

A scenic view of a beach and ocean framed by blue shutters. The sky is bright blue with scattered white clouds. The ocean is a vibrant blue, and the beach is a light tan color. The blue shutters are on either side of the frame, creating a window-like effect.

*Transitions: A year of growth,
a year of transformation*

2015 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.



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LETTER FROM THE CEO

Transitioning to a More Successful Future

The past year may be remembered as one of the most momentous ever in the history of Sound Mental Health (SMH). Opportunities resulting from the recovering economy and the implementation of the Affordable Care Act (ACA) produced a level of excitement within Sound Mental Health that was a welcome change from the difficult earlier years surrounding the Great Recession.

The primary mission of SMH is to serve people, and our staff did that to a remarkable degree in 2015. In fact, SMH served 20,590 children, adults and seniors last year. That number is easily the largest for any behavioral health provider in King County and represents the most clients ever served by our organization.

Our goal is not to just serve more people; it is to provide as wide an array of services possible to the broader community, in line with the original vision of President John F. Kennedy when he signed the Community Mental Health Act in 1963. That is why in May we opened our new office at 600 Broadway in Seattle. In addition, it is why we negotiated an agreement to purchase four acres of property adjacent to our current campus in Auburn. Pursuit of this goal is also why we have asked the Seattle Landmark Preservation Board to remove restrictions on two acres of our main campus, so that we can improve and expand programs to the city's urban population.

We also took an important electronic step in expanding access to our services in 2015, via the initiation of telehealth services. Through the purchase of videoconferencing equipment, SMH began to offer psychiatric evaluation and treatment services for clients on a limited basis at several of our locations. The new

service has been well received by both clients and staff who have participated in it, and will eventually be available throughout the organization.

Developing and nurturing partnerships with key funders is essential to Sound Mental Health's success, a fact which was quite evident in 2015. One example of this reality occurred when King County staff asked SMH to take over a program formerly offered by another organization. Since that program was similar to one already being conducted by SMH serving adults with substance use disorders, we agreed to combine it with our own.

A partnership that one day could have a major impact upon both the community and Sound Mental Health was forged last year with the Swedish Medical Group (SMG). The present agreement involves a close working relationship between SMG's primary care clinics and SMH, which assures that SMG patients needing behavioral health services are quickly admitted into appropriate SMH programs. An important aspect of the partnership is that SMH clinicians have easy access to the SMG electronic medical record system, so that patient care is facilitated and integrated into a smooth process. Both parties view this relationship as having great potential for future expansion, both in scale and scope.

In keeping with the general theme of promoting total health, Sound Mental Health took an important step on April 1st when we implemented a non-smoking policy at all of our outpatient facilities. It was a big change, and has been challenging, especially for clients. To ease the transition, resources were made available for clients and staff wishing to reduce or eliminate their use of tobacco products.

The component of Sound Mental Health that probably experienced the most dramatic change and success (relative to its size) during 2015 was the Development Department. This small office (2.5 FTEs) had a banner year with respect to fundraising, bringing in \$834,000 from various community sources. This included netting \$100,000 from our annual banquet, by far a record for an SMH event. The Development office also was responsible for arranging 25 media placements for SMH throughout the year, another record. In addition, these achievements occurred during the transition to a new Chief Development Officer during the first half of the year.

Of course, an important part of any organization's year is its overall financial performance, and in this area too, Sound Mental Health exceeded expectations last year. Thanks to the continued very hard work of our staff, and some accommodative actions by King County, SMH ended 2015 well ahead of budget predictions. This performance significantly strengthened the organization's balance sheet, so that SMH ended 2015 financially healthier than it has ever been.

The Future

This past year capped a decade of steady, substantial growth for Sound Mental Health. Since 2006, the organization has doubled the number of clients it serves, nearly doubled its revenue and assets, and more than doubled its fund balance. It has added four outpatient facilities, two of which it owns, and is in the process of purchasing another.

By now, it is not news that I announced my retirement from Sound Mental Health last summer. While this naturally brings about change and some uncertainty, I feel strongly about Sound Mental Health's future.

The organization is no stranger to change, and to the stress that often accompanies it. Over the years, SMH has demonstrated a unique ability to use change to its advantage. That is partly due to the stability it has

enjoyed among its upper and middle management staff. Through periods of revenue growth and contraction, and leadership changes within its major funders, SMH management and the Board of Directors guided the organization on a wise path that ultimately served its clients and community well.

The departure of a CEO who has been at the SMH helm for 27 years presents the Board and staff with a different kind of challenge. A period of uncertainty is inevitable. Questions about the new CEO's style and skill set, his/her plans, and many other concerns are to be expected; however, they need not prove to be more than a temporary distraction for this organization.

The fact is, Sound Mental Health is positioned very well to handle a leadership change and virtually any other challenge it will likely face in the near future. The organization is financially strong, has talented and committed employees and Board Members, a very seasoned management team, solid facilities and modern technological capabilities, as well as substantial goodwill in the community. It could hardly be better prepared for this upcoming leadership transition.

The future is incredibly bright for Sound Mental Health. It is poised for significant growth, and has all of the resources and tools necessary to take advantage of whatever opportunities that might come along. I am very confident that the Board and staff will support my successor in taking SMH to new heights in the coming years.



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

Sound Mental Health Leadership

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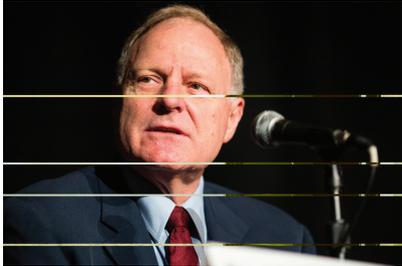
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Dr. Stone 's leadership and advocacy in community mental health spans decades

Transitioning to New Leadership

Fourteenth century poet Geoffrey Chaucer once wrote, “All good things must come to an end.” These words rang true when, in July 2015, Dr. David Stone, longtime CEO of Sound Mental Health, announced his retirement.

Dr. Stone spent the past 27 years building Sound Mental Health from modest beginnings into one of the most respected behavioral health organizations in the region. During his tenure, he helped transform SMH from a \$4 million organization with a handful of programs to a comprehensive, successful entity synonymous with innovation, quality and efficiency.

Over the years, his influence ensured recovery, opportunity and hope to tens of thousands of clients and their families. Earning \$60 million in annual revenue and with stable financial reserves, Dr. Stone is leaving SMH in a far better position than when he took the position in 1989.

“Over time we made very conscious decisions on ways that we could not only survive,” says Dr. Stone, “but also

thrive and become essential to the community. Part of that strategy was a determination, a willingness to develop an array of specialized services for populations that were receiving little or no attention by most other provider organizations, and focus upon serving those people in ways that would be most likely to help them.”

Thus began a steady drive to create specialized programs to serve older adults, children and youth, offenders with mental health or addiction issues, the homeless living with behavioral health challenges, people who are developmentally disabled and many others.

Because of its stability, SMH will continue to offer services and hope to the community for years to come. But the organization’s financial health and comprehensive range of services are not necessarily the only legacy of Dr. Stone and his executive team. The pinnacle of achievement is what has happened beyond SMH’s clinical walls.

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Dr. Stone explains: "I think I played a role in helping my colleagues in community mental health as well as county staff understand the importance of all the provider organizations to the community's mental health. I feel good about helping to change the county's perspective and ultimately their model on the way behavioral health services are provided here."

Along with just a few other leaders in behavioral health, Dr. Stone's decades of tireless advocacy and building key relationships in the community also have promoted a better future for community mental health. The legacy of leaders like David Stone is that behavioral health care has come to have a level of currency and credibility that was absent earlier in its history.

"I hope that as a result of my involvement over the past 27 years I've inspired a few people to think about those issues more than they otherwise would have done, maybe to encourage them to take action or at least ponder the issues more seriously."

While he is modest about his contributions, changes in public perception, for which Dr. Stone has labored, cannot be overlooked as central in advancing the integration of behavioral health with primary care. In the late 1990s, for example, Sound Mental Health placed mental health professionals within primary care clinics operated by Medalia Healthcare LLC. The Affordable Care Act in 2014 set the stage for SMH's return to collaboration with the broader health care community via a partnership with the Swedish Medical Group. This collaboration has provided primary care physicians a mechanism that promotes the seamless referral of patients with serious and costly mental health issues to be served quickly and professionally by Sound Mental Health clinicians.

"What I would like for SMH in the future is partnership, a strong collaborative relationship with at least one or two health care systems, with substantial inpatient facilities and also a network of primary care clinics and

other specialty care. What I want for Sound Mental Health is to be a partner with more of those systems so that the type of client we both treat can receive a more complete and beneficial level of care."

The partnership with Swedish Medical Group enables patients to receive support for both physical and mental health needs concurrently and interactively. The natural output of this cooperation improves outcomes, reduces overall costs and leads to better health care experiences. While there are other accomplishments one can list from his fruitful tenure here, it is this development that stands out as a key source of pride for Dr. Stone. It cements his place in SMH's long history.

The transition of leadership from Dr. Stone to a new CEO at Sound Mental Health surely will be marked by uncertainty and change. The one thing that is clear is that the new leader will take the helm of an organization that is a groundbreaker in advocacy and innovative practices, has earned widespread respect among health care peers nationwide and is positioned for decades of continued growth will provide.



SMH's TSP team (clockwise from the top center), Beth Anderson, Kristy De Nunzio, Pamela Connors, Meg McCormick, Miki Pendleton, Deepak Singh and Nathan Bartholome, at the Capitol Hill facility. Not pictured: Kevin Maloy

Program Helps Individuals Stay Out of Hospitals, On To Stability

By the time the Washington State Supreme Court ruled psychiatric boarding as illegal in 2014, Sound Mental Health (SMH) was already developing a program that would bring relief to hundreds of mentally ill people who found themselves held indefinitely in hospital emergency rooms. SMH's Transition Support Program designed and operated in partnership with King County successfully addresses this challenging issue.

Boarding was a phenomenon that occurred with greater frequency as mental health funding decreased. Often, hospital emergency rooms had little choice but to become the de facto point of entry into the mental health system. According to statistics from King County, there were less than 500 individuals boarded in hospitals in 2007. By 2013, there were nearly 2,500 boarded in hospitals annually. The number of people unable to access services and being housed in hospitals was increasing, creating higher costs for tax payers without any real improvements in clients' well-being.

Beth Anderson, manager of SMH's Transition Support Program (TSP), explains that individuals were held for indefinite periods, often unable to see a psychiatrist or receive a mental health evaluation. Upon discharge from the hospital, they frequently lacked the direct one-on-one support needed to be successful in their communities and avoid returning to the emergency room. The program's stated goals, then, are to: reduce the number of visits and length of stay of people detained at King county hospitals; help people successfully transition back into their community and supports; connect to long-term care and reduce/prevent more acute illnesses that result in costly hospital readmissions.

Take the example of *Danielle**, a woman who became a frequent presence in emergency rooms in three King County hospitals over the years, often detained for up to an entire week. Danielle's troubles included losing her job and the threat of losing her home. Worse still,

her surging money problems meant she could not afford medication to manage her bipolar disorder and depression. By the time she was discharged from her last hospitalization, however, SMH staff had already engaged her, eventually connecting her with a payee and writing her a prescription. TSP also consulted with her bank to get her finances in order and apply for mortgage forbearance. Importantly, TSP staff taught communication skills so that she would work more closely with her husband in the future. This support on housing and finances helped to strengthen Dianelle's focus on recovery and her long-term success.

"These are people who might be coming to emergency departments 10 times a year or more," says Anderson. "They are usually not enrolled in benefits, are not engaged with any kind of mental health agency and often do not have community support. We are working with people who truly do not have the resources or connections yet to make it on their own out in their community."

To achieve these goals, SMH's program empowers these individuals with tools, education and appropriate guidance to make life-changing connections to resources, feel a responsibility to maintain their wellness and, hopefully, end the cycle.

"Our goal is to teach and not take over," Anderson emphasizes.

Sustainable Effort

Katrina Egner, director of SMH's Sound Response, best illustrates the mission of the program: "From your first day with the client, you are teaching them how to be successful without you."

While there are only a handful of other similar programs in the area, SMH is distinctive from them in a few key ways.

First, SMH utilizes a multidisciplinary approach to provide comprehensive care for people with complex issues. TSP's eight-person team consists of licensed mental health clinicians and social workers, a psychiatric advanced registered nurse practitioner to prescribe medications, registered nurses and certified peer support specialists. The multidisciplinary model draws from various competencies, in real-time, to address the complex needs of the client.

Second, the program is specifically built to dedicate quality time to these individuals. Working with clients from 30 to 90 days, the program averages 95 people at any one time. This enables a level of thoroughness and connection that other programs cannot offer. Since the program's inception in July 2014, they have served more than 800 clients.

"What makes our program special is that we have the time and ability to work in depth with clients, to teach them to take their own medications, get to their own appointments and empower them to be able to take care of themselves fully," states Anderson. "We are able to address a broader spectrum of needs for the client. We're able to offer specialty care around medical needs as well as a clinical component. All of those pieces combined are what make us unique and different."

Staff utilize proven clinical practices to maximum effect. All are certified in the Care Transitions Model, a medical methodology adapted to behavioral health, that engages clients with specific tools and education to learn self-management skills. They primarily utilize the evidence based APIC Model and Motivational Interviewing practices, as well as other tailored models that meet specific client needs.

TSP supports the client first and foremost, providing program services where ever needed—primarily serving hospitals throughout King County, including the



Development Department Re-envisioning SMH as a Social Enterprise

The transitions taking place in behavioral health go well beyond the Affordable Care Act, integration and partnership with primary care.

Like the industry in which it works, Sound Mental Health's Development Department is changing its approach to philanthropy, communications and community development.

This is in part due to the arrival of Tresa Thomas Massiongale, SMH's new Chief Development Officer, in April 2015. A Certified Fund Raising Executive (CFRE), she brings a fresh philosophy and distinctively different approach to fundraising, partner development, philanthropy and the role of the nonprofit in the larger community equation.

Beyond tactical fundraising, Thomas Massiongale take a strategic, long-term view of an organization's philanthropic activity. SMH's objective is to create a

sustainable fund development model that promotes a diverse portfolio including individual donors and the business community, philanthropic advisors, wealth managers and others who can partner with nonprofits to address complex and entrenched social issues. As SMH enters its 50th anniversary faced with system change and significant community mental health issues, collaborating with a various community partners is more crucial than ever.

Change in Mindset

The changes emerging in the department are not only tactical but also cultural and philosophical.

"It is important that we define ourselves as a social enterprise, both internally and externally," says Thomas Massiongale. "One of the most effective strategies in contemporary fund development is working across multiple sectors of society. We then cast a wide net in terms of developing diverse opportunities for support:

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political support, community support, ideological support and financial support.”

A social enterprise is an entity (typically, but not always a nonprofit) that employs business or commercial strategies to serve a social good.

“The term social enterprise and the language of the finance sector takes what SMH has done for the past 50 years and sees it through a new lens. It’s not the only lens—we’re still going to see things through other lenses—but it gives us a way to articulate what we do to the many sectors that partner with us. Our business acumen makes sense to wealth advisors and the finance

on enhance existing initiatives and implementing new ones to nurture and cultivate its donor, business and philanthropic partners.

Thomas Massiongale plans on refining and enhancing individual donations and appeal campaigns and—leveraging SMH’s already high visibility in the business community—strengthen corporate sponsorships. She will evaluate the organization’s legacy campaigns and estate giving efforts and refine them to better leverage SMH’s equity among the philanthropically inclined.

The department has modernized its web site to a WordPress platform, enabling the organization to

“Great nonprofits are often defined by how they transform beyond their mission to changing the world. High impact nonprofits are vocal and robust participants in policy and advocacy. They are at the table with legislators, philanthropic entities, finance, and business, crafting the look and direction of their community.”

- Tresa Thomas Massiongale, SMH Chief Development Officer

sector. We run a great business with a documentable return on investment.”

Enhance Positioning

The Development Department’s mission certainly will not change, nor will its services. Its approach, however, should allow it to connect with new partners.

“We’ve strengthened our existing partnerships,” says Thomas Massiongale. “And we are seeking new ones in the business community, in philanthropic circles and in the wealth advisor networks. We can engage these partners in community-based problem solving with the right relationships and effective communication about our strategy.”

Retooling

As part of evolving its philosophy, the department will

both reduce costs and enhance the SMH brand with customers and partners. It has begun the process of deepening relationships with its existing and emerging business partners through strategic co-marketing initiatives, contributed articles and other thought leadership communications.

“Corporate partners can also lead us to think in new and exciting ways that give birth to a whole new level of creativity on the clinical side,” she explains. “A diverse funding portfolio can support the innovation in clinical services that have come to define Sound Mental Health, both here in King County and nationally.”

The Future

Thomas Massiongale is quick to point out that, according to best research in nonprofit performance,



Sound Mental Health Parent Partners (from l to r) Kim Runge, Cathy Callahan and Jody Shrevin proudly show awards they've received

Parent Partners Guide Stressed Families from Despair to Progress

Desperate times, it is often said, call for desperate measures. For that grandparent stepping up to take care of their at-risk grandchildren, the foster parent attempting to offer a stable home to a troubled kid, or that parent trying to help their son or daughter through tough times. times are, indeed, desperate.

For some of these caregivers, help is available by people who truly know a thing or two about difficult times: Parent Partners. Parent Partners are a uniquely prepared group of Certified Peer Support Specialists that bring families back from the brink, and on to stability. The families they support have, all too often, hit rock bottom. Their children are out of control at home, in their schools and in the community. These caregivers, having exhausted themselves through years of battling the public school system, child protective services and the juvenile justice system among others, are despondent and frequently need their own mental

health support to cope. They have, quite simply, lost all hope.

"I was about to lose my mind from all the stress," says Colleen Adams, before she was assigned a Sound Mental Health (SMH) Parent Partner to work with her. Colleen takes care of her two granddaughters, removing them from an unstable home life with their mother. Now? "I don't feel like I'm all by myself," she says.

SMH's Parent Partners, a group of five tireless individuals, work every inch of the county to support struggling families just like Colleen's.

Who are these people? Most had other lives before becoming Certified Peer Counselors at SMH. Kim Runge, a Parent Partner since 2009, was a dental technician. Cathy Callahan-Clem, a long-time Parent Partner, used to work for Boeing. Jody Shreven, a Parent Partner beginning in 2009, just loved her chosen career as a

continued next page

landscaper. Yet, through their own struggles as parents and caregivers whose children were SMH clients, each found that helping others was their true calling.

Part of SMH's Child and Family Services program, Parent Partners have had personal experiences that prove helpful to distressed parents seeking solutions and accessing crucial social services. Callahan-Clem had a foster child who received services here; Shreven had a son served by the organization, while Runge's twin sons are still receiving support.

"A Parent Partner is primarily three things: a listening ear, their own lived experience and a systems navigator," says Callahan-Clem, who has been a Parent Partner since 2003.

"The one thing Cathy has taught me," says Michelle Thomas, a client, "is to be more patient with the process and that there is a system to it all. You have to go through the system and the hoops in order to get what you need."

Whether it's supporting a troubled child as they access services, guiding confused, stressed parents through the difficult-to-navigate juvenile justice system, or actively petitioning for specialized services, Parent Partners have direct experience with multiple systems. And serving an estimated 200 families in 2015 alone, the collective experiences of these specialists have an impact.

"We use our story," says Shreven, in reference to their ability to bond with struggling parents. "Clinical staff don't need direct life experience to draw from to do therapy with a child... but we use our life experience to help a parent move forward."

They serve as liaisons between the family and schools, the child welfare system, the juvenile justice system, Wraparound supports and other social services. But their advocacy doesn't end there. Parent Partners also

brokered better awareness and understanding among SMH's clinical staff treating their children.

"Clinicians have boundaries. Parents have hesitations. And there is this gray area in the middle," says Callahan-Clem. "That's where Parent Partners come in."

Most will tell you that holding back information can impact a youth's progress and treatment plans, so the Parent Partner helps temper this hesitation and draw out open and honest communication with clinical staff and others in the systems touching their children.

"People need to have that resource (Parent Partners) available to them, to say 'this worked for me, this might work for you.'" says Nancy Clark, another client whose son struggles with anxiety and other emotional disturbances. "There's something about it that's different than any relationship I've had."

What immediately stands out in conversations with Runge, Callahan-Clem and Shreven, is their sense of unity. The words "we" and "us" not only suggest their collaborative work as Parent Partners, but it also points to something else: a powerful, shared experience that becomes the lifeblood of their work on behalf of struggling parents.

"I'm talking about a strong bond and story that we all share: our kids," says Runge. "We understand what it means to feel isolated and judged, but most of all, (we understand) the small celebrations of the baby steps taking place with our kids and our family as a whole."

Beyond the people they serve, Parent Partners' effectiveness in assisting families has not gone unnoticed.

They are widely sought out regionally and nationally to share their promising practices, to share their approach with others so that it may be replicated. They have been asked by Washington State University, Schools and School Districts, Juvenile Court and the Division of

Swedish Health system, Evergreen, Virginia Mason, UW Medical, Overlake, Highline, Auburn Multicare, Valley Medical Center and Fairfax among others. If that client lives in another county, but engages SMH in a King County hospital, they'll get the care they need, too.

Meeting County Goals

The program initially was formed to address the boarding issue. Though the Supreme Court ruled the practice as illegal, new psychiatric beds were not being provided quickly, making the program absolutely critical. Even as more beds are being made available, TSP occupies a much needed niche in the community.

"Since the inception of our program, we have consistently met and exceeded our program goals," says Anderson. "Clients are making successful connections to services, reducing or eliminating their need for hospitalization and if they do end up needing future hospital services, their length of stay is reduced."

The Future

In terms of positive human engagement and supporting the simplest of personal triumphs, TSP is a success.

"There are such tiny things that we can do to help our clients that have such a high impact in their lives. We are planting seeds for their success and while we may not get to see the final results of their accomplishments (because they are only with us for 30 to 90 days), I'm absolutely confident that months from now, that seed will start to grow and blossom based upon the work we begin with them."

Beyond the individual human impact, however, the program has not only been a success in meeting the county's objectives over the past year and a half, it also presents a promising model of care for future effect.

"Our goal for Transition Support," says Anderson, "is that the county would expand upon our program. My hope for it is that we would expand our staff and the ability to serve all of the clients who have been involuntarily held in King County."

* Names changed for privacy.

Dev Department *continued from page 10*

the most effective fund development is linked to targeted policy and advocacy efforts across multiple stakeholder organizations. For SMH and its partners, linking these efforts will help better frame the community's crucial mental health issues and have an influence beyond the organization's walls.

"Program related investments, impact investing, the retooling of the behavioral health administration in Washington, the Affordable Care Act, in different ways these trends and their stewards are joining in the conversation about striving to do better and do more," she says. "Sound Mental Health is definitely positioned to participate in these conversations, influencing the future of mental health care, not only for our clients but for all people.

Parent Partners *continued from page 12*

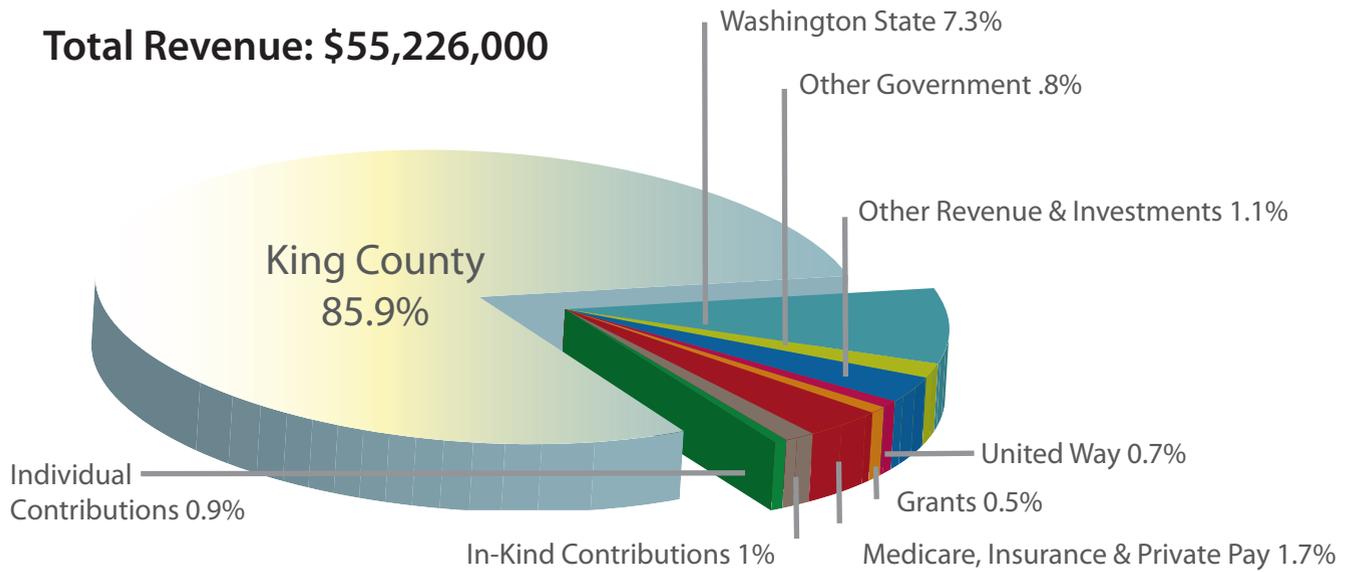
Behavioral Health and Recovery to train families and professionals, as well as new peers seeking to become Certified Peer Counselors in the state. And there are others: Federation of Families for Children's Mental Health, Georgetown Training Institutes, The Washington State Behavioral Healthcare Conference, King County Recovery & Resiliency and the Washington State Co-Occurring Disorder Conference.

Gladly participating far and wide to share their promising practices, Callahan-Clem, Shreven and Runge are proud of the work they do—and do appreciate the widespread recognition. But it is the simple things that are most rewarding.

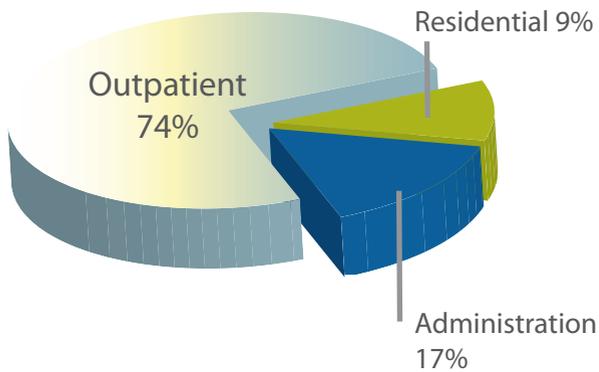
"It's holding hope," says Shreven. "I hold the hope for parents, until they can hold it themselves. If I can help a family go from that desperate place to a glimmer of light, I've done a good job for the day."

Financials & Demographics

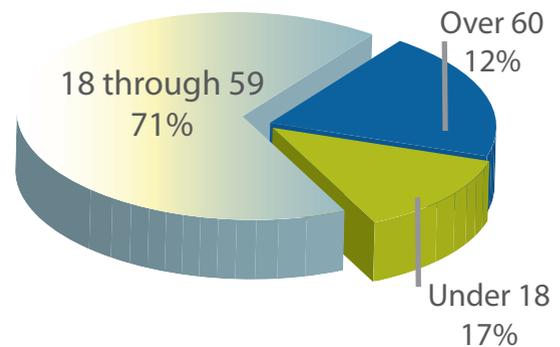
Total Revenue: \$55,226,000



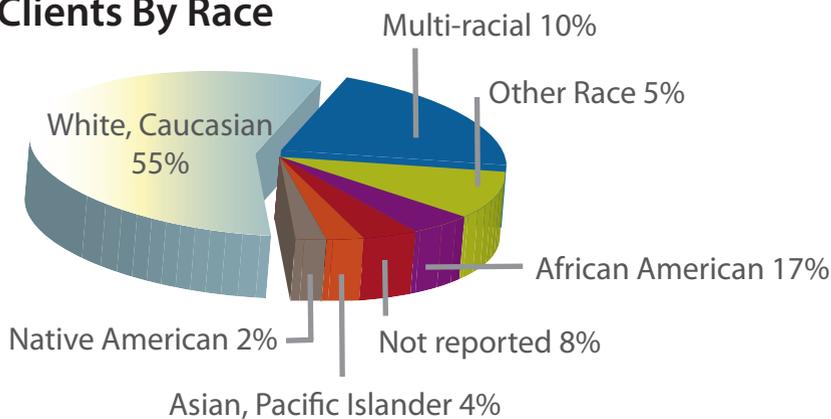
Total Expenses: \$52,982,000



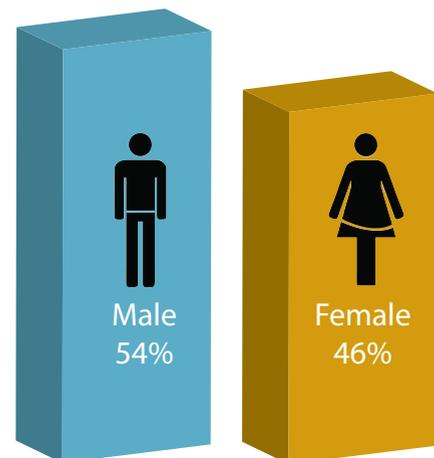
Clients By Age total clients 20,590



Clients By Race



Clients By Gender



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