

believe  
create  
inspire hope  
imagine  
dream

## We Believe in the Future

2008 – 2009 Annual Report

The future belongs to those who believe in the beauty of their dreams.

Eleanor Roosevelt



## The Future is Now

*This fiscal year, we have:*

- Served more people than ever before, especially in our eastern service area
- Introduced new programs and services
- Provided more bilingual services
- Implemented greater operational efficiencies
- Obtained acute treatment unit licensure for Bridge House
- Planned for a mental health court
- Increased integration of our services in our community
- Expanded our community outreach and partnerships



**FACT**

According to the World Health Organization, mental illness accounts for more than 15 percent of the total disease burden — the toll on health and productivity — in the United States. That is more than the disease burden caused by all cancers combined.

## Our Mission

The mission of Arapahoe/Douglas Mental Health Network 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 mental illness. To achieve this mission, we provide programs and services that help children, adults and families to achieve their full potential...and to live happy, productive lives.

*Dear Friends of Arapahoe/Douglas  
Mental Health Network,*

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As a not-for-profit corporation, it is our responsibility and our privilege to report our success in fulfilling our mission of service to the community, as well as our stewardship of the public and private funds entrusted to us. In this report you will find highlights of fiscal year July 2008 to June 2009 (FY 08–09), a summary of our financial report, and a list of our generous donors.

Over the last six years, growing demand for our services has generally exceeded population growth in our two-county area. Between 2003 and 2007, for example, the population grew 23 percent, while the number of people that we served grew 38 percent. While population statistics are not yet available for 2008, Arapahoe/Douglas Mental Health Network served 13 percent more people in FY 08–09 than in the year before. Population growth forecasts will continue to guide our planning.

However, we're doing more than just increasing capacity to meet demand. Maintaining our core strengths is balanced with creating new programs that respond to emerging community needs. Even as we compile this report, our focus is on the future.

Integration of mental health services with primary health care continues to be a major initiative for Arapahoe/Douglas Mental Health Network — one we're approaching on both a macro and a micro level. Placing therapists in primary health care offices has helped us to discover the challenges and the triumphs of this integrated-care model, and informs our decision-making as we embark on more extensive projects. At the same time, we're participating in state-wide planning to create real-time electronic sharing of medical and mental health information so that primary care and mental health providers can more effectively coordinate care. We're promoting the concept of a "medical home" for every individual, and we are working to bring physical health care into our mental health facilities — to serve clients who don't have primary care elsewhere.

We'll continue to lead the way in criminal justice/mental health collaboration in Colorado through our partnership with the 18th Judicial District. We're justifiably proud of our work to establish the 18th Judicial District Mental Health Court (see page 9) and look forward to proceeding with its implementation.

We have housing projects underway that will help even more of our clients transition to independent living. We're adding bilingual staff to support our cultural inclusiveness initiatives. And we'll continue to stay abreast of new developments in mental health, to implement more evidence-based practices, and to ensure the highest quality care.

The staff and Board of Directors of Arapahoe/Douglas Mental Health Network stand together in our commitment to excellence, growth and service. We are grateful for the generous support of individuals, foundations, businesses and other non-profits in our community, and we thank you. We know that you share our belief in a bright future for all of us.

Sincerely,



**Scott R Thoenke, MEd, CAC III**  
Executive Director/CEO



**Thomas J Flanagan, Jr.**  
President, Board of Directors



# Our Services – This Year’s Achievements

Our programs and services make it possible for individuals and families to prepare for, and believe in, a happier future.

At Arapahoe/Douglas Mental Health Network (ADMHN), adults, families and children have access to a comprehensive range of services — psychiatric care and medication management, numerous types of therapy, case management, and more — ensuring effective coordination of care and support. Our services are available at 10 locations, and are also integrated into numerous community settings, including schools, county health departments, judicial and law enforcement venues, and health care practices.

## Information & Appointments

Licensed clinicians provide information and mental health assessments, and schedule appointments as necessary.

## Emergency Services

We respond 24/7, 365 days a year to psychiatric emergencies.

## children

### Child & Family Services

#### Counseling, Psychiatry, Medications and Case Management

For children and their families, we offer individual, play and family therapy; therapeutic groups; medication services; case management; intensive in-home therapy; support groups; criminal justice services; and emergency services. Other special programs include early childhood services; adolescent substance abuse treatment; a diagnostic clinic; Prince Street Academy Day Treatment Program; after-school and summer programs; foster and adoptive family counseling; mentoring programs; and an independent-living skills program for older teens.

#### Serving More People

*With our new offices in Inverness, Child & Family Services provided 14 percent more services than in the prior fiscal year. And while we added more capacity within the network, our original west-side location continues to serve as many families as it did two years ago.*



#### FACTS

At any one time, ten percent of all children and teens are affected by a serious emotional disturbance. Suicide is the leading cause of death for people ages 15-24.

# services

## ADMHN Pharmacy

Located in our Sycamore Center building, the pharmacy serves all ADMHN clients. The proceeds enable us to provide services and treatment for individuals who have no other way to pay.



### Greater Efficiencies

*This year, we lowered costs by teaming up with other pharmacies to negotiate new prices with vendors; increased efficiencies with new software; implemented a \$4 generic drug program; and began carrying over-the-counter products, which encourages people to do their shopping at our pharmacy.*

## Turning Points Counseling & Psychiatric Practice

Adults and children with private insurance who generally have less severe mental health issues are served in this program.



### Greater Access

*This year, with our new Inverness offices as well as our Littleton site, Turning Points provided nine percent more services than in the prior fiscal year.*

### New Program!

*A new Psycho-Educational Testing Program at Turning Points helps to identify clients' cognitive strengths and weaknesses, direct academic and career choices, and develop mental health interventions. We test children for conditions such as attention deficit hyperactivity disorder, dyslexia and other learning disorders, in response to requests from within our network, from parents, and from schools and other agencies.*



## Criminal Justice Services

See pages 9–10 to learn more about how we work within the community to reduce recidivism and enhance public safety.



### New Program, More Services and a New Mental Health Court

*We have significantly expanded our continuum of criminal justice services.*

# adults



## Adult Services

### Counseling, Psychiatry, Medication, Substance Abuse Treatment and Case Management

We provide individual, couple, family and group therapy. Special programs include high-intensity outpatient services; support groups; services for older adults; a senior peer counseling program; and victim services. Substance abuse treatment is offered for individuals who do not have mental illness, as well as for those who have a “dual diagnosis” of substance abuse and mental illness.

### Services for Adults With Severe and Persistent Mental Illness

For individuals with chronic acute mental health issues, we provide a broad range of flexible, adaptable services to meet their changing needs. (See programs below.) We stand ready with “safety net” services — such as high-intensity emergency intervention — for more difficult phases of their illness.



### Community Support Program

This year, we continued to integrate our services for adults with severe and persistent mental illness. This program is centered around case management.

### More Integrated Services

*We integrated psychiatric services, medication management, support, socialization, skill-building groups, housing and benefits assistance, and high-intensity intervention (for clients in crisis) under one roof to provide a more supportive environment.*

### Supported & Residential Housing

#### Santa Fe House

For individuals who need to acquire the everyday skills for independent living, Santa Fe House provides temporary living arrangements, medication monitoring and the services of our Community Support Program.

#### Housing Assistance

Before treatment can be effective, one’s basic needs must be taken care of. Therefore, we place an emphasis on housing needs. There’s more on our housing programs on page 6.

### More Housing Assistance Than Ever Before

*In FY 08–09, ADMHN received a \$198,920 Arapahoe County Community Development Block Grant (CDBG) to remodel both of our group homes. This will enable us to place six clients, instead of three, in each home in the coming year. Overall, our housing team provided 1,767 services to 215 clients this year.*

### Bridge House Acute Treatment Unit

See pages 7–8 to learn more about big changes at Bridge House.

### New Licensure and Capabilities

*We earned state licensure as an acute treatment unit.*

### STAR Reach Clubhouse

This program provides social and vocational rehabilitation.

### Personal Successes

*STAR Reach Clubhouse increased its membership, helped 38 members find employment and worked with 10 members to pursue educational opportunities.*

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# Laura's Story

"I was born into chaos," says Laura, a 41-year-old recovering addict. Raised by alcoholic parents, Laura started drinking and "doing drugs" at a young age. She spiraled further downward after her brother — also an addict — was murdered.

Laura's response to this tragedy was to increase her use of methamphetamine. "I went from being a 'recreational' drug user to every-day use," she recalls. "I needed it to stay numb."

With the help of case managers and therapists from Arapahoe/Douglas Mental Health Network (ADMHN) as well as other community programs, Laura slowly found her way out of the chaos. Finally accurately diagnosed, she began taking medication. She participated in intensive treatment and relapse-prevention programs. When she had a mental health crisis, she was admitted to the Bridge House Acute Treatment Unit. And at Santa Fe House, she learned how to manage her medicines, and also learned the many skills needed to transition to independent living. Once Laura was able to get an apartment of her own, she got a dog who is her constant companion and a source of great comfort.

Now sober for 18 months, Laura admits that "staying drug-free will be a challenge for the rest of my life." But this time, she's ready. "I use the skills I learned at all of these programs to stay sober."

Laura's goal — both professional and personal — is to share her story with others. She is working toward becoming a therapist, and is developing a formal program to empower others. Laura's future looks bright.

*Laura is looking forward to helping others enjoy a brighter future. ✨*

**I decided not to let the past rule my future, so I decided to change my present in order to open up my future.**

Dr. Ana M Guzman



Laura — with "best friend" Craig — sits on a bench outside Bridge House Acute Treatment Unit, where she once received treatment.



## Housing Assistance is Key to Recovery

Our housing specialists assist clients with many housing issues, including shelters, home-buyer and foreclosure assistance programs, tenant's rights and fair housing questions. ADMHN administers 120 Section 8 housing vouchers, through which clients with mental illness are able to rent homes, and in some cases, purchase a home. Through the Shelter Plus Care Program, rent-subsidized apartments are available to homeless, low-income individuals who are receiving mental health services at ADMHN. This year, 21 clients were enrolled in Shelter Plus Care.

In addition, we have two group homes, one for men and one for women; clients who are transitioning to independent living may live in a group home for up to a year, while receiving case management services and treatment to prepare them for living on their own.

# Bridge House Acute Treatment Unit

FACT

Colorado ranks last among the states in the number of inpatient psychiatric beds, with 11.8 beds for every 100,000 people. The national average is 30 beds per 100,000.

A chronic shortage of psychiatric beds to provide emergency treatment and stabilization for acute psychiatric crises was exacerbated in the last year by budget cuts and the closing of psychiatric hospital units in the Denver metro area.

Arapahoe/Douglas Mental Health Network addressed this critical issue by seeking expanded capabilities and additional licensure for Bridge House, our 16-bed crisis and emergency psychiatric facility. Since 2005, Bridge House has served as a residential facility for individuals requiring psychiatric stabilization and emergency care or longer stays, and as a 23-hour observation facility. As the region's supply of psychiatric beds dwindled, we realized that a high-quality, lower-cost option for individuals requiring a 72-hour mental health hold would be appealing to individuals and insurance companies, would help to ease the shortage of available beds, and would benefit ADMHN's revenue mix.

Arapahoe/Douglas Mental Health Network thus launched a nine-month-long effort to secure the licensure of Bridge House as an Acute Treatment Unit (ATU). The rigorous process included meeting state requirements for the building (at a cost of nearly \$80,000); creating comprehensive policies and procedures; and providing extensive staff training. We invested significant management and staff time in this process, and also increased the Bridge House staff from 13 to 22 people.

## Bridge House is Now a Licensed Acute Treatment Unit

All of our efforts paid off when Bridge House was awarded its Acute Treatment Unit license by the Colorado Department of Public Health and Environment and the Colorado Division of Behavioral Health. Bridge House is the *only* licensed ATU in the Denver metro area, and one of only four such units in the state. It is now a secure, locked facility that, like a

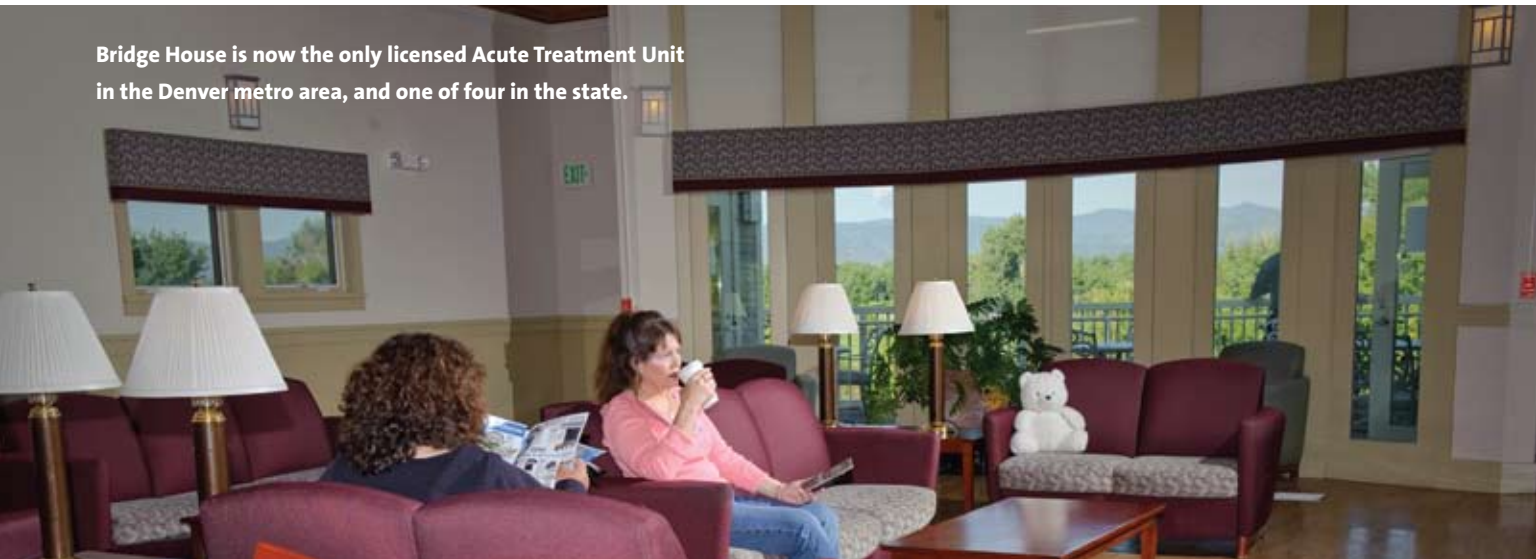


Bridge House Acute Treatment Unit provides a structured, clinically focused treatment program with case management, psychiatric evaluation, medical management, licensed-therapist interventions and daily psychiatric nursing care. Therapeutic interventions are provided throughout the day, seven days a week, and admissions and discharges are available around the clock. Psychiatrists are available 24 hours a day for consultation, and conduct thorough psychiatric evaluations and daily rounds. Bridge House adheres to stringent documentation standards and places a strong emphasis on coordinated care.





Bridge House is now the only licensed Acute Treatment Unit in the Denver metro area, and one of four in the state.



psychiatric hospital, can provide legally-mandated 72-hour mental health holds — at a significantly lower cost than other alternatives. As well, Bridge House continues to be a cost-effective hospital alternative and a 23-hour observation facility.

### Good For the Community

With this new license, people in the metro area who are in psychiatric crisis now have an additional option for high-quality, emergency psychiatric treatment. “With the added capabilities and new licensure at Bridge House, we can provide stabilization care to quickly transition individuals to less-restrictive settings, and then back into the community,” says Scott Thoemke, Executive Director and CEO of Arapahoe/Douglas Mental Health Network.

Thoemke notes that Bridge House is nestled next to the Carson Nature Center. “We know that environment plays a key role in recovery,” he says. “Bridge House provides a comfortable, relaxing atmosphere that enhances the recovery process. With spectacular views of the Rocky Mountains, it is an inviting facility where clients can begin the recovery process, and where family and friends can visit and provide support for their loved one.” ❁

A typical stay at Bridge House Acute Treatment Unit is just over half the cost of traditional psychiatric hospitalization.



# Criminal Justice

**FACT**

More than 40 percent of current Colorado inmates are in need of mental health services, and nearly 20 percent of those individuals have a serious mental illness.

This year, we expanded our Criminal Justice team, added new services and worked to make a new Mental Health Court a reality.

Two criminal justice programs have been in place for several years at Arapahoe/Douglas Mental Health Network (ADMHN). The CIT (Crisis Intervention Team) Case Management Program, which helps people with mental illness who have had contact with law enforcement, was established in 2005. The jail-to-community Re-Entry Program was launched the following year to provide mental health services to offenders transitioning from county detention centers back into the community.

## Now a Comprehensive Continuum of Services

In FY 08–09, we increased staffing to build a more comprehensive Criminal Justice team; this team now



*A former offender (second from left) shares his story of recovery from alcoholism and mental illness. The intervention of a CIT-trained police officer was key to getting him off the streets and into a treatment program, he says.*

offers treatment to offenders and assistance to law enforcement at more intercept points in the criminal justice continuum. We also increased services in the existing CIT Case Management and jail-to-community Re-Entry programs. Plus, we initiated two new programs — a community corrections program and a Mental Health Court — to provide more comprehensive services to offenders.

## Community Corrections Services

With funds from the Colorado Department of Behavioral Health through the Senate Bill 97 Program, ADMHN placed therapists and case managers on-site at two community corrections facilities: Arapahoe County Residential Center (ACRC) and Addiction Research and Treatment Services (ARTS). By providing therapy, case management, psychiatric treatment, and medications, we help reduce the conflicts and stresses experienced by offenders returning to the community, and stabilize their symptoms of mental illness. This reduces costly recidivism and increases public safety.

## Mental Health Court

Perhaps our most significant achievement of the year, the Mental Health Court in the 18th Judicial District has become a reality after two years of careful planning. It began as the vision of three Arapahoe/

The best thing about the future is that it comes one day at a time.

Abraham Lincoln

Douglas Mental Health Network board members: John Phillips, Richard Spiegle and Nita Brown. On behalf of a steering committee — Chief Judge William Sylvester, District Attorney Carol Chambers, Public Defender James O'Connor, Community Resources Director Don Klemme and ADMHN Chief Operating Officer Joan DiMaria — ADMHN secured a U.S. Department of Justice Byrne Grant to employ attorney Gina Shimeall as planning coordinator. Guided by national research, especially that of the Bureau of Justice Assistance/Criminal Justice/Mental Health Consensus Project, Shimeall led a highly collaborative process to develop comprehensive court policies and procedures, legal requirements, treatment protocols and evaluation plans. This work represents the collective efforts of more than 60 people, including representatives from the offices of the district attorney, public defender, probation department, Arapahoe County Community Services, Arapahoe and Douglas county sheriffs' departments, pre-trial services, county housing services, and human services agencies. ✨



Significant community education, planning and collaboration went into the formation of the Mental Health Court. Addressing the group (in green) is Gina Shimeall, Mental Health Court Coordinator. To her left is Chief Judge William Sylvester of the 18th Judicial District. Both worked with more than 60 other collaborators to make the court a reality in 2009.



## The new Mental Health Court is the first of its kind in Colorado.

The Mental Health Court is open to defendants with an Axis I diagnosis (a major mental illness such as bi-polar disorder, schizophrenia, major depression, and/or a dual diagnosis of mental illness and substance abuse) who have a pending non-violent, non-sex-offense felony or a felony probation violation. Participation is voluntary. The review of applications is a cross-system collaboration between the district attorney's office, defense attorneys, law enforcement, probation offices, the Mental Health Court, and the ADMHN Mental Health Court Treatment team (part of the Criminal Justice team).

### Participation is Not Easy

For offenders, participation in the court is rigorous, involving intensive, court-supervised individualized treatment and supervision plans. Participants move through phases that dictate the frequency of court appearances, drug testing requirements, treatment group contacts and other conditions. They are offered incentives and rewards for success. There are court sanctions for non-compliance; repeated violations can lead to re-sentencing. The length of time to graduate from the program for a participant is typically two years.

### A Team Approach Using Evidence-Based Practices

ADMHN's Mental Health Court Treatment team reports directly to the Mental Health Court. Treatment includes several evidence-based therapies — proven to be effective with offenders — that address mental health symptom management, strategies for addressing substance abuse and criminal thinking. Each participant is evaluated by a psychiatrist and medication management is provided as needed. Participants also receive case management services, including assistance in finding housing and developing employment skills.

The Mental Health Court, with Magistrate Laura Findorff presiding, began operations on October 1, 2009, with partial funding from a Colorado Justice Assistance Grant (JAG) and a JAG Recovery Act award. The court will accept approximately 30 clients in its first year, and will expand in future years.

**Mental health courts across the country have proven to be effective in keeping people with mental illness out of prison and off the streets, reducing recidivism and increasing public safety. Every indication points to similar success for this ground-breaking program in Colorado's 18th Judicial District.**

### FACT

Research shows that individuals with mental illness are arrested more often, remain in jail longer, and cost significantly more to incarcerate than offenders without mental illness.

# Integrated Care Initiatives

Many symptoms that bring patients to primary care doctors — fatigue, dizziness, headache, chest pain, shortness of breath, and insomnia — stem from psychological issues.

Integrating mental health care with primary medical care makes practical sense, treats the “whole person,” and has been shown in research to produce better health outcomes and greater quality of life for patients. This year, we made progress in our integration efforts.

## Partnerships in Our Community

Our community partnerships ensure the best outcomes for those we serve. Staff members are “co-located” in the Englewood and Sheridan school health clinics, at Tri-County Health Department’s Prenatal Plus Program, at Arapahoe Park Pediatrics, and in the Juvenile Detention Center and Foote Detention Center.

### New Collaborations

- We have placed a full-time therapist at Tri-County Health Department in the Health Care Program for Children with Special Needs; we provide on-site assessment, therapy and referral services.
- We offered a group for new teen mothers at Options High School in Littleton.

## Electronic Medical Records: Ahead of the Curve

Since 2002, ADMHN has invested in progressively more



sophisticated, privacy-protected electronic medical records systems. Our case managers and therapists now are able to access client records at any of our 10 clinical locations and at most “co-location” sites. Efficiently accessing and sharing information helps us provide better care, save time and money, and reduce errors.

A major initiative to redesign the nation’s health care system is underway, including the sharing of electronic medical records among community providers. Arapahoe/Douglas Mental Health Network is one of the many community- and state-wide providers who are working to make this a reality. ✨



### Three Types of Integrated Care

**Coordinated Care** — A patient is seen by different providers at different locations, and health care information is routinely shared among providers.

**Co-located Care** — Mental health and medical services are located in the same office and share office staff and a waiting room, increasing communication between providers.

**Truly Integrated Care** — Care is provided through a single treatment plan with both behavioral and medical elements (rather than two treatment plans), providing the highest level of coordination.

### FACT

Approximately 10 percent of U.S. hospitals and 17 percent of medical practices are currently using electronic medical records.

# Community Outreach

Our community outreach goals are to help others better understand mental health issues, to reduce the stigma surrounding mental illness, and to raise money to provide services for those in our community who aren't able to pay for mental health and substance abuse treatment.

Our commitment to our community and our profession — and our future — is reflected in our many outreach programs. These include a speakers bureau, newsletters, events, our Web site, online assessment tools, media relations and educational classes — as well as programs for future professionals. This year, we provided 38 percent more educational opportunities in our community, and dramatically increased the number of services provided with interpreters, as well as the number of services provided in languages other than English.

## Building Mental Health Literacy

Mental Health First Aid is the help given to a person who is in a mental health crisis or is at risk for a mental health problem. Assistance is provided until appropriate professional treatment is received or the crisis is resolved. Training in Mental Health First Aid is similar to first aid training for physical emergencies; it addresses a general lack of knowledge about mental health problems. This year, two staff and three community volunteers were trained in the program; they are now teaching groups in our community about mental illness risk factors, warning signs and treatment options.

## Educating Professionals

Our therapist internship program accepts graduate students in mental health disciplines at local universities and colleges. This year, we increased the size and scope of the program, working with 26 future professionals, three of whom are bilingual. In addition, psychiatric residents from the University of Colorado Medical School work with Arapahoe/Douglas Mental Health Network psychiatrists.

## Raising Awareness and Funds for Those in Need

Our two special events helped us to raise funds for low-income uninsured and underinsured individuals in critical need of mental health and substance abuse services, and helped to increase community awareness about mental health issues. This year we earned \$76,164 from our fundraising efforts. ✨



*Held at the Sanctuary golf course, our 2008 Annual Wine Tasting & Auction benefit featured unique auction items, wonderful food, live jazz and more than 80 wine selections.*

**Our Mental Health First Aid program is a key initiative to reduce stigma and help those with mental illness.**



*Last May, our 8th Annual Mental Health Benefit Luncheon, featuring Augusten Burroughs, author of Running With Scissors, drew record crowds.*

# Arapahoe/Douglas Mental Health Network

## Financial Statement

Year ended June 30, 2009

### Revenue

Medicaid	\$ 8,326,185
Other client services	1,759,718
Government	
Federal	178,912
State of Colorado, Division of Mental Health	2,243,319
State of Colorado, other	764,922
Local governments	778,367
Total government revenue	3,965,520
Public support revenues	738,406
Pharmacy sales	2,217,322
Miscellaneous revenue	1,242,215
<b>Total operating revenue</b>	<b>\$ 18,249,366</b>

### Expenses

Mental health services	\$ 10,535,640
Alcohol and drug programs	430,196
Other expenses	1,306,613
Fundraising	169,339
Cost of prescriptions sold	1,849,873
General and administrative	3,894,300
<b>Total operating expenses</b>	<b>\$ 18,185,961</b>

**Operating Income \$ 63,405**

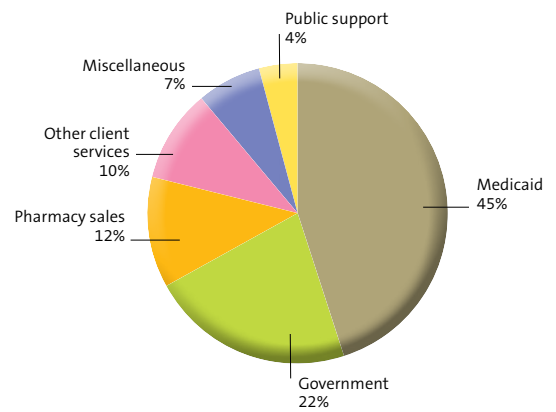
### Investment Income

Gain on sale of assets	\$ 509,001
Equity investments	208,662
Interest income	48,401

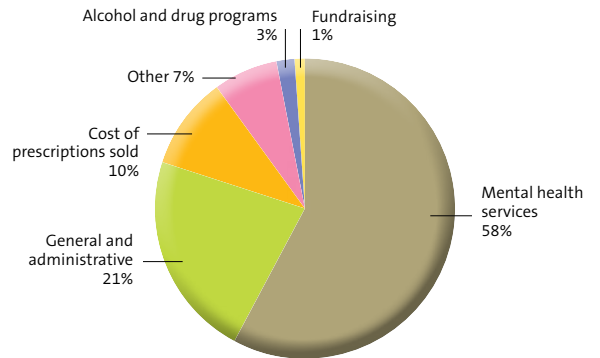
**Total other income \$ 766,064**

**Change in unrestricted net assets \$ 829,469**

### Revenue

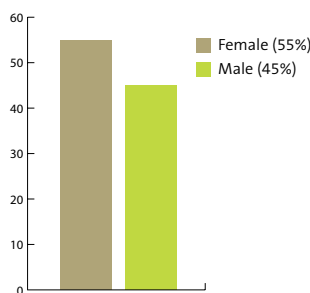


### Expenses

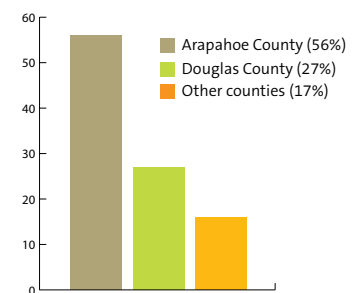


## Client Demographics

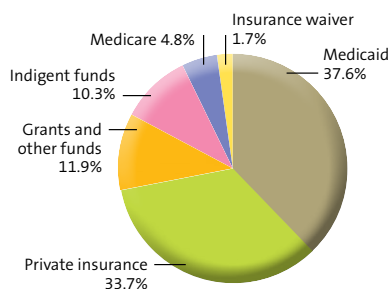
Clients by Gender



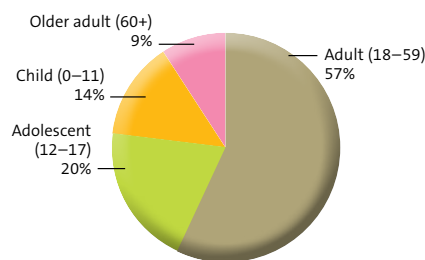
Clients by County



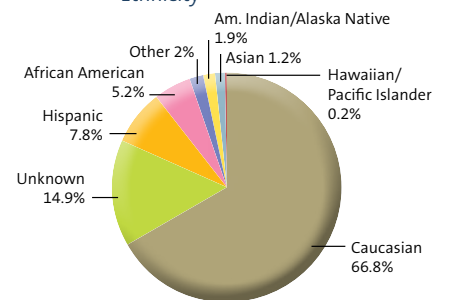
Fund Source

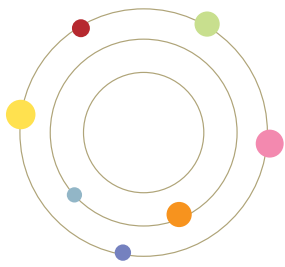


Clients by Age



Ethnicity





# Working Together For a Brighter Future

## FACT

In the U.S., less than one-third of adults and half of all children with a diagnosable mental disorder receive needed mental health services in any given year.

Our donors make all the difference in helping us to close that gap in Arapahoe and Douglas counties. Your support helps to provide critically needed mental health care to those in need. Donations — to our programs, in honor of loved ones, and in support of our events — are deeply appreciated. To donate, contact our development director at 303 793 9601.

### Individual Donors

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Michael Weaver  
James and Christine Woods  
Melanie Worley  
Doris Wright  
Victoria Zanin

### Memorial and Tribute Gifts

These donors have honored a loved one with a gift.  
Jacque Beaver, *in honor of John Lovegrove*  
Kathy Enloe Miller, *in memory of Russell Enloe*  
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Arapahoe/Douglas Mental Health Network is greatly strengthened by the support of our volunteers. We thank all of you for the most precious gift of your skills, talents, energy and time. You are a most welcome presence in our network, and we're grateful that you choose to give to our community.

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July 1, 2008 – June 30, 2009

The dedicated staff members of Arapahoe/Douglas Mental Health Network help our clients create brighter futures. We truly appreciate all that they do for those who seek our services.

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