Because Everyone Matters
“NOT ALL THERE.”

How often have we heard this phrase to describe someone with mental illness?

At the Mental Health Center of Denver, we believe people with mental illness are “all there.” A problem in one part of the brain need not incapacitate the whole person. Intellect, talent, capacity for love and desire to contribute remain intact. Our job is to build on these strengths, and to prevent mental illness from interfering with a person’s ability to dream, love and accomplish.

The Mental Health Center of Denver is in the forefront of a movement across our nation to reshape how health professionals, policymakers, funders and communities think about mental health. In the coming months and years, several strategies will converge to lift mental health to a higher priority in our nation and our community.

First, national health care reform calls for mental health and physical health to be treated equally. Primary health care “homes” will routinely include access to mental health providers. Because almost everyone will have health insurance, many more people will gain access to services. The Mental Health Center of Denver is already involved in partnerships with primary care providers, and we are preparing to extend our institutional breadth and depth to new partners. This will allow us to go “upstream” to reach people with helpful interventions before their problems become more acute—and more costly in money, overall health and human potential.

Second, the Mental Health Center of Denver’s investment in the science of recovery is working. We help individuals design their recovery based on what they want and what’s right about their lives while helping to restore day-to-day stability. As more people progress in their recovery, they need us less, opening space for more people. We are proud that the good science we have pioneered is becoming the basis of sound healthcare economics.

Third, the everyday conversation about mental health is beginning to change. Studies of social media, a domain dominated by younger generations, report a more open, less judgmental attitude toward mental illness. Getting help is encouraged, not stigmatized. The Mental Health Center of Denver is taking deliberate, strategic steps to stimulate a robust community conversation about mental health. As Colorado’s first lady, Jeannie Ritter’s passion for improving mental health services drew unprecedented positive attention. She now has a platform at the Mental Health Center of Denver to heighten public awareness with the goal of building a community consensus for mental health as a core component of a healthy community.

I am inspired by the people we serve. At the Recovery Center, our new integrated care facility, we had the opportunity to create a space that fit our programs and signaled a sense of dignity, comfort and inspiration to all who entered. On her first visit, a woman who uses our services told me that she felt uplifted when she walked in. The environment itself instilled a sense of hope; she was eager to set goals and accelerate her progress toward recovery.

On behalf of the people of the Mental Health Center of Denver, and the one person in five living with a mental illness, thank you for believing, as we do, that everyone matters.

Carl Clark, MD, Chief Executive Officer
Mental Health Center of Denver by the Numbers

+24%
Increase in the number of people served

$41,900,000*
Estimated savings for Denver and Colorado next year through services we offer

One-a-day
The number of our consumers who get jobs, thanks to the 61% success rate of 2Succeed in Education and Employment

75%
Our success rate in helping individuals lead healthier, more productive lives—the best in the nation

95
The number of active partnerships we have in the community

600
Denver Public Schools youths (age 6-22) who participated in our school-based programs

$15,000,000
Value of uncompensated care we provided last year

* Services provided by the Mental Health Center of Denver reduce homelessness, days spent in jail, use of detox facilities, emergency room visits, and psychiatric hospital stays.
YOU’RE A DISCHARGE NURSE IN A HOSPITAL maternity department. You worry that mom is not mentally or emotionally competent to take her baby home.

You’re a counselor for pregnant teens, and a 15-year-old mother-to-be seems depressed, withdrawn and reports that she isn’t sure if she wants to parent her unborn baby.

You’re a caseworker at Denver Human Services, and an 18-month-old boy screams, cries and tries to escape the room during visitation with his biological mother.

As a professional, your job is to know when a young child is living in risky circumstances. You may see early signs of abuse, neglect or trauma. Your first step is to help families to help themselves.

Where do you turn?

Right Start for Infant Mental Health works cooperatively with public and nonprofit human service providers, hospitals, residential treatment centers and other programs to provide therapeutic intervention to heal parent-child relationships.

“Our goal is to help the parent-child relationship to thrive, while ensuring the health and safety of the baby,” says Dr. Shannon Bekman, program director. “Often, after a child has experienced trauma, the parent-child relationship suffers. We try to help re-instill the child’s faith in the parent or caregiver as a protector, and help them safely and effectively parent their young children.”

Right Start is a relatively new outpatient program that served more than 83 families in 2011-2012. Clinicians with Right Start provide relationship-based services to caregivers and children, including two evidence-based interventions which highlight the central importance of the parent-child relationship in healing of young children’s mental health symptoms. Right Start also includes extensive case management, including interaction with human services caseworkers, guardians-ad-litem, and observation and consultation to child care providers and preschools.

Right Start’s goal is to help families safely remain intact and healthy while supporting the long-term well-being of the child through advocacy.

A formal evaluation of Right Start shows improvement in most indicators of success for most families. Parent comments help tell the story:

“Sometimes I’m overwhelmed and (my therapist) can guide me in the right direction. She’s direct but sweet.”

“It’s helpful having someone to talk to that understands what you’re going through and doesn’t judge.”

“I’m not so frightful that things are going the wrong way; I’m starting to trust my instincts more.”

Working with families with a history or a high risk of child abuse and neglect is emotionally challenging, Dr. Bekman acknowledges. “All of our parents love their children deeply, which is partly why I can do this work,” she says. “Parents often have their own unfortunate childhood history, but want to do the right thing for their children. We are helping them learn how.”
RAISE: Schizophrenia Research Seeks Better Interventions

HOPE

THREE OF EVERY ONE HUNDRED: THE NUMBER of adolescents and young adults who will experience a psychotic episode—hallucinations, delusions, confusing thoughts.

For many, a psychotic episode signals the onset of schizophrenia or its related mental disorders. And the illness could not arrive at a worse time. It usually starts when young people are looking to the future with hope and anticipation. They want to have fun and enjoy their lives. They do not want to be sidelined by a mental illness that can sap their energy, cut them off from loved ones and eclipse their dreams.

Schizophrenia, schizophreniform disorder and schizoaffective disorder are diagnoses that can spell years of hardship, anguish, failure and even suicide. Many who suffer this biological illness become isolated from family and friends, abuse drugs and alcohol, get tangled up with law enforcement, have trouble keeping jobs and often become homeless. These illnesses are lifelong. Recovery is not defined by curing the disorder. Instead, recovery is a lifelong exercise of self-understanding and coping. Successful recovery requires intensive and consistent treatment with medicine, therapy and social support.

In years past, most patients diagnosed with schizophrenia were permanently institutionalized. Today, most are not. Treating schizophrenia in a community setting is challenging for many reasons, and mental health professionals continue to seek best practices.

As a leader in the science of recovery, the Mental Health Center of Denver is participating in RAISE (Recovery After an Initial Schizophrenia Episode), a research initiative funded by the National Institute of Mental Health involving 400 people nationwide. The three-and-a-half year study includes people between the ages of 16 and 40 who have experienced their first episode of psychosis and have not been treated with anti-psychotic medication for more than six months. Denver has 17 patients enrolled in the study.

“The key question is if early intervention produces better outcomes, and helps improve the trajectory of one’s life,” says Steve Fisher, LPC, manager of the RAISE program in Denver. “Typically, patients have a big decline in functioning and stability in their first 10 to 15 years after being diagnosed.” As they mature into middle age, many patients become more adept at self-management of their illness by recognizing their symptoms and exercising control over their thoughts and emotions. The RAISE model is trying to head off this downward trend and give patients a more hopeful view of their lives.”

RAISE surrounds newly diagnosed patients with supports including resiliency training (individual therapy), stress-reduction strategies, case management as needed, family education, and support for employment and education. Periodically, patients are interviewed via teleconference by a national evaluation team. The data will be analyzed and reported in spring 2014. The Mental Health Center of Denver will continue to work with these patients at the conclusion of the study.

“We want people to know that their illness does not define them,” says Fisher. “They can still be a good dad, a good daughter, a good friend.”
A POSTER ON STEPHANIE RATNER’S WALL SAYS:
“Sometimes people put up walls not to keep people out, but to see who cares enough to break them down.”

Stephanie is the school therapist at the Montbello High School campus, home for four distinct academic programs serving 6th through 12th grades. She works for the Mental Health Center of Denver to provide mental health services to students through a contract with Denver Health’s School-Based Clinics.

Stephanie says that problems facing adolescents today are vastly different and more complex than those of other generations, including hers. “Their values are different. Media and social media are huge factors in how they express themselves.” Self-expression is instantaneous, unfiltered and often hurtful. Young people sometimes announce suicidal thoughts or violent intentions via Facebook and Twitter. Montbello has undergone several security lockdowns, sometimes triggered by a student’s Facebook post.

Most Montbello students live in the surrounding low-income neighborhood. They come to school with the usual teen hangups—peer relationships, family issues, depression, lack of motivation to achieve. But many have deeper troubles: parents facing deportation; loss of friends or family to gang violence; substance abuse in the home; responsibility for younger siblings.

“It’s all about prevention,” says Stephanie. “We help kids learn how to express themselves, to say what they are feeling and thinking.” Often, it takes time to build trust. Some students like to go for walks with her. With others, she plays games. With some, Stephanie will shoot baskets—all techniques to earn a student’s trust and open channels of communication. “If they can learn to express themselves in healthy ways and feel validated, it helps them learn how to cope with emotions and disappointments, and prevent harmful ways of acting out.”

“We are also a resource for families who can’t afford mental health services,” she says. “We are accessible to kids whose families don’t have the time to take their kids to outpatient therapy, or the resources to pay for it.” There is no charge to families for services offered at the schools.

The Mental Health Center of Denver provides full-time therapists at seven Denver Public Schools campuses, serving an average of 90 students at each site—more than 600 students annually. “We have great access to our clients because we are in their space every day. We become part of the school, doing outreach with teachers, school social workers, sometimes even with the lunch ladies,” says Leslie Sterling, who manages the program.

Leslie began working with school-based mental health in the early 1990s and has seen mental health services expand. But more needs to be done. “Our services are in schools where the majority of kids get free or reduced lunch. The poverty rates are high and so are other risks such as family and community violence.” About 70 percent of students who receive services are successfully discharged from therapy.

Stephanie finds the work gratifying. “I want the students to know I believe in them and I’m here to help them develop a voice for themselves.”
The Recovery Center opened on July 9, 2012 at 4455 E. 12th Ave., adding vitality to the surrounding neighborhood. The design of the nearly $15 million purchase and renovation project creates space for program expansion. According to Medical Director Dr. Cheryl Clark, “It allows our teams to work together to enhance a unified treatment approach.”

Colorado philanthropists Dr. Nancy and Mr. Sam Gary are honorary co-chairs of the Mental Health Center of Denver’s $8 million Growth-Enrichment-Recovery campaign. Launched in 2011, the campaign reached its halfway milestone in 2012.

Former Colorado First Lady Jeannie Ritter joined the Mental Health Center of Denver as Mental Health Ambassador. In this role, Mrs. Ritter continues her longtime advocacy for mental health. “The time is right to challenge misperceptions and help change the conversation around something that is so very common and incredibly important,” she said.
FINANCIALS  JULY 1, 2011 - JUNE 30, 2012

Total: $66,806,667

Source of Dollars

**Medicaid**
$29,750,274
44.5%

**State of Colorado**
$14,946,883
22.4%

**Client, Third Party and Pharmacy**
$11,447,119
17.1%

**Grants & Contracts**
$5,680,694
8.5%

**Public Support**
$2,722,634
4.1%

**Medicare**
$860,582
1.3%

**Interest, Rent and Other**
$1,398,481
2.1%

How Dollars Were Used

**Child and Family**
$7,259,583
10.9%

**Pharmacy**
$9,946,421
14.9%

**Adult Services**
$21,113,739
31.6%

**Residential Services**
$6,962,613
10.4%

**Fee for Service Practice**
$676,019
1.0%

**Rehabilitation Services**
$4,642,885
6.9%

**Access Services**
$1,734,223
2.6%

**Excess Revenues (Reserves)**
$6,568,768
9.8%

**Non-Operating Activity**
$349,503
0.5%

**Administrative**
$7,117,990
10.7%

**Grant & Contract**
$5,680,694
8.5%

**Fund Raising**
$434,923
0.7%

**Excess Revenues (Reserves)**
$6,568,768
9.8%

**Rehabilitation Services**
$4,642,885
6.9%

**Total: $66,806,667**

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OUR MISSION STATEMENT

Enriching Lives and Minds by Focusing on Strengths and Recovery

The Mental Health Center of Denver is known nationally for its successful ground-breaking approach to mental health treatment. Here, those living with a mental illness are involved in shaping their own recovery and given the chance to regain control of their lives.

The Mental Health Center of Denver is a private, not-for-profit, 501(c)(3), community mental health center, providing treatment and prevention services to the residents of the City and County of Denver since its founding in 1989.

We believe that people can, and do, recover from mental illness and that treatment works and improves the lives of people of all ages. The Mental Health Center of Denver provides a comprehensive, innovative, and accessible array of mental health and substance abuse services to an average of 16,500 people annually including 11,500 adults and 5,000 children.

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- Denver Dept of Human
- Services
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- Denver Office of Economic
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- Office of the Governor,
- Colorado Community and
- Interagency Council on
- Homelessness
- So Others Might Eat
- Stairways Healthcare, Inc.

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During 2012, more than 4,700
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Denver’s Wishing Well and A
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individuals, groups, and
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community.

These generous donations
help assure that our
consumers have access to a
wide variety of food,
household products, clothing
and other items.

We would like to also thank
the many donors to our Gifts
of Joy Holiday Gift Drive. We
received cash and gift card
donations from the community
to support this important
program. The community also
provided new gifts to share
with children receiving
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We regret any omissions or
errors.

*Multi-Year Donor

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