



Aurora
Mental Health & Recovery

Inspiring
Courage.
Building
Hope.

A

ANNUAL
REPORT
2024



Letter from CEO and Board Chair



**DR. KELLY PHILLIPS-
HENRY**
Chief Executive Officer



DAN BEYER
Board Chair, 2024



Aurora Mental Health & Recovery

As we approach our 50th anniversary year, Aurora Mental Health & Recovery continues to evolve in response to the community's vision for providing expert and accessible behavioral health care for all community members.

This past year we conducted a Community Needs Assessment focused on the current state of behavioral health needs in Aurora, with an emphasis on refugee and immigrant communities.

Through surveys, interviews and focus groups, we listened to community members in educational settings and faith communities, AMHR clients, community partners in health care and social services, and representatives from local governments and agencies.

What we learned informs and reinforces much of what we have included in this Annual Report for 2024. We are grateful to the many people who shared their perspectives and experiences with us. Many of our current initiatives were validated and reinforced by the needs identified in the assessment.

- Crisis services, substance use treatment, access to care, and housing are consistently reported as needs among all groups of respondents.
- Lack of access to affordable housing, reliable transportation, stable employment, and childcare, as well as limited awareness about available services, mistrust towards healthcare systems, and language differences persist as significant barriers to the experience of sound behavioral health.
- Stigma, including self-stigma, regarding mental health and substance use, and lack of access or awareness of culturally-appropriate care are also barriers to varying degrees across different cultures, including refugee and immigrant community members.

The current construction of our new Crisis & Acute Care Center near the intersection of Potomac and Mississippi is representative of our attention and response to these identified needs. We anticipate its opening in 2025.

Similarly, the formation of our Cultural Wellness & Development Center for immigrants and refugees is already addressing some of the disparities identified as we expand and extend services to those communities.

We will continue to engage closely with you and the entire Aurora community as we strive to enhance the health and wellbeing of all of our members, just as we have for nearly half a century!



EXECUTIVE TEAM

Dr. Kelly Phillips-Henry, Chief Executive Officer

Kathie Snell, Chief Strategy and Operations Officer

Lori Banks, Chief Administrative Officer

Dr. Anne Garrett-Mills, Chief Medical Officer

Dr. Kirsten Anderson, Chief Clinical Officer

Cally Cripps, VP IT & Analytics

Katie Weihe, VP Human Resources

Beth Dazey, Executive Assistant & Board Liaison

AMHR BOARD OF DIRECTORS

OFFICERS

Chair – **Dan Beyer**

Vice Chair – **Gigi De Gala**

Treasurer – **Cynthia Koenck**

Secretary – **Patti Moon**

DIRECTORS WITH AFFILIATIONS

Marsha Berzins, Councilperson, City of Aurora (term limited)

Dan Beyer, Citywide Banks

Mordecai Brownlee, Community College of Aurora

Harrison Cochran, Sentinel Newspaper Publisher (retired)

Monica Colbert, 76 Group, APS Foundation

Gigi de Gala, Nelnex (retired)

Nils Holum, Rockwood Equity

Tim Huffman, Aurora Police Department (retired)

Nancy Jackson, County Commissioner, Arapahoe County (retired)

Cynthia Koenck, Community College of Aurora

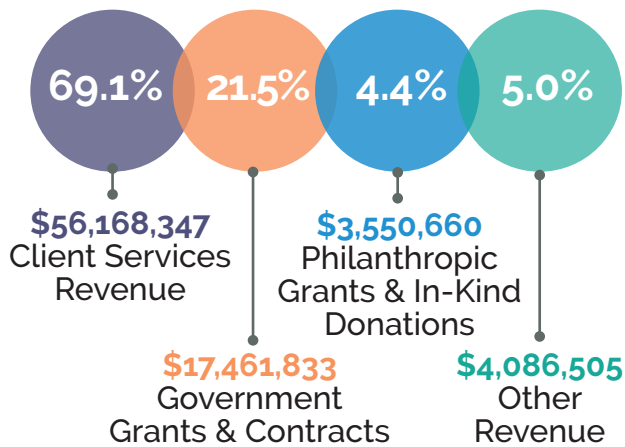
Patti Moon, Aurora Public Schools

Steve Nederveld, Cherry Creek School District

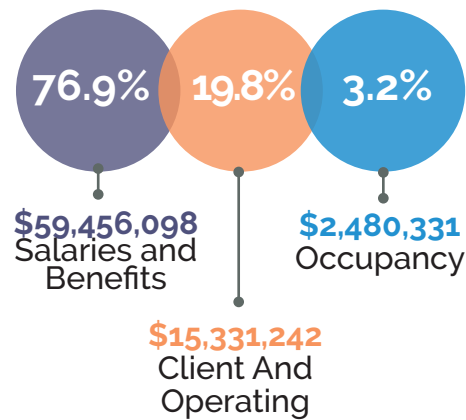
David Patterson, Falck Rocky Mountain

Cathy Wildman, Aurora Public Schools (retired)

REVENUES \$81,267,345



EXPENSES \$77,267,671



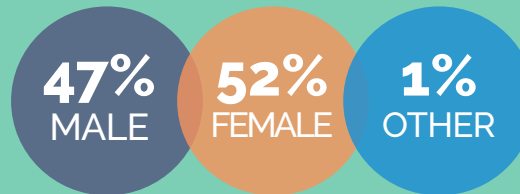
Total
Services

351,181

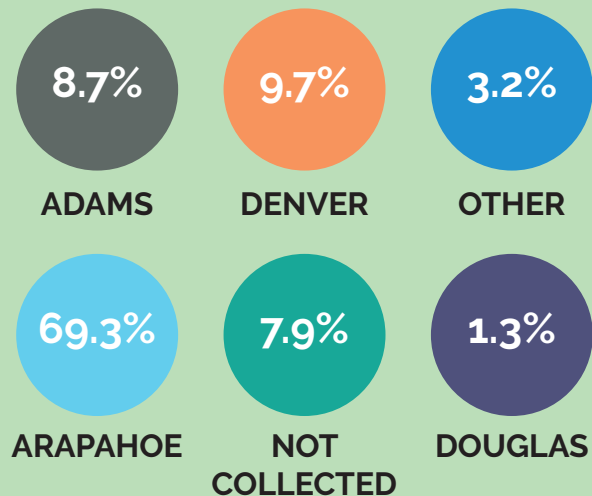
Total
Clients
Served

18,772

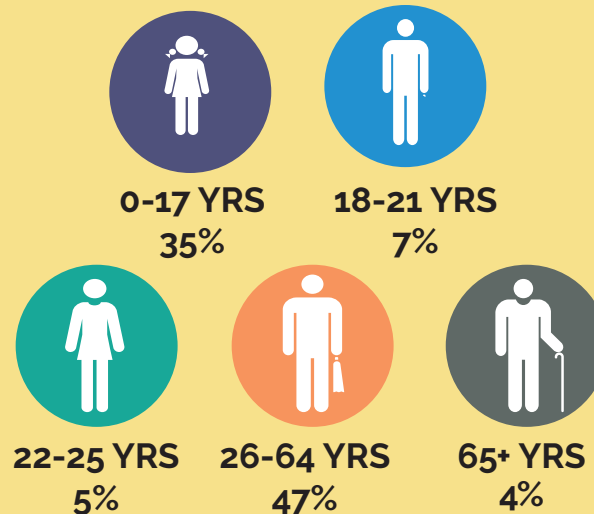
BY GENDER



BY COUNTY



BY AGE



BY RACE

White/Caucasian	45%	8.44K
Black/African American	17%	3.19K
Asian	5%	928
N/A	16%	2.96K
Other	4%	638
Declined	14%	2.6K

BY ETHNICITY

Hispanic/Mexican	16%	3.02K
Hispanic/Puerto Rican	.09%	171
Hispanic/Cuban	.03%	69
Declined	8%	1.47K
N/A	18%	3.35
Other Hispanic	8%	1.47K
Not Hispanic	49%	9.22K

FEDERAL POVERTY LEVEL

Below 100%	61.7%
100-150%	7.2%
151-200%	4.3%
201-250%	2.9%
251-299%	1.3%
Above 300%	3.5%
Not collected	20.20%



Community Needs Assessment Review

A mixed methods assessment of the current state of behavioral health needs in Aurora Colorado by Aurora Research Institute

The 2024 Annual report is focusing on our Annual CCBHC requirements from our Community Assessment report done by the Aurora Research Institute and Julia Lamb, Certified Community Behavioral Health Clinic Director with the primary goal of evaluating the needs of the Aurora community. ARI collected data from multiple sources. The results will help provide AMHR with a road map of how to more efficiently and effectively serve our community's mental health needs.

The Results Of These Quantitative and Qualitative Data Are Categorized Into 7 Major Areas

1. Overall community mental health
2. Social drivers of health
3. Community needs and help-seeking behavior
4. Barriers to care
5. Needed resources
6. Comparison of AMHR'S client demographics to Aurora's population
7. Recommendations

Social Drivers of Health

What are the primary factors impacting behavioral health?

Leaders Reveal the Key Barriers To Be:

- Affordable housing
- Transportation challenges
- Limited awareness of available services
- Economic constraints

- Community violence
- Stigma and distrust towards health care systems
- Difficulty in accessing services due to location
- Language barriers and transportation were more prominent among veterans and refugees

This data suggests that there is a need for targeted strategies to improve accessibility and effectiveness of health services in Aurora, especially for marginalized and vulnerable groups.

Needing and Seeking Help

About 50% of the community members surveyed knew where to go for mental health. Less than 33% were satisfied with their care. Friends, family and medical doctors were the 3 most common sources to lead the clients to mental health help.

Common Barriers

Community members and leaders reported the cost,

lack of insurance, not knowing where to go, providers not understanding clients cultural needs and lack of child care were the most common barriers to accessing behavioral health. The recurring mention of stigma towards mental health and substance use, acts as a barrier to seeking healthcare. Community leaders feel a lack of service integration and coordination limits clients ability to locate needed services.

What Resources Are The Community In Need Of?

Increased Need For Mental Health Support Post Pandemic:

The pandemic's impact on mental health is a common concern. The increased isolation and stress due

to the pandemic have led to a higher demand for mental health services.

Diverse Health Resource Needs:

There is a need for a variety of health resources tailored to the community's needs. This includes crisis services, mental health care, substance abuse treatment, and other social services.

Need for personalized and direct care:

A preference for personalized and direct healthcare interactions over remote or impersonal services is evident. The value of face-to-face communication and the role of trust in healthcare relationships were emphasized.

continued





RECOMMENDATIONS

Provide Enhanced Access to Mental Health Services

Increased availability of Mental health services, especially for vulnerable groups like refugees, immigrants and youth.

- Improve awareness of Mental Health resources through community education and outreach programs.
- * Address language barriers by offering multilingual services and hiring interpreters to ensure effective communication with diverse populations.

Address Social Determinates of Health

- Develop programs targeting social determinants such as affordable housing, reliable transportation and economic stability to improve overall community health.
- Increase diversity and inclusion among staff and service providers to better serve the needs of diverse communities.
- Coordinate resources effectively to address specific needs like transportation, cultural diversity and high demand.

Strengthen Collaboration And Partnerships

- Foster Collaboration among local organizations to enhance services coordination and resource sharing.
- Engage in policy advocacy to address regulatory barriers and improve access to essential resources like Naloxone and mental health services.
- Enhance communication and coordination among service providers to streamline access to care and reduce duplication of efforts.

Key Takeaways

AMHR has effectively increased accessibility of mental health and recovery by having strategic service locations and proactive outreach initiatives.

There is a need for more tailored and culturally competent services to diverse groups including refugees, immigrants and veterans.

We have increased our capacity to deliver integrated healthcare and health needs through collaborations with a wide spectrum of community, government and healthcare entities.

Focusing on professional development has provided, educational placement for students and ongoing training for staff ensuring a workforce that is knowledgeable and skilled in handling diverse and complex cases.

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Affordable Housing:

Both community members and leaders identified the lack of affordable housing as a major issue impacting the health and wellbeing of the community.

Employment Services:

Community leaders highlighted the insufficiency of current employment services available.

Compared to Aurora, AMHR Clients

- Have a higher proportion of racial minorities
- Are younger
- Are less likely to hold a college degree or greater
- More speak Spanish as a primary language





A CONVERSATION WITH CAROLYN HALL

Chair of the AMHR Client Advisory Council

Carolyn has been in the Peer Specialist field for over 24 years now. She spent 14 years with Behavioral HealthCare Inc and managed the Peer Specialist Program, supported with training, and provided placement in Aurora, Arapahoe County, and Adams County.

She is currently a Support Peer Specialist with Solari and managed the Colorado Crisis Services support line that began in May 2014.

She is chair of the Aurora Mental Health and Recovery Client Advisory Council, this Council is a critical link to our Board of Directors and AMHR leaders. She also is on the Behavioral Health Administration Advisory Council.

Carolyn's Journey with AMHR started first to support her son and receive Family Counseling with him and then for herself.

AMHR providers taught her there were names attached to the feelings she was having. Growing up people never talked about emotions and pain people felt.

She learned to be a partner in decisions with her providers and was given options as to what she thought might be helpful to her. Her providers gave her a voice in treatment options. Therapy gave her a place to grieve for the emotions she felt about her family and the grief for normality. Through the grief process she has finally been able to find acceptance with her family members and has learned to understand that it is alright if they do not understand her and her experiences. Through therapy she learned to be very present and mindful with family members by going through this process. Therapy helped her to renew relationships and allowed her to be present with them.

Therapy has been a big part of her learning to be empathetic to her family members as to how they are feeling towards her, rather than becoming defensive when she felt attacked. She learned it is alright for people to have negative feelings towards

her and now understands it is because they needed something from her. Therapy helped her to learn to forgive herself and to give herself the same respect she would give to others. She has learned to give people the same space, respect, validation and support as she has received. Yes, she is paying it forward. Carolyn often thinks, if everyone took care and time to work on their well being and recovery the world would be a much better place for us all.

She says thank you to all of you who have supported her over the years and for helping her to create the person she wants to be in the world!

Carolyn appreciates that AMHR works with clients financially, so they do not feel overburdened.

The sustained support AMHR provides throughout the process is unprecedented. She knows when she directs a client our way, they are empowered with the ability to have a voice in their care and are encouraged to have a voice in their care. The ability to advocate for their needs makes AMHR a unique and caring organization.

With daily interaction with clients, she hears great feedback. For example:

"If it were not for you I would not be here today."

"All you peers have been so supportive to me since I found you a few weeks ago."

"You all have been amazing to me while I am working on my self."

"Because of you I am going to live a little longer."

She wants us to remember, we have the right to shape ourselves. We should as a community be open to learning so we can be better and more supportive!

A quote that
inspires Carolyn
from Carl Jung
***"I am not what
happened to me,
I am what I choose
to become"***



Our Envisioned Crisis and Acute Care Center

Aurora Mental Health & Recovery purchased a 7.3 acre property at 1290 S. Potomac. The location is adjacent to several other medical service providers, is visible from I-225 just southwest of the E. Mississippi Ave. exit, and affords easy-to-locate and convenient access for first responders and people seeking care. Our objective is to provide **"one stop"** access for mental health and substance use crisis and acute care in Aurora. To achieve this, we are relocating our walk-in crisis services (WIC), crisis stabilization unit (CSU), and substance use intervention and withdrawal management (detox) services, as well as our Connect to Care (same day services) to this property. Given our service history, current service trends with increases in the demand for care, and projected improvements in care-access and care-coordination, we anticipate serving more than 10,000 community members at this location in its first year of operation.

The challenge for our community is the social isolation, stress and disruptions to daily life provoked by the COVID pandemic has increased the

prevalence of mental health and substance use problems in Aurora as it has across the country and around the globe.

- Depression and anxiety are on the rise, especially among school-age youth.
- Overdoses, suicides and opioid deaths continue to increase, as do psychiatric emergencies.
- Stresses on those experiencing homelessness have intensified as social isolation and shelter insecurity increase.

First responders and community members know where to go and how to access hospital emergency departments and urgent care centers when someone experiences a physical health emergency. Options are not as obvious for someone experiencing a mental health crisis or an acute reaction from intoxication or other substance use. Many times each day, police and other first responders encounter persons experiencing these health crises where a hospital emergency room may not be the best option for accessing care. For the person seeking care alone, or perhaps accompanied by friend or family member, the dilemma can be even more challenging.

Crisis And Acute Care In A Healing Environment

In creating new crisis and acute care environments, we will incorporate state-of-the-art architecture, design and furnishings that reduce stress, foster calm, and facilitate healing for the diverse community we serve. Identified and recognized as "trauma informed" throughout the healthcare industry, such designs of health care spaces are proven to enhance client experience and produce better health outcomes.

Partners and Stakeholders

We are collaborating with the city of Aurora, Arapahoe County, Adams County, and the state of Colorado. We have the support of Signal Behavioral Health Network which manages our state of Managed Service Organization contract and the federal funds designated for crisis and substance use services. Our partner-stakeholders include all relevant first responder and law enforcement entities in Aurora and the southern metro area to ensure that our **"one stop"** intentions and plans are practical and adaptable to their officers and responders.



HOW CAN YOU HELP

We are currently raising funds for the Crisis and Acute Care Center that will significantly expand our ability to service the community's mental health needs. Your generous contributions will have a direct impact to create a modern accessible space that will provide **"One stop"** access for mental health and substance use crisis and acute care in our community.

Please go to our website or click on this QR code to view the various ways to contribute.

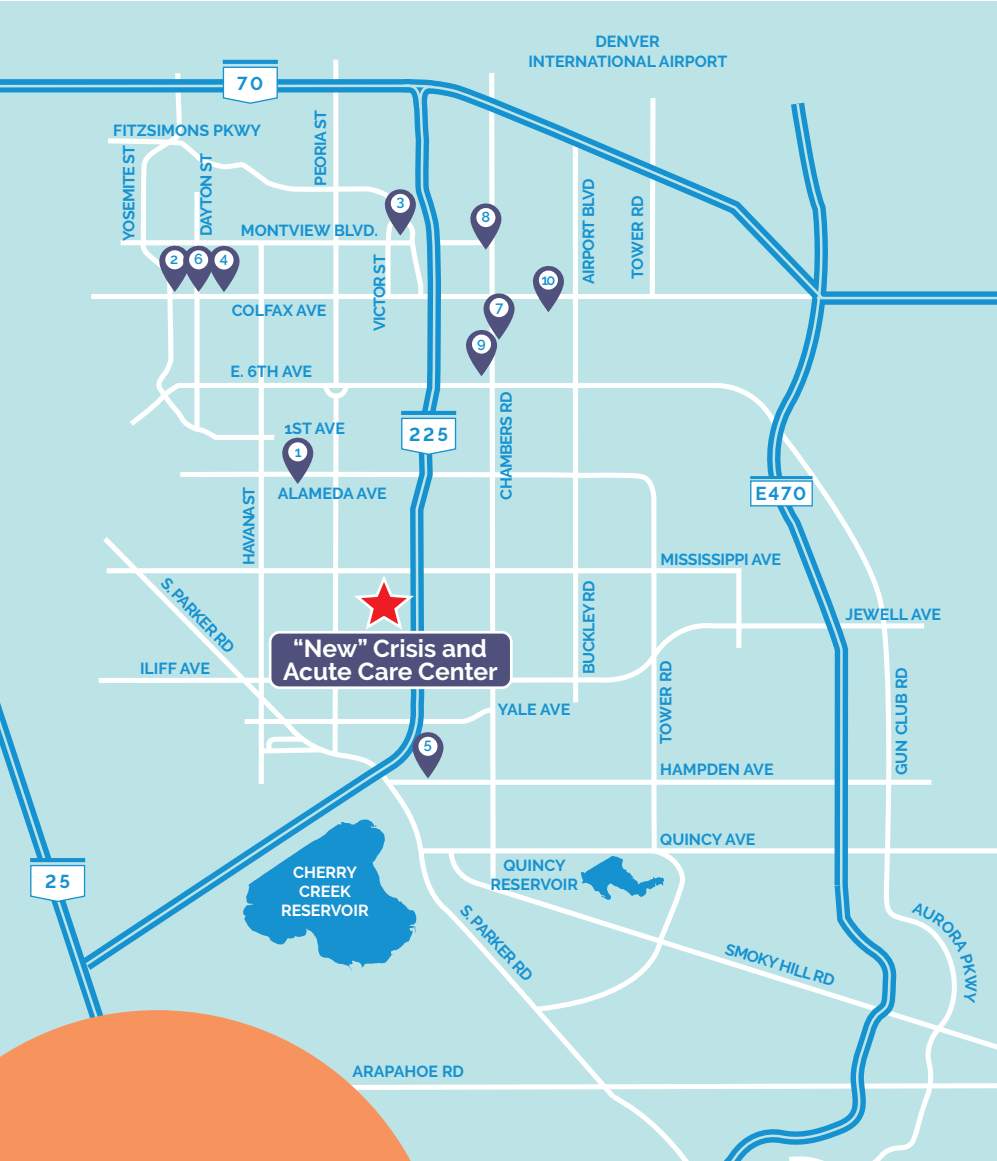
**FOR FURTHER QUESTIONS
PLEASE REACH
OUT TO:**

Tod Cavey
Director of Marketing
and Donor Relations
todcavey@auroramhr.org
303-617-2847
www.auroramhr.org





*Celebrating our 50th
year 1975 to 2025*



GET IN TOUCH
(303) 617-2300
AuroraMHR.org



OUR LOCATIONS

- 1 ALAMEDA**
10782 E. Alameda Ave., Aurora, CO 80012
 - Substance Use Disorder - Outpatient Services
 - Community Transitions Counseling Center
- 2 ALTON ST. CENTER**
1537 Alton St., Aurora, CO 80010
 - Cultural Wellness and Development
 - Refugee & Immigration Clinic
- 3 CRISIS WALK-IN CLINIC (24/7)**
2206 Victor St., Aurora, CO 80045
 - Crisis Stabilization Unit
 - Walk-In Clinic
 - Withdrawal Management (Detox and Recovery)*
- 4 GALENA COUNSELING CENTER**
1504 Galena St., Aurora, CO 80010
 - Elmira Counseling Center
- 5 HAMPDEN CENTER**
14301 E. Hampden Ave., Aurora, CO 80014
 - Child and Family South
 - Intensive In-Home Team
 - Intercept Center
 - Southeast Counseling Center
 - Older Adults
- 6 HOMELESS SERVICES/PATHWAYS TO HOME**
1544 Elmira St., Aurora CO 80010
- 7 LEVERSEE**
1290 N. Chambers Rd., Aurora, CO 80011
 - Early Childhood and Family Center
 - Child and Family North
 - School-Based Services
- 8 MRACHEK HOUSE**
(Residential Housing)
- 9 STITH CENTER & INTENSIVE SERVICES MEDICAL**
791 Chambers Rd., Aurora, CO 80011
 - Administration Offices
 - Ascent
 - Assertive Community Treatment
 - Aurora Center For Living Skills
 - Aurora Research Institute
 - Clinical Records
 - Connect to Care*
 - Community Living Program
 - Genoa Pharmacy (non-subsidiary of AMHR)
 - Housing
 - Information Technology
 - Medication Assisted Treatment
 - Psychiatric Access Clinic
- 10 THOMAS HOUSE**
(Residential Housing)
One-third of services continue to be delivered via phone and virtual meetings.
*Supported in part by Arapahoe County Aid to Agencies Grant

WE ALSO PROVIDE SERVICES IN:

- 76+ schools & school-based health centers
- Arapahoe County Detention Center
- Arapahoe County Department of Human Services
- Assisted living and nursing homes
- Early care and education sites
- Client homes
- & other community locations