



The Giving Common

An Initiative of the Boston Foundation

www.thegivingcommon.org

Northeast Behavioral Health Corporation



General Information

199 Rosewood Drive
Danvers, MA 01923
(978) 968-1700

Website

www.nebhealth.org

Organization Contact

Aine Greaney info@nebhealth.org

Year of Incorporation

1958

Statements & Search Criteria

Mission Statement

Background Statement

We are a nonprofit agency that works with families, individuals and teens who are struggling with mental health issues, behavioral disorders and/or problems related to drugs and alcohol. As a merged agency, we have almost 90 years of shared experience (we were formerly known as CAB Health & Recovery and Health & Education Services) and a solid reputation as a leading provider of quality care. Here's just a sampling of our services:

Outpatient Counseling – Depression, eating disorders, trauma, school-based student assistance
Children's Behavioral Health – CSAs (community service agency), In-Home Therapy and
Therapeutic Mentoring

Substance abuse treatment – Outpatient and inpatient treatment and prevention for adults and
teens

Psychiatric emergency services and psychiatric psychopharmacological care

Employee Assistance Programs - For business and non-profits

Youth residential programs and specialized alternative day schools

Impact Statement

Last year, across our clinical sites and in the community, we served over 50,000 individuals and families. We performed a strategic assessment of each of our 32 services in an effort to advance their quality, relevance and efficiency. We focused on ways to link and coordinate the various aspects of our clients' physical, psychosocial and behavioral health needs. Our goal is to continue to build a vibrant, integrated care delivery system that reduces costs while advancing our clients' health outcomes.

We are proud of our FY '12 performance benchmarks, which include the following:

- Since 2009, Massachusetts' emergency psychiatric services initiative has worked to transition emergency care into community-based and less restrictive settings. In FY '12, the statewide performance benchmark targeted a reduction of inpatient referrals to 35%. Last year, our emergency teams exceeded this target by 4%.
- Statewide data show a 31% completion rate of residential addiction treatment, such as step-down care and halfway houses. In FY '12, 47% of our residential clients completed treatment.
- In satisfaction surveys, 95% of our clients reported that they would refer a family member or friend to our services — a 5% increase on last year.
- In our Gloucester and Danvers-based methadone treatment programs, 97% of opiate clients reported a 12-month period of abstinence. The state-reported average is 88%.

Needs Statement

Dear Donor,

Since 1958, we have provided treatment, counseling and support to thousands of men, women and children in greater Boston and the Merrimack Valley. Our programs reach out to people struggling with difficult life situations, often at the very lowest times in their lives. We offer hope, shelter, education, counseling and support.

Our staff provides expert, compassionate care to each one of the adults, teens and children we serve. Share in some of our clients' stories.

Whether it's \$10 or \$10,000, your donation helps us to continue our work, and you are helping a family, friend or neighbor to improve their lives. You may designate your donation to a specific program that matches your funding priorities.

*All of us at **Northeast Behavioral Health** are very grateful to the private foundations, corporations and individuals who have chosen to support our work.*

Thank you,

Kevin P. Norton

President of Northeast Behavioral Health

Service Categories

Substance Abuse Dependency, Prevention & Treatment

Geographic Areas Served

Northeastern Massachusetts

North Shore

Merrimack Valley

Greater Boston

Boston

Beverly

Danvers

Lynn

Salem

Peabody

Gloucester

Lawrence

Haverhill

Newburyport

Amesbury

Rowley

Ipswich

Lowell

Tewksbury

Topsfield

Please review online profile for full list of selected areas served.

Programs

1. Family, Residential and Children's Behavioral Health Services

Description

12 towns on the North Shore; 13 towns in the Merrimack Valley

a) Community & home-based care-For families who have a child with a serious behavioral, emotional or mental health diagnosis. The Community Services Agency (CSA) teams provide family-centric wraparound services in the child's home & in the community.

Sample Program:The In-Home Therapy Program supports families in the Merrimack Valley & on the North Shore with a child who has significant behavioral health needs. IHT helps the family to build skills, including problem-solving, limit setting, risk management, safety planning, communication & developing natural supports. In-home therapists can also refer youth to our Therapeutic Mentoring program, which pairs youth with trained mentors who work toward defined goals.Budget: Haverhill: \$1,742,366, Beverly: \$2,076,326, Lawrence: \$2,098,356

b) Residential care-For latency-age youth & teenagers referred by the MA Dept of Children and Families (DCF), Dept of Mental Health (DMH) & Dept of Youth Services (DYS). Access STAR in Salem, Hill House in Beverly, Nexus in Beverly. Also Adolescent Residential Treatment Center in Danvers, a 15-bed program for boys in recovery from addiction.

c)Student Assistance Program provides specialized teen counseling in 5 local middle and high schools.

d) NBH operates a Chapter 766 approved alternative school for students with severe emotional disorders, trauma issues, psychiatric diagnoses, & learning disabilities. Solstice in Rowley.

e)VOCAL Children's Program-Free, confidential services for children ages 4+ who have experienced physical or sexual abuse, witnessed domestic violence or suffered multiple traumas.

Budget

Category

Mental Health, Substance Abuse Programs, General/other
Outpatient Mental Health Treatment

Population Served

Children and Youth (0 - 19 years), At-Risk Populations, Families

Program Short Term Success

Long term and short term success is measured through an IAP that is developed in collaboration with the family, and awareness around medical necessity criteria, to address families' specific needs and goals. Both short term and long term goals are designed to be measurable and achievable specific to the individual/family. Therefore each family's definition of success can look very different from another family's.

Program Long term Success	Long term and short term success is measured through an IAP that is developed in collaboration with the family, and awareness around medical necessity criteria, to address families' specific needs and goals. Both short term and long term goals are designed to be measurable and achievable specific to the individual/family. Therefore each family's definition of success can look very different from another family's.
Program Success Monitored By	IHT monitors youth success in various ways, including decrease in disruptive behaviors, increase in overall wellbeing, and safety maintained in the community; all of these indicators are determined and achieved in collaboration with family and providers.
Examples of Program Success	Success of the IHT program often hinges on success felt & defined by families. Examples of success include increased family communication, decrease in unsafe behaviors, etc. We have found that what our families see as success are many small achievements that ultimately lead to short- and long-term sustainability. A small success of having a child be able to get out of bed in the morning and onto the bus, has much larger ramifications such as, but not limited to, a parent's decreased anxiety from knowing that attendance will increase, the child will continue to get necessary education and social stimulation, a CHINS may not need to be filed, and a daily decrease in tension at home. Our services are defined to reflect the true vision and voice of the family, so a family experiencing success directly correlates to what the program measures as success.

2. Outpatient Counseling Clinics and Pharmacological Care

Description	<p>(a) Outpatient clinics: Presenting conditions: Anxiety, depression, serious mental illness, substance use, and dual-diagnosed patients. <i>Salem, Beverly, Haverhill, Ipswich, Lawrence and Gloucester</i></p> <p>(b) VOCAL (Victims of Crime and Loss) works with children ages 4+ and adults who have been victims of or witnesses to homicide, assault, sexual assault and domestic violence. Using a highly specialized set of therapies, the VOCAL therapists work with victims. The children's VOCAL program uses creative therapeutic tools to help children and adolescents to heal in a supportive environment.</p> <p>(c) Employee Assistance Programs (EAP) – Contracted EAP services for businesses and non-profits.</p> <p>(d) Day Treatment Programs – Offer curriculum-specific training programs for adults with significant mental illness. We offer behavioral therapy, psycho-social rehabilitation, peer facilitated meetings and more. Beverly and Haverhill</p>
Budget	
Category	Mental Health, Substance Abuse Programs, General/other Outpatient Mental Health Treatment
Population Served	At-Risk Populations, People/Families with of People with Psychological Disabilities, Children and Youth (0 - 19 years)
Program Short Term Success	.
Program Long term Success	.
Program Success Monitored By	.
Examples of Program Success	.

3. Emergency Psychiatric Care

Description	<p><i>North of Lynn to the NH border; west to and including greater Lowell-24/7 care</i></p> <p>NBH operates four of the 17 mobile crisis teams in Massachusetts launched by MBHP in 2009 to reduce ER visits for psychiatric crises cases and to provide more appropriate, community-based evaluations and care. The mobile teams respond to 24/7 calls and provide evaluations for adults and children in schools, homes, community settings and hospital ERs.</p> <p>In addition to the mobile teams, the program provides short-term inpatient stabilization units (adults), plus a network of specialized emergency and follow-up care (children and teens).</p> <p>Sample program: The Danvers Jail Diversion Program is a pre-arrest program that works collaboratively with the Danvers Police Department to provide better and safer services for those who have psychiatric and/or substance abuse disorders, developmental disabilities and other behavioral issues. The program prevents people with these disorders from being inappropriately arrested, jailed or hospitalized. The Danvers JDP also diverts these individuals from local ERs, thereby increasing access to community resources and controlling costs for local emergency care.</p>
Budget	.
Category	Mental Health, Substance Abuse Programs, General/other
Population Served	People/Families with of People with Psychological Disabilities, Alcohol, Drug, Substance Abusers, At-Risk Populations
Program Short Term Success	.
Program Long term Success	.
Program Success Monitored By	.
Examples of Program Success	.

4. Addiction treatment

Description	<i>Ranges from acute inpatient care to outpatient counseling clinics</i> (a) Acute care: Inpatient detoxification units – Boston, Danvers, Tewksbury. Total beds:138 (CARF Accredited) (b) Post-detoxification care: Half-way houses and step-down programs – Lynn, Danvers, Tewksbury. (c) Outpatient counseling – Beverly (specialized substance use treatment), Haverhill, Ipswich, Lawrence, Gloucester and Salem. (d) Outpatient Methadone clinics – Danvers and Gloucester Sample Program: The Ryan House, Lynn, Mass.The Ryan House is a working half-way house program for men and women in recovery from substance use. This highly structured, supervised program offers recovering addicts an opportunity to live a sober lifestyle, while also receiving group counseling, individualized case management, self-help meetings, recreational programs and life skills training.
Budget	.
Category	Mental Health, Substance Abuse Programs, General/other Substance Abuse
Population Served	Alcohol, Drug, Substance Abusers, At-Risk Populations, Adults
Program Short Term Success	.
Program Long term Success	.
Program Success Monitored By	.
Examples of Program Success	http://nebhealth.org/clientstories/Curtisonly.pdf

Program Comments

CEO Comments

We are a non-profit agency that provides mental health, substance abuse and social services to adults, youth and families in greater Boston and in the Merrimack Valley.

In agency-wide client-satisfaction surveys, 95% of the people we serve state that they would recommend our services to a family member or friend.

From our outpatient clinics to our residential treatment homes, we have the expertise to help you to learn the skills to manage multiple issues, including depression, anxiety, trauma, addiction and many others.

Management

CEO/Executive Director

Executive Director

Mr Kevin P Norton

Term Start

Sept 1993

Email

knorton@nebhealth.org

Experience

Kevin P. Norton is the President and CEO of Northeast Behavioral Health, which merged two affiliated, non-profit agencies--Health & Education Services (HES) and CAB Health & Recovery Services, Inc. (CAB)--to create a single behavioral health agency.

Previously, Norton served as President and CEO of CAB Health & Recovery Services, Inc., where he has worked since 1993.

As President and CEO of CAB, Norton helped to position the non-profit agency as a leading provider of substance use disorder treatment services in northeastern Massachusetts and greater Boston. Under his stewardship, the agency developed an integrated system of treatments and options for adults, families and teens. Also, CAB earned a strong local and regional reputation for its responsive and research-supported treatments.

As President and CEO of the new, merged entity, Norton leads the strategic positioning of the agency as one of the leading behavioral health providers in Massachusetts.

Norton has served on various regional and national advocacy, trade and advisory committees.

Currently, he serves as Chair of the Board of Directors of the Association for Behavioral Healthcare (ABH), a Massachusetts-wide trade association for community-based mental health and substance abuse service organizations. He has also served on a national advisory committee of the Robert Wood Johnson Foundation.

Norton holds a Master of Business Administration (MBA) from Suffolk University's Sawyer School of Management and a Master of Science (M.Sc.) in Counseling Psychology from Salem State University.

Senior Staff

Mr. Arthur McLeod

Title

Vice President of Finance

Experience/Biography

Ms. Áine Greaney Ellrott

Title

Director, Communications

Experience/Biography

Ms. Cynthia Dodick Seyffert

Title

Vice President, Human Resources

Experience/Biography

Dr. Mary Anna Sullivan MD

Title Chief Medical Officer

Experience/Biography

Dr. Patrick Aquino MD

Title Medical Director

Experience/Biography

Dr. Jeffrey Eisen MD

Title

Experience/Biography

Mr. Gary Gastman Ph.D.

Title Vice President Addiction Treatment Services

Experience/Biography

Ms. Satya R. Montgomery LICSW, Ph.D.

Title

Experience/Biography

Mr. Jack Petras MA, LMHC

Title

Experience/Biography Vice President

Ms. Catherine Pietrzak

Title Vice President Ambulatory Division

Experience/Biography

Staff Information

Full Time Staff	995
Part Time Staff	773
Volunteers	220
Contractors	0

Staff Demographics - Ethnicity

African American/Black	142
Asian American/Pacific Islander	34
Caucasian	1399

Hispanic/Latino	171
Native American/American Indian	3
Other	0 19

Staff Demographics - Gender

Male	494
Female	1274
Unspecified	0

Formal Evaluations

CEO Formal Evaluation	Yes
CEO/Executive Formal Evaluation Frequency	Annually
Senior Management Formal Evaluation	Yes
Senior Management Formal Evaluation Frequency	Annually
NonManagement Formal Evaluation	Yes
Non Management Formal Evaluation Frequency	Annually

Plans & Policies

Organization has a Fundraising Plan?	No
Organization has a Strategic Plan?	No
Does your organization have a Business Continuity of Operations Plan?	No
Management Succession Plan?	Under Development
Organization Policy and Procedures	Yes
Nondiscrimination Policy	Under Development
Whistleblower Policy	No
Permit?	Yes

Awards

Awards

<u>Award/Recognition</u>	<u>Organization</u>	<u>Year</u>
Science and Service Award for its school based drug prevention program at Manchester Essex Middle School. Award was given to organizations & coalitions that provide exemplary evidence based service	SAMHSA	2011
	CARF International	2011

Comments

CEO Comments

Please see Lahey Health Behavioral Services organizational chart for program operations and management.

Board & Governance

Board Chair

Board Chair	Mr Vincent A. Martelli Jr
Company Affiliation	Martelli & Associates
Term	Jan 2008 to Dec 2013
Email	vin@martelliassociates.com

Board Members

Name	Affiliation	Status
Mr. Sheldon Aaronson	Retired	Voting
Ms. Katherine Barrand	Community Volunteer	Voting
Mr. Gregory A. Bazlewicz M.D.	Family Medicine Associates	Voting
Mr. Victor A. Capoccia Ph.D.	Consultant	Voting
Ms. Marjorie Detkin	Community Volunteer	Voting
Mr. Barry Ginsberg M.D.	Bayridge Hospital	Voting
Mr. Gary Marlow	Beverly Hospital	Voting
Ms. Monica Noether Ph.D.	Charles River Associates	Voting
Mr. Kevin P Norton	Northeast Behavioral Health	Voting
Mr. Timothy O'Connor	Lahey Clinic	Voting
Mr. A. Heaton Robertson III	Brown Brothers Harriman	Voting
Mr. Donald Snell	Lahey Clinic	Voting
Mr. David Spackman	Lahey Clinic	Voting

Board Demographics - Ethnicity

African American/Black	0
Asian American/Pacific Islander	0
Caucasian	15
Hispanic/Latino	0
Native American/American Indian	0
Other	0 0

Board Demographics - Gender

Male	12
Female	3
Unspecified	0

Board Information

Number of Full Board Meetings Annually	12
Written Board Selection Criteria?	Under Development
Written Conflict of Interest Policy?	Under Development
Percentage Making Monetary Contributions	86%
Constituency Includes Client Representation	Yes

Financials

Fiscal Year

Fiscal Year Start	Oct 01, 2012
Fiscal Year End	Sept 30, 2013
Projected Revenue	\$89,501,000.00
Projected Expenses	\$88,774,000.00
Endowment?	No
Spending Policy	N/A
Credit Line?	No
Reserve Fund?	Yes
Months Reserve Fund Covers	0

Detailed Financials

Revenue and Expenses

Fiscal Year	2013	2012	2011
Total Revenue	\$111,043,000	\$91,073,106	\$89,985,392
Total Expenses	\$109,695,000	\$90,040,553	\$89,019,340

Revenue Sources

Fiscal Year	2013	2012	2011
Foundation and Corporation Contributions	\$2,154,000	\$1,564,879	\$1,856,147
Government Contributions	\$39,311,000	\$37,457,965	\$40,137,039
Federal	--	--	--
State	--	--	--
Local	--	--	--
Unspecified	\$39,311,000	\$37,457,965	\$40,137,039
Individual Contributions	\$1,155,000	\$1,094,349	\$1,434,106
Indirect Public Support	--	--	--
Earned Revenue	\$67,996,000	\$50,448,664	\$46,115,883
Investment Income, Net of Losses	\$4,000	\$2,123	\$2,584
Membership Dues	--	--	--
Special Events	--	--	--
Revenue In-Kind	--	--	--
Other	\$423,000	\$505,126	\$439,633

Expense Allocation

Fiscal Year	2013	2012	2011
Program Expense	\$99,226,000	\$81,106,081	\$78,675,318
Administration Expense	\$10,469,000	\$8,934,472	\$10,338,647
Fundraising Expense	--	\$0	\$5,375
Payments to Affiliates	--	--	--
Total Revenue/Total Expenses	1.01	1.01	1.01
Program Expense/Total Expenses	90%	90%	88%
Fundraising Expense/Contributed Revenue	0%	0%	0%

Assets and Liabilities

Fiscal Year	2013	2012	2011
Total Assets	\$27,588,000	\$31,598,494	\$31,464,285
Current Assets	\$13,535,000	\$14,864,180	\$14,205,945
Long-Term Liabilities	\$5,381,000	\$7,911,428	\$8,696,402
Current Liabilities	\$7,473,000	\$10,485,738	\$10,629,375
Total Net Assets	\$14,734,000	\$13,201,328	\$12,138,508

Short Term Solvency

Fiscal Year	2013	2012	2011
Current Ratio: Current Assets/Current Liabilities	1.81	1.42	1.34

Long Term Solvency

Fiscal Year	2013	2012	2011
Long-Term Liabilities/Total Assets	20%	25%	28%

Top Funding Sources

Fiscal Year	2013	2012	2011
Top Funding Source & Dollar Amount	--	Peter & Elizabeth C. Tower Foundation \$125,000	Peter & Elizabeth C. Tower Foundation \$183,687
Second Highest Funding Source & Dollar Amount	--	Gilbert Steward \$75,000	Edward S. and Winifred G. Moseley Foundation \$60,000
Third Highest Funding Source & Dollar Amount	--	Anonymous \$50,000	George C. Wadleigh Foundation, Inc. \$44,000

Capital Campaign

Currently in a Capital Campaign?	No
Capital Campaign Anticipated in Next 5 Years?	Yes

Comments

Foundation Staff Comments

Financial summary data in charts and graphs are per the organization's audited financials. Contributions from foundations and corporations are listed under individuals when the breakout was not available.

Per the organization: Government Unspecified above comprises a combination of state & federal contracts. Earned Revenue above includes service fees/revenue from public & private insurance payers. Individual Contributions above comprises a combination of in-kind and donations.

Please note: The organization has highlighted the private foundations and individual contributions for the top three funding sources for fiscal years 2012 & 2011 some representing 3-year pledges.

Northeast Behavioral Health Corporation was formerly known as CAB Health and Recovery Services and Health & Education Services. Please note some financials documents use these former names.