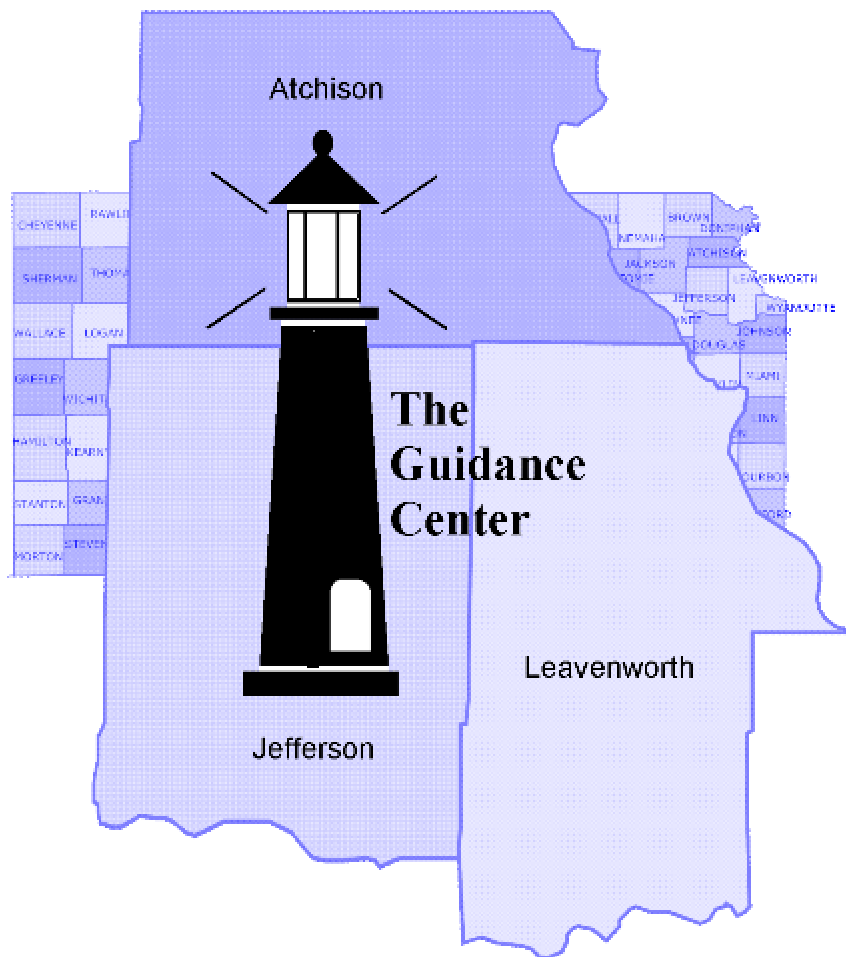


**2008
Annual Report**



Your Community Mental Health Center
Promoting Healthy Communities

EXECUTIVE DIRECTOR'S ANNUAL MESSAGE

In the field of mental healthcare it may be hard to know if an excellent annual report is really a good thing. The fact that more people used the services of The Guidance Center than at any time in our history would seem to be an indication that our community is struggling. Not such a great thing, right?



Keith Rickard

However, the use of our services is really an indication that the stigma of mental health problems is eroding and people are feeling more comfortable asking for help when they need it. When people ask for help early and stay in treatment until their issues are resolved, everyone wins.

Research shows that the costs of untreated mental health and substance abuse problems are three times more expensive than the cost of the actual mental health care itself. These increased costs show up in corporate settings due to absenteeism, lost wages, and lost productivity. These costs also show up in communities in the form of increased law enforcement activity, related court costs, and social services budgets. Foster care costs are skyrocketing because of domestic violence and substance abuse and the crimes that accompany them.

The Guidance Center exerted special effort in 2008 to meet the needs of our community, and thus address these related social service costs to our community, state, and nation. This past year we saw 4,346 clients, a 15% increase from the previous year. We delivered 126,526 hours of direct service to our clients, a 26% increase. We increased our staff by 32 members bringing our total to 144 strong. Lastly, due to changes and improvements in Medicaid reimbursement and other private sources, we increased our budget by 23%. In essence, we saw more, did more, and spent more. While it is hard to quantify, I believe we did our part to help the community save more.

The remaining pages of this annual report tell a more detailed story. The most important pages are those that tell of client success. These people and their stories are the real reason we publish this report.

I am grateful to the many donors, referral partners, affiliate organizations, volunteers, and staff who made 2008 a successful year for our 4,346 clients. The Guidance Center is your mental health center and we are here to improve the overall health and well being of our community. We'll work to make 2009 even better.

Keith Rickard, Executive Director

MESSAGE FROM THE BOARD PRESIDENT

On behalf of the Board of Directors, I am pleased to endorse the release of our 2008 Annual Report. We have enthusiastically fulfilled our role as the governing body of The Guidance Center and have enjoyed a strong working relationship with the individuals responsible for the day to day operations of the organization.



Chuck VanPetten

We worked tirelessly to ensure that the citizens of the Atchison, Jefferson and Leavenworth Counties had access to quality and affordable behavioral healthcare services. The innovation and dedication of our staff and management team enabled us to meet the challenges of an increase in the number of citizens seeking behavioral healthcare services in 2008, and to effectively utilize improved third party reimbursement opportunities for mental health services.

The many accomplishments reported in the following pages are a reflection of our core values, our commitment to excellence and our goal to be an innovative leader in community mental health.

I encourage you to contact The Guidance Center with any questions you might have regarding the content of the report or for additional information about programs and services. Additionally, members of the board are more than happy to answer any questions you might have.

Sincerely,

Chuck VanPetten, Board President

2008 Governing Board

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Our Vision

We envision healthy, safe communities where individual differences are valued, human dignity is preserved, and personal strengths are enhanced.

Our Mission

The Guidance Center promotes healthy communities by delivering comprehensive behavioral health services to individuals, families, and communities of Atchison, Jefferson and Leavenworth Counties.

Programs & Services

Outpatient Therapy

Adult Psychosocial

Youth Psychosocial

Early Childhood

Adult & Youth Case Management

Supported Employment

Respite & Attendant Care

Peer Support

Family Support

Outpatient Substance Abuse

Medication Management

24-Hour Emergency Services

Screening and Referral

Consultation, Education and Prevention

Transportation

Executive Staff

KEITH RICKARD, MS, LCP, MBA

EXECUTIVE DIRECTOR

KATE WERRING, LSCSW, ACSW

OPERATIONS DIRECTOR

DAVID BARNUM, PH.D.

CLINICAL DIRECTOR

STAN GOLON, M.D.

MEDICAL DIRECTOR

JERRY McDONALD

FINANCE DIRECTOR

ERIK NYBERG, MHSA

INFORMATION SYSTEMS DIRECTOR

KRISTIN ESTES

HUMAN RESOURCE DIRECTOR

2008 Center-wide Highlights

- In 2008 we saw 4,346 clients, resulting in an 8.9% increase from the previous year.
- We provided a total of 126,526 hours of behavioral healthcare and educational services for our consumers.
- Our Clinical Staff provided 11,154 hours of Individual Therapy
- We expanded the number of staff members available to provide services to our communities by 32.
- 4,166 hours of Respite Care was provided to support family members.
- Our clinic in Jefferson County expanded services and service capacity.
- An Early Childhood therapeutic program was implemented in Leavenworth & Atchison Counties.
- Peer Support Program services were provided for consumers in Atchison and Leavenworth Counties.
- An electronic clinical record system was implemented to improve documentation & enhance corporate compliance.
- Plans were developed to build a new facility in Atchison County.
- Our license review from the State of Kansas and our independent financial audits were completed without significant findings or major comments.
- We received grant funding from the Sunflower Foundation to facilitate increased child psychiatry time.
- A pilot program was implemented to provide community-based staff members with laptop computers, allowing documentation of services to be completed with the clients.
- Progress notes for the summer psychosocial groups were put online. This allows notes to be completed with the client present and instant generation of progress reports for teachers and parents to see how the child is doing.
- Screening tools for SED children and SPMI adults were put online so we can identify high risk clients and get them into service programs faster.

Mental illness is a disease of the brain. This illness refers to a group of disorders which can cause severe disturbances in thinking, feeling, and relating to others. It often results in a substantially diminished capacity for coping with the ordinary demands of life.

Mental illness can affect persons of any age—children, adolescents, adults, and the elderly—and they can occur in any family.

MENTAL HEALTH MATTERS

For many of us, our health - particularly our mental health - is often taken for granted until something goes wrong. Only then do we fully appreciate just how important mental health is to our sense fulfillment and happiness.

Below are but a few of the things our consumers have said about the importance of The Guidance Center in their lives.

"When I first came to The Guidance Center my life was completely out of control and I had pretty much lost everything. Since receiving services through TGC, I am now able to control the symptoms of my illness and have begun to put my life back together."

"APP is a nice place to come – I get support I need – I feel welcomed by peers and staff both."

"When I talk to my therapist, he really listens to me. He helps me understand that it is ok to talk about how I feel"

"I enjoy coming to APP – it's very supportive to me – it's an outlet that I need for myself – it helps me overcome a lot of things I need to overcome – I really enjoy the dual groups because they help me a lot."

"I couldn't have gone out into the community without my peer support specialist."

"I'm learning more about myself and how to get better."

"I needed my son to be seen right away for anxiety and depression. When I called TGC, the staff was very responsive and got him in the same day."

"We were so thankful when TGC began offering Respite Care. It's great to know that there is someone there to give us a break when we need it."

"I'm learning to communicate better with others, love being around the people and especially the variety of groups."

"I didn't want to come to The Guidance Center at first, but my mom made me. Now I'm glad I did. My counselor helps me understand why I feel like I do sometimes. He's awesome. I really like him."

Outpatient Therapy Services (includes medication management)	85%
Substance Abuse Recovery Services	13%
Emergency Services	15%
Intensive Case Management	1%
Community Support Services (for SPMI adults)	10%
Community Based Services (for SED youth)	20%

PROGRAM OVERVIEWS & STORIES OF SUCCESS

[Outpatient Services](#) Licensed psychotherapists and counselors provide assessments, evaluations, individual and family therapy, therapy groups, behavior management groups, and supportive counseling. A wide spectrum of diagnoses are seen in this service category to include mood disorders, anxiety, marital problems, parent-child problems, sexual problems, impulse control disorders and substance abuse recovery services.

24 hour Emergency Services are also available through The Guidance Center

[Recovery Services](#) The Guidance Center is licensed by the State of Kansas to provide outpatient addiction services, including alcohol & drug evaluation, treatment, education, & relapse prevention for adults & adolescents. An initial assessment is administered to all individuals seeking treatment in order to determine the appropriate level of care. Individuals are admitted to Recovery Services or, if more intensive treatment is indicated, are referred to the appropriate treatment facility. Treatment could include individual or group treatment, or therapy with an appropriate clinician. In addition, participation in specialized groups may also be recommended.

[Adult Psychosocial Program](#) The Adult Psychosocial Program is a specialized intensive day treatment program that provides skills development services to adults with mental illness. Our clients often experience social isolation and/or inability to accurately perceive and relate to their environment. Many clients need assistance with learning coping and problem solving skills due to impaired judgment, difficulty communicating with others, and difficulty understanding their own illness. Groups, classes, and activities at TGC are designed to help clients increase their cognitive abilities, improve their social skills, enhance their awareness of the world around them, and learn basic living skills such as homemaking, personal hygiene, and money management.

Kevin was in and out of prison for a total of seventeen years. With his last parole he was required to receive services at The Guidance Center. Kevin has been coming to TGC for the past seven months. During Kevin's time at TGC he has been involved in case management, med management, supported employment and APP. Kevin takes responsibility for his recovery by continuing in his sobriety which began in 2002 and continuing to use his faith in God to guide him.

He regularly attends APP. In this program he demonstrates leadership skills and is invested in learning and applying the skills that he learns. Kevin is an inspiration to the other clients and the staff with his high level of motivation and determination towards his recovery. He stated that APP has given him a purpose and a positive way to reintegrate back into society. He honestly admits that APP is helping him stay out of prison and is helping him to learn how to have successful relationships outside of prison. Kevin says that APP is "like taking courses about life." He now understands the importance of his medication and takes it regularly and hopes that as his thinking changes he will be able to lower the amount of medication he takes.

(Continued on page 7)

Kevin has had some job interviews recently and is looking forward to getting a job. He will be buying his own car in the near future with money he has saved. He is working hard to not forget his past but to learn from it and move forward in his recovery with the help of TGC and his faith in God and as he says, "Get to know myself."

Youth Psychosocial Program 2008 was a great year for our Youth Psychosocial Program. Our summer program experienced record numbers in all three counties. We served approximately 120 youth total.

TARGET (Teens Achieving, Reaching, Growing, Exploring and Transitioning) is a psychosocial program available for high school age youth to assist them with learning and practicing life skills needed to transition successfully to adulthood.

TARGET groups have grown as well with eighteen clients in the Leavenworth TARGET group and four in the Atchison TARGET group. *Three of the Leavenworth TARGET clients graduated from the program and moved on to live independently. (One of which joined the Marines; another applied and was accepted to Job Corp and the third client moved out of the catchment area to live with a friend) This is just the type of success that we envision for all youth who attend the TARGET program.*

Due to the increase in clients, we have also increased the number of full time and part time staff working with the program. Currently there are two full time lead facilitators for TARGET, a full-time assistant facilitator and a part-time facilitator all working in the Leavenworth office. In Atchison we have one full-time lead facilitator for TARGET and one part-time assistant.

We now have five after school groups in Leavenworth, four in Atchison and three in Jefferson County. For our after school groups we have four-part time staff covering after school groups in all three counties. It has been a great year for psychosocial in quantity and quality of care.

Early Childhood Program The Early Childhood Program at The Guidance Center focuses primarily on children between the ages of three and seven years of age. By targeting this age group we increase the chance that children enter school on a positive note.

A primary goal of the program is to have each child assessed and then referred for appropriate services. The Early Childhood Program is intended for children that have not yet entered Kindergarten, so most children referred to the program are between the ages of 3 and 5 year old. This age group provides us with the opportunity to identify behavioral concerns and respond before a child is placed in a formal school setting.

When "Johnny" came to the Center at age 3 he had already been removed from two daycare centers and the Head Start Program - due to an inability to control his aggressive behavior and his emotions.

His family was referred to TGC by Head Start staff and following a behavioral health assessment "Johnny" was placed in the STAR program. Within eighteen months of participating in the program, he met all of his goals and was enrolled in Kindergarten at a local school. Since that time, Johnny has continued to show marked improvement in his behavior and social skills, and with the support of his case manager, parents and teachers will continue to overcome the behavioral health issues that have interfered with his success in the past.

Peer Support Program The Peer Support Program at TGC just completed its first year of services. The program provides a wide variety of services to Severely and Persistently Mentally Ill clients. The main purpose of the program is to pair individuals who have been diagnosed with a mental illness and are presently managing their symptoms with individuals who are struggling with their mental illness. In doing so the peer support specialists are able to share with the client those coping skills and ways to manage mental illness that are working for the peer support specialists in their own recovery. The program is unique in that while the peer support specialists have had specific training, they primarily use their own personal experiences as they are helpful to the client in providing these services.

The Peer Support Program is meeting with great success. The peer support specialists provide such services as helping individuals become involved in the community through a variety of activities. Peer support specialists also assist individuals in effectively dealing with daily living challenges, supporting them in communicating with family, friends and TGC staff while supporting them in their efforts to move beyond their illness.

One peer support specialist has assisted an overweight peer with learning healthy eating habits. This individual has lost 40 pounds. Another peer support specialist was able to access community resources and helped a peer who was sleeping on the floor get a bed at no cost. As word of the program has spread, clients are now asking to be assigned to a peer support specialist and the staff at TGC is making referrals to the program. Comments from clients such as, "I couldn't have gone out into the community without my peer support specialist," or, "My peer support specialist helped me get started exercising which has helped my depression," indicate that the service is a valuable part of the overall TGC program.

Presently, there are four peer support specialists and a coordinator of the program in Leavenworth County. Peer support services are provided in Atchison County through a weekly group held in the community led by the peer support coordinator. Future plans for the program include establishing a program in Jefferson County.

[Adult Case Management Services](#) Case Management provides and coordinates services to assist persons with serious mental illness to optimize their adjustment and success in the community. Case Managers help to address not only the symptoms of the illness itself, but also the psychosocial problems encountered by the individual, such as housing, transportation, obtaining financial entitlements, activities of daily living, employment, etc.

When "Joseph" began receiving case management services through TGC, he had lost contact with his children, was unable to work due to the seriousness of his mental illness, had no source of income, was homeless and had no insurance coverage. With encouragement and support services provided by his case manager, Joseph has been able to overcome what he perceived to be insurmountable barriers in his life and has experienced on-going successes in his recovery process. Joseph is now receiving Social Security Disability Insurance, Medicare and is living successfully on his own in an apartment in the community. He has obtained his drivers license and purchased a car with financial resources generated through his SSDI payback. Despite his intense anxiety over flying, he recently visited with his ex-wife and children for the first time in six years and was able to spend time with a son preparing to deploy to Iraq.

[Youth Case Management Services](#) Case Management is designed to assist youth that struggle with severe emotional disturbances with managing their symptoms of their mental illness in order to maintain the youth in their community setting. This is done in a variety of ways.

[Targeted Case Management](#) provides more of an indirect approach with the youth - with a goal to maintain the youth in the community. This is done through 1) Treatment Planning 2) Collateral Contacts 3) Access to Supports and 4) Service Coordination for the youth.

[Psychiatric Supportive Treatment](#) (CPST) is the actual face to face intervention with the youth. The Community Support Specialist provides this service by working with the youth in their natural community locations where the youth lives, goes to school or socializes. All interventions provided shall be related to a specific goal set for the main purpose of managing symptoms and maintaining in the community.

The primary function of the Youth Case Manager is maintaining contact with the client, the coordination of services with the schools, outside agencies and service providers; the linking of services with outside agencies and service providers; and the monitoring/tracking of services and progress within TGC. Although there were numerous successful outcomes achieved by youth receiving case management services in 2008, one case stands out as an excellent example of the support, coordination and collaboration celebrated by TGC.

*"Tommy" *, a long term client of TGC, diagnosed with ADHD, Cognitive Disorder, and Reactive Attachment disorder, was removed from his grandfather's home for emotional, physical and sexual abuse in 2005. He was placed with an uncle, followed by a temporary foster care placement and then returned to his uncle's home. The uncle did the best he could for the client but was not knowledgeable about his special needs. Over time he became emotionally abusive toward Tommy as well. When Tommy turned 18 years old he was on the verge of being kicked out of the uncle's home and had no other living arrangements.*

Prior to this, Tommy spent a summer in Wisconsin with a former special education school case manager where he was paid to work at a hotel owned by this individual. He thrived in that setting and felt pride in accomplishing tasks and accumulating money for his work. With this in mind, and with Tommy's encouragement, his case manager contacted his previous employer in Wisconsin and explained Tommy's situation. This individual was very supportive and participated in a wraparound held to discuss Tommy's future. Following the meeting, Tommy's uncle left and informed him that he was being kicked out immediately. The individual from Wisconsin offered Tommy a place to live (a home he owned in Leavenworth) until he could graduate high school and move to Wisconsin. A TGC staff member helped with getting his credits counted (he attended the Target group) and he was able to receive his high school diploma. His new employer bought Tommy a train ticket to relocate to Wisconsin.

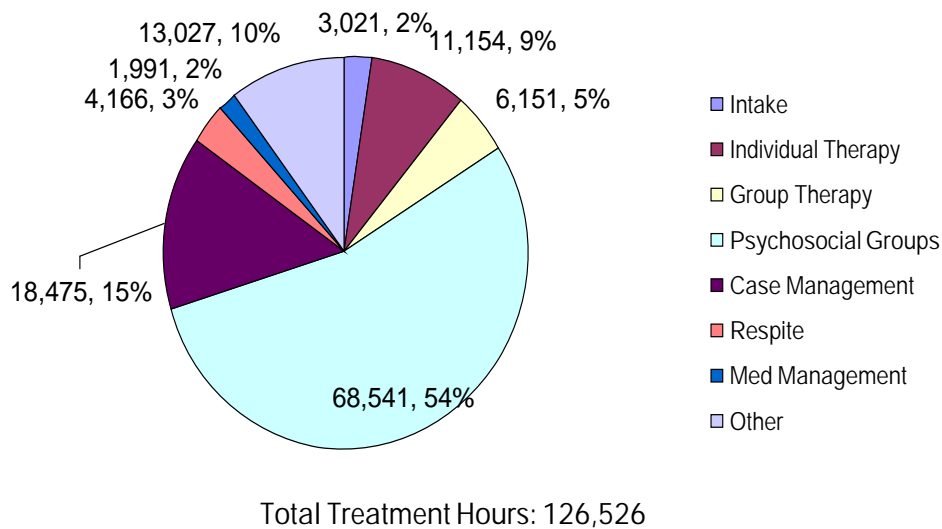
Members of TGC staff donated luggage as his belongings were in trash bags and unstable boxes. His CPST case manager and TCM, case manager, worked to sort through his belongings and help him pack. They also arranged for him to have a prepaid cell phone so they could assist him along the train ride and transfer to Wisconsin. His teachers provided a book bag full of snacks, drinks, and magazines. The TCM and CPST case managers took him to the train depot at 6 a.m. the day he left for Wisconsin. They have since followed up regularly and have learned that his employer is ensuring that Tommy receives support through mental health services, SSI, and disability entitlements. Tommy is now working at the hotel again, attending church

weekly, and recently joined a youth group. He is reportedly very happy in his new home. This was a group effort that has really paid off for this client. (The client's name has been changed to protect anonymity)

Medication Management Psychiatrists and/or an ARNP provide medication management services to Adult Outpatient and Youth Outpatient consumers at The Guidance Center. Medication management services are an important and integral part of treating the mentally ill to help improve negative symptoms. Patients whose symptoms are adequately stabilized through medication management, experience better quality of life, and personal independence in the community and are less likely to need inpatient hospitalization.

Transportation Services 2008 was a very successful year for the Transportation Department. While providing transportation services for the Atchison, Jefferson, and Leavenworth centers, the transportation team transported over 20,000 passengers and traveled over 115,000 miles. Our drivers made significant contributions to the success of our Adult & Youth Psychosocial Programs as well as providing no-fee General Public Transportation service to the public. Specific challenges faced during 2008 were a significant increase in fuel costs and maintenance and two KDOT audits. Although fuel costs increased dramatically throughout the year, the transportation area overall was below budgeted expenses. Most importantly, everything was accomplished in a safe, prudent, and courteous manner.

Human Resources & Continuing Education TGC regularly reviews compensation, incentives, and benefits for employees in order to recruit and maintain quality staff. In 2008, we completed a salary and benefit survey. As a result, we increased salaries to market level and expanded our benefit program to include vision insurance. We have also expanded our continuing education program to include Essential Learning, an online training center. Essential Learning allows employees to complete online, interactive trainings at their convenience.



Performance & Demographic Data

Total Clients Served (unduplicated): 4,346

Clients Served By Location (some clients served at multiple sites)	2008	2007
Atchison County.....	980	952
Jefferson County.....	463	425
Leavenworth County.....	2,357	2,227
Out of County Residents.....	37	171
Total.....	4,346	3,775

Clients By Age

0-11 years old	519
12-18 years old	793
19-30 years old	808
31-40	582
41-50 years old	583
65 years +	94
Unknown	20

Clients By Gender

Male	Female	Unreported
1,898	1,862	6

Clients Served by Payor Source

Medicaid.....	1,132
Medicare B.....	138
Self Pay.....	947
Other Third Party Source...	1,290
Uncompensated.....	242

Clients By Diagnosis

Affective Disorders.....	1,163
ADHD/Disruptive Behavior.....	471
Substance Abuse Related.....	247
Schizophrenia.....	240
Anxiety Disorder.....	260
Adjustment Disorder.....	397
Eating Disorder.....	3
Impulse Control Disorder.....	48
V-Codes.....	55
Personality Disorders.....	28
Other Mental Health Diagnosis	1,356

Clients By Race

Native American	0.93%
Asian	0.41%
Black/African American...	11.92%
Hispanic	0.06%
More than one race	0.03%
No Race Reported.....	2.87%
Other	7.92%
White	76.11%

2008 Financial Summary

Fiscal Year Ending December 31, 2008

Summary of Operating Expenses and Revenue

REVENUE	<u>2008</u>	<u>2007</u>
For services provided, TGC billed clients:	\$ 7,301,297	\$ 4,517,333
But because of required contractual and other allowances, and the inability of patients to pay in full, TGC wrote off:	<u>(1,591,200)</u>	<u>(520,346)</u>
Therefore net from patient services were:	\$ 5,710,097	\$ 3,996,987
In addition TGC received:		
State Aid	\$ 323,826	\$ 323,828
County Taxes	198,493	154,500
Grants & Other	<u>1,352,488</u>	<u>1,680,601</u>
 TOTAL OPERATING REVENUE	 \$ 7,584,904	 \$ 6,159,916
 OPERATING EXPENSES		
TGC paid:		
For Salaries, wages and employee benefits:	\$ 5,481,290	\$ 4,478,515
Supply and ancillary services and depreciation:	<u>1,710,166</u>	<u>1,653,835</u>
TOTAL OPERATING EXPENSES:	\$ 7,191,456	\$ 6,132,350
 EXCESS OF REVENUE OVER EXPENSES:	 \$ <u>393,448</u>	 \$ <u>23,566</u>

OUR 2008 DONORS

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