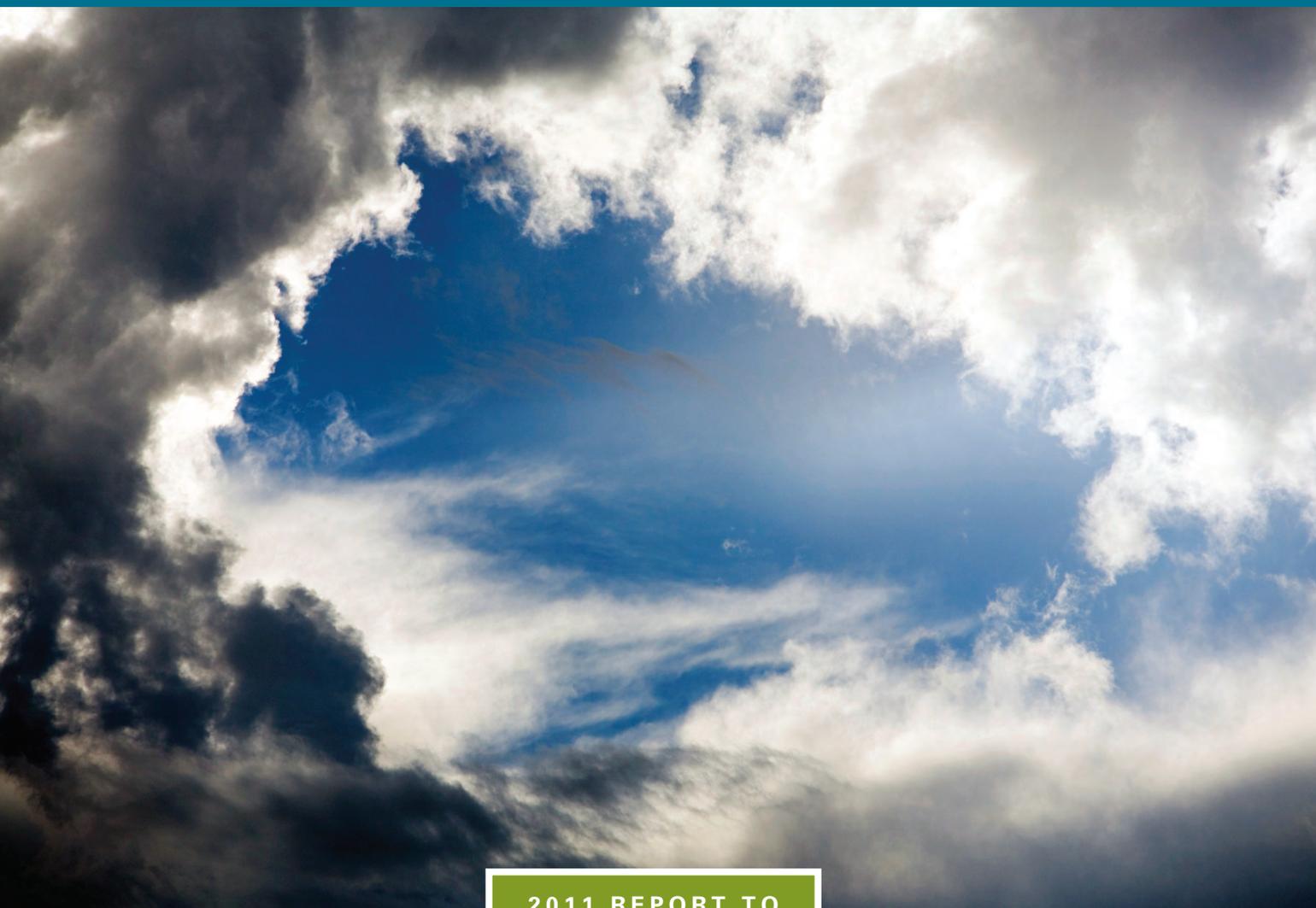


weathering the storm,  
embracing the future



2011 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.



# weathering the storm, embracing the future

## **2011 REPORT TO THE COMMUNITY**

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David R. Stone, Ph.D.

## steadying the ship in turbulent times

*A good word to characterize 2011 might be “tumultuous.” Political events and a recalcitrant state economy seemed to produce a pervasive sense of concern throughout the state. However, despite the continuing economic challenges confronting Sound Mental Health (SMH), the organization pulled through the year pretty well.*

As Washington state’s lethargic economy limped along in 2011, people seeking services from our organization continued to increase. Since many were not Medicaid-eligible, and the state once again reduced the dollars normally used to serve them, King County provided local sales tax funding early in the year to pay for those services. Unfortunately, these dollars only replaced money the County had recouped from providers in 2011.

Despite the paucity of funding for new programs in 2011, the year yielded some very positive events for our organization. One example was the announcement by King County that the Low Income Housing Institute had won funding for a project involving SMH. Known as the Jackson Street Apartments, the project will offer 61 units of new housing for older adults with low income. Sound Mental Health will provide case management and other supportive services for the residents.

In September, we participated in the opening ceremonies of Gossett Place, a new housing project named for County Council Member Larry Gossett,

a long-time advocate of housing for low income residents. This “green” project offers 63 units of permanent housing for homeless veterans and young adults. Staff from SMH provide various supportive services to residents, including help with mental health, substance use and legal issues.

A month later, King County informed SMH that our Sound Families program would receive expansion funding to expand our WRAP services to 3.5 staff. This program provides a variety of services to children and families living on the Eastside. The County also agreed to increase the funding for our criminal justice services by \$136,000.

A major highlight of 2011 was the visit by representatives of the Commission on Accreditation of Rehabilitation Facilities. After spending three days touring our sites and asking questions, the team concluded that SMH qualified for another three years of accreditation.

Last fall, our Access and Crisis Team successfully addressed a situation that has long been a problem

for SMH on our main campus: wait lists for people seeking services. A process was created that eliminates wait times and no-shows by assuring that new clients are interviewed rapidly. This project has been so successful that we plan to implement it at our other major sites in 2012.

Like its predecessors, the sixth annual Mental Health Matters gala was a real success. Despite the difficult economy, attendees dug deep to support our organization. As a result, we raised the same amount of funding as in 2010, and brought in 78 new donors to the SMH family. As always, everyone seemed to really enjoy themselves.

Community funders also stepped up to help SMH. The Nesholm Family Foundation reaffirmed its commitment of \$200,000 to our Middle School Support Project, which provides mental health services in three schools to reduce truancy and improve students' academic performance. In addition, the Washington Women's Foundation gave us a check for \$100,000 to help fund services to victims of domestic violence.

In recognition of May as Mental Health Month, the King County Council presented SMH a proclamation in a ceremony with Council members. It was a most welcome acknowledgment of SMH by our most important funder.

A major accomplishment of 2011 involved our representation in the media. Due to the efforts of our Development Office and clinical staff, SMH was the focus of more media attention last year than in any year in its history. Articles and interviews written

by and about SMH appeared in seven national publications and 16 local newspapers. Also, SMH staff were interviewed on four television segments and one radio show during the year. Such strong media coverage helps increase awareness of the important role SMH plays in promoting the community's health and well-being.

The 2011 move of the Community Networks and Older Adult Services programs to their new home two blocks north of our headquarters in Seattle relieved some of the crowded conditions that have squeezed everyone on the main campus for years. This has been our goal for a long time, so it was satisfying to see it finally achieved.

Another significant accomplishment in 2011 was the rehabilitation of Holly Creek Apartments, an SMH complex providing residences for 18 homeless adults with mental illness. The purchase and renovation costs were completely covered by sources other than SMH.

Despite the continuing economic turmoil experienced in 2011, SMH enjoyed substantial success in many areas. As always, this was due to dedicated hard-working staff and Board Members. As the economy gradually improves and health care reform becomes reality, additional opportunities will come our way, and we intend to be ready for them.



**David R. Stone**  
Chief Executive Officer

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IT leads Dian Wells (l) and Patrick Brown analyze client demographic information pulled from data warehousing software

## technology and infrastructure investments set stable foundation for the future

It seemed like only a few years ago that the healthcare industry as a whole began to embrace Electronic Health Records (EHRs) as a way to enhance workplace efficiency and improve healthcare outcomes. While most of the early conversation seemed to focus on primary care and hospitals, Sound Mental Health (SMH) quietly made significant investments in an electronic health record platform and other technology infrastructure nearly a decade earlier.

In 1996, before the rest of the behavioral health community began widespread use of technology, SMH had already recognized its potential and embraced it. According to Dian Wells, senior department manager of Health Information, SMH was one of the first mental health agencies in King County with the vision to invest in network infrastructure and, significantly, PsychConsult Provider, a cohesive electronic health record and billing system developed by Askesis Development Group, Inc.

“Thanks to the vision of our executive leadership,” she says, “we made the early decision to invest in PsychConsult well before most other agencies in the behavioral health community were doing it. We had strong ideas back then about where we wanted to go before they were widely embraced by the industry.”

SMH’s early investment in digital technologies paved the way for its present-day stability, even as it weathers arguably the most challenging budgetary climate in its history. That early foray into technology has allowed SMH to maximize available resources, improve staff efficiency and enhance the quality of care today, despite deep cuts and elimination of state-run mental health programs. That investment, in fact, not only enables SMH to remain as a beacon of stability in turbulent times, but it also promises an encouraging future.

*continued on page 6*

The early implementation of an electronic health record is likely to help the organization more effectively transition toward a future of healthcare parity.

“As we move toward integrated care,” points out Wells, who oversees SMH’s health information and security issues, “behavioral health systems that talk to primary care systems will point to greater efficiencies and even possibly save lives.”

That future is possible due to other key SMH decisions in the past. The 90s saw the implementation of business-class computing networks, while the 2000s heralded the deployment of a wide area network linking office locations. An ongoing investment in business continuity software and the proactive use of secure smartphone and mobile technologies have increased productivity and quality of care. All of these decisions were born from a complete dedication to getting the most value from the limited community resources with which SMH is entrusted.

“Our past and present infrastructure investments enable SMH to operate faster, with more flexibility and at greater cost-effectiveness,” says Patrick Brown, Sound Mental Health IT senior department manager. Brown oversees network infrastructure, wide area networks and security systems. “The technology brings significant benefits by allowing faster access to client data and enhancing our ability to deliver faster services in real-time.”

Reaping these benefits, however, took some early negotiating and patience, to ensure the agency could secure technology at a reasonable cost.

“Our philosophy,” notes Wells, “has been to seek the greatest value in our acquisition of technology. We’ve been opportunistic in our timing, have been willing to negotiate discounts, and have become meaningful partners by serving as early test and reference sites for vendors.”

Both Wells and Brown agree that the early adoption of technology infrastructure and continued implementation of business continuity platforms bode well for the future of both Sound Mental Health – and its clients. While the technology is largely in the background, they believe that its presence, nonetheless, helps clinical staff faced with even greater client workloads than in years past.

Declan Wynne, director of Recovery and Integrated Care, agreed that technology enables unprecedented improvements in the quality of care.

“Technology has improved our ability to problem solve important client matters and lets us examine clinician consults around client interventions,” says Wynne. “Because we can access and share client charts in real time, clinicians in different locations are better able to collaborate and come up with meaningful and appropriate care plans for those we serve.”

A troubled economy, deep and devastating cuts to state budgets and increasing numbers of at-risk populations mean that today’s social services agencies are overburdened and facing stormy seas. But, even as they today grapple with turbulent times, those that have made investments in infrastructure over the years, as Sound Mental Health has, are in a far better position to meet a challenging future.

Within the next few years, SMH is poised to implement new technologies including data warehousing, promising mobile technologies and virtual desktop infrastructure, all of which will enable greater precision, expedience and efficiency in serving vulnerable populations with Sound Mental Health’s essential services.

*“Technology has improved our ability to problem solve important client matters and lets us examine clinician consults around client interventions.”*

*- Declan Wynne, SMH Recovery and Integrated Care*



School-based team members (from l to r) Julie Turcotte, Katie Pearl and David Lewis believe early intervention is key

## school-based program provides a beacon of light for struggling adolescent

That first day at a new school is difficult for anyone, especially if you are a preteen starting classes weeks after everyone else. Every polished hallway a maze; every classroom an uninviting cavern. The routines and pace of life are, well, different. And, importantly, you don't know anyone. Fitting in and the tentative process of making new friends can be a most excruciating experience.

Just ask Juliette Martine\*, a sweet, soft-spoken 7th grader with a cherubic face. Then a 12-year old transferring from a school in Auburn to Seattle's Asa Mercer Middle School in October 2011, Juliette admits that the experience was overwhelming. With more than 930 students and faculty, it was understandable.

"I was new here to Seattle and no one understood me," she says. "I was feeling a little shy."

But Katie Pearl, assistant principal at the school, trusted her instincts and felt there was more going on than simple sheepishness. She believed, in fact, that despite first

day jitters, Juliette was struggling with possibly greater challenges, something turbulent beneath the surface.

"I have learned a lot working with Sound Mental Health about 'red flags,'" she notes, in reference to her first meeting with Juliette. "I've learned about warning signs and what to look for regarding problem areas."

Over the past six years, Mercer Middle School has worked with Sound Mental Health (SMH) through a school-based mental health program funded by the generous support of the Nesholm Family Foundation to bring calm to the storm of adolescent life, helping students just like Juliette.

The middle school program embeds an SMH care coordinator on site at select schools. The program, a prevention-focused collaboration between SMH, the Seattle Public Schools, Seattle Children's Hospital/University of Washington and

*continued on page 8*

the Nesholm Family Foundation, is designed to proactively address behavioral health issues and reduce truancy, suspensions and expulsions. Its ultimate goal is to improve academic performance.

It was this history with SMH, King County's largest behavioral health services provider, that developed Pearl's sense about certain vulnerable students. Juliette was one such youngster. Early on, Pearl had an initial consult with David Lewis, SMH care coordinator at the school, and continued to observe Juliette. Within weeks, she began to recognize Juliette's increasingly isolated and withdrawn conduct and other behaviors that suggested mental health struggles.

The turning point came within a month of Juliette's first day at the school. It was in form of what Lewis and Pearl call "a significant event" involving personal safety issues – that resulted in an automatic safety exclusion for Juliette. Coupled with steadily declining grades, increasing erratic behaviors and other signs, it was clear that something needed to happen quickly.

Lewis and Pearl immediately sprang into action, triaging a comprehensive team to support Juliette. Members from SMH included psychiatrist Carrie Sylvester, M.D. (medication management), therapist Julie Turcott (individual therapy) and Lewis (care coordination) along with Seattle School district members, Pearl (liaison between the care team and the school staff), Erin Romanuk (mental health case manager with the school district's Safety & Security Department), school nurse Jill Eckerdt and Patricia Almendarez (translator for Michelle Martine\*, Juliette's mother).

With the prospect of Juliette missing significant school time, the team took shape within a week, anchoring the situation. They quickly consulted with Juliette and Michelle, making mental health assessments, meshing information and developing a flexible care plan that involved everyone from family, teachers and students, to school district and behavioral health staff.

Juliette was diagnosed with major depressive disorder (with psychiatric features). This issue was brought immediately under control through individual therapy at Sound Mental Health's Child and Family Counseling Services and medication management. Daily involvement by Michelle, coupled with ongoing consults with Pearl, Lewis, school nursing services and the School District's Safety & Security Department, things began to stabilize for Juliette within just a few months. Juliette's road to recovery, while still a work in progress, is now firmly on the right track.

"Juliette's mood has improved significantly," says Turcott. "She has increased her ability to tolerate frustration, she

is interactive with adults that she knows and continues to increase her social skills with her peers. She has increased her eye contact with others and school attendance and grades have improved."

Without mental health care coordination programs like SMH's on site at schools, according to Pearl, students with challenges like Juliette's could suffer significant, and potentially permanent, setbacks.

"Behaviors and actions, not unlike those exhibited by Juliette, carry the potential to push students farther and farther away from the school and academic experience. In some cases, students can get progressively caught in the spiral to the point where a potential outcome may be leaving school before they graduate."

Lewis agrees that the collaborative nature of school-based behavioral health programs is indispensable in tackling problems early and ensuring better outcomes.

"Being at a place where kids spend the majority of their time allows us to work with them directly and develop a perspective not otherwise achieved in a typical clinical situation."

Though the Nesholm Family Foundation-funded program currently exists in only three middle schools throughout King County, Lewis believes that their ability to effectively reach and help kids through a highly collaborative effort is worthy of expansion.

"Yes, it should be replicated," emphasizes Lewis. "Any parent wants multiple experts advocating for their child and helping them overcome their barriers."

Today, Juliette, now a teenager at 13, is still that soft-spoken, cherub-faced kid, but with a much better outlook on life. No longer having to take on her mental health issues without the proper supports, she's getting more involved in school life, beginning the cautious process of making friends and, importantly, improving her grades and class involvement. With the emotional and mental health needs stabilized though continued consults with SMH staff, the school continues working with Juliette and her mother to build upon her improving academics, especially in science and math.

Juliette is so optimistic now, in fact, that she someday hopes to go to college, perhaps to eventually study medicine and become a doctor. Michelle's simple words, quite simply, say it all.

"I have been feeling much better now that I see my daughter doing better."

*\*Name changed to protect client confidentiality*



Therapists Anne Baldwin (l) and Beng Ligasan (r), using American Sign Language with Kelly Warner (c)

## SMH deaf services program anchors client through stormy times

In many ways, Kelly Warner was just like any other kid going through her teen years. She probably cared a lot about what friends and peers thought about her, worried about getting good grades in school and possibly had a lot of apprehension about growing into an adult someday. Yes, Kelly had issues just like any other teenager. But, unlike most of her peers, Kelly had even greater challenges.

Born deaf, Kelly learned to successfully navigate a world designed for the hearing. As if this wasn't enough, Kelly, at the callow age of 15, was diagnosed with bipolar disorder. An estimated 28.8 million Americans make up the deaf community. Mental illness is at least as prevalent in this community as in the hearing population, yet a system-wide dearth of quality services and skilled practitioners often keep deaf people from seeking out treatment.

Yet, despite these and other personal challenges, Kelly, now in her 40s, has come a long way – and managed to weather life's tests with a remarkable combination of grace, resolve and drive.

By the time Kelly was referred to Sound Mental Health (SMH) in 1990, at the age of 20, she had already experienced an important setback: her dream of pursuing an engineering degree from California State University, Northridge was stalled due to the stresses of college life and external complications from living with bipolar disorder, a brain condition that results in significant mood swings.

"The diagnosis did not really impact my dreams of going to college," she says now. "But it did impact my reputation among my peers. I would have to chalk that up to a lack of understanding about mental health issues back in the 80s in high school and in college."

Regional behavioral health and chemical dependency programs for the deaf were far and few between then. SMH, however, already had a program in the 80s and was

*continued on page 10*

ready to meet Kelly's needs. Throughout the next two decades, she received individual counseling, group therapy, treatment for chemical dependency and medication management for bipolar disorder and other mental health issues from highly-trained practitioners.

Today, SMH's Deaf Services program, comprised of seven professional staff (all are fluent in American Sign Language and two are, themselves, deaf) serves more than 250 men, women and children. Clients come from out of state and from outside the county to receive specialized treatment through SMH.

Anne Baldwin, LMHC, SMH Deaf Services program manager for 19 years, remembers Kelly in the early years, believing that her mental health challenges had a profound effect on her.

"She was discouraged. I think she stopped believing in herself," she says. "Kelly has always been exceptionally smart and capable. She's a bright, likable woman with big dreams. Now, she really has a belief in herself."

The work of recovery is, of course, never easy. Throughout the decades of support Kelly has received from SMH, she was not without her struggles. For Kelly, living life as a deaf person in a hearing-oriented society was often exhausting and stressful, which led to feelings of isolation, depression and a predisposition to other mental health issues.

In 2009, she was diagnosed with post traumatic stress disorder (PTSD), an anxiety disorder developing from traumatic, unsafe or life-threatening experiences. Her PTSD resulted from a severe, potentially lethal medical allergy to compounds found in latex gloves (commonly used in every dentist and medical office). Lorelie "Beng" Ligasan, MS, LMHC, her SMH therapist since 2008, provided individual therapy using activity and homework-based Cognitive Behavioral Therapy/Dialectical Behavioral Therapy (CBT/DBT). She also received psycho education coupled with trauma work using her strengths, which are spirituality and art expression, to help her cope with the PTSD and other issues.

"We did a lot of relationship-building in the first two years of our therapeutic relationship," notes Ligasan. "No technique

is effective without trust, relationships and a rapport. When she is in a place feeling safe and secure and trusts the process, the real work has begun."

The most difficult challenge of Kelly's life, however, occurred in early 2011, just as she was recovering from her PTSD symptoms. A hit-and-run automobile accident, in which Kelly was struck, led to Acute Stress Disorder. The condition is brought on by extreme trauma and is characterized by decreased emotional responsiveness and crippling anxiety. Kelly's longstanding trust and relationship with the agency, coupled with learning new tools to cope, helped her weather the storm.



Kelly signs with husband Blake

"Working with my therapist and working on Cognitive Behavioral Therapy, I was able to slowly defuse each situation," says Kelly. "In the past, I would have hidden under the covers, given up school, given up on everything, withdrawn from everybody. But with the support of SMH, my friends and my family, I was able to endure this very interesting part of my journey and move on."

Part of moving on for Kelly, was continuing to fulfill her dreams and give back to others. She is deeply involved in her community through spiritual pursuits and supporting others through chemical dependency outreach. Bright and gifted, she's soon to graduate with a degree in mathematics from Highline Community College. Inspired by her own experiences, the encouragement of her husband Blake, and the support of Sound Mental Health, she will commence coursework at Highline this spring to get certified as a chemical dependency professional.

"I see Sound Mental Health as a very valuable resource in helping me keep my focus," Kelly says, "and to help educate me about the coping skills that I may need to apply toward my...mental health issues."

*"I see Sound Mental Health as a very valuable resource in helping me keep my focus."*

*-Kelly Warner, SMH client*



Bryant Mendez (l), describes his latest creation, "Standing in the Rain" with CD counselor, Scott Paul

## chemical dependency services lift the cloud of substance abuse for young man

"My future was dim. I knew what I wanted to do, but just couldn't get there."

These are the words used by Bryant Mendez to convey his inner storm, his inner turmoil and the adversity that swirled around him. These are the words he uses to describe his substance use issues. These are words essential to his road to recovery. But most importantly, these are words that express his ability to overcome adversity and his hope for the future. Eventually, the sentiment behind these words would lead him to Sound Mental Health (SMH).

When he arrived as a high school senior at Hill Creek High School\* in spring of 2010, Bryant, a gifted visual artist, certainly didn't think he had problems with drugs or alcohol. But after an extremely turbulent period in which he attended four different high schools in three years (leaving each due to academic issues), he saw Hill Creek as a sort of new beginning. New surroundings. New faces. A renewed opportunity to put the difficult past behind him and achieve his goal of graduating.

Unfortunately, Bryant also brought some of the same old problems with him.

Shortly after arriving at Hill Creek, Bryant tested positive for marijuana. School administrators stipulated that he go to Daybreak Rehabilitation Center in Spokane if he wanted to graduate. In the summer of 2010, and after successfully completing 41 days of rehab, he was released.

"It was feeling good to be sober," he points out now.

But by the fall of 2010, and back in school, substance abuse issues reemerged. A school chaplain overheard Bryant's friendly banter with friends about the previous weekend's festivities, which included heavy drinking. Suspended by the school at the end of fall 2010, outpatient chemical dependency services were recommended as a condition of being able to return.

*continued on page 12*

That's how he first came to SMH in January 2011. After a comprehensive assessment, Bryant explored his options, and by March 2011, concluded that SMH could best serve his needs.

A tailored care plan was developed consisting of a 12-step program, individual outpatient chemical dependency counseling, as well as Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT).

Despite a firm start in therapy, Bryant admits that there were some lingering trust issues with authority figures, especially those at the school, which made remaining at Hill Creek nearly impossible. On and off suspensions over the next few months made it clear: something new needed to be done. With Paul's assistance, Bryant re-enrolled in another Seattle high school in August 2011 through the "Running Start" program, enabling 11 and 12th graders to earn high school credits while attending institutions of higher learning. It really appeared that this was Bryant's last chance to achieve his goal of graduating from high school, and he knew it. Though he continued to receive services and support through SMH, the threat of substance abuse still loomed, silent.

"It's important to realize that change can be an incremental process that can occur over a long period of time," notes Paul. "I've always been frank and honest with him through the process of his recovery, and Bryant always made the choice to pick himself up after bad decisions and continue to work on his recovery."

Both men will tell you that a major turning point for Bryant came in the summer of 2011. This was the event that finally crystallized things for him. Caught by a police officer in possession of marijuana in Ellensburg, WA, Bryant came face to face with the realization that he simply hadn't made as much progress as he needed to.

Paul believes that the combination of court ordered probation – 24 hours of community service – and the results of an additional, and blunt, chemical dependency assessment by SMH helped Bryant grasp the realities of his choices. What followed was a more intensive chapter in his therapy.

"As a young adult, things needed to change and Bryant needed to make better decisions," emphasized Paul, challenging him. "I asked him: 'do you want to let chemical dependency run your life ... or do you want to take charge?'"

Over the next few months, Bryant was encouraged to replace the chemical dependency programs he was receiving with "The Seven Challenges," a program newly adopted by King County. It's a holistic approach that addresses drug use and the underlying reasons for it. In addition to meeting individually with Paul, Bryant also began an adult men's recovery group. While Bryant does still experience the tempestuous stressors in his life or is tempted by old habits, he believes the tools he's learned help him through tough times.

"I feel good now," says Bryant. I'm eight months sober and I'm very proud of myself. I'm on the road to where I want to be. I could have given up a long time ago, but I didn't."

Following a discharge by SMH, Bryant expects to graduate in the spring of 2012, continue to create his bracing and vibrant street art and pursue a career in the military. This is a young man who has struggled, but ultimately prevailed, in overcoming his individual challenges.

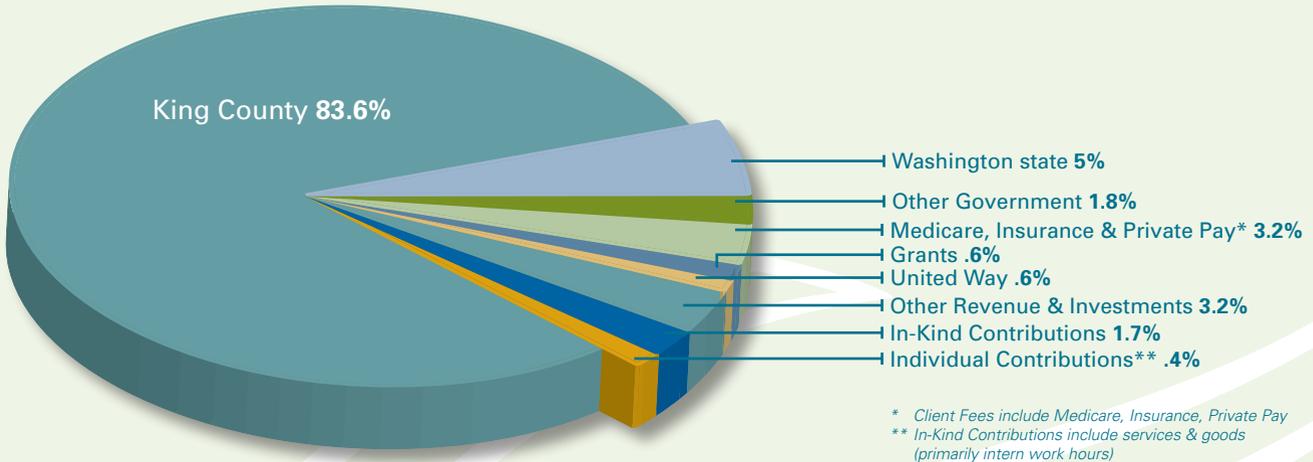
"I am most proud of Bryant consistently attending treatment," adds Paul, "engaging with his therapy, and being honest with himself about the things in his life that he needs to change in order to maintain sobriety."

*"I feel good now. I'm eight months sober and I'm very proud of myself. I'm on the road to where I want to be. I could have given up a long time ago, but I didn't."  
- Bryant Mendez, SMH Client*

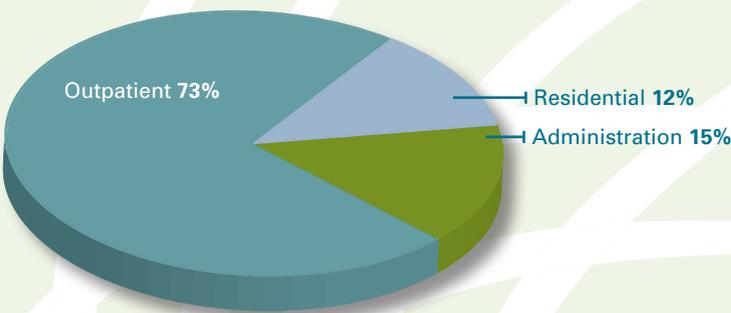
\* School name changed

# FINANCIALS & DEMOGRAPHICS

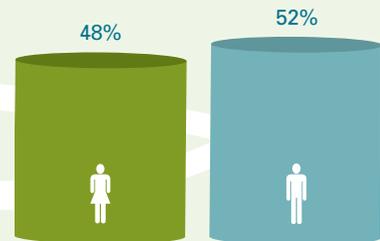
**TOTAL REVENUE: \$ 46,918,000**



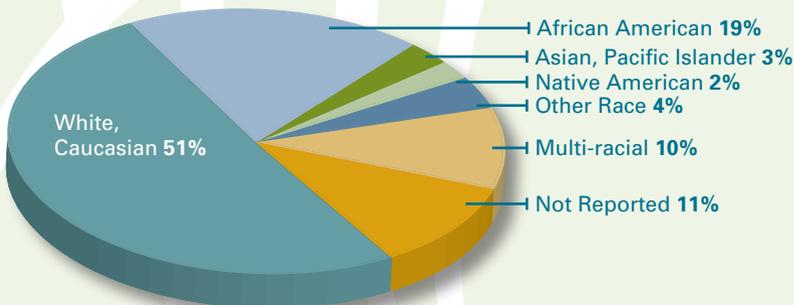
**TOTAL EXPENSES: \$ 45,407,000**



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