



PERSON DRIVEN SERVICES

INTEGRATED CARE

ILLNESS MANAGEMENT & RECOVERY

PARTNERSHIP

TRAUMA INFORMED CARE

MOTIVATIONAL INTERVIEWING / CLIENT ENGAGEMENT



MHR

2013 ANNUAL REPORT | *Fostering hope, health & recovery*

Integrated Care: Understanding All Pieces of the Puzzle

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

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THE ROAD TO WELLNESS: SOLVING THE HEALTHCARE PUZZLE

DEAR MHR FRIENDS,

Mental Health Resources (**MHR**) has a commitment to “the whole person” being treated. This holistic approach to recovery encompasses all parts of a person’s life including mind, body and spirit. However, as we all know through numerous newscasts and news articles, our current healthcare system is viewed as being fragmented, like a complex puzzle, with a maze of services and treatments. **MHR** may not be able to solve the issues of the entire healthcare system, but we do help bring the pieces of the puzzle together on an individual basis for each client that we serve.

You will hear characters on TV shows describe their relationship with someone as: “It’s complicated.” The same can be said for the relationship between our healthcare systems and a person with serious mental illness. Even for the sophisticated healthcare consumer, it is a struggle to communicate, obtain information and understand the true implications of an illness. It is even more overwhelming for someone with a serious mental illness to also manage several other medical conditions. So, **MHR** focuses on attaining our clients’ engagement in their health and in managing their illnesses. You will read in this annual report about **MHR’s** “Treatment and Recovery Programs” as well as health fairs and health promotion events designed specifically to educate and empower this population to understand their healthcare needs better.



In order for our clients to have a holistic approach to their care and their lives, it requires that **MHR** staff have specific knowledge and skill sets. We believe in person-driven services and our staff work with clients to set their own goals. An initial goal for a client on the road to wellness may be to secure housing. **MHR** has known for decades that stable housing is a key element for good health. This became a “record breaking year” when United Healthcare contributed \$150 million to build low cost housing in an effort to improve overall health. Kate Rubin, V.P. of Social Responsibility for United Healthcare stated: “Studies show that without stable homes people are sick more often. There’s more undiagnosed illness and people are more likely to seek care in emergency rooms.” The average person would typically not see stable housing as the foundation for good health – nor would stable housing be part of a medical service offered in a primary care setting. At **MHR**, our staff understand the impact stable housing has on our clients’ recovery. They have a network of resources and expertise in securing funding and affordable housing for persons with a serious mental illness.

From a national perspective, there has also been a great deal of attention on how a person’s culture impacts his/her physical health. In the past year, **MHR** broadened our definition of culture beyond race or ethnicity. Clients were asked to define what “culture” looks like in their experience – it might be based on their religious beliefs, sexual identity, neighborhood they live in, etc. However, **MHR** has observed there is a shared common culture among the clients we serve which is “The Culture of Poverty.” **MHR** staff received specialized training in the past year of how poverty impacts the choices people make about their health. This approach of cultural sensitivity is important because it identifies what clients’ beliefs are about their illness, the cause of their illness, and what they believe is the best course of treatment for them. **MHR** staff is trained to be responsive and respectful of these beliefs and to ensure these cultural principles are a significant piece of their healthcare plan.

These are just a few examples of services **MHR** provides to enhance the medical services **MHR** clients receive from their primary care doctor. None of the services mentioned above (client engagement, stable housing, or cultural competency) are services that are reimbursed by the healthcare system. Nevertheless, each one of these services has a significant body of research supporting them as best practices leading directly to improvement in overall health. Given the importance of these services and the lack of reimbursement, **MHR**’s Board set the strategic direction of implementing a fundraising campaign specifically to design and implement an integrated approach of care for persons with mental illness. **MHR** has received substantial grants from large foundations and personal donations which are listed at the end of this report. **MHR** greatly appreciates these contributions and is committed to being good stewards of these funds in the best interest of persons with serious mental illness within our own community.

Sincerely,



Kathy Gregersen, Executive Director



James Wyman, Board President

2013 MHR HIGHLIGHTS

- Services were provided to 6,817 clients in 2013, a 15% increase from 2012.
- Services were provided in 38 counties.
- Revenue increased by 18% from the previous year.
- Project Homeward program doubled in size from last year and is now serving over 80 individuals.
- **MHR** grew to 196 employees, an 18% increase from 2012.
- Our Ramsey ACT Team was featured on Minnesota Public Radio in July.
- **MHR** was the featured “Non-Profit” of the night at a Minnesota Timberwolves game in February.
- Open Baskets made 1,800 holiday gift baskets which staff distributed to clients.
- **MHR** raised over \$17,000 to provide healthy fruits, vegetables and meats for our daily snacks at the Seward CSP.
- With a new \$197,000 HUD grant, **MHR** increased housing support services to adults with mental illness experiencing chronic homelessness.
- New recruitment initiatives were implemented to ensure that we are attracting top quality candidates to serve our clients. This included changing our job listing service, sending out targeted recruitment mailings and hiring a full time recruitment specialist to screen applicants.
- Service Expansion: **MHR** opened an office in Duluth, MN in July and now has 13 staff working from that location.
- In order to prepare new hires for meeting **MHR**'s high standards of excellence, the agency orientation program was completely redesigned. Orientation, which takes place during the first two weeks of employment, involves targeted practice of common skills needed for the work, opportunities for applying learning through role plays and feedback, and shadowing of best practices in the field.



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- In 2013, the “Invisible No More” fundraising campaign raised \$864,250 toward our goal of \$1,000,000.
 - Client satisfaction survey: **MHR** had an outstanding 54% response rate to our annual telephone survey. 92.8% of respondents indicated they were satisfied with the services they received from **MHR** and 93.9% of all survey participants indicated they would refer family and friends to **MHR**.
 - Employee satisfaction survey: 98.5% of employees who responded to the survey indicate that the organization’s work positively impacts people’s lives. 88.5% of survey participants indicated that they felt heard when speaking with their supervisors.
 - Technology: **MHR** upgraded our equipment for all staff to provide them with the tools they need to effectively do their work in the field. In addition, we began the process of upgrading and moving our server to provide better response time and stability for all of our systems. Finally, we continued our work with Computer Integrated Technologies to build a Data Warehouse which will allow us a broader depth of reporting outcomes based on the data captured in our electronic medical records.

MHR PROGRAMS AND SERVICES

TARGETED CASE MANAGEMENT TEAMS (TCM)

- Three Ramsey TCM Teams, two Hennepin TCM Teams 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.

MENTAL HEALTH OUTREACH CLINIC

- The Mental Health Outreach Clinic (MHOC) provides in-home therapy to adults who live with serious mental illness.
- Therapists in the Mental Health Outreach Clinic are licensed as psychologists, clinical social workers, and marriage and family therapists. This interdisciplinary team is recognized as a Rule 29 mental health clinic under Minnesota Statutes.
- MHOC is also designated as an Essential Community Provider (a health care provider that serves high-risk, special needs, and underserved individuals). Services are provided to clients in the community.



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 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:
 - 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 with daily healthy snacks and a "Dinner of the Month" each 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 results.

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
 - Avenues to Independence
 - Dakota County
 - Dakota County Supportive Housing
 - Haralson Apartments
 - Project Restore
 - Hennepin County
 - Stevens Supportive Housing Program
 - Trinity on Lake Apartments
 - Multiple Counties
 - Project Homeward
 - Bridges RTC



MOTIVATIONAL INTERVIEWING/CLIENT ENGAGEMENT

KATHERINE'S STORY

Katherine has been working with the Hennepin Assertive Community Treatment (HACT) team since 2006. She came to the HACT team after enduring multiple hospitalizations, surviving significant trauma, and engaging in self-injurious coping skills. For several years, Katherine's mental health symptoms made it difficult to achieve more than short periods of stabilization. During this time, her housing situation was precarious, which resulted in frequent address changes.

Since 2010, however, Katherine has made steady and significant progress in multiple areas. She now has stable housing, and is able to work on making progress in other areas. Katherine's providers on the team utilize motivational interviewing to guide her toward choices that have ultimately improved her mental and physical health. She has lost 60 pounds over the past two years, reversing a dangerous steady increase in obesity. Katherine has been willing to attend heart health appointments after years of feeling unable emotionally to do this.

While it wasn't always possible in the past for Katherine to engage in services, she is now embracing visits and utilizing them for concrete rehabilitative objectives where providers help her to reduce the disparity between what is wanted and what is happening. When providers listen for change talk, and respond to it effectively, clients like Katherine are able to realize significant change.

Katherine's ability to navigate the complex systems has improved as well. She has progressed from an inability to apply for services such as insurance and food support to now maintaining multiple benefits and demonstrating awareness of paperwork needs.

She no longer needs to rely on self-injury to cope. Amazingly, Katherine has demonstrated an ability to handle significant life stressors, such as the death of her mother and the loss of trusted providers, without compromising the progress she's made. She is also considering expanding her social circle after years of spending time only with her family.

With the help of providers who understand the significant barriers that go into getting through the day, Katherine has gone from difficulty with medication adherence to currently taking medications as prescribed.

Katherine's follow through on what is important to her recently led her to success in completing a rigorous Goodwill Easter Seals call center job training program.

Katherine gathers her strength from family support, reliance on faith, and unwavering determination to increase independence and hope for improved physical health. Katherine is intelligent, kind, receptive to feedback, and aware of her growth areas.



ILLNESS MANAGEMENT AND RECOVERY

RITA'S STORY

When Rita came to the Haralson Supported Housing Program three and a half years ago, words like “sobriety,” “recovery” and “hope” were not a part of her reality. Rita, who is in her 60’s, came to Haralson after completing her fourth treatment for chemical dependency. Rita reported that she had not been sober for more than a week outside of treatment in 20 years prior to that. In addition to her chemical dependency, Rita also struggled with major depression with frequent suicidal ideation/ attempts leading to numerous hospitalizations. Rita’s depression and alcoholism caused her to lose her job of 15 years and her housing. She also lost several significant relationships, including her children and grandchildren, who refused to see her. Due to the severity of the impact of her alcoholism, Rita’s mental health was often ignored. Haralson housing counselor Lynelle Latozke took a closer look, and began encouraging Rita to look at the relationship between her mental and chemical health. Lynelle assisted Rita in finding MI/CD day treatment that would help her address both issues simultaneously. Lynelle also made referrals to a psychiatrist and therapist to continue the progress Rita made while in treatment. For many people, including Rita, participating in and applying the learning from treatment can take as much time and even more effort than a full-time job. To help Rita navigate her world more skillfully, her housing counselor introduced her to the Illness Management and Recovery (IM&R) curriculum. This curriculum puts staff in the role of coach and teacher to help clients learn and use social and coping skills for mastering mental and chemical health challenges.

Because of Rita’s commitment to making progress in her recovery and her housing counselor’s hopeful guidance, Rita has an entirely different outlook than she did when she moved in three years ago. Rita has been maintaining her sobriety for several years and has reported no suicidal ideation for the past year. This has changed her life in important ways. Rita has re-established relationships with all three of her children and is now often called upon to babysit her grandchildren. Rita was approved for Social Security and has held a part-time job at Target for over a year. Rita has developed a support network of friends both in and outside of Haralson to help her maintain her sobriety. Rita is also using the skills that she learned in IM&R to cope more effectively with her ongoing symptoms of depression. Rita feels the mix of independence and support that she receives from her housing counselor at Haralson has been the key to her success over the past 3 ½ years.



TRAUMA INFORMED CARE

Trauma Informed Care (TIC) is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. It is estimated that up to 90% of the people who access services for mental illness at any time are trauma survivors. In 2013, **MHR** started on a dedicated journey to become a Trauma Informed Organization. Highlights of the year's progress are as follows:

- Completed a full agency-wide assessment including through the eyes of the client, staff and organization.
- Identified areas where progress needs to be made to better support people as they enroll in **MHR** services. This includes, but is not limited to, revising intakes, improving the intake process, making renovations to the waiting and meeting rooms that create a more welcoming, respectful and safe environment, improving client access to reach **MHR** offices, and applying suggestions from satisfaction surveys.
- Completed a focus group with staff invited from all areas of the organization to better understand the general knowledge base of TIC in the organization.
- Completed a two-part training series for supervisors to help their staff with secondary trauma. Secondary trauma is sometimes referred to as vicarious traumatization or compassion fatigue and is a term that refers to a gradual lessening of compassion over time. This is a condition that impacts people who work directly with victims of trauma and can have a debilitating effect on that person's personal and work life.
- Trained administrative and support staff in the principles of TIC and how it relates to their work. The foundational principles of TIC are to provide safety, trustworthiness and transparency, collaboration and mutual partnership, empowerment and individualized care and to have a strong belief in the resiliency and strength-based approaches to providing services to people and avoid re-traumatization.

INTEGRATED CARE: BRINGING HEALTH AND WELLNESS EDUCATION TO OUR CSP MEMBERS

On a crisp fall day in 2013, 52 members of **MHR**'s Seward CSP attended the first annual CSP health fair. This year's fair focused on three primary activities, the first being a collection of health data from the participants including blood pressure, height, weight, girth, oxygen levels, blood glucose and if not already on file, a release of information to the member's primary care provider. The data gathered will help the staff better support the needs of the clients in accessing medical care. The second activity was a well-received round of trivia that was facilitated by the leader of the CSP's Health Perspectives group, a weekly health and wellness group. Members learned valuable information about super foods, calories and the body's need for sleep. And finally, two members of the Health Perspectives group provided the participants with a 20 minute snapshot of their weekly group activities with the hopes of drawing additional interest in the group. Healthy and delicious organic snacks were provided to participants including, carrots, broccoli, tomatoes, apples slices with cheese and hummus. Participants were also able to collect points for their involvement in the day's activities. At the end of the event prizes including vegetarian chili kits, a heart healthy kit, a cold and flu kit and a foot pain relief kit were auctioned off to members with the most points. Members actively participated in all three health fair activities and have noted a better understanding of the benefits of fruits and vegetables. CSP members now request to have more fruits and vegetables in the daily snack and CSP staff are committed to supporting this development. The purchase of these healthy food options is possible due to a \$17,000 grant **MHR** was awarded by the Seward Co-Op under the Seed Program. **MHR** staff and members make a weekly shopping trip to the Co-Op where organic meats, fresh vegetables, fruits and juice are purchased to be used in making the week's snacks.

The Health Fair was successful in engaging and educating members to pursue a healthier lifestyle both at the CSP and in their personal lives. **MHR** staff and members are already looking forward to the next event where they plan to highlight physical fitness and healthy goal setting!



PARTNERSHIP: MHR AND THE MEDICA FOUNDATION

In May 2014, **MHR** will be completing a three-year \$300,000 grant awarded by the Medica Foundation to provide intensive case management services for high-risk adults with a chronic mental illness and/or substance abuse problem. Services are provided to these clients by our Metro Intensive Case Management program and focus on helping these individuals successfully transition from an inpatient treatment facility into a community setting through the coordination of complex healthcare and social services. The program offers intensive, short-term (3-6 months) services which are currently not reimbursed by Medical Assistance or private insurance (except by Medica). This grant has allowed **MHR** to provide services to the uninsured as well as those who have Medical Assistance during a critical time in their recovery process.

Through our partnership with the Medica Foundation, we were able to work with the Evaluation and Design department at Medica who conducted an analysis of claims trends for a small group of individuals receiving services through this program. They conducted a study of cost and utilization data for 30 clients enrolled in the program and the data reviewed was for a 6-month period prior to receiving services from **MHR** and then 6 months after they began receiving services.

As shown in the chart below, once clients became engaged with our services, there was a significant reduction in high dollar claims such as inpatient admissions and emergency department visits. Conversely, there was an increase in costs and utilization for prescription drugs and other services like lab work. These increases can be attributed in part to staff connecting clients with the right services at the right time.

RESULTS

Category	% Change in Allowed Cost (Pre to Post)	% Change in Total Utilization/Visits (Pre to Post)
Inpatient	Decreased 72.2%	Decreased 50.0%
Outpatient	Decreased 18.0%	Decreased 16.5%
Prescription Drugs	Increased 57.2%	Increased 7.1%
Emergency Department	Decreased 35.4%	Decreased 35.5%
Other (Labs, DME etc.)	Decreased 0.3%	Increased 55.2%
Urgent Care	Increased 161.3%	Decreased 12.5%
Convenience Care	Decreased 100.0%	Decreased 100.0%
Total	Decreased 49.8%	N/A

These results demonstrate that the intensive case management services we offer really can have a significant impact on helping to stabilize our clients during the recovery process as well as reducing claims costs and utilization. **MHR** appreciates the opportunity to partner with the Medica Foundation on this initiative and would also like to thank the Medica Evaluation and Design department for their work on this outcomes analysis.

PERSON DRIVEN SERVICES

BRIAN'S STORY

Mental illness can interfere with a young person's transition to adulthood. Often, early in an illness, people have not had a diagnosis long enough to qualify for more intensive, assertive services. This was the case for Brian. Brian is a UCare member who is receiving Care Coordination services from **MHR**. He was living in his parents' basement and rarely leaving the house. When his parents would try to help, the conversations would escalate and then end with every member of the family feeling terrible. For Brian, his depression and attempts to feel better through chemical use were taking him down a path of feeling worse and worse. Through the Special Needs Basic Care (SNBC) program, his Care Coordinator was one of the few professionals able to meet with Brian in person. We are eager to meet each member where they are at, both physically and emotionally, taking time to offer support and resources. As was the case with Brian, young adults have often not received mental health services as an adult, yet they are struggling to transition in expected ways, like starting school or a job. Over time, the Care Coordinator's work with Brian and his desire to live differently resulted in him seeing a therapist and eventually a psychiatrist.

In the past year, this young man completed chemical dependency treatment and is now regularly meeting with a sponsor and attending meetings. He also started working with a Targeted Case Manager and is considering a move to his own place. He now spends time with his family and is enjoying an improved relationship with his parents.



FINANCIALS

STATEMENTS OF FINANCIAL POSITION

ASSETS

	2013	2012
Cash and Cash Equivalents	\$5,597,826	\$4,585,883
Accounts Receivable and Prepaid Expenses	2,616,118	1,857,477
Total Property, Vehicles and Equipment, Net	1,036,477	949,351
Total Assets	9,250,421	7,392,711

LIABILITIES

	2013	2012
Accounts Payable	\$75,539	\$96,837
Accrued Expenses	846,115	652,062
Contract Advances	275,000	275,000
Deferred Revenue	1,563,384	1,408,161
Total Liabilities	2,760,038	2,432,060

NET ASSETS

	2013	2012
Unrestricted	\$6,041,250	\$4,916,866
Temporarily Restricted	449,133	43,785
Total Net Assets	6,490,383	4,960,651
Total Liabilities and Net Assets	\$9,250,421	\$7,392,711

STATEMENTS OF ACTIVITIES

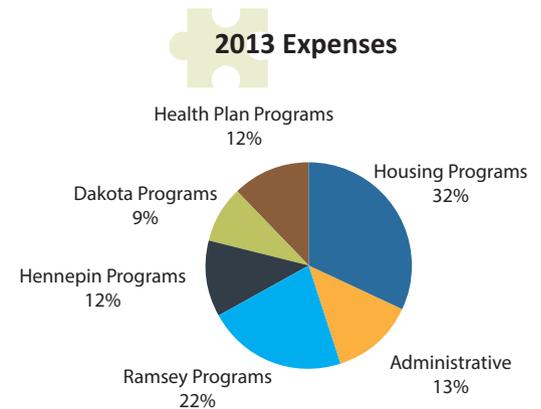
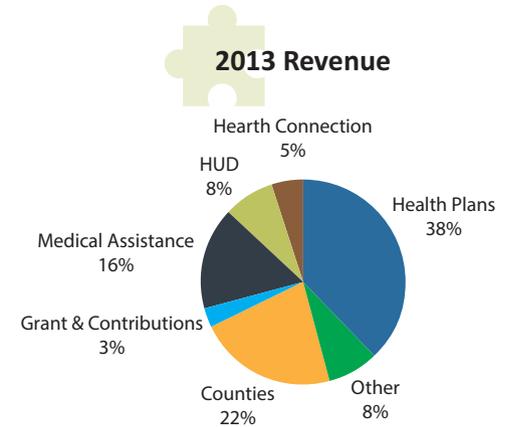
REVENUES AND SUPPORT

	2013	2012
Government and Service Contracts	\$13,419,506	\$9,784,806
Medical Assistance	3,555,059	4,698,084
Grants and Contributions	664,074	178,038
Lease Income	4,516,474	3,904,495
Client Fees, Investment Income and Misc.	105,682	113,760
Total Revenues and Support	22,260,795	18,679,183

EXPENSES

	2013	2012
Program Services	\$17,908,868	\$15,577,423
Administration	2,629,684	1,825,255
Fundraising	192,511	161,807
Total Expenses	20,731,063	17,564,485

Change in Net Assets	\$1,529,732	\$1,114,698
Net Assets, Beginning of Year	4,960,651	3,845,953
Net Assets, End of Year	6,490,383	4,960,651



2013 THROUGH APRIL 2014 MHR DONORS

MHR LEADERSHIP CIRCLE: DONATIONS OF \$25,000 OR MORE

Bentson Foundation
F. R. Bigelow Foundation
BluePlus
Hardenbergh Foundation
Otto Bremer Foundation
The St. Paul Foundation
Siska Family Foundation
Wyman Family Foundation
Anonymous Donor

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Anonymous Donors

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BlueCross & BlueShield of Minnesota
Bremer Bank
David Winton Bell Foundation
Dorn/Behrens Fund – Raymond James Charitable Endowment Fund

Indoff – Dennis Peterson
Medica Foundation
Minnesota State Fair
Nicholson Family Foundation
Richard and Nancy Nicholson Fund
Rodman Foundation
Seward Community Co-Op
Anonymous Donor

IN MEMORY:

In memory of Aaron Applequist

Connie Applequist
Jacalyn & Robert Clark
Fran Gigler
Judith Magsam
Janet Opdahl
Vincent Riehm
Karin Sargent
Janice Sullivan
Anonymous Donors

In memory of June Byfield

Bret Byfield

In memory of Mary T. Calmbacher

William Calmbacher

2013 THROUGH APRIL 2014 MHR DONORS

In memory of William & Justin Flesher

Mary Colburn

Contribution made *in memory of Tom Trepanier*

In memory of Terry Munyer

Diane Currie

In memory of Gary Hopkins

Bruce & Kathy Hermansen

In memory of Thomas Koziol

John Koziol

In memory of Diane Meixner

Beverly Lamb

In memory of Joth Lindeke

Chip Lindeke

In memory of Jim Marshall

Helen Raleigh & Ron Bell

IN HONOR:

In honor of Tony V.

Elsie Hanson

In honor of Justin Shoemaker

Ryan & Amy Shoemaker

In recognition of Jessica Hagen's work

Thomas Stenoien & Bradley's entire family

OPEN BASKETS:

Active Network

American Express
Charitable Fund

Kathleen Arntson

Best Buy Tag Team Award

Jason Berg

Eric Bertram

Rebecca Bertram

Edna & Joel Biederman

Richard Bielawski

Mylee Bishop

Richard Braaten

Valerie Charger

Cheri & Rurick Carlson

Cory & Dawn Clarin

G.J. & Lysa Clayburn

Yaffa Cohen-Appelbaum

Brent & Judy Conlow

Girl Scouts Encampment

Brent Erler

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