The 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.
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

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” 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.

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

Healthy Minds.
Strong Communities.

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

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 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, policymakers and the public.

ACCOMPLISHMENTS

> Increased the frequency and quality of communications with our members through the listserv, 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.

Healthy Minds. Strong Communities.

“Leon” 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 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.”
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.

National Council Names 2006 Honorees

**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

**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
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.

fashioned 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.
“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 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

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

Healthy Minds.
Strong Communities.

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**

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.

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.

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**Balance Sheet**

<table>
<thead>
<tr>
<th></th>
<th>Sept. 30, 2005</th>
<th>Sept. 30, 2006</th>
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</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
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<tr>
<td>Cash</td>
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<td>Receivables</td>
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<td>Prepaid Expenses</td>
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<td><strong>Other Assets</strong></td>
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<td>Investment in Subsidiary</td>
<td>42,000</td>
<td>42,000</td>
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<td>Property and Equipment, Net</td>
<td>115,400</td>
<td>106,485</td>
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<td>Other Assets</td>
<td>13,820</td>
<td>6,117</td>
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<td>171,220</td>
<td>154,602</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>1,350,098</strong></td>
<td><strong>2,265,568</strong></td>
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<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
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<tr>
<td>Accounts Payable &amp; Accrued Expenses</td>
<td>260,032</td>
<td>265,270</td>
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<td>Accrued Lease</td>
<td>43,594</td>
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<td>Deferred Revenue</td>
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<td><strong>751,540</strong></td>
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<td><strong>Net Assets</strong></td>
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<td>Unrestricted, Beginning Year</td>
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<tr>
<td>Year-End Net Income</td>
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<tr>
<td>Temporarily Restricted</td>
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<td></td>
<td><strong>598,558</strong></td>
<td><strong>797,086</strong></td>
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<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td><strong>1,350,098</strong></td>
<td><strong>2,265,568</strong></td>
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**Income Statement**

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<th>Sept. 30, 2005</th>
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<tr>
<td><strong>Revenue</strong></td>
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<td>Membership Dues</td>
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<td>Grants &amp; Contracts</td>
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<td>Annual Training Conference</td>
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<td>Other Educational Services</td>
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<td>Other Revenue</td>
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<td><strong>Expense</strong></td>
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<td>Public Policy</td>
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<td>Grants &amp; Contracts</td>
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<td>Other Program Expenses</td>
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<td><strong>2,521,247</strong></td>
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<tr>
<td><strong>Change in Net Assets</strong></td>
<td><strong>46,658</strong></td>
<td><strong>425,630</strong></td>
</tr>
</tbody>
</table>
BOARD OFFICERS

CHAIR
Elizabeth Funk
Mental Health and Substance Abuse Corporations of Massachusetts

FIRST VICE CHAIR
Elizabeth Earls
Rhode Island Council of Community Mental Health Organizations

SECOND VICE CHAIR
William H. Kyles
Comprehensive Mental Health Services Inc., Independence, Missouri

SECRETARY-TREASURER
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Board, Preferred Behavioral Health of New Jersey, Lakewood, New Jersey

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Patrick H. Connell
Boys Town Research Hospital, Omaha, Nebraska

Ron Brand
Minnesota Association of Community Mental Health Programs

George Kimes
Pennsylvania Community Providers Association

Hugh Wirtz
The Ohio Council of Behavioral Healthcare Providers

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California Council of Community Mental Health Agencies

PUBLIC POLICY, ASSOCIATIONS
James L. Dill
Alabama Council of Community Mental Health Boards

ASSOCIATIONS
George DelGrosso
Colorado Behavioral Healthcare Council

AUDIT
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Gateway Healthcare, Pawtucket, Rhode Island

NOMINATING
Katherine M. Mason
Catholic Charities, San Jose, California

FINANCE AND ADMINISTRATION
Maureen C. Stankowitz
Board, Preferred Behavioral Health of New Jersey, Lakewood, New Jersey

MEMBERSHIP
William H. Kyles
Comprehensive Mental Health Services Inc., Independence, Missouri

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Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
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Jeffery Walter

REGION II
New Jersey, New York, Puerto Rico, Virgin Islands
Joseph Massaianardo
Maureen C. Stankowitz

REGION III
District of Columbia, Delaware, Maryland, Pennsylvania, Virginia, West Virginia
Richard H. Kiley

REGION IV
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David M. Ptaszek

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Robert E. Chadwick II

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Alfred H. Forsten
Sanford K. Skelton

REGION VII
Iowa, Kansas, Missouri, Nebraska
W. Bruce Anderson
William H. Kyles

REGION VIII
Arizona, Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Carl Clark, MD

REGION IX
California, Guam, Hawaii, Nevada
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

Thank You!
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.