THE MISSION of Tennyson Center for Children is to work with every child and family impacted by trauma so they can realize their infinite possibilities.
Dear Tennyson Family,

The challenges children and adolescents face are changing at a rapid pace, and the mental health and child welfare systems are struggling to catch up. The leading health risks for young people used to be road accidents, teen pregnancy, and smoking. While these risks have declined, the rates of anxiety, depression, self-harm, and suicide have escalated. The American Academy of Pediatrics even urged pediatricians to improve their mental health training because "mental health disorders have surpassed physical conditions as the most common reasons children have impairments."

Kids are telling us this in survey after survey. According to the Centers for Disease Control and Prevention, 44% of teens now feel "persistent feelings of sadness and hopelessness," a 70% increase from 2009. Fifteen percent of young people ages 12–17 reported a major depressive episode in 2019, an 87.5% increase from 2007. Almost 19% of high schoolers considered attempting suicide, a 36% increase compared to 2009.

While young people need our support more than ever, access to care has declined in Colorado. Since 2007, the state has lost over 2,000 beds for treating kids with the most severe mental health needs. We’ve also seen the closure of day treatment programs and in-home services for youth. It has become substantially more difficult and much more costly to hire staff for these programs given the job market. At the same time, kids are experiencing more severe issues, which means more employees are needed to safely staff the programs, adding even more financial pressure to organizations already delivering services that don’t cover the cost of treatment.

By the time a child arrives at an emergency room because their issues have been left untreated, they’re waiting days in the ER for a bed to open up at an inpatient treatment center. Last year at Children’s Hospital Colorado, the average wait was eight days. Some kids waited weeks.

Given this rapidly changing environment, our goal is help Tennyson remain fully compliant, comprehensive, trauma-informed, and adaptable so we can provide the highest quality of care for the greatest number of kids and families. Our specific goals for the FY22 year include:

1. Ensuring safety and compliance are embedded in all our processes and culture
2. Strengthening core programs to help build a complete continuum of care in Colorado
3. Charting a path towards the comprehensive integration of Trauma-Informed Care
4. Assessing and evaluating the reopening of our residential program
5. Integrating a diversity, equity, and inclusion (DEI) strategy to ensure a welcoming culture

I have personal reasons for wanting to improve mental health services in Colorado. Two of my sons came to me as foster children before I adopted them. My oldest son Scott spent most of his first five years locked in a room with his siblings. When I picked him up from a children’s psychiatric hospital, he had limited speech and an IQ of 42. Over the years, Scott was in over ten residential treatment centers because of his trauma and unsafe behaviors. Because of a lack of services and access to qualified mental health professionals who could understand his needs, it took a long time to understand his reactive attachment disorder and behavioral health challenges.

Fast forward 25 years. We picked up our son Theo from the NICU when he was 28 days old. He was born with meth, amphetamines, and THC in his system. He weighed a whopping two pounds at birth. He had limited movement, eating issues, and a host of other challenges. He immediately received services through early intervention programs—much like the kids in Tennyson’s Child First program. Every week, therapists came to our home and worked with Theo. They also worked with us as parents to ensure we understood what he needed to meet his developmental milestones. His challenges have not all been resolved, but today at the age of six he is thriving. He recently scored in the 88th percentile at school. He is an avid skier and plays the drums, but most importantly he is loving, empathetic and kind.

I often wonder how Scott’s pain and trauma could have been lessened with the right services and supports—how our struggle to understand his needs and behaviors could have benefited from the support of a team committed to helping him heal. On behalf of the parents you empower and the children you help heal from trauma as supporters of Tennyson, thank you. I know firsthand how big a difference you are making in their lives.

Sincerely,

Mindy Watrous, President & CEO
Tennyson programs help build a full continuum of care for kids and families in Colorado. Families may move from one program to another depending on the intensity of their needs. For example, they might join Tennyson through prevention services, move to treatment if their needs escalate, and transition to ongoing care as they heal from challenges. If the family’s situation changes, they can re-enter our continuum wherever it best meets their needs.

**MEETING KIDS AND FAMILIES WHEREVER THEY ARE**

**PREVENTION**
Home-based services for kids and families who are facing more intensive challenges. The Child First program supports families with kids 0-5 while Community Based Services support kids all the way into adulthood.

**TREATMENT**
Fully-accredited K-12 school for social, emotional, behavioral, and academic learning.

**ONGOING CARE**
Lighter services and supports to maintain stability for children/families exiting Tennyson programs.

**IN-HOME SERVICES**
Tennyson provides specialized services for children who have at least one intellectual disability and a co-occurring mental health issue. The School and Day Treatment Program includes classrooms where they receive intensive support from two student engagement specialists, a master’s level clinician, and a special education teacher. Through the BRANCH program, families with kids with disabilities can receive in-home services.

**OUTPATIENT SERVICES**
Therapy, care coordination, and additional services for kids/families/adults with moderate needs or kids aging out of the system.

**FAMILIES TOGETHER**
Pairs families with volunteer “Neighbors” to reduce isolation and deliver meals or other concrete needs.

**NAVIGATION**
Therapy, care coordination, and additional services for kids/families/adults with moderate needs or kids aging out of the system.

**SCHOOL & DAY TREATMENT**
Fully-accredited K-12 school for social, emotional, behavioral, and academic learning.

**CHILD FIRST**
A New Tennyson Program

Child First is a national, evidence-based model that supports caregivers during pregnancy and families with kids under the age of six. We brought this model to Colorado in July 2021 because we wanted a program to help build strong, nurturing families for Colorado’s youngest and most vulnerable kids. Research shows the first few years of life can establish the foundation for a child’s brain development. When kids grow up without loving or stable bonds, they are at a high risk for adverse effects including emotional, behavioral, intellectual, and physical problems. When caregivers are equipped with knowledge, skills, community, mental wellbeing, and concrete needs like food and housing, their kids are more likely to thrive because their brains can begin to heal from trauma and stress. By strengthening families before child welfare services become involved, this program also reduces the strain on our child welfare system. Here’s why it works:

- **It’s a two-generation model.** Children’s health and wellbeing is tied to their parents’ health and wellbeing. Through child-parent psychotherapy, this program meets the mental health needs of parents while creating the healthy bonds that every child needs to feel safe.
- **Each family is supported by two experienced professionals.** Families meet weekly with a Developmental Clinician who understands infant and toddler behavior. They also meet with a Family Support Specialist who connects families with concrete supports like food, housing, furniture, childcare, health care, and job training.
- **We meet families in their homes.** Child First is an in-home visitation program that works with kids and families in their own environment.

Six-month-old RJ lived in a stressful environment where his mom struggled with alcohol dependency and acted violently towards his dad. One of Tennyson’s Child First teams began working with the family shortly after his mom left. RJ’s dad initially expressed despair, frustration, and anxiety about more women in the home “telling him what to do.” Over time, the Child First team earned his trust. He participates in family therapy where he reflects upon his kids’ experiences and how those might impact their development. The older kids play out family scenarios and have learned to process a range of emotions from missing mom to feeling angry towards mom. Child First also connected RJ’s dad with his own therapy, and the family continues to show enormous progress.
A PARENT’S PERSPECTIVE

By Liz
To protect my child’s privacy, we are both being identified by our middle names

Our adopted son Jay came to us at fifteen months old. He was non-verbal, barely crawling, and the size of a six-month-old. No matter who we talked to, we heard over and over again, “He’s fine. He’s just a little delayed because he’s been moved around a lot, but he’ll catch up.” What followed was a long journey to get him the therapeutic services he needed.

He made progress in preschool thanks to speech, occupational, and physical therapy. Kindergarten was an unqualified disaster though. His teacher didn’t have the training to support a child with trauma and cognitive delays. He experienced a lot of frustration with tasks and situations he didn’t understand. This resulted in him pushing, grabbing, yelling and then being publicly punished. He got no support in learning appropriate responses to his feelings of frustration and fear.

We placed Jay in a school for children with learning disabilities, which served him well for many years. However, simply growing up and becoming more aware of the world was a trigger because unexpectedness has always been difficult for him to deal with. The more you’re aware of the wider world, the more you’re aware of the unexpected things that can happen, and when you don’t have tools to keep you feeling safe, everything becomes scary. We’ve spent most of our life with Jay just trying to keep unexpected things from happening so he doesn’t go to that place.

“When you spend that much time with a child, trying to keep them in the world and yet not a part of it, it’s a very strange and difficult situation.”

We tried various other schools. We had to research and contact these institutions ourselves and even pay out of pocket for some. Eventually, Jay arrived at Tennyson’s school and day treatment program for kids with disabilities, called the ASPEN program. We also joined the BRANCH program for in-home support, and that was the most beneficial therapy Jay and I ever had. His clinician, Rachel, was experienced and there was just something about their personalities that clicked. She would come to the house, spend time with Jay, and then the three of us would talk together. She was good at including him as an equal in the conversation—treating him like a key player and not just somebody to be taken care of.

“Over the two and a half years that we worked with Rachel, she helped Jay control his panic. I can trust him now, which has improved our lives and our relationship.”

Healing is like a marathon. There are no shortcuts. We’re proud to report that Jay ran the Denver Colfax Marathon in 2022!

BACK IN PERSON

After stretches of remote learning and telehealth, Tennyson saw kids and families in person for most of the past year! Although Tennyson staff continued providing the highest standards of care, there is no substitute for face-to-face connections. Kids with mental health issues, behavioral disorders, or intellectual disabilities often require direct interventions in their environments which can be hard to offer remotely. This sense of isolation made a difficult year even harder for many families. Now that teachers are back in classrooms and clinicians are visiting families in their homes again, they are working hard to make up for lost time.

<table>
<thead>
<tr>
<th>MARCH 2020</th>
<th>SEPT 2020</th>
<th>NOV 2020 - MARCH 2021</th>
<th>DEC 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennyson transitions to online services.</td>
<td>Tennyson’s campus re-opens and community programs are back in person.</td>
<td>Community programs transition back to telehealth. The school remains open.</td>
<td>Community programs are back to telehealth for a brief period.</td>
</tr>
</tbody>
</table>

“Many kids in my classroom have autism, and remote learning was very uncomfortable for them. A lot of time was also spent helping students process conflicts in their home and all that was happening in the world. The structure of in-person learning provides them with routines that enhance their learning. It was so great to see how excited they were to be back in the classroom with friends and staff again.”

—Karen Davis, Teacher

“I worked with a foster family that joined Tennyson during the middle of the pandemic. The child experienced significant trauma during the first few years of life and struggled to trust his new caregivers. He was hospitalized multiple times after violent outbursts. Through telehealth, we would discuss the triggers for his behaviors, but he wasn’t stabilized enough to really process why he ended up at the hospital. Then another outburst would occur, and it felt like an exhausting cycle. The family needed more than someone to talk to. They needed someone in their environment to help implement changes in real time. We saw an immediate difference in the child’s behavior when I could start visiting them at home, and he was adopted in May 2022 by his foster parents!”

—Stephanie Thiel, Clinician
2021 by the Numbers: Agency-Wide Impact

**17 Counties Served**

Tennyson served the most kids and families in Denver county but also delivered programs in Adams, Arapahoe, Archuleta, Boulder, Broomfield, Douglas, El Paso, Elbert, Fremont, Jefferson, Larimer, Mesa, Morgan, Phillips, Teller, and Weld.

**Nine Service Programs**

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Kids Served by Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Services</td>
<td>51.5%</td>
</tr>
<tr>
<td>Families Together</td>
<td>12.1%</td>
</tr>
<tr>
<td>School &amp; Day Treatment</td>
<td>10.1%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>3.2%</td>
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<tr>
<td>Residential</td>
<td>3.0%</td>
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<tr>
<td>Assessment</td>
<td>2.4%</td>
</tr>
<tr>
<td>Child First</td>
<td>2.1%</td>
</tr>
<tr>
<td>Rewiring</td>
<td>1.0%</td>
</tr>
<tr>
<td>Navigation</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

**Lower Hospitalizations & Steady School Placements**

- 90% of children in Tennyson programs did not utilize hospitals or crisis centers while in treatment at Tennyson.
- 95% maintained their school placements.

**Number of Direct Contacts**

Because of the pandemic, there were fewer in-home visits in FY21.

- **8,257** Telehealth
- **3,643** In-home
- **8,011** School
- **4,761** Other*

**Total** 24,672

*Note: This graph shows the distribution of kids served by Tennyson programs. For programs that serve an entire family (Community Based Services, Families Together, Rewiring, and Child First), the entire family is counted as one "client." For programs that primarily serve an individual child (School & Day Treatment, Outpatient Services, Residential, Assessment, and Navigation), each child is counted as one "client."*

*Additionally, 4,761 other direct contacts, which include detention centers, other mental health facilities, are included in the total.
2021 by the Numbers: Specific Programs’ Impact

In addition to agency-wide numbers, Tennyson also measures the reach and impact of individual programs.

School & Day Treatment

Kids in our School & Day Treatment program improved academically, socially, and behaviorally. On average, we saw a 45% increase in reading proficiency and a 52% increase in math proficiency.

- 45% increase in reading proficiency
- 52% increase in math proficiency
- 63% of students successfully discharged or graduated

Community Based Services

98% of children served through Tennyson’s Community Based Services stayed in their homes.

- 45% of children saw improvement in trauma stress symptoms

Families Together

76 families served through the Families Together program

- 85% Foster
- 10% Biological
- 5% Kinship

In addition to agency-wide numbers, Tennyson also measures the reach and impact of individual programs.
CHILD DEMOGRAPHICS

Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>0-6</td>
<td>48%</td>
</tr>
<tr>
<td>7-12</td>
<td>38.1%</td>
</tr>
<tr>
<td>13-15</td>
<td>11.8%</td>
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<tr>
<td>16-18</td>
<td>11%</td>
</tr>
<tr>
<td>19+</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Ethnicity

- Caucasian
- African American
- Hispanic/Latino/Spanish origin
- Unknown
- Biracial
- Multiracial
- Native American
- Other

Medicaid Eligibility

- Eligible
- Ineligible

MEDICAID ELIGIBILITY

($35,245 maximum income for a family of four)

 FY21 FINANCIALS

Revenue

- Programmatic Revenue: $5,418,906
- Contributions & Grants: $4,936,761
- PPP Loan Forgiveness: $1,896,100
- Investment Income: $1,119,317
- Other Income: $195,404
- Total Revenue: $13,546,488

Expenses

- Program Expenses: $9,725,287
- General & Admin: $15,969,913
- Fundraising: $1430,646
- Total Expenses: $12,752,846

"One teenager I'm working with was referred after a violent outburst toward the women in his home, which resulted in the client being incarcerated instead of receiving mental health support. During our time, we have repaired the relationship between the family and this teenager while creating a sense of trust. He eventually disclosed being a victim of sexual abuse. Currently, this young man is experiencing increased self-esteem, engaging in team sports, and enjoying healthier relationships. The atmosphere of the household has shifted from sadness, shame and depression to laughter, storytelling, and love."

—Tennyson Clinician
Without our generous donors, our work would not be possible.
PDC Energy volunteered as a campus cleanup crew in 2021! They worked hard to keep our campus looking great for kids and families. They also supported the FORE! Our Kids Golf Classic with a Hole sponsorship!
Regis High School students have made volunteering at Tennyson an annual Spring tradition. For their service week, they assisted in classrooms and created care packages.
Give a gift today that will make a difference in the life of a vulnerable child.