

2006–2007 Annual Report
Arapahoe/Douglas Mental Health Network



Purpose. Promise. Performance. Possibility.

Arapahoe/Douglas
Mental Health
NETWORK
your path to a better you

MISSION

Our Mission

To provide professional, comprehensive, culturally inclusive mental health and substance abuse treatment services; to create opportunities and environments that empower people to recover and improve their quality of life; and to promote public acceptance of mental illness.

VALUES

Our Values

- Mental health is an integral part of the well-being of all individuals and is fundamental to the quality of life of our entire community.
- Professional and comprehensive mental health and substance abuse treatment services are most effective when readily accessible, culturally sensitive, responsive to the needs of individuals and their families, and delivered in the most effective setting.
- Consumer-focused services require commitment to customer satisfaction and the concern of the individual.
- Ongoing training is essential to the professional development of Arapahoe/Douglas Mental Health Network personnel.
- Successful delivery of mental health and substance abuse treatment services is strengthened by public acceptance and strong community support.
- The planning and decision making process is enhanced by including employees and consumers.
- Fiscal responsibility is vital to the success of our mission.

VISION

Dear Friends of ADMHN,

We were recently asked to define success for ADMHN, and of course, there are many ways to do this. For our consumers, it could be achieving the goals of their treatment plans, or finding acceptance in the community. For staff, it might be completing new training, or working more effectively with consumers.



For ADMHN as an organization, an important way to define our long term success is that our programs and services are even more accessible to the people in our community, and are responsive to the needs of our community. With that in mind, we'd like to tell you about a few of our initiatives in the coming year.

Of note:

- *We are a part of the dialogue at state and local levels about the numbers of people with mental illness in our criminal justice system. New mental health court, jail re-entry, and diversion projects reflect the belief that community-based treatment is less costly for the system and more effective for the client than institutionalization. At every point along the path of law enforcement/criminal justice involvement there is a need for mental health treatment. ADMHN led the way in this area with our Crisis Intervention Case Management program, and will remain active in the discussion as these entities seek to understand and manage working with people with mental illness.*
- *Growing awareness of the correlation between mental illness and substance abuse has brought new interest in consolidating services to ensure a full continuum of treatment for people with this dual diagnosis. This is an opportunity to expand our highly successful Aquarius Center that has been in place since 1977, and was the first dual diagnosis outpatient program in Colorado to integrate treatment for chemical dependency and mental health issues.*
- *Responding to high demand, especially for child and family services, and following population growth, we plan to offer services at a new facility east of I-25. Services and facilities in Littleton will not change.*
- *And, our profession is changing. Research and production of psychiatric medicines, and new evidence-based practices for therapy have led to less restrictive levels of care, and changes in the scope and focus of traditional therapies. Our commitment to offer the best possible mental health services to our consumers means that we must continue to invest in ongoing advanced clinical training for our staff, and to serve as a training ground by taking interns from local colleges and universities.*

We stay responsive to the needs of our community by working collaboratively with more than 30 city and county agencies and other non profits in our area. And, as a member organization of the Colorado Behavioral Healthcare Council, we stay aware of, and are involved in, issues at the state level.

Of course, our ultimate goal is to bring people with mental illness in our doors, and we are concerned about those people who lack health insurance, and don't have the funds to pay. For that reason, our fundraising efforts – our annual fund and our special events – are focused on bringing in contributions that can help pay for care for this group of people. Our fundraising program is still in its infancy, but we'll continue to work hard to increase the dollars available for individuals with low incomes and no health insurance.

Sincerely,

Scott R. Thoemke, M.Ed, CAC III
Executive Director/CEO

Thomas Flanagan, Jr.
Board Chair

PURPOSE.

Purpose.

At Arapahoe/Douglas Mental Health Network, our purpose, or mission, is to provide professional, comprehensive, culturally inclusive mental health and substance abuse treatment services; to create opportunities and environments that empower people to recover and improve their quality of life; and to promote public acceptance of those with mental illness. To achieve this, we partner with our consumers and many different community resources to build programs and services that truly meet the needs of individuals with mental illness. A few recent examples include:



In FY07–08, pharmacy services will expand to include courier delivery to other ADMHN offices and prescription mail delivery.

Stocking psychiatric drugs as well as common medications for physical health disorders, the on-site pharmacy offers consumers the convenience of “one-stop shopping” for all their pharmacy needs. As a non-profit, ADMHN utilizes pharmacy profits to reduce co-pays for clients’ medications and to subsidize the organization’s broadening indigent services. In FY07–08, the ADMHN pharmacy will offer courier service to some of its ancillary locations so consumers can pick up their prescriptions right where they receive their services. Prescription mail delivery will also be available for a minimal fee.

Intensive Services Team

For children who need more acute services, ADMHN launched an Intensive Services Team in July 2006. A short-term program designed especially for families in crisis, this powerful family therapy offers the best chance of keeping children at home, thereby

providing an alternative to costly out-of-home placements or hospitalizations. Treatment is based on the belief that children’s problems develop in the context of the family and community. Behavior modification, problem solving, and communication and negotiation skills are emphasized, along with practical coping skills that families can use long after the program is completed. In its first year, the Intensive Services Team served more than 70 families.



ADMHN’s Intensive Services Team provides in-home therapy for children and families in crisis.

Aftercare Program

Recognizing a need for continued care among dually diagnosed consumers, ADMHN implemented its Aftercare Program in January 2007. The Aftercare Program strongly complements the work that begins in the Chemical Dependency Outpatient Program and Relapse Prevention Group within ADMHN’s Aquarius Center by filling the gap during the crucial time immediately following the completion of treatment – when consumers are most apt to relapse. Through the program, consumers receive emotional, behavioral and physical support, boosting the odds that they will succeed in their recovery journey.

Senior Peer Program

Also in January 2007, ADMHN added two senior peer specialists to its Older Adult program in an effort to further enhance the care it provides to consumers 60 years of age and older. The senior peer specialists augment the work that first begins in therapy by pairing an older adult who has received mental health services at ADMHN with a skilled senior peer specialist who serves as a trusted friend, offering assistance with the special concerns of aging like loneliness, change and loss. Referred to one of the senior peers by their clinician, seniors in the program are generally contacted by phone each week and meet with their senior peer once or twice a month, depending on need.



Senior Peer Specialist Kathy Enloe-Miller meets with senior consumers regularly to offer assistance with the special concerns of aging such as loneliness, change and loss.

Family Support & Education Program

ADMHN also introduced its Family Support & Education Program in FY06–07. An evidence-based practice, the Family Support & Education Program provides individuals with schizophrenia and their loved ones with empowerment through support and education. The skills-based program consists of a series of family and group sessions where consumers and families come together to learn about the consumer's mental illness and how to work toward improving relationships. Problem-solving and communication skills, for example, help with issues such as finding and keeping a job; taking part in social activities; family stress; disagreements about medication; lack of energy; and drugs and alcohol. The program is facilitated by mental health professionals and has been proven effective in decreasing symptoms, relapses and rehospitalization.



Funds from the ADMHN's 2006 Mental Health Benefit Luncheon helped launch the Family Support & Education Program aimed at helping consumers and their families better understand and cope with schizophrenia.

Infant & Early Childhood Services

In April 2006, ADMHN launched its Infant & Early Childhood Services program. Funded by the State of Colorado, ADMHN's Infant & Early Childhood program provides mental health services to uninsured children under age 6 and their families. Services include individual and family therapy, therapeutic groups, psycho-educational groups and medication. In addition to providing direct services, the program also involves collaboration with pre-schools, local school districts, human service agencies and other community organizations about how best to meet the special mental health needs of the very young.



ADMHN's Infant & Early Childhood Services program provides mental health services for uninsured children under age six and their families thanks to state funding.

Employment Services

More than 30 consumers gained employment during FY06–07 through ADMHN's employment programs. Consumers interested in returning to paid employment may access the Supported Employment Program (SEP) at ADMHN's S.T.A.R. Reach Clubhouse. Most often, referrals are made by a case manager or therapist. An excellent step toward returning to paid employment, SEP offers support with job-seeking skills, resume writing, interviewing and job coaching.

ADMHN's Transitional Employment Program (TEP) gives consumers the opportunity to gain confidence and work experience by placing them in safe and manageable positions that ease them into the workforce. TE jobs are part-time, entry-level positions and typically last six to nine months. When a new TE position is awarded, a S.T.A.R. Reach Clubhouse staff member first learns the job. In turn, the staff member trains the participating consumers, then stays with the consumer for as long as it takes

him or her to become comfortable on the job. Throughout the job period, the staff member visits the job site regularly and accepts responsibility for the job, filling in any time the consumer is unavailable. At the end of a consumer's placement, the staff member trains a new member for the position with no disruption of the work routine. With each placement, consumers gain experience, confidence and a sense of accomplishment, which in turn, strengthens their capacity for living a more productive life.

Thanks to the following employers for partnering with ADMHN and the S.T.A.R. Reach Clubhouse to help consumers return to paid employment:

Barnes & Noble

City of Littleton

Fazolis

Fresh Start Cleaners

King Soopers

North American Handico

South Metro Chamber of Commerce

PROMISE.

Promise.

At ADMHN, it is our promise to improve the health and quality of life for those in the communities we serve. By collaborating with a wide range of community organizations and task forces we strive to:

- Improve customer access to mental health services
- Create new programs to meet unmet community needs
- Coordinate care for people who need multiple services
- Support children and their families
- Improve the health and well-being of older adults
- Enhance public safety

OUR RECENT COLLABORATIONS INCLUDE:

Co-located Staff

■ **Englewood High School**
Thanks to grant funding secured by Englewood High School, an ADMHN Child & Family Services therapist spends two days a week at the school providing services to uninsured students and those with Medicaid. Students with other insurance are referred to the Child & Family Services office in Littleton.



An ADMHN therapist spends two days a week at Englewood High School providing services to uninsured students and those with Medicaid.

■ **Arapahoe Park Pediatrics**
In an effort to further increase access to mental health services, ADMHN partners with Arapahoe Park Pediatrics to provide a licensed therapist in the Littleton pediatric office for 10 hours per week. In the first year of the partnership, the therapist met with nearly 60 patients; 38 percent of those patients became ADMHN consumers.

■ **Tri-County Health Department**
ADMHN partners with nursing staff at Tri-County Health Department to bring mental health services to consumers with high-risk pregnancies. This therapist sees pregnant women,

sometimes in their homes, and offers education, referral information and support.

■ **Marvin W. Foote Youth Services Center & Juvenile Assessment Center**
At the Marvin W. Foote Youth Services Center, an ADMHN therapist offers youth offenders mental health assessments, treatment, support and recommendations. The ADMHN psychiatrist provides medication evaluations and medication follow-up services. Two full-time ADMHN therapists work at the Juvenile Assessment Center to assess youth brought in by parents or police officers.

Cherry Creek Mental Health LINK

ADMHN recently joined forces with Aurora Mental Health Center and the 18th Judicial District Juvenile Services Board to provide mental health services to children in the Cherry Creek School District. The project, called Cherry Creek Mental Health LINK (Local Intervention Network for Kids), is intended to construct systems to promote healthy development and prevent problems, respond to problems as soon after onset as is feasible, and provide intensive care when necessary. ADMHN's role in the LINK project is to train teachers to identify mental illness among students and develop referral protocols for those times when children must be referred outside the school system. The LINK project is funded by the U.S. Department of Education.

Greater Littleton Youth Initiative

The Greater Littleton Youth Initiative (GLYI) is a strategic approach to enhance the development of young people and prevent youth violence in the Littleton community. ADMHN collaborates closely with the GLYI to educate, assess the needs of Littleton's youth, raise funds, and allocate available resources to programs that will meet the GLYI mission. ADMHN also has partnered with GLYI and the City of Littleton to provide Functional Family Therapy to many Littleton families in need.

Douglas County Youth Initiative

The Douglas County Youth Initiative is a collaborative project between the Douglas County government, the Douglas County School District, the City of Lone Tree, the Town of Castle Rock and the Town of Parker aimed at coordinating local youth-serving efforts and assessing the needs of the community's kids. ADMHN is represented by key staff members who participate in regular meetings that address juvenile justice issues and alcohol/drug use among children.

POSSIBILITY.

Possibility.

Imagine a world without stigma. A world where everyone felt confident and free to seek mental health treatment without the fear of being judged. A world where mental health treatment is accessible and affordable for anyone who needs it. A world of limitless possibilities for those treated for mental illness.

The reality, however, is that only eight million of the 54 million Americans diagnosed with mental illness in a given year actually seek treatment. And when mental illness goes untreated, the impact is felt by everyone. Family members, friends, neighbors and co-workers are all affected. So imagine the possibilities for all of us if help is available for those who need mental health services the most.

The stigma of mental illness has always been a barrier for those seeking treatment, and at Arapahoe/Douglas Mental Health Network, we are dedicated to implementing initiatives aimed at reducing that stigma. We're in the community regularly talking about mental illness in an attempt to bring a mainstream awareness to the issue. We also focus our fundraising efforts

on helping individuals in need of mental health and substance abuse treatment services who have little or no insurance – so that once they have the courage to seek treatment services, they aren't turned away.

Thanks to many individuals and organizations, ADMHN is able to turn possibilities into realities. Last year, we launched our first annual fund campaign which raised nearly \$20,000 for uninsured and underinsured individuals in need of mental health and substance abuse treatment services. Our two fundraising events (see sidebar) raised nearly \$80,000, also for individuals in need of services but with little or no insurance. And through generous foundation grants, we are able to keep a many of our programs operating. The Colorado Health Foundation and Caring for Colorado Foundation provided continued funding for our CIT Case Management Program. The PAJWELL Foundation gave in support of the Clubhouse and the Family Support & Education Program. The Philip S. Miller Grant Program supported services for children and adolescents in Douglas County, and a grant from New Belgium Brewing Company was directed to the Aftercare Program. NAMI Arapahoe/Douglas made several gifts throughout the year to further Clubhouse activities and in support of our events.

Fundraising Events

In FY06–07, Arapahoe/Douglas Mental Health Network (ADMHN) held two fundraising events – our second annual “Raising Spirits” Wine Tasting & Auction and our sixth annual Mental Health Benefit Luncheon.

Last fall, nearly 200 guests attended our second annual “Raising Spirits” Wine Tasting & Auction at the Sanctuary Golf Course. Thanks to corporate sponsors such as Intermountain Rural Electric Association (IREA), Bank of Choice, Christian Living Communities, Citywide Banks, Community Reach and Kaiser Permanente, the event raised more than \$30,000 for uninsured and underinsured individuals in need of mental health and substance abuse treatment services.

In May 2007, ADMHN hosted its sixth annual Mental Health Benefit Luncheon at the Inverness Hotel & Conference Center. Lonise Bias, mother

of the late University of Maryland basketball player Len Bias, served as they keynote speaker and inspired luncheon guests by sharing how she turned her personal tragedy (the loss of two sons) into a mission of hope for community and family. The event raised nearly \$50,000 for uninsured and underinsured individuals in need of mental health and substance abuse treatment services. Corporate sponsors included Citywide Banks, Arapahoe and Douglas Counties, Arapahoe House, Aurora Mental Health Center, Behavioral Healthcare Inc., Christian Living Communities, Community Reach Center, Crossroads Turning Points, Highlands Behavioral Health System, Intermountain Rural Electric Association, Kaiser Permanente, Lockton Companies, LLC, Mercer Health and Benefits, National Alliance on



Mental Illness (Arapahoe/Douglas chapter), Palace Construction and Signal Behavioral Health Network.





ALICIA

Alicia's Story

For most of her 37 years, Alicia's life has been an unending emotional rollercoaster; the equivalent of living on a psychological edge. But three years ago her life took a turn for the better when, as a condition of her probation, Alicia became a consumer at ADMHN.

Alicia now sees that her struggles with drinking, depression, fighting, relationships and all too frequent arrests were symptoms of a larger mental illness known as borderline personality disorder (BPD).

Clinically, BPD is a serious mental illness. People who have BPD often behave aggressively, have difficulty controlling emotions and impulses, and wrestle with unstable, intense relationships. BPD is thought to be caused by biological and environmental factors that arise from childhood development, with symptoms generally occurring by early adulthood, if not sooner.

People with BPD lack the coping and control mechanisms that regulate emotions and impulses. For those like Alicia who are caught in its unrelenting grasp, BPD is often the catalyst that leads to homelessness, incarceration, chronic addiction and a path littered with damaged relationships.

"Consumers vary widely in the severity of symptoms," explains Joy deGraffenried, Alicia's primary therapist and manager of ADMHN's Adult Outpatient Program. "Many with this disorder struggle with constant thoughts of suicide and a high number make suicide attempts due to feelings of powerlessness and hopelessness. Some practice self-injury, like cutting."

For Alicia, life has been challenging almost since birth. At six months, she became a ward of the state after her parents were jailed. Shortly after, her aunt stepped in to raise her – a woman Alicia believed was her biological mother up until several years

ago. She left home at 16 because, "I wasn't in a family that could help me figure out where I was supposed to be going or validate what I was feeling," Alicia recalls. "I tried, but everything I did – and felt – was wrong."

After many turbulent years and abusive relationships, she ended up on the streets where her alcoholism and fighting escalated – along with her arrests. "At one point, I went to jail maybe 30 times in a year," she says. "I thought that's where I was supposed to be. Jail was the one place that actually gave me stability and a sense of safety. In fact, I begged them to keep me after I was released once because I had nowhere to go and I didn't want to start drinking again."

At the height of her illness, Alicia attempted suicide. "I was tired of being the person I was and the life I was leading. I wanted it to end."

Three years ago, she entered ADMHN's Aquarius Center which effectively treats adults challenged by chemical dependency and mental illness. It would be the first step of a lengthy journey that eventually would transform Alicia's life.

Barely clean and sober, she reluctantly agreed to Dialectical Behavior Therapy (DBT) at the urging of her therapist and probation officer alike. (See "What is DBT?" [this page](#).)

By no means a quick fix, Alicia says that DBT has "turned her life around." It is one of the most challenging programs she's ever participated in at ADMHN, and she credits the therapy with helping to bring her 13-year old son back into her life. She is eager to regain his trust by building a new relationship with him.

Alicia now has hopes, dreams and new-found confidence. She recently received a personal success award at Behavioral Healthcare Inc.'s annual consumer recovery gala. She plans to get her high school equivalency degree and then continue her education – possibly using her experiences to help others via a career in human services or as a probation officer. Despite the sizable time commitment, Alicia says she will continue in the DBT program to further her recovery.

"I have a job, a home and I've regained custody of my son," she says with pride. "I feel like I'm finally on the right path. I'm excited to have this second chance."

What is DBT?

Dialectical Behavior Therapy, or DBT, focuses on helping consumers with Borderline Personality Disorder (BPD) modify their ways of thinking and behaving. DBT is the only research-based treatment protocol for individuals with BPD, and consumers with the disorder at ADMHN are seen by clinicians extensively trained in this model.

The intensive 24-week outpatient program helps consumers like Alicia learn self acceptance along with everyday coping skills that can help them gain better control of their emotions and impulses. DBT uses group therapy to teach the four core skills that are central to this therapy, and clients also learn to integrate these teachings into their daily

lives during individual therapy. The four core skills are core mindfulness, emotion regulation, stress tolerance and interpersonal effectiveness.

For more information about DBT, call ADMHN at 303.730.8858.

KEYANNA

Keyanna's Story

Everyone can use a friend – especially a troubled “tween.” For Keyanna, 12, that friend turned out to be Katie Fields, one of ADMHN’s specially trained adult mentors.

Keyanna was first seen in Child & Family Services in 2005 when her mother Marlene sought help for Keyanna’s increasingly out-of-control behavior. Since then, Keyanna has not only taken part in individual therapy but in Functional Family Therapy as well – an intensive intervention program that is effective for high-risk youth and their families.

As Keyanna’s treatment progressed, she also entered ADMHN’s Mentoring Program which pairs vulnerable, at-risk youth with caring adult mentors – like Katie – who serve as trusted friends. (See “ADMHN Mentoring Program” *this page.*)

“Mentors support in ways that the treatment team simply cannot,” says Keyanna’s case manager Ashley Taylor. “Mentors are the ideal resource to bounce questions off of like, ‘What can I do about the problems I’m having with my friend?’ or ‘What should I do about the math class I’m getting Ds in?’ Because of this special relationship, these kids are more likely to open up about what’s really on their minds.”

In the year that Keyanna and Katie have worked together, Katie has seen their relationship grow – along with Keyanna’s confidence. “Katie and I have gone to movies, played miniature golf, roller skated and taken the light rail downtown,” Keyanna says, thinking back over a few of their outings. “She’s also helped me know what to do if I’m not getting along with a friend.”

“Keyanna was so quiet during our initial meetings,” Katie recalls, “but now we joke around and talk easily. She’s so much more at ease. Our visits have also given us an opportunity to discuss how Keyanna can communicate and handle conflict better and an understanding of why it’s so important for her to listen to her own ‘voice’ about how she feels.”

Marlene sees a difference in Keyanna too. “It’s helped Keyanna to have someone to talk to besides friends her own age,” she says. “Katie is able to help Keyanna in ways that her peers simply cannot.”

Marlene also believes that mom and daughter benefit from the much needed break that mentoring provides the family, which is another benefit of the program. “It helps both of us to have some time apart,” Marlene maintains. (Depending on schedules, Katie and Keyanna typically touch base every two weeks for a couple of hours.)

Keyanna is doing so well now that her treatment team recently decided she should receive case management and medication services only – the lowest level of care available at ADMHN. And while life isn’t perfect, “it’s certainly a whole lot better,” Marlene admits.

For her part, Katie is pleased to have played a role in Keyanna’s progress. “To know you’ve somehow made a difference in the life of someone like Keyanna who needed that extra support, and then to have the privilege of watching her become more self-assured in the process, is absolutely the greatest reward in being a mentor.”

ADMHN Mentoring Program

Started in 2005, the ADMHN Mentoring Program provides supportive role models to youth who are in need of positive relationships with trusted adults.

Mentors complement clinical work by giving youth extra help and an attentive ear, along with an avenue to freely share whatever is on their minds – without the worry of being judged or criticized. Mentors offer beneficial one-on-one time, and fun and safe activities like camping trips, cultural outings and park visits.

However, mentors have a solid grasp of adolescent mental health needs. Each mentor at ADMHN must have at least a bachelor’s degree in a mental health related field (most have graduate or post graduate degrees) as well as a general understanding of the types of diagnoses that are found specifically in children and adolescents. A minimum of a year working with youth in a human services field is also required.

A mentoring relationship offers children and

teens a safe place to confide, process and share, and it is effective. For children and teens considered at high risk of being placed outside the home a dedicated mentor can make a critical difference.

For more information about ADMHN’s Mentoring Program, call 303.730.8858.





KING
of the Hill
ERICK

ERICK

Erick's Story

Like many 21-year-olds, Erick Gutierrez is enthusiastic about the future. He shares the same hopes and dreams as other young adults with one noteworthy difference – Erick has schizophrenia. But with help from Arapahoe/Douglas Mental Health Network and the support of its S.T.A.R. Reach Clubhouse, Erick is living proof that a severe mental illness doesn't have to define you.

Diagnosed at age 17, the Littleton resident says his symptoms came on one day out of the blue. Nearly four years ago, he became a member of the S.T.A.R. Reach Clubhouse where individuals living with severe and persistent mental illnesses like schizophrenia, bipolar disorder and major depression find hope, acceptance, inspiration and abundant opportunity. (See “S.T.A.R. Reach Clubhouse” *this page.*)

According to Clubhouse Supervisor Peter Czolowski, S.T.A.R. Reach works to improve the quality of life for adults with serious mental illness by facilitating meaningful work and relationships in an environment filled with social, educational, recreational and vocational opportunities.

“We believe that each member has a valuable contribution to make and we rely on our members in order to operate,” says Peter, in explaining the concept of the work-ordered day. Members and staff alike work on meaningful tasks like Clubhouse management, community outreach and food services that are essential to the daily running of S.T.A.R. Reach and closely simulate the work environment that lies just outside the Clubhouse. For many members, joining the Clubhouse represents a first opportunity to ease into the world of work and social

interaction while they develop job skills and complete tasks that are valued by the entire Clubhouse community.

Clubhouse membership has led Erick to a more productive and fulfilling life. He has taken advantage of all it has to offer, finding renewed confidence, self-worth, friendship and life skills along the way that he credits with helping him attain a new part-time job as a courtesy clerk at a local King Soopers.

Erick initially participated in the Clubhouse's Transitional Employment program, a partnership between the local business community and the S.T.A.R. Reach Clubhouse that provides an opportunity for members to gain work experience through part-time, temporary positions that typically last six months. In return, the Clubhouse guarantees the job will be performed to the employer's satisfaction, with no absenteeism, additional training requirements or lowering of job standards.

“Erick has a strong work ethic,” says Deirdre Sage, unit coordinator, who along with Kelly Johnson, Clubhouse vocational counselor, has helped him take the next step to Supported Employment, which provides job seeking skills, resume writing, interviewing and job coaching for consumers who are ready to obtain their own jobs.

“Before I applied to King Soopers, Deidre and I talked about what employers would expect and what kinds of interview questions they might ask,” Erick says, noting with pride that he alone took the initiative to fill out his application on-line and follow up with the hiring manager.

“I want to be productive and the Clubhouse has helped make that possible,” Erick says with a warm smile. He has elected to have Kelly as his job coach, giving him an advocate and an extra measure of support at his new workplace.

“Erick is a real inspiration to other Clubhouse members,” Deirdre says. “He's not only the face of a successful recovery, but proof positive that it's possible to thrive despite having a serious mental illness.”

S.T.A.R. Reach Clubhouse

Since opening its doors in 1994, the S.T.A.R. Reach Clubhouse has served more than 1,000 Arapahoe and Douglas County individuals living with severe and persistent mental illness.

S.T.A.R. Reach is based on the Clubhouse Rehabilitation Model established by Fountain House in New York City more than 50 years ago. Central to the Clubhouse model is membership.

Individuals with a mental illness participating in Clubhouse programs are known as members in order to reinforce their status as equal, independent and self-sufficient members of the Clubhouse community. Membership is life long, and members are encouraged to volunteer in the management and delivery of Clubhouse support services.

For more information about ADMHN's S.T.A.R. Reach Clubhouse, call 303.798.0128 or visit www.starreachclubhouse.com.

TAMI

Tami's Story

Tami Reigies had ridden an emotional rollercoaster to the depths of despair.

After being diagnosed with bipolar disorder, Tami lost her job, custody of her children, her relationship, her home and – nearly – her life. When she attempted suicide by cutting her wrists, the Douglas County sheriff's deputy who took her to the emergency room also referred her name to ADMHN's Crisis Intervention Team (CIT) Case Management Program.

"I don't believe I'd be here today without the CIT program," says Tami, 45, a year after hitting bottom. "I was as low as you could go. ... Now, I'm cautiously optimistic about the future."

In retrospect, she thinks her mental illness, which is characterized by extreme mood swings, began affecting her life after she married. At the time, she believed the angry rages she felt were normal – even though she has broken each hand and jumped from a moving car during some of her emotional upheavals. She and her then-husband moved to Colorado about six years ago with their four boys, now 20, 16, 9 and 7 years old. "I was up and down, had peaks and valleys," she recalls.

CIT case manager Debi Gutierrez contacted Tami after the suicide attempt. Each CIT contact is different. Some people hang up, get angry or become defensive. Others relate their life stories. Still others are surprised anyone cares. Debi and the other two case managers in the CIT programs gently feel out each person and offer help.

Debi sensed real despair when she talked to Tami. "I remember she seemed pretty hopeless, like she was carrying a million tons on her back," Debi recalls. "I was concerned. She said she hadn't been out of the house for days. I tried to get her to agree to come in."

Tami did. "It was hard to come in and to come to terms with my mental illness. Debi made me feel it was all right to trust her," Tami says.

Debi referred her to a therapist, with whom Tami is still working. Her life has gradually improved: she has a job in a satellite television call center, rents her own apartment, and visits regularly with her children. Could she have afforded therapy and medications without the CIT program? "Oh, definitely not," she says. "When I lost my job, I lost my insurance."

Today, the transformation in Tami is stunning to her one-time case manager. "It's so fantastic to see you a year later with your bright smile and your bright personality," Debi tells Tami.

CIT programs were created throughout the United States after a 1988 police shooting in Memphis involving a mentally ill person. CIT programs train law enforcement officers to recognize mental illness, defuse potentially violent situations and refer individuals for help. The ADMHN program is unusual in that it coordinates referrals from law enforcement agencies with services in 14 different locations, says Scott Thoemke, ADMHN executive director and chief executive officer (*See "CIT Case Management Program" this page.*)

"It's working wonderfully," says Scott. "We've seen more than 300 individuals in two years. We are significantly reducing their law enforcement contacts by our work with them."

Article reprinted with permission from The Colorado Health Foundation.

CIT Case Management Program

ADMHN participates in Crisis Intervention Team (CIT) training, conducted by the Colorado Department of Criminal Justice, for the sheriff's departments of Arapahoe and Douglas counties, and all local police departments. Officers learn to recognize mental illness and to effectively manage crisis interactions with individuals who have a mental illness.

After an encounter with someone they believe to have a mental illness, officers refer the individual to ADMHN's CIT Case Management team for crisis stabilization, such as evaluation, finding housing,

food, psychiatric services, or medical treatment. Whenever possible, the clients are then enrolled in treatment plans and receive ongoing case management. CIT case managers also provide consultations, support and ongoing training to law enforcement. The program has been expanded to include School Resource Officers in order to reach students in crisis, and a jail release program with the Arapahoe County Sheriff's Office.

Start-up funding for the CIT Case Management Program, as well as two additional years of operating funding, was given by Caring for

Colorado Foundation and The Colorado Health Foundation. These grants supported case managers' salaries, and provided therapies and treatment for CIT-referred clients who had no insurance.

Since its inception in November 2004, through FY 2007, the CIT Case Management Program received 447 referrals from law enforcement officers throughout our service area, and provided 22,476 services to consumers referred through the CIT program.



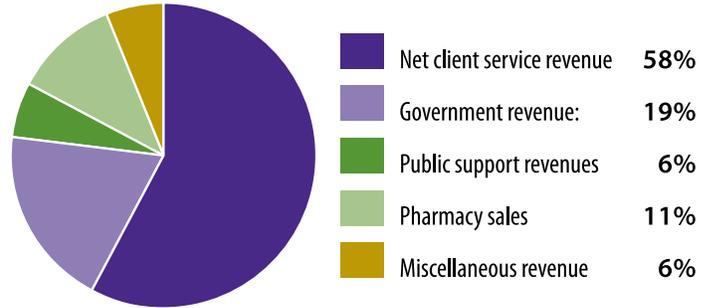
PERFORMANCE.

Performance.

FY06–07 Operating Results

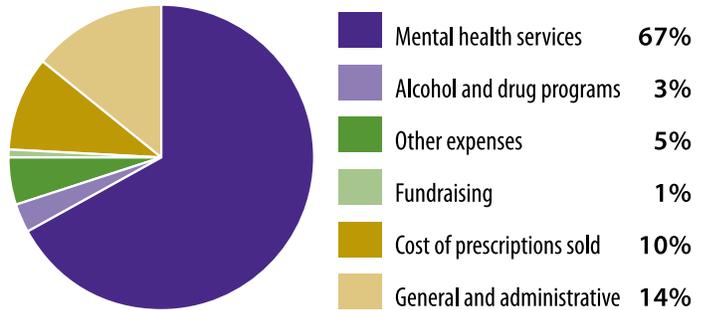
Revenue:

Net client service revenue	\$ 8,710,703
Government revenue:	
Federal	98,705
State of Colorado, Division of Mental Health	1,262,021
State of Colorado, other	795,777
Local	614,606
<i>Total government revenue</i>	<u>\$2,771,109</u>
Public support revenues	835,326
Pharmacy sales	1,647,367
Miscellaneous revenue	943,550
<i>Total operating revenue</i>	<u>\$14,908,055</u>



Expenses:

Mental health services	\$10,153,073
Alcohol and drug programs	528,612
Other expenses	706,377
Fund raising	146,290
Cost of prescriptions sold	1,576,214
General and administrative	2,060,705
<i>Total expenses</i>	<u>\$15,171,271</u>



Operating Income (Loss)

(\$263,216)

Investment Income

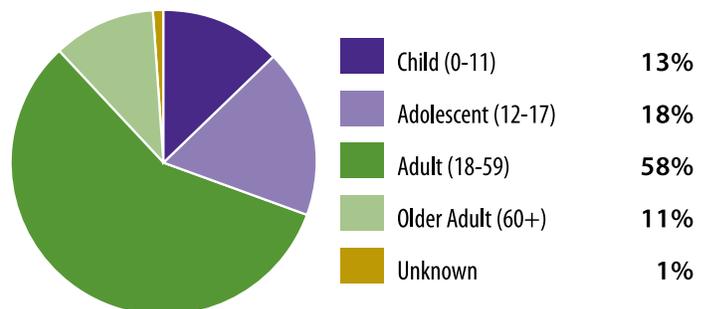
Equity investments	\$183,273
Interest income	263,144
<i>Total investment income</i>	<u>\$446,417</u>

Increase in Unrestricted Net Assets

\$183,201

In FY06–07, we served 4,915 people, a 5% increase over the previous year.

Child (0-11)	650
Adolescent (12-17)	861
Adult (18-59)	2,852
Older Adult (60+)	525
Unknown	27
	<u>4,915</u>



THANKS

Special thanks to our donors

Corporations, Government and Foundations

Very special thanks to Caring for Colorado Foundation and The Colorado Health Foundation for their continued support of the CIT Case Management Program. Grants from these two foundations have made this valuable program possible.

AIG Valic	Christian Living Communities	Douglas County	New Belgium Brewing Company
Arapahoe County	City of Greenwood Village	Douglas County Community Development Block Grant Program	NAMI Arapahoe/Douglas Counties
Arapahoe House	City of Littleton	In-Net, Inc.	PAJWELL Foundation
AstraZeneca LP	City of Lone Tree	Intergroup Architects	Palace Construction Company
Aurora Mental Health Center	Citywide Banks	Intermountain Rural Electric Association	Signal Behavioral Health Network
Bank of Choice	The Colorado Family Center	Janssen Pharmaceutica Inc.	South Suburban Christian Church
Behavioral HealthCare Inc.	The Colorado Health Foundation	Kaiser Permanente	Thresholds, P.C.
Caring for Colorado Foundation	Community Reach Center	Mercer Health & Benefits	VALE Board, 18th Judicial District
Centennial Mental Health Center, Inc	Crossroads Turning Points Inc.	The Philip S. Miller Grant Program	Wal Mart #1689 in Aurora

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Julie Van Heyningen
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Joanne Steinwachs and Michael Weber

In memory of Harriett Anderson
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In memory of Verna Lanyon
Patrick Sobeck
Ruth E. Severns
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In memory of George Dacres
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Every effort has been made to ensure the accuracy of these lists.

Please contact the Development Office at 303.793.9601 to inform us of any omissions or errors.

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Arapahoe/Douglas Mental Health Network is strengthened by the support of our volunteers. Thank you all for those most precious gifts of your skills and talents, your energy and enthusiasm for our mission, and your time. You are a welcome presence throughout ADMHN. We're grateful that you choose to give to Arapahoe/Douglas Mental Health Network in this way.

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With the death of Patrick Thornton, ADMHN staff lost a good friend and colleague. Patrick started his career as an ADMHN intern and went on to work at a number of other mental health centers, as well as in private practice. He returned to ADMHN in 2007 as a therapist with the Aquarius Center, and was leading the implementation of the organization's new Aftercare Program. Patrick was well known for his gentle, caring way of working with consumers under the most difficult of circumstances with limited resources, always going the extra mile to help them. He was the epitome of a good social worker, and is fondly remembered by all who worked with him or knew him. Patrick passed away on May 23, 2007.



**6801 S. Yosemite St., Ste. 200
Centennial, CO 80112**

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