

# PLOTTING THE COURSE

Prevention, Recovery, Health



## 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.



## 2013 Report to the Community

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LETTER FROM THE CEO

## A Belief in Prevention and Access to Care Prevails, Then and Today

It has been widely reported that the Accountable Care Act (ACA)—also termed health care reform—is the most important piece of social legislation passed by Congress since 1965. That is when the laws establishing the Medicaid and Medicare programs were approved, as part of President Lyndon Johnson’s War on Poverty and Great Society initiatives. While those programs succeeded in improving access to health care for very low income individuals with disabling conditions (Medicaid) and for elder Americans (Medicare), 50 million other people residing in the low- to-middle-income bracket have been left with little or no ability to pay for health care. One of President Obama’s primary goals in creating the ACA was to remedy this problem.

In fact, the seeds for Johnson’s Great Society were planted and nurtured during the short tenure of President John F. Kennedy. The last bill he signed into law before his assassination in November of 1963 was the Community Mental Health Act (CMHA). In this bill, Kennedy called for society to embrace a new vision for people with mental health disorders and developmental disabilities, one in which the “cold mercy of custodial care would be replaced by the open warmth of community.” His vision was the creation of a network of 1,500 community mental health centers around the country, which would allow people with mental illness to avoid needless institutionalization by receiving treatment in their own communities.

It is easy to find fault with new ideas. Many people strongly disagreed with these three presidents when they pushed for their reforms in Congress. Indeed, many conservative legislators continue to fight to reduce—if not eliminate—the impact which Medicaid and Medicare have upon our nation and its budget. Yet, both of these programs have played a powerful role in ensuring that seniors and very low income Americans with disabling conditions have access to essential health services. And even though the CMHA was never funded at the level necessary to achieve the full scope of President Kennedy’s vision, over the past 50 years, the Act has resulted in a 90 percent decrease in the nation’s state hospital beds, and has created treatment opportunities for many millions of Americans forced to live with severe mental illness and chemical dependency issues on a daily basis.

No great initiative can please everyone. For many years, some have often labeled Medicare and Medicaid as “socialized medicine,” anathema to those who cherish traditional values of independence and self-reliance. The CMHA was criticized as a law that would result in millions of psychotic individuals roaming the streets, wantonly causing serious bodily harm and property damage across the land. The ACA is viewed by some politicians as potentially destroying the patient’s personal choice in health providers, and bankrupting our economy.



But thus far, no one has come up with a better plan that would provide health coverage for many of the 50 million uninsured Americans while helping to control spiraling health care costs.

Listening to some pundits and elected officials in recent years, one might think that the Accountable Care Act was either a gift from God or the devil's handiwork. But to this day, I have not seen any critics of the ACA who appeared unable to afford health insurance. It must be easy to conclude that 50 million Americans do not need good access to health care services when one has such access for oneself.

Regardless of whether one believes the ACA should be maintained or eliminated, two of the principles upon which it is founded are clearly true. First, the prognosis for most medical (and psychological) conditions is much better if the condition is treated early than later. Second, it is much less expensive for an individual to receive health (and mental health) care when symptoms first arise than after they have grown in seriousness and complexity.

Our new health care reform law and our 50-year-old mental health law share some important features. They both were created to give Americans increased access to where they could receive health-related services,

regardless of their financial circumstances. They both emphasize the provision of services in the most appropriate and least restrictive environment possible. Finally, both laws represent an attempt to control health costs through various means.

Another way to look at these two laws is in terms of prevention. They both attempt to prevent early death and long-term disability. Both were written to prevent unnecessary institutionalization of seriously ill citizens. Finally, both laws were written to help manage the nation's medical costs, by ensuring easy access to the right services in the right place at the right time at the right cost.

After nearly drinking himself to death as a young man, Augusten Burroughs wrote the following simple statement in his memoirs: "When you have your health, you have everything. When you do not have your health, nothing else matters at all." Perhaps Presidents Kennedy, Johnson and Obama were on to something.

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

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## Quality Improvement Program: Key to SMH's Longtime Commitment to Prevention

“Quality is not an act,” Greek philosopher Aristotle once proclaimed, “it is a habit.” For nearly two decades, Sound Mental Health (SMH) has incorporated Quality Improvement (QI) standards into its clinical and organizational settings, enhancing the level and quality of behavioral health services delivered to thousands each year.

Since 1997, Quality Improvement Manager Mary Alice Hanken, Ph.D., RHIA, CHPS, has been a steady, seminal force in SMH's QI program, ensuring that ever-evolving industry best-practices infuse all aspects of its work, from staff training and safety education initiatives, to accreditation.

“Quality Improvement has to be culturally embedded and SMH is invested both at the top with upper management and throughout the organization,” says Hanken, also a senior lecturer at the University of Washington. “So much so, that we often do not take credit for all of our quality improvements. Practicing quality is what we do every day.”

QI is an integral part of the process of identifying, enhancing and changing practices that have the cumulative effect of precluding any number of issues that emerge in behavioral health settings. And, significantly, it is very much part of the preventive work being done at SMH. Below are a few notable ways quality initiatives have continually informed and influenced SMH programs over the past few years, including 2013.

### **Peer Specialists**

Peer support specialists, certified mental health professionals in recovery who assist clients through their own issues, continued to be highly central members of SMH's clinical teams, providing a level of support that few can offer. Peers' deep perspective and life experiences help clients and keep them vested in their recovery. The longer a client is engaged with SMH services, on average, the better their progress and outcomes.

### **Rapid Access**

Over the past few years, QI was central in developing SMH's Rapid Access program, pilot tested first at the Capitol Hill facility, followed by Bellevue, Tukwila and Auburn. Initially launched by SMH as part of a 2010

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national pilot sponsored by the National Council for Behavioral Health, the Rapid Access to Care initiatives are heavily preventive in nature, because they provide accelerated assessments and referrals.

Rapid Access is built on the idea that clients are treated with dignity and respect, resulting in an overall better experience, reduced wait times, earlier detection of emotional disturbances, less overall anxiety, and more expedient access to clinical services. Previously, assessments came within 10 business days, and an appointment for service within 30 days of assessment. The Rapid Access model enables potential clients to come in for an assessment within one to two days of a request for service and, immediately following their assessment, links them to services. The appointment is typically scheduled within three to seven days, shortening the entire process dramatically.

“We learned to make initial assessments on that first meeting and make the connection to service that day,” states Hanken. “We were one of the few agencies early on that stepped up and participated in this program.”

### **Concurrent Documentation**

Nothing prevents a positive health care outcome more than medical error, siloed client information or delays in sharing clinical data. That’s why Sound Mental Health invested in a concurrent documentation process, enabling real-time clinical record keeping. SMH clinical staff input information into PsychConsult, SMH’s electronic health record system, in real-time during consultations. By using technology, staff add detailed client information as the client shares the information.

Under this system, for example, an SMH psychiatrist can electronically order a prescription with a local pharmacy. The client can visit the pharmacy immediately after the meeting and pick up their prescription. It is recorded in the SMH clinical record and available to the client’s case manager and other prescribing SMH staff.

This approach reduces adverse reactions, ensures treatment in the quickest possible manner, improves

the accuracy of record keeping, empowers SMH staff to be most efficient (thereby reducing costs) and offers clients a more effective, gratifying and seamless health care experience.

### **Continuity of Care**

Another significant SMH practice impacted by QI in 2013 is the concept of Continuity of Care. When applied in a primary care setting, Continuity of Care delivers seamless support throughout a patient’s entire health care experience, from hospital to home care to pharmacy interactions and more. Like primary care environments, behavioral health care can span diverse settings, ranging from hospitals, long term care facilities and supportive housing facilities, to outpatient facilities and more. Without Continuity of Care, SMH clients are more likely to fall through the cracks of these various systems, discontinuing services, therapy and potentially stabilizing medication.

SMH’s early and intensive client engagement in hospitals, prisons and other settings, as well as working with them within days of discharge, ensures that clients have easier transitions back into the community and greater success in adhering to therapy.

In 2013, SMH had a 92 percent contact rate for hospital patients with behavioral health issues and 86 percent contact rate for those discharged from prisons and jails. This exceeded the county’s target rates of 85 percent for post-hospital contact within seven days of discharge and 80 percent for those incarcerated.

The most obvious indicator of “quality” in a health setting is, perhaps, best exemplified by accreditation by an independent accrediting entity. SMH has been continuously accredited since 1999, the first year it participated in the process. Currently, SMH is recognized by the Commission on Accredited Rehabilitation Facilities (CARF), an international independent, nonprofit accreditor of health and human services and has been certified since 2008. Before that, SMH was accredited by the Joint Commission from 1999 to 2008. In addition, most

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US Army veteran Ariana Williams (left) with SMH clinician Seri Madgett

## SMH Employment Program Keeps Veteran's Recovery on Track

When it came time to serve her country, Ariana Williams was certain and unwavering. That was in 2008, when she decided to follow a generations-long family tradition by enlisting in the military. However, four years later, honorably discharged from the Army, and feeling that things simply “weren’t right,” this same young woman found herself adrift and unsure.

Williams’ story plays out like that of so many returning US veterans. These courageous people return home with untreated mental health issues, struggle with substance abuse, experience troubled relationships, and perhaps find themselves homeless and without gainful employment. Though other organizations helped Williams through her mental health challenges, it was SMH’s Veteran Employment Support Team (VEST) program in 2013 that got her back to work—a crucial part, she says, of her ongoing recovery and return to normalcy.

“Having a job gives me self-worth and pride,” she says, adding that being employed is the bedrock of her recovery. “It’s huge.”

Already a survivor of childhood sexual trauma and homelessness, Williams’ issues worsened during her military service in Afghanistan. There, she again experienced sexual harassment, giving rise to Military Sexual Trauma (MST), a troubling issue emerging among many serving in the military. Affecting both male and female soldiers, MST is particularly traumatizing because of gender inequality issues and a strict military hierarchy.

But Williams was a *good* soldier who pushed through. Until, that is, chronic sleeplessness, anxiety and alcohol abuse intensified near the end of her military service. By October 2011, stationed at Fort Drum Military Base in New York, she’d had enough. Checking into a civilian mental health unit in nearby Watertown, Williams just wanted to figure things out and get the help she needed. Instead, she says, the experience was anything but helpful.

“They just started doping me up... which is the worst thing they could have done,” she recalls. “This was torture because these different psychotropic drugs were only intensifying the issue and making it worse.”

Her commander intervened and, by November 2011, pointed her toward a facility better suited to support

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veterans. With less medication and more appropriate support, things became much clearer.

Doctors at the hospital dug deep into her past, uncovering long-buried memories. Eventually, doctors diagnosed her with Bipolar II Disorder, based on her past sexual trauma.

“All of these events just kind of exploded once I got into the service,” she says. “I thought it (military) was a protected environment and then something happened to me again. So this just compounded it.”

By February 2012, with her enlistment ending, Williams left New York and came to Seattle. Thus began what she calls her “two years of hell.”

Struggling frequently during those first few years, she hit rock bottom in early 2013. Unemployed, suddenly homeless, coping with depression and feelings of isolation, Williams battled for several months to turn things around. And she did—with support along the way. She engaged the Veterans Administration (VA) in Seattle, which officially documented her MST and acknowledged that it likely worsened her Bipolar II. They also gave her a diagnosis of Post-Traumatic Stress Disorder as Anxiety and sleep deprivation. It was through therapy there that she began to fully grasp the traumas of her past.

“As a human being, you can only go through things so many times without needing to go through therapy and treatment,” she confesses now about those years of burying her issues. “I think at that point, I had the ultimate breakdown, with that cycle of abuse happening to me over time.”

Williams also found stable housing through the Veterans Homeless Prevention Program, and connected with the Seattle Veterans’ Center and King County Veterans Program, as well. It was through the Seattle Veterans’ Center that, in February 2013, she was referred to Seri Madgett, BS, coordinator at Sound Mental Health’s VEST Program.

“Part of my job,” says Madgett, who is currently connecting one veteran per week to a job, “is to educate all veterans about the different things they can get involved in that will help them, employment-wise.”

A two-year program funded by the United Way, SMH’s VEST program offers recovery-oriented supported vocational services for veterans, including job readiness and skills training, job development, job placement and client and employer retention support among others. Attending group sessions, Williams began working with Madgett on interviewing skills, strategic resume development, internships and accessing veteran-specific resources—as well as identifying key employers in the region who were hiring.

“From the very first time we met, I could just feel the energy she had,” says Madgett. “She was just so ambitious, a woman of action. She would say ‘what can I do, what do I need to be doing?’ That’s what I love about her.”

This, coupled with SMH’s intensive partnership and recovery-oriented approach, set Williams on a positive course. Though it took months, her patience paid off with interviews and quality job prospects. Hired initially by two employers in late 2013, Williams eventually took one of these jobs full time, as a new business services representative with New York Life in Bellevue.

“New York Life is really great at giving back to the community,” she says, “I just want to tell them ‘thanks for giving me a shot.’ They have also been great about hiring a lot of agents here who are former military.”

Madgett knows that being available and accessible to Williams throughout the process, coupled with a supportive, recovery-focused approach is the most significant role SMH plays in troubleshooting and helping her stay the course.

“Being the support system that we have been has substantial preventive benefit,” says Madgett. “Just being there for Ariana has helped her stay focused on moving her life forward.”



SMH's Katrina Egner (left) and Jennifer Brown

## Keys to Safety and Prevention in Youth Organization Lie in Specialized Training

For families and youth struggling to maintain order in chaotic, tumultuous lives, the many stresses and aggravations of daily existence can become too much. Add in other challenges such as homelessness, substance abuse and mental health issues, and these matters weigh even more heavily upon people already at the end of their rope. For those who serve these individuals, maintaining an environment of calm and a stance of preparedness may be the difference between tranquility... or misfortune.

This is why, since 2004, Sound Mental Health (SMH) has offered specialized safety and prevention training. Growing steadily since that time, SMH staged 12 such trainings in 2013 alone. Nowhere is this training best realized than at the places serving troubled youth.

Engaging SMH for safety training since 2010, Bellevue-based Youth Eastside Services (YES) served 4,000 youth

(and families) in the Bellevue and Lake Washington School Districts through outpatient mental health and substance abuse services, school-based programs and community education prevention programs. Though violent encounters are not typical at the private nonprofit organization, there are stark reminders that prevention and preparedness are vital commodities. Over the years, high profile incidences in the nation's schools, workplaces and communities serve notice that volatile situations can quickly, and irrevocably, become tragic.

"There have been unfortunate incidences nationwide that have certainly increased everyone's awareness about safety and prevention," says Debbi Halela, MA LMHC, director of Youth and Family Counseling Services at YES. "So, safety training better prepares our staff to be ready in the event safety ever becomes an issue for us."

SMH's training program is modeled upon evidence-based safety curricula offered by the Washington State Department of Social & Health Services and the University of Washington. The training curriculum covers such topics as individual responses to fear, external factors that lead to crises, de-escalation

techniques, cycles of aggression, tactics to avoid physical confrontation, post-crisis debriefing and planning for future situations.

YES's initial training session was five hours long. Subsequent annual training sessions, like the one offered in 2013, are typically 90-minutes long and dedicated to reinforcing previous lessons.

“The whole premise of the training,” says Jennifer Brown, SMH’s Safety and Emergency Preparedness coordinator, “is to answer the question, ‘how to engage early enough to prevent a crisis in the first place?’ It’s learning how to identify a crisis before it happens and learning who you are and how you deal with a crisis situation beforehand.”

The challenge with prevention training is that human behavior is hard to predict. Prevention, as a concept, is also impossible to measure. This is why SMH’s overall philosophy, including in its training programs, is based on promoting *Protective Factors*.

*Protective Factors* are a set of stabilizing conditions—such as ties to the community, enriching, therapeutic and healthy activities, and strong interpersonal relationships—that, together, may significantly reduce risk for vulnerable populations. For those who support these populations, like those at YES, *Protective Factors* may constitute understanding the cycles of aggression and what causes individuals to deteriorate, recognizing symptomology and learning the most appropriate and sensitive ways to handle explosive situations.

Because SMH’s training programs promote a state of readiness and help trainees act upon the factors at play in the lives of their clients, says Katrina Egner, SMH’s director of Sound Response, prevention is the byproduct.

“*Preventive Factors* are significant,” she emphasizes, “because it is difficult to predict violence, suicide or other critical incidences. But building up *Protective Factors* like hope, and natural supports, is, in and of itself, preventive.”



Jennifer Brown, during a training

Overall, Halela believes the training promotes better overall long term awareness of their environment.

“I think the training helps us have a better understanding of where we are at, in terms of our levels of preparedness, and helps us identify what areas we may need to strengthen in our capacity to handle crisis situations.”

According to Brown, perhaps the most significant aspect of the training is in the highly interactive, experiential techniques used. Based on adult education principals, these techniques push trainees to internalize, and in times of trouble, invoke key preventive behaviors.

“The nature of what we are teaching is hands on. You cannot lecture about an experience. To teach something that you can draw from in a true crisis situation, you have to be able to experience the training. That’s our goal: in a negative situation, you’ll have experiences to draw from.”

Though training adheres to strict, evidence-based practices, Brown redesigns programs annually based on new industry research and feedback gathered from attendees. When a new organization contacts SMH for training, they undertake a specific process to assess the industry, learn what scenarios the organization wants incorporated into the training, discover specific



Access Department members (from left), Amrita Clements, Kevin Maloy and Rachel McKenzie engage members of the community

## SMH “Front Door” Assures No Community Member is Left Behind

The phone calls come in from all over the country, for so many reasons. Whether these calls originate from King County, or from places elsewhere, Sound Mental Health’s (SMH) Access Program offers a welcoming “front door” to anyone in need of hope, support or direction.

The Access Program is the front-line intake and referral arm of SMH. Everyone from individuals, or their loved ones, to nurses, physicians and case workers will call, email or walk in for help. The program does assessments, helps people access care, and offers referrals. Comprised of seven cross-trained, Masters’ level staff, the Access Program, on average, accepts an estimated 250 individual phone calls each day—or nearly 100,000 phone calls in 2013.

Some of these individuals access care at SMH; some are steered toward community services elsewhere. Regardless of where these individuals end up, the most significant contribution SMH’s Access Program makes is its singular and powerful dedication to prevention. Stopping people in crisis from harming themselves.

Stabilizing agitated individuals. Identifying problems before they become catastrophic.

According to Dana Vaccaro, MA, LMHC, Access Program manager for the past 17 years, many who contact Access are in crisis, some might be escaping complicated domestic violence situations, could be struggling with chemical dependency, or may simply need someone to assure and support them. Others who call are at the end of their tether, frustrated with the social services system and in need of guidance. Many, still, are simply trying to navigate multiple and disparate systems of care and need a supportive presence to point the way.

“It’s extremely important to me that we do the right thing for people who call us,” she insists.

The Access team consists of Dana Vaccaro, Rachel McKenzie, Kevin Maloy, Sara Baldwin, Amrita Clements and Jaime Carter-Seibert. Because of this team, the Access Program is able to play a significant role in changing the course of many lives.

“The Admissions team participates in prevention by making connections,” says Rachel McKenzie, LMHC,

Access Program lead clinical care manager. “Clients at risk of losing their housing may be able to stay by connecting to mental health services. Parents referred by CPS are connected to counselors who provide support and can work with parents and social workers to prevent kids being removed from their homes. Callers worried about a family member connect with Admissions staff who are able to explain the local mental health system and how to access services. And callers in distress can quickly be connected to services through Rapid Access.”

In previous years, including in 2013, SMH’s Access Program has been an important contributor to early intervention. Fast, responsive engagement can quickly diffuse crisis situations, offer meaningful guidance, improve chances for recovery, and, of course, bring stability and safety in the community.

“You can have someone who is suicidal, or homicidal, calling us,” says Vaccaro. “You have to have the ability to know what to do in that situation. Staff here must have a lot of presence of mind and calm to know what steps they need to take to help that person.”

For the myriad ways the Access Program impacts individual and community well-being, McKenzie prefers to offer a simple description of their role.

“Hope,” she says, when asked to explain the basic duty of the Access Department. “We give people hope.” I keep coming back to this work with the knowledge that I can give someone hope. If SMH can’t do it, we’ll help people to find something.”

Great emphasis is placed on hiring staff with a unique combination of traits. Staff balances a deep clinical background, knowledge of the insurance industry and a near-encyclopedic knowledge of the array of services available to the community with intuition, empathy and an unflappable demeanor.

While much of the program’s work is behind the scenes, 2013 brought it to the forefront. Last year, the Access Program methodology was instrumental in the roll out and enhancement of the Rapid Access model at SMH sites in Bellevue, Auburn and Tukwila (see Quality Improvement Program story on page 5). Rapid Access

models offer expedited evaluations and referrals, ensuring that clients get help quickly. SMH streamlined the process of gathering clinical information, doing evaluations and referrals by minimizing personal health history questions during phone registrations, focusing instead on medical necessity to keep intrusion—and client frustration—to a minimum.

“What is great about Rapid Access is that clients can access services much faster than before,” asserts McKenzie. “Clients used to wait 10 business days for an intake. Now adults aged 18 to 60 can usually be seen for intake the same day.”

Vaccaro explains that the Access team now does initial registrations (for those who qualify as clients) at the same time as the assessment, thereby reducing the administrative time traditionally needed to get a client into services. The new process is more responsive, reduces unnecessary hardship on people who are already feeling vulnerable and allows greater staff efficiency.

Despite positive changes around the program that helped thousands in 2013, there are still challenges to the work. The team sometimes must deal with complicated insurance, system or legal issues that take time to disentangle.

Even then, staff must deal with the “human element.” Frustrated and worn down, some of those who call have lost all sense of civility. Despite this, McKenzie says, the most challenging part of the job is not all of the difficult conversations, complicated system issues, or personal attacks.

“The most frustrating thing about the job,” she says earnestly, “is when we’ve hit a road block to getting people help and we’ve exhausted all possible avenues.”


Despite these occasional cases, the overall work done by the Access Program in 2013 again reaffirms that SMH’s mission to strengthen its community is alive and well.

“We are an agency that takes on people who nobody else will,” says Vaccaro. “We do it because it is the right thing to do.”

Quality Improvement *continued from page 6*

if not all contracts with county and federal agencies, agreements with payors and requirements for licensure demand adherence to quality improvement standards. In that regard, too, SMH has met the criteria.


Even though these are goals that organizations like SMH are expected to achieve, Hanken thinks there's much more behind the dedication to quality here.

"Our goal is to exceed industry standards," she declares, simply. "When you look at what the baseline standard is, we always ask ourselves 'what is best to serve our clients?' We ask ourselves how we can do better." 

Safety Training *continued from page 10*


incidences they've encountered and identify prevailing concerns to tailor the training.

Overall, safety training doesn't just teach attendees hard skills they can apply in a crisis. It also teaches them to account for and comprehend the many subtle cues in daily life of others that can help avert and prevent issues from occurring.

"I would like staff (leaving our training) to feel more confident about their capabilities, so that a crisis doesn't have to be scary," Egner points out. "A crisis is an opportunity for change. It's a huge moment and if everyone can get through it together, it doesn't have to be traumatic or violent." 

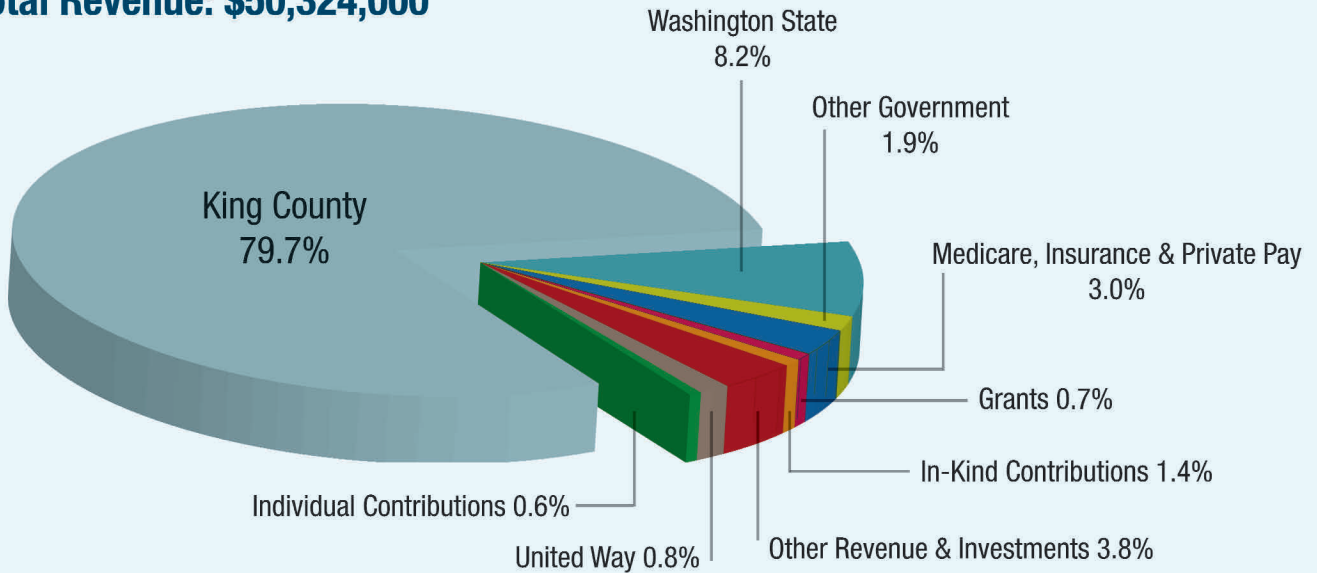
Veteran Recovery *continued from page 8*

As Williams continues to manage her past challenges and make progress, she believes other veterans need to consider SMH as a valuable resource to support their re-integration back to the community.

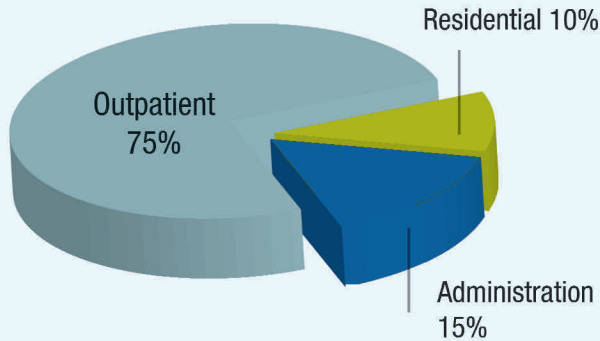
"I want veterans to know that if nothing else, you can go to SMH and know that they are really going to stick with you. And, it may be a process, you may have to be patient, but they will make sure you go to where you need to go." 

# Financials & Demographics

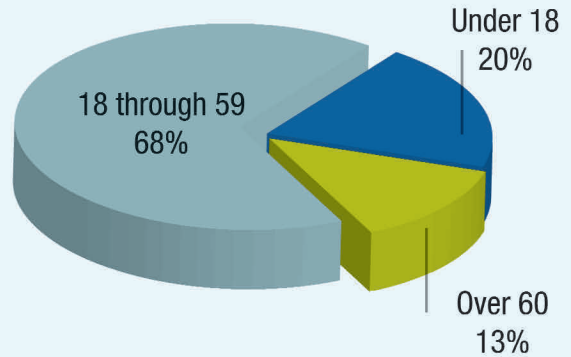
## Total Revenue: \$50,324,000



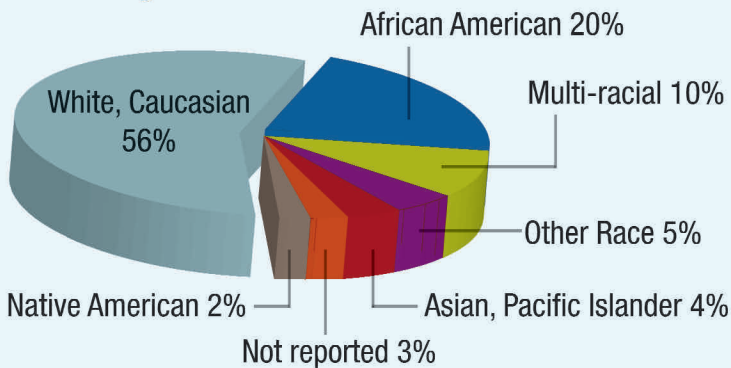
## Total Expenses: \$48,622,000



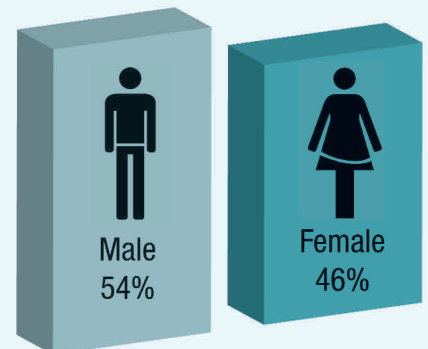
## Clients By Age total clients 17,960



## Clients By Race



## Clients By Gender





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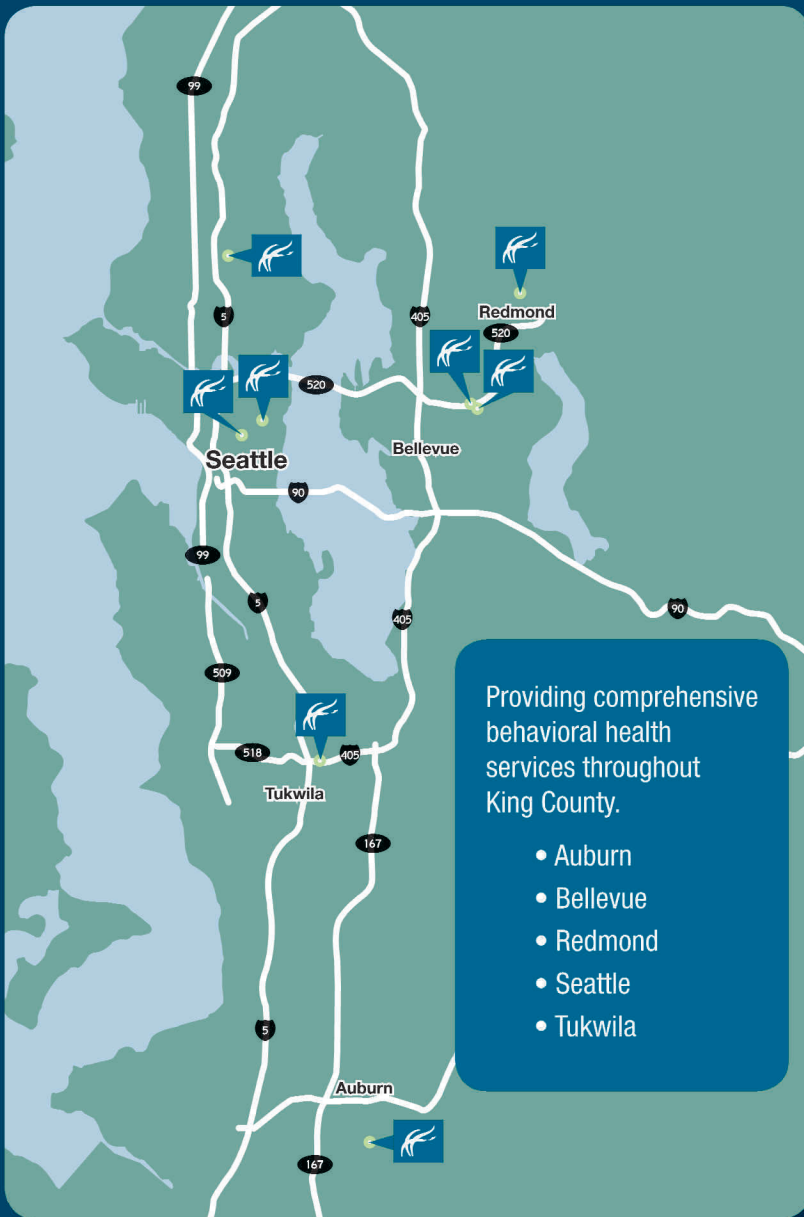
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