#### 2013/2014 ANNUAL REPORT

## A I FGACY OF





## A LEGACY OF EXCELLENCE

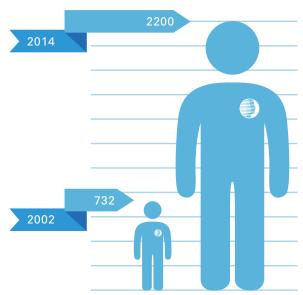
The National Council for Behavioral Health is the unifying voice of America's community mental health and addiction treatment organizations. Together with our 2,200+ member organizations employing 750,000 staff, we serve our nation's most vulnerable citizens — more than 8 million adults and children 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



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

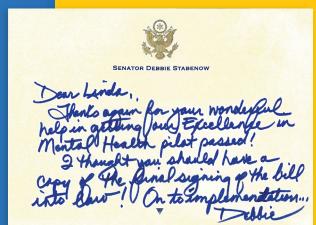


\_\_\_\_\_ pilot programs

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. **99** 

Congresswoman Doris Matsui, April 1, 2014, Co-sponsor of the Excellence Act

\$25,000,000
planning grant money for states



# 8 STATES

will be selected for 2 years

# DOWN PAYMENT ON CLINICAL EXCELLENCE

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

# BUILDING EXCELLENCE IN COMMUNITIES

**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.



5,200 certified instructors around the nation

states with legislation to support Mental Health First Aid



250,000

people trained around the nation

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. 99

It's Brave to Help

Huffington Post, Sept. 22, 2014

step-action plan, called ALGEE





800 attendees



# SUPPORTING CENTERS OF EXCELLENCE HILL DAY '14

important legislative act: the Excellence in Mental Health Act is now law





new cosponsors of the Behavioral Health IT Act

# PUBLIC POLICY TRANSLATING POLICY INTO PRACTICE

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
- 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



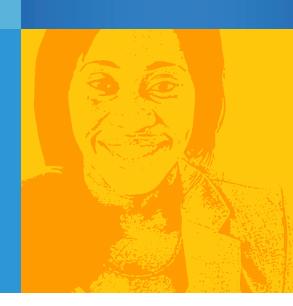
Because of the Executive Leadership Program, I have gone from an overwhelmed leader to one that leads with confidence. **99** 

CEO of a community addiction treatment provider

30 training initiatives

66 Mastering Back Office Management was life changing – not only provided skills but developed a previously nonexistent support group. >>

CFO of a community behavioral health organization



66

Care manager at an integrated behavioral health-primary care agency

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

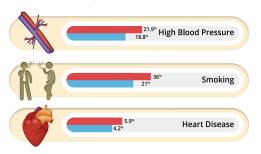
organizations reached

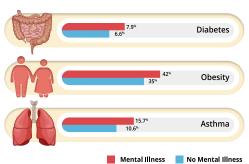




organizations

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\*



37,2% are no longer at-risk for hypertension\*\*



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

key health indicators measured



## 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 ampehtamines and street drugs, Philip Critchfield got help at the urging of friends form 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
- Lange Management & Health Reform Readiness
- Workforce Development
- Note: The control of the control of
- Same Day Access
- Measuring Outcomes Measurement
- ► Health Information Technology

**KATHY REYNOLDS** integration innovator





LARRY FRICKS peer workforce promoter





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





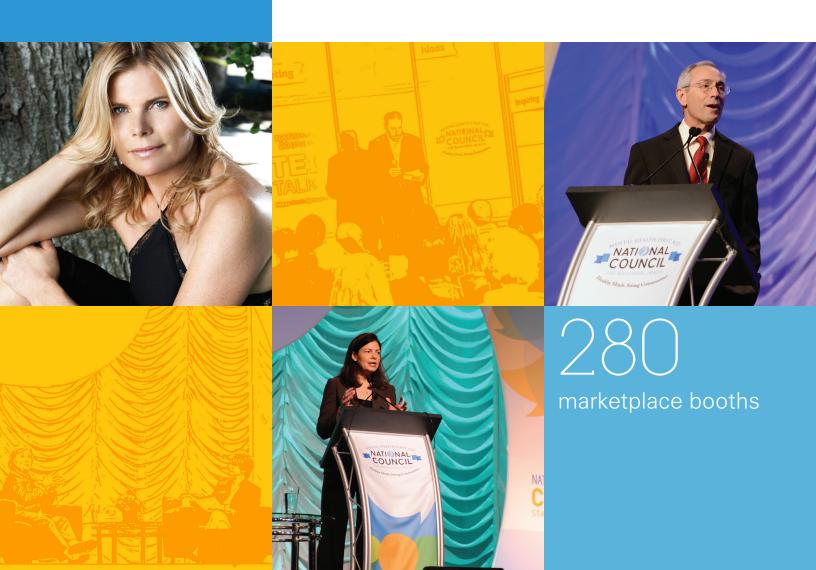
4,500 attendees



300 speakers

# INSPIRED 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.





125
sessions



7,900 organizations



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

APRIL 20-22, 2015, GAYLORD PALMS, ORLANDO, FL

66 The National Council Conference is the very best conference for the behavioral health field, always cutting edge, always relevant. 22 Conference '14 attendee



#NatCon15

bid m 10

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



75,000

people reached by newsletters and email campaigns

# 

average number of national webinars participants



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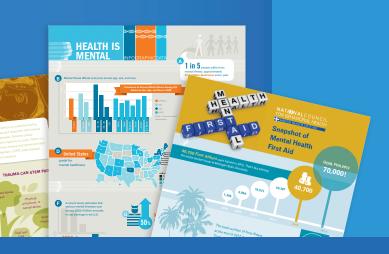
1400 K Street, NW, Suite 400, Washington, DC 20006

Phone: 202.684.7457

# 500,000,000

media impressions earned in one day during the National Council Conference





websites

www.TheNationalCouncil.org

www.BHtheChange.org

www.Integration.SAMHSA.gov

www.MentalHealthFirstAid.org

# 780,000

unique page views per month on www.TheNationalCouncil.org



# 10,000

followers on both Twitter and Facebook



e-newsletters that reach 75,000 subscribers

# 15,000

blog readers





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Alan Hartl



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The Dalles, OR



Lauri Cole
AUDIT COMMITTEE
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## STATEMENT OF FINANCIAL POSITION

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

## STATEMENT OF ACTIVITIES

		PROJECTED SEPT. 30, 2014 Temporarily		AUDITED SEPT. 30, 2013
	Unrestricted	Restricted	Total	Total
REVENUE				
Grants and contracts	8,148,000	2,108,000	10,256,000	9,777,354
Consulting services	4,080,000	_	4,080,000	3,936,636
Training and support	4,778,000	_	4,778,000	2,505,488
Registration fees	2,819,000	_	2,819,000	2,503,285
Membership dues	2,370,000	_	2,370,000	2,143,772
Exhibit fees	682,000	_	682,000	547,500
Other	440,000	_	440,000	392,005
Publication sales and royalities	400,000	_	400,000	267,869
Net assets released from restriction: Satisfaction of program restrictions	1,600,000	(1,600,000)	_	_
TOTAL REVENUE	25,317,000	508,000	25,825,000	22,073,909
EXPENSES				
Program Services:				
Educational services	5,350,000	_	5,350,000	6,018,795
Integrated health	5,320,000	_	5,320,000	5,507,708
Public education	3,570,000	_	3,570,000	2,897,721
Public policy	2,215,000	_	2,215,000	2,087,751
Membership services	1,600,000	_	1,600,000	1,594,385
Communications	620,000	_	620,000	421,607
TOTAL PROGRAM SERVICES	18,675,000	_	18,675,000	18,527,967
Supporting Services: Management and General	1,550,000	_	1,550,000	1,529,086
TOTAL EXPENSES	20,225,000	_	20,225,000	20,057,053
CHANGE IN NET ASSETS	5,092,000	508,000	5,600,000	2,016,856
NET ASSETS, BEGINNING OF YEAR	8,884,087	561,856	9,445,943	7,429,087
NET ASSETS, END OF YEAR	13,976,087	1,069,856	15,045,943	9,445,943

## THANKYOU

#### STRATEGIC PARTNERS

Datis

MTM Services

Mental Health Risk and Retention Group& Negley Associates

myStrength

Relias Learning

University of Southern California School of Social Work

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