Nonprofits begin when someone sees a need and takes action. And so it was for us. In the 1930s, a few caring souls began underwriting counseling for women coping with the stress of the Great Depression. But it was not until 1942 that we opened our doors as Los Angeles Psychiatric Service.

Our first budget of $5,000 would be about $71,000 today—a far cry from our actual budget of $40 million. The public’s increasing willingness to invest in mental health made that possible. Money isn’t the heart of our progress, though. Our progress is reflected in the evolution of our mission, philosophy and treatment.

In the beginning, there was little diversity among our clients, although we had expanded services to include men. Today, our mission is to serve communities where stigma and poverty limit access. Our 11 centers extend from Pacoima to the Pico Union area to South L.A. Our newest center in Glendale serves the largest Armenian-American population in the U.S. Our language capacity is extensive, including Spanish-speaking counselors on our suicide prevention crisis line 24 hours a day and Korean- and Vietnamese-speaking counselors during peak evening shifts.

With the generous support of Didi Hirsch and her family, we became a federally designated community mental health center in the ’70s. We expanded our services to include children and developed a full continuum of care—from community education to outpatient services to residential treatment.

Renaming the agency in Didi Hirsch’s honor gave us the opportunity to replace Psychiatric Service with Mental Health Services. We had progressed beyond the days of couch therapy when only doctors provided care. Today, teams include therapists, substance abuse counselors, job coaches, housing specialists, nurses, psychiatrists, and peer counselors.

This expansion reflects a growing awareness of the importance of treating the whole person. How far the field has come. Twenty years ago, it was common for mental health professionals to refuse to see clients who were abusing alcohol or other substances. Now, we integrate mental health care, substance abuse treatment, and primary care.

Clients also are actively involved in their treatment. No longer do clinicians keep diagnoses a secret. The more clients learn about their illnesses, the better they can manage them. Our most recent partnership with clients involves collaborative documentation where staff write their notes with the client’s input.

Developing programs to meet gaps in care remains a core value. Just as the psychological pain of the Great Depression inspired our beginning, the recent stresses of the Great Recession prompted us to train staff at banks and mortgage companies who were overwhelmed by suicidal customers. Similarly, we provided services for veterans after World War II and now are helping military families affected by deployment.

Attitudes have progressed immensely, too. We now understand that depression, bipolar disorder, and schizophrenia are real illnesses, not moral failings, and they are treatable. But, the biggest agents of change are the people who courageously share their stories. Someday, we’ll be able to take erasing the stigma out of our mission!
Erica Trejo, a Didi Hirsch therapist, coordinates a program that focuses on the mental health of military families. She gained a personal perspective when her 13-year-old stepson got in trouble at school.

Trejo's husband, Capt. Joel Perez of the Army Reserves, had just left for a yearlong deployment to Kuwait when her stepson started arguing with classmates and teachers.

"No one at the school knew his father had just deployed and that he was adjusting to a difficult family situation," Trejo says. "Because he wasn't identified as a military child the school treated him as a problematic child."

When administrators were made aware of the family's separation challenges, teachers and school counselors showed more sensitivity and her stepson's problems were resolved.

Trejo's personal experience captures exactly what she hopes to achieve through the program she coordinates, Military Families Achieving Recovery. Funded with a $1.6 million grant from the Substance Abuse and Mental Health Services Administration, over the next four years Didi Hirsch will address the challenges faced by active duty, reserve and National Guard military families living in the Los Angeles/Harbor region.

Los Angeles County lacks the resources and built-in networks of support found on large military bases. While nearly 73% of military service members have children under the age of 11, most military families are not identified in local schools.

When we identify a military child, we may see their disruptive behavior differently," Trejo says. "That child may have just had to say goodbye to a parent. It's a huge adjustment."

The program provides outreach and education to schools and churches and trains community mental health therapists in therapeutic tools that have been shown to help military families cope. Training community-based mental health therapists is key, because of the stigma of mental illness in the military.

"It’s hard for military families to seek help within the military services," Trejo says. "Their mindset is, ‘We can deal with it; we can solve it.’ Because of stigma, they would rather seek help outside the military. But for community therapists to be effective with military families, they need to understand the military culture.”
The last time Mary tried to get treatment for her diabetes, she became paranoid that the nurse was trying to kill her and left the office without receiving any care.

Mary's mental illness interferes with her ability to get medical treatment in so many ways that she is likely to die 25 years earlier than her peers, studies show.

To help patients like Mary lead longer and healthier lives, Didi Hirsch's Inglewood Center recently expanded its efforts to provide primary care and mental health services to low-income patients under one roof.

"Patients with mental health problems die earlier not from suicide or schizophrenia or bipolar disorder, but from preventable medical causes like untreated diabetes or high blood pressure that can lead to strokes or heart attacks," says Curley Bonds, M.D., Medical Director of Didi Hirsch Mental Health Services.

Many do not have a primary care doctor, and those that do often feel stigmatized, which can prevent them from seeking medical care. "They don't feel welcome in a doctor's office—especially if they're having symptoms," Dr. Bonds adds.

The Healthy Inglewood Project is a four-year pilot program funded with grant money from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its goal is to improve the wellbeing of low-income adults with severe mental illness and/or substance abuse disorders by providing medical care under the same roof in an environment that is sensitive to their needs.

In a suite with exam rooms built especially for this program, mental health patients can see a psychiatrist as well as a medical practitioner from South Bay Family Health Care, Didi Hirsch's partner on the project.

Patients who enroll in the program are assigned to a team of health practitioners including a psychiatrist, a therapist and a "health coach" to make sure they understand their illness, how to take their medications and other doctor's instructions.

Patients also will have online access to their medical records through a "personal health portal," and can participate in the Inglewood Center's Be Well project, which emphasizes healthy choices regarding smoking, diet and exercise.

A woman with mental illness was refusing life-saving medical care for a chronic physical illness and her primary care physician wasn't sure what to do.

In the past, the physician might have struggled to make contact with the patient's psychiatrist, but with the help of cutting-edge information technology embraced by Didi Hirsch, the doctor got the answers he needed in a timely fashion.

Beginning in October 2012, Didi Hirsch's Medical Director Dr. Curley Bonds began hosting web-based videoconferences twice a month for primary care providers who want to consult with a psychiatrist about patients with mental illnesses. The conferences are part of ECHO LA (Extension for Community Healthcare Outcomes in Los Angeles) in partnership with LA Net, a Primary Care Practice-Based Research and Resource Network in Los Angeles.

"Due to a shortage of psychiatrists, many primary care providers in underserved communities have trouble getting specialty referrals for patients," Dr. Bonds says. "Videoconferences help close the gap so patients with complex illnesses can get the care they need."

In the case of the patient refusing care, Dr. Bonds advised the physician to probe her mental state to find out if she is capable of making healthcare decisions and to initiate a legal process to appoint a surrogate decision maker, if appropriate.

"The providers are fairly knowledgeable," Dr. Bonds says. "But sometimes they have questions such as 'How can I have a conversation with someone who is clinically depressed but is refusing medication?' I encourage them to see depression as an illness, not a weakness, and give them language that helps destigmatize mental illness."

Americans with mental illness consume nearly half of the nation's cigarettes at twice the rate of the general population. Because people with mental illness are affected disproportionately by the health consequences of smoking, Didi Hirsch decided to encourage our clients and employees to quit using tobacco.

We are providing nicotine replacement products, support groups and other resources to clients and employees who need assistance in leading healthier, smoke-free lives.

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No one has talked to more suicidal callers—or has seen so many changes at Didi Hirsch’s suicide prevention hotline—than Barbara Miras. She has helped more than 18,000 suicidal callers in the three decades she has worked as a crisis counselor and supervisor.

“When I started here, I was 24, single, naïve and a little sheltered,” Miras says. “But I’ve changed a lot since then. I’ve been married and divorced. I’ve had children and lost them again to the world as an empty nester. I’ve lost a parent. Going through these life experiences has made me a better counselor. The way the program has grown, I feel as if I have grown with it.”

The hotline has changed significantly since Miras was inspired to volunteer by one of her favorite UCLA professors—Dr. Edwin Shneidman, who co-founded the Los Angeles Suicide Prevention Center in 1958.

No longer merely a single phone line offering help to English speakers, the hotline now has 24-hour coverage in Spanish, as well as dedicated hours with Korean and Vietnamese counselors, and chat and texting services. It also takes toll-free calls from phone lines serving teens, veterans and employees of the Los Angeles Unified School District. And instead of handwritten checklists, crisis counselors use a sophisticated computer program that not only calculates a caller’s risk profile but also locates appropriate resources.

Although Miras doesn’t consider herself particularly “tech-savvy,” she nevertheless stayed so current with Didi Hirsch’s emerging technology that she was able to launch and help train crisis counselors for a national Lifeline chat pilot project.

During a six-month period in 2012, Didi Hirsch’s crisis counselors took more than 1,000 chats—120 of them completed by Miras. Three out of four chatters were female. More than half were between the ages of 13 and 25. The pilot was so successful that Didi Hirsch is continuing to provide chat services on weeknights.

“We have to meet people wherever they are,” Miras says. “Many people who would not pick up the phone feel safe with the relative anonymity of chat or text. By making these services available, we are able to reach more people—especially young people.”

While much has changed over the years, the basics of building rapport and assessing risk haven’t, Miras says. Nor have the goals of crisis counseling—or its rewards.

“I’m always in awe of the people who reach out to us, however they do it, because it takes courage to talk to a stranger about feeling suicidal,” Miras says. “Listening to them, being with them in their dark place is a gift I can give that they might not be able to get from their family and friends. With everything that our callers and chat visitors endure, their resilience constantly renews my faith in the human spirit.”

No one has talked to more suicidal callers—or has seen so many changes at Didi Hirsch’s suicide prevention hotline—than Barbara Miras. She has helped more than 18,000 suicidal callers in the three decades she has worked as a crisis counselor and supervisor.

“Sending It sounds like you’re really feeling overwhelmed right now so I’m glad we can talk for a while until you feel safe.
2012 BY THE NUMBERS

88¢
OF EVERY DOLLAR WE RECEIVE GOES DIRECTLY TO PROVIDING SERVICES

SERVICES
MENTAL HEALTH & ADDICTIONS
7,795
SUICIDE CRISIS LINE
46,199
EDUCATION AND PREVENTION
18,403
TOTAL SERVED
72,397

88¢
OF EVERY DOLLAR WE RECEIVE GOES DIRECTLY TO PROVIDING SERVICES

CRISIS CALL VOLUME

MORE THAN
90%
OF OUR MENTAL HEALTH AND SUBSTANCE ABUSE CLIENTS LIVE IN POVERTY

DIVERSITY
OF OUR CLIENTS

LATINO 42%
AFRICAN AMERICAN 27%
CAUCASIAN 25%
ASIAN/PACIFIC ISLANDER 2%
OTHER ETHNICITY 4%

LANGUAGES
SPOKEN BY STAFF

SPANISH 36%
ARMENIAN 6%
FARSI 2%
KOREAN 2%
RUSSIAN 1%
27 OTHER LANGUAGES 10%

57% OF STAFF SPEAK AT LEAST TWO LANGUAGES

IN A COUNTYWIDE SURVEY, CLIENTS WERE MORE SATISFIED WITH OUR CULTURAL SENSITIVITY THAN OTHER PROVIDERS OVERALL

88¢
OF EVERY DOLLAR WE RECEIVE GOES DIRECTLY TO PROVIDING SERVICES

Mental Health & Addictions
7,795
Suicide Crisis Line
46,199
Education and Prevention
18,403
Total Served
72,397

More than 90% of our mental health and substance abuse clients live in poverty.

Diversity of our clients:
- Latino: 42%
- African American: 27%
- Caucasian: 25%
- Asian/Pacific Islander: 2%
- Other Ethnicity: 4%

Languages spoken by staff:
- Spanish: 36%
- Armenian: 6%
- Farsi: 2%
- Korean: 2%
- Russian: 1%
- 27 Other Languages: 10%

57% of staff speak at least two languages.

In a countywide survey, clients were more satisfied with our cultural sensitivity than other providers overall.

88¢
Of every dollar we receive goes directly to providing services.
Recently widowed by the continuing war between Armenia and Azerbaijan, Narineh and her three children moved to Glendale—which has the largest Armenian population in the United States—to start a better life.

But a year after they arrived, the family's struggles had multiplied. Unable to find employment, Narineh was anxious and depressed and suffering from post-traumatic stress syndrome—especially common in Armenian immigrants from war-torn countries such as Iran, Iraq, Lebanon and Syria, as well as Armenia. Her teenage son, Artin, was having problems in school and her two younger children, Armen and Sarineh, were socially isolated and not adjusting to their new lives in America.

A school administrator referred the family to ARMUNITY, a Didi Hirsch pilot program that provides Armenian-American men, women and children in Glendale and neighboring cities with a wide range of needed services such as integrated mental health, physical health, substance abuse and alternative medicine.

With support from ARMUNITY, Narineh and her children received mental health treatment and assistance in finding low-cost housing and work. Today, Narineh is employed, Artin is doing better in school and Armen and Sarineh have made friends in a community-sponsored Armenian dance class.

“I am so grateful for the help we received through this program,” Narineh says. “I feel stronger and much more positive about our future.”

ARMUNITY aims to reduce stigma and denial—barriers to care that often prevent Armenian-Americans from seeking mental health and substance abuse treatment when they need it. The project operates with more than two dozen community partners including All for Health, Health for All, the California Care Corporation and local chiropractor Dr. Razmik Mesrkhani. Since the program was launched in 2011, ARMUNITY has hosted about 120 outreach activities, offering support to about 5,000 Armenian-Americans in Glendale and surrounding areas.
Out of Institutions, Into Communities.

In a diverse and sprawling metropolis like Los Angeles, we offer services all over the map, at more than 90 schools, in the home, on park benches... wherever we're needed.

May 27, 1973:
Groundbreaking Ceremony
Didi Hirsch, Governor Ronald Reagan, and Senator Alan Cranston break ground at the future site of the headquarters building in Culver City. The name of the agency was changed from Los Angeles Psychiatric Service to Didi Hirsch Community Mental Health Center in honor of Didi Hirsch and her family’s generous support.

STATEMENT OF ACTIVITIES
Fiscal Year 11/12   Fiscal Year 10/11

Revenue
Government Contracts     $31,064,612 $24,431,292
Contributions and Grants   615,569 418,840
United Way   61,621 96,297
Special Events (Net)   356,467 288,799
Patient Fees   170,538 146,632
Donated Goods and Services   858,976 966,532
Other   321,090 53,269
Total Revenue  $33,448,873 $26,401,661

Expenses
Personnel   $24,772,574 $19,837,402
Operating    4,160,343 2,877,954
Occupancy    2,507,985 1,983,402
Depreciation    978,397  706,146
Donated Goods and Services   606,718  966,532
Total Expenses  $33,026,017 $26,371,436

Excess of Revenue over Expenses  $422,856   $ 30,225

STATEMENT OF FINANCIAL POSITION

Assets
Cash and Cash Equivalents  $3,130,080 $ 3,515,803
Accounts Receivable/Prepaid   2,970,261 2,941,181
Donated Property Held for Sale     302,258                                     --
Property and Equipment (Net)   10,311,321  10,143,089
Total Assets  $16,713,920 $ 16,600,073

Liabilities
Accounts Payable/Accrued $4,930,843 $ 4,797,523
Capital Lease Obligation   295,362 610,665
Notes Payable   5,577,607 5,704,633
Total Liabilities $10,803,812 $11,112,821

Net Assets  $5,910,108 $ 5,487,252
Total Liabilities and Net Assets  $16,713,920 $ 16,600,073

Audited financial information available on request.
It’s Never Too Late

For more than a decade, Crystal Li Cohen lived with a secret. To honor her mother’s wishes, Cohen told people that her father had died of a heart attack. In fact, Ruh-Ming Li, an engineer and entrepreneur, had died by suicide.

“My parents are first-generation Taiwanese immigrants, and in my family, mental illness and suicide is a shameful thing, and should be hidden from others outside the family,” says Cohen, a Los Angeles fashion executive.

But Cohen’s view of her father’s death changed when, at the urging of her husband, Andrew, she completed a Survivors After Suicide group last year. After years of keeping her family’s secret, Cohen decided to tell the truth about her father’s death—in an email to everyone she knew—in her quest to raise awareness and support for Didi Hirsch’s Alive & Running 5K Walk/Run.

“I knew people would wonder why I was asking for their support, so I decided to preface the email by telling them how I came to Didi Hirsch 10 years after my father’s suicide and how I was finally able to talk about it and do something about it,” Cohen says.

“Being more open and less secretive about my dad’s suicide felt like a relief, like a load off my back,” Cohen adds. “Also, I noticed that once I started being truthful about it, I started hearing other people’s stories, which made me feel less weird or alone.”

Wearing yellow bibs with a cartoon sketch of a “fart-propelled runner,” the Cohens’ team of 12, who called themselves “The Farteurs,” brought levity to the run while raising more than $13,000 for suicide prevention services.

Actor/writer Seth Rogen and his wife, Lauren, friends of the couple’s, tweeted about walking the 5K. Actor Jonah Hill tweeted his support for Alive & Running by posting a link to The Farteurs’ team page. Also inspired by Crystal’s story, the Apatow-Mann Family Foundation became a Gold Medal Sponsor of the event.

The Alive & Running event on September 23, 2012 drew a record number of participants—more than 1,700 runners and walkers—and raised more than $200,000 for Didi Hirsch’s Suicide Prevention Center.

Participants honored loved ones lost to suicide by writing their names on river stones, which they placed among rose petals in a colorful “Remembrance Garden” that lined the course. As in past years, the crowd took their marks to cheers from CheerLA and drumbeats by Chikaro Daiko Japanese Taiko drummers.

Alive & Running has grown significantly over the past 14 years. When Didi Hirsch hosted the first event, only a few hundred people participated and few businesses were willing to sponsor the cause, says Dr. Kita Curry, Didi Hirsch’s Chief Executive Officer and President.

“Crystal’s courage in telling the truth about her father’s suicide helps erase the stigma so many families live with,” Dr. Curry says. “When suicide is seen as a symptom of an illness rather than a disgrace, more grieving people feel comfortable getting the help they need.”
“Seventy Years of Progress,” a film montage featuring images of how mental illness has been portrayed in movies over the decades, helped launch Didi Hirsch’s 16th Annual Erasing the Stigma Leadership Awards in 2012, which was hosted by actor George Segal.

Honored for their efforts to erase the stigma of mental illness were screenwriter Christopher Monger, who wrote an HBO biopic of autism activist Temple Grandin; singer Shelby Tweten, who spoke out publicly about her battle with depression and bipolar disorder during her audition for American Idol; and Emmy Award-winning documentarian Bonnie Strauss-Gould, whose investigative series on the Pennhurst State Mental Institution contributed to new legislation for patients’ rights. Gail Kamer Lieberfarb served as the Event Chair for the second year in a row, and award presenters included Academy Award-winning cinematographer Haskell Wexler (One Flew Over the Cuckoo’s Nest), Freshwire C.E.O. and new Didi Hirsch board member Shawn Amos, and Nancy Hirsch Rubin, former U.S. Ambassador to the United Nations Commission for Human Rights.

Did you know?

In 1944, one of Didi Hirsch’s board members was Irene Mayer-Selznick, the wife of legendary producer David O. Selznick (Gone With the Wind, Alfred Hitchcock’s Rebecca) and the daughter of MGM mogul Louis B. Mayer.

PICTURED: (left to right) Presenter Haskell Wexler Honoree Shelby Tweten Emcee George Segal Honoree Christopher Monger Presenter Shawn Amos Honoree Bonnie Strauss-Gould
Shawn Amos

Freshwire founder and CEO Shawn Ellis Amos, a longtime supporter of Didi Hirsch, recently joined the agency’s board of directors with the aim of coaxing it into the digital age.

“I think Didi Hirsch can be a thought and conversation leader within a bigger community since nearly everyone has known somebody or has been affected by mental illness,” says Amos. Amos, whose company creates digital content for consumer brands, is also a renowned songwriter, singer and record producer. He first connected with Didi Hirsch in 2006, when he performed songs from his album “Thank You Shirl-ee May” at that year’s Erasing the Stigma event. Amos’ album was a tribute to his mother, a nightclub singer who suffered from schizoaffective disorder and killed herself in 2003. Amos, who only learned about his mother’s singing career after she died, was seven when his parents divorced; his father is Wally Amos, founder of “Famous Amos” chocolate chip cookies, and now a motivational speaker.

Amos describes the stigma against mental illness as “particularly deep in black culture,” and believes it prevented his mother from getting access to the help she needed and kept family members from talking about her problems honestly.

He describes his own success as “statistically improbable given the color of my skin, the kind of mother I had and my parents’ divorce.” And he attributes the quality of his life—he is happily married, has three children and was recently named one of Forbes’ “Up and Comers”—to having been born “in the right zip code.”

“A lot of what motivates me is being able to put my energy and time into organizations that serve people who don’t live in a good zip code,” Amos says. “Didi Hirsch serves those people.”

Philip Strauss

Philip Strauss, who recently joined Didi Hirsch’s board of directors, says he’s focused on helping more people, including those with mental illness, become more productive members of society.

“People want to be independent; no one wants to rely on a lifetime of assistance,” says Strauss, a tax partner at BDO, the world’s fifth-largest tax and accounting firm. “Through more widely available, high quality mental health services, we could have a lot more people capable of achieving independence, feeling a lot better about themselves by holding jobs and taking care of their day-to-day needs.”

A Calabasas resident and father of two, Strauss earned a bachelor of science in accounting from San Diego State University and was a partner in several other international accounting firms before joining BDO in 2002.

Strauss, 58, counts vintage sports cars, motorcycles and music among his passions. He plays drums in a band of accountants called FIN48s, a reference to an interpretation of accounting rules that require businesses to analyze and disclose income taxes in their financial statements. Strauss, who serves on Didi Hirsch’s Budget and Finance Committee, says he has been “highly impressed” with the quality of the organization’s board and staff members, as well as its long history of providing vital health services in the Los Angeles area. He has previous volunteer experience with the Boys & Girls Club of Phoenix and various other causes.

“As a society, we have an obligation to children, the elderly and people with mental health issues, because they are so vulnerable and often can’t take care of themselves,” Strauss says. “But we can help them take care of themselves if we provide the right services at the right time and those services are available to everyone who needs them.”

A Letter From the Chair

They say the third time’s a charm. And it is. During my 25 years of serving on the boards of Didi Hirsch Mental Health Services and Family Services of Los Angeles (which became part of the Didi Hirsch family in 1997), I was privileged to have served as the Chairman of the Board of Directors twice before. As I serve my third term as Chair, I feel that this is the beginning of a new era for mental health awareness. Through the internet and social media, our society now seems more aware of how important early detection and treatment are for the millions of Americans and their families dealing with mental illness.

This is where the employees of Didi Hirsch really stand out. Their tireless work impacts the lives of so many every day. Yet, countless more still need help. I know that I speak for all my fellow board members to say how proud we are of the staff. The example they set encourages us all to be more civically engaged and be spokespersons for the importance of mental health awareness and treatment.

As I reflect on the seven decades of Didi Hirsch’s service to our community, I am in awe of its accomplishments. This incredible organization has come so far, but much remains to be done. With your support, I hope we will soon erase the stigma of mental illness.

Michael C. Wierwille
Chair, Board of Directors

Officers of the Board

Chair
Michael C. Wierwille

Executive Vice Chair
Carlos Garcia

Vice Chairs
Janine B. Lichstein
Andrew E. Rubin
Cheri Renfroe Youssem

Treasurer
Gail Kamer Lieberfarb

Secretary
Laura Ornest

Immediate Past Chair
Martin J. Frank
An overview of GRANT programs in 2012

YOUTH SERVICES

An Early Start: 10 to 14% of U.S. children between the ages of zero and five experience social-emotional problems that hinder functioning and school readiness, yet fewer than 1% are identified. To fill that gap, we expanded our Birth to Five program to all five of our centers serving children and families.

Provides:
- Child-Parent Psychotherapy training for therapists
- New play therapy toys and games
- A furnished 0-5 treatment space at Didi Hirsch Glendale

Funders:
- Cedars-Sinai Community Mental Health Grant Program
- Oakmont League of Glendale
- Las Candelas

Our Bodies, Ourselves: In their early teens, girls are trying to make sense of their changing bodies, self-image, feelings, and relationships. As hard as it is to be an adolescent, it is harder still to be one who has a mental illness and lives in poverty. Didi Hirsch is there to help.

Provides:
- THINC! (Teen Health Information Nurtures Choices), a teen support group

Funder:
- Soroptimist International of Glendale

INTEGRATED HEALTHCARE

A Home Base: People with serious mental illness die earlier, have more medical illnesses, and receive worse medical care than the general population. Due to fear of stigmatization from doctors, many people with mental illness do not seek the health care they need. A "health home" is our answer.

Provides:
- Healthy Inglewood Project, which brings mental health, primary care, and an exercise and weight management program, Be Well, all under one roof at Didi Hirsch Inglewood.
- Recovery-Oriented Care Collaborative, the nation's first community mental health practice-based research network.

Funders:
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Southern California Clinical and Translational Science Institute

HOMELESS SERVICES

Interior Restoration: We restore hope and dignity to homeless men and women suffering from substance abuse and/or psychiatric crises. The key is a warm, safe, homelike environment in which to build independent living and coping skills. We create these spaces with our friends and partners.

Provides:
- Via Avanta renovation for homeless, dually diagnosed women and their kids
- New bed frames and mattresses for Jump Street and Excelsior House
- Client care at Jump Street and Excelsior House

Funders:
- L.A. County Board of Supervisors, Zev Yaroslavsky, Third Supervisorial District
- George Hoag Family Foundation
- Emergency Food and Shelter Program

KIDS IN THE LINE OF FIRE: Mental health challenges for children with parents in the military begin before deployment and continue after war’s end. Kids feel anger, fear, and traumatic grief. On a base, there is a built-in support network for service personnel and their families, but in the civilian communities they return to, problems go unrecognized.

Provides:
- Military Families Achieving Recovery project to support the resilience of 1,300+ military families in the South Bay/Harbor region. Based at Didi Hirsch Inglewood, MFAR is building a comprehensive network of trauma-informed mental health treatment and community services.

Funder:
- Substance Abuse and Mental Health Services Administration (SAMHSA)
After his young wife, Lorrie, died unexpectedly in the summer of 1960, Richard Ross changed the direction of his life to raise their eight-month-old son, Tony.

Abandoning a promising career in entertainment law, Richard took a job as a deputy District Attorney to have more time with Tony—who was named Anthony Darrow after trial lawyer Clarence Darrow who defended many unpopular social causes.

Tony grew into an intelligent, creative and charismatic young man who wrote for his high school newspaper and served a summer internship as a reporter at a local TV station. But in 1979, during Tony’s sophomore year at Wesleyan University, after breaking up with his high school sweetheart, Tony did not return to school after spring break and stopped communicating with friends and family back home.

After three months of frantic searching, Richard learned that Tony—Tony grew into an intelligent, creative and charismatic young man who wrote for his high school newspaper and served a summer internship as a reporter at a local TV station. But in 1979, during Tony’s sophomore year at Wesleyan University, after breaking up with his high school sweetheart, Tony did not return to school after spring break and stopped communicating with friends and family back home.

After three months of frantic searching, Richard learned that Tony had taken his own life in a remote section of a state park in South Carolina.

“I had raised Tony by myself, put my career choices second to being a good dad, at a time before there was such a thing as single fathers,” Richard says. “Being with other survivors was the most meaningful thing I did to help me cope with this loss,” says Richard, who subsequently became a co-leader for survivor groups and a dedicated donor to suicide prevention causes. “The support I got in those survivor groups and what I learned there helped me heal the most.”

Now retired, Richard spends his time traveling and pursuing his passion for photography. When he turned 80, he honored Tony’s memory by providing Didi Hirsch with a significant charitable gift annuity that will help us continue to provide suicide prevention and support services in the future.

“I care deeply about the services Didi Hirsch provides and wanted to support the Suicide Prevention Center as well as the Survivors After Suicide program,” Richard says. “The gift was a chance to do good for something I feel strongly about, and at the same time, it provides me with a reliable income at this stage of my life.”

CHARITABLE GIFT ANNUITY: WHAT IS IT?

- A donor gives Didi Hirsch a gift of cash or property and receives an income-tax deduction for it;
- Didi Hirsch makes fixed payments to the donor and/or another beneficiary beginning immediately or at a future date set by the donor;
- A portion of each payment is tax free;
- When the donor dies, Didi Hirsch receives the remainder of the gift—typically about half of the initial donation.

Supported by tax laws, charitable gift annuities are a popular form of planned giving because they provide donors with an income stream, significant tax savings and the satisfaction of generating resources for the charities they support.

“There are many tax-wise ways of making a planned gift to Didi Hirsch,” says Vice President of Development Joel Safranek. “What is great about charitable gift annuities is that they provide a tax-saving service to our donors while also helping assure continued services for the community far into the future.”

For more information about charitable planned giving, please contact Joel at (310) 751-5425 or at jsafranek@didihirsch.org.

THE TONY ROSS MEMORIAL FUND
Created through the generosity of his father, Richard Ross

New Legacy Society Member: Richard Ross

Legacy Society
Honoring those who have included Didi Hirsch in their estate plans

Legacy Founders
Those who have made planned gift commitments of $1,000,000 or more

Michael Becker
Susan and Warren Jason
Andrew E. Rubin

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The Ahmanson Foundation
The Ralph M. Parsons Foundation

$25,000 - $99,999
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"Wellness begins with work."

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Didi Hirsch 2012 Annual Report

Art Director  Joey Buda
Stories by  Kim Kowsky
Prepress  Curtis Hill
Printed by  Weber Printing Co.
## Mission Statement

Didi Hirsch transforms lives by providing quality mental health and substance abuse services in communities where stigma or poverty limit access.

### Accessible
We offer services at our centers and in neighborhood settings that are welcoming, culturally respectful and responsive to underserved communities.

### Comprehensive
We provide a continuum of prevention, early intervention and treatment services for individuals, families and the community.

### Collaborative
We partner with clients, families and community groups to set goals, identify priorities and evaluate results.

### Innovative
We train staff and future professionals to use state-of-the-art principles in a culture of learning and team excellence.

### Accountable
We produce measurable clinical and fiscal outcomes, seek opportunities for growth, and evolve as needs change to ensure our long-term viability and value.

### Committed
We are dedicated to erasing the stigma and discrimination associated with mental illness and addiction and advocating for access to care.

www.didihirsch.org

Didi Hirsch Mental Health Services is a 501(c)(3) not-for-profit organization. For information on contributions or estate planned giving, please call Vice President of Development at (310) 751-5425 or email development@didihirsch.org