The Building Health and Hope Campaign is a $3.8 Million dollar project and an Eight Hundred Thousand Dollar Capital Campaign that will consolidate clinical services within a larger campus and for the first time allow BHR to bring both behavioral and physical health services to clients.

Building Health and Hope Capital Campaign

A Capital Campaign for a BHR behavioral and physical health campus
CAPITAL CAMPAIGN CO-CHAIRS

Co-Chair Doug Mah Mayor, City of Olympia
Former Board Member of Behavioral Health Resources
"Providing essential mental health services is absolutely critical for our community. Behavioral Health Resources (BHR) is a critical part of our region's health care system. BHR provides not-for-profit mental illness and addiction services in a client-centered environment with a focus on community. BHR's plan to consolidate all outpatient services into a single location in Thurston County makes good sense. A consolidated BHR campus will improve client services, help lower emergency room costs, and build a better community. I ask that you join with me in support of BHR's plan for a consolidated Thurston County campus."

Co-Chair Drake Nicholson
Past President – Community Mental Health Foundation
Owner, Nicholson and Associates Insurance
Several years ago I served multiple terms as the President of the Foundation Board. I learned so much about the services that BHR provides to people with serious mental illness and/or substance abuse issues. Since that time I have stayed in touch with BHR and always thought there must be even more I could do to help this vulnerable population. When I was asked to consider co-chairing this campaign with Doug Mah, I was happy for the opportunity to not only help consolidate BHR’s Thurston County services into a single campus, but to create the opportunity for them to bring new primary care for the physical needs of this vulnerable population who now use behavioral health care. BHR has dedicated itself for over 55 years to meeting community needs and this campaign will help them continue that into the future. Helping people with mental illness, serious mental disorders and addiction to stabilize and live comfortably in their own community makes good economic sense.

"Building Health and Hope”

Campaign Committee

Co – Chairs
Doug Mah – Mayor of Olympia
Drake Nicholson – Owner, Nicholson Insurance

Requests Committee Chair – Lowell Gordon
Members: Bron Lindgren, Paul Stretch, Joe Wheeler
Don Law, Ed Galligan

Public Relations Committee Chair – Bev Masini
Members: Phyllis Edwards

Events Committee Chair – Betsy Spath
Members: Sandi Wilson

Staff – John Masterson, CEO Behavioral Health Resources,
Judi Hoefting, Community Relations Director
Rose Bryant, Community Relations Specialist

Campaign Consultant - Suzann Stahl, Nonprofit Solutions
Imagine a BHR Campus where individuals dealing with both mental and physical health issues had both behavioral health and physical health services available to them in one place. A new front door to our campus would face Martin Way, a main thoroughfare, and be within minutes of Providence St. Peter Hospital and the Evaluation and Treatment Center.

- The new larger campus will allow BHR to partner with primary care to create a new healthcare reality for some of the most vulnerable individuals in our community.
- The efficiencies developed by the purchase of electronic health records technology and the consolidation of all of BHR’s Thurston County operations will streamline operations and allow interoperable communication between BHR and other health providers, insuring the safety of clients and reducing the cost of healthcare.
- Further, it will allow BHR to contract with insurance carriers that will fill a need for behavioral services for people of middle income and a broad portion of our community population.
- And finally, the new and expanded services will build sustainability for BHR’s business model.

Capital Campaign Leadership

(Not Pictured: Doug Mah, Ed Galligan and Sandi Wilson)

**Campaign Structure**

- **Campaign Co-Chairs:** Drake Nicholson and Doug Mah
- **Campaign Cabinet:** CMHF board members, BHR Board Members
- **Committees:** Requests, Public Relations, Events
Momentum, Change, and “Building Health and Hope Project”

The mission of Behavioral Health Resources is to support and strengthen individuals, families and the community by promoting mental health and chemical dependency recovery – a mission that becomes more critical to the health and well-being of our communities with each passing year.

In fact, over the past seven years, BHR has tripled its services to meet the expanding mental health and chemical dependency needs of citizens throughout Thurston, Mason, and Grays Harbor counties.

BHR has grown through new programs such as the 2005 launch of the 25-bed Evaluation and Treatment Facility under a long term contract with Thurston County. That year, BHR also merged with South Sound Mental Health Services to provide a comprehensive array of services to the community. In 2006 BHR took on the large RSN contract to provide mental health, substance abuse and crisis clinic services to Grays Harbor County when the provider there could no longer serve the estimated 900 clients. That year, BHR also purchased buildings to form the current Martin Way campus in Olympia. In 2008, BHR opened a new 34-unit housing facility in Tumwater, which has been recognized as a model for housing the chronically mentally ill. This facility joins “Tumwater Cove”, an 8-bed facility; the “B & B” facility in Olympia with 15 beds; and a 16-unit apartment complex for low income individuals & families in Grays Harbor County.

Today BHR is one of the largest agencies in Washington State, serving 10,000 clients per year. Yet once again, times are changing:

- Clients have fewer options, as mental health facilities and/or addiction services close or reduce programs;

And true to the agency’s history of innovation these growing community needs compel the leaders at BHR to undertake consolidation of treatment locations and consolidation and reorganization of services – a strategic shift that will align BHR with national health care reform.

The purchase of our 3-building campus in 2006 was a big first step towards this vision. Now we have an opportunity to consolidate our offsite services to the larger campus and become a “Consolidated Campus”, where behavioral health and physical care are provided in the same setting. The retail space along Martin Way will provide space and offer the chance to provide private pay and insurance services, thereby diversifying our revenue stream.

The Consolidated Campus Project

The Consolidated Campus Project is a $3.8 million campaign to expand the campus of BHR to include two new buildings and a vacant lot nearby our current headquarters in Olympia, WA. One of the buildings has a presence on Martin Way. The campus expansion will coincide with the development of an electronic record system to improve our performance and expand services to include primary care and state of the art information technology. The vacant lot included in the sale will give the opportunity for future expansion and/or meet our parking needs. The expanded campus and new technology will truly bring a state of the art behavioral and physical healthcare facility to Thurston County. This addition will bring the value of our campus to $8,000,000.

Medical needs of the mentally ill are least likely to fall through the cracks when psychiatrists and primary care doctors practice in the same facility.
Transportation is an issue for most. By bringing together our clinical services, we will better serve families and individuals in one health care setting.

The Health and Hope Campaign Timeline - March 2011 to March 2014

2011: Campus Expansion
- March: Engage Architect for new campus design and function studies
- July: Completed financing arrangements – First Citizens Bank
- August: CEO launches Facilities Planning Team
  CMHF launches Capital Campaign

July 2011-Feb 2012:

Phase I Renovation of Buildings
- 2011-2014: Consolidation of Tumwater and Lacey offices to BHR campus plus renovation as Martin Way leases expire.

2011 to future: This acquisition presents an opportunity for a medical health home to serve the BHR client population and their chronic care needs.

The Budget for this purchase

<table>
<thead>
<tr>
<th>Project Budget</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Acquisition</td>
<td>$2.9 million</td>
</tr>
<tr>
<td>Architect and Engineering</td>
<td>$100,000</td>
</tr>
<tr>
<td>Tenant Improvements</td>
<td>$716,000</td>
</tr>
<tr>
<td>Capital Equipment</td>
<td>$100,000</td>
</tr>
</tbody>
</table>

Financing
- First Citizens Bank (FCB) $2.9 Million
- BHR $116,000
  (Proceeds of 6th Avenue sale of $1 million to be applied to FCB loan)
- Capital Campaign $800,000

Project Total Cost $3,816,000

This will bring the total value of our campus to $8,000,000.

Indicators for Success

- Our CEO and Board will be successful in requests to our partner agencies for funding.
- Grant applications will be successful with regional and national funders
- A broad spectrum of community individuals and businesses will have contributed to the campaign.
- The Campaign Committee will target support at the community level.
- BHR has a fully functioning insurance program to diversify our business revenues.
- Our EHR will be interoperable within BHR offices and with our partners.
- The Community will support our efforts enthusiastically.
Invest in the Consolidated Campus Project

Donations will be made payable to “BHR/CMHF Campaign Fund.”

Donations are welcome from any source, though donations with conditions must be reviewed and accepted by the Campaign Cabinet.

Gifts may be made through the BHR website at www.bhr.org. They may also be made in the form of cash, VISA/MasterCard, Discover, American Express, securities, real property, bequests, fine art and in-kind donations.

Every donor, regardless of gift size, will be recognized for their gift in a donor registry.

Donor names for donations of $1000 and over will be displayed on a donor recognition wall.

Gifts may be made through pledges over 2 years.

Request a pledge card or further information by calling Judi Hoefling at 236-7121 or email: jhoefling @bhr.org, or Rose Bryant at 236-7111 or email: rbryant@bhr.org

Campaign donations will be kept in a dedicated fund at Sterling Savings Bank.

Naming Opportunities

Donors making exemplary gifts may have portions of the facilities named for them or for a person, organization or company they designate. Acknowledgment will be in the form of tasteful plaques located near that portion of the building and other recognized parts of the campus.
About Behavioral Health Resources

There are no quiet days at Behavioral Health Resources (BHR). There is nothing commonplace about the work that goes on there. That’s the wonder of it all; that within the walls of modest buildings located in three counties – amazing people are doing heroic things with enormous pride and dedication, to deliver extraordinary care to the chronic and severe mentally ill and/or those with substance abuse issues in Thurston, Mason and Grays Harbor counties. The stories that unfold at BHR are brave and brutal, horrendous and heart warming. They bear witness to the belief that everyone can find recovery in their own way. The stories of the people served carry messages of hope, caring and commitment.

BHR was founded in 1956 as the Thurston Child Guidance Clinic under the leadership of Dr. Phillip Vandeman, the first President. During the ensuing years, much has changed in the community and the field of public mental health. As a private non profit corporation, we are a contractor to various state and county entities to provide a range of services for primarily low income Thurston, Mason and Grays Harbor County residents. BHR provides therapy, medication management and community supports to an average of 10,000 children, adults and seniors annually. In 2010 we provided more than 156,000 hours of service to these clients.

BHR receives approximately 70% of its income from public funds via Regional Support Networks and approximately 21% from service contracts in the counties we serve. Five percent (5%) of revenues come from Title XIX Medicare and the chemical dependency program is funded through DASA and selected insurance carriers. Historically, 4% of income has come from charitable donations, including in-kind donations.

Who We Serve

At this time the prime recipients of BHR’s services are the economically disadvantaged. Many live at or below the federal poverty level and a growing number are homeless.

Approximately 75% of those receiving service reside in Thurston County; 56% are female and 22% are 18 years of age or younger.

In 2010 we served a total of 7,183 clients with outpatient or crisis services in Thurston County. Of the 7,183 clients, 1,300 of them were children and 5,656 were adults; 227 have no age listed. In Mason County we served 900 clients with outpatient or crisis services. Of that number, 251 were children and 616 were adults. Another 33 do not list an age. Within our service area in Grays Harbor County we provided 928 clients with outpatient or crisis services. Of them, 328 were children and 548 were adults.

Individuals with chronic mental health or substance dependency issues are referred to BHR through DSHS, local healthcare agencies, correctional programs, Western and Eastern State Hospitals and other state welfare programs. Specialized treatment services, including therapy, medications and case management, are available to Southeast Asian, Latino and Pacific Islanders with the resources of bilingual staff and interpreters.

What We Do

BHR’s programs are carefully designed to enable our clients to reach their fullest potential and many clients benefit from several of our services, either simultaneously or sequentially in their progression toward healthy lives. BHR serves infants, children, families, adults and seniors through targeted programs in Thurston, Mason and Grays Harbor counties.
One in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year. One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder1 and about one in 10 children live with a serious mental or emotional disorder.

**Adult Services**

BHR clients are individuals who, through no fault of their own or their families, suffer from one of several diseases affecting the brain, the most complex of human organs. The causes remain largely unknown, but are probably multiple. There is no cure, but we do have effective treatment. In addition to having a brain disease, people with a serious mental illness are (by definition) significantly functionally impaired by the illness for an indefinite period of time. **One-half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.** Despite effective treatments, there are long delays—sometimes decades—between the first onset of symptoms and when people seek and receive treatment.

**Co-occurring Brain Disorders**

When affected by both substance addiction and psychiatric or emotional conditions, our clients are defined as having co-occurring disorders. In the face of serious mental illness, recovery may mean accessing the help to address the illness, making sure that medications are prescribed and taken, therapeutic services are available and a stable living arrangement is available.

**Physical Health is important too**

It is important to note that medical or health conditions may also be co-occurring, and need to be treated concurrently. **Adults with a serious mental illness treated in public systems die about 25 years earlier than Americans overall.**1 Almost 60% of the 10.3 million people with serious mental illness get care in public facilities, 90% as outpatients. The most common illnesses among adults are schizophrenia, bipolar disorder and major depression. And although the mentally ill have high accident and suicide rates, their ill health and mortality is more often a preventable disease. Mentally ill adults also are more likely than others to have alcohol and drug-abuse problems and to smoke. Further, even when they can get a physical care appointment in the underfunded public health system, patients with mental disorders are not good health advocates for themselves.

*1 World Health Organization 2001 report

**Children’s Services**

Children’s services deal often with young people with serious mental or emotional disorders. Children come to us dealing with stress, anxiety and mood issues, anger; self esteem issues as well as ADD, ADHD and depression. BHR treats children and adolescent within the context of their societal and familial situations and the variety of behaviors that are reactions to these issues. And just as BHR does not label an adult client by the name of their disease, we do not define a young person by their behaviors. For the most part the behaviors are treated as non chronic and the approach to care is to aim for normalization of behaviors through the client’s strengths and resiliency. We strive to connect children and adolescents to community systems that are healthy and teach them peer group and recovery skills. Programs may educate the caregivers of parenting skills; link the youngsters to partner agencies such as Community Youth Services and other community agencies that can provide normalcy. BHR provides a number of school activities, wellness, and strength based or adventure programs to help children and youth to experience healthy and enjoyable ways to function in their worlds.

**What is Physical Health?**

Physical health is the overall condition of a living organism at a given time, the soundness of the body, freedom from disease or abnormality, and the condition of optimal well-being.
**BHR provides comprehensive and mutually supportive direct service programs including:**

- Case Management
- Adult and Youth Hospital Diversion
- Adult Substance Abuse and Addiction Recovery
- Family Court Treatment
- Residential Services
- Psychiatry and Therapy
- Children’s Services
- Supported Employment
- Child Abuse Prevention and Early Intervention
- PACT program
- School Based Programs
- Homeless Outreach
- Older Adult Services
- Multi-cultural Services

**Housing**

Since 1991, BHR has provided housing services for a small sub-set of the homeless community; those that are chronically homeless, mentally ill and living in severe poverty. The population has experienced frequent and chronic homelessness, due in large part to their inability to manage a severe and persistent mental illness in a community setting. BHR owns four housing properties, B&B Apartments (16 units) Tumwater Cove (8 units), Tumwater Gardens (34 units) and McCleary Apartments (16 units).

**Focus on Client and Community**

BHR’s programs are carefully designed to enable our clients to reach their fullest potential and many clients benefit from several of our services, either simultaneously or sequentially in their progression toward healthy lives. We build on our client’s strengths to build their recovery programs.

**Participation in collaborations to improve access for those in need of health care and social services**

An example of BHR collaborators is Capital Clubhouse, an Olympia nonprofit that also serves the mentally ill. Capital Clubhouse offers social supports such as job training and transitional employment, often for clients who are receiving residential, employment or treatment services from BHR. Additionally, BHR facilitates access to affordable health care and other vital social services for some of the area’s most vulnerable citizens through its extensive linkage with private and public agencies.

**What is Mental Health?**

Mental Health and Mental Illness are not polar opposites but may be thought of as points on a continuum. Dependent on a person’s circumstances, we know that mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt and change and cope with adversity. Further, mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society.

It is easy in either families or communities to overlook the value of mental health until problems surface or system changes occur.
Our board members bring the experience of the community to BHR’s decision making and strategic planning. Our boards also serve as strong advocates for new services to address the changing health needs of our community. Since its inception, BHR has been fortunate to have board members committed to BHR and sharing our mission and story with our South Sound neighbors.

**BHR’s Governing Board:** Don Law, Vicki Kirkpatrick, Gary Michel, Larry Kahl, Joe Wheeler, Susan Meenk, Teri Mason, Dr. Dana Petersen, Patrick Farwell. (Not Pictured: Bonnie Nielsen and AnnaLisa Gellermann and Ed Galligan)

The BHR board of directors consists of up to 16 community volunteers who meet monthly, bringing business and governmental expertise to guide and oversee the policy and fiduciary issues of BHR.

**Community Mental Health Foundation Board:** Phyllis Edwards, Betsy Spath, Lowell Gordon, Sandi Wilson, Bron Lindgren. (Not Pictured: Beverly Masini and Paul Stretch)

In 1995, the Board of Directors established the nonprofit Community Mental Health Foundation to develop and manage charitable gifts to BHR. The mission of the Foundation is to facilitate the solicitation, recognition, and management of charitable gifts in support of community mental health.

The Foundation seeks gifts of income, assets and estate to enable BHR to continue state-of-the-art-care and to respond to unmet and unfunded needs in our community. The Community Mental Health Foundation also strategically manages the resources of the Foundation, conducts fundraising activities to grow the various endowments and funds to both sustain and support the programs of BHR.
BHR Governing Board of Directors
President - Larry Kahl, Vice President, Support Services, Grays Harbor Community Hospital
Vice President - Joseph Wheeler, Senior Deputy Prosecutor Thurston County Prosecutor
Treasurer - Vicki Kirkpatrick, Public Health Director, Mason County
Secretary - Bonnie Nielsen, Retired Psychiatric ARNP
Member - Don Law, Past President - Attorney
Member - Patrick Farwell – Retired Hospital Administrator
Member - Ed Galligan, Executive Director, Port of Olympia
Member - AnnaLisa Gellermann, Legal Services Manager, Dept of Labor & Industries
Member - Susan Meenk, Administrator, Human Resources, Providence St. Peter Hospital
Member - Gary Michel, Retired Chief of Police, City of Olympia
Member - Dr. Dana Petersen, Pediatrician, Co-owner, Olympia Pediatrics

John Masterson, BHR Chief Executive Officer

Community Mental Health Foundation Board of Directors
President - Phyllis Edwards, Retired Social Worker, Group Health
Vice President - Betsy Spath, Life care Coordinator, Elder Law with Care
President Elect, Beverly Masini, Past President – Retired Nurse Executive
Secretary/ Treasurer - Lowell Gordon, Owner – The Creative Office Supply
Member - Sandi Wilson, Vice President, Thurston First Bank
Member - Bron Lindgren, Owner - Bron’s Automotive
Member - Paul Stretch, Vice President, Financial Sales Manager, First Citizens Bank

Judi Hoefling, BHR Community Relations Director, CMHF Director

Membership and Partner Organizations
A United Way Agency – Thurston, Mason and Grays Harbor
Thurston County Economic Development Council
South Sound Partners for Philanthropy
NCCBH Member
WCBHC Member
Chamber Member, Thurston, Mason, Grays Harbor

Contact Information
Judi Hoefling, Director of Community Relations and CMH Foundation
P 360-236-7121 | Fax (360) 709-4374 | E-mail: jhoefling@bhr.org
Behavioral Health Resources
3857 Martin Way East, Olympia, WA 98506
Web: http://www.bhr.org

Susann Stahl, Campaign Consultant
Service Locations

Olympia
Lacey
Shelton
Elma
Hoquiam

Community Mental Health Foundation of South Puget Sound

Community Mental Health Foundation
3857 Martin Way East, Olympia, WA 98506
(360) 704-7170 / 800-825-4820 / FAX (360) 709-4374
www.bhr.org