



CenterPointe Reports...

2006–2007

Everyone Knows Someone

It is only a few brave souls who are able to stand at the front and say to the rest of us that they are in recovery from a mental illness or addiction, leading healthy and productive lives, and that they would like us to understand their journey. Having a mental illness, addiction, or both of these difficult and chronic diseases, is hard. From getting funny looks, to losing jobs, to being shut out of a place to live, the stories of alienation are many. Why is it that people feel embarrassed to go to counseling or to be on medication for a mental illness, but not feel the same embarrassment to go to the physician for heart disease or take medicine for diabetes?

Intellectually, we know that mental illness is chronic, has a genetic connection, is treatable, and is not necessarily related to how creative, how smart, how friendly or how productive a person might be. We also know that addiction is equally chronic and that the impulse from those addicted to alcohol or other drugs can be as powerful as the drive for food. We know from listening to those individuals with addiction or mental illness that this is not the life they dreamed of, not the life they want.

Emotionally, we turn away. Because we don't know how to embrace the person, because the issue is too close to our own experience, because we are stuck with the notion learned long ago, that anything from the neck up is a problem resulting from your choice, while below the neck, it couldn't be helped. Our lack of comfort with these diseases has turned into moral judgments and resulted in our society stigmatizing and discriminating against those suffering from these debilitating diseases.

Yet, everyone knows someone. Whether in one's immediate family or the extended family, there most certainly is someone — some loved one — who is struggling with addiction, mental illness or both. Consider these facts:

- Mental illness is more common than heart disease, diabetes, or cancer.
- More than half of all prison and jail inmates have mental health problems and 75% of those meet the criteria for substance use disorders.
- The largest mental health treatment facility in the country is the Los Angeles County Jail
- Treatment reduces symptoms, reduces alcohol and drug use by half, lowers crime by 80%, and helps individuals reconnect with their loved ones.
- CenterPointe is one of the longest standing providers of treatment for co-occurring services in the United States. We served approximately 800 individuals last year, but there is a typical wait of 4-6 months for any of our treatment programs.

You can help by speaking up

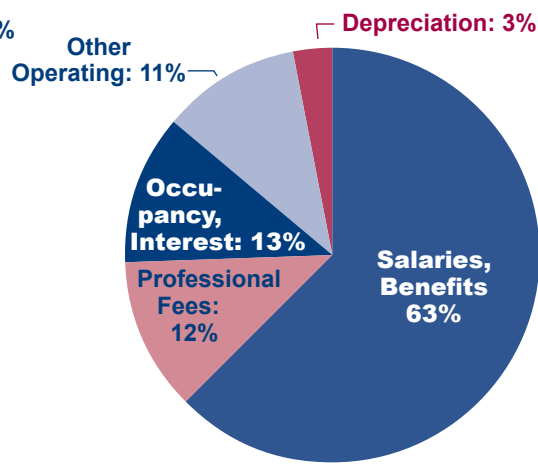
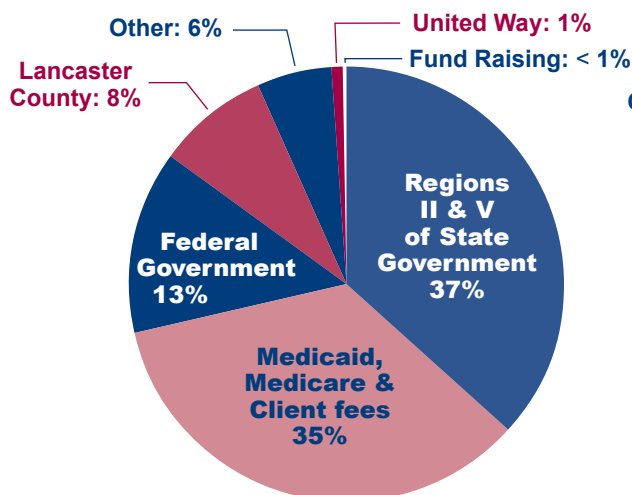
What you can do to stop the discrimination and make services more available? Speak up. Advocate in your own environment against jokes, disparaging comments, and judgments. Just as we do for physical ailments like heart disease, hypertension and diabetes, we need to promote the idea of mental wellness and the development of systems that present the opportunity for mental health treatment when needed. Let your local and State elected officials know your priorities for a community that is more responsive to the behavioral health service needs.

Until a few years ago, Nebraska was nearly at the bottom of the list in our spending per capita for behavioral health issues. Today, we have moved up a few spots, but still have many people standing in line wanting services, unable to get services for months. We must all make our priority known to those setting policies and priorities for spending, that a healthy community is important to our families, our businesses, and our entire community fabric. As President John F. Kennedy long ago said, "The mentally ill (and addicted) need no longer be alien to our affections or beyond the help of our communities."

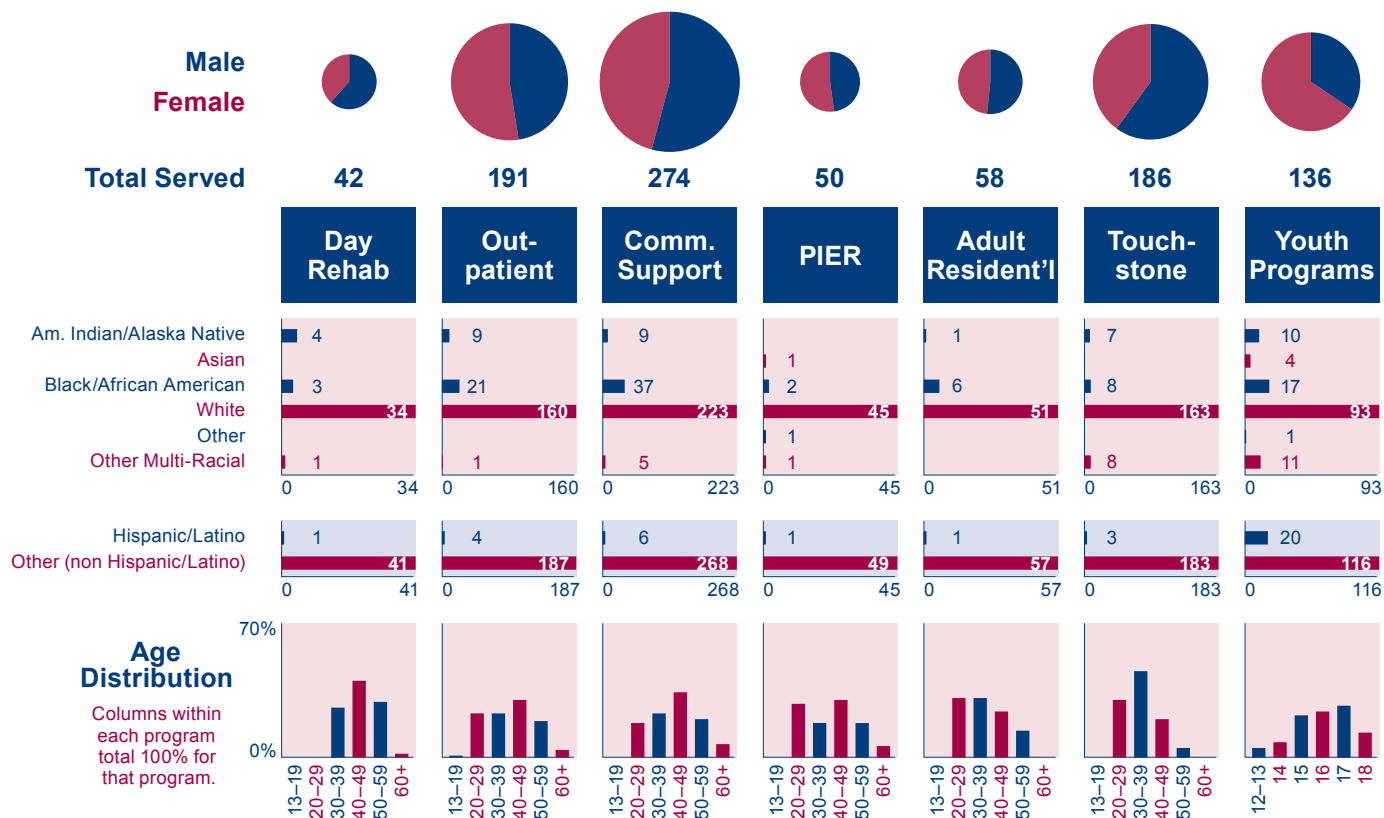
Sharon Cirone, PhD, President
Board of Directors

Topher Hansen, JD
Executive Director

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Demographics of Clients Served, by Program



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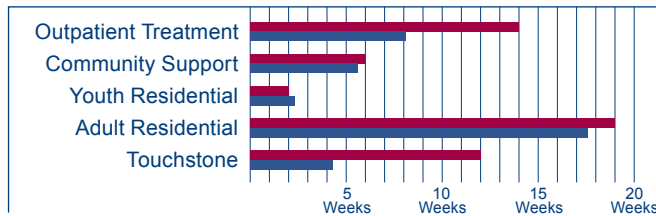
Performance and Outcomes

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 —

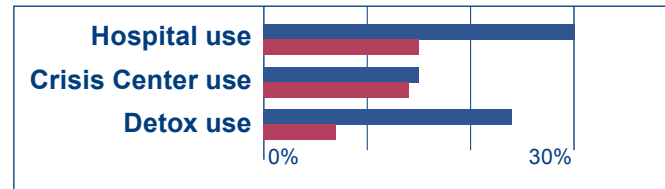
Length of Wait — in weeks — for Admission

■ 2006-07 ■ 2005-06



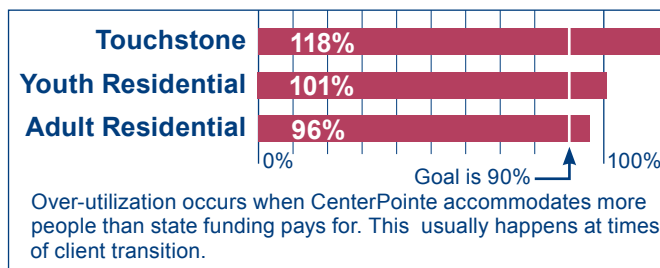
— Effectiveness —

One of our goals is a reduction in inappropriate use of higher levels of service. The graph below shows the percentage of outpatient clients using higher levels of service: ■ At admission ■ In-program



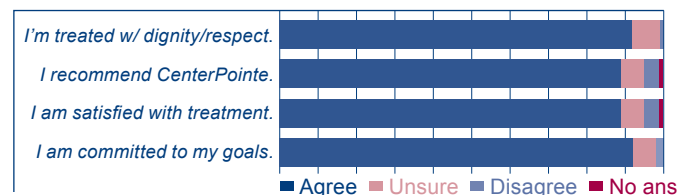
— Efficiency —

Residential Utilization in 2006-07



— Satisfaction —

This graph shows overall levels of satisfaction indicated in 2006-07 follow-up surveys with 172 Residential and Outpatient clients.



Success Stories

Youth Residential Treatment

Jake came to us at the age of 18 with a history of major depression (moderate and recurrent), oppositional defiant disorder, and chronic alcohol and marijuana dependence. He had previous placements in outpatient, intensive outpatient and an inpatient substance abuse facility where he was not successful. Jake had relapsed into severe substance abuse and returned to his long standing pattern of staying away from home all weekend, chronic arguing with his parents, poor school attendance and failing grades. During that period he also was charged with MIP and possession of drug paraphernalia. He was hospitalized briefly for suicidal ideations.

Jake was in CenterPointe Youth Residential treatment for four and a half months, had outpatient aftercare for three months and was involved in self-help groups on a regular basis. During his involvement with CenterPointe, Jake was able to accept his co-occurring disorders and become medication compliant. He maintained sobriety, got his GED, obtained a scholarship to college and completed the enrollment process. He was able to maintain part-time employment and improve his relationship and communication with his parents prior to moving out for independent living. He completed his term of probation successfully and at last report was continuing his education and involvement in self-help groups.

Adult Day Rehabilitation

When "Bob" entered the program, he was struggling with drinking, paranoid thoughts, depression, isolation, self-harm, and repeated periods of hospitalization to stabilize mental health issues including psychosis and suicidal ideation. He initially had minimal attendance levels, but as his attendance in the program increased, he began to display a reduction in the severity of mental health symptoms and instances of relapse. In a year's time he made notable accomplishments in these areas:

- Self-harm, going from cutting his skin once a week to refraining for more than three months.
- Drinking, going from three episodes a week to four months of sobriety.
- Mental Health Symptoms: While he still reports similar symptoms, he has learned coping skills to manage depression and paranoia. He no longer fears answering the door and leaving his house.
- Periods of Hospitalization: Bob used to need emergency room treatment weekly but that usage has reduced to once every two months.

Bob recently told a CenterPointe staff member "I feel like I've clamped on to this place because I feel it's what I really needed." He added that his favorite part of the program is the support he receives from staff and peers.

CenterPointe Donors

We are grateful to the generous CenterPointe donors who support the quality of our service to our clients and to the community.

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Why Board Members Serve

“Finding a treatment center for a family member was a frustrating experience. The complexity of the issues facing a family and the individual are challenging and need Societal involvement in the big picture. I can use my experiences at CenterPointe by working with volunteers and staff who are forward thinking and committed to the issues of mental health and substance use.” *Dottie Shapiro*

“As a college student nearly twenty years ago I worked with youth at CenterPointe, witnessing firsthand the extraordinary staff commitment to those kids. Six years ago I returned as a volunteer member of the CenterPointe Board of Directors. Programs

have expanded dramatically over the years, but I still see the same focused commitment to each client's success. I'm convinced such dedication makes a critical difference in the lives of thousands of people in our community, and I am proud to continue supporting CenterPointe.” *Kevin R. McManaman, Esq.*

“Volunteering as a Board member of CenterPointe allows me to contribute to the betterment of our community. I worked for CenterPointe prior to being on the board. I know we are helping hundreds of people face and manage very challenging life situations of Mental Illness, Substance Dependence and Homelessness.” *Rob Conway*



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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.

Evening 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.

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.

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.

Drug Crisis Line

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

Open Studio/Workshop

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:* Colleen Kadleck, *Past President:* Kevin McManaman. Candice Batton, Rob Conway, Sgt. Dennis Duckworth, Hilde Dale, Dick Endacott, John Fordham, Raul Guerra, John Herdman, Kurt Johnson, Terry Jones, Dennis McChargue, Becky Pasco, Chad Pfeifer, Modesto Putla, Janet Walters, Teresa Vanderzee, Becky Wild. **Other Volunteers**—Jennifer Anderson, Shelly Black Eyes, Alleson Deaust, Ruth Eisenmann, Carly Froehlich, Erika Hansen, Roderick Helms, Jeff Jedlicka, Molly Krolikowski, Ann Linneman, John Linscott, Stephanie McLeese, Megan Moslander, Tiffany Neely, Kim Nguyen, Amanda Preston, Jim Richstatter, Angela Schiltz, Nicole Schroeder, Angela Shupe, Troy Tice, Christina Wittrock.

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

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