



CenterPointe Reports...

on

—— **Mission** ——

—— **Stewardship** ——

—— **Outcomes** ——

for

2005 – 2006

Is CenterPointe Worthwhile?

As a human services agency, CenterPointe's existence depends on public funds, public and private grants and individual donations. And, as with nearly all such nonprofits, our continued existence is dependent on the vagaries of future funding. Yet there is another question — besides how to survive — that consumes a fair share of our planning energy: Should we survive? That, to us, is the main question. Are we worthwhile? Is CenterPointe really worth the public funds, private grants and individual contributions that keep us going?

The answer, in our view, depends on three things: The worthiness of our mission, the effectiveness of our work in carrying out the mission and the merits of our stewardship.

Mission: Our mission is to help individuals who have “co-occurring illnesses” — both a mental illness and an addiction to drugs or alcohol — achieve healthier, more productive lives. Is that a worthy mission? From the human standpoint, yes, it is worthy because we are dealing with lives that are falling apart; people that are unable to function properly in their world. Any help we can provide is a worthwhile act of humanity. From the social perspective the answer is yes, too, because the people who become our clients are, in large measure, a drain on society, consuming disproportionate amounts of money, time and energy from the law-enforcement and human services infrastructure. With every one of our cases that has a positive outcome, therefore, our society reaps a significant future benefit.

Performance and Outcomes: Are we helping? Are we worth it? The answer here is also yes. As you can see from the graphs and data on page three of this report, our work does make a difference in client lives. We set a battery of challenging yet realistic goals for the various outcomes we are able to measure and we manage to hit these goals a good percentage of the time. It is fair to say, therefore, that we are pleased with the agency's performance overall. But it is not accurate to say we are satisfied; we are always looking for ways to lift the bar even higher.

Stewardship: Is our effectiveness achieved in a responsible and efficient manner? To answer this question, we can point with pride to our national accreditation survey of two years ago that resulted in no deficiencies and no recommended improvements. This is not to say that we are not working on improvements. To the contrary, it is the dedication of the Board and Staff to continual improvement that sets the high standard for our accreditation results. The CenterPointe Board and management believe we have a duty to take great care in spending the donor and tax dollars we receive. Every year we solicit feedback on how we are doing so we can keep improving our responsiveness to our clients' needs and the community's needs.

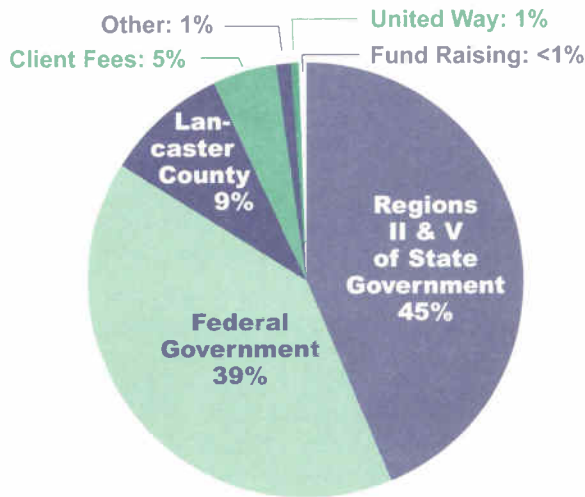
With our clients, our job is not just to help them survive; it is to help them achieve lives that they view as more worthwhile. It is the same with our agency. Our goal is not just survival; it is to remain worthwhile and relevant from both the human and societal perspectives.

Sharon Cirone
President, Board of Directors

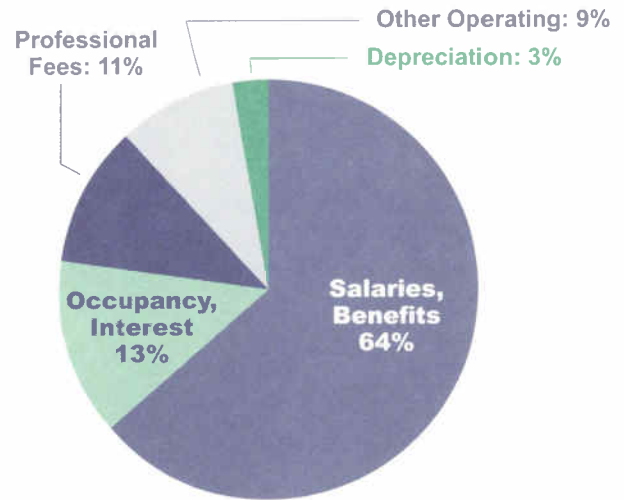
Topher Hansen
Executive Director

On a sad note, we acknowledge the loss of a long-standing employee, Jeanne Robare, who died of cancer in January. A calm and welcoming soul, Jeanne brought peace and quality to our work experience. We named our Board conference room and training facility after Jeanne in honor of her grace, dignity and significant contributions to CenterPointe.

2005–2006 Financial Summary



Revenue: \$5,146,609



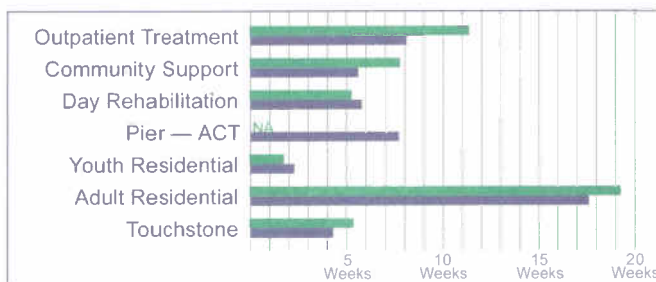
Expenses: \$4,656,216

Performance and Outcomes

CenterPointe tracks extensive data on the four domains of performance and outcomes represented below. A comprehensive slide show of outcome graphs and data is available at www.centerpointe.org. Please contact us if you have questions.

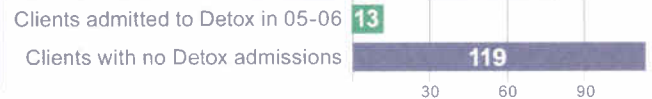
— Access —

Length of Wait — in weeks — for Admission
 ■ 2004-05 ■ 2005-06

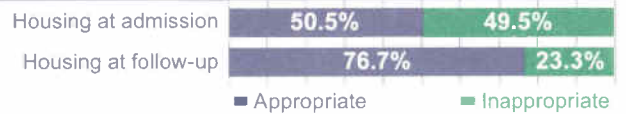


— Effectiveness —

One of the goals of our Community Support effort is a reduction in inappropriate use of higher levels of service such as the Detox Center. The graph below shows the ratio of clients surveyed in 2005-06 who had admissions to the Detox center to those who did not have such inappropriate use of this particular higher level of service.



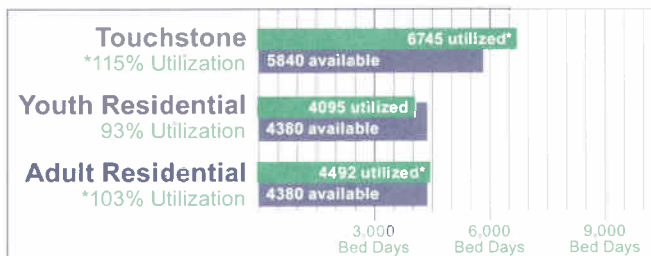
The graph below shows an overall decrease in the use of inappropriate housing when comparing a client's housing at time of admission to the client's housing 30-90 days after discharge from a Community Support program (for follow-ups conducted in 2005-06).



— Efficiency —

Residential Utilization in 2005-06

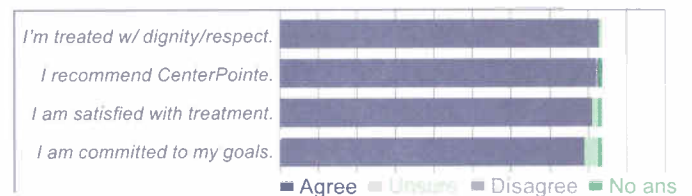
Goal: 90% Utilization ■ Utilized bed days ■ Available bed days



*Over-utilization occurs when CenterPointe accommodates more people than State funding pays for. This usually happens at times of client transition.

— Satisfaction —

Outpatient Services: This graph shows overall levels of satisfaction indicated in 2005-06 follow-up surveys with 84 Outpatient clients.



CenterPointe Success Stories

Adult Residential Treatment for Co-occurring Disorders

Penny was at the Lincoln Regional Center under a Mental Health Board Commitment for endangering herself. Upon her discharge from the Regional Center, Penny's Mental Health Board Commitment was continued to CenterPointe. She was diagnosed with Bipolar Disorder, Methamphetamine Dependence, Alcohol Dependence, Marijuana Dependence, Posttraumatic Stress Disorder, and a Personality Disorder.

During her course of treatment at CenterPointe, Penny learned skills for identifying relapse triggers and managing difficult feelings situations. She also received information and help on developing and implementing alternative activities to substance use and on managing the symptoms of her Bipolar Disorder (i.e., information on mood management, maintaining structure, and taking medications as prescribed).

Toward the end of her treatment, Penny's mood was stabilized; she had repeated practice in resisting urges to engage in substance use, she had improved her ability to be assertive instead of aggressive in interpersonal relationships, and she demonstrated skills in coping with adversity. Penny's ex-husband had been concerned about the impact of her behaviors on their son so the son was included in family sessions and made frequent visits to help rebuild the mother-son relationship.

After six months of treatment, Penny had a part-time job, community housing, and a support system which included a CenterPointe alumni group, her mother, attendance at self help meetings, and ongoing services with a counselor, case manager and psychiatrist in CenterPointe's Outpatient Program.

Penny's progress demonstrates the success of the Adult Co-occurring Disorder program in allowing persons to live as independently as possible in the community, reduce or eliminate substance use, learn skills to manage the symptoms of mental illness and engage in a long term program of recovery.

Drug Crisis Center

Success in many things is not so much a single momentous achievement as it is a series of smaller steps taken toward a desired goal or outcome. Each call we receive on the Drug Crisis Line is a positive step toward a greater outcome. The caller has acknowledged a problem and contacted us for help or information or someone to provide a listening ear.

Many callers are struggling with day-to-day life, or trying to maintain or achieve sobriety, or having trouble with relationships. Some are merely asking about an AA meeting or where to find help and counseling for a son, mother or friend. Others, who are trying to avoid higher levels of care (such as hospitalization), utilize the Crisis Line as a contact with the outside world—a place to debrief and touch base with someone who is caring and supportive. And some are just struggling with old behaviors and the challenges that come with recovery from mental and/or substance disorders.

While it is not possible with an anonymous service such as the Crisis Line to discover the final outcome for each caller, we do know that each call represents a small step toward success. For the year 2005-2006, there were 1,042 calls to the Drug Crisis Line. Those calls constitute 1,042 tiny little success stories that, in many cases we believe, have led to bigger achievements..

Adult Outpatient

Sandy, a 34-year-old homeless person living at the City Mission, first came to CenterPointe in 2001, after being referred by a homeless service provider. She was diagnosed with Alcohol Dependence, Bipolar Disorder, Poly Substance Dependence, and Chronic Post Traumatic Stress Disorder. She was not taking medications, was drinking regularly and was using multiple other substances.

Sandy was admitted to the adult residential program and later left the program against staff advice. Even so, she continued to work on recovery by staying active in outpatient services. She struggled with sobriety on and off while working with counseling, groups and case management. At times her use increased, medication compliance decreased, and attendance suffered. But, she stayed connected and gradually she developed skills to help her recover from relapses and stay focused on her long term treatment plan.

In 2005 Sandy was discharged after successfully completing outpatient treatment. Today, Sandy has nearly 2 years of sobriety. She has reconnected with her family, taken an active role in self help groups and is now on the advisory board of a local service provider. She also attends college and is consistently on the Dean's List.

Sandy's case illustrates the long-term and often uneven progress of the people we serve in Outpatient Treatment. She made great improvements over a 4-5 year time span because integrated mental health and substance use services provided a continuous support for a better life.

Spotlight on Youth Services

Evening Reporting Center

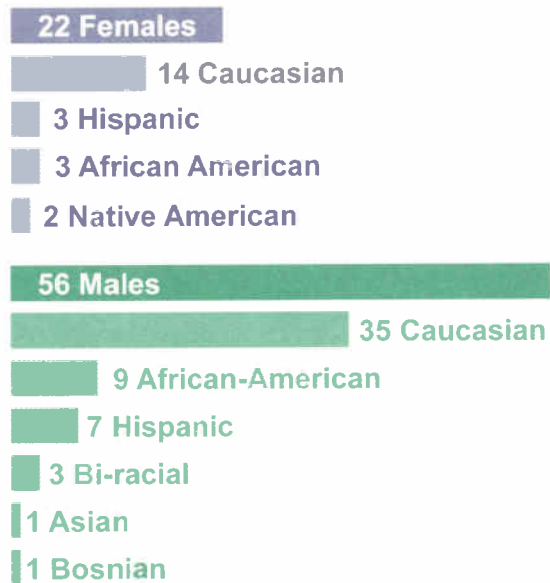
The Evening Reporting Center (ERC) is an alternative program for youths ages 12–18 who would otherwise be detained in the Lancaster County Juvenile Justice System. As a condition of avoiding detention, the youth are required to attend school or work during the day and then be on-site at the Evening Reporting Center from approximately 3 p.m. to 8 p.m. Staff transport the youth to the ERC in the afternoon; where possible, parents transport the youth home from ERC. Time at ERC is structured, involving academic tutoring, field trips, community volunteering (resulting in 493.25 hours in 05-06, with a dollar value of \$2,539.51) and a wide range of group discussions and activities focusing on job readiness skills, anger management, drug/alcohol education, current events, independent living skills and social skills.

Since its inception in 1999, the ERC has handled more than 500 referrals. (Referrals are received from Juvenile Probation and Lancaster County Juvenile Court Judges.) During the 2005–2006 fiscal year, 78 youths were referred to the ERC, nine of which were duplicate referrals during the same fiscal year and 67 of which were first-time referrals during the year.

The average age at time of referral was 16; the average length of stay in the ERC program was 27.5 days and the average wait time from the day referral was made until the day the youth started at ERC was one day.

Our follow-up survey 30 days after discharge was able to be completed on 63 of the youths. Of these, only two were detained by the justice system for new violations.

Demographics of ERC Referrals in 2005-06



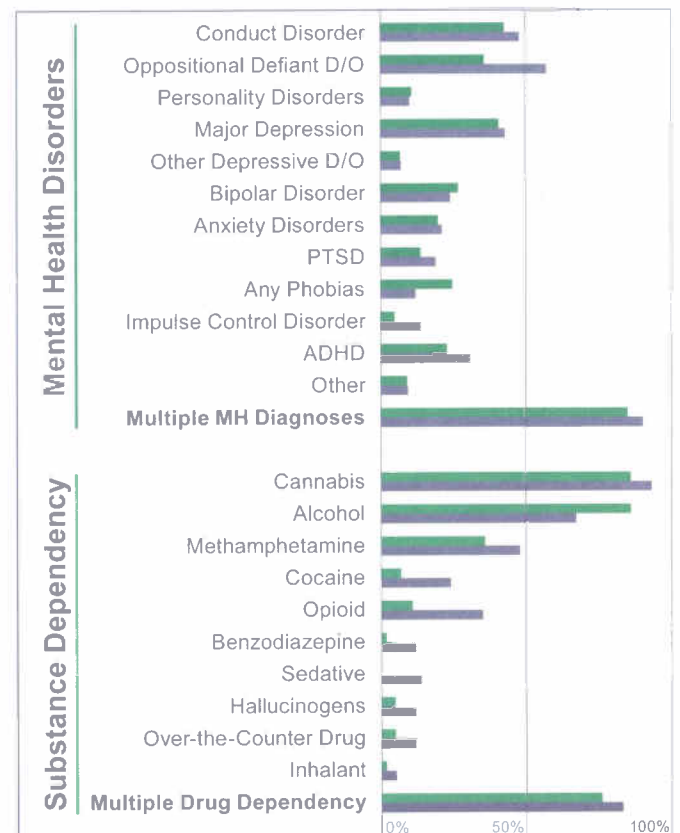
Youth Residential Treatment Center

The Youth Residential Treatment Center, located at 2220 South 10th Street, provides housing and residential treatment for youth ages 13–18 who have co-occurring mental illness and substance abuse or dependence disorders. Referrals typically come through the Health and Human Services system. Most clients are Wards of the State, and many are involved in the criminal justice system.

New clients generally present with pervasive and severe problems in the areas of physical and/or psychological health, basic needs (food, shelter, clothing), educational/vocational adjustment, social adjustment, family and social relationships and self-concept. They tend to have inadequate support systems and frequently have difficulties sustaining involvement in treatment.

The center, which has a capacity of 12 beds, operates 24 hours a day with a flexible structure geared to meet the varying needs of the individual clients. The program provides simultaneous and integrated treatment of co-occurring psychiatric and substance abuse disorders by developing concurrent and specific treatment regimens that simultaneously impact all of the individual's presenting problems.

Percent of Admissions Diagnosed with... 2004-05 n=48 2005-06 n=44





CENTERPOINTE, Inc.

2633 P Street • Lincoln, NE 68503
402/475-8717 V/TDD • www.centerpointe.org

CenterPointe Services

Adult Dual Disorder Residential

Transitional housing and residential treatment for adults 19 and over with severe and persistent mental illness and substance dependence. Services include individual, group and family counseling; recreational therapy; case management and psychiatric services. Expected stay 6-8 months.

Youth Residential

Transitional housing and residential treatment for youth 13-18 years with substance dependence and mental health disorders. Services include individual, group and family counseling; recreational therapy; case management and psychiatric services. Expected stay 4-6 months.

Youth Reporting Center

Referrals are received from Juvenile Court to provide intensive supervision for youth as an alternative to detention. Services are provided from 3 - 8 PM M-F.

Outpatient

Outpatient treatment for youth 13-18 and adults 19 and over with substance use disorders or co-occurring substance use and mental health disorders. Services are provided based on client need and may include individual, group, and family counseling, and psychiatric services. Expected stay depends on client need, but generally 6-8 months.

Touchstone

Short-term residential services for adults 19 and over with substance dependence disorders. Psychiatric services available. This program is provided in collaboration with Houses of Hope. Expected stay is 45 days.

Community Support

Individual support and advocacy to develop skills needed to live in the community as independently as possible. Services assist with basic needs such as housing, food, medical needs and linkages with needed services in the community. Expected stay varies depending on client needs, but generally, 12-18 months.

GLIDE

Transitional housing in scattered site apartments in addition to case management services is provided for single, homeless adults over 19 years of age who have substance use and mental health disorders.

Harvest Project

Case management services specifically for adults 55 and older with substance use or co-occurring substance use and mental health disorders. This program is provided in collaboration with the Lincoln Information for the Elderly (LIFE) and the Community Mental Health Center.

Adult Day Rehabilitation Services

Long term, structured day services for adults 19 and over with a severe and persistent mental illness and substance abuse or dependence. Services develop daily living skills designed to reduce admissions to more intensive services. Expected stay up to 5 years.

Drug Crisis Line

24 hours / 7 days a week. Information, referrals and crisis assistance to callers.

Open Studio/Wordshop

Free weekly sessions at the F Street Recreation Center that are open to anyone who wants to use art or writing as a form of expression. This program is provided in collaboration with the Community Mental Health Center and Lincoln Parks and Recreation.

PIER

An intensive program for outpatient treatment, rehabilitation, and supportive services, the Partnership In Empowerment and Recovery (PIER) serves individuals with a serious and persistent mental illness and other co-occurring disorders, in a community-based setting that allows them to live in the community as independently as possible. This program is operated in collaboration with the Community Mental Health Center and Lutheran Family Services.

CenterPointe Volunteers

Board of Directors—*President:* Sharon Cirone, *Vice President:* Connie Monk, *Secretary:* Dottie Shapiro, *Treasurer:* Chad Pfeiffer, *Past President:* Kevin McManaman. Candice Batton, Rob Conway, Dennis Duckworth, John Fordham, Raul Guerra, John Herdman, Kurt Johnson, Terry Jones, Colleen Kadleck, Becky Pasco, Janet Walters, Becky Wild. **Other Volunteers**—Alleson Deaust, John Linscott, Tiffany Neely, Jim Richstatter, Nicole Schroeder, Ann Linneman, Cathryn Alpaugh, Stephanie Johnson, Alicia Smetter, Jeremy Jelinek, Ivan Krenice, Tengorn Phasian, Angela Shupe, April Hove, Jessica Peacock, Candice Delong, Cody Hobza, Kristopher Valentin, Tracy Stroup, Ashley Le, Kathleen Langdon, Kalika Hunt, Chris Billings, Kimberly Funk.

Non-Discrimination Statement: Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or disability. Any person who believes he or she has been discriminated against in this program should write to: Administrator, Food and Consumer Service, 3101 Park Center Dr., Alexandria, VA 22302

Funded in part by the Nebraska Department of Health and Human Services, Region V Systems, U.S. Dept. of Housing and Urban Development and Lincoln/Lancaster County Joint Budget Committee

