



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

2019 ANNUAL REPORT

MOVING BEHAVIORAL HEALTH CARE **FORWARD**

— FOR 50 YEARS, —

we have been working to ensure all Americans living with mental illness and addiction have access to comprehensive, high-quality care that affords every opportunity for recovery.

We are **more than a nonprofit**. We are a vehicle for creating long-term, sustainable impact. A national thought leader with a commanding voice on Capitol Hill. And a convener of 3,169 behavioral health care providers who are changing lives and strengthening communities.

We are the National Council for Behavioral Health, and we are moving behavioral health care forward.



Message from the President & CEO

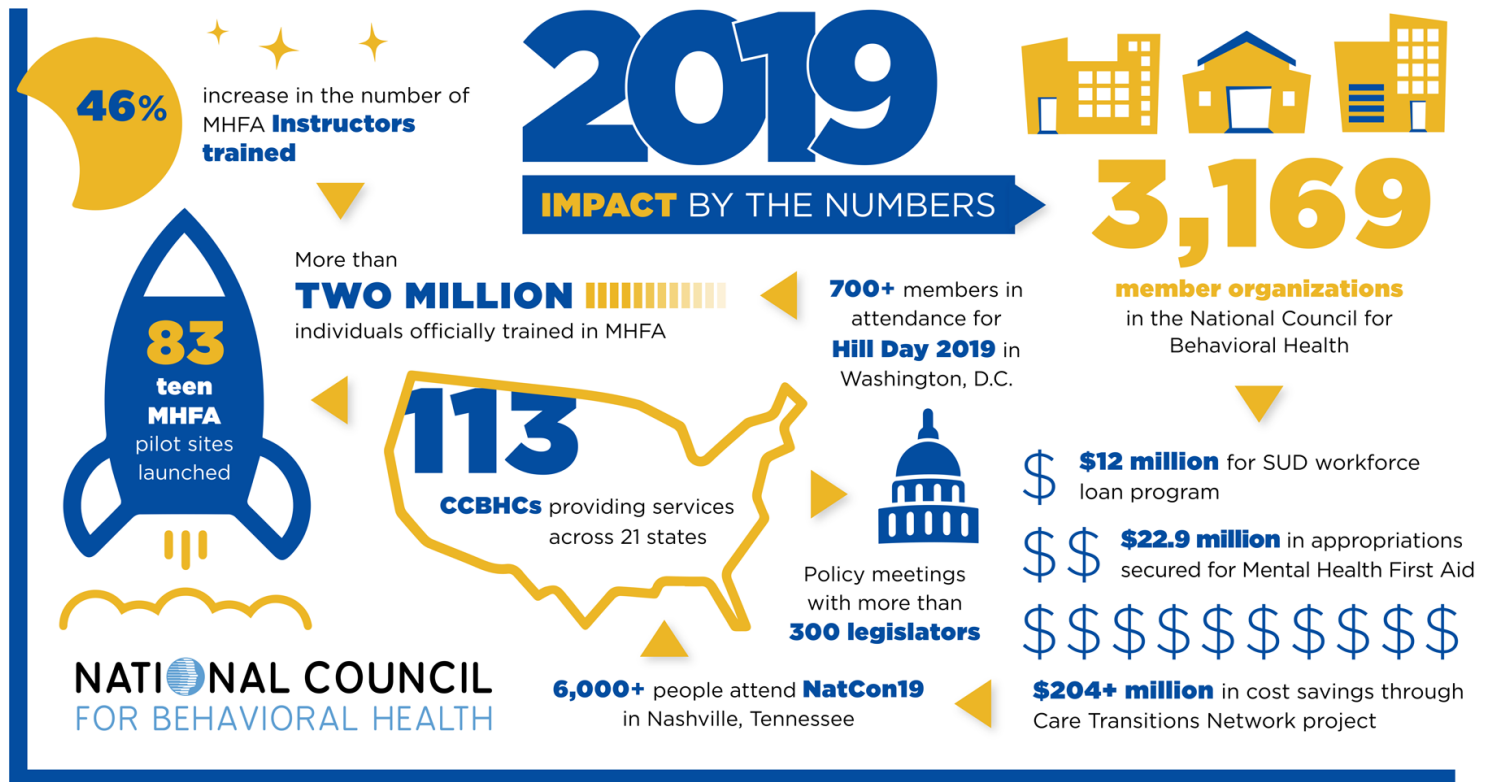
"Together with all of our members and partners, we are building a nation that recognizes the essential truth: There is no health without mental health. Without access to treatment, recovery will be out of reach for many. We know that recovery is possible, and it should be the expectation ... not the exception."

— Chuck Ingoglia



A YEAR IN REVIEW

Behavioral health care has come a long way — but challenges remain. Many communities have little infrastructure or tools to address their needs. Schools and workplaces are unequipped to spot and address the early signs of mental illness or addiction. Stigma prohibits young people from seeking help. Health care providers lack the training and staff to provide quality care. And poor coordination between systems creates unnecessary barriers to life-saving support. **That's where we come in.**



This year, **we raised the behavioral health care bar.** We expanded mental health literacy across the country; delivered technical assistance and training to states, communities and service providers; helped coordinate evidence-based services for vulnerable populations; created change through our grassroots and grass-tops advocacy efforts; and helped providers move toward — and achieve — CCBHC status. **And that's just the beginning.**



WE MOVED **BEHAVIORAL HEALTH CARE** FORWARD BY:

▶ **ADVOCATING FOR THE 30 MILLION PEOPLE WHO CAN'T ACCESS CARE**

Nearly half of the 60 million adults and children living with mental illness in the U.S. go without any treatment. Connecting them with life-saving care starts with advocacy. We extended our CCBHC program in eight states for more than a year, helping more people get the services they deserve; led the introduction of legislation that would authorize \$10 million in federal grants for community mental health collaborations; secured \$22.9 million in appropriations for Mental Health First Aid in SAMHSA's FY2020 budget — a jump from \$20.9 million this year; and helped 700+ advocates conduct 300+ meetings with legislators on Capitol Hill.





PUTTING 21 MILLION AMERICANS ON THE PATH TO RECOVERY

Almost 21 million Americans are living with a drug or alcohol addiction — yet only 10% of them receive treatment. We helped bridge this service gap by securing the passage of a first-ever SUD Workforce Loan Repayment Program, which will bolster the SUD workforce by providing \$12 million in funds to recruit and retain addiction professionals. We also served 258,000+ Medicaid patients and generated \$204+ million in cost savings for providers through our Care Transitions Network program, and we made medications for OUD more available in correctional settings.

REACHING MORE THAN 2 MILLION FIRST AIDERS TRAINED

More than 2 million people in the U.S. can now identify, understand and respond to signs and symptoms of mental health or substance use issues. Why is this important? Roughly 1 in 5 people have a mental illness in America, but many are reluctant to seek help due to stigma and discrimination. We are changing the narrative through education. We increased our Instructor base by 46%; worked with 72 new companies and 125+ private-sector employers around MHFA at Work; and launched 83 pilot sites of teen MHFA with Lady Gaga's Born This Way Foundation.



STRENGTHENING THE WORKFORCE THROUGH NATIONAL TRAININGS

Approximately 113 million Americans live in mental health “deserts” — areas that lack sufficient numbers of health professionals to support the population. And of the behavioral health care providers that are available, many lack the skills and tools to meet the growing needs of their community. Through our training, consulting and technical assistance programs, and alongside the CDC, Kaiser Permanente and other partners, we helped build capacity across the country by teaching leadership and the workforce how to transform their service delivery.



FINANCIALS

Scroll down to view our [2019/2020 Consolidated Statement of Financial Position](#) and [Consolidated Statement of Activities](#).



THANK YOU TO **OUR BOARD**

We would like to thank our board of directors for their tremendous contributions throughout the year. Their support and leadership helped us pave the way for progress in mental health and addiction treatment.



THANK YOU TO OUR **STRATEGIC PARTNERS**



PARTNERING FOR **POSITIVE IMPACT**

We have an extensive history of working with organizations and foundations to champion holistic improvements in behavioral health care — from uniting them to advocate for critical policy to enabling them to improve their service delivery. Learn how you can sponsor our work, support our Mental Health First Aid program, and engage our providers and subject matter experts for thought leadership.

“As a nation, it is in our common best interest to **further invest in behavioral health care** — to support those living with mental illness and substance use disorders through prevention, treatment and recovery services. Only then can our nation be truly healthy and strong.”

— **Chuck Ingolia**



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH



A SPECIAL MESSAGE FROM **PRESIDENT & CEO CHUCK INGOGLIA**

Ready. For. Anything.

There's an elephant in the room. So, even as we reflect on the past, we can't ignore that everything changed in 2020 when the pandemic shattered our priorities by shifting our focus.

However, we can say with confidence that the progress we made in 2019 put us in position to withstand the seismic disruption caused by global events that shook the ground beneath us once the calendar flipped. But let's not get ahead of ourselves.

We were ready because 2019 represented a year of deliberate, strategic planning. We were ready because of the incredible progress we made on nearly every initiative we identified as a priority. We were ready because of the thoughtful leadership of our board of directors, and the tireless effort of our dedicated executive leadership team and talented staff.

Our work to extend and expand Certified Community Behavioral Health Clinics (CCBHCs) gained considerable momentum in 2019. CCBHCs represent our nation's most effective response to the mental health, substance use and addiction crises ravishing the lives of people across the country.

We improved mental health literacy through the sustained growth of Mental Health First Aid (MHFA), ending the year with more than 2 million people trained to teach the course. Youth MHFA and MHFA at Work also flourished as we aggressively marketed these valuable programs. And we partnered with Lady Gaga's Born This Way Foundation to expand teen Mental Health First Aid (tMHFA) — an innovative, new peer-to-peer program that empowers young people to support each other in times of need or crisis — to 20 additional high schools around the country.

Our work on trauma-informed care and evidence-based screening tools has demonstrated the immense value of our practice improvement and consulting efforts. Throughout the year and across the country, we supported providers through a variety of workforce-development efforts and programs, enabling them to improve



A SPECIAL MESSAGE FROM **PRESIDENT & CEO CHUCK INGOGLIA**

their delivery of integrated care, address substance use disorders and combat the opioid epidemic. These efforts paved the way for our important work on the addiction front.

To address points of concern in the recovery community about medication-assisted treatment (MAT), we collaborated with the National Alliance of Recovery Residences and the Center for Social Innovation to produce a document for recovery house operators. We also brought together leaders in the harm reduction and recovery movements to discuss points of convergence between the two approaches and identify strategies to overcome practical and philosophical differences.

I am so proud of what we accomplished together in 2019, my first year as the president and chief executive officer of this incredible organization. It's all outlined here, in our first digital annual report.

Our progress in 2019 made us stronger. It made our communities stronger. It gave us confidence that we can overcome any challenges we face. And we are finding out now how the accomplishments we made yesterday can prepare us to meet unexpected new obstacles tomorrow.

The ground beneath us may have shifted dramatically, but we never faltered and never fell because we stayed on track in 2019. We were ready ... for anything.

Chuck Ingoglia

President and CEO

National Council for Behavioral Health



NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

ADVOCATING — FOR THE — **30 MILLION PEOPLE** WHO CAN'T ACCESS CARE

▶ **ESTABLISHING A NEW ADVOCACY BLUEPRINT**

To guide our policy efforts, we launched Unite for Behavioral Health, an agenda focused on five objectives that represent the greatest opportunity to improve the health and well-being of the entire nation. They include: Bringing Certified Community Behavioral Health Clinics (CCBHCs) to all 50 states; responding to the addiction crisis; strengthening the field through workforce development; building on the parity law; and expanding Mental Health First Aid (MHFA).



▶ **INVESTING IN CCBHCs THROUGH TRAININGS**

Committed to having CCBHCs in all 50 states, we secured multiple short-term extensions of the CCBHC Medicaid demonstration, extending the program in eight states for more than a year. We also hosted a CCBHC Advocacy Day, trained new CCBHCs on operational best practices, and helped demonstration sites and grantees establish the evidence-based clinical services that result in increased access and quality of services.

▶ **LEADING THE CHARGE ON CRITICAL LEGISLATION**

We pioneered the Crisis Stabilization and Community Reentry Act, which authorizes \$10 million in grants for communities to create programs with justice agencies and behavioral health providers. We also continued our fight for the Mental Health Access Improvement Act, which would allow marriage and family therapists and mental health counselors to bill Medicare for their services. And we secured \$22.9 million in appropriations for MHFA in SAMHSA's FY2020 budget — an increase from \$20.9 million this year — while conducting hundreds of Capitol Hill lobbying visits.





CREATING CHANGE THROUGH GRASSROOTS ADVOCACY

From September 17-18, we partnered with 25 national advocacy organizations to host Hill Day 2019, enabling 700+ attendees from across the country to raise their voice on Capitol Hill. In all, 300+ meetings with legislators were held, with attendees advocating for mental health and addiction funding, leading to increased cosponsors for National Council priorities and other important initiatives.



PUTTING 21 MILLION AMERICANS — ON THE —

PATH TO RECOVERY

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

PREPARING PROVIDERS FOR VALUE-BASED CARE

After four years of funding from the Centers for Medicare & Medicaid Services (CMS), we closed our Care Transitions Network program, which created new and replicable models of care for vulnerable populations, while helping outpatient specialty mental health and substance use treatment settings move into the world of value-based payments. In total, we served 258,000+ Medicaid patients in New York and generated \$204+ million in cost savings for 275 practices, due in part to significant reductions in all-cause hospital utilization.





PROVIDING EDUCATION ON MEDICATION ADHERENCE

Through our Medication Adherence Learning Community, we helped behavioral health organizations implement interventions to assist patients in adhering to medication regimens. We also released a widely recognized guide to long-acting medications for providers and organizations, and we advised on a plan to improve medication compliance for vulnerable populations diagnosed with depression through mobile messaging.

DELIVERING TRAININGS FOR SUBSTANCE USE SCREENING

We streamlined Screening, Brief Intervention and Referral to Treatment (SBIRT) for accessibility; showed health care providers how to use screening tools to determine alcohol and drug use risk levels, respond with a brief intervention and operationalize referral to treatment with youth and adult patients; and we continued sharing “Implementing Care for Alcohol and Other Drug Use in Medical Settings: An Extension of SBIRT” and “Improving Adolescent Health: Facilitating Change for Excellence in SBIRT,” our guides to assessing and addressing substance use as part of standard primary care practice.



ENABLING PROVIDERS TO ADDRESS THE OPIOID EPIDEMIC

Together with the Opioid Response Network (ORN), we trained organizations to improve their OUD services and address related comorbidities. We also helped make medications for OUD more available in correctional settings and worked with the Providers Clinical Support System (PCSS) to educate providers on OUD treatment and recovery support services.

SUPPORTING SOCIAL WORK SCHOOLS' RESPONSE TO THE OPIOID EPIDEMIC

We launched a project with the New York Community Trust that helps faculty and students in 10 schools of social work address opioid and overdose issues through their academic and field placement practices. We also helped select schools refine and expand their addiction-related curriculum, while encouraging students to take addiction-related coursework and intern at identified field placement sites.





To address points of concern in the recovery community about medication-assisted treatment (MAT), we collaborated with the National Alliance for Recovery Residences and the Center for Social Innovation to produce a document for recovery house operators. This valuable resource outlines the educational basics of MAT; addresses concerns about MAT as drug substitution therapy; introduces the concept of medication-based recovery (MAR) as abstinence-based; and includes tips for preclude diversion. We also brought together leaders in the harm reduction and recovery movements to discuss points of conversion between the two approaches — including shared values and principles, common definitions and desired outcomes — and identify strategies to overcome differences.



REACHING MORE
— THAN —
2 MILLION

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

FIRST AIDERS TRAINED

▶ EXPANDING OUR MENTAL HEALTH FIRST AID PROGRAM

We reached more than 2 million people trained and saw our Instructor base increase by 46%. Our national #BeTheDifference campaign contributed to this growth and inspired the MHFA network to make a mark in their communities. We introduced a brand new program to the country, teen Mental Health First Aid (tMHFA), which teaches young people how to help their peers. We also updated our adult and youth MHFA curricula and began preparing for a virtual delivery option consisting of an interactive, self-paced eLearning component and a four-hour, Instructor-led session.





INTRODUCING MHFA TO SCHOOLS AND WORKPLACES

Our teen program (tMHFA) saw immediate success in the 83 pilot sites with support from Lady Gaga's Born This Way Foundation. And on the MHFA at Work front, we worked with 72 new companies and engaged 125+ private-sector employers for trainings, including Comedy Central, Starbucks, MTV, Walgreens and Delta Air Lines. We also partnered with the U.S. Chamber of Commerce Foundation Corporate Citizenship Center to highlight mental health education across the private sector.

HOSTING THE LARGEST CONFERENCE IN BEHAVIORAL HEALTH

From March 25-27, 6,000+ professionals from across the country united in Nashville, Tennessee, to learn, network and celebrate our 50th anniversary at NatCon19. Our biggest event to date, NatCon19 hosted 550+ speakers, offered 25+ learning tracks and held 290 sessions. Attendees celebrated the power of "WE," while learning more about the future of the field.

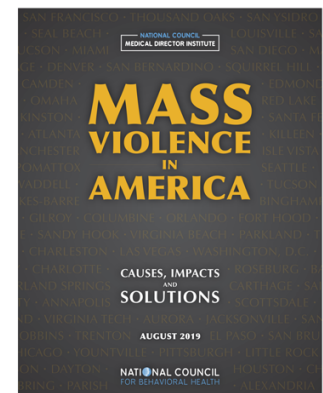


GIVING YOUTH AND YOUNG ADULTS A VOICE

Throughout the year, we worked to increase access to mental health supports for youth and young adults in disproportionately impacted communities, while empowering them to engage in meaningful community change. We also invested in youth through CONNECTED, a program empowering young adults to develop a voice and guide service design and delivery.

GUIDING THE NATIONAL CONVERSATION

We published a report that examines the culture of mass violence and offers evidence-based recommendations to reduce it; issued a report on value-based payment models for behavioral health services; and launched an Interest Groups campaign to explore new interventions for diverse populations. We also led a national coalition to raise awareness of 2020 U.S. presidential candidates' plans to address mental health and addiction.





STRENGTHENING THE WORKFORCE

— THROUGH —

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

NATIONAL TRAININGS

INVESTING IN THE FUTURE OF THE FIELD

Advancing behavioral health care starts with education. Throughout the year, we invested in behavioral health organizations so they could further invest in their communities:



Leadership and Workforce Development: We taught leaders how to address health disparities in their organizations and communities through our Addressing Health Disparities (AHD) Leadership Program; our Middle Management Academy (MMA) gave managers the skills to maximize their impact; and we held Case to Care trainings, impacting the ability of direct care staff to manage change and track health indicators and behavior. We also delivered Motivational Interviewing trainings to help providers empower their patients to make meaningful changes for their overall health and conducted trauma-informed trainings for leadership across the country.



Practice Improvement: We prepared provider and payer organizations for value-based payment arrangements through programs such as Practice Transformation Academy, CMS' Transforming Clinical Practice Initiative, Delta Center for a Thriving Safety Net and direct consulting. Through these initiatives, we supported providers in strengthening clinical performance, quality-improvement initiatives, performance measurement, and articulating the value and impact of community behavioral health.



Trauma and Resilience: We worked with providers to train their staff to use trauma-informed practices, addressed compassion fatigue by developing trauma-informed supervision practices and teaching self-care principles, and created a standard approach for using trauma-informed practices in primary care settings with Kaiser Permanente. Together we developed and tested a Trauma-Informed, Recovery-Oriented System of Care model in Indiana, resulting in a toolkit in partnership with their Family and Social Services Administration.



Integrated Care: Through our Integrated Health Consulting, we revised our Whole Health Action Management (WHAM) trainings and Case Manager to Care Manager integrated care trainings, and we empowered peer providers across the country with the skills to help consumers with their whole health needs. We also worked with the CDC to nurture partnerships within the public health system by training community behavioral health organizations and public health departments on integrated public health and behavioral health core competencies.

MAKING IT EASIER TO MAKE A DIFFERENCE

There aren't enough behavioral health professionals to meet the need for services. In response, we secured the passage of the SUD Workforce Loan Repayment Program, providing federal loan relief dollars to recruit and retain addiction professionals. As part of the FY2020 appropriations process, legislators allocated \$12 million to forgive loans to help bolster the SUD workforce.





NATIONAL COUNCIL FOR BEHAVIORAL HEALTH AND SUBSIDIARY

CONSOLIDATED STATEMENT OF FINANCIAL POSITION September 30, 2019 (With Summarized Financial Information as of September 30, 2018)

	2019	2018
ASSETS		
Current assets		
Cash and cash equivalents	\$ 3,423,021	\$ 4,296,359
Receivables, net	12,580,872	13,961,299
Inventory	590,455	610,390
Prepaid expenses	790,650	636,936
Total Current Assets	17,384,998	19,504,984
Investments	25,925,698	14,582,318
Property and equipment, net	2,351,607	2,417,835
Other assets	147,976	147,913
TOTAL ASSETS	\$ 45,810,279	\$ 36,653,050
LIABILITIES AND NET ASSETS		
Liabilities		
Current liabilities		
Accounts payable and accrued expenses	\$ 7,892,016	\$ 6,983,478
Accrued vacation	721,629	715,440
Deferred revenue	2,626,720	2,457,503
Deferred rent and lease incentive, current portion	98,861	297,569
Total Current Liabilities	11,339,226	10,453,990
Deferred rent and lease incentive, net of current portion	1,558,929	1,352,822
TOTAL LIABILITIES	12,898,155	11,806,812
Net Assets		
Without donor restrictions	28,449,037	18,805,040
With donor restrictions	4,463,087	6,041,198
TOTAL NET ASSETS	32,912,124	24,846,238
TOTAL LIABILITIES AND NET ASSETS	\$ 45,810,279	\$ 36,653,050

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

The accompanying notes are an integral part of these consolidated financial statements.



CONSOLIDATED STATEMENT OF ACTIVITIES
For the Year Ended September 30, 2019
(With Summarized Financial Information for the Year Ended September 30, 2018)

	2019			2018
	Without Donor Restrictions	With Donor Restrictions	Total	Total
OPERATING REVENUE AND SUPPORT				
Grants and contracts	\$ 19,408,833	\$ 3,144,637	\$ 22,553,470	\$ 26,882,931
Training and support	13,840,087	-	13,840,087	7,146,901
Publication sales and royalties	13,592,348	-	13,592,348	8,368,376
Consulting services	7,704,559	-	7,704,559	6,184,584
Registration fees	4,184,629	-	4,184,629	3,528,585
Membership dues	2,869,913	-	2,869,913	2,909,213
Donated goods	-	-	-	1,687,070
Exhibit fees	1,040,725	-	1,040,725	890,925
Other	162,428	-	162,428	155,404
Net assets released from restrictions:				
Satisfaction of program restrictions	4,722,748	(4,722,748)	-	-
TOTAL OPERATING REVENUE AND SUPPORT	67,526,270	(1,578,111)	65,948,159	57,753,989
OPERATING EXPENSES				
Program Services:				
Public education	18,094,565	-	18,094,565	13,530,785
Practice improvement	14,926,345	-	14,926,345	17,863,514
Education and consulting services	12,030,609	-	12,030,609	11,152,814
Public policy	4,892,997	-	4,892,997	5,181,937
Membership services	1,890,443	-	1,890,443	1,824,955
Communications	1,512,985	-	1,512,985	1,267,200
Total Program Services	53,347,944	-	53,347,944	50,821,205
Supporting Service:				
Management and general	5,087,895	-	5,087,895	4,663,647
TOTAL OPERATING EXPENSES	58,435,839	-	58,435,839	55,484,852
Change in net assets before nonoperating activities	9,090,431	(1,578,111)	7,512,320	2,269,137
NONOPERATING ACTIVITIES				
Investment income	553,566	-	553,566	746,710
CHANGE IN NET ASSETS	9,643,997	(1,578,111)	8,065,886	3,015,847
NET ASSETS, BEGINNING OF YEAR	18,805,040	6,041,198	24,846,238	21,830,391
NET ASSETS, END OF YEAR	\$ 28,449,037	\$ 4,463,087	\$ 32,912,124	\$ 24,846,238

The accompanying notes are an integral part of these consolidated financial statements.