
<td>1,055,882</td>
<td>7,429,087</td>
<td>5,449,680</td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU

STRATEGIC PARTNERS

Essential Learning, a Relias Learning company
MTM Services
Mental Health Risk Retention Group & Negley Associates
myStrength
University of Southern California School of Social Work

SUPPORTERS

Alkermes
Askesis Development Group
AstraZeneca
Behavioral Health Link
Bristol-Myers Squibb
Bristol-Myers Squibb Foundation
Cenpatico
Centene Corporation
Chronos DocVault
Eli Lilly and Company
Forest Laboratories
Genoa Healthcare
Ittleson Foundation
Janssen Pharmaceuticals
The Joint Commission
Lundbeck
Magellan Health Services
Netsmart Technologies
New York Community Trust
Novartis
OptumHealth
Otsuka America Pharmaceutical
Providence Service Corporation
Qualifacts
Substance Abuse and Mental Health Services Administration
Sunovion Pharmaceuticals
Takeda Pharmaceuticals USA
United Health