Well-written novels have a clear beginning, middle and end.

There is continuity among the thoughts, the chapters, the message the author intends to impart.

In much the same way, we hope this annual report conveys the continuity of Pikes Peak Behavioral Health Group – the continuity of its mission, its services, and the experiences of those we serve.

What began 135 years ago as a group that provided food, clothing and coal to destitute families in this region is now an integrated system of care to meet the mental, physical, educational and occupational needs of some 21,000 individuals per year.

Today, we work to achieve greater synergy within, while forging new community partnerships to simplify access, enhance recovery, and empower men, women and children to achieve their highest levels of living.

“A Novel Approach to Wellness” shares this year’s advances toward our strategic goals. All are essential to our mission.

But, more importantly within these pages, we present the stories of real lives transformed.

We hope you enjoy the read.
OUR VISION

We envision a mentally-healthy community in which the worth and dignity of every person is promoted and encouraged.

OUR MISSION

We provide behavioral healthcare solutions for people and communities in need.
A Novel Approach to Wellness
For the past decade, there has been a growing movement in the mental health field toward healing and recovery beyond the brain. Health care providers understand with greater clarity that our emotional, physical and mental well-being are much more intricately connected than previously thought. And that healing and health in these matters requires a holistic and collaborative approach.

Pikes Peak Behavioral Health Group is on the cutting edge of this recovery model. We understand that, for people to start on the path of recovery, we must first help them find purpose, find a home, find a job, find community.

And, we cannot do it alone. With this in mind, we have spent the last year strengthening our current collaborations and building new partnerships in the community.

We organized a collaborative to help faith leaders recognize signs and symptoms of combat stress disorders and inform them of available community resources where the members of their congregations can seek help.

We hosted a suicide prevention forum to address Colorado Springs’ alarmingly high suicide rate. The forum served as a launching pad for a new suicide prevention hot line and community efforts aimed at curbing this devastating community health problem.

We are embarking on a neighborhood stabilization project to buy foreclosed properties, put veterans to work and sell the renovated homes at an affordable cost to returning soldiers.

We sent a delegation of staff, a board member, advocates and clients to Washington, D.C., to advocate on behalf of mental health reform, putting names and faces to the issues our clients face and furthering our efforts at dismantling the stigmas associated with mental illness.

We spearheaded efforts at creating a pilot trauma court to take into consideration the unique issues soldiers face when reintegrating back into civilian life.

We launched our innovative Peer Navigator model in which we offer veterans and their families an individual – a fellow veteran – who helps them navigate the often overwhelming challenges of day-to-day life and the numerous, complex systems available to support them.

But, there is still work to be done. This will require great effort not only from Pikes Peak Behavioral Health Group employees and consumers, not only from board members and dedicated volunteers, but also from everyone in our fine community.
Just a few months ago, clients walking into our adult mental health services facility were greeted by a pleasant but uniformed guard. Now, that security representative wears civilian attire. This simple act changed the aura and the first impression many have after walking through the front doors. It is adjustments like this that affect our brand. A brand is not simply a name; it is who we are and, more importantly, how we are perceived by others.

“A brand is a person’s gut feeling about a product, service or company… because we are all emotional, intuitive beings, despite our best efforts to be rational… because in the end the brand is defined by individuals, not by companies, markets, or the so-called general public,” says Marty Neumeier in The Brand Gap. “Each person creates his or her own version of it. When enough individuals arrive at the same gut feeling,
a company can be said to have a brand. In other words, a brand is not what you say it is. It’s what they say it is.”

And what are people saying?

In 2008, 300 people were surveyed to gauge knowledge of Pikes Peak Behavioral Health Group and its subsidiaries. An alarming 75 percent had no idea our organizations were connected: Aspen Diversified Industries (ADI), Connect Care, Pikes Peak Mental Health, Lighthouse, Workout Limited and Pikes Peak Behavioral Health Group. Of the 74 people who thought there might be a connection, 43 percent did not know what the connection was and another 42 percent could only connect the two groups with “Pikes Peak” in the title.

Other results suggest the community has little or no understanding of the myriad services provided by Pikes Peak Behavioral Health Group other than direct clinical mental health services.

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Virtual Lobby

As we move toward a more integrated approach to wellness and purpose, it is essential that no matter what door our clients enter, they have access to all of our services. For many, that first door is a virtual door. With this in mind, we consolidated seven Web sites into one seamless site that walks users through our many services. In addition to presenting these services with a unified “voice,” the site serves as a “one-stop shop” for wellness news and events, programs and resources.

It is our intent through branding, not to merely change a name or create a logo, but to transform our clients’ experiences. Our lobby must be a “one-stop shop.” A “Wellness Committee” has worked diligently to map our services in a way that creates the most access for our clients and constituents.
Justin sensed something was wrong as his unit headed to Baghdad, Iraq, to pick up supplies on Jan. 18, 2006, and the nearest civilians were about 200 yards from the road.

The 24-year-old from Puerto Rico grew more alarmed as cars started to clear the road before being given the order to do so. He was sure something was awry when a lone 8-year-old boy holding a cell phone on the side of the road waved to the troops as they passed.

What Justin didn’t know was that, within seconds, his life would change forever: A roadside bomb killed two of his fellow soldiers and knocked him...
unconscious for hours. He woke with a traumatic brain injury (TBI) – what experts are calling the “signature wound” of the war in Iraq.

Justin struggles to remember details and has trouble focusing on multiple tasks. He’s always on guard. Something as simple as a car backfiring sends him into a dizzying flashback.

An estimated 150,000 U.S. veterans have been diagnosed with TBI, according to a report released by the Congressional Brain Injury Task Force.

“It’s really hard,” Justin said. “We got all these programs and people that want to help the troops out, but we need help finding the programs.”

That’s where Rich Lindsey and our Peer Navigator program come in. Lindsey is a retired Air Force chief master sergeant who now spends his days helping people like Justin transition back into civilian life and get the mental health treatment they need.

Peer Navigators simplify civilian systems for former military personnel. They are a “friendly face” who guide veterans and their families down meaningful pathways to improve their lives.

For Justin, that means navigating through culinary school applications, connecting with local supply companies for employment, and continuing therapy for the brain injury and post-traumatic stress disorder he developed in Iraq.

This model of recovery, one designed to connect consumers to whatever they need to reach their full potential, is a model we intend to replicate throughout our systems of care.

It is no longer enough to treat the identifiable symptoms an individual is experiencing. Rather, we must address each individual’s recovery as a whole. If one suffers from depression, he or she may also struggle to find a job or achieve education goals. If one struggles to find a job, he or she may also struggle to keep a home. It is through this lens that our employees now view every client who walks through the door – any door.

With Lindsey’s help, Justin hopes to find permanent work and enroll in a culinary school to pursue his dream of being a chef specializing in international foods.

“I wanted to make my dad proud of me,” Justin said. “He is proud, but sad that I have to live with this brain injury the rest of my life. They notice I am different now. I notice I am different.”
Teenage boy Matthew Bennett “had it all,” but sometimes that is not enough. The popular and intelligent teenager had good looks, a loving family and success at school. Yet, in 2002, he took his life. “Silence allows suicide to continue,” said Jane Bennett, Matthew’s mother and an advocate for suicide prevention efforts in schools and elsewhere. More than 300 people gathered in Colorado Springs in May to break that silence. The community forum, sponsored by Pikes Peak Behavioral Health Group and the Pikes Peak Suicide Prevention Partnership, has become the...
launch pad for enhanced suicide prevention efforts in El Paso County using an innovative suicide model as the framework for discussion.

Florida State University Professor Thomas Joiner, Ph.D., a leading suicide expert, says a perfect storm of three components must collide for people to develop the capacity for suicide: burdensomeness, lack of belonging and a developed fearlessness of pain and death.

“When people get used to dangerous things, that’s when the groundwork for catastrophe gets laid,” Joiner said. He authored the book “Why People Die by Suicide,” and his research is being used across the country and by military psychologists to develop new prevention efforts.

The event coincided with the release of a statistical analysis of El Paso County suicide rates and risk factors authored by Pikes Peak Behavioral Health Group Research Director Dale Terry, Ph.D., and Annette Fryman, Senior Advisor to the CEO.

Terry’s research shows that El Paso County’s suicide rate during much of the last decade closely mirrors the state of Colorado’s, which is more than 50 percent higher than the national average. A focus of the forum was veterans, who comprise an estimated 18 percent of the county’s population but account for one-third of its suicides.

Veterans are a high-risk group because the very nature of their work desensitizes them to pain, lethality and death, experts say. Their sense of belonging is shaken when returning from war zones, and they often feel burdensome if they return with physical or mental illness.

“You can see the pain they are in,” said Peter Gutierrez, Ph.D., lead psychologist with the Denver Veterans Administration. “These are folks who were fighting for our country; they believed in what they were doing. When they return, there is this sense that they are not connected the way that they used to be.”

Outreach efforts like this forum have become a leading priority for Pikes Peak Behavioral Health Group. In addition to sponsoring this forum with the Suicide Prevention Partnership, we hosted a faith collaborative aimed at engaging faith leaders in identifying combat stress disorders; spearheaded the creation of a pilot trauma court to address the unique needs of soldiers who have committed crimes; and continued to work with, and provide funding to, the community detox collaborative to ensure detox services remain available in Colorado Springs.

Fort Carson’s Maj. Gen. Mark Graham and his wife, Carol, lost one son to suicide and another to the war in Iraq. Several years later, Graham said, he still wakes up hoping it is all a bad dream.

The Grahams were honored at the forum for bringing mental illness to the forefront of care for soldiers. A new suicide crisis line was dedicated in memory of their sons. Graham said his son’s suicide, which came after he stopped taking prescribed medications, has been incredibly difficult from the beginning.

“Our sons died fighting different battles,” Graham said. “If we can prevent one person, just one person, from dying by suicide, then it’s all been worth it.”
2008 – 09 COMMUNITY RELEVANCE ACCOMPLISHMENTS

- Hosted and sponsored a community forum addressing suicide and authored a white paper analyzing local, state and national statistics.
- Sponsored the Fourth Annual Methamphetamine Community Forum.
- Hosted and collaborated in two full-day Faith Community Education Collaborative seminars to train the faith community to recognize combat stress disorders.
- Hosted a community discussion on PTSD with presentations by Mark and Marshele Waddell.
- Hosted a luncheon to meet – and increase dialogue with – leaders of our faith community.
- Spearheaded the creation and implementation of a pilot trauma court to address the unique needs of returning service members who commit crimes.
- Expanded counseling programs to best meet the complex needs of the military family – including treatment for substance abuse and adjunctive services for PTSD, including sleep hygiene, family therapy groups and art therapy.
- Worked closely with the El Paso County Sheriff’s Office to secure detox services for this community.

"IF WE CAN PREVENT ONE PERSON, JUST ONE PERSON, FROM DYING BY SUICIDE, THEN IT’S ALL BEEN WORTH IT."

- Maj. Gen. Mark Graham

"WE ARE WHAT WE REPEATEDLY DO. EXCELLENCE, THEN, IS NOT AN ACT, BUT A HABIT."

- Aristotle

LIKE so many people and organizations before us, representatives from Pikes Peak Behavioral Health Group arrived at Capitol Hill in June with hands extended.

The difference, as CEO Morris L. Roth explained to Colorado Democratic Senator Mark Udall, is that Pikes Peak Behavioral Health Group wasn’t there for a handout.

Rather, we were looking for a handshake — a “partnership” that will help provide better mental health solutions to a growing number of Coloradans in need, especially the state’s military men and women and their families.

“We’d like to be a partner,” Udall responded. “And an advocate.”
Udall was one of four Colorado delegates who spent time with our representatives discussing national and local issues. Staff, clients and a board member were in Washington, D.C., with 350 people from other mental health care organizations from 40 states for the National Council for Community Behavioral Healthcare (NCCBH) “Hill Day.”

“Americans are living in the harshest economy in years, and our safety net is in danger of collapsing,” said Linda Rosenberg, President and CEO of the NCCBH. “Healthcare reform must give Americans access to the care they need – effective mental health and addiction services keep us strong, safe and productive.”

Connie urged the delegates to ensure that mental health issues aren’t forgotten as Congress attempts to reform health care.

“I don’t want to die 25 years early,” she said, referring to the life expectancy discrepancy of persons with mental illness.

Veteran advocates and Pikes Peak Behavioral Health Group friends Mark and Marshele Waddell spoke about the importance of supporting and helping to expand Pikes Peak Behavioral Health Group’s Peer Navigator Program, which helps our wounded warriors transition back into society.

With thousands more soldiers with combat stress disorders coming to nearby Fort Carson, it’s going to be like a “flood through a funnel,” Mark Waddell said, explaining how the Army will not be able to handle the influx of mental health patients.

“Colorado’s finest are the ones to do this in the private sector,” he said.

Pikes Peak Behavioral Health Group representatives also discussed the economic, social and human costs of mental health and addictions disorders with members of Congress. According to NCCBH:

- Mental illness drains our economy of more than $80 billion every year – 15 percent of the total cost of all disease.
- Alcohol and drug abuse contribute to the death of more than 100,000 Americans and cost more than $500 billion a year.
- 25 percent of all Social Security disability payments are for individuals with mental illness.

Pikes Peak Behavioral Health Group is committed to excellence. The understanding that we all play an integral role in the success of the mission involves every staff member, and every client. With this excellence also comes responsibility – a responsibility to advocate for the causes and issues our clients and staff face each and every day.

Consumers Connie and Jennifer captivated members of Congress with their personal stories of success through the Pathways ACCESS Center. “It’s nothing short of a miracle that I am here,” said Jennifer, who suffered from depression, substance abuse and thoughts of suicide for decades before turning her life around.
2008 – 09 CULTURE OF EXCELLENCE ACCOMPLISHMENTS

• Successfully implemented and trained staff for using a new electronic health record (EHRNIE)

• Implemented a Code of Conduct, establishing a baseline of expected behavior for employees of Pikes Peak Mental Health.

• Received re-accreditation from the Colorado Department of Behavioral Health after a March, 2009, on-site audit.

• Earned Kite Site status and recognition for Incredible Years Parenting Group for the parents of young children.

• Improved our collaborative partnership with the National Institute for the Severely Handicapped (NISH) by providing employment opportunities for people with disabilities. The quality of our programs resulted in passing the NISH Quality Audit with a 2.65 (out of 3.0).

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“I DON’T WANT TO DIE 25 YEARS EARLY.”
- Connie (client), referring to the life expectancy discrepancy of persons with mental illness.

Cindy Jenkins helped prevent a “disaster.” Not a disaster in her Colorado Springs backyard, but one in Oregon. Jenkins is a care manager for Pikes Peak Behavioral Health Group’s Depression Care Management services. The licensed therapist recently transferred from clinical therapy to oversee a new PPBHG contract with PacificSource in Oregon.

A bus driver in his 60s called in with symptoms of depression. Through the anonymous, telephonic session, Jenkins was able to gain the trust of the Vietnam veteran and learned he was having suicidal and homicidal thoughts.

THE GREAT THING IN THE WORLD IS NOT SO MUCH WHERE WE STAND, AS IN WHAT DIRECTION WE ARE MOVING.” – Oliver Wendell Holmes
“He told me ‘fuse is nonexistent,’ and did not feel safe driving himself or others,” Jenkins said.

The man felt angry and depressed. Jenkins immediately informed his physician, who then made adjustments to the client’s medications and helped enroll him in anger management classes and therapy.

“The doctor thanked me for helping ‘diffuse a time bomb,’” Jenkins said.

Depression Care Management is confidential program, often funded by employers, that provides professional and compassionate one-to-one outreach and ongoing support to employees and eligible family members with depression. The program is proven to improve treatment outcomes, help individuals feel better about themselves, improve their quality of life at home and in the workplace, and be more productive at both.

Because the care is telephonic and requires minimal resources, disease management is one area of great potential for growth and impact. And, Vice President Michael Allen and his staff have developed protocols to replicate the program for clients with diabetes, asthma and cardiovascular disease.

Not only does depression management greatly improve the lives of clients, but it also bestows impressive rewards to employers who fund the program.

The hidden costs of depression in American business are staggering – and far surpass the treatment costs employers absorb. Depression costs American businesses $63 billion each year – $36.6 billion of which is due to reduced productivity and increased absenteeism, not treatment costs. Depression Management has proven to decrease these costs considerably.

After several sessions with the bus driver, Jenkins said his mood improved and language changed. He began to talk about retiring and ultimately did retire from his position.

“When people are very, very depressed, they sometimes can’t figure out what to do,” Jenkins said. “They are kind of just stuck. We help give them direction, some help to get through the crisis. This man felt helpless, and I was able to connect him to the care he needed.”

“WHEN PEOPLE ARE VERY, VERY DEPRESSED, THEY SOMETIMES CAN’T FIGURE OUT WHAT TO DO. THEY ARE KIND OF JUST STUCK. WE HELP GIVE THEM DIRECTION, SOME HELP TO GET THROUGH THE CRISIS.”

–Cindy Jenkins, Care Coordinator

2008 – 09 GROWTH WITH PURPOSE ACCOMPLISHMENTS

• Opened a new GED testing and prep site in Jefferson County.

• Developed a collaborative relationship with the Pikes Peak Workforce Center that resulted in $250,000 in federal Department of Labor stimulus money targeted to provide local teens job skills, job training, and job coaching. The long-term goal is to help teens maintain meaningful employment.

• Finalized three new depression/chronic care management contracts: PacificSource, the regional Behavioral Health Organization, and Pikes Peak Mental Health.

• Developed clinical protocols for telephonic management of new diseases – asthma, diabetes, heart disease, and PTSD – to help clients monitor care for these illnesses.

• Contracted with three new managed service organization providers.

• Expanded mental health screenings and services to schools across El Paso and Teller counties.

• Began two on-site STEP Parenting Programs at the El Paso County Department of Human Services utilizing existing staff.

• Began Neighborhood Stabilization Project designed to put veterans to work and secure affordable housing for returning soldiers.
Consolidated & Combined Statement of Operations*

Revenues & Support:

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<th>Description</th>
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<td>Subcapitated premium revenue</td>
<td>$20,888,672</td>
<td>$20,764,825</td>
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<td>Net client and third-party revenue</td>
<td>3,300,332</td>
<td>3,456,359</td>
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<td>State/federal revenue</td>
<td>6,678,015</td>
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<td>Local government contracts</td>
<td>4,871,733</td>
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<td>Public support</td>
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<td>Other revenue</td>
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<td>Contract service revenue</td>
<td>2,751,684</td>
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<td>Investment income</td>
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Total revenues & support: $43,993,715 $50,882,071

Expenses:

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<td>Personnel</td>
<td>$24,198,991</td>
<td>$25,215,043</td>
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<tr>
<td>Client related</td>
<td>275,088</td>
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<td>Provider services</td>
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<td>10,788,334</td>
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<td>182,780</td>
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<td>Depreciation &amp; amortization</td>
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<td>1,750,231</td>
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<td>Interest expense</td>
<td>359,533</td>
<td>118,338</td>
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<tr>
<td>Value-in-kind (client medications)</td>
<td>860,710</td>
<td>762,693</td>
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Total expenses: $40,212,192 $50,342,828

Net change in assets: $3,781,523 $539,243

* Statement is unaudited and does not contain potential BHO adjustment.
Kim Nguyen knows firsthand about the long-term effects of trauma. When she was a mere 13 years old, her family piled into a tiny fishing boat on an ill-fated attempt to flee Communist Vietnam.

After three days of weathering storms in the vast South China Sea, the vessel’s engine, designed for small-scale excursions, failed and Nguyen’s father fashioned a sail to keep the boat moving. But in the middle of the night on Dec. 21, 1975, the sail broke under the strong winds and Nguyen’s father fell overboard trying to repair it in rough conditions.

“The waves were like mountains,” Nguyen recalled. “I saw his head for a few minutes. We were crying and praying. We were helpless.”

At the mercy of the current, Nguyen and the others arrived on the shores of Malaysia on Christmas Day as fatherless and husbandless refugees. The holiday became a day of sorrow for the family.

Several years later she found herself pursuing a fine arts degree at Louisiana State University and, inadvertently, pursuing healing.

“Everything I painted was very dark,” Nguyen said. “I was doing self art therapy. Looking back, I was depressed and suicidal. The art got me through.”

Since then, Nguyen has dedicated her life to helping others heal with art. The Pathways ACCESS Center is a consumer-driven community center for clients of Pikes Peak Behavioral Health Group. In addition to art therapy, the center provides a safe place for clients to utilize career development services, train for job placement, seek support from peers and work toward self-sufficiency.

Guided by Nguyen, the creative program at the Pathways ACCESS Center strives to assist individuals with gaining awareness through reality-based orientation, problem solving, revealing unconscious thoughts, catharsis, and working through conflicts.

“Sometimes people associate mental illness with crazy ideas; treat it as a negative,” Nguyen said. “But (the clients) are full of creativity and an abundance of beauty. With the right direction, they can flourish.”

During a recent Art Therapy Class at the ACCESS center, Carolyn Mencini painted her own storm and wrote a poem about her tumultuous journey toward healing. Nguyen recalled the storm 35 years ago that forever changed her life: “For years, I lived in the shadow of his death… now I live in the light.”
“Happiness is Floating in the Air”
by Tisha G.

“Through a Soldier’s Eye”
by Spec. Ralph Z.
“Tranquility”  
*by Deb S.*

“Serotonin”  
*by Kim N.*
“Spectacular Vision”  
by Rudy M.

“The Pure Joy of Being”  
by Cherie K.
“Schizophrenia”  
by Christine C.

“Anxiety”  
by Abby M.
Between July 1, 2008 and June 30, 2009, our generous donors gave gifts totaling $168,975.
David Lord
Board Chair

Bonnie Martinez
Vice Chair

Carolena Steen, Ph.D.
Secretary

Bill Crouch, M.D.

Randy L. De Pry, Ph.D.

Larry Dewell, M.D.

Cathy Skiles
Treasurer

Bonnie Angotti

Sue Antry

David DiBari*

Charles F. Emmer

Steve Everson

Camille Blakely

Queen E. Brown*

Denny Cripps

Debbie Hartley,
Past Chair

Fletcher Howard

Pete Lee*

*Pikes Peak Mental Health board members,
**BOARD OF DIRECTORS (Continued)**

- Stacy Lutz Davidson
- John McCaa*
- Phyllis McCoy
- Laura McGuire
- Connie Rickard*
- John H. Stevens, D.D.*
- Dick Sullivan
- Diane Wengler
- Gary Whitlock

**CORPORATE LEADERSHIP TEAM**

- Morris L. Roth  
  President & CEO
- Shelly E. Kennedy  
  Executive Assistant to the President & CEO
- Kelly Phillips-Henry  
  Chief Operating Officer - Clinical Operations
- Paul D. Sexton  
  Chief Operating Officer - Business Operations
- Kevin Light  
  Chief Financial Officer
- Fred H. Michel, M.D.  
  Chief Medical Officer
- Annette Fryman  
  Senior Advisor to the President & CEO
- Michael Allen  
  Vice President, Connect Care/ProCare
- Jonathan Liebert  
  Vice President, Aspen Diversified Industries
- Bill Landsberg  
  Legal Counsel
- Rick Mack  
  Vice President, Human Resources
- Joe Michaels  
  Vice President, Marketing & Communications

*Pikes Peak Mental Health board members.
## FACILITIES

### COLORADO SPRINGS

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<th>Phone</th>
<th>Fax</th>
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<tr>
<td>CASCADE</td>
<td>525 North Cascade Avenue, Suite 100&lt;br&gt;Colorado Springs, CO 80903</td>
<td>(719) 572-6100</td>
<td>(719) 572-6199</td>
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<tr>
<td>PHOENIX TOWER</td>
<td>First Choice Counseling Center&lt;br&gt;2864 South Circle Drive, Suite 620&lt;br&gt;Colorado Springs, CO 80906</td>
<td>(719) 572-6190</td>
<td>(719) 264-6616</td>
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<tr>
<td>TERMINAL</td>
<td>5867 Terminal Avenue&lt;br&gt;Colorado Springs, CO 80915</td>
<td>(719) 591-2966</td>
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<td>RUSKIN</td>
<td>220 Ruskin Drive&lt;br&gt;Colorado Springs, CO 80910</td>
<td>(719) 572-6133</td>
<td>(719) 572-6089</td>
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<tr>
<td>PARK県: BAILEY</td>
<td>460 County Road 43a&lt;br&gt;Bailey, CO 80421</td>
<td>(303) 838-5013</td>
<td>(303) 838-5867</td>
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<td>PARK COUNTY: FAIRPLAY</td>
<td>295 Fifth Street&lt;br&gt;Fairplay, CO 80440</td>
<td>(719) 836-9087</td>
<td>(719) 836-2812</td>
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<tr>
<td>PUEBLO</td>
<td>Recovery Center at Spanish Peaks&lt;br&gt;2003 East Fourth Street&lt;br&gt;Pueblo, CO 81001</td>
<td>(719) 544-6373</td>
<td>(719) 545-5405</td>
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<tr>
<td>WOODLAND PARK</td>
<td>400 West Midland Avenue, Suite 275&lt;br&gt;Woodland Park, CO 80863</td>
<td>(719) 683-2930</td>
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### REGIONAL

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<td>CRIPPLE CREEK</td>
<td>Aspen Mine Center&lt;br&gt;166 E. Bennett Avenue&lt;br&gt;Cripple Creek, CO 80813</td>
<td>(719) 689-3584</td>
<td>(719) 689-2426</td>
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<tr>
<td>DENVER</td>
<td>Education Center&lt;br&gt;445 Union, Suite 124&lt;br&gt;Lakewood, CO 80028</td>
<td>(303) 914-9000</td>
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<tr>
<td>DIVIDE</td>
<td>34 Hybrook Road&lt;br&gt;Divide, CO 80814</td>
<td>(719) 687-1105</td>
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<td>FOUNTAIN</td>
<td>Lorraine Community Center&lt;br&gt;301 East Iowa Street&lt;br&gt;Fountain, CO 80817</td>
<td>(719) 382-8176</td>
<td>(719) 382-8271</td>
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Hiking the Pikes Peak Challenge

In May of 2003, I was a passenger in a co-worker’s SUV that slid out of control on an icy curve on Interstate 70 and crossed the median. We were struck by another vehicle and the force left me with traumatic brain injury. I lost a year of my life and the intimacy of the first two years of my only child’s upbringing.

After three months in the hospital and outpatient rehabilitation, I was introduced to the Pikes Peak Challenge. I immediately became hooked on the idea that I could climb this behemoth in my backyard to raise awareness and increase prevention to an injury that turns thousands of lives a year into an abyss. I have now done it six times.

I have been impressed on every one of those climbs by the amazing fellowship everyone has on the mountain. The trail up is 13 miles long and rises more 7,200 feet – enough to bring any group of strangers close! The people who hike in the Challenge are all dedicated to a purpose they feel strong about, much like the people at Pikes Peak Behavioral Health Group.

Hiking Pikes Peak has brought thousands of people, including myself, new friends, an annual highlight in achieving a tremendous goal, and a huge sense of purpose for helping those who are a lot less fortunate than myself.

– Bill Tassey, MAEd
  Peer Navigator, USMC Honorable Discharge