



2017
ANNUAL
REPORT

**A
LIFE
WORTH
LIVING**

Dert Nash



IT IS **AN HONOR** TO SERVE THE RESIDENTS OF DOUGLAS COUNTY.

PATRICK SCHMITZ, who became Bert Nash CEO in June 2017, has been impressed with the community's level of support for mental health services.



A LIFE WORTH LIVING

AS I APPROACH MY ONE-YEAR ANNIVERSARY AS CEO, I am more honored than ever to work alongside the dedicated and talented Bert Nash Center staff.

From my first day on the job in June, my focus has been to help continue the Center's legacy and reputation of providing high-quality, effective services to the citizens of Douglas County.

I am grateful for the highly dedicated, talented and professional team members we have at the Center. From the Executive Team and team leaders all the way through, we have a staff that is committed to responding to needs, restoring lives and building a healthy community, and that demonstrates on a daily basis our core values of compassion, integrity and equity, on a foundation of hope.

Following in the footsteps of those who helped make the Center what it is today, we have an outstanding team that is working together through our shared talents, ideas and abilities to take Bert Nash forward to meet the changing demands of the healthcare industry in the coming year.

We're very lucky – and grateful – to have such a tremendous group of community-minded people serving on our governing and endowment boards as well as our investment committee. We are also fortunate to have some outstanding community partners that we get

to work with on a daily basis, like Lawrence Memorial Hospital, DCCCA, Lawrence-Douglas County Housing Authority, Heartland Community Health Center, Douglas County, the city of Lawrence and Lawrence Public Schools. We are working together to create a campus of recovery and deliver a message of hope to the residents of Douglas County. I am constantly impressed by the kind of support we have for mental health service in our community.

Bert Nash has a great reputation, but we can't rest on our laurels. We will continue to look at how we can improve services and how we can make those services available to more people. We're trying to look outside the box. We need to have a willingness to look at everything we do. And ask if we are doing everything we can to improve the quality of life for Douglas County residents, to help them have a life worth living.

I've said it before, and it is proven to me time and time again, we have the team at the Bert Nash Center that is going to continue to meet the needs of the community and impact people's lives in a variety of ways that contribute to good health.

I know I speak for the entire Bert Nash staff – it is an honor to serve the residents of Douglas County.

JULIA GAUGHAN HAD A PLAN. A PLAN FOR HOW SHE WOULD DIE.

IT WAS DECEMBER 2015. She planned to drive her car off the road on her way to work in Topeka in an apparent accident. She would wait until after the holidays so she could spend the time with her husband, Mike, and son, Kiernan, who was 7 at the time.

But on Dec. 21, the day before her birthday, Julia, who was a practicing attorney at the time, attended a baby shower for a coworker. She was an emotional wreck. Her heart was breaking because she didn't want to leave Mike and Kiernan — they mean everything to her. But she couldn't live with the mental pain. It was all too much.

She didn't want to leave, but she didn't know how to stay.

In the midst of all that inner turmoil, she summoned the strength to reach out to a friend. She



asked the friend if she could pick her up and take her to Lawrence Memorial Hospital. She called Mike, who is a Douglas County Commissioner, and asked him to meet her there. Eventually, Julia was admitted to Stormont Vail, an inpatient behavioral health center in Topeka, where she stayed for several days.

Upon her release, Julia began receiving services for anxiety, depression and suicidal ideation at the Bert Nash Community Mental Health Center. That put her on the path to recovery. A path she is still on.

"I still get sad sometimes, but I am so thankful to be alive," she said.

Life wasn't easy for Julia growing up, though outwardly she hid what she was feeling. Throughout her school years, she earned good grades and high test scores, starred in plays and served as student council president. But thoughts about dying and the specific ways she would die were a preoccupation.

"Since I was 12, I had regularly — and at times, unceasingly — planned my death," Julia said.

"You feel so isolated, but once you start sharing it, it normalizes an experience you think is really abnormal."

Afraid what other people would think if she confided in them, she hid her feelings about death. Outwardly, she projected a positive outlook. She tried not to think about dying. She would even pray about it.

"I grew up in a very religious home and I was certain I would go to hell if I killed myself," Julia said. "I felt like an outcast. I figured out early on that if I said these things out loud, people would think something was wrong with me. And I was determined to not let anyone think something was wrong with me."

She went to law school. She figured if she accomplished the next thing on her goal list, she would no longer think about dying. But the thoughts persisted. Eventually, she did seek help from a therapist for anxiety. But she couldn't open up about her feelings of wanting to die.

That is, until Dec. 21, 2015, when she reached out for help. That was the first time Julia talked to someone about the frequency and intensity of her thoughts about death.

"You feel so isolated, but once you start sharing it, it normalizes an experience you think is really abnormal," she said. "That was one of the good things about group therapy, sharing your story in a safe place. A lot of what I've worked on has to do with accepting myself, forgiving myself, learning to sit still and feel instead of doing everything possible to avoid feeling. And to understand that thoughts can just be thoughts."

Julia hasn't returned to practicing law. She volunteers for community groups and she works at The Willow Domestic Violence Center. She has also started

blogging, where she has written openly about her clinical depression and anxiety disorder. She is grateful for all of the support she has received.

"Mike has been incredible," Julia said of her husband. "I've had a lot of layers of support, between family and friends."

It hasn't been easy. There are still bad days. But there are more good days than bad. And she is grateful to be alive.

"I am still working on owning my full story," Julia said. "Not every day is good. But more days feel like a place that I don't even remember knowing. A place where I'm all there. A place where I show up. Whole."

IN ONE DAY **HENRY**
AND TASHA WERTIN
WENT FROM HAVING
NO CHILDREN TO
BEING PARENTS OF
A 4-YEAR-OLD.



“OUR NORM IS SO NOT THE NORM, BUT IT’S
OUR NORM. EVERYTHING IS ABOUT FAMILY.
THAT’S THE CULTURE WE HAVE.”

AND AS MUCH AS THEY WANTED to be parents, it wasn't an easy adjustment.

"It was hard to become an instant family," Tasha said.

That was in 2005. The 4-year-old is now 16. Since then, the Wertins have adopted six more children.

"We always wanted a big family," Tasha said.

As much as Henry and Tasha love their children, each one came into the family with emotional issues. The Wertins knew they needed help in how to deal with the kids' issues, but they didn't know where to turn. A friend told them about the Bert Nash Center.

"It was a really big moment for us, to have somebody say it's OK," Tasha said. "We had been treading water for years. We were at the end of our rope. I remember coming home after that intake and I just cried, because somebody finally got us. Somebody finally told us we weren't the crazy ones, that we weren't doing anything wrong."

"That was the really cool thing about Bert Nash, they took the blame off of us. They let us know it was going to be OK," Henry said. "It was a relief that

someone finally understood what was going on in our life."

Henry and Tasha tried for years unsuccessfully to get pregnant. A friend who is a social worker asked if they had ever thought about adopting an older child. That was their first. They became a foster-to-adopt home, licensed by the state of Kansas. They now have four boys and three girls, ranging in age from 16 to 1.

"The kids have always been welcoming when another child comes into the household," Tasha said.

"Anytime we get a phone call about a situation that we think may be a fit for our family, we have a family meeting to discuss the situation, and then we vote on who's in favor of saving this baby. Nobody has ever voted against taking in another child," Henry said. "Our norm is so not the norm, but it's our norm. Everything is about family. That's the culture we have."

There can be different fostering arrangements. Some are short term; some are long term. For the Wertins, they foster to adopt. If there is no possibility of reintegration, they want these kids to become a

permanent part of their family. They have had only one child go back to her biological parent while they were fostering. A 5-month-old girl.

"That's our goal, to get them back with their family," Henry said. "If that is not an option, then we look at adoption. Our personal goal is to save as many children as we can."

"We don't know if we will keep them or they will be reintegrated with their biological family, but we will give them as much love as possible until what happens happens," Tasha said. "Our kids have really big hearts. They know we want to save as many kids as possible."

Each of the children the Wertins have adopted has some type of attachment issue. They all have come out of traumatic situations. Two of the children have reactive attachment disorder (RAD) and oppositional defiant disorder (ODD). RAD is caused by lack of attachment at an early age and can make it difficult to form loving relationships with others.

"Some people say that anybody who goes through an adoption has a form of RAD, because of the

attachment being severed somewhere," Tasha said. "This is not a diagnosis you can fix. You can work to make things better, but you can't make it go away."

"They're programmed to sabotage," Henry said. "They sabotage what to us is comfortable; they're used to people giving up on them."

That's why the services the Wertins received at Bert Nash were so life altering. It gave them the tools they needed.

"We thought we were the problem. It was hard to see other kids flourish and wonder what are we doing that's so wrong. But once we got the diagnosis, we were like, oh, this explains a lot," Henry said. "The people at Bert Nash were phenomenal. They were friendly, they were compassionate, they were kind, they were understanding. All of the awesome adjectives you could think of."



“THAT WAS THE REALLY COOL THING ABOUT BERT NASH, THEY WERE SO OPEN ARMS. THEY LET US KNOW IT WAS GOING TO BE OK.”

AN ABSOLUTE JOY TO SEE THE CENTER GROW.



ALICE ANN JOHNSTON AND HER YOUNG FAMILY were fairly new to Lawrence when a friend asked her if she would be interested in serving on the board at the Bert Nash Center.

"We had moved here in 1983," Johnston said. "I hadn't even heard of Bert Nash before."

But she said yes to the invitation to join the board anyway.

"I knew that it was something important and that it would be something that I would enjoy being involved in," Johnston said.

She joined the Bert Nash Governing Board in 1986. At that time, the Center was located on the second floor in the west wing of the old Lawrence Memorial Hospital, which was later torn down.

Over the next 30 years, Alice Ann spent much of that time as a volunteer board member at the Center. She went from knowing nothing about Bert Nash

when she first joined the board to being recognized for her institutional memory of the Center. She was honored as board emerita in 1994.

"It has been an absolute joy to see the Center grow," Johnston said.

Beth Ankerholz, the Bert Nash IT director, who has worked at Bert Nash for 29 years, has known Johnston her entire time she has been at the Center.

"On my third day of work when I started in 1989 as Sandra Shaw's executive assistant, we had a governing board meeting at the newly opened Community Support Services building on Vermont Street. All of the board members impressed me with their knowledge of and commitment to the Bert Nash Center. But Johnston has always had a special place in my heart," Ankerholz said. "She has a great sense of humor and I'm greeted with a warm hug at every event. It's simply amazing that her commitment

"Back in those days, we had our meetings in the evening and when I would leave the house to go to a meeting, my twin boys would say, 'Well, tell Bert hello for us.'"



and hard work is as strong today as it was the day I met her."

Johnston served on the Governing Board from 1986-1992 and was the chair in 1988. In 1999, she joined the Bert Nash Endowment Board and served until 2017. She was chair of the Endowment Board from 2007-2010.

"We didn't even have an Endowment Board when I started," Johnston said. "Up to that point, we had been dependent on grants. But Sandra Shaw (who was CEO at the time) knew if we just depended on grants we would be subject to the whims of the government and it would be hard to maintain the consistency of our programming, and she felt like we needed an endowment."

An endowment for the Bert Nash Center was established in 1986 and the Endowment Board was formed in 1991. Johnston and Shaw, who joined Bert Nash in 1971 as director of Child and Family Services, became friends and served together many years. In 1979, Shaw was appointed as interim executive director at Bert Nash and then CEO, a position she held until her retirement in 2001.

"She was a good friend," Johnston said. "Back in those days, we had our meetings in the evening and when I would leave the house to go to a meeting, my twin boys would say, 'Well, tell Bert hello for us.' And, I'd say I'll do it. Sandra would get tickled when I would tell her that."

Even though she went off the Endowment Board in 2017, Johnston is an emeritus member of the board.

"David (Johnson, former Bert Nash CEO) used to say I couldn't resign from the board because I was the history of Bert Nash," Johnston said.

During her decades-long involvement with the Center, Johnston witnessed a lot of positive changes at Bert Nash as well as how the community treats mental health.

"I feel like I was there during a time when Bert Nash started to become a really viable institution in Douglas County," Johnston said. "There used to be a stigma about going to Bert Nash. We've made a lot of progress in that regard. We've become the choice for mental health services in Douglas County and the community. The name Bert Nash is very well respected, not just in this community but across the state."



“IT WAS HARD FOR THEM TO HEAR THAT I WAS TRANS. MY PARENTS THOUGHT THIS WAS JUST A PHASE.”

DBT WAS A TURNING POINT.

IN THE SUMMER OF 2016, Vincent Weston was struggling with psychotic symptoms and self-harm and knew he needed help, but didn't know where to turn. He finally decided to talk to his parents.

“They sent me to every doctor they could find, basically,” Vincent said. “Finally, someone I saw recommended the DBT (dialectical behavior therapy) program at Bert Nash, so I went there.”

That was a turning point.

Vincent did both individual and group therapy at Bert Nash. He loved his therapist, Juliet Nelson, the DBT team leader. He was resistant to group therapy, though. At least, at first. But over time, he grew to like group therapy.

“I hated group; I felt like if I said something everyone would pounce on me. Part of me was like I don't need to be here. But, honestly, it was really helpful for me to do group,” Vincent said. “I still use the skills I learned there. They are skills that I think anybody could use.”

Vincent is transgender. He is transitioning from female to male. Bert Nash, which started a transgender group in 2017, gave him tools that helped him navigate the changes he was going through. Therapy also helped his parents deal with Vincent's changes. They attended DBT sessions as a family, which wasn't always easy or comfortable, but it was helpful for Vincent and his parents.

“Working with my parents was stressful at times,” Vincent said. “But it was what we needed. They said the interpersonal skills they learned also helped them in their marriage.”

That's exactly how DBT for families is supposed to work, said therapist Nelson.

“One thing we tell parents is don't just use this in response to your child,” Nelson said. “Use this for yourself, too. This is for everyone. It's not just about focusing on the kid. Working on wise mind really helped the whole family.”

Vincent is an only child. So his transition from female to male wasn't easy for his parents to accept at first, because they were losing a daughter. But gaining a son.

“It was hard for them to hear that I was trans,” Vincent said. “My parents thought this was just a phase. They were hesitant when I wanted to start hormone treatments. That was hard for me to hear, because I had been living with this for a while and I was finally comfortable enough with myself to say this is what I need to do to be happier. But they went with me when I started the hormone treatments and they also got a chance to meet Killian (Derusha, who leads the Bert Nash transgender group) and they thought he was great.”

Transitioning has been a process for Vincent, who first began thinking about gender identity when he was 14. He's 19 now.

“I had been identifying as non-binary (someone who doesn't identify as male or female) for a long time,” he said. “It was last summer that I started feeling a lot more masculine. I was uncomfortable in presenting in a feminine way. I still liked feminine things. I liked doing makeup and wearing fun clothes. I thought since I liked those things that presenting as a boy would be weird. But it's something I decided I needed to do to be happier.”

The transition has been an adjustment for his parents.

“In middle school, I learned that Vince was a lesbian through other sources. This was a little overwhelming for Vince finding out that I knew, but I also wanted him to know that he was accepted as gay. In early high school, I learned that he was gender fluid. Again, I let him know that this was accepted,” Vincent's mom, Julia, said. “It was in counseling with Juliet that we learned he wanted to transition. This is where I had some difficulties with this new change. With DBT skills and some counseling

of my own, I made the adjustment and talked with him about changing names to something more mature and finding resources to move forward. He chose Vincent. I am so incredibly proud of Vince. He developed into an amazing young man, strong and solid since we began all this two years ago.”

Bert Nash therapist Nelson is proud of Vincent as well as his parents.

“Trans teens or individuals are at a really high risk of suicide, because they feel like they can't tell anyone about this, and living with it is a lot of pressure. Stigma is such a terrible thing,” Nelson said. “Vincent's investment in his own therapy and his own relationships is just a testament to the strength of this kid. He has been entirely patient throughout other people's process as they had to get educated.”

And now the person who resisted group therapy at first has been asked to return as a leader.

“They asked me to come back and be like a peer,” Vincent said. “I told the people in group that what they will learn is actually relevant, so listen to them. You'll be glad you did.”

He knows what he's talking about.





“People around you have a hard time understanding why you can’t just snap out of it.”



GETTING HELP IS A WAY TO LIVE UP TO YOUR FULL POTENTIAL.

RACHEL MONGER MET DAVID JOHNSON, former Bert Nash CEO, several years ago at an advocacy fellowship program they both participated in through the Sunflower Foundation.

She went up to him afterward and told him that Bert Nash was there for her when she needed it, and if there was anything she could do for the Center, to let her know.

“Never one to waste an opportunity, not long after that he asked if I would be on the Endowment Board,” Monger said.

Monger has served on the Bert Nash Endowment Board ever since.

Her relationship with the Center began years earlier, when she was a law student at the University of Kansas.

“I think it was my first year in law school and I needed some services,” Monger said. “I had a history of depression. I wasn’t quite sure where to go, so I looked on the Internet and there was Bert Nash. I saw you could just walk in and get the help you needed, so that’s what brought me in.”

Monger knew all about how debilitating depression can be.

“Depression makes it hard to see the world, the future; it’s just darkness,” she said. “Every small thing becomes a big thing. When you are depressed, even the idea of trying to get help feels so overwhelming. People around you have a hard time understanding why you can’t just snap out of it.”

Monger had struggled with depression since junior high. Things really exacerbated when she was in law school.

“I wasn’t a stranger to depression, and law school is a lot of pressure,” Monger said. “I had all these plans for my life, but I knew I wasn’t going to get there unless I took responsibility for my mental health.”

Monger grew up in rural Missouri. She received her undergraduate degree from Bard College in Massachusetts. Mental health was not something that was discussed in her family.

“Depression and bipolar disorder run in my family, as well as alcohol and drug addiction that often come with self-medicating those illnesses, but that’s something we never discussed as a family,” she said. “When I was in junior high, things at home were tough. Things at school were tough. I was getting more and more depressed. There was no one there to see what was going on, which is why I think WRAP (the Bert Nash program that places a therapist in the schools) is such an important program. Because I think if there had been something like that in my school I wouldn’t have ended up where I did.”

Monger ended up in a children’s psychiatric hospital, where she spent part of the summer before her freshman year in high school trying to get stabilized.

“That was really the beginning of my journey, because I was finally able to get help and the support I needed,” Monger said.

Her journey to mental health continued when she received individual therapy services at the Bert Nash Center.

“My therapist helped me through some tough times,” Monger said. “I loved her. She gave me a lot of emotional support.”

Monger spent six years as a private-practice attorney in Lawrence. Now she is vice president of government affairs for Leading Age Kansas, an association of nearly 160 not-for-profit aging services providers. She learned self-care and boundaries through therapy. But, also, self-compassion.

“I would put so much pressure on myself. Why am I not tougher? Why can’t I do what I need to do?” Monger said. “We give so much support and compassion to the people we love, and even to strangers in need. But we rarely extend that same kindness to ourselves when we are hurting or when we make a mistake. Self-compassion is an incredible cushion for the loss, frustration and failure that inevitably come our way. It’s a skill I am very grateful to have learned.”

She also encourages others who are struggling, like she did, to get the help they need.

“The stigma that surrounds mental illness stops so many people from getting help,” she said. “So many people don’t get that help, so they don’t become the person they want to become. Getting help is a way to live up to your full potential.”

BERT NASH BY THE NUMBERS (FOR JAN. 1-DEC. 31, 2017)

OPERATING REVENUES

\$12,595,864



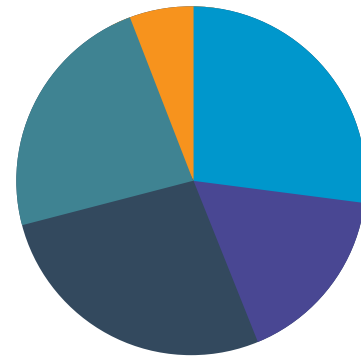
- 48%** FEES FOR SERVICE
- 20%** COUNTY FUNDS
- 10%** STATE FUNDS
- 8%** GRANTS
- 6%** OTHER
- 5%** CONTRACTS
- 3%** FUNDRAISING

\$7,277,242

Cost of uncompensated services (write-offs for sliding-fee scale and insurance write-offs) Bert Nash provided in 2017.

RESPONDING TO NEEDS

- 27%** 18 & under
- 17%** 19-25 years old
- 27%** 26-40 years old
- 21%** 41-59 years old
- 8%** 60 and over



4,623 People Served

3,220 ADULTS | 1,403 CHILDREN

RESTORING LIVES

1,824 New admissions in 2017.

FEMALE 51% | MALE 49%

We see clients of all ages, ethnicity and income levels.

BUILDING A HEALTHY COMMUNITY

- 149** people were trained in Mental Health First Aid.
- 259** people attended one of 20 Discover Bert Nash presentations provided to the community.

BERT NASH LEADERSHIP

GOVERNING BOARD

BACK ROW FROM LEFT:
Lucia Orth, Gene Bauer, Patrick Schmitz, Brad Burnside (chair), Steve Glass, Matt Brown, Reed Dillon and Ken McGovern.

FRONT ROW FROM LEFT:
Elizabeth Sheils, Jane Fevurly, Barbara Ballard and Cindy Maude.

NOT PICTURED:
Kathy Brown and Don Grosdidier.



ENDOWMENT BOARD

BACK ROW FROM LEFT:
Greg DiVilbiss, Kelly Welch, Patrick Schmitz, Brad Burnside, Gary Sollars, Michael McGrew and John Hampton.

FRONT ROW FROM LEFT:
Sheryl Jacobs, Karen Cochran, Judy Wright (chair), Linda Robinson, Rachel Monger, Beverly Billings and Jerree Catlin.

NOT PICTURED:
LaRisa Chambers.



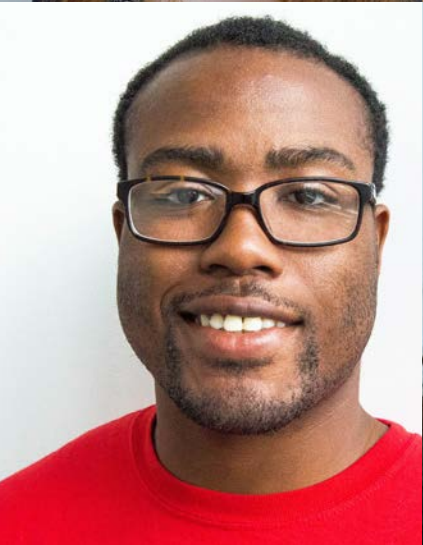
WE ARE SO GRATEFUL for our loyal supporters, including board members and donors, for everything they did for Bert Nash and the health of our community in 2017.



FACES



OF



BERT NASH

THE MISSION OF THE BERT NASH CENTER IS
TO ADVANCE THE MENTAL HEALTH OF THE
DOUGLAS COUNTY COMMUNITY THROUGH
COMPREHENSIVE BEHAVIORAL HEALTH
SERVICES RESPONSIVE TO EVOLVING NEEDS
AND CHANGING ENVIRONMENTS.



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