

ANNUAL REPORT 2018-2019

TABLE OF CONTENTS

1	EXECUTIVE DIRECTOR'S LETTER
2	Board of Directors President's Report
3-4	Revenue/Expenses
5	By the Numbers
6	Number of Clients & Services
7	Demographics/Top Primary Diagnosis/ Top Referral Sources
8	LICENSURE/NEW LICENSES OBTAINED
9	BOARD OF DIRECTORS
10	STRATEGIC FOCUS
11	Administration
12	Regional Operations Directors & Clinical Directors
13	CENTENNIAL AWARDS SCHOLARSHIPS
14	Housing Happenings
5-16	CENTENNIAL CONTINUUM OF CARE
17	SCHOOL-BASED MENTAL HEALTH PROGRAM
18	EARLY CHILDHOOD MHS & SCHOOL-BASED TELEHEALTH
19	OFFICE LOCATIONS

EXECUTIVE DIRECTOR'S LITTER



Every year, it seems behavioral health needs are becoming more and more ubiquitous, with growing awareness and more discussion about how communities can rise to the challenge. In recent updates to their community health plans, our regional health departments all included behavioral health among the health concerns to be addressed. Similarly, our regional hospitals this past year all participated in "hospital transformation" projects that identified specific targets for change that would improve overall health status in their communities, and again, mental health and substance use disorders stood out across the board. At the same time, as noted in our Board President's letter, it is sometimes all too easy for us to think such issues only pertain to those "other" individuals and families and not our own. At Centennial, we know better.

Despite the growing awareness of need, funding across the broad continuum of care does not always do justice to the cause or come anywhere close to meeting the needs of our rural and frontier communities. Centennial rose to the occasion and made it through a daunting process of change in the first year of a new model for Medicaid behavioral health funding, which as one of our primary sources of funding is good news! However, low payment rates for the Northeast have hampered Centennial's ability to grow our programs in a fiscally sound manner. We provided more services to more people, but in the current Medicaid funding model, this paradoxically leads to lower "base costs" and hence fewer dollars in the subsequent contract year. We add our voices to many that are questioning state directors, as well as elected officials, around what appears to be a problematic, if unintended, consequence of the new "Regional Accountable Entity" payment structure.

Nonetheless, there is much to celebrate in Fiscal Year 2018-2019. Centennial served almost a thousand additional clients from the previous year and provided over 100,000 services to those individuals. Centennial has also continued to increase access to behavioral health services by partnering with primary care providers across our region, and we are proud to have delivered a total of 2,786 clinical services in these integrated settings.

Even more dramatically, our prevention services more than doubled its impact with a grand total of 12,494 prevention services delivered, largely in our area's public schools. This emphasis on an "upstream" approach has been intentional and extremely successful as we help launch resilience and positive skills with our area's youth. Early childhood interventions also continue to skyrocket, as we help parents, teachers and daycare providers to assist our youngest residents in growing healthy brains and habits for a lifetime. Our Early Childhood Mental Health team provided services to 43 childcare settings in the past year.

Another effort to increase access and catch behavioral health issues sooner has been the development of a model for telehealth delivery of counseling in schools, which we expect to soon pilot in the Akron schools system. Centennial was an early adopter of telehealth, launching our telepsychiatry services over a dozen years ago, and we have continued to expand our use of telehealth services to support emergency response, as well as routine clinical services in the office, and this will be a growth area for Centennial well into the future.

Thanks for your continued interest and support of Centennial Mental Health Center as we continue our dedication to our communities and *Moving Lives Forward!*

Elizabeth Q. Hickman, Ph.D.

PRESIDENT'S REPORT



Someone once described the collective image of wellness in rural communities by the capacity of the community first, to identify those that are different, and secondly, to extract them from their midst. While this is obviously an overstatement, differing from the norm in rural communities, where anonymity is mostly illusion, is difficult. As human beings, we strive for cognitive resonance—that means we want the world to be the way we believe it to be, and "outliers" to this mental blueprint are often misunderstood, sometimes shunned and largely ignored. Such is the plight of the mentally ill.

The stigma attached to mental illness is prevalent in all corners of society—we just don't like to talk about it. I suspect the stigma is even greater the smaller the community—where the mentally ill are often more easily "recognized." Depression is often viewed as a "deficiency of character" while schizophrenics are feared. When my first wife, the mother of my two wonderful children died of complications associated with bulimia and anorexia, several well-intentioned people mentioned to me that "for the sake of the children" I might want to consider saying that she died of cancer. "It's a lot more sympathetic," said one.

Centennial Mental Health Center provides a wide range of behaviorall health services to an increasingly diverse population of people in an area larger than some of the states in the eastern part of this country. It does so with professionalism, dedication and determination. Consistently, those receiving services report that not only were they treated with respect and dignity, the services they received helped them resolve the challenges they were facing.

One of the biggest challenges we have is that of funding. The truth is that our rural region isn't adequately funded and the rate of reimbursement we receive for services provided to Medicaid eligible people is significantly less than other mental health centers in Colorado outside of our region receive.

Each year, it seems, our budget gets stretched further and further. Centennial tries hard to present the image of an organization that is able to meet the needs of the region's mentally ill, but sometimes that task is nearly impossible. Rural counties often lack service capabilities that would support individuals with severe and chronic mental illnesses. Although we do the best with what we have, and are always looking for ways to enhance funding through grants and donations, there is still a gap between the communities' need and Centennial's capacity to meet the needs of every individual with behavioral health issues. It is imperative that we share this reality with the public; very few families are untouched by mental illness.

If you think that mental illness isn't an issue that affects you, take another look. Do you have a relative or friend with an addiction? Many times, drug and/or alcohol addictions are signs of an underlying mental illness that is being "medicated" rather than treated. And then, take another look. Northeast Colorado has one of the highest suicide rates in the entire state. Out of home placement rates for children are among the highest in the state. Early intervention for low-income children with emerging mental illnesses is a growing priority. These are our people; our neighbors; our responsibilities.

The collective wellness of our communities should be predicated upon our capacity to ensure that we take of our own. As the Board President for Centennial Mental Health Center, I am proud to say that this organization is making significant strides both in providing direct services to promote mental wellness, and in working with community partners in prevention efforts.



REVENUE & EXPENSES



DEZ	VENU	TE	SO	TID	CF
				UK	CE

Medicaid	55.0%	9,196,919
Grants (State, Federal & Private)	12.4%	2,068,959
Investment Income	7.5%	1,266,217
OBH General Fund	6.5%	1,087,824
OBH Crisis	6.5%	1,079,529
Signal (OBH SUD)	3.0%	507,771
Other Third Party	2.9%	477,413
Private Fees	2.4%	393,058
Insurance	2.1%	350,493
Medicare	0.8%	123,183
Miscellaneous	0.6%	107,012
Housing Rent	0.3%	53,365
	100.0%	16,711,743

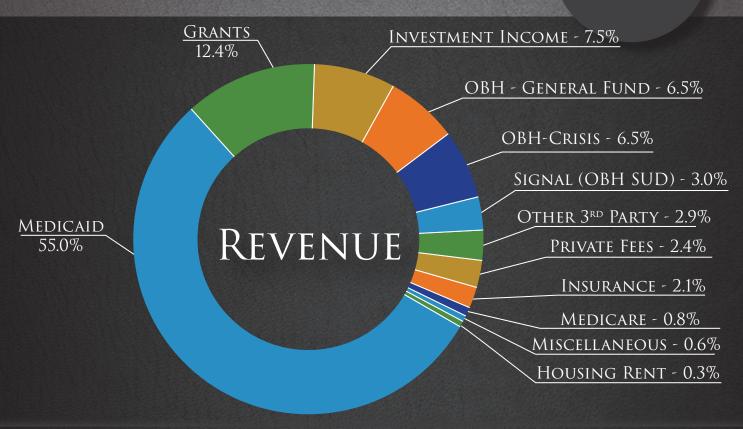
EXPENSES

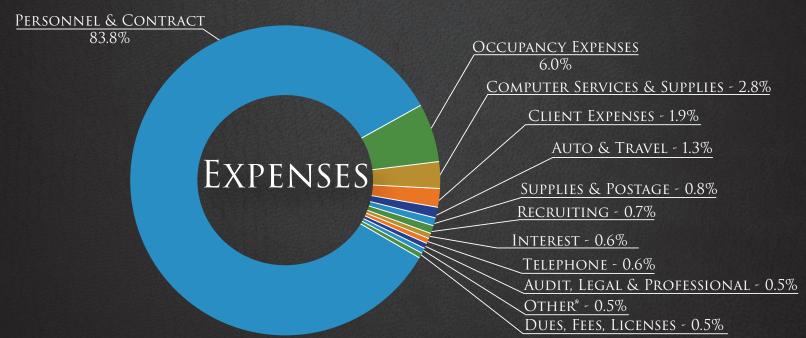
EITH EITOES		
Personnel & Contract	83.8%	12,654,899
Occupancy Expenses	6.0%	909,212
Computer Services & Supplies	2.8%	430,265
Client Expenses	1.9%	270,203
Auto & Travel	1.3%	200,777
Supplies & Postage	0.8%	119,526
Recruiting	0.7%	105,489
Interest	0.6%	92,155
Telephone	0.6%	91,420
Audit, Legal & Professional	0.5%	79,319
Other *	0.5%	78,966
Dues, Fees, Licenses	0.5%	72,328
	100.0%	15,104,559

^{*} Other includes expenses that are less than 0.4% of the total

REVENUE & EXPENSES







^{*} Other includes expenses that are less than 0.4% of the total

BY THE NUMBERS



5,012 Admissions

161 Respite

491 Crisis

1 ECS

844 Integrated Care

279 JBBS

Meds Only

693 Outpatient MH + SUD

1,731 Outpatient MH

356 Outpatient SUD

PASRR

Unenrolled

Emergency Services

1,113

Diversions to community based or crisis respite services

265

Inpatient or other treatment

Counties Served: Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington & Yuma

School districts in Centennial's service area

Communities in Centennial's service area

Individuals Centennial served FY 2018-2019

Total Prevention Encounters FY 2018-2019

Square miles in Centennial's service area, or 16% of Colorado's total land mass

Individuals or 2% of CO total population

Combined mental health and substance abuse services provided in FY 2018-2019

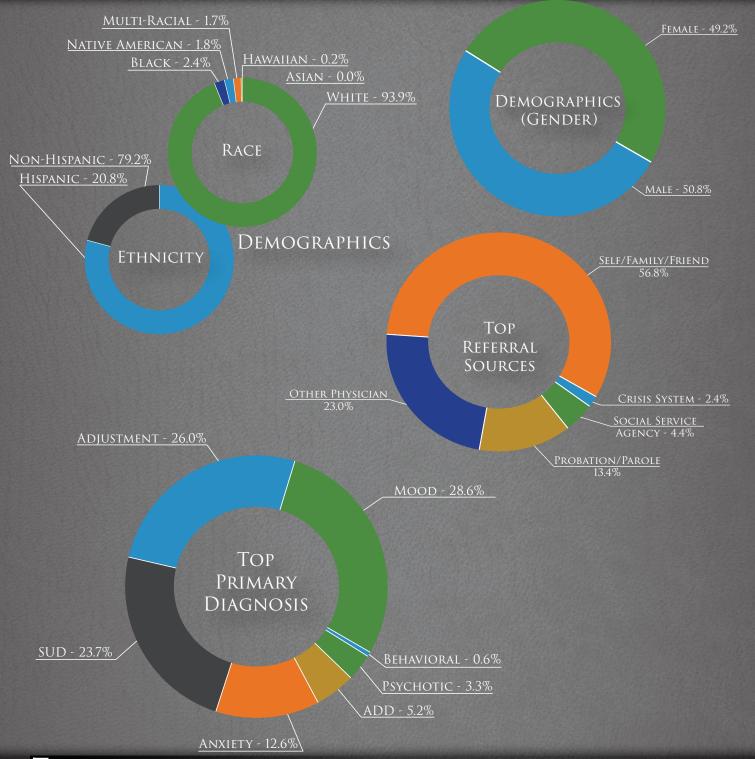
NUMBER OF CLIENTS & SERVICES



	NUMBER OF CLIENTS AND SERVICES								
		DUAL	MENTAL	HEALTH	SUBSTANCE USE DISORDERS			GRAND TOTAL	
80		CLIENTS	CLIENTS	SERVICES	CLIENTS	SERVICES	CLIENTS	SERVICES	
CHEYENNE	Child	0	2 5	7	0	0	2 5	7_	
EYE	Adolescent Adult	0	10	16 112	0 2	1 10	12	17 122	
CH	Senior	0	7	124	1	2	8	126	
	Cheyenne Total	0	24 84	259 1156	3	13	27 84	272	
Ħ	Child Adolescent	0	113	1247	0 9	159	128	1156 1406	
ELBERT	Adult Senior	75 2	391 87	4191 582	97 3	3141 57	563 92	7332 639	
100	Elbert Total	83	675	7176	109	3357	867	10533	
Z	Child	0	50	434	0	0	50	434	
RSO	Adolescent	4	52	319	5	92	61	411	
KIT CARSON	Adult Senior	35 2	156 26	2122 166	87 3	1862 46	278 31	3984 212	
KIT	Kit Carson Total	41	284	3041	95	2000	420	5041	
Z	Child	0	27	244	0	0	27	244	
700	Adolescent Adult	4 47	24 141	298 1726	11 133	92 3469	39 321	390 5195	
LINCOLN	Senior	0	19	216	8	226	27	442	
	Lincoln Total	51	211	2484	152	3787	414	6271	
	Child	2	101	1203	3 22	5	106	1208	
AN	Adolescent Adult	14 274	168 682	2180 15004	389	338 11932	204 1345	2518 26936	
LOGAN	Senior	7	134	2216	22	676	163	2892	
	Logan Total	297	1085	20603	436	12951	1818	33554	
AN	Child Adolescent	3 9	237 279	3216 3434	2 29	7 248	242 317	3223 3682	
MORGAN	Adult	174	799	13356	324	7622	1297	20978	
MC	Senior	8	117	1343	15 370	280 8157	140 1996	1623 29506	
	Morgan Total Child	194	1432	21349 39	0	0	7	39	
LIPS	Adolescent	0 3	7 20	170	11	195	34	365	
PHILLIPS	Adult Senior	8	58 24	461 198	61 6	1674 116	127 30	2135 314	
P	Phillips Total	11	109	868	78	1985	198	2853	
CK	Child	1	9	131	0	1	10	132	
JWI	Adolescent	3	13 44	195 477	5 36	174 1264	21 90	369 1741	
SEDGWICK	Adult Senior	10 0	12	115	3	177	15	292	
	Sedgwick Total	14	78	918	44	1616	136	2534	
TO	Child	0	28	320	7	13	35	333	
ING	Adolescent Adult	5 14	18 35	260 641	10 61	286 1405	33 110	546 2046	
WASHINGTON	Senior	3	9	107	2	138	14	245	
W.	Washington Total	22	90	1328	80	1842	192	3170	
	Child Adolescent	0	52 36	520 445	2 9	2 134	54 46	522 579	
YUMA	Adult	35	144	2984	98	3214	277	6198	
YU	Senior	0	26	365	5	80	31	445	
	Yuma Total	36 740	258	4314	114	3430	408 6.476	7744 101 478	
	GRAND TOTALS	749	4,246	62,340	1,481	39,138	6,476	101,478	

DEMOGRAPHICS, TOP PRIMARY DIAGNOSIS & TOP REFERRAL SOURCES





LICENSURE/NEW LICENSES OBTAINED



CLINICAL CURRENT STAFF LICENSURES	#
Bachelors/Certified Addictions Counselor II	1
Bachelors/Certified Addictions Counselor III	2
Child Psychiatrist	1
Licensed Practical Nurse	1
Masters/Certified Addictions Counselor III	1
Masters/Nurse Practitioner	2
Masters/Registered Nurse	0
Medical Doctor	2
Physician Assistant	0
Certified Addictions Counselor III	2
Licensed Psychologist	2
Masters/Licensed Addictions Counselor/ Licensed Professional Counselor	1
Masters/Licensed Addictions Counselor/ Licensed Marriage and Family Therapist	1
Masters/Licensed Marriage and Family Therapist	0
Masters/Licensed Clinical Social Worker	4
Masters/Licensed Professional Counselor	11
Bachelors	26
Masters	41

COMMUNITY RESOURCES STAFF Degrees/Licensures	#
Bachelors/Certified Addictions Counselor III	1
Bachelors/Certified Prevention Specialist II	2
Masters/Licensed Professional Counselor	1
Masters	4
Bachelors	6
	ESTA II
ADMIN CURRENT STAFF Degrees/Licensures	#
Masters	1
Masters/Certified Addictions Counselor III	1
Masters/Licensed Marriage and Family Therapist	1
Masters/Licensed Professional Counselor	2
Medical Doctor	1
Psychologist	1
Bachelors	11

Centennial takes an active role in encouraging staff to obtain licensure and i

EMPLOYEES	DATE OBTAINED	LICENSE
Kacey Sliger	01/13/19	LAC
Kacey Sliger	02/08/19	LMFT
Lindsey Lefton	02/12/19	LPC
Mary Sheridan	06/19/19	LCSW
Nicole Garfield	06/28/19	LAC
Lindsay Mays	10/22/19	LAC

BOARD OF DIRECTORS



TOM WESTFALL
President
Community



TERRY HOFMEISTER
Vice President
Commissioner



ROBIN WILEY
Past President
Commissioner



CLARK BERNHARDT

Past Vice President

Community



SILVIA CASTILLO Secretary/Treasurer Community At Large



LINDA ROTH
Community



RON SMITH Commissioner



TONY RODRIGUEZ
Commissioner
Delegate



STEVE BURGESS
Commissioner



DAVE LONG Commissioner Delegate



JACQUE FRENIER Commissioner Delegate



DAVE MARTIN
Community



TAMARA DURBIN
Community



DON SCHNEIDER
Commissioner



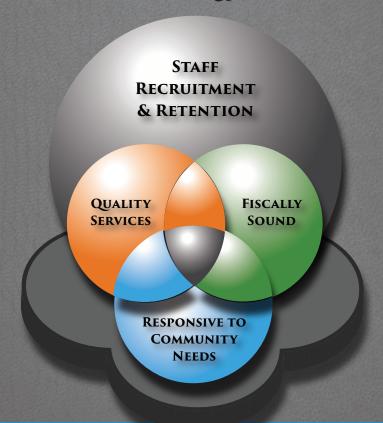
TONY WELLS
Commissioner

STRATEGIC FOCUS



Centennial's Board of Directors and Leaders Team have adopted a Strategic Planning process that continues to build on Strategic Focus Goals originally highlighted in 2016: Quality Clinical Services, Fiscally Sound, Community Responsiveness, and Staff Recruitment and Retention. These four goals are revisited in mini-retreats three times a year, where the Board and Leaders check in on progress, address challenges and create action plans. They also serve as ongoing guideposts to decision-making regarding potential new programs or, on the other hand, programs that no longer bring sufficient value to our communities or organization. In 2019, the Board and Leaders also developed our Centennial "Brand Matrix", which further fleshes out our intentions for service, values, culture, and communications, both externally in our communities and internally within our organization. Keeping our identified "Brand" and Strategic Focus goals in mind assists us in moving forward our Center's mission to achieve excellence in the provision of behavioral health services that lead to optimal health and well-being.

OPTIMAL HEALTH & WELL BEING



ADMINISTRATION



ELIZABETH L. HICKMAN, PH.D.

Executive Director



JENNIFER SPAULDING
Executive Assistant



SPENCER GREEN, M. DIV., CACIII
Deputy Director of Operations



SHERRI K. DAVIDSON, MSM
Finance Director



KASSIDY CLOUSE
Human Resource Director



PAUL FREDA, M.D.



PAM CRAIG, MA, LPC
Deputy Director of Clinical Services



KARLA ROSAS, MA, LPC Community Resource Director



TIM DAVIDSON, BSEE
IT Director

MEDICAL AND SPECIALTY SERVICES

ARLENE WEIMER, PSY. D., Psychologist BOB VADNAL, M.D., Psychiatrist ANDREW HALPERN - DO, Psychiatrist KEYNA SCHLUP - M.D., Medical Provider

PATRICIA PAYNE, M.D., Contracted Pediatric Psychiatrist LEAH BROWN, - MS, MPH, ARNP, Nurse Practitioner ASHLEY WEYCER - MS, PMHNP, Nurse Practitioner

REGIONAL OPERATIONS DIRECTORS



KRISTI GROTHE, M.ED., LMFT
South Region



PHIL MOSS, MA, LPC
Central Region



JAMI BRECHT, BA
Northeast Region

CLINICAL DIRECTORS



TAMARA MCNAY, M.ED., LPC South Region



JAMIE FARMER MA, LPC Central Region



MICHAEL HINTON, MS, LCSW

Northeast Region



CHRIS TORWIRT, MA, LPC
Crisis Services Director
Centerwide



ANNE HELLSTROM, MS.ED., LPC
Integrated Services Director



JOHN DUHAMMEL, MA, LAC, LPC Substance Use Disorder Director

CENTENNIAL AWARDS SCHOLARSHIPS



In an effort to raise awareness of career opportunities in the behavioral health field to members of our communities, Centennial Mental Health Center developed an annual scholarship program to assist these students in achieving their goals. As such, Centennial is pleased to announce the recipients in the tenth annual Future Mental Health Professional Scholarship Program.

COUNTY	RECIPIENT	AMOUNT
Morgan County	Whitney Frasco	\$2,000
Logan County	Allie Miller	\$500
Logan County	Alyssa Banister	\$500
Kit Carson County	Diedra Shutte	\$500
Yuma County	Emma Walter	\$500
Morgan County	Gabriella Beltran	\$500
Logan County	Kaitlyn Houghton	\$500
Washington County	Kate Pachner	\$500
Logan County	Makaela Hill	\$500
Cheyenne County	McKenzie Smith	\$500
Lincoln County	Mikaela Taylor	\$500
Morgan County	Shayla Honebein	\$500

Individuals eligible to apply are: traditional or non-traditional students who are graduates from high school or GED program by Summer 2019; United States citizens or legal immigrants; residents of Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington or Yuma County; and are intending to complete a minimum of a bachelor degree in a behavioral health related field (e.g. psychology, sociology, counseling etc). The winners were selected based on academic achievement, aptitude, and community service from the submitted application, transcript(s), letters of recommendation and essay.

Centennial, with administrative offices in Sterling, is an equal opportunity provider and employer that provides behavioral health services to individuals across the lifespan in Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties. Services include a variety of behavioral health service programs: trauma informed care, outpatient therapy, community support programs, crisis intervention, emergency response, substance abuse treatment, and child, adult and family counseling. Services are offered at Centennial offices in each county, as well as other community locations such as private homes, schools, jails, nursing homes and hospitals.

HOUSING HAPPENINGS



This time of the year seems to place a great demand on housing resources that are available in the communities we serve. What we find is that the need outpaces available resources, despite on-going collaboration with our community partners. Both non-emergent and emergency housing resources are sparse. For example, within the 10-county catchment area, there is one seasonal homeless shelter open from November – March, operated by a community partner. Outside of this option, Centennial housing staff can look to provide emergency shelter assistance through an approximate one week motel stay utilizing Centennial's time-limited Seasonal Assistance Fund. What we quickly learn is that sometimes with this assistance the problem does not get solved but rather it is like placing a temporary band-aid to a larger open wound that really needs further medical assistance.

The Housing Team, with the assistance of other Centennial staff, work to help the client in ending their housing crisis and reach their housing goals. Centennial has three basic categories within the Housing Department, programs that provide on-going rental assistance, programs that provide time-limited financial assistance and homeless outreach case management services through the Projects for Assistance in Transition from Homelessness (PATH) Program. Each program has specific eligibility criteria and all programs are offered to those residing in the 10-county catchment area.

Centennial's rental assistance programs include:

- Housing Choice Voucher (HCV) Program, also known as Section 8
- Housing Choice Voucher Homeownership Program
- State Housing Voucher Program for Justice Involved Persons
- Centennial's Fourth Street House, located in Sterling
- Centennial's time-limited financial assistance programs that maybe available to eligible household include:
 - Homeless Prevention Activity Program (HPAP), available year around
 - Centennial's Seasonal Assistance Fund, available October March

With the exception of the HCV Program and the PATH Program, participants must be engaged in services of some sort through Centennial. PATH provides outreach and case management services to hard to reach homeless individuals with serious and persistent mental illness. Outreach is done to identify those persons in the community who are homeless for the purpose of connecting them to community mental health and substance use disorder services.

If a person does not qualify for one Centennial's Housing program, we always make referrals or offer other suggestions to other community resources.

CENTENNIAL CONTINUUM OF CARE



Centennial serves the behavioral health continuum of care needs in Cheyenne, Elbert, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties.

• SCREENING
• EARLY
IDENTIFICATION
• PROVIDING
BRIEF
INTERVENTION

- UNIVERSAL
- SELECTIVE
- INDICATED

• ENHANCING HEALTH
•PROMOTING OPTIMUM
HEALTH & WELL-BEING

-PROMOTION

CENTENNIAL CONTINUUM OF CARE



OUTPATIENT TREATMENT
INTERVENING THROUGH:

- THERAPY/COUNSELING
 - MEDICATION
- SUPPORTIVE SERVICES TO ELIMINATE SYMPTOMS AND INCREASE WELL-BEING

• CRISIS
RESPONSE
24 HOURS/DAY
7 DAYS/WEEK
• CRISIS
RESIDENTIAL
RESPITE

• REMOVING BARRIERS AND PROVIDING SUPPORTS TO AID THE LONG-TERM RECOVERY PROCESS

SCHOOL-BASED MENTAL HEALTH PROGRAM



In the fall of 2019, the Office of Behavioral Health launched a new model for the role of the School-Based Mental Health Specialist (SBMHS) Program. In her new role as the SBMHS, Kara Moulton, BA, CPS II will focus her efforts on tiers 2 and 3 of the model. Kris Schell, MSW, who recently joined the Community Resource Department part-time as an SBMHS, will focus her efforts on tier 1. The School-Based Mental Health Specialist program is expected to roll out the School Mental Health Toolkit to all 36 school districts in Centennial's 10 county catchment by December 2020.

The following is a brief outline of the interventions and workflow for the School-Based Mental Health Specialist (SBMHS) program. Effective July 1, 2019, all SBMHS's will be expected to incorporate the below information into the workflow and contracts both with the Office of Behavioral Health and local school districts in order to meet the needs of Colorado's children.

Tier 1: Colorado School Mental Health Too

- Developed by Mental Health Colorado
- Designed to serve as a guide for community members, schools, local leaders, and districts through 10 best practices, strategies, funding, and sustaining mental health services in schools.
- SBMHS's will facilitate the education and use of the toolkit in communities that express a need and interest in mental health services.

Tier 2: Evidence Based Practice

- The SBMHS will identify schools seeking additional support in a particular area.
- Utilizing the Colorado Mental Health Toolkit, the SBMHS will work with the school to identify the most appropriate interventions to meet the needs of the school.
- The SBMHS will provide training and technical assistance with the goal of full implementation of the identified interventions from the toolkit.

Sources Of Strength EBP/Intervention School Mental Health Toolkit

Tier 3: Sources of Strength Training and Technical

- Based on need, the SBMHS shall provide direct guidance to schools through implementing Sources of Strength to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults.
- SBMHS's will identify schools who are seeking intensive training and technical assistance regarding cultural and procedural change in order to increase the school's nurturing environment, increase school safety, and increase academic achievement.
- The SBMHS shall participate in all training offered through OBH to obtain knowledge and skills necessary to provide training, support, and consultation on Sources of Strength.
- Specialists must provide TA to the school(s) at least one time per week for one school year.

EARLY CHILDHOOD MHS & V SCHOOL-BASED TELEHEALTH



EARLY CHILDHOOD MENTAL HEALTH SPECIALISTS

The primary role of the Early Childhood Mental Health Specialist (ECMHS) is to provide a consultative and training model to families, early care and education providers; outreach and cross-systems program development and implementation. The ECMHS promotes children's social and emotional development when consulting with providers, and training is developed for caregivers of children, including: parents, foster parents, home child care providers, infant/toddler/preschool teachers, childcare center providers, Head Start and home visitation programs. The ECMHS is trained to observe children in classroom settings, childcare facilities, homes and other community settings, providing consultation and support in the creation of optimal developmental environments. The team of four ECMHS's serves as an in-house expert on Child Development and Mental Health, providing leadership, training and consultation to Centennial's clinicians.

Centennial's Early Childhood Mental Health team provided services to settings in the past year.

43

SCHOOL-BASED TELEHEALTH COUNSELING

As stated prior, another effort to increase access and catch behavioral health issues sooner has been the development of a model for telehealth delivery of counseling in schools, which we expect to soon pilot in the Akron schools system. The School-Based Telehealth Counseling Program partners with rural school districts throughout our region to expand access to behavioral health counseling services to students and their families. Our vision is to provide quality, comprehensive behavioral health care to the youth in our community while reducing the barriers experienced by families in rural areas due to work schedules, transportation and other factors that limit their ability to meet in our community-based offices.

Program Goals

- Enhance student learning and emotional well-being.
- Improve access to care and additional behavioral health resources/services.
- Decrease stigma for youth and families engaging in behavioral health services.
- Collaboration with the school community to build support around each student's needs. Treatment can include a combination of: Individual therapy, Group therapy, Family therapy and access to additional Centennial services.

OFFICE LOCATIONS



ADMINISTRATION

211 W Main St Sterling, CO 80751 Phone: 970.522.4549 Fax: 970.522.9544

AKRON

871 E 1st St Akron, CO 80720 Phone: 970.345.2254 Fax: 970.345.2744

BURLINGTON

1291 Circle Dr Burlington, CO 80807 Phone: 719.346.8183 Fax: 719.346.0292

CHEYENNE WELLS

80 E 1st St N Cheyenne Wells, CO 80810 Phone: 719.346.8183 Fax: 719.346.0292

ELIZABETH

650 E Walnut St Elizabeth, CO 80107 Phone: 303-646-4519 Fax: 303-646-4451

FORT MORGAN

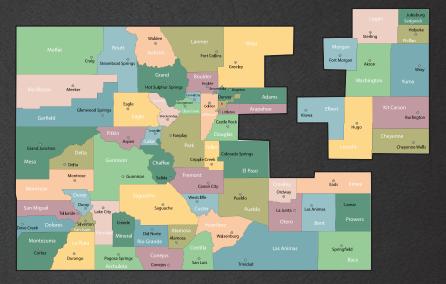
821 E Railroad Ave Fort Morgan, CO 80701 Phone: 970.867.4942 Fax: 970.867.2695

HOLYOKE

115 N Campbell St Holyoke, CO 80734 Phone: 970.854.2114 Fax: 970.854.4584

JOURNEY POINT

1112 N 4th Street Sterling, CO 80751 Phone: 970.425.7201 Fax: 970.425.7204



IULESBURG

118 W 3rd St Julesburg, CO 80737 Phone: 970.474.3769 Fax: 970.474.2099

LIMON

606 Main St Limon, CO 80828 Phone: 719.775.2313 Fax: 719.775.2315

STERLING

211 W Main St Sterling, CO 80751 Phone: 970.522.4392 Fax: 970.522.2217

WRAY

365 W 2nd St Wray, CO 80758 Phone: 970.332.3133 Fax: 970.332.3134

YUMA

215 S Ash St Yuma, CO 80759 Phone: 970.848.5412 Fax: 970.848.2414

"Our mission is to achieve excellence in the provision of behavioral health services that lead to optimal health and well being"

Centennial Mental Health Center is an equal opportunity provider and employer