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National Council for Behavioral Health Organizational Self-Assessment May 30, 2018

Introduction

The National Council for Behavioral Health is the leading not-for-profit association representing more than **2,900 organizations** nationwide providing substance use prevention, addiction and mental health treatment services to **more than 10 million** adults, children, and families. The National Council and its members bring a commitment to a proactive public policy agenda and success in preserving and enhancing mental health and addictions funding and support for critical treatment and support services. With real world experience, practical ideas, and innovative approaches to improve access to and quality of behavioral health services in local communities across the country, today's community behavioral healthcare providers continue to build healthy minds and strong communities — giving people with mental illness and addictions a chance to recover and lead productive lives.

Over the past 40 years, the National Council has earned an unparalleled reputation for successful management of a diverse portfolio of complex clinical and workforce training and technical assistance (T/TA) projects. The National Council has designed, implemented, and managed more than **1,800** discrete technical and clinical T/TA programs with annual budgets ranging from \$25,000 up to \$8 million. This experience has enabled our team to develop effective and successful project management and tracking systems, quality monitoring strategies, and prudent fiscal oversight, ensuring the most cost-effective and timely execution of our initiatives. Further, our diverse staff members bring with them a breadth of experience working with specialty populations such as: military and veterans; justice-involved individuals; Americans living with HIV and AIDS; rural communities; Native Americans; ethnic minorities; children and families; older adults; individuals who identify as LGBT; and consumers, peers, and people in recovery. We believe our mission – to build strong and healthy communities that ensure all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life – is perfectly aligned with the Open Society Foundation's values and initiatives. The National Council looks forward to the opportunity to support the Open Society Foundation in addressing health inequities experienced by individuals with mental health and substance use disorders.

Financial Health

Have there been significant changes in the amount or composition of your revenue sources over the past three years? Do you anticipate any significant changes in the year(s) covered by the grant proposal?

The National Council for Behavioral Health's (National Council) annual revenue has grown from **\$31 million** to **\$51 million** over the past three years. This growth is the result of both

increased revenue in our traditional sources of funding as well as increased diversification of funding sources. As a result, we are less reliant less reliance on traditional revenue sources such as membership dues or on any one large contract or grant. *New funders during this period include the Centers for Medicare and Medicaid Services, various Foundations, as well as numerous state contracts and grants. In addition, growth in our Mental Health First Aid (MHFA) program includes now operating the storefront and selling MHFA manuals.* We anticipate steady revenue growth over the years covered in the grant proposal. We do not anticipate a drop in revenue in any of the revenue sources.

Has your organization faced an operating deficit at any point in the past three years? Do you maintain a reserve fund and, if so, what is its current amount?

We have only experienced net surpluses for the past three years. We do maintain a segregated unrestricted reserve and that has grown over the past three years and is was at **\$18.1 million at the end of FY2017**. In addition, we have a temporarily restricted reserve which includes monies for specific projects typically to be completed in the upcoming year. The end of year balance at **FY2017 was \$3.7 million**.

Have there been any significant changes in the organization's net unrestricted assets over the past three years?

As the organization has grown and had net surpluses over the past three years, the unrestricted reserve has grown as well.

Please identify any other fiscal and/or budgetary challenges that the organization has faced in the past three years or that you anticipate in the year(s) covered by the grant proposal.

No budgetary challenges have occurred over the past three years and none are expected in the period covered by the grant proposal.

Governance

What processes does your Board follow in order to exercise its fiduciary and governance duties? How often does your Board meet?

The Board meets monthly, including three in-person meetings annually. Financial Statements are presented at these meetings, including at three in-person meetings with the Finance and Administrative Committee and the Audit Committee. The Annual Budget and Financial Statements are formally approved and governance issues are discussed. The Audit Committee engages an outside audit firm and is involved in both the audit and approving the 990 Form.

What are your Board's major contributions to the organization's mission and operations beyond fiduciary and governance duties?

They provide valuable leadership, direction and oversight for the association and the advancement of behavioral health prevention and treatment clinical and policy issues. This includes involvement and development of long-term strategic goals of the organization. Further, the board has ultimate authority for the policy direction of the organization and the supervision of the President and CEO. Board members are heavily engaged with the National Council's work, with close to 100% attendance in monthly calls with senior leadership. Board members are active participants in a variety of National Council projects and initiatives, and are valued resources in supporting information dissemination between the National Council and its membership.

How does the Board evaluate the performance of the Executive Director/Chief Executive?

Each year the Board and President/CEO work together to establish goals for the President/CEO for the following year. The executive committee (a subset of the Board) reviews the performance of the President/CEO based upon these goals, and makes a recommendation in the form of an annual evaluation that is approved by the full Board.

What do you see as your Board's greatest strengths and its greatest weakness? Have there been significant changes in your Board's composition or role over the past three years? Please explain the factors influencing these changes.

Each Board position is term limited which allows for normal board member turnover and Board seats are highly competitive. The most significant change in board composition in recent history was the result of a merger with the State Associations of Addiction Services (SAAS) in FY15. As part of the merger, the National Council added four Board positions with even greater experience in substance use prevention and treatment services as well as the addition of a board level Addictions Committee. As previously demonstrated in the question above, the board brings in-depth knowledge, experience and expertise in the behavioral health field with demonstrated ability to make an impact. By adding four new SAAS board members, the National Council further enhanced its expertise, experience, and reach within the addictions field.

Please identify any significant Board development goals you may have in the year ahead.

There are no significant challenges confronting the board or organization this year. The board continues to monitor its progress against its strategic plan and to identify challenges and opportunities for the membership for the organization to address.

Leadership and Staffing

How long has your current Executive Director been in office and what was his or her prior position?

The National Council's President and CEO, Linda Rosenberg, has been with the organization for **13 years**. During her tenure, the membership of the association has more than quadrupled in size. Ms. Rosenberg came to the National Council after a distinguished career to the New York State Office of Mental Health (OMH). Her last position with OMH was Senior Deputy Commissioner, responsible for a very large treatment system serving millions of New Yorkers.

Who serves on your organization's senior management team?

The National Council's Senior Management Team includes the President and CEO, Chief Financial Officer, Chief Operating Officer as well as 6 Division Directors representing every programmatic area of the organization. The Senior Management Team meets every week and is in regular communication on a daily basis.

Have there been any recent changes in senior leadership at the organization?

There have been no major disruptions to the senior leadership of the organization. In the past year, the Senior Vice President of Communications & Marketing pursued a new opportunity and has been successfully replaced.

What structures has your organization put in place to foster staff interaction with leadership?

Staff members are afforded many opportunities to interact directly with National Council senior leadership. This occurs through regular departmental meetings; **monthly** all-staff meetings; and during daily operations such as fielding questions from our membership or implementing projects. **The CEO maintains monthly office hours to afford staff at all levels the opportunity for 1:1 dialogue with her.** She also answers her own email and participates in project strategy discussions as needed. All staff are encouraged to engage the entire senior leadership team in direct conversation, and the organization's culture features continuous interdepartmental collaboration built upon mutual responsiveness and respect.

How does your organization ensure the integration of the perspectives of historically and currently marginalized communities amongst members of the staff and board, as well as incorporate diverse views and approaches to your work?

Given that the entirety of the National Council's policy and quality improvement portfolio is targeted towards individuals from marginalized communities, we recognize the value of diversity throughout project conceptualization, implementation, and evaluation. We engage people from diverse backgrounds to serve on advisory groups that oversee specific initiatives, actively recruit

qualified candidates from diverse backgrounds for employment opportunities at the National Council, and have a [seven-year](#) track record of supporting a leadership program for diverse behavioral health professionals primarily without external funding. The National Council is proud to have a staff and Board that represent ethnic and religious minorities, veterans, peers, consumers, and people with lived experience. Further, National Council staff members are required to take annual cultural competency trainings to ensure we serve and represent individuals and communities from marginalized communities to the best of our ability.

Communications Capacity

What is your organization's communications strategy and goals? Which audiences or segments of the population do you want to reach?

With members in every state, we are the only national organization that can rapidly reach and engage public sector behavioral health organizations, related agencies and their communities. The National Council has a vast network of more than [90,000 stakeholders](#) in our contact database representing staff from federal and state agencies, community behavioral health organizations, state advocates and policymakers, consumers, and families. By employing a multipronged, integrated communications and marketing strategy aimed at reaching all stakeholders involved in caring for individuals living with mental illnesses and/or addictions, the National Council has positioned itself as an established and trusted source of information on the latest resources, research, trainings and news affecting the field. In addition, we effectively leverage our resources to continually grow our reach and influence public policy that ensures the best quality of care for all American with behavioral health needs.

Which online communication platforms does your organization use (e.g., news media outlets, website, blogs, mobile, apps, or social media)? How is each of these platforms used to achieve your communication goals? What is your reach on each of these platforms (e.g. number or readers/subscribers/followers/actions taken)? How do you assess the effectiveness of their use?

The National Council has [successfully integrated multiple digital and traditional platforms](#), including electronic communications, print, video and social media, to facilitate rapid communication and dissemination of information and tools. We recognize that it is not enough to simply distribute information; by cultivating and hosting spaces for our audiences to communicate with each other, we have created a core of shared knowledge representing diverse expertise and viewpoints, including:

- Two dynamic and engaging corporate websites for the National Council and Mental Health First Aid:
 - www.TheNationalCouncil.org: Average 35,000+ users, 250,000+ page views per month
 - www.MentalHealthFirstAid.org: Average 50,000+ users, 340,000+ page views per month
- Multiple social media platforms

- Twitter: 810,000 impressions
- Facebook: 567,000 impressions, 135,000 reach
- A web portal exclusively for Mental Health First Aid Instructors to facilitate networking and dissemination of information
- Three active National Council blogs and one Mental Health First Aid blog that encourage engaging conversations
- Regular email campaigns that reach a growing list of 90,000+ individuals
- Five e-newsletters
 - Three National Council: Specialized lists up to 90,000 recipients
 - Two Mental Health First Aid: 12,000 to 80,000 recipients

This strategy is combined with an aggressive campaign to connect with national and local media outlets, including earned trade press and mass media coverage and paid print and online advertising.

How effective has your organization been in raising the profile of your issues in traditional media? What have been some of the challenges in obtaining media coverage of your issues?

The National Council has elevated the profile of our platforms and initiatives and is regularly quoted by major media outlets, political influencers and professional publications. In 2017, we garnered 3 billion media impressions and 210 incoming reporter requests. Two examples of the effectiveness of our strategy are the remarkable growth of NatCon, our annual conference, and establishing Mental Health First Aid as a national phenomenon. Through strategic communications and marketing efforts, the National Council raised its conference attendance from 2,200 to almost 5,300 in just eight years, and is recognized as a source of cutting edge information and best practices for behavioral health leaders throughout the country. NatCon18 included nearly 250 sessions and educational opportunities with 500 speakers. It was covered by major media outlets, including: 60 Minutes, USA Today, NBC News, The Washington Post, NPR, Stat News, and more. Social media was a critical part of NatCon18 outreach efforts with a total 90.9 million impressions.

In 2017, Mental Health First Aid won the American Society of Association Executive's prestigious Power of A award for the Be One in a Million campaign. Aggressive media outreach, compelling videos, ads, and blogs combined with a powerful new website and Instructors' Portal built on the momentum with Be the Difference campaign that features high profile our partners like Lady Gaga's Born this Way Foundation, the International Association of Chiefs of Police, and football great, Brandon Marshall. Our success is measured in the number of Mental Health First Aiders and Instructors trained – over one million to date. Through persistence, skill, and creativity, the National Council has established its presence as a force not just for mental health care and addictions, but all of health care.

How often do you add content to your organization's website? How many visitors does your website attract on a monthly basis? What do you think users of your website would say are its greatest strengths and areas for improvement?

Daily infusions of new information have earned the National Council's dynamic and engaging corporate website a loyal following averaging more than 34,000 users per month and the Mental Health First Aid website 50,000 users. The websites provide cutting edge resources, blog posts, updates on public policies, grant and project opportunities, and more. Visitors regularly engage in conversation on blog posts, as well as during webinars. The majority of comments relate to specific behavioral health issue areas, in which they share their perspectives or ask for others. With an abundance of information on myriad topics, we are taking steps to increase ease of navigation and access to information.

Role in the Field

What is the organization's role in the broader field(s) in which you work? What are the unique perspectives or capacities you provide to the field?

The National Council's Board of Directors have articulated an aggressive vision for the organization dedicated to improving the access to and quality of care for persons affected by substance use and mental illness. To achieve this vision, they have tasked the organization to be "...the driving force for advancing progressive and innovative policy and practice initiatives and promoting a unified behavioral health and wellness system of excellence... It [National Council] is viewed as a recognized authority and a desired collaborator for its reputation in achieving results, advancing whole health solutions, and promoting excellence and accountability." The National Council leadership and staff are dedicated to making this vision a reality through our conceptualization and implementation of a host of public policy, practice improvement, leadership development, public education, and capacity building projects. Our leadership and staff are comprised of persons with academic credentials, professional and personal experience, and dedication to achieving this vision. At any given time, the National Council is operating over 30 discrete projects, hosts the industry's largest conference, and is a sought-after partner.

What are the major challenges or gaps in the field? How does your organization address these?

The National Council's mission is to articulate that as an organization we are: "committed to all Americans having access to comprehensive, high quality care that affords individuals with every opportunity for recovery", and we recognize that realizing this mission continues to be a challenge. Far too many people are not able to access high quality care, because payment remains a barrier, comprehensive care is not available in every community, and the quality of care that is available continues to be highly variable. As stated previously, the National Council has an aggressive public policy agenda and a diverse portfolio of practice improvement projects. Our work to pass and implement the Excellence in Mental Health and Addiction Treatment Act

has resulted in significant improvements in access to substance use and mental health care in 8 states, but much more is needed, and the National Council continues to work to expand this legislation to more communities. In the last year the National released a toolkit for state-level advocacy for improvements in recovery housing standards to help address concerns regarding suboptimal care in some of these settings and to help insure that this important level of care remains widely available across the country. The National Council will continue to work on policy change, to prepare resources for advocates and clinicians to help make our mission a reality.

How do you collaborate with other organizations (private, public, etc.) to impact change? Who are the key strategic partners you work with to achieve your objectives?

The National Council maintains positive working relationships with a number of sectors and organizations to support achievement of its mission and vision. The relationships span the continuum of behavioral health stakeholder organizations from the federal Substance Abuse and Mental Health Services Administration, Office of National Drug Control Policy, the National Institutes of Mental Health, Drug Abuse and Alcohol Abuse and Alcoholism. Our work with national stakeholders includes the National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, American Society for Addiction Medicine, Facing Addiction, Faces and Voices of Recovery, and many others. The National Council provides leadership to the Mental Health Liaison Group and is an active participant in many other coalitions including the Coalition for Whole Health, the Coalition to Stop Opioid Overdoses and the Collaborative for Effective Prescription Opioid Policies.

We maintain relationships with our network of state-level associations representing mental health and substance use providers in every state. Achieving our mission also includes understanding and impacting the policy environment. To that end, the National Council maintains relationships with a number of other healthcare related organizations – including insurance companies, healthcare technology companies, healthcare organizations, and other interested stakeholders such as Medicaid directors, law enforcement, public health and veteran organizations.