



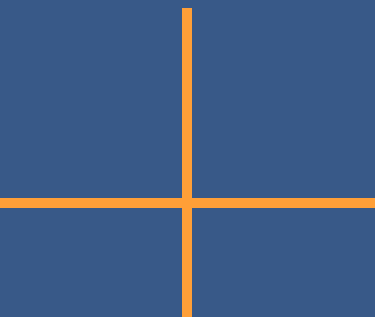
MENTAL HEALTH AMERICA 2020 ANNUAL REPORT

THIS PAGE IS INTENTIONALLY BLANK.



OUR MISSION

MENTAL HEALTH AMERICA (MHA), FOUNDED IN 1909, IS THE NATION'S LEADING COMMUNITY-BASED NONPROFIT DEDICATED TO ADDRESSING THE NEEDS OF THOSE LIVING WITH MENTAL ILLNESS AND TO PROMOTING THE OVERALL MENTAL HEALTH OF ALL AMERICANS. OUR WORK IS DRIVEN BY OUR COMMITMENT TO PROMOTE MENTAL HEALTH AS A CRITICAL PART OF OVERALL WELLNESS, INCLUDING PREVENTION SERVICES FOR ALL; EARLY IDENTIFICATION AND INTERVENTION FOR THOSE AT RISK; INTEGRATED CARE, SERVICES, AND SUPPORTS FOR THOSE WHO NEED IT; WITH RECOVERY AS THE GOAL.



Public Policy

**Developed an
Interim Public
Policy & Equity
Framework**

**Hosted MHA's
first-ever virtual
Policy Institute**

**Secured
\$1.65B
in mental health block
grant dollars through
COVID relief**

The MHA policy team worked with MHA affiliates, Congress, and the Administration to advance mental health priorities in federal policy, and also worked with affiliates, governors, and state legislatures to do the same in state policy. Additionally, MHA worked to advance ideas from state policy in areas such as telehealth at the federal level.

In 2020, the MHA Policy team's work focused on securing COVID-19 relief funds for mental health needs and improving access to telehealth. We also continued our work to increase access to peer support services. We supported the passage of the National Suicide Hotline Designation Act and the creation of a new three-digit number - 988 - for mental health crises. We continue to work toward access to services, supports, and treatment through state parity bills and enforcement.

Public Policy 2021 Highlights

- MHA played a key role in securing significant Mental Health block grant dollars in the December COVID-19 relief package. This bill included \$1.65B in mental health block grant dollars which are making a difference in states and local communities.
- MHA participated in an active coalition on telehealth, leading to provisions in the December COVID bill that expanded access to tele-mental health in Medicare. There is still work to be done to continue all the current flexibilities, but this was a significant step in the right direction.
- In 2020, MHA and its partners worked with Rep. Chu and Rep. Smith on the House Ways and Means Committee to introduce bipartisan legislation that would define peer support specialists in the Medicare program and allow peers to bill as part of integrated primary care service delivery models.
- MHA and partners worked to pass the National Suicide Hotline Designation Act, creating a new 988 number for mental health crises.

Programs & Services

MHA Screening 2020

In 2014, MHA launched MHA Screening (www.mhascreening.org), a collection of ten free, anonymous, confidential, and clinically validated screens that are among the most used mental health screening tools in clinical settings. Through 2020, nearly 7.5 million people had taken a screen to check on their mental health concerns online, making this program the nation's largest ongoing, real-time mental health early identification program. Nearly 2.5 million people took an online mental health screening in 2020, comprising the largest real-time dataset ever compiled from a mental health help-seeking population. This compares to the 1 million people who completed a screening in 2019. COVID-19 has had a profound negative effect on the mental health of the nation. MHA published our findings on a monthly basis and worked closely with partners such as the CDC to discuss implications and supports needed for proper COVID response.

Workplace Mental Health & Bell Seal 2020

With support from the Faas Foundation, MHA released the 2021 Mind the Workplace Health Survey Report. The Work Health Survey measured the perceptions of over 5,000 employees across 17 industries in the U.S. Survey questions measured financial insecurity, burnout, supervisor support, workplace stress, and mental illness. The survey explored the relationship between workplace and supervisor support, and its impact on burnout and employee mental health outcomes as work environments adapted to pandemic-related changes. In February 2020, MHA began its promotional efforts to educate employers about the importance of workplace mental health and encourage them to participate in the program. One hundred and thirty-five companies completed the Employer Information Form to learn more about the *Bell Seal* program. As of February 2021, MHA has certified 12 companies across size and industry with the *Bell Seal* and generated \$25,950 in unrestricted revenue.

7,460,734
Screens taken since
2014

2,677,734
Screens taken in 2020
alone

100+
companies have shown
a commitment to
workplace mental
health

Programs & Services

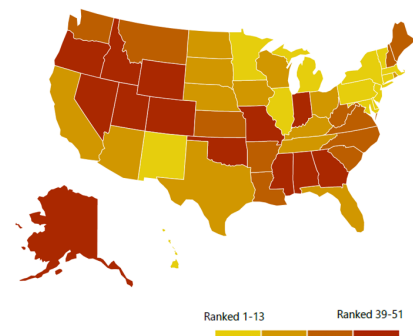
VT, PA, & MA
ranked **top 3** overall in
State of Mental Health
in America 2021.

AK, ID, & NV
ranked **bottom 3**
overall in **State of**
Mental Health in
America 2021.

12
New affiliates
received
monthly/quarterly
screening data
reports

The State of Mental Health in America in 2021

In October of 2020, MHA released the 2021 State of Mental Health in America report, which included a [spotlight on the impact of COVID-19 on mental health](#), using the over 1.5 million people who took a screen on MHA Screening from January to September 2020. The report also highlighted the urgent need for resources targeted toward depression and suicide prevention. In 2020 it was found that 9.7% of all youth in the U.S. have severe major depression. This rate was highest among youth who identified as more than one race, at 12.4%. Additionally, the percentage of adults in the U.S. who were experiencing serious thoughts of suicide increased 0.15% from 2016-2017 to 2017-2018 – an additional 460,000 people from last year's dataset.



Programs & Services 2020 Highlights

In 2020, the Programs & Services team was able to get national real-time data analysis off the ground. They were able to put out monthly [press releases](#) and two web pages that tracked [mental health data](#) throughout COVID-19, leading the mental health nonprofit community with its depth of real-time information.

COVID-19 Spotlight Statistics

- Youth ages 11-17 were more likely to score with moderate to severe symptoms of anxiety and depression than any other age group.
- Of the individuals who took the Youth screen, 77% scored at risk for emotional, attentional, or behavioral difficulties. This was 6% higher than the average rate in 2019.
- In December 2020, 53% of 11-17-year-olds reported having suicidal thoughts on **at least** half the days of the month, the highest rate recorded throughout the year.

Mental Health & Systems Advocacy



Regional
policy Council

MHA
Mental Health America

250

**Organizations assisted
in 2020**

5

**Action alerts sent in
2020.**

4649

**Letters from MHA
Constituents to
Congress in 2020.**

RPC 2020 Activities

2020, what a year! COVID-19 heightened recognition of the importance of mental health. It unmasked deeply seeded inequities, and it brought down some long-standing barriers to access to mental health treatment. It was a year in which isolation and loneliness resulted in more people coming to Mental Health America's screening site, and demonstrating the highest levels of depression, anxiety, thoughts of self-harm and suicidal ideation than in any previous year. 2020 was also unprecedented in the need for advocacy for funding to meet these needs. The Regional Policy Council (RPC) focused on all these issues and more through one in-person meeting (early in the year), two virtual meetings, one-advocacy day town hall, a series of webinars, action alerts, back-home virtual visits, and increased calls between RPC representatives and their state clusters and with MHA national staff. The RPC presented awards to 16 state legislators (one governor), six Republicans and 10 Democrats.

Washington DC Meeting

The meeting and policy discussions included a presentation by the Deputy Assistant Secretary of the Office of Disability Employment Policy (ODEP): followed by a speaker from the National Business Group on Health, and from Mental Health America we heard how peer specialists are essential to expanding the mental health workforce and had two panels on improving how workplaces can measure and improve their workplace mental health, which included the roll-out of MHA's Bell Seal.

Mental Health & Systems Advocacy

650

Virtual Hill Day
participants in 2020

Key coalitions & partners:
MHLG
APA
NAMI
NASMHPD
CIT International

Key Issues:
COVID relief funding
988,
Peers in Medicare
Equity
Crisis



Regional
policy council

MHA
Mental Health Alliance

Summer Virtual Meeting

Addressing Mental Health Impacts of COVID-19, Entrenched Inequities, and Policing Practices took place on August 12, 2020, with 543 virtual participants. Equity and public health were addressed by Dr. Arthur Evans, of the American Psychological Association and Dr. Willie Garrett of the Minnesota Association of Black Psychologists. Dr. Jennifer Wood of Temple University addressed how minor changes lead to major consequences, shared conclusions from the perinatal Mind the Gap Report, and held a panel on crisis stabilization models that have outstanding outcomes.



Winter Virtual Meeting

Injustice and Inequity: The Path Toward Innovation and Inclusion had over 500 virtual attendees and six legislative honorees. Topics included meeting the needs of BIPOC individuals, the importance of equitable crisis services, getting back to community services, limitations on “to serve and protect,” the Denver STAR crisis program, the Care not Cuffs initiative, and a review of some of MHA affiliates' efforts to reduce inequities for Indigenous communities.

Public Education

May is Mental Health Month

The 2020 May is Mental Health Month campaign included:

- Toolkit
 - Key Messages
 - Outreach Ideas
 - Drop-In Article
 - Sample Proclamation
 - Sample Social Media Posts and Graphics
 - 6 Fact Sheets
 - 5 Worksheets
 - 2 Posters
 - COVID-19 and Mental Health Infographic
 - Additional Resources
- 4 webinars related to MHM topics
 - Cultivating Gratitude to Support Wellbeing
 - Scope of Work, Skills, and Roles of Community Health Workers
 - Owning Your Feelings & Moving Through Emotional Discomfort
 - Technology and Peer Support: Trends and Opportunities

MHA's 2020 Mental Health Month campaign was themed "Tools 2 Thrive" and provided information, tips, and practical tools that everyone can use to improve their mental health and increase resiliency regardless of the situations they are dealing with. Topics included: Owning Your Feelings, Finding the Positive, Eliminating Toxic Influences, Creating Healthy Routines, Supporting Others, and Connecting with Others.

2020 Bebe Moore Campbell National Minority Mental Health Month (aka BIPOC Mental Health Month)

MHA's 2020 Bebe Moore Campbell National Minority Mental Health Month efforts were themed around the #ImpactOfTrauma. This campaign recognized how racism and racial trauma impact mental health, using an intersectional lens to think about historical factors, systems, and more that influence our thinking and emotional wellbeing. In addition to releasing the #ImpactOfTrauma toolkit, MHA released the 2020 Tools 2 Thrive Mental Health Month toolkit in Spanish and hosted six webinars on BIPOC and LGBTQ+ issues during July.

1,158

Individuals directly assisted in 2020

25,500

May is Mental Health Month toolkit downloads in 2020

77M

People reached by May is Mental Health Month toolkit

Public Education

19,045,019
People reached
through public
education efforts in
2020

107
Webpages on mental
health topics created
or updated in 2020

120
written resources &
35
webinars released to
help during COVID-19
in 2020

Back to School

The 2020 Back to School campaign was themed "Coping During COVID." Many children returning to school in-person were lonely after being isolated for months, while others remained at home, potentially feeling even more isolated as some of their peers were back in school. Parents and teachers faced responsibilities and challenges they had never anticipated. This toolkit aimed to help students, parents, and school personnel navigate the uncharted waters of COVID-19. MHA also hosted two webinars for parents and teachers on creating mentally healthy remote/hybrid educational environments and two webinars on youth mental health during COVID-19.

Life on Campus

2020 Life on Campus efforts consisted of web content geared toward college students. Five articles were authored in partnership with wikiHow, the world's largest "how to" site. Four of these articles were specific to the challenges students may have faced during the COVID-19 pandemic.

Additional Projects

Other 2020 projects included developing content on chronic menstrual pain and updating existing content to include information about endometriosis and uterine fibroids. MHA also launched a Science Hub of content on pharmacogenomics and other scientific content, including a video on the genetic background of mental illness, a webpage and webinar on genetic testing, and an infographic on medications and the body. Additional content was created on authorized generic drugs.

Spanish materials

In 2020, MHA released the Mental Health Month toolkit and Back to School toolkits in Spanish. MHA also hosted a Spanish language webinar on resilience and support in the Latinx community.

Communications

Quotes from MHA staff appeared in **over 2,000** articles, press releases and wires in 2020

23 Press releases in 2020

400M Potential viewers exposed to MHA on Twitter and Facebook

Media Snapshot

2020 was the best year on record for Mental Health America in the media. MHA received more national media coverage in 2020 than ever before, including coverage in The Washington Post, on NBC's *Today Show*, and on MSNBC. During the COVID-19 pandemic, journalists turned to Mental Health America, its staff, and data from its screening programs to provide the world a look at how the nation was feeling in a public health crisis.

Press Release Highlights from 2020

- In February, MHA announced the Bell Seal program in a press release, and this program received 132 mentions in online media throughout 2020.
- The 2019 and 2020 State of Mental Health in America reports and the statistics within them showed up in approximately 500 mentions in online media in 2020.
- During May is Mental Health Month, editorial mentions of MHA increased 59% and MHA's potential reach increased 123% compared to Mental Health Month in 2019.
- More than 2,000 airings and 11 million impressions, including coverage by ABC Radio Network and CBS Radio Network for the end of March and early April 2020 Satellite & Radio Media Tour on Mental Health Month.
- More than 7 million reached with nearly 23 million impressions, including coverage by ABC News Network, for our December 2020 Satellite & Radio Media Tour on the mental health effects of COVID-19 on healthcare workers.

MHA Media Appearances

- Some media outlets in which there were MHA quotes: The Today Show, The Washington Post, CNN.com, NBCNews.com, Forbes, MSNBC, Business Insider, CNBC, Politico, Newsweek, US News & World Report, Axios, and Inside Higher Ed.

Web, Social, & Email

Social Media Campaigns/Activities

Mental Health America (MHA) participated in several campaigns throughout the year, including Mental Health Month, BIPOC Mental Health Month, Back to School, Mental Illness Awareness Week, and more. Our social media platforms continue to grow at a steady rate and engagement has increased over the past year. The increased engagement on social media influences donations, sales, registrations, screenings, and more, contributing toward MHA's overall mission to promote prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.

Website Activities

MHA added a significant new part to its website in 2020: the COVID-19 Information and Resources Hub (mhanational.org/covid19). MHA was a leader when COVID-19 hit the US in March 2020 and recognized the potential impact that a global pandemic could have on mental health. Nearly 600,000 visitors to MHA's website accessed the COVID-19 Information and Resources Hub and other COVID-19-related articles.

Email Activities

MHA began looking into more efficient and user-friendly email marketing platforms to reduce costs and increase engagement. After months of research and evaluation, Salsa Labs was selected for its feasibility and pricing appropriate for MHA. Migrating to the new platform allowed MHA to purge its lists of inactive users and increase engagement.

Web, Social, & Email Highlights 2020

- Total: number of followers across all social media platforms: 884,661
- Total web visitors (unique): 9,991,935
- Total web visitors (non-unique): 12,168,044
- 72,896 addresses in our email list; 54,337 are opted-in to News from National

357,413

Followers on Twitter

191,259

Followers on
Instagram

192,461

Followers on
Facebook

Annual Conference



**COVID-19, MENTAL HEALTH,
AND THE NEED FOR EQUITY**
SEPTEMBER 3-4, 2020

**Hosted
MHA's first-
ever virtual
conference**

9,500
**Virtual Conference
Attendees in 2020**

3,735
**Peak concurrent
viewers**

MHA's (Virtual) 2020 Annual Conference: COVID-19, Mental Health, and the Need for Equity

In 2020, the world was thrown into a global pandemic. As the number of cases of COVID-19 increased, so did the associated experiences of anxiety, depression, and suicidal ideation. The mental health effects of COVID-19 are as important to address as the physical health effects – but we know that not everyone has equal access to care. And for the one in five who already have mental health conditions – or the one in two who are at risk of developing them – we need to take personal, professional, and policy measures now to address them. And we need to do it an equitable way.

MHA offered a two-day virtual event, the first of its kind for our organization, that tackled the subjects most affecting our country during the first year of the pandemic. We were able to host three different streams in English, ASL and Spanish. We are exceptionally proud to have been able to offer a high-quality, free resource to a large audience of people during a year when needs were high, and we are grateful to have had the opportunity to bring our conference into a virtual space, and will continue to do so in the future.

Notable speakers and guests in 2020

- Kevin Love, Athlete and Activist
- Michelle Williams, Author and Grammy Award Winning Singer-Songwriter
- Kenneth Cole, American Designer and Activist
- Ibram X. Kendi, American Author, Professor, and Anti-Racism Activist
- Maurice Benard, Actor and Activist

Recovery Services

208,000

Individuals received services in 2020

12

Webinars hosted in 2020

40,000

Webinar views in 2020

Center for Peer Support and the "It's My Life" Social Self-Directed Care Program

MHA's Center for Peer Support and the "It's My Life" Social Self-Directed Care program have been able to provide support to one of our affiliates, Mental Health America of Northern Kentucky and Southwest Ohio (MHANKSO) through our Peer Partners Implementation Grant of \$5,000. The Peer Partners program is a highly innovative intervention that combines the two evidence-based practices of peer support and psychiatric rehabilitation and the emerging best practice of self-directed care, into an integrated skill and support strategy. The COVID-19 pandemic and the inability to hold in-person meetings hindered our ability to extend support to more affiliates in 2020, but we hope to expand this work in the future.

I Am Not Alone

MHA's Center for Peer Support also launched the I Am Not Alone online platform. The I Am Not Alone platform is an activities database designed by peers for peers that helps people meet and connect based on shared interests. This site allows us to address loneliness and isolation within our mental health community by allowing anyone to create, find, and attend events that can help begin the process of building meaningful friendships. Because our site is designed by peers, we focus heavily on inclusivity. We ask event organizers to name whether their event provides disability accommodations and what those accommodations are.

NCPS

MHA's NCPS credential is an advanced, exam-based certification that demonstrates a high level of experience and expertise in peer support. At the end of 2020, MHA had a total of 84 NCPSs with 22 individuals in the application process. In 2020, MHA launched an update to the NCPS core competencies to ensure the program maintains its status as a high-level credential.

BAYAL

10

Young leaders
selected from more
than

300

applicants in
2020

Additional

40

current and former
MHA Council
members

Through their MHA Council participation, members have been highlighted by platforms and organizations including Teen Vogue, UNICEF, the United Nations, Google, the Substance Abuse and Mental Health Services Administration, and more.

Meet Our Young Leaders

Mental Health America's Young Mental Health Leaders Council ([YMHLC](#)) promotes young leaders and the unique ways they are driving change for their peers. YMHLC identifies young people (18-25) who have created programs and initiatives to fill gaps in mental health support and resources in their communities. Members' focus areas include mental health in sports, mental health apps, policy advocacy, racial justice, and peer support. Members meet monthly to share their work and receive expert-led advocacy training from MHA's Regional Policy Council members.

Young People's Publications and Resources

MHA also launched a [youth and young adult leadership website](#) that includes information about young people's mental health, MHA reports, program ideas for young advocates, and events. Our 2020 reports focused on disability accommodations in higher education and young people's perspectives on their mental health and mental health resources during the pandemic. Individuals across more than 1,500 organizations downloaded our reports in 2020.

[Disability and Campus Mental Health](#) highlighted the perspectives of 471 college students with mental health disabilities. Among its major findings were that 70% of students with psychiatric disabilities did not register for accommodations; however, only 20% said it was because they did not want them. The report also included recommendations for improving inclusion and accessibility for decision-makers in higher education.

Our second report, [Young People's Mental Health in 2020: Hope, Advocacy, and Action for the Future](#), highlighted the perspectives of over 1,900 14-24-year-olds. The report's purpose was learn about what helped young people's mental health in 2020, how they wanted to receive support for their mental health, and what would help them feel empowered to make a difference in mental health in their communities. The report also highlights five young people led initiatives that are making the survey findings a reality.

Community Outreach

16

New Associate Members joined in 2020

250,000

Individuals reached through outreach programs & activities

Through ongoing relationship building, MHA has been sought out as a critical mental health partner that is forward-thinking and outcome focused. Our collaborations are highlighted and appreciated by partners leading to increased interest from Fortune 500 companies in 2020 and beyond.

Key Partnerships

- **National Alliance on Caregiving (NAC)** - MHA staff served as a member in a multi-stakeholder steering committee aimed at addressing the development of COVID-19 related caregiving resources and information for an NAC clearinghouse.
- **National Parent Teacher Association** - MHA staff served as a member in a mental health working group with the goal of discussing and working collaboratively to address the most pressing mental health needs for students and families. MHA was a valuable member of the group providing critical resources for youth, parents, and school staff.
- **A & E Networks** - MHA staff collaborated with A & E as part of employee-led initiatives aimed at responding to and addressing workplace mental health across the company.
- **National School Boards Association (NSBA)** - MHA staff collaborated with NSBA throughout 2020 in response to the vast changes experienced by students and their families as a result of COVID-19. Both MHA and NSBA staff presented at webinars, conferences, developed website content, and shared resources.
- **Hot Topic Foundation (HTF)** - MHA staff and HTF collaborated throughout 2020 in developing resources for HTF audiences, and providing valuable information via virtual events such as HTF's Mental Notes Concert. MHA staff also supported workplace mental health efforts aimed at responding to employee needs during the pandemic.
- **Outcome Health (Outcome)** - MHA and Outcome collaborated on the development of a PSA for healthcare workers focused on burnout as a result of the pandemic. MHA's screening program was highlighted as a main resource for action to assist healthcare workers in addressing their mental health needs.
- **Mental Health Coalition (MHC)** - MHA and MHC worked closely during the year on a range of MHC social media efforts including "How Are You, Really," and "The Roadmap to Mental Health." MHA resources were embedded throughout the various efforts.
- **ViacomCBS** - MHA staff collaborated with ViacomCBS on the development of the Mental Health Media Guide by reviewing content and providing feedback on the effort. The Mental Health Media Guide was made available to the public in the spring of 2021.

Community Outreach

15

New products launched
in the MHA Store in
2020

Over

\$23,000

in revenue from the
MHA store in 2020

6,308

Items sold from MHA
Store in 2020

Virtual Events MHA Exhibited at in 2020

- NBC4 Health and Fitness Expo
- HRC's THRIVE Conference
- TogetherWell
- Simply Business
- Institute for Public Health Innovation - Community Health Worker Series
- A & E Network
- SoundMind Closer in Crisis Live Concert
- Sound Mind Come Together Festival
- Lupus Foundation of America
- Telehealth Certification Institute
- Telemundo

MHA Store

In 2020, the MHA Store sold over 6,300 items, resulting in a total of over \$23,000 in revenue. MHA launched 15 new products, and the top-performing items were the FITO pin, and the All The Feels sticker.

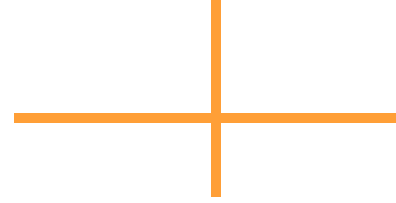
Associate Membership

The Associate Membership program, launched in 2016, gives both for-profit and non-profit organizations the opportunity to support MHA's mission and join the movement around early identification and intervention. In 2020, MHA brought on 16 new Associate Members: Aптиhealth, Brightline, Choosing Therapy, DRK Beauty, Eleos, EndCan, Florida State University Counseling Center, Genomind, Modern Divergence, notOK app, Postpartum Support International, Sid Lee Memorial Mental Health Association, Siemen's Corporation, Supportiv, Texoma Health Foundation, and Youper.

Thank you to our associate members and partners!



IDONTMIND



160K

Instagram followers

11.2K

Twitter followers

2.3K

Facebook
followers

Over

\$235,000

raised through
merchandise sales
and donations in
2020.

IDM Journal
received over

300,000

reads in over

100

countries

Just Checking In

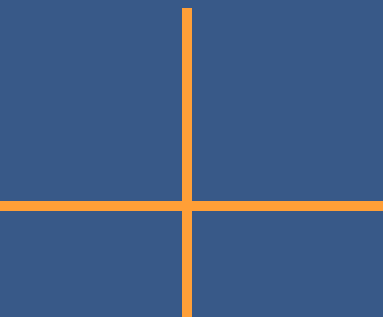
As a response to the COVID-19 pandemic, we wanted to create a resource to help people stay connected with their friends and family and to check-in on their mental health in one of the loneliest times the world has experienced. Just Checking In is a series of ten questions, designed to take only ten minutes, with the goal of simplifying the process of talking openly about your mental health. To date, it's one of our most visited pages on our website and our most successful social media posts reaching over 120,000 accounts.

Mental Health Month Collection

We think wearing IDONTMIND is a great way to inspire conversations about mental health, and our Mental Health Month collection is our biggest product release and fundraiser of the year. In response to the many unknown factors of COVID-19, we pivoted to a pre-order model with 2020's collection. And instead of focusing on fundraising and sales, we redirected our social media efforts to addressing the needs of our community as they prioritized their mental health through the pandemic. Despite little marketing around the collection, we were still able to match our sales from the previous mental health month.

IDONTMIND Journal

The IDONTMIND Journal is a collection of helpful articles covering all things mental health and one of our biggest resources. In 2020, we continued to grow the Journal by publishing nearly 100 new articles on a variety of topics. Throughout the year, the Journal had over 300,000 reads in over 100 countries. Openly sharing your mental health story is a powerful tool in the fight against stigma. In 2020, we opened up for submissions to the IDONTMIND Journal from our community and published many inspiring stories about personal mental health journeys from our community.



Affiliate Relations

MHA Welcomes New Affiliates in Indiana & Massachusetts

MHA's national Board of Directors approved the affiliation applications of the Massachusetts Association for Mental Health, based in Boston and Mental Health Awareness of Michiana based in Fort Bend, Indiana, in March 2020.

The Massachusetts Association for Mental Health (MAMH) was established in 1913 as the Massachusetts Society for Mental Hygiene, part of a national and international mental hygiene movement started in 1905 by MHA founder Clifford Whittingham Beers. Headed by President and CEO Danna Mauch, Ph.D., today MAMH is a renowned public policy and legislative advocacy organization that works to advance mental health and wellbeing by promoting prevention, early intervention, effective treatment, and research.

Founded in 2018, by board president Lisa Kelly and Heather Holleman, Mental Health Awareness of Michiana's (MHAM) mission is to develop initiatives that improve the quality of life for the residents of Michiana who struggle with mental illness by promoting collaboration between health and behavioral health providers, and by advocating for improved access to mental health services. MHAM is committed to promoting social justice in all aspects of their organization.

Innovation in Programming Award Winner: MHA of Greater Dallas – Mind Your Garden

MHA's 2020 Innovation in Programming Award, which recognizes the continuing innovation and creativity of the MHA affiliate network in program development and implementation, went to MHA of Greater Dallas and its Mind Your Garden program. In partnership with Texas A&M Forest Services, and The Texas Parks and Wildlife Department, MHA of Greater Dallas developed the Mind Your Garden program. The program is designed to help consumers in the community by creating a relationship with nature and by making mental health a priority. This initiative ensures that people have access to parks and green spaces that can lower their stress, depression, and increase their overall quality of life and resiliency against developing mental illness.

152

Total affiliates as of
2020

37

States home to at
least one MHA
affiliate

Affiliate Spotlight

MHA celebrates the innovation, resilience, and sustainability shown by its affiliates in 2020. Since the emergence of the COVID-19 pandemic, affiliates have continued to participate, serve, and support their communities in new and unexpected ways to meet exceptional pressures and demands. MHA acknowledges the positive impact affiliates have had on their communities and the acts of kindness shown in leading community efforts.

2020 Clifford Beers Society Members

Diamond

Doug & Margaret Colbeth, Edward & Mary Schreck (Platinum Founding Member), The Faas Foundation, TEVA

Platinum

Janssen Pharmaceutical Companies Of Johnson & Johnson (Gold Founding Member), Neurocrine Biosciences, Pfizer, Inc. (Bronze Founding Member), Muhammad Alam, Susan Kesity, Otsuka America Pharmaceutical, Inc. (Gold Founding Member), PhRMA, Bristol Myers Squibb, AbbVie, Axsome

Gold

Lundbeck (Silver Founding Member), Takeda Pharmaceuticals U.S.A. Inc. (Silver Founding Member), Pam Hickey, Belinda Lang, Andrew Rubin (Platinum Founding Member), Molly Van Ort (Gold Founding Member), Reginald Williams, II (Gold Founding Member), Richard Van Horn (Platinum Founding Member), Russ Petrella, Myriad, Sunovion

Silver

Intra-Cellular Therapies, Evelyn Anastasiou, Peter Carson, Allan Engelmeyer, Paul & Pam Gionfriddo, Derek Hess, Laura Kennedy, Patrick & Amy Kennedy, Gertrude Niehans (Bronze Founding Member), Luis & Janie Perez, Courtney Price, Dr. Sara Saz, Anne Swan, Michelle Webster, Boehringer Ingelheim, CA Ventures, ACADIA, Intra-Cellular Therapies, Inc

Bronze

Alkermes, Allergan, PWR, Jack Akester (Platinum Founding Member), Laura Bay, William Beardslee (Bronze Founding Member), Barry Beck, Ann Boughtin (Bronze Founding Member), Jennifer Bright, Dominic Butera, William & Susan Carter, Bonnie Cook, Lacy Dicharry, Lori Duda, Joseph De Raismes (Gold Founding Member), Daniel Eisenstein, Amanda Elde, J. Richard Elpers (Silver Founding Member), Dr. Shamiram Feinglass, Richard Fortner, Clyde Goldback, Glenn Grindlinger, Mark Heyrman (Bronze Founding Member), Martin Howley, Steve Kahn, Jessica Kennedy, Adel B. Korkor MD Foundation, Gretchen Kroll, John Leckie, Aaron Marcu, Ann Mattingly, Mark Mehta, Jennifer Mercado, Christopher Molaroi, Marie Morilus Black, Mario & Dana Morino, Brian Mower, Mary Obasi, Linda Olson Nemia, Gokul Patel, Debbie & Michael Plotnick (Bronze Founding Member), Jonathan Sanon, Seidman Family Foundation, Pete Shalek, Rusty Selix (Bronze Founding Member), David Shern (Platinum Founding Member), Vickie Riccardo & Donald Spencer, Tom Starling, Gary Tauscher, David Theobald (Platinum Founding Member), Angie Webb, Craig Wilson, Robert Witt, MHA Of Palm Beach County, MHA Of Indiana (Bronze Founding Member), Mental Health Connecticut, MHA In New Jersey (Bronze Founding Member), MHA Of Essex And Morris, MHA In New York State, MHA Oklahoma, Mental Health Partnerships, MHA Of East Tennessee (Bronze Founding Member), MHA Of The MidSouth (Bronze Founding Member), MHA Of Los Angeles (Platinum Founding Member), MHA Of Monmouth County, Relmada

2021 – 2022 BOARD OF DIRECTORS

EMAIL: boardofdirectors@mhanational.org
boardandcommitteemembers@mhanational.org

PETER CARSON ('14)

CHAIR OF THE BOARD

Managing Director, Public Affairs, North America at Weber Shandwick

TOM STARLING ('14)

PAST CHAIR

CEO at Mental Health America of Middle Tennessee

PIERLUIGI MANCINI ('20)

SECRETARY/TREASURER

President at Multicultural Development Institute, Inc

JENNIFER BRIGHT ('17)

CHAIR-ELECT

President and Founder at Momentum Health Strategies

LAURA BAY ('18)

Immediate Past President at National PTA

BONNIE COOK ('19)

President/CEO at Mental Health America of Greater Dallas

LACY DICHARRY ('17)

CEO/Coach/Consultant at LacyDee Consulting & Elevate Young Professionals

KANA ENOMOTO ('20)

Senior Expert at McKinsey & Company

AIMEE FALCHUK ('19)

Founder & Private Practice Clinician at The Falchuk Group

DWIGHT HOLLIER ('17)

Senior Associate A.D. (Student-Athlete Health, Well-Being & Program Outreach) at University of North Carolina at Chapel Hill

AMY KENNEDY ('16)

Education Director at The Kennedy Forum

COURTNEY LANG ('20)

Founder and Principal at Langco + Partners

GUSTAVO LOERA ('20)

Founder at Motivationomics

SARAH GRIFFITH LUND ('21)

Minister for Disabilities and Mental Health Justice at United Church of Christ

JEN MADSEN ('21)

Principal, Health Innovation at MITRE

ART MCCOY ('21)

Superintendent/CEO at Jennings School District

CLARE MILLER ('21)

Life@ Mental Health Program Manager at Facebook

MARIE MORILUS-BLACK ('16)

CEO at MBI Health Services, LLC.

RUSS PETRELLA, PhD ('19)

CHRIS WOOD ('19)

Founder at IDONTMIND

Total Count: 20

Mental Health America, Inc.

Financial Report
December 31, 2020

Contents

Independent auditor's report	1-2
<hr/>	
Financial statements	
Statement of financial position	3
Statement of activities	4
Statement of functional expenses	5
Statement of cash flows	6
Notes to financial statements	7-19



RSM US LLP

Independent Auditor's Report

Executive Committee of the Board of Directors
Mental Health America, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Mental Health America, Inc. (MHA), which comprise the statement of financial position as of December 31, 2020, the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mental Health America, Inc. as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited MHA's December 31, 2019, financial statements and we expressed an unmodified audit opinion on those audited financial statements in our report dated July 22, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

RSM US LLP

McLean, Virginia
September 20, 2021

Mental Health America, Inc.

**Statement of Financial Position
December 31, 2020
(With Comparative Totals for 2019)**

	2020	2019
Assets		
Cash and cash equivalents	\$ 3,806,570	\$ 1,367,082
Investments	4,562,763	3,830,578
Receivables, net	1,438,059	794,029
Prepaid expenses	269,364	93,509
Inventory	42,353	58,691
Property and equipment, net	603,563	649,222
Other assets	2,914	2,911
	<u>\$ 10,725,586</u>	<u>\$ 6,796,022</u>
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 370,200	\$ 158,282
Deferred revenue	121,679	86,742
Refundable advance	432,438	-
Capital lease obligations	67,407	81,068
Deferred rent	499,898	555,725
Deferred compensation	166,773	143,466
Total liabilities	<u>1,658,395</u>	<u>1,025,283</u>
Commitments and contingency (Note 11)		
Net assets:		
Without donor restrictions:		
Undesignated	2,612,371	700,752
Board designated	3,385,779	3,146,678
	<u>5,998,150</u>	<u>3,847,430</u>
With donor restrictions	3,069,041	1,923,309
	<u>9,067,191</u>	<u>5,770,739</u>
	<u>\$ 10,725,586</u>	<u>\$ 6,796,022</u>

See notes to financial statements.

Mental Health America, Inc.

Statement of Activities

Year Ended December 31, 2020

(With Comparative Totals for 2019)

	2020			2019 Total
	Without Donor Restrictions	With Donor Restrictions	Total	
Support and revenue:				
Nonfederal contributions	\$ 3,250,223	\$ 3,637,888	\$ 6,888,111	\$ 3,680,022
Contracts and exchange transactions	316,412	-	316,412	348,729
Affiliate dues	138,293	-	138,293	218,606
In-kind contributions	74,647	-	74,647	80,821
Federal contracts and grants	272,144	-	272,144	199,608
Royalties	37,172	-	37,172	95,550
Conference registrations	-	-	-	184,680
Combined federal campaign	30,841	-	30,841	30,663
Product and other sales	395,095	-	395,095	299,915
Investment income, net	261,977	37,780	299,757	428,425
Net assets released from restrictions	2,529,936	(2,529,936)	-	-
Total support and revenue	7,306,740	1,145,732	8,452,472	5,567,019
Expenses:				
Program services:				
Public education, policy and advocacy	2,429,267	-	2,429,267	1,608,024
Mental health programs and services	1,102,534	-	1,102,534	960,820
Constituency services	784,274	-	784,274	1,079,134
Total program services	4,316,075	-	4,316,075	3,647,978
Supporting services:				
Management and general	474,022	-	474,022	453,725
Fundraising	365,923	-	365,923	376,381
Total expenses	5,156,020	-	5,156,020	4,478,084
Change in net assets	2,150,720	1,145,732	3,296,452	1,088,935
Net assets:				
Beginning	3,847,430	1,923,309	5,770,739	4,681,804
Ending	\$ 5,998,150	\$ 3,069,041	\$ 9,067,191	\$ 5,770,739

See notes to financial statements.

Mental Health America, Inc.

**Statement of Functional Expenses
Year Ended December 31, 2020
(With Comparative Totals for 2019)**

	2020								2019 Total
	Program Services				Supporting Services				
	Public Education, Policy and Advocacy	Mental Health Programs and Services	Constituency Services	Total Program Services	Management and General	Fundraising	Total		
Salaries and benefits	\$ 1,534,804	\$ 808,863	\$ 511,718	\$ 2,855,385	\$ 304,384	\$ 263,250	\$ 3,423,019	\$ 2,635,108	
Professional fees and contracts									
service payments	290,648	107,186	155,712	553,546	34,257	31,871	619,674	256,233	
Occupancy	77,849	44,763	19,462	142,074	38,924	13,624	194,622	220,688	
Printing and design	149,847	2,641	15,763	168,251	1,213	348	169,812	133,136	
Depreciation and amortization	62,702	36,054	15,676	114,432	31,351	10,973	156,756	123,521	
Operating fees	43,232	24,858	10,808	78,898	21,616	7,566	108,080	90,914	
Grants	81,500	8,690	15,000	105,190	-	-	105,190	77,846	
Subscriptions and dues	35,183	16,821	9,209	61,213	11,819	18,157	91,189	72,896	
Postage and shipping	73,173	900	2,783	76,856	9,738	1,209	87,803	65,364	
In-kind expenses	29,285	29,285	7,579	66,149	1,032	7,465	74,646	80,821	
Communications	19,663	10,958	5,964	36,585	8,649	3,747	48,981	55,827	
Conference and meetings	18,886	1,444	3,466	23,796	6,411	963	31,170	461,368	
Office supplies and activities	9,063	6,331	5,438	20,832	3,414	6,397	30,643	50,669	
Travel	3,432	3,740	5,696	12,868	1,214	353	14,435	153,693	
	\$ 2,429,267	\$ 1,102,534	\$ 784,274	\$ 4,316,075	\$ 474,022	\$ 365,923	\$ 5,156,020	\$ 4,478,084	

See notes to financial statements.

Mental Health America, Inc.

Statement of Cash Flows
Year Ended December 31, 2020
(With Comparative Totals for 2019)

	2020	2019
Cash flows from operating activities:		
Change in net assets	\$ 3,296,452	\$ 1,088,935
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	156,756	123,521
Increase in allowance for doubtful accounts	4,694	3,306
Unrealized and realized gain on investments, net	(183,133)	(354,765)
Deferred rent	(55,827)	(49,618)
Loss on disposal of property and equipment	-	14,690
Changes in assets and liabilities:		
(Increase) decrease in:		
Receivables	(648,724)	257,063
Prepaid expenses	(175,855)	(14,354)
Inventory	16,338	(5,466)
Other assets	(3)	(2,911)
Increase in:		
Accounts payable and accrued expenses	211,918	52,967
Deferred revenue	34,937	66,142
Refundable advance	432,438	-
Deferred compensation	23,307	17,960
Net cash provided by operating activities	3,113,298	1,197,470
Cash flows from investing activities:		
Proceeds from sales of investments	33,282	29,990
Purchases of investments	(582,334)	(453,219)
Purchases of property and equipment	(104,482)	(104,542)
Net cash used in investing activities	(653,534)	(527,771)
Cash flows from financing activities:		
Principal payments on capital lease obligations	(20,276)	(40,755)
Net cash used in financing activities	(20,276)	(40,755)
Net increase in cash and cash equivalents	2,439,488	628,944
Cash and cash equivalents:		
Beginning	1,367,082	738,138
Ending	\$ 3,806,570	\$ 1,367,082
Supplemental schedule of noncash financing and investment activities:		
Acquisition of property and equipment through capital lease obligation	\$ 6,615	\$ 65,600

See notes to financial statements.

Mental Health America, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Mental Health America, Inc. (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all. MHA's work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk and integrated care and treatment for those who need it, with recovery as the goal.

A summary of MHA's significant accounting policies follows:

Adoption of recent accounting pronouncements: In June 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies the guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarified the guidance used by entities other than nonprofits to identify and account for contributions made. MHA has adopted the guidance in this new standard for contributions made effective for the year ended December 31, 2020, using the modified prospective method. Based on MHA's review of the contributions it makes, the timing and amount of expense recognized previously is similar with how expense is recognized under this new standard. Therefore, the adoption of the contributions made portion of the guidance in this new standard did not have a material effect on the financial statements.

In August 2018, the FASB issued ASU 2018-15, *Intangibles—Goodwill and Other—Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract*. ASU 2018-15 aligns the requirements for capitalizing implementation costs in a cloud computing arrangement that is a service contract with the requirements for capitalizing implementation costs incurred for internal-use software. ASU 2018-15 is effective for MHA beginning on January 1, 2021, however, due to software costs incurred in 2020, MHA elected to adopt early, as of January 1, 2020, using the prospective approach.

Basis of presentation: The financial statement presentation follows the recommendations of the FASB Accounting Standards Codification (ASC). As required by the Not-For-Profit Entities Topic of the FASB ASC, MHA is required to report information regarding its financial position and activities according to two classes of net assets: those with donor restrictions and those without donor restrictions.

Classification of net assets: The net assets of MHA are reported according to the following classes of net assets:

Net assets without donor restrictions represent the portion of expendable funds that are available for support of MHA's operations. It also includes the net assets of the reserve fund, net property and equipment and the Jo Blaylock Memorial Fund, all of which have been designated by the Board of Directors (see Note 8).

Net assets with donor restrictions represent the portion of net assets that are subject to donor-imposed restrictions that will be met by the passage of time or other events specified by the donor, or those that require resources to be maintained in perpetuity and that only the earnings on such amounts be used in the manner specified by the donor, which includes endowment funds. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled or both.

Mental Health America, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Affiliates: Each of the mental health associations affiliated with MHA elects its own Board of Directors, conducts service programs independent of MHA and maintains its own financial accounts. Accordingly, due to lack of control, the financial statements of MHA do not include the accounts and activities of these affiliated organizations. MHA made grants to and received dues from affiliates, which totaled \$86,190 and \$138,293, respectively, for the year ended December 31, 2020. Grants made to non-affiliates totaled \$15,000.

Cash and cash equivalents: For purposes of reporting cash flows, MHA considers all highly liquid securities with an original maturity of three months or less to be cash equivalents. Cash and cash equivalents included in the investment portfolio are considered investments.

Financial risk: MHA maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. MHA has not experienced any losses in such accounts.

MHA invests in a professionally managed portfolio that contains mutual funds. Such investments are exposed to various risks, such as market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term could materially affect investment balances and the amounts reported in the financial statements.

Investments: Investments with readily determinable fair values are reflected at fair value. To adjust the carrying value of these investments, the change in fair value is recorded as unrealized gains and losses as a component of investment income, net in the statement of activities.

Receivables: Receivables are carried at original invoice amounts, less an estimate for doubtful receivables, based on an annual review of all outstanding amounts. Management determines the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Receivables are written off when deemed uncollectible. Recoveries of receivables previously written off are recorded when received. At December 31, 2020, management has established an allowance for doubtful accounts of \$22,050.

Promises to give contributions are recognized when the donor makes a written promise to give to MHA that is, in substance, unconditional. Management determines the allowance for doubtful promises by regularly evaluating individual promises to give and considering prior history of donor and proven collectability of past donations. Promises to give are written off when deemed uncollectible. Recoveries of promises to give previously written off are recorded when received. Management has determined promises to give were fully collectible and no provision for doubtful promises to give was necessary. Promises to give due in greater than a year are carried at net present value.

Bequests are recognized in the year the promise to give becomes unconditional, which is at the time the probate court declares the will valid and the proceeds are measurable in amount.

Inventory: Inventory is stated at cost determined on a first-in, first-out basis, or net realizable value and consists of publications on hand at the end of the year. Management periodically reviews inventory for obsolete publications. Management has determined no reserve for obsolete inventory was required at December 31, 2020.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Property and equipment: MHA capitalizes all property and equipment purchased with a cost of \$1,000 or more. Property and equipment are stated at cost and are being depreciated on a straight-line basis over the estimated useful lives of the assets, ranging from three to five years. Leasehold improvements are amortized over the shorter of the remaining lease term or the estimated useful lives of the improvements.

Valuation of long-lived assets: MHA requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of the long-lived asset is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reportable at the lower of the carrying amount or fair value, less costs to sell. MHA had no impairments of long-lived assets during the year ended December 31, 2020.

Deferred rent: MHA has a lease agreement for rental space in Alexandria, Virginia. Rent expense is being recognized on a straight-line basis over the life of the lease. The difference between rent expense recognized and rental payments as stipulated in the lease, is reflected as deferred rent in the statement of financial position. In addition, rent abatement was provided, as well as a tenant improvement allowance for leasehold improvements. The abatement and improvement allowance are also being recognized on a straight-line basis over the life of the lease agreement and are reflected in the deferred rent liability.

Support and revenue: Unconditional contributions, including combined federal campaign, are recognized when received. All contributions are considered available for unrestricted use unless specifically restricted by the donor. Contributions that are designated for future periods or restricted by the donor for specific purposes are reported as donor restricted contributions based on the nature of the restriction. When a donor restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), donor restricted net assets are reclassified to without donor restricted net assets and reported in the statement of activities as net assets released from restrictions. Donor restricted contributions whose restrictions are met in the same year are shown as without donor restrictions. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. The discounts on those amounts are computed based on market trends for interest rates applicable to the years in which the promises are received.

Revenue from contracts with customers is derived primarily from exchange contracts, affiliate dues, royalties, conference registrations and product and other sales. MHA recognizes revenue in accordance with ASC Topic 606, Revenue from Contracts with Customers, which provides a five-step model for recognizing revenue from contracts with customers, which are: (i) identify the contract with the customer, (ii) identify performance obligations in the contract, (iii) determine the transaction price, (iv) allocate the transaction price to performance obligations, and (v) recognize revenue when (or as) performance obligations are satisfied.

Royalty revenues are related to interest in oil mineral rights contributed by various oil companies in previous years. Revenue is recognized at a point in time when the new rights are discovered and production during the year. MHA receives monthly statement division orders detailing royalty received based on stated rates.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Exchange contracts are placed into deferred revenue at time of cash receipt and recorded to revenue as the performance obligation is satisfied. Affiliates' dues are billed at the beginning of the year. In exchange for their dues, MHA's performance obligation is to provide training, toolkits and technical assistance to these affiliates on issues including, but not limited to, implementation of the Affordable Care Act, mental health parity advocacy, and public education about mental health issues and wellness strategies. Revenue from affiliate dues is recorded ratably over the applicable membership period, which is generally one calendar year. Amounts received in advance, if any, are recorded as deferred revenue. Affiliate dues provide economic, as well as other, benefits to affiliates and are therefore accounted for as exchange transactions rather than as contributions. MHA's performance obligations are available and consumed throughout the membership period and therefore recognized over time.

Conference registrations are recognized over time when the conferences are held and performance obligations satisfied.

Product and other sales revenue is recognized at a point in time when the product is shipped to the buyer.

There are no rights of return or refunds for any revenue streams. Payments from contracts with customers are typically due upon receipt of invoice by the customer. MHA did not have any impairment or credit losses on any receivables or contract assets arising from contracts with customers. There are also no incremental costs of obtaining a contract and no significant financing components. Finally, there are no significant changes in the judgements affecting the determination of the amount and timing of revenue from contracts with customers. The level of revenue generated through contracts with customers can fluctuate due to overall economic factors.

In-kind contributions: Donated materials, services and facilities are received from private donors and recorded as in-kind contributions at the estimated fair value as of the date of the donation. In-kind contributions for the year ended December 31, 2020, are \$74,646.

Expenses: The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statement of activities. Direct costs associated with specific programs are recorded as program expenses. Expenses are allocated among the programs and supporting services benefited in the statement of functional expenses and statement of activities, based on management's assessment of employee efforts. Remaining management and general expenses are unallocated in the statement of activities.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Recent accounting pronouncements: In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the balance sheet for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. The new standard is effective for fiscal years beginning after December 15, 2021. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. MHA is currently evaluating the impact of the adoption of this guidance on the financial statements.

In July 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The amendment is intended to increase transparency of contributed nonfinancial assets for not-for-profit entities through enhancements in presentation and disclosure requirements. Under the new ASU, not-for-profit entities will be required to present contributed nonfinancial assets in the statement of activities as a line item that is separate from contributions of cash or other financial assets. ASU 2020-07 also requires additional qualitative and quantitative disclosures about contributed nonfinancial assets received, disaggregated by category. This ASU will be effective for MHA for the year ending December 31, 2022. MHA is currently evaluating the impact of the adoption of this guidance on the financial statements.

Income taxes: MHA is generally exempt from federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code (IRC). In addition, MHA qualifies for charitable contribution deductions and has been classified as an organization that is not a private foundation. Business income, which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. MHA had no net unrelated business income for the year ended December 31, 2020.

Management evaluated MHA's tax positions and concluded that MHA had taken no uncertain tax positions that require adjustment to the financial statements. Generally, MHA is no longer subject to income tax examinations by the U.S. federal, state or local tax authorities for years before 2017.

Prior year information: The financial statements include certain prior year summarized comparative information in total but not by net asset class or function. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with MHA's financial statements for the year ended December 31, 2019, from which the summarized comparative information was derived.

Subsequent events: MHA evaluated subsequent events through September 20, 2021, the date on which the financial statements were available to be issued.

Mental Health America, Inc.

Notes to Financial Statements

Note 2. Liquidity

MHA regularly monitors liquidity required to meet its annual operating needs and other contractual commitments while also striving to maximize the return on investment of its funds not required for annual operations. As of December 31, 2020, the following financial assets are available to meet annual operating needs of the 2021 fiscal year:

Cash and cash equivalents	\$ 3,806,570
Investments	4,562,763
Receivables, net	<u>1,438,059</u>
Total financial assets	9,807,392
Less assets with donor restrictions	2,869,041
Less deferred compensation cash and investments	166,773
Less assets with board designations	<u>3,385,779</u>
Financial assets available for general expenditure in 2021	<u><u>\$ 3,385,799</u></u>

MHA manages its cash available to meet general expenditures following three guiding principles:

- Operating within a prudent range of financial soundness and stability
- Maintaining a sufficient level of asset liquidity
- Monitoring and maintaining reserves to provide reasonable assurance that long-term commitments and obligations related to donor restrictions will continue to be met

MHA receives donor-restricted promises to give from time to time, which are not available for general expenditures. MHA's Board of Directors has also designated funds for an operating reserve in the event of unforeseen revenue shortfalls. These board designated funds are not immediately available to cover general expenditures unless approved by the Board of Directors upon management's request in the event of unforeseen circumstances.

Note 3. Investments

Investments at December 31, 2020, consist of the following:

Mutual funds	\$ 3,520,925
Cash and cash equivalents	876,546
Deferred compensation plan mutual funds	<u>165,292</u>
	<u><u>\$ 4,562,763</u></u>

Net investment income for the year ended December 31, 2020, consists of the following:

Unrealized and realized gain, net	\$ 183,133
Interest and dividends	146,215
Investment fees	<u>(29,591)</u>
	<u><u>\$ 299,757</u></u>

Mental Health America, Inc.

Notes to Financial Statements

Note 4. Receivables

Receivables at December 31, 2020, consist of the following:

Contracts, sales and other	\$ 975,334
Promise to give	500,000
	<u>1,475,334</u>
Less allowance for doubtful accounts	22,050
Less present value discount	15,225
	<u><u>\$ 1,438,059</u></u>

At December 31, 2020, the promise to give is from one donor. MHA expects to receive the remainder in equal annual payments of \$100,000 through the year ending December 31, 2024, for which MHA recorded a present value discount of \$15,225 using a rate of 2.65%.

Note 5. Fair Value Measurements

The Fair Value Measurement topic of the FASB ASC establishes a fair value hierarchy that is based on the valuation inputs used in the fair value measurements. This topic applies to all assets and liabilities that are being measured and reported on a fair value basis. The topic requires disclosure that establishes a framework for measuring fair value in U.S. GAAP and expands disclosure used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values.

This topic requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market-based inputs or unobservable inputs corroborated by market data.

Level 3: Unobservable inputs not corroborated by market data.

To determine the appropriate levels, MHA performs a detailed analysis of the assets and liabilities that are subject to the Fair Value Measurement topic. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs, are classified as Level 3. There were no Level 3 inputs for any assets or liabilities held by MHA at December 31, 2020.

Mental Health America, Inc.

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The table below presents the balances of assets and liabilities at December 31, 2020, measured at fair value on a recurring basis by level within the hierarchy:

	Total	Level 1	Level 2	Level 3
Assets:				
Mutual funds:				
Equity:				
Diversified emerging markets	\$ 283,008	\$ 283,008	\$ -	\$ -
Foreign large blend	191,683	191,683	-	-
Foreign large growth	21,525	21,525	-	-
Foreign large value	114,730	114,730	-	-
Global real estate	30,360	30,360	-	-
Large blend	428,900	428,900	-	-
Large growth	76,091	76,091	-	-
Large value	585,601	585,601	-	-
Mid cap blend	207,744	207,744	-	-
Mid cap value	49,721	49,721	-	-
Real estate	83,836	83,836	-	-
Small blend	73,719	73,719	-	-
Small growth	21,403	21,403	-	-
Small value	98,227	98,227	-	-
World large stock	10,535	10,535	-	-
	<u>2,277,083</u>	<u>2,277,083</u>	-	-
Fixed income:				
Bank loan	13,729	13,729	-	-
Corporate bond	30,803	30,803	-	-
Emerging markets bond	3,362	3,362	-	-
High yield bond	58,686	58,686	-	-
Inflation-protected bond	6,741	6,741	-	-
Intermediate core-plus bond	892,624	892,624	-	-
Intermediate government	33,282	33,282	-	-
Intermediate-term bond	19,482	19,482	-	-
Multisector bond	185,133	185,133	-	-
	<u>1,243,842</u>	<u>1,243,842</u>	-	-
	<u>3,520,925</u>	<u>3,520,925</u>	-	-
Deferred compensation plan:				
Mutual funds:				
Equity:				
Large growth	46,418	46,418	-	-
Fixed income:				
Intermediate core-plus bond	95,833	95,833	-	-
World bond	23,041	23,041	-	-
	<u>165,292</u>	<u>165,292</u>	-	-
Total investments at fair value	3,686,217	\$ 3,686,217	\$ -	\$ -
Cash, held at cost	876,546			
Total investments	<u>\$ 4,562,763</u>			
Liabilities:				
Deferred compensation	\$ 166,773	\$ -	\$ 166,773	\$ -

Mental Health America, Inc.

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

Cash and cash equivalents in the amount of \$876,546 are recorded at cost and are therefore not included in the above schedule. Of this amount, \$1,481 is held in cash for the deferred compensation plan assets.

The fair value of mutual funds is determined based on quoted market prices, when available, or market prices provided by a recognized broker dealer; thus, they are categorized as Level 1.

The fair value of the deferred compensation liability is based on observable market data as the underlying assets comprise Level 1 investments; however, the liability is not actively traded and as a result deferred compensation is considered a Level 2 item.

Note 6. Property and Equipment

Property and equipment and accumulated depreciation at December 31, 2020, consist of the following:

Office furniture and equipment	\$ 336,400
Leasehold improvements	587,952
Website	169,418
Equipment under capital leases	111,094
	<u>1,204,864</u>
Less accumulated depreciation and amortization	601,301
	<u>\$ 603,563</u>

Depreciation and amortization expense for the year ended December 31, 2020, was \$156,756.

Note 7. Capital Leases

MHA has three active capital leases, which expire at various dates through 2025. The leased equipment is included in property and equipment at a cost of \$111,094 with accumulated amortization of \$48,153 at December 31, 2020.

Future minimum lease payments required under MHA's capital leases are as follows:

Years ending December 31:	
2021	\$ 23,168
2022	23,168
2023	21,308
2024	1,340
2025	1,005
Total future minimum lease payments	<u>69,989</u>
Less amounts representing interest	2,582
Present value of net minimum lease payments	<u>\$ 67,407</u>

Mental Health America, Inc.

Notes to Financial Statements

Note 8. Board Designated Net Assets

The Board of Directors of MHA has designated certain net assets without donor restrictions into a reserve fund for MHA's general operating purposes. The objective of the reserve fund is to stabilize the financial position by providing cash availability and asset growth, and to provide a method of funding programs not supported by other funding sources. The board-designated net assets include the gain from the sale of its building in 2002, as well as any unrestricted bequest income that was contributed to MHA. The Board of Directors has approved a policy, whereby contributions to the fund are made in an amount of 20% of the change in net assets without donor restrictions before depreciation and less bequest revenue recorded. The bequest portion of this transfer policy was suspended for 2020 and 2021. Withdrawals from these funds require approval by the Board of Directors on an as needed basis.

During the year ended December 31, 2020, there were additions of investment income, net of investment fees of \$248,901 to the reserve fund and expenditures of \$23,451 from the reserve fund.

Also included in net assets without donor restrictions, is a fund designated by the Board of Directors for property and equipment. This amount is calculated by subtracting the amount owed on property and equipment (e.g., the capital lease obligations and tenant allowance) from the net carrying value of total property and equipment.

The Board of Directors of MHA has also designated net assets without donor restrictions to create the Jo Blaylock Memorial Fund. The fund was created to recognize Mr. and Mrs. Blaylock's contribution to mental health. The \$50,000 initially designated, plus any investment earnings thereon, are to be used for educational purposes.

Board-designated net assets consist of the following at December 31, 2020:

Reserve fund	\$ 3,076,042
Net property and equipment	250,852
Jo Blaylock Memorial Fund	58,885
	<u>\$ 3,385,779</u>

Note 9. Donor Restricted Net Assets

Donor-restricted net assets consist of the following at December 31, 2020:

Donor restrictions for time and purpose:	
Public education, policy and advocacy	\$ 1,542,235
Constituency services	70,229
Prevention, early intervention and other	953,805
	<u>2,566,269</u>
Donor restrictions to be held in perpetuity:	
Prevention, early intervention and other	502,772
	<u>\$ 3,069,041</u>

The time-restricted promise to give is included in prevention, early intervention and other, and the total is \$484,775.

Mental Health America, Inc.

Notes to Financial Statements

Note 9. Donor Restricted Net Assets (Continued)

Net assets with donor restrictions held in perpetuity include the following:

The Quayle Bequest: Contribution that requires that the principal be invested in perpetuity and that only the income be expended to support the training and use of volunteers, and/or to pay hospital attendants servicing those who are mentally ill. The principal and accumulated earnings total is \$336,681 at December 31, 2020.

The Anna Belle Edwards Bequest: Contribution that requires that the principal be invested in perpetuity, and that only the income be expended to support research as to the cause and cure of mental illness, giving attention to the therapeutic use of mega-vitamins. The principal and accumulated earnings total is \$166,091 at December 31, 2020.

The interest income earned and unrealized gains on the above bequests are recorded as donor-restricted revenue in the accompanying statement of activities and are released from restriction when appropriated for the programs.

Interpretation of relevant law: The Board of Directors of MHA has interpreted the Virginia-enacted Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, MHA classifies as net assets with donor restrictions the original value of gifts donated to the donor-restricted endowment, the original value of subsequent gifts to the donor-restricted endowment and accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund is classified as such until those amounts are appropriated for expenditure by MHA, in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, MHA considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of MHA and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of MHA
- The investment policies of MHA

Return objectives and risk parameters: MHA has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity. The objective of the net assets with donor restrictions is the preservation of capital.

Strategies employed for achieving objectives: To satisfy its long-term rate of return objectives, MHA relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). MHA has two restricted investments, the endowment and the charitable gift annuity account (CGA). MHA's current asset allocation for the endowment targets a composition of equities between 50% and 70%, fixed income between 30% and 50%, and cash equivalents between 0% and 10%. The target for CGA is 50% equities, 45% fixed income, and 5% cash equivalents.

Mental Health America, Inc.

Notes to Financial Statements

Note 9. Donor Restricted Net Assets (Continued)

Spending policy: The earnings on the net assets with donor restrictions are released from restricted funds and are used in accordance with donor stipulations.

Changes in endowment net assets for the year ended December 31, 2020, are as follows:

Endowment net assets, beginning of the year	\$ 464,992
Investment income, net	37,780
Endowment net assets, end of the year	<u>\$ 502,772</u>

Note 10. Refundable Advance

In March 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law to provide emergency assistance and health care response for individuals, families and businesses affected by the 2020 coronavirus pandemic. Under the CARES Act, MHA applied for a PPP loan with a bank that is administered by the Small Business Administration (SBA), and received \$432,438 during April 2020. The PPP loan has a 1.0% rate of interest and a six-month deferral of principal and interest payments; thereafter, if not forgiven, monthly principal and interest payments are due over consecutive months, with a final payment in April 2022. The loan can be prepaid without penalty at any time. MHA used the full amount of the PPP funds for payroll and other qualified expenses and expects the loan to be forgiven when the submission is approved by the bank in the SBA. Because MHA believes that it meets the forgiveness requirements, the funds are considered to be a conditional contribution under FASB 958-605 as they include a right of return and a barrier. In June 2021, the loan was forgiven. At December 31, 2020, the PPP loan was recognized as a refundable advance of \$432,438 on the balance sheet.

Note 11. Commitments and Contingency

Leases: MHA leases its office space under a noncancelable operating lease. The lease term is 11 years, which started on April 1, 2016, and can be renewed for an additional five years. The lease provides for fixed annual rental increases and, at the beginning of the lease term, the landlord granted MHA an abatement of the base rent for the first lease year and an allowance for leasehold improvements, both of which are required to be amortized over the life of the lease on a straight-line basis as an offset to rent expense. The difference between cash payments and straight-line rent expense is reflected as deferred rent and incentives in the accompanying statement of financial position.

Future minimum lease payments required under the office lease are as follows:

Years ending December 31:	
2021	\$ 238,342
2022	244,897
2023	251,631
2024	258,551
2025	265,661
Thereafter	341,668
	<u>\$ 1,600,750</u>

Occupancy expense for the year ended December 31, 2020 was \$194,622.

Notes to Financial Statements

Note 11. Commitments and Contingency (Continued)

Hotel agreement: MHA has entered into a contract for hotel and conference rooms for meetings and shows through June 2023. In the event of cancelation, MHA is required to pay various cancelation fees, as stipulated in the contracts, the amounts of which are dependent on the dates of cancelation.

Pandemic: Subsequent to the coronavirus outbreak in 2020 in the United States, there has been substantial volatility in financial markets and the economy. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, quarantines in certain areas, and forced closures for certain types of public places and businesses. The coronavirus, and actions taken to mitigate it, have and are expected to continue to have an adverse impact on the economies and financial markets of many countries, including the geographical area in which MHA operates. Since this could have long lasting impacts on MHA, management will continue to review and adjust planned expenditures should it be determined the outbreak will significantly impact the balance sheet and statement of activities of MHA.

Note 12. Retirement Plans

Defined contribution plan: MHA has a non-contributory, defined contribution retirement plan, which is available to all employees who attained 21 years of age. Employer contributions are made based on percentages and employees are vested immediately, as defined in the plan document. Pension expense for the year ended December 31, 2020, was \$101,506 and is included in salaries and benefits on the accompanying statement of functional expenses.

Supplemental executive retirement plan: MHA offers its executives, or highly compensated employees, an opportunity to defer compensation pursuant to Section 457(b) of the IRC to supplement such employees' retirement benefits under the employer's qualified retirement plan. Employees are fully vested when plan contributions are made. Under the 457(b) plan, MHA may make matching contributions; however, no matching contributions were made during the year ended December 31, 2020.