A LEGACY OF EXCELLENCE

The National Council for Behavioral Health is the unifying voice of America’s community mental health and addiction treatment organizations. Together with our 2,200+ member organizations employing 750,000 staff, we serve our nation’s most vulnerable citizens — more than 8 million adults and children living with mental illnesses and addictions. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life.

The National Council pioneered Mental Health First Aid in the U.S. and has trained 250,000 individuals to connect youth and adults in need to mental health and addictions care in their communities.

In October 2014, the National Council and the State Associations of Addiction Services merged, becoming one organization that is stronger together.

“ Our office is a very small substance abuse provider and attending the National Council Conference helps us to validate the work that we are doing on a daily basis and also reminds us that by being a National Council member we have a larger voice. ”

Membership Growth

2014: 2200
2002: 732
2,200 member organizations
250,000 people trained in Mental Health First Aid
8,000,000 people cared for by our network
750,000 employed by members
1 ORGANIZATION after the National Council and SAAS merged
The **Excellence in Mental Health Act** signed into law by the President today is a historic step in expanding access to mental health services in communities across the nation. It is time for mental health to be treated on a level playing field with the rest of our nation’s healthcare system. Today’s bill signing is a significant step forward in achieving true parity between physical and mental health care, and will help community mental health centers expand their reach to all individuals in need of help.

*Congresswoman Doris Matsui*, April 1, 2014, Co-sponsor of the Excellence Act
With all our steps forward since passage of the Community Mental Health Act of 1963, we still must do more to move community-based care to the next level.

And this year, we did.

In March 2014, President Obama signed the most meaningful mental health and addictions care legislation to pass in well over a generation — the Excellence in Mental Health Act. This legislation opens a world of opportunities, and reaches well beyond the agency and patient level, affecting national attitudes toward mental health and addictions care and states’ ability to assess value and invest wisely.

Community mental health and addiction treatment organizations will soon have much greater coverage for the services they provide. They will see improved payment methodology that at least meets the cost of the services they provide.

When someone walks through an agency’s door, they will know what they’re getting. They know they will be linked to the services they need in the broader healthcare system. And they know they will receive better care coordination from a trained and competent team of providers.

For states, they know what they’re paying for and they have measurable ways to demonstrate value.

The Excellence Act is law. Next up: We will work to expand this law from an eight state demonstration project to a nationwide standard.

Linda Rosenberg, President and CEO, National Council for Behavioral Health
Mental Health First Aid is an in-person training that teaches people how to help others who may be developing a mental illness, having problems with substance use, or in a crisis. The program has been adapted for youth, veterans, public safety officials, and higher education employees.

The Mental Health First Aid Act provides funding to offer this groundbreaking public education program to teachers, health workers, firefighters, police officers, emergency services personnel, and other community members.

As part of the “Now is the Time” initiative, the Obama Administration sought from Congress additional funding for Project AWARE, including $15 million for Mental Health First Aid training for teachers and others who work with youth to “understand, recognize, and respond to signs of mental illness or substance abuse in children and youth, including how to talk to adolescents and families experiencing these problems so they are more willing to seek treatment.” The Substance Abuse and Mental Health Services Administration selected 120 state and local educational agencies for the grant program to support Mental Health First Aid training.
One day at a Mental Health First Aid training in Illinois, a participant left the class because of an urgent phone call. After about 45 minutes, he returned to the training room a little pale and sat in class appearing to recollect himself. Later, as the class was reviewing the five step action plan for helping a person in crisis, the man raised his hand and said, “this really works.” He proceeded to share that the phone call had come from his daughter, who was away at college. She was distraught and in a “very dark place” in her mental state. The man said he was caught off guard and for a moment did not know how to respond, until he thought about the action plan they’d been discussing in class. He was serious and astonished as he explained how each step of the action plan had helped him connect with his daughter and help her through her mental distress.

By the end of the call, he could be confident that she was not on the verge of harming herself.

“It’s Brave to Help
Huffington Post, Sept. 22, 2014

250,000
people trained around the nation

5,200
certified instructors around the nation

21
states with legislation to support Mental Health First Aid

5
step-action plan, called ALGEE
important legislative act: the Excellence in Mental Health Act is now law

new cosponsors of the Mental Health First Aid Act

new cosponsors of the Behavioral Health IT Act
The National Council promotes a mental health and addiction policy agenda that supports a strong mental health and addiction safety net.

- Establishing federal status for community behavioral health organizations, as outlined in the Excellence in Mental Health Act
- Promoting federal initiatives that support public education on mental illness and addiction such as the Mental Health First Aid Act
- Working to ensure that behavioral health providers are eligible for health information technology incentives, as in the Behavioral Health IT Act
- Ensuring behavioral health’s full inclusion in health reform implementation
- Protecting federal funding for Medicaid and protecting beneficiaries and providers
- Preserving funding for other important behavioral health programs such as those funded by the Substance Abuse and Mental Health Services Administration

Addiction Policy Priorities

- Supporting substance use treatment and recovery programming as outlined in the Comprehensive Addiction Treatment and Recovery Act
- Enabling residential addiction treatment facilities to receive Medicaid reimbursement for their services as in the Breaking Addictions Act
- Protecting the Substance Abuse Prevention and Treatment Block Grant
QUALITY IMPROVEMENT

Improving operations to support best clinical practices
- SAMHSA's BHbusiness Plus
- Same Day Access
- Contracting Training Program
- Mastering Back Office Management Learning Community
- Capacity-Building to Support Tobacco Interventions
- Compliance Watch

Improving patient outcomes through evidence-based and promising practices
- New York Geriatric and Ohio Integration Technical Assistance Centers
- Reducing Adolescent Substance Abuse Initiative
- Advancing Standards of Care
- Co-occurring Disorders
- Early Onset Schizophrenia
- Long Acting Therapies Leadership
- Ohio Technical Assistance Center
- Depression Care Collaborative
- Learning to Love Groups
- Substance Use Disorder
- Trauma-Informed Care

Engaging new stakeholders in behavioral health
- National Network for Tobacco & Cancer Control
- Health Justice Learning Collaborative
- NASMHPD Technical Assistance Coalition

Preparing current and future health care leaders
- Executive Leadership Program
- Addressing Health Disparities Leadership Initiative
- Middle Management Academy
Because of the Executive Leadership Program, I have gone from an overwhelmed leader to one that leads with confidence.

CEO of a community addiction treatment provider

Mastering Back Office Management was life changing – not only provided skills but developed a previously non-existent support group.

CFO of a community behavioral health organization

One peer previously almost never spoke and her affect was flat for over a year due to unstable living environment. She is now reconnected to her family who are supporting her efforts to get back on her feet. She won the ‘Best Humor’ award at the annual Peer Support Banquet.

Care manager at an integrated behavioral health-primary care agency

2 mental health and addiction community partnerships supporting Screening, Brief Intervention, and Referral to Treatment (SBIRT) for youth at risk of addiction

1,600 organizations reached

30 training initiatives
Individuals with mental illnesses are more likely than others to have co-occurring chronic conditions.

Changing health behavior takes time. Yet, between their initial screen and most recent screens, individuals at-risk show improved outcomes:

- **4.4%** are no longer at risk for high BMI*
- **31.2%** are no longer at-risk for hypertension**
- **9%** are no longer at-risk for diabetes*
- **55%** reduced their HDL and LDL, or “bad” cholesterol***

* FMRS Health Systems, Inc.  ** Shawnee Mental Health Center  *** Regional Mental Health Center
EXCELLENCE IN CARE
SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

The first national home for information, experts, and other resources dedicated to bidirectional integration of behavioral health and primary care.

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is funded jointly by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA), and run by the National Council for Behavioral Health, and provides technical assistance to SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) grantees, HRSA grantees, and a broader health care audience.

“After decades of living addicted to amphetamines and street drugs, Philip Critchfield got help at the urging of friends from the NorthCare in Oklahoma. Now, at 53, he’s been clean for two years. But, as many self-described stimulation-lovers, Critchfield was also a heavy smoker — something that served him with a scary wake up call. After being sober for two years, he woke one day to severe pain in his leg — he couldn’t walk. NorthCare, which maintains a PBHCI program, immediately referred him to specialty care. He had blood clots from smoking for about 30 years and had to undergo two bypass surgeries. The doctors told him in no uncertain terms that he had to quit smoking — he was putting his life in grave danger. “Of all the things I’ve done in my life, tobacco was definitely the hardest to quit,” he avows. Now, Critchfield leads programs, like WRAP And WHAM, at NorthCare, and says, “My recovery is one of those ‘by the grace of God’…I’m still alive.”

Philip Critchfield
CONSULTING

The National Council has a robust suite of consulting products provided by a team of unparalleled experts. Consulting lines include:

- Integrated Health Care and Treatment
- Health Homes
- Trauma-informed Care
- Case to Care Management
- Whole Health Action Management (WHAM)
- Community Health Workers
- Compliance
- Change Management & Health Reform Readiness
- Workforce Development
- Operational Efficiencies & Data-Driven Decisions
- Same Day Access
- Measuring Outcomes Measurement
- Health Information Technology
I absolutely love working with the National Council consultants. They are passionate, dedicated, and bring a wealth of experience and expertise to our communities. They are viewed as trusted, respected leaders in the field, and our community members highly value their advice and services.

Integration program director at a large community behavioral health center
INSPRIRED BY EXCELLENCE

The National Council Conference is the nation’s premier specialty healthcare conference, attended by executives, board members, and staff from the nation’s community mental health and substance use treatment organizations. Each year, this can’t miss event features the latest innovations, science, and business and clinical best practices.
The best information and leaders in our field convene at the National Council Conference every year. Tap into the conversation and explore real-world solutions year-round.

www.TheNationalCouncil.org/conference-365

The National Council Conference is the very best conference for the behavioral health field, always cutting edge, always relevant.

Conference ’14 attendee

#NatCon15
1,000 average number of national webinars participants

75,000 people reached by newsletters and email campaigns

1,000 biannual theme-based magazine that mails to 10,000 subscribers

500,000,000 media impressions earned in one day during the National Council Conference

GROWING OUR IMPACT

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Follow us on Twitter
http://twitter.com/NationalCouncil

Like us on Facebook
www.facebook.com/TheNationalCouncil

Communications@TheNationalCouncil.org

1400 K Street, NW, Suite 400, Washington, DC 20006

Phone: 202.684.7457
Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness. Extreme stress overwhelms the person's capacity to cope. There is a conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

Other forms of violence interventions Medical Childhood abuse or neglect

Trauma can sT

Grief and loss

Post-traumatic stress disorder (PTS) include flashbacks, nightmares and physical, emotional, or sexual abuse

Physical, intergenerational and historical Cultural, trauma

Witnessing acts

Natural disasters

Accidents and violence

57.7 million Americans suffer from mental illness; approximately 1 in 5 people suffer from serious mental illness. In the United States, a woman is beaten every 15 seconds, a forcible rape occurs every 6 minutes. Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of children exposed to a school shooting, and 35% of urban youth develop Post Traumatic Stress Disorder.

Among Medicaid beneficiaries a mental illness. Up to 77% of youths sexually abused children, 77% of children exposed to violence, 90% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's 223.4 million people.

Mental health problems cost society $255.4 billion annually in lost earnings in the U.S. Serious mental illnesses cost $80 billion every year; 20% of all social security disability payments are for individuals with mental illness.

In public behavioral health, over 90% of clients have experienced trauma. In the United States, a woman is beaten every 15 seconds, a forcible rape occurs every 6 minutes. Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of children exposed to a school shooting, and 35% of urban youth develop Post Traumatic Stress Disorder.

Mental illness affects everyone across age, sex, and race. In the United States, a woman is beaten every 15 seconds, a forcible rape occurs every 6 minutes. Nearly all children who witness a parental homicide or sexual assault will develop Post Traumatic Stress Disorder. Similarly, 90% of children exposed to a school shooting, and 35% of urban youth develop Post Traumatic Stress Disorder.

A recent study estimates that severe anxiety, as well as uncontrollable thoughts about the event.

Post Traumatic Stress Disorder (PTS) is a mental health condition that is triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Post Traumatic Stress Disorder.

Did you know? Among Medicaid beneficiaries a mental illness. Up to 77% of youths sexually abused children, 77% of children exposed to violence, 90% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That's 223.4 million people.

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Mental Health First Aid

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Mental Health First Aid
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Rich Leclerc  
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CEO
Tucson, AZ
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CEO  
Community Psychiatric Clinic  
Seattle, WA

Rick Weaver  
REGION 10  
President & CEO  
Cent. Wash. Comprehensive MH  
Yakima, WA

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AUDIT COMMITTEE  
CEO  
Greater Oregon BH, Inc.  
The Dalles, OR

Lauri Cole  
AUDIT COMMITTEE  
Executive Director  
NYS Council for Comm. BH  
Albany, NY
# STATEMENT OF FINANCIAL POSITION

<table>
<thead>
<tr>
<th></th>
<th>PROJECTED SEPT. 30, 2014</th>
<th>AUDITED SEPT. 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,429,000</td>
<td>881,554</td>
</tr>
<tr>
<td>Receivables, net</td>
<td>2,021,000</td>
<td>3,135,093</td>
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<tr>
<td>Prepaid expenses</td>
<td>211,000</td>
<td>126,555</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>3,661,000</td>
<td>4,143,202</td>
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<tr>
<td><strong>OTHER ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments</td>
<td>15,335,000</td>
<td>9,982,969</td>
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<tr>
<td>Investment in subsidiary</td>
<td>42,000</td>
<td>42,000</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>431,000</td>
<td>488,788</td>
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<tr>
<td>Other assets</td>
<td>154,000</td>
<td>6,091</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>15,962,000</td>
<td>10,519,848</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>1,843,000</td>
<td>2,606,544</td>
</tr>
<tr>
<td>Accrued vacation</td>
<td>310,000</td>
<td>290,339</td>
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<tr>
<td>Deferred revenue</td>
<td>2,423,000</td>
<td>2,313,555</td>
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<tr>
<td>Deferred rent</td>
<td>1,057</td>
<td>6,669</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>4,577,057</td>
<td>5,217,107</td>
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<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>13,976,087</td>
<td>8,884,087</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,069,856</td>
<td>561,856</td>
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<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>15,045,943</td>
<td>9,445,943</td>
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<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>19,623,000</td>
<td>14,663,050</td>
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</table>
# Statement of Activities

## Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>PROJECTED SEPTEMBER 30, 2014</th>
<th>AUDITED SEPTEMBER 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
</tr>
<tr>
<td>Grants and contracts</td>
<td>8,148,000</td>
<td>2,108,000</td>
</tr>
<tr>
<td>Consulting services</td>
<td>4,080,000</td>
<td>—</td>
</tr>
<tr>
<td>Training and support</td>
<td>4,778,000</td>
<td>—</td>
</tr>
<tr>
<td>Registration fees</td>
<td>2,819,000</td>
<td>—</td>
</tr>
<tr>
<td>Membership dues</td>
<td>2,370,000</td>
<td>—</td>
</tr>
<tr>
<td>Exhibit fees</td>
<td>682,000</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>440,000</td>
<td>—</td>
</tr>
<tr>
<td>Publication sales and royalties</td>
<td>400,000</td>
<td>—</td>
</tr>
<tr>
<td>Net assets released from restriction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>1,600,000</td>
<td>(1,600,000)</td>
</tr>
</tbody>
</table>

**Total Revenue:** 25,317,000 | 508,000 | 25,825,000 | 22,073,909

## Expenses

### Program Services:

<table>
<thead>
<tr>
<th>Service</th>
<th>PROJECTED SEPTEMBER 30, 2014</th>
<th>AUDITED SEPTEMBER 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational services</td>
<td>5,350,000</td>
<td>6,018,795</td>
</tr>
<tr>
<td>Integrated health</td>
<td>5,320,000</td>
<td>5,507,708</td>
</tr>
<tr>
<td>Public education</td>
<td>3,570,000</td>
<td>2,897,721</td>
</tr>
<tr>
<td>Public policy</td>
<td>2,215,000</td>
<td>2,087,751</td>
</tr>
<tr>
<td>Membership services</td>
<td>1,600,000</td>
<td>1,594,385</td>
</tr>
<tr>
<td>Communications</td>
<td>620,000</td>
<td>421,607</td>
</tr>
</tbody>
</table>

**Total Program Services:** 18,675,000 | — | 18,675,000 | 18,527,967

### Supporting Services:

<table>
<thead>
<tr>
<th>Service</th>
<th>PROJECTED SEPTEMBER 30, 2014</th>
<th>AUDITED SEPTEMBER 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management and General</td>
<td>1,550,000</td>
<td>1,529,086</td>
</tr>
</tbody>
</table>

**Total Expenses:** 20,225,000 | — | 20,225,000 | 20,057,053

## Change in Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>PROJECTED SEPTEMBER 30, 2014</th>
<th>AUDITED SEPTEMBER 30, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unrestricted</td>
<td>Temporarily Restricted</td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>5,092,000</td>
<td>508,000</td>
</tr>
<tr>
<td>Net Assets, beginning of year</td>
<td>8,884,087</td>
<td>561,856</td>
</tr>
<tr>
<td>Net Assets, end of year</td>
<td>13,976,087</td>
<td>1,069,856</td>
</tr>
</tbody>
</table>
THANK YOU

STRATEGIC PARTNERS

- Datis
- MTM Services
- Mental Health Risk and Retention Group & Negley Associates
- myStrength
- Relias Learning
- University of Southern California School of Social Work

SUPPORTERS

- Actavis Pharmaceuticals
- Alkermes
- Askesis Development Group
- AstraZeneca Pharmaceuticals
- Behavioral Health Link
- Bristol-Myers Squibb Foundation
- Cenpatico
- Centene Corporation
- Centers for Disease Control and Prevention
- Chronos DocVault
- Conrad Hilton Foundation
- Eli Lilly and Company
- Forum Pharmaceuticals
- Genoa Healthcare
- Health Resources and Services Administration
- Ittleson Foundation
- Janssen Pharmaceuticals
- The Joint Commission
- Lundbeck
- Magellan Health Services
- Netsmart Technologies
- New York Community Trust
- Novartis
- OptumHealth
- Otsuka America Pharmaceuticals
- PHRMA
- Providence Service Corporation
- Qualifacts
- Substance Abuse and Mental Health Services Administration
- Sunovion Pharmaceuticals
- Takeda Pharmaceuticals USA
- United Health
The merger of the National Council with the State Associations of Addiction Services is a big step toward our shared goal of ensuring the availability of a full range of addiction services in every corner of the country. Together we are better positioned to take on what has emerged as America’s biggest public health crisis: addictions.

Jeff Walter, National Council Board Chair