



M H R  
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Annual  
Report

*Fostering hope,  
health & recovery*

## Mission

The mission of Mental Health Resources is to foster hope, health and recovery for those affected by mental illness.

## Vision

MHR is regarded as the premier, specialty provider of services to persons with serious mental illness and accompanying complex medical, social and substance abuse conditions.

## Statement of Philosophy

MHR believes that persons with mental illness can learn to lead full lives in the community. We challenge ourselves and the larger community to address barriers that inhibit their independence, growth and recovery.

## Value Statements

Integrity in our work with clients, their families, our colleagues and wherever we represent MHR in the community

The dignity of our clients and each other in our work for MHR

Professional competence that guides our actions and interactions with clients and others in the community

Multicultural awareness and competence that guides our actions and interactions with clients and others in the community

Compassion for our clients, our colleagues and ourselves, and we encourage this practice in the broader community

Innovation with clients and in developing programs and services aligned with our Mission

A culture that uses measurable outcomes to continuously learn and improve while being accountable to clients, funders, the community and ourselves



# MHR 2012 Annual Report

*Fostering hope,  
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# The Board of Directors

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Barbara Tisdle - *Senior Director of Targeted Case Management*

Mary Colburn - *Senior Director of Continuous Quality Improvement  
and Strategic Initiatives*

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## Dear Friends of MHR,

The year 2012 was an outstanding year for **MHR** towards fulfilling our mission “to foster hope, health and recovery for those affected by mental illness.” Throughout this annual report, you will read about the specific initiatives that **MHR** implemented in 2012 to improve the overall health of the clients we serve. In addition, through personal accounts from some of the clients we serve, you will learn how these initiatives and services provided have positively impacted their lives. In May, 2012, The MN Department of Health published The Health of Minnesota: Statewide Health Assessment, which claims that, on average, “Minnesotans with serious mental illness do not live past an average age of 58, while those without mental illness live to an average age of 82.” (p.11) The findings in this report directly impact the individuals we serve, and further strengthened our commitment to promoting “health and wellness” for persons with serious mental illness throughout 2012.

In the past 3-4 years there have been several publications addressing the fact that people with a serious mental illness are losing many years of life to preventable and treatable medical illnesses. These publications also identify multiple and complex systemic reasons for the gap in medical care for this specific population. **MHR** decided we could not wait for these systemic issues to be solved. As you read this annual report, you will become aware of the positive impact **MHR** continues to make in improving the overall health and wellness of our clients, including the following: 82% of clients served by **MHR**'s Assertive Community Treatment team had an annual physical with their primary care physician; **MHR** administered a flu inoculation clinic for our clients; and the Community Support Program added a prescriber on site to improve access to and coordination of care.

In 2012, **MHR** also experienced tremendous growth, expanding our services to 55% more clients than in previous years. Each of our programs grew significantly, especially the Special Needs Basic Care program. The challenge with such rapid growth is to ensure the services provided to our clients are meeting their needs and supporting their recovery program. Thus, our client satisfaction survey results are an essential tool in providing us feedback regarding our services. **MHR**'s 2012 Client Satisfaction survey reported 92% of **MHR** clients are satisfied with the services they receive from **MHR**; and, 92% would recommend a friend or family member to **MHR** for services.

**MHR** received two grants from the MN Department of Human Services which allow our organization to provide new innovative services to a broader population. One example of this innovation can be found in Salat's story, a participant in the Bridges Regional Treatment Center Pilot. We were also awarded the “Integrated Adult and Early Childhood Mental Health Grant” from DHS that allows **MHR** to better support mothers with serious mental illness while improving both their parenting and their relationship with their children.



Finally, in 2012, **MHR** launched a new fundraising campaign entitled: “Invisible No More: A Campaign for Innovative Solutions.” The purpose of this campaign is to help **MHR** bridge the gap between mental health and medical care with a 21st century model of wellness which will integrate all healthcare with a comprehensive service package for individuals with serious mental illness. You can view the campaign brochure in the News and Events section of our website at [www.mhresources.org](http://www.mhresources.org). Thank you for your support of **MHR** in fostering hope, health and recovery for those affected by mental illness.

Sincerely,



Kathy Gregersen, Executive Director



James Wyman, Board President



# MHR 2012 Annual Report

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## Medica Foundation Grant- Partnering to Fill Service Gaps

In 2011, Mental Health Resources, Inc. received an innovative three year grant from the Medica Foundation to provide intensive case management services for high-risk adults with a chronic mental illness and/or substance abuse problem. Generally, these intensive services are not covered by most private insurers or Medical Assistance but this grant allows us to provide these much needed services and fill an existing gap in service.

This project strives to help these high-risk individuals by reducing inpatient hospital admissions; reducing emergency room visits for mental health crises; increasing client medication compliance; and securing stabilized, long-term housing for the individual.

Our Metro Intensive Treatment Team provides service for these clients. These individuals and their families are provided with rapid and individualized support to prevent or shorten hospital stays, avoid commitment to long-term hospitalizations and prevent the loss of employment, housing and personal relationships.

In 2012, **MHR** conducted a client satisfaction survey with clients served in this program. Client's provided feedback on how the services they received from **MHR** impacted them. We are pleased to report that 100% of survey participants felt:

- The services that they received from **MHR** helped them to deal more effectively with crisis situations
- The services they received from **MHR** helped them deal more effectively with situations that used to be a problem for them
- Their quality of life improved as a result of the services they received from **MHR**

In 2013 we will enter the final year of the Medica Foundation Grant. **MHR** looks forward to providing these much needed services to many more clients to help provide a bridge between providers, clients, and clients' support systems, to achieve or enhance independent community living.



## Integrated Adult and Early Childhood Mental Health Grant from DHS

**MHR** was honored to be one of 3 organizations in the state to be awarded a very innovative grant from the Department of Human Services. This is a 3 year grant which includes both a research component as well as the development of specific intervention strategies based on research findings. The research component aims to identify the unique parenting needs of mothers living with mental illness. These mothers participate in a very structured interview process which allows them to describe the challenges they encounter parenting while also struggling with a mental illness. They are videotaped teaching their young children specific activities. They also provide input regarding the types of services and supports that would assist them in parenting on a day-to-day basis.

Intervention strategies will be developed based on the results of the research. The overall goals of the grant are to improve the knowledge base of adult mental health ACT, case management, and treatment staff with respect to early child development and to implement a relationship based treatment model that will better meet the needs of the families we serve. One of the primary goals our clients identify for themselves is “to improve parenting skills”. This research and the intervention strategies will assist **MHR** in helping our clients attain this goal – which is a strong value of theirs.

In 2012, **MHR** kicked off year one of the grant which is the research component. **MHR**, along with Fraser and DHS, hosted “Family Fun Nights” where mothers, children and staff spent an evening sharing a meal, participating in a craft project and listening to DHS present an opportunity for these families to have their voices heard.



## Hospital to Home Pilot Program

Research shows that the transition from an inpatient setting to the community is a critical stage in the recovery process for all healthcare conditions. It is an extremely high risk period for individuals with a serious mental illness. In an effort to improve the transition and to assist in providing more stable housing, Mental Health Resources applied for and received a grant for the Bridges Regional Treatment Center Pilot in April 2012.

The grant was awarded by the Department of Human Services and Minnesota Housing and Finance Agency. The Bridges RTC Pilot Program transitions people with serious and persistent mental illness out of the hospital and into community based permanent supportive housing. This grant provides Bridges rental assistance subsidies, housing access and supportive service coordination to 40 eligible participants in Hennepin and Anoka Counties.

Salat has been receiving services through our Bridges RTC program since July, 2012. Prior to his admission Salat spent the last year staying with several different friends. He reports this increased the symptoms of his mental illness because without stable housing he had difficulty meeting consistently with his Assertive Community Treatment Team to receive services. Salat's housing worker helped him secure an apartment and look for employment. Now he is contemplating returning to school and reports feeling proud that he can spend time with his 5 year old son during weekend visits in his home.



## Seward Community Support Program Wellness Initiatives

On average, we see over 50 members each day in our CSP. Many of these people have conditions associated with diabetes and heart disease and are dying 24 years younger than the general population. This is often due to some of the medications they are prescribed but is also impacted by poor food choices, low socio economic status and the high cost for healthy foods. In 2012, MHR received a grant from the Anoka-Metro Regional Treatment Center Auxiliary Foundation to provide our clients with more substantial and healthy snacks and meals while at the CSP. Whole grains, fresh meats, dairy, fruits and vegetables are now being incorporated into their meals and snacks. Our intention is to reinforce what they are learning in our Health Perspectives Group with the goal of improving their ability to make healthy food choices while at home.

The CSP also conducted its second flu shot clinic for members last fall. There was a 50% increase in participation from the year prior. Influenza is a serious disease that can lead to hospitalization and sometimes even death. Our members understand that receiving the vaccine is best way to reduce their chances of contacting and spreading the flu virus.



## 2012 MHR Highlights

- Services were provided to 5,617 clients in 2012, a 55% increase from 2011
- Services to clients were provided in 38 counties throughout 2012
- Client Satisfaction Survey: Had an excellent response rate of 44% with 92% of survey participants indicating they felt satisfied with the services they receive from **MHR**; and 92% of all survey participants stated they would refer family and friends to **MHR**
- Revenue increased by 9% from the previous year
- **MHR** employed 50% more staff than 2011
- 87% of **MHR** employees achieved their performance goals in the “Pay for Performance” program
- The Commissioner’s Circle of Excellence Award by DHS – in collaboration with Medica and Dakota County, **MHR** won the DHS Commissioner’s “Circle of Excellence” award for providing integrated care in the “Preferred Integrated Network”
- Secured and implemented the following grants: DHS Bridges Regional Treatment Center Grant, Medica Foundation Grant, DHS’ “Integrated Adult and Early Childhood Grant”
- Developed and implemented the new fundraising campaign “Invisible No More: A Campaign for Innovative Solutions”
- The **MHR** Board approved the MHR 2012-2016 “Good to Great” Strategic Plan
- Began work with CIT to develop our own data warehouse to improve our reporting capabilities



# MHR Programs and Services

## Targeted Case Management Teams (TCM)

- Two Ramsey TCM Teams, one Hennepin TCM Team and one Dakota TCM Team
- Help clients gain access to medical, psychiatric, housing, social, educational, financial and vocational services necessary to meet their mental health needs

## Assertive Community Treatment (ACT) Teams

- Three ACT Teams-one each for Ramsey, Hennepin and Dakota counties
- Each team functions as the primary treatment provider for the client's mental health needs
- Teams assist **MHR** clients through psychiatric evaluations, medication education and monitoring, education about symptom management and recovery, family psycho-education, vocational planning, teaching life skills necessary for independent living, connections with other healthcare providers and rapid response to client crises

## Adult Rehabilitative Mental Health Services (ARMHS) Program

- Offers clients education and coaching in strengthening basic social and living skills essential to fostering mental health recovery and managing the demands of independent, community-based living

## Independent Living Skills (ILS)

- Teaches, trains and assists individuals in enhancing their living skills to manage the demands of independent community based living

## Metro Intensive Treatment Team (MITT)

- The MITT is a mobile, community based, collaborative model of treatment designed to deliver variable levels of service intensity to clients within their communities and their homes
- Services are individualized and comprehensive with short-term strategic interventions intended to stabilize clients and reduce unneeded psychiatric hospitalizations.
- This program provides intensive, short term services (3-6 months)

## Special Needs Basic Care (SNBC)

- **MHR** staff delivers care coordination for a voluntary managed care program to UCARE, Medica and Metropolitan Health Plan (MHP) members between 18 and 64 years old who have a mental health, physical health or developmental disability

## Seward Community Support Program

- The Seward CSP Team assists clients who suffer from mental illness and who live independently in Hennepin County by assessing their needs and providing or coordinating services to support the client's ability to remain in the community
- The Seward Drop-In Center
  - Provides a wide array of weekly psychosocial groups including Illness Management and Recovery, GLBT Group, Mental Health Peer Support Groups, Women's Group, Men's Group, Spirituality Group, and Journal Group
  - Transports members on monthly day trips to various activities and events
  - Supplies members daily with healthy snacks and monthly with a "Dinner of the Month"

## Housing Voucher Program

- Administers over 800 rental subsidies in the 7-county metro area
- Their goal is to ensure positive housing outcomes by communicating effectively with clients, service providers and property managers to achieve the best possible result

## Supportive Housing Programs

- MHR's program helps people diagnosed with mental illness and/or substance abuse disorders find places to live and be successful tenants
- Ramsey County
  - Ramsey Hill Apartments
- Dakota County
  - Dakota County Supportive Housing
  - Haralson Apartments
  - Project Restore
- Hennepin County
  - Stevens Supportive Housing Program
  - Trinity on Lake Apartments
- Multiple Counties
  - Project Homeward



## Change Agents: Our Path to a Welcoming Environment

Persons with a serious mental illness often do not feel “welcomed” in public – including their healthcare providers’ office settings. In January 2012, the Welcome Committee, made up of Change Agent volunteers across the agency, was formed to support our agency’s welcoming approach with clients with complex needs. The committee’s mission, is “to instill hope throughout recovery through partnership with each client and intentionally foster high morale and continued growth for staff.” In part, this translates into committee members incorporating positive changes into their every day work, and includes such activities as sending thank you notes to community providers who demonstrate excellence in care, strategizing to reduce employee stress and burnout, and acknowledging client successes in team meetings. The committee has also generated welcoming content for the written information that clients receive at intake and contributed items for the staff satisfaction survey.

The Change Agents report that their participation in the committee have led to feelings of greater investment in **MHR**, more positive attitudes in general, and a commitment to creating a welcoming environment throughout the agency. The work of the Change Agents is inspiring, and nearly one quarter of the agency has been involved with the committee since its start.

## MHR Core Value: Multicultural Awareness

**MHR** has the honor and distinction of serving a very culturally diverse population. We are proud to report that 91% of individuals who participated in the 2012 Client Satisfaction Survey indicated that they feel **MHR** staff respect their background (culture, religion, sexual orientation, etc.) We hope to further increase our client satisfaction in this area by continuing our commitment to developing cultural competency across the agency. The Cultural Diversity committee was renamed as the Cultural Perspectives committee to more appropriately fit with its purpose, of supporting our employees in our efforts to better serve our diverse client population. In early 2012, the committee began an initiative to train teams across the agency in identifying Intercultural Conflict styles and how these styles impact day-to-day work and relationships. They focused on increasing the agency’s cultural competency with regard to specific cultures through the creation of online learning modules available to staff at any time. The modules include several populations: Somali, Hmong, Native Americans, Chicano/Latino, African American/Black, Caucasians, GLBT, and Physical Disabilities.

In 2012, **MHR** also increased the number of employees who are able to serve clients in languages other than English. In these instances, interpreters are no longer needed and clients receive culturally sensitive care from their **MHR** provider who speaks their language.



## Invisible No More

In 2012, **MHR** launched a major fundraising campaign entitled: “Invisible No More: A campaign for innovative solutions”. Persons with mental illness often feel invisible - as if they have been forgotten by society. Individuals with mental illness struggle with the stigma that is attached to it. For years, they have also neglected their physical well-being because of the fragmented health care system and the many barriers they face in accessing care.

**MHR** has embarked on a crucial strategy to address the gap in services for these individuals by developing a comprehensive integrated approach to their care which incorporates their medical and mental health issues.

The goal of **MHR**'s development campaign is to create a 21st century model of wellness and increase capacity to provide relevant, integrated care and support services to a diverse and growing population.

The impact of **MHR**'s 21st Century Model of Wellness includes:

- Streamlined and coordinated service delivery so clients will have better continuity of care and be less likely to fall through the cracks.
- Better clinical outcomes due to an increased focus on prevention, nutrition, disease management and substance abuse relapse prevention.
- Lower hospitalization admissions and use of emergency room services as medical and mental health issues are more effectively addressed by **MHR**.
- Increase clients' ability to maintain healthy lifestyle practices in order to live independently, obtain and maintain employment, and become contributing members of society.
- Enable children of **MHR**'s clients to develop coping and resiliency skills to increase their ability to succeed.
- Improve coordination of client information as well as share information more effectively within the healthcare system.

To view the entire “Invisible No More” campaign brochure, please visit our website ([www.mhresources.com](http://www.mhresources.com)) and click on the “Invisible No More Campaign” link on the home page.

## Open Baskets Wins Award from Wells Fargo

Wells Fargo values the extraordinary commitment shown by team members who dedicate their time and talent to volunteering with a nonprofit organization or school. Wells Fargo acknowledges this dedication with the Volunteer Service Award Program. Each year, awardees win sizeable grants to the nonprofits or K – 12 schools where they volunteer. In 2012, Colleen Hansen was recognized for her efforts with Mental Health Resources and Open Baskets. She was awarded \$1,000.

Open Baskets, filling the hearts, minds, and souls of our neighbors who live with a mental illness

- 2012 Open Baskets raised over \$54,000 in cash and in-kind gifts with the help of individuals and our communities
- 2012 basket distribution included 1500 baskets delivered to three **MHR** sites. 100 of the 1500 baskets were for the children of **MHR**'s clients

Dakota County:	338 baskets
Hennepin County:	360 baskets
Ramsey County:	802 baskets

- 315 volunteers provided 1,924 volunteer hours. These hours were provided by members of the community, corporations, such as; Wells Fargo, Best Buy, Thrivent for Lutherans, St. Thomas/St. Kates school of social work, girl scout troops and church groups along with Hansen family
- SouthCross Community church provided space for the three day assembly. This is their 4th year assisting Open Baskets.

## Spotlight on Excellence

In December the Wellness Preferred Integrated Network (PIN project) was awarded the Commissioners Circle of Excellence Award for its outstanding contributions to human services program clients. The PIN program was launched in 2009 as a partnership between Medica Health Plans, Dakota County Social Services and Dakota County Mental Health providers including Mental Health Resources. This project brought together resources to improve and coordinate physical and mental healthcare services for people living with mental illnesses in Dakota County. This project combined the skills and expertise of the TCM or ACT team staff with the additional resources provided through the health plan as a “Wellness Navigator” to better access and coordinate the services necessary for a person’s wellbeing and recovery. **MHR** is proud to have been a part of the roll out of this cutting edge service delivery model and continues to collaborate with our community partners as we work toward the integration of physical health care with the treatment of mental illness.



## 2012 MHR Client Satisfaction

MHR firmly believes that feedback from our clients is a critical component in creating a welcoming culture for our clients and improving our level of service to them. On an annual basis, we conduct a client satisfaction survey to gain input from our clients.

In 2012 we surveyed our Assertive Community Treatment (ACT) and Adult Rehabilitative Mental Health Services (ARMHS) clients. The survey asks our clients to provide feedback on their experiences with our staff and the results of their treatment. To preserve the anonymity of our clients, we utilize an independent phone screener who makes multiple attempts to contact our clients throughout the day and into the evening. The screener enters responses into Survey Monkey which compiles the aggregate results. In the past, we have tried the more traditional method of mailing surveys to clients but have found that telephone surveys result in a higher response rate from our clients. In 2012, a total of 98 ACT/ARMHS clients participated in the survey which was a response rate of 44% (well above the general survey response rates ranging from 10-30%). We also offer clients who complete the survey the opportunity to have their name entered into a gift card drawing to show our appreciation for them taking the time to complete the survey.

Significant results from the survey include the following:

- 92% of clients feel satisfied with the services they receive from **MHR**
- 92% of clients would recommend **MHR** to a friend or family member who was in a similar situation
- 91% of clients feel staff respect their background (culture, religion, sexual orientation etc.)
- 86% of clients feel the services they receive from **MHR** help them deal more effectively with situations that used to be a problem for them
- 85% of clients feel the services they receive from **MHR** help them deal more effectively with crisis situations

We are extremely pleased with our 2012 client satisfaction survey results and plan to continue conducting annual surveys with our clients. In fact, the 2013 survey is underway with our ACT/ARMHS, Medica Foundation and Targeted Case Management clients.



## MHR Working to Increase and Improve the Lifespan of Persons with Serious Mental Illness

*In May, 2012, The MN Department of Health published The Health of Minnesota: Statewide Health Assessment, which claims that, on average, “Minnesotans with serious mental illness do not live past an average age of 58, while those without mental illness live to an average age of 82.”*

The struggle to achieve a lifestyle of wellness can be a challenge for all of us. A person who is living with a serious mental illness can have additional challenges incorporating exercise, preventive care or healthy eating into their lives as a result of the symptoms of their mental illness or countless other barriers. At times the treatments we use to help reduce their symptoms can result in additional challenges including, weight gain, diabetes, hypertension and heart disease. As part of a statewide pilot project, MHR’s Ramsey ACT team worked in collaboration with the Department of Human Services, The Institute for Clinical and Systems Improvement and six other Minnesota ACT teams to assist in the development of protocols to be used by ACT teams to help them improve the physical health of their clients. In addition to the development of these protocols our ACT team used their learning to deepen the commitment they have to the integration of physical and mental health care. Due to the team’s tireless work, we saw a significant impact in 2012. By year’s end 82% of the clients on the Ramsey ACT team reported having a primary care visit within the last year. The team now incorporates physical health goals into the majority of the treatment plans they create with clients including items like smoking cessation, healthy shopping and cooking, and access to preventative health care. MHR is committed to helping improve the physical health of our clients and looks forward to making further progress in this area in the upcoming year.



# MHR's Website – A Brand New Look

In 2012 MHR began a website redesign project. We set out to design a new website with an updated look, improved navigation features and a broader scope of content. Some new features include:

- A link to the new MHR video
- Client success stories
- Volunteer recognition
- A more in depth Donate section
- Current job openings, news and events displayed on the home page

Another benefit to the website redesign is that MHR no longer has to rely on a third party to make updates to our site. MHR worked with Computer Integration Technologies (CIT) on the redesign. CIT recommended a website platform and designed a framework that would allow MHR to take ownership of all website content and maintenance.

The new website was launched on 12/31/2012 and we have received positive feedback on the new look and welcoming feel to our site. Please visit our website at [www.mhresources.org](http://www.mhresources.org) to see the all of the new features.

## HEALTH RESOURCES

Mental Health Resources, Inc. (MHR) is a progressive, nonprofit community-based mental health services to individuals with mental illness. MHR specializes in serving individuals who only need mental health services but who may also have co-occurring medical, substance abuse or social conditions. We partner with clients to increase their self-reliance and to enhance their ability to live full lives in the community.

JOIN OUR TEAM

DONATE

## Learn More About MHR



OUR PROGRAMS



SUCCESS STORIES

DONATE

There are many different ways to support our work!

# Financials

## STATEMENTS OF FINANCIAL POSITION

ASSETS	<u>2012</u>	<u>2011</u>
Cash and cash equivalents	\$4,585,883	\$3,831,633
Accounts receivable and prepaid expenses	1,857,477	1,978,243
Total property, vehicles and equipment, net	<u>949,351</u>	<u>1,055,745</u>
<b>Total assets</b>	<b>7,392,711</b>	<b>6,865,621</b>
LIABILITIES		
Accounts payable	96,837	67,893
Accrued expenses	652,062	511,513
Contract advances	275,000	275,000
Deferred revenue	<u>1,408,161</u>	<u>2,165,262</u>
<b>Total liabilities</b>	<b>2,432,060</b>	<b>3,019,668</b>
NET ASSETS		
Unrestricted	4,916,866	3,777,283
Temporarily restricted	<u>43,785</u>	<u>68,670</u>
Total net assets	<u>4,960,651</u>	<u>3,845,953</u>
<b>Total liabilities and net assets</b>	<b>7,392,711</b>	<b>6,865,621</b>



## STATEMENTS OF ACTIVITIES

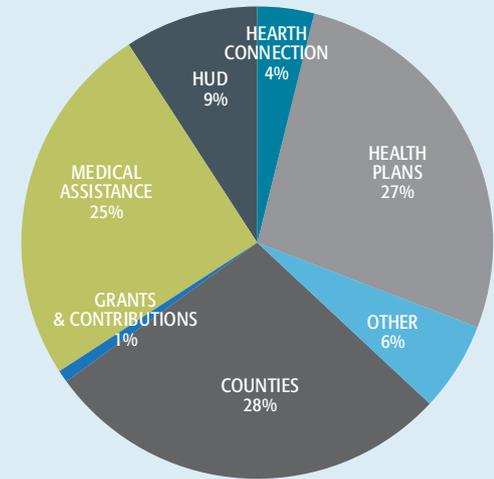
### REVENUES AND SUPPORT

	<u>2012</u>	<u>2011</u>
Government contracts and service contracts	\$9,784,806	\$7,227,573
Medical assistance	4,698,084	5,190,926
Grants and contributions	178,038	107,384
Lease income	3,904,495	4,002,367
Client fees, investment income and miscellaneous	113,760	189,007
<b>Total revenues and support</b>	<b>18,679,183</b>	<b>16,717,257</b>

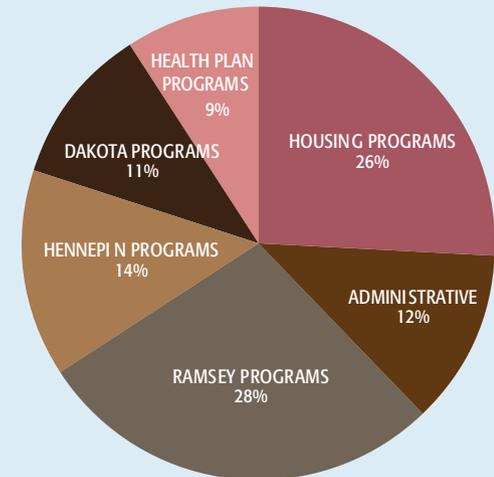
### EXPENSES

Program services	15,577,423	14,238,352
Administration	1,825,255	1,555,660
Fundraising	161,807	61,558
<b>Total expenses</b>	<b>17,564,485</b>	<b>15,855,570</b>
Change in net assets	1,114,698	861,687
Net assets, beginning of year	3,845,953	2,984,266
<b>Net assets, end of year</b>	<b>4,960,651</b>	<b>3,845,953</b>

### 2012 Revenue



### 2012 Expenses



## Donor Profile — Kathleen Pengelly

Tell me a little about yourself: I have worked for **MHR** for 5 years and am currently the Health Services Manager. I have been a community Mental Health Nurse for the past 16 years and have worked in human services for more than 30 years. I believe that we really can make a difference in the lives of the people we walk through life with, both at work and in our personal lives.

As an **MHR** employee why do you feel it's important to donate? I believe in the agency's mission "To foster hope, health and recovery for those affected by mental illness". I also like the idea of having funds that can cover services that might not be billable under insurance. I have seen some of these services as critical components to recovery such as medication co-pays, rent deposits, child car seats, and warm coats. Giving back to my agency and to other community providers ensures me that people's needs can be met.

When you made a donation, how did that make you feel? I always feel good about doing what I can do to help others and I always like to be part of something that makes a difference. I also know **MHR** has integrity and my donations will be used to meet client needs. I have always donated to the agencies I worked for and when that opportunity became available here, I was happy to contribute.

What do you wish other people knew about the hope that **MHR** provides for our community? What we do is unique and worthy of community support. People need to know that this is an agency with integrity and real vision about serving people who live with mental illness. We are using evidence based practices such as motivational interviewing, integrated medical, chemical and behavioral health strategies, MN 10 x 10 protocols and trauma-informed care to provide the most welcoming and client centered services for people with complex issues. We are willing to re-evaluate our effectiveness in providing service and in my experience that is unusual among organizations.

What would you tell someone who is thinking of donating to **MHR**? I would tell them about the times that I wanted to help a client get something they really needed and couldn't because it wasn't billable and there weren't funds available. I would tell them about all the things we can't do, like provide nursing services to people in some of our programs due to funding issues. I would tell them about our highly skilled and compassionate staff and some amazing success stories of how people's lives have changed. I would also ask them when was the last time they spent money and felt like they were really making a difference for others.



Kathleen Pengelly



# Thanks to Our Donors

We are grateful to the following people and organizations for contributing to MHR from 2012 through May 2013

## Individual:

Susan Abderholden  
& Lee Keller

Glenn Andis

Anonymous Donors

Sharon Autio

Richard Bartel

Melissa Brinwall

Jean Burns

Bret Byfield

Karen Davis

Barbara Fenton

Theresa Gilland

Kathy and Jerry Gregersen

Ann & Travis Henderson

Bruce Hermansen

Rebecca Hirdman

Brenda Hovander  
& Mike Meents

Jeffrey Huggett  
& Diane Lindquist

Margaret Anderson Kelliher  
& David Kelliher

Bev Lamb

Lynn LaVerdiere

Jim & Mary Lee

Elaine Love

Kathleen Muench

Kenneth & Mary Newton

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# MHR 2012 Annual Report

*Fostering hope,  
health & recovery*

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