

NURTURING  
HEALTH,  
COMMUNITY  
AND LIVES

2014 REPORT  
TO THE COMMUNITY



## MISSION

Our mission is to strengthen our community and improve the lives of our clients by delivering excellent health and human services tailored to meet their needs.

## VISION

A healthy and safe community that actively promotes recovery and positive lifestyles for people challenged by mental illness and substance abuse.

## VALUES

In support of the Sound Mental Health mission, we commit to the following values:

Delivering the highest quality service by continuously improving the quality of our services, products and processes; being responsive to internal and external customers; and continuously improving value to our customers.

Demonstrating integrity and the highest standards of ethical practice in every aspect of our agency. This is evidenced by open, honest communication, fair and equitable treatment of employees, customers, and volunteers, and sound management practices.

Showing respect for individuals and for the cultural diversity of our employees, clients, and the communities we serve.

Supporting partnership, working together as a team to common goals, and seeking internal and external opportunities for collaboration.

Being responsible for our actions and obligations, as an organization and as individuals.

Cultivating an environment that encourages risk-taking, creativity, experimentation, and change in response to customer needs.

Providing leadership and innovation in behavioral health services to establish Sound Mental Health as the provider of choice for our community.

Providing a positive environment for our clients, guests, and employees.



## 2014 REPORT TO THE COMMUNITY

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LETTER FROM THE CEO

## THE START OF SOMETHING BIG

Recalling events of 2014 related to health care, I am reminded of a popular song published in 1956 by Steve Allen. Entitled, “This Could Be the Start of Something Big,” the upbeat tune reflects the belief by many advocates of health care reform that our nation was about to change dramatically, and hopefully for the better.

For many residents of King County, 2014 was indeed the start of something big, and the primary driver of that fact was the implementation of the new health care reform law known as the Affordable Care Act (ACA). With the ACA’s liberalization of the rules for Medicaid eligibility, more than 120,000 individuals living in King County qualified for Medicaid benefits last year. This eligibility immediately gave them access to a broad array of health (and mental health) services which many of them had never had before.

One result of these changes was that an additional 1,000 individuals received services from Sound Mental Health last year. Most of these clients had income low enough to qualify for the Medicaid program; but some individuals were in the middle income bracket, and enrolled in

commercial insurance plans subsidized by the federal government. Regardless of which type of coverage they had, all of these people were able to participate in outpatient services with SMH. This meant that these folks could likely avoid the emotional upheaval and high cost associated with treatment within a hospital setting.

In addition to the opportunity which the ACA presented for Sound Mental Health to serve more people in 2014, the new law made it possible for King County to give substantial one-time funding to SMH. A portion of those funds were used to address very important infrastructure needs of the organization. For example, some of the money helped us purchase a state-of-the-art electronic health record system, which will allow SMH to meet the reporting and billing requirements of both government and commercial payers. In order to maximize the effectiveness of that new record system, new computers and communications equipment also were secured for our staff.

In an effort to provide a much-needed update to our offices on Capitol Hill and Tukwila, some of the one-

time-only funds were used to significantly improve the interior space of those locations. New furnishings, enhanced interior lighting, modernized flooring and new paint have combined to provide a refreshing ambience to those facilities. These changes offer a more comfortable environment for clients and employees and also should be helpful in attracting new clients to our organization in the future.

In addition to addressing those infrastructure needs, Sound Mental Health took two other major steps in 2014 to prepare it for growth in the world of health care reform. Last September's opening of 17,000 square feet of office space in the heart of Tukwila has provided SMH a South County base for its Children and Family Services. Then in December, we signed a long-term lease on 14,000 square feet of office space at 600 Broadway, directly across the street from the entrance of Swedish Medical Center. When it will open in April of 2015, this facility offers a variety of short-term outpatient services for children, families, adults and seniors in the mid-Seattle area. It also provides SMH a vital link to the medical heart of Seattle, which could open many opportunities for our organization to partner with mainstream health care providers.

Of course, not all of the excitement for Sound Mental Health in 2014 occurred in the area of services and infrastructure. Our ninth-annual Mental Health Matters banquet once again was a major success. Over 425 friends and staff showed up to hear former U. S. Congressman Patrick Kennedy speak about how mental illness and substance use disorders can wreak havoc even in

prominent families. The audience also was inspired by the strength and resiliency of SMH client Ariana Williams, whose personal story of recovery brought many to tears, and then to their feet with a standing ovation.

An important metric that Sound Mental Health has maintained for many years is accreditation by an appropriate national organization. In 2014, SMH once again achieved re-accreditation by the Commission on Accreditation of Rehabilitative Facilities (CARF) for the maximum three-year period. The comments by the CARF review team were almost uniformly very positive, with recommendations for improvement in only a few areas.

Another responsibility Sound Mental Health takes seriously is increasing community awareness of behavioral health issues. This past year, SMH services were featured in a total of 14 placements in local and national print and web-based publications. In addition, our staff appeared on area television and radio programs a total of 8 times during 2014.

It could be said that 2014 was the opening act of a show about creating a health care system out of what has been a cottage industry for many years. We are working hard to ensure that Sound Mental Health has an essential role in that show, and that it has a very long run.



**David R. Stone, Ph.D.**  
Chief Executive Officer

# SOUND MENTAL HEALTH LEADERSHIP

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Heather Hamilton (right), enjoys a minute with SMH staff member, Sultana Graham

## CHILDREN AND FAMILY PROGRAMS OFFER WEALTH OF SUPPORT TO STRUGGLING CLIENT

Most athletes know all about grit and determination. Anyone who has engaged in the theater of sport knows just what it feels like to experience victory. And, of course, defeat.

Just ask Heather Hamilton, a Sound Mental Health (SMH) client who has received chemical dependency counseling, housing support, individual therapy and specialized counseling for her children.

As a star student-athlete in a small Southern Ohio town more than a decade ago, Heather experienced life's highs. An "A" student, Heather just loved her sports: the camaraderie, the joy, the winning, the deep sense of accomplishment. As a three-sport athlete who won two regional championships in softball, Heather had it all.

But for most athletes, defeat is also part of life. Ask Heather, and she'll tell you she's had her fair share of

setbacks. The most crushing and devastating of these occurred in 2000, when her twin sister, Amber, died in an auto accident.

"That was the lowest point in my life," she recalls now.

### **Tough Beginning**

During her sophomore year in high school, Heather moved to Seattle to live with her mother—leaving behind a deeply traumatic past. The combination of the loss of her sister, being in a larger city, and the inability to properly cope was disastrous. She began associating with a different crowd, got pregnant and eventually dropped out of high school. As a teenager, she knew she could not be a good parent to be to her young son, "Kendall,"\* so she made the difficult decision to send him to live with his grandparents. The boy is thriving and has a good relationship with her today.

Thus began a more than 10-year struggle with depression, substance use, legal troubles, evictions, domestic violence, periods of sobriety and crushing

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relapses. Through all this turmoil, she gave birth to two more sons, “Joshua,”\* in 2005 and “Randy,”\* in 2007.

Heather takes full responsibility for the way her life played out, but she acknowledges that contributing to her struggles was “Randy’s” father, who remained a presence in her life for years. The domestic turmoil and substance use escalated during these times and so did the growing impact on her young sons.

“They (her two sons) walked in on us fighting...several times,” she reflects.

Though “Randy’s” father is now clean and sober and they co-parent the boys, the impact on the children at the time was most devastating.

“They have had nightmares (about the fights)...I didn’t know how to respond to that,” she admits now. “To this day, Joshua still has nightmares.”

It distresses Heather profoundly that all of this weighs on her children, and that they don’t always feel secure and protected.

Still, her legal issues and substance use continued. She even lost her apartment again and at one point, Child Protective Services temporarily took custody of her two sons. She had officially hit rock bottom—and finally decided to get help. Unlike most SMH clients, who access services through referrals, Heather came to SMH voluntarily in 2011.

“I knew I needed help. I needed help to deal with my sister; that was a big thing in my life,” she confesses. “There were issues from my childhood that needed to be dealt with that I had never dealt with before, and the drugs. The drugs were the biggest factor in all of that.”

What followed was intensive individual therapy by Mary Harris-Childs, a counselor at SMH, and concurrent six months of drug and alcohol treatment through another organization.

Once she completed the chemical dependency treatment, Heather was referred to Project Homestead, which provides permanent and stable housing to qualified clients. A program like this opens up a world of riches to those who have nowhere else to turn. Her housing was initially located in Auburn, Wash., but she now resides in Kent. The program supports low-income individuals and their families who face mental health, chemical dependency or physical disabilities.

### **Array of Services Create a Web of Support**

Once in stable housing, Heather was better equipped to access the breadth of SMH programs available to her. Therapeutic services were enhanced by case management from Project Homestead clinician Sultana Graham, MSW. Encouraging support from SMH Peer Specialist Clara Evans helped Heather stay the course while undergoing therapy and chemical dependency treatment from Cynthia Tumelson helped keep her sober.

“From my first meeting with Heather (in 2013), it was clear she is an inspiring, positive and charming individual. It has been a pleasure seeing her grow the past year and a half,” says Graham.

As Heather’s participation increased, she began to come to grips with her early childhood. She started to understand that her Post Traumatic Stress had roots in her early life, and that only by confronting that, would the avalanche of struggles enveloping both her and her children begin to retreat.

She declares, “Everything that I needed...SMH provided for me. They helped me with my chemical dependency, the treatment after that and they got me to open up about things that I had bottled up for years. All of those services, the counseling, the home visitations, the peer counseling...was tremendous. I can go on and on. I still get services there.”

Beginning in 2012, Heather’s sons began bi-weekly, individual counseling through SMH’s Child & Family Services in Auburn to address their traumatic experiences. Though she still struggles with her feelings

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SMH Director of Health Information Technology, Dian Wells, expects the new EHR to dramatically change the way the agency does business

## WITH AN EYE TOWARD THE FUTURE, SMH INVESTS IN NEW HEALTH INFORMATION SYSTEM

The concept of change in health care is nothing new. But major transformative change? This level of change is often difficult to adopt and slow to take. Perhaps it's all the challenges inherent in implementing change, or maybe it's just resistance to the change itself. Still, there must be a willingness to accept the inevitable challenges of evolving, to achieve better outcomes. In 2014, Sound Mental Health's executive team did just that when they made the strategic decision to invest in a more robust and stable electronic health records (EHR) platform. That system, which it believes will catapult them into the future, is myAvatar from Netsmart Technologies.

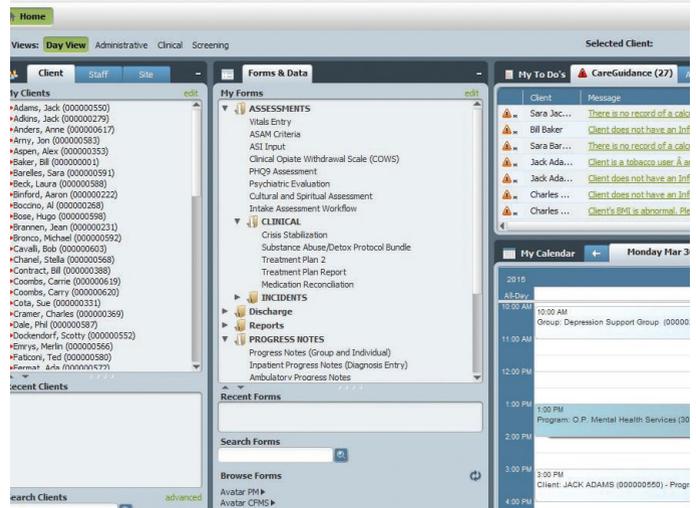
"That product has features we need that other behavioral health EHRs do not," says Dian Wells, SMH's director of Health Information Technology.

The Affordable Care Act (ACA), coupled with the 2014 launch of Washington Healthplanfinder, the state's online health care marketplace, required that behavioral health organizations like SMH align themselves to manage increases in client volumes and adopt integrated models of care with primary care providers. Though SMH would have managed these changes short-term with its existing system, its long-term commitment is to position itself for the future where coordinated care is the norm.

And in mid-2014, unanticipated funds enabled SMH to do that. King County awarded SMH, along with other behavioral health providers, a one-time increase in its Medicaid allocation. The organization directed this money to invest in the EHR, along with some other smaller projects.

"Senior management made this happen," declares Wells. David (Dr. David Stone, CEO) had no hesitation about looking at using the money to replace what we had." Once the new EHR is fully implemented, Wells and senior management expect it to change the way medical

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SMH expects that the interface to myAvatar, its new EHR, might resemble the one pictured here

information is documented and utilized and to reflect Health Care Reform's mandate of multidisciplinary collaboration and accountability.

“Outcomes-based health care is where you need to show a positive outcome as a result of your services,” says Netsmart's Bryan Rosenvall, Client Development executive. “We have built-in tracking, analytics and workflows that already support accountable care. It is a big topic in health care right now, and being able to adjust for accountable care is something we've developed with myAvatar.”

Success in the new health care paradigm will hinge on agencies like SMH seamlessly partnering with large primary care organizations, clinics, prescribers and labs in the years ahead.

“This will enhance our ability to communicate with hospitals and large health care organizations,” adds Wells. “In terms of doing business, we'll be able to integrate more seamlessly into their business operations, workflow and modes of interaction to expedite referrals, collaborate around client care and so much more.”

### Clients and Staff Also Benefit from New EHR

myAvatar possesses key features essential for SMH to be well-positioned for the collaboration, connectivity and care coordination needed to work effectively with major primary care partners. The platform is based on a formidable Cache database, enables superior analytics, state-of-the-art tracking and real-time reporting. The “role-driven,” customizable interface allows staff to be more efficient in documenting and accessing client information. It also allows staff to spend more face time with clients and less time on their computers documenting information.

“An organization that is complex like yours wants to improve efficiencies,” Rosenvall says. “There's lots of different services and multiple locations—and with that comes a lot of inefficiencies built in (a by-product of organization size, multiple locations and staff numbers). When you get an enterprise system that's all integrated

together, and everything is all in one, you hope to create better efficiencies.”

These efficiencies, Wells points out, enable staff to more successfully serve clients, experience better workflows, minimize errors and even support more people.

“If our mission is to improve the outcomes for our community's most vulnerable populations who utilize services across the entire health care continuum,” says Wells, “then I believe Netsmart's technology situates us favorably to participate in a contemporary health care system that demands business efficiencies and coordinating care with improved outcomes.”

The implementation of the system began in early 2015 with a four-day kick off session and should take a year to complete. Though the foundation was set in 2014, 2015 will include intensive work sessions with SMH staff who will collaborate with Netsmart to map out workflows unique to SMH, develop optimal workflow templates and engage in extensive testing until the system is completely tailored to SMH's needs now—and in the future.

“Sound Mental Health leadership wanted someone that was going to pull the organization into the future,” says Rosenvall. “They wanted someone who could partner with them in the future. That was a big emphasis for them.”



SMH client Donna Shaw (center) catches up with clinical staff, Heather Kranz (left) and Teri McNeely (right)

## NEW HEALTH CARE LAW UNLOCKED DOOR TO RECOVERY FOR SMH CLIENT

For years, Sound Mental Health (SMH) client Donna Shaw didn't think she'd make it. Perhaps it was the trauma she suffered after the Jan. 2000 crash of Alaska Airlines Flight 261, which claimed the lives of 88 people, including a close friend. Maybe it was her unstable childhood that left a sense of insecurity and vulnerability. Possibly it was the knowledge that, from the very beginning, "something was off" with her. Or, more likely, it was each of these things, building over time, that lead Donna to attempt suicide in 2009.

This open and outgoing woman, who held a job for 18 years as a flight attendant with Alaska Airlines, represents the type of individual that the Affordable Care Act of 2010 was intended to help: people who, for various reasons, are unable to afford and access adequate health and mental health care. Without coverage, these

individuals go without the services they need to enjoy full, productive lives. Without these services, people struggle, often getting worse over time.

And Donna admits today that her life's challenges were many. Raised by parents who struggled with severe and persistent mental health and substance issues, Donna's childhood was teeming with volatility, anxiety, apprehension and crippling instability. She knew, by the age of nine, that she wasn't like other kids (she was later diagnosed with bipolar disorder in 2009).

"I had an alcoholic father and a schizophrenic mother, and never knowing if we were going to have a house over us, the anxiety kind of started from there... we always wondered if the rug was going to be pulled from underneath us."

Still, she grew up to be a high-functioning adult. She had a demanding job for years, paid her bills on time, nurtured friendships—and somehow kept her struggles in check. Then, Alaska Air 261 happened. Though she

stayed with the company until 2007 (feeling as if her job security depended on it), the trauma of her friend dying in that crash (coupled with mounting anxiety with take-offs and landings) proved to be the tipping point. Her past issues and current ones converged.

“In 2005, I just drank a lot to quell the anxiety,” she says now. “When I was on layovers, when I wasn’t working, I was drinking. And it just progressed. I thought I had it handled but it progressed rather quickly. In 2006, I had my first seizure from alcohol withdrawal. At that point I went in to see a doctor and went into detox.”

But the mid- to late-2000s became an increasingly dark period for her. Fearing that she was going to lose everything, she entered several mental health and substance abuse facilities, became isolated from her family and tried to quit drinking. Unable to consistently stay employed, or stay in therapy and powerless to control her alcohol abuse, Donna attempted suicide in 2009.

“I just felt like I had nothing left. I had no friends, I was isolating,” she recalls today.

After this unsuccessful attempt, other chemical dependency and mental health programs followed, but her continued drinking undermined that effort. Two years later in 2011, she began receiving limited outpatient care from SMH.

### **Health Care Law Changed Everything**

Though the organization specializes in treating complex cases like Donna’s, her recovery was severely hampered by less than adequate health coverage. The 2014 implementation of Health Care Reform legislation, however, would eventually supplement the existing gaps in her coverage—and change her life.

But not before Donna had a very serious setback—which she attributes to not having all the services she needed.

“Part of my psychotic break that had happened in 2013 was because I didn’t have the money to get Seroquel



Enjoying new hobbies now that she is in recovery, Donna has taken up painting

(bipolar disorder medication she was prescribed). I didn’t have the health insurance, I didn’t have a job and I didn’t have a job because I was barely hanging on to life.”

Funding streams for the services she needed, which consisted of mental health treatment, medication management, psychotherapy and chemical dependency counseling, is typically fragmented and she often could not qualify for all the therapeutic services crucial to her recovery.

“She wasn’t able to afford medication and that was causing her to still have crises, and not be able to stabilize,” explains SMH Adult Services Program Manager, Teri McNeely, MA ABS, MHP. “The other thing was, she was only able to come in for chemical dependency treatment, and not chemical dependency *and* mental health. She needed chemical dependency, mental health and medication to truly get stable. That’s where Obamacare really helped her. It allowed her to get all the services she needed.”

Donna echoed the sentiment: “Some people fail because they can’t get everything to come together.”

By late 2014, things did begin to come together for Donna, to the extent that she began group therapy. Donna participated in one such group, Women’s Recovery, headed by SMH staff Nicole Davis and Case Manager, Heather Kranz, MA, LMHCA and CDPT, for



New SMH office on 600 Broadway offers an important link to the area's most dense concentration of hospitals, clinics and medical facilities

## NEW SMH FACILITY: CENTRAL TO SPREADING A WEALTH OF SERVICE

At first glance, Sound Mental Health's (SMH) newest office locations merely suggest that the organization will serve more people. While this is true—in 2014 the organization added one location in Tukwila and signed a lease for another in Seattle—there is much more at play. One of these facilities in particular, at 600 Broadway on Seattle's First Hill, signifies that the way SMH does business is changing in a very significant way.

The Affordable Care Act (ACA), with its mandate of mental health parity and accountable care, is an influential component of SMH's decision to lease 600 Broadway. In 2014, the legislation increased access to quality health care for thousands of Washingtonians, making people at the poverty level eligible for Medicaid benefits. The ACA also enables individuals with low to moderate income to purchase commercial health insurance at discounted rates.

What does this mean and what has it got to do with SMH's new 14,000 square foot facility on First Hill? More people who could not previously access health care will now be able to—in large numbers. The new mental health parity provisions enable many of these people to access behavioral health services for the first time as part of their care plans.

The new facility is located at the heart of the largest medical community in the greater King County area, directly across the street from Swedish Medical Center and one building down from Northwest Kidney Centers. It's within minutes of Harborview, Virginia Mason, Polyclinic and many other medical facilities and laboratories in the area.

These providers, of course, already realize that better outcomes result from treating the entire person, rather than just one facet of their health. Some of the most common and debilitating behavioral health issues (such as depression, anxiety, and alcohol or substance abuse) often occur in conjunction with chronic medical

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conditions like diabetes and heart disease. Studies show that collaborative care models, which deploy a multidisciplinary approach to care delivery, will be more effective in treating these complex mental and physical health issues – also reducing costly hospital readmissions.

According to Paul Eisenhauer, SMH chief financial officer, coordinating care is the inevitable future of care delivery and in reaching accountability measures required by the ACA.

“Many costs in health care are linked to a patient’s compliance with a health care plan,” he says. “Making efficient use of resources for positive outcomes is crucial to financially efficient operations. Integrating behavioral and primary health care more immediately addresses the potential areas of non-compliance, likely achieving a more positive outcome for the patient with lower financial costs.

Trish Blanchard, chief clinical officer for SMH, believes that the new location exemplifies a major commitment by the organization to create significant and beneficial collaboration opportunities with the larger health care system. The objective, of course, is to meet the primary goal of the ACA: to improve health outcomes. The new location, she adds, is part of a greater plan.

“For years, Sound Mental Health has been working toward an integrated care model that offers a holistic approach to addressing the needs of individuals. The state is heading toward an integrated system of care. Our strategic proximity to the region’s largest primary care providers and health systems strengthens our opportunities for partnership with them, and improves our ability to play a more important role in serving a broad spectrum of individuals who need behavioral health services.”

Despite the relevance of the geographic proximity, that’s not enough, according to Eisenhauer.

“This represents the strategic intent of the organization more than anything else to provide behavioral health services in an integrated model of care. It is central to

our ability to create partnerships and position SMH as an accessible provider of critical mental health services.”

Blanchard elaborates that true collaboration will flourish when other developments take place too, such as the very infrastructure that makes collaboration and partnership possible.

“In addition to the location, our other efforts will include creating a streamlined referrals process for key health providers, strengthening our relations with health plans and providers and ensuring the needed capacity of credentialed staff.”

Over the years to come, the agency will actively embrace partnerships with primary care facilities, bring value to providers and work to maximize opportunities for collaboration. And though there is no way yet to predict just how much impact collaborative care models will have on client outcomes, for years maybe, the agency believes the investment is worthy of the effort.

Though 2014 may go down as the year that Sound Mental Health planted the tangible seed of progress, it is, in fact, a process that has taken years to achieve.

“Over recent years, Sound Mental Health has actively participated in planning at the national and regional level to prepare for health care reform,” Blanchard states. “In many ways, this transformative change has enabled behavioral health to integrate with health care for all populations.” 

of guilt and coping with her early life experiences, things are much better today. What's life like now?

"It's happy. It's not perfect. There are still problems. But me and my children are happy. I'm sober, I can parent properly...I'm a full-time student (starting her second year at Green River Community College studying Natural Resources) and I work."

At one point, she worked two jobs, one of which was at Parents for Parents program, a county-based program linking parents who have gone through the juvenile justice system with those currently involved with Child Protective Services.

"Kendall"), and they are all working through their individual struggles. Their counseling is going well, which she believes is helping.

They are excelling in school. She's playing Clean and Sober Softball, she volunteers at Catalyst for Kids, as a frequent speaker at foster care trainings. She's even keeping her sights on completing five degrees in college, too.

All of this good fortune, she believes, was possible through the comprehensive services she received from SMH.

"ME AND MY CHILDREN ARE HAPPY. I'M SOBER, I CAN PARENT PROPERLY. I'M A FULL-TIME STUDENT AND I WORK."

HEATHER HAMILTON, SMH CLIENT

Her hard work and sacrifices have earned her a tremendous amount of respect.

"One thing I want to add," says Graham, "is how courageous Heather is. It took a lot of courage for her to leave her hometown, friends and beloved twin sister for a fresh start in Seattle. She also voluntarily started with SMH, inpatient and school. She even denied cash benefits through DSHS because she was ready to be self-sufficient. She is full of courage and strength to make these difficult decisions."

Despite some occasional setbacks, things appear to be on the upswing. She continues to deepen her relationships with her children (including her first son,

"I'm way more self-sufficient. They have given me the stepping stones to be able to learn how to support myself and my kids." 🍃

*\*Names changed for confidentiality.*

nearly a year. This group provides support, coping strategies and advice to a wide group of women with a variety of challenges and stages of their recovery.

“I loved those groups of Heather’s!” exclaims Donna. “Those really helped to just talk about things. I had the inclination to hold a lot in ... Just showing up and talking about it (her problems), made it real instead of keeping it in.”

Kranz, her case manager, credits Donna for not only learning to express her thoughts and feelings at the group, which was critical in her continued progress, but also for her contributions to others.

Today, after months of volunteering at SMH, Donna is a Peer Support Specialist at the agency, supporting people who are going through challenges just like her. With her own stability now a reality, Donna is inspired to do the same for others, as others have done for her.

“When a mental health facility invests in someone’s recovery, they’re going to be more productive in society and also be able to help others,” beams Donna. “I feel like I’m giving back now, and I feel really privileged that through my anguish I am able to circumnavigate the system (and use this knowledge)... to benefit my clients.”

There’s little doubt that, despite some major obstacles in her life, Donna has emerged, better and stronger.

“WHEN A MENTAL HEALTH FACILITY INVESTS IN SOMEONE’S RECOVERY, THEY’RE GOING TO BE MORE PRODUCTIVE IN SOCIETY.”

DONNA SHAW, SMH CLIENT

“She has such great insights and is far along in her recovery,” praises Kranz. What she brought to group and that group of women was ‘hey, I’ve been here and I’ve been through this. I’m clean and sober, but I had to also come back here to get some things out.’”

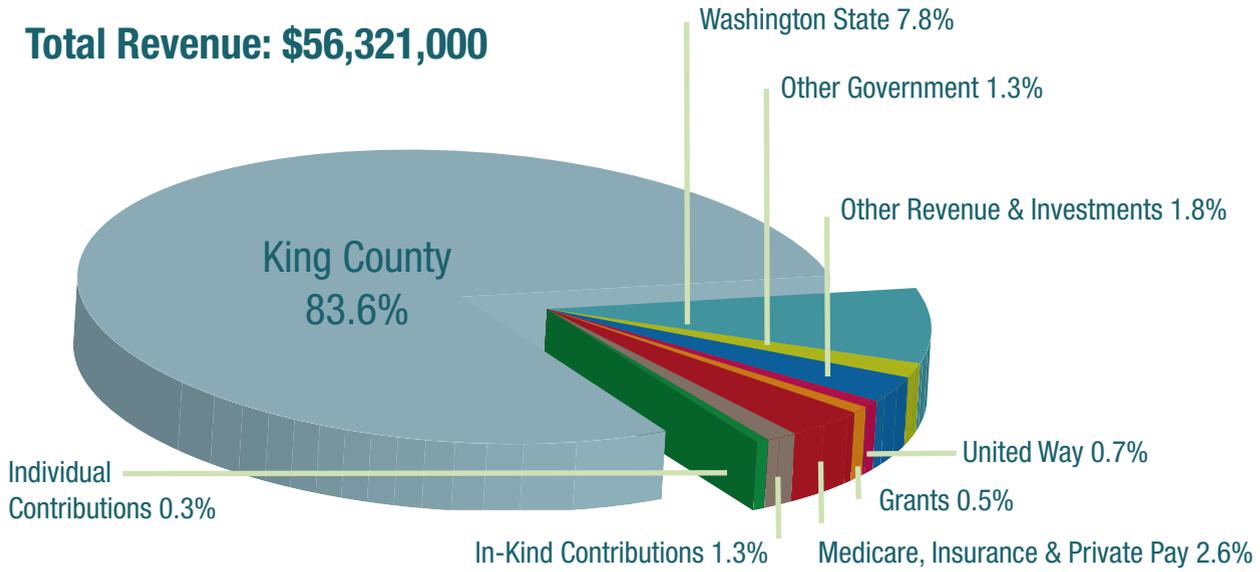
Steadily gaining self-confidence, Donna yearned to regain her independence. Clearly, by having access to a full complement of mental health, chemical dependency, medication and group therapy programs, things changed dramatically for Donna.

“She was constantly applying for jobs and getting jobs, but she was having a hard time holding on to them because she was still struggling to get stable,” McNeely pointed out. “But once she got the insurance she needed that allowed her to be stable, she took off.”

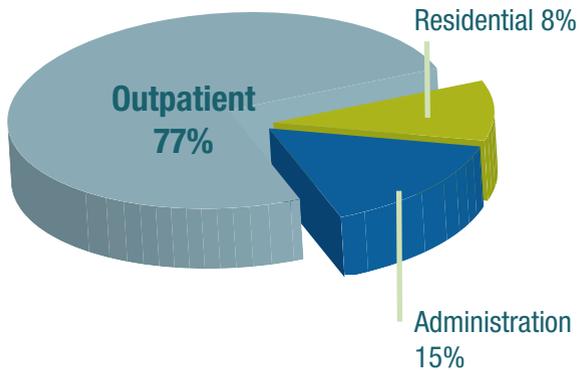
“What really struck me was that she came from a history that was very tough,” observes McNeely. “And she got to a point where she worked hard, educated herself, held down a job for a long time. And then she had new circumstances and trauma in life that started to snowball. Once again, she’s overcome that. That’s one of the great things about her story.” 🌱

# FINANCIALS & DEMOGRAPHICS

## Total Revenue: \$56,321,000

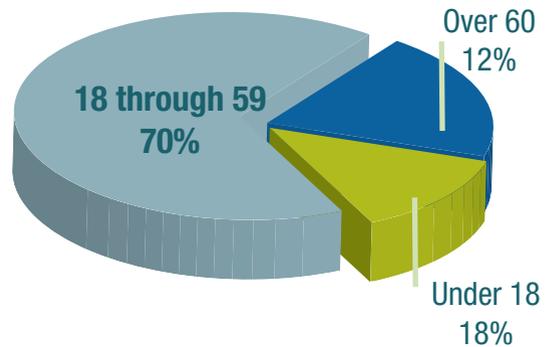


## Total Expenses: \$53,800,000

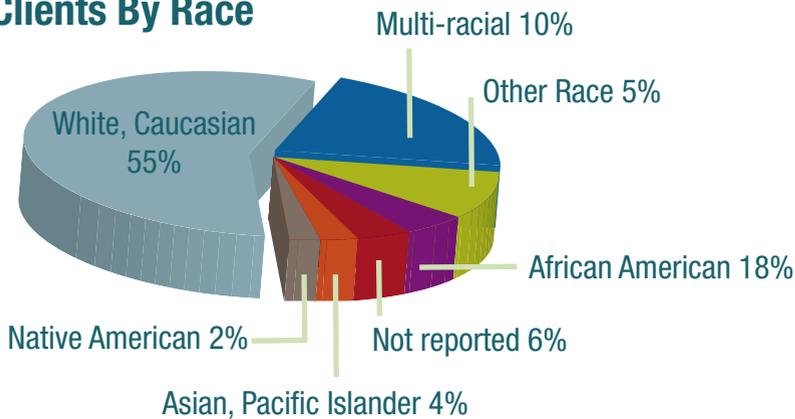


## Clients By Age

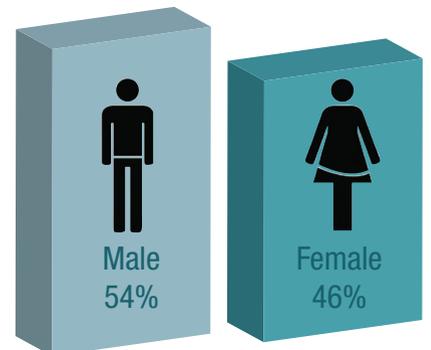
total clients 19,180



## Clients By Race



## Clients By Gender



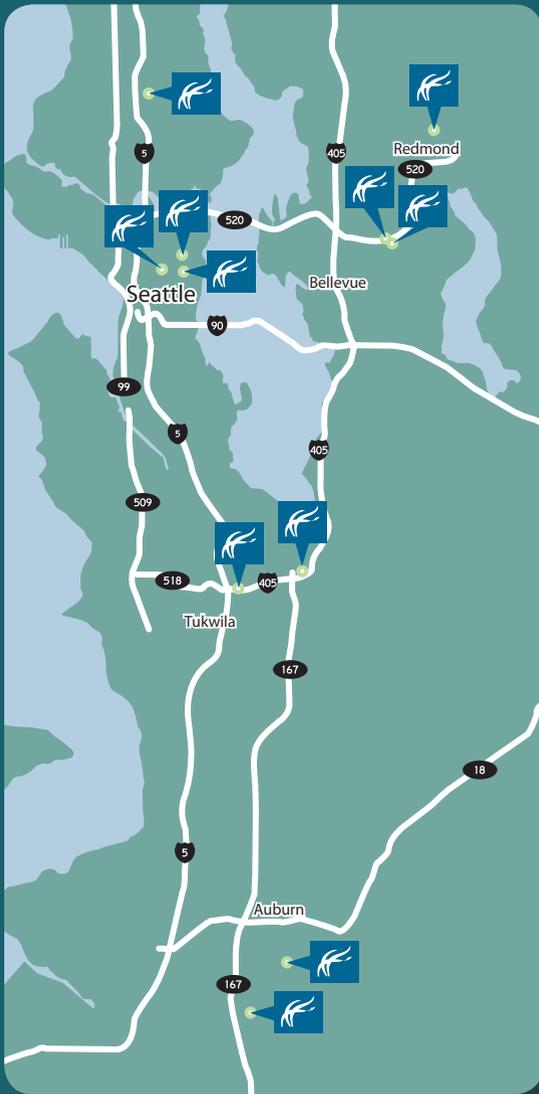
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