



Pacific  
Clinics®

# Continuum of Care Across California

2022 – 2023 IMPACT REPORT



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# A Joint Letter

## From our CEO/President and Board Chair

Dear Supporters,

The people who seek our mental and behavioral health care bring diverse life journeys, and our dedicated team members provide hope with culturally relevant and life-affirming solutions.

In this year's impact report, we are humbled to share glimpses of these journeys. Showcasing the breadth and depth of our work in communities across California, each story shares two key elements: the unwavering support of our Pacific Clinics team and the courage of the people we serve. Each story encapsulates the essence of our work, made possible by our generous supporters.

- You will read about the remarkable transformational experiences of one of our colleagues who started his path as a client in our **Crossroads Transitional Housing Program** and later found a fulfilling life and career with our agency.
- Through our **Foster Care and Adoption Services**, you will learn about the profound family bonds and the power of love in changing lives.

- Discover the innovative initiatives developed by our **School-Based Intervention Teams**, which create safe havens in schools where students can find solace, practice self-care and receive vital support. At a time when our youth face unprecedented levels of mental health challenges, our wellness centers serve as beacons of hope and healing.

Beyond these stories, learn about our ongoing efforts to pioneer groundbreaking advancements in support of those who live with depression, trauma, stress and anxiety. From **transcranial magnetic stimulation (TMS)**, a noninvasive approach to helping those who do not find relief from traditional medications to our community-based mobile unit, **Trusted Response Urgent Support Team (TRUST)**, which helps to de-escalate situations involving a person in distress, we remain steadfast in our commitment to providing innovative solutions and compassionate care.

The pages in this report underscore Pacific Clinics' incredible impact and demonstrate how we develop and implement strategies to advance health equity and well-being for all.

We extend our heartfelt gratitude to our esteemed partners and supporters for your unwavering commitment to supporting children, youth, adults and families. Together, we continue to write chapters of hope, life-affirming care, resilience and transformation.

Thank you for being a part of this journey.



**Kathy McCarthy**  
Chief Executive Officer/President



**Heather Jones**  
Chair, Board of Directors



# Who We Are

## MISSION

**We deliver integrated behavioral health care and social services to advance health equity and mental well-being for children, adults and families.**

## VISION

**A world in which all people realize health and well-being.**

## Our Values

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### **PASSIONATE**

Pacific Clinics attracts employees passionate about making the world a better place. We do this work because we care.

### **CLIENT-CENTERED**

We take a client-centered approach to all that we do. Our clients – and their families and support systems – drive our work and inform our services. We do whatever it takes to understand and address their individualized needs.

### **CULTURALLY RESPECTFUL AND RELEVANT**

We ensure that our employees and services are culturally respectful, honoring the beliefs, practices and cultural and linguistic needs of our clients.

### **ACCOUNTABLE**

We are accountable to our employees, clients and communities and operate with integrity in all that we do.

### **RESPONSIVE**

We are responsive to the emerging needs of our clients and communities and embrace a spirit of excellence and innovation.

### **EMPATHETIC**

We employ individuals who understand our clients and the communities we serve. Many have lived experiences and shared cultural backgrounds. We use this understanding to meet clients where they are and support them in getting where they want to head next.

### **STRENGTH-BASED**

We believe the clients, families and communities we serve have many strengths that can support their health and well-being. We identify, honor and build on those strengths through our work.

# Our Impact At A Glance

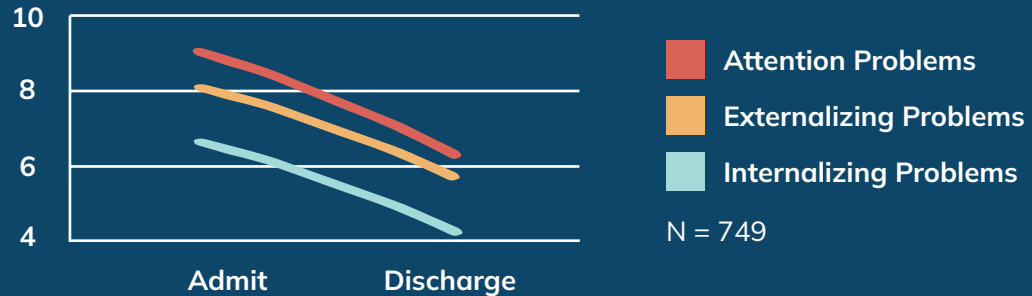
## 46%

### Average Reduction of Children's and Youths' Needs Over 18 Months

*Pacific Clinics' experienced clinicians can address at least 46% of a client's needs within the first 18 months of treatment. Needs and strengths are measured using the Child and Adolescent Needs and Strengths (CANS) assessment on individuals from birth to 20 years of age and can include homelessness, substance use, suicidal thoughts, trouble sleeping, depression, domestic violence and more.*

N=5,964

### Children Experience Reduced Behavioral and Emotional Challenges at Discharge



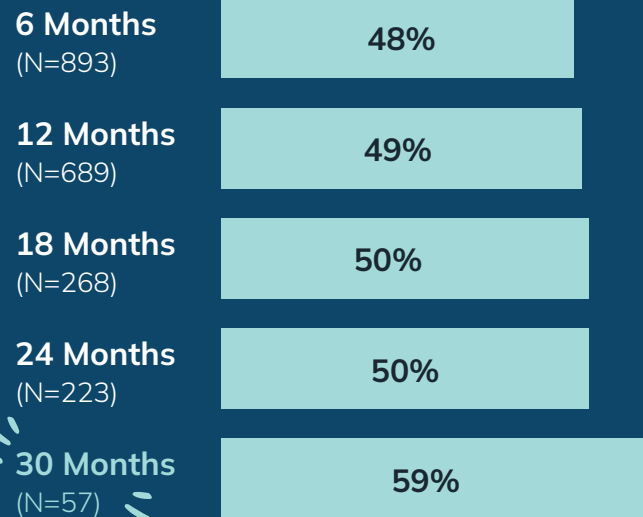
*Children see a significant reduction in their Pediatric Symptom Checklist (PSC)\* scores at discharge across the whole assessment. Attention problems can be fidgety; externalizing problems can be maladaptive behaviors and conflicts with others; internalizing problems involve inner distress and mood.*

*\*PSC is a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems.*

### Mental Health is a Journey

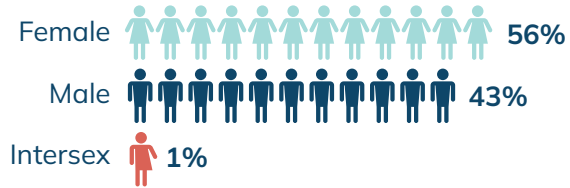
*Among those surveyed in the Greater Los Angeles area, most clients experienced positive changes and consistent improvements, such as better functioning, engagement in therapy, symptom management and medication compliance, after receiving therapy for 30 months.*

■ = Positive Change Since Intake

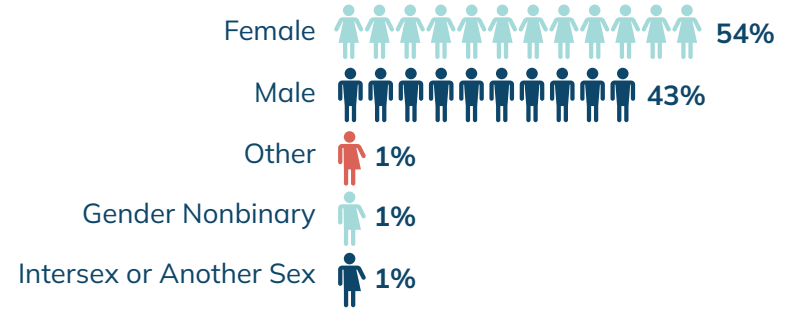


# Who We Impact

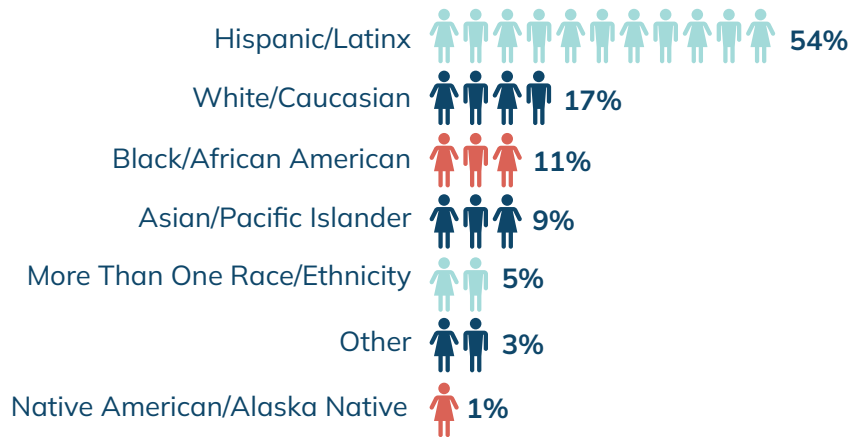
## Sex Assigned at Birth



## Gender Identity



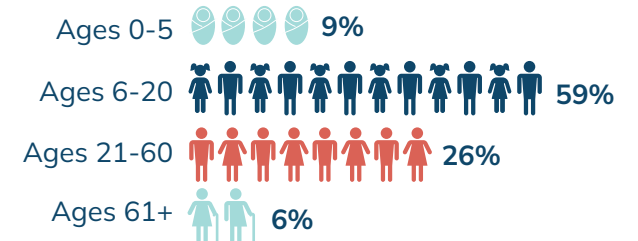
## Ethnicity



## Sexual Orientation



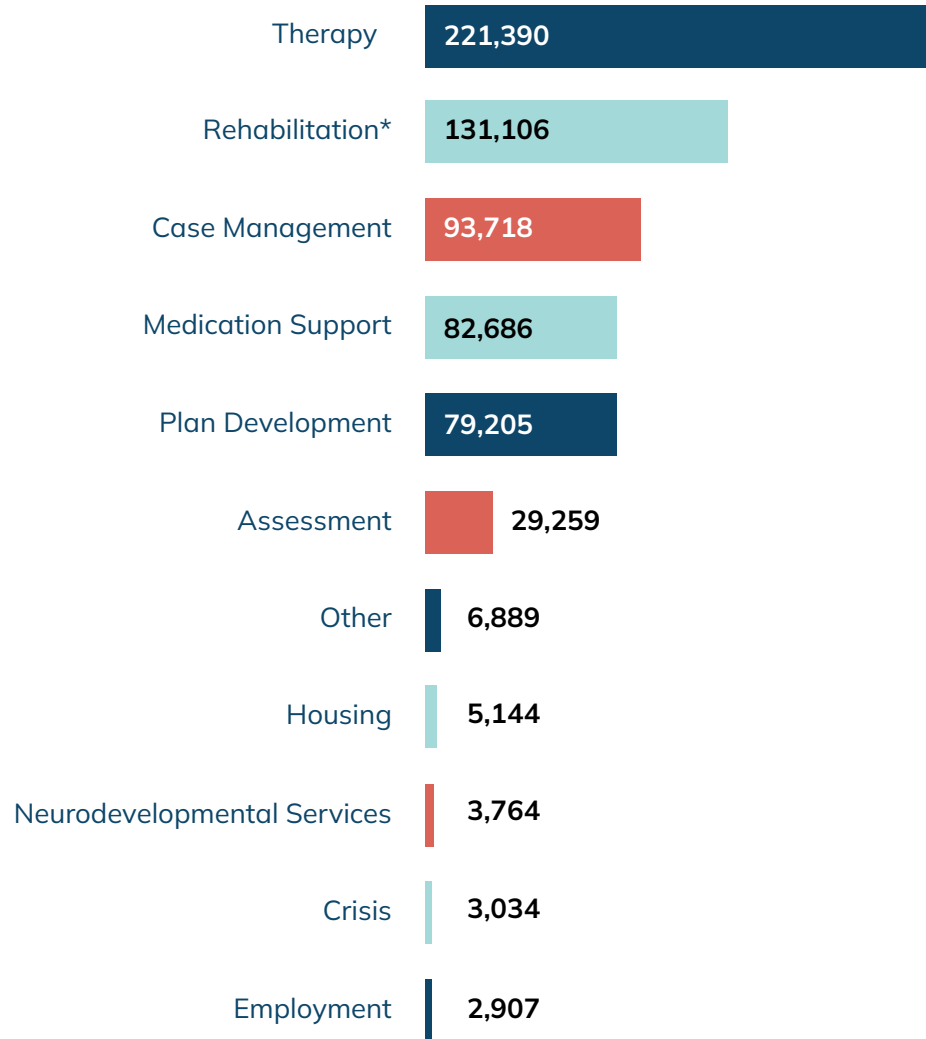
## Age at Admit



## How We Help

### Number of Services by Category

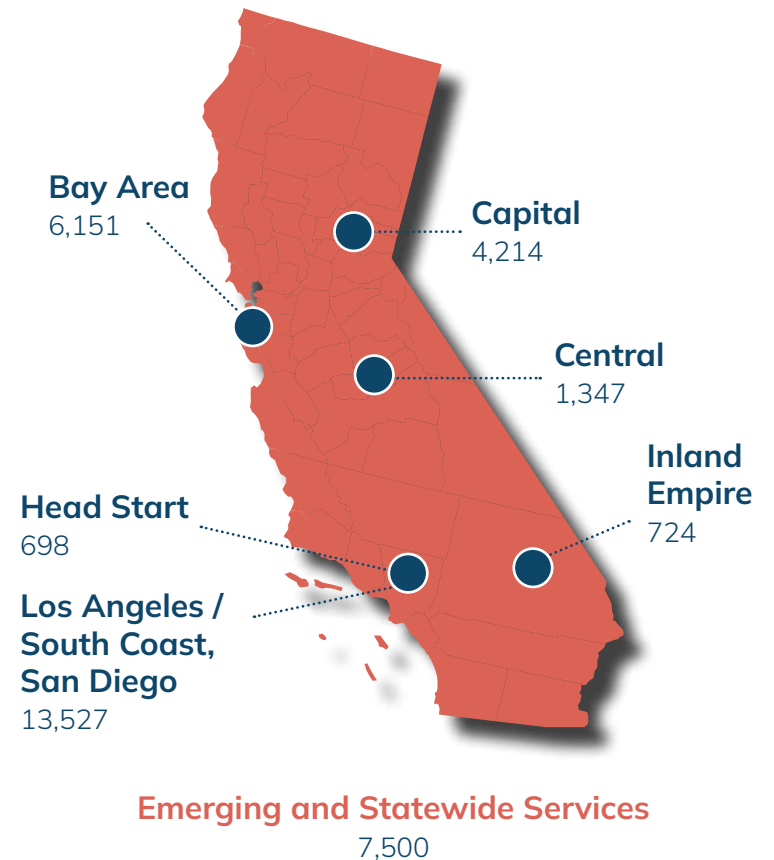
At Pacific Clinics, we offer a wide variety of treatments and services to support those with mental illness or behavioral challenges. We provided thousands of services as displayed in the chart below.



\*Rehabilitation includes daily living skills, social skills and intensive care coordination.

## Where We Serve

### Number of Clients Served by Region



Serving  
**34,000+**  
people each year

# Crossroads and Transitions

## Transitional Housing Program – Central Region

Chris opened the door and looked out. There was no yellow brick road to follow. He had no trusty companions beyond the shoes on his feet.

He closed the door firmly behind him and took the first step out of one life and into another. At 16 years of age, he was leaving his home in Visalia forever. Ahead of him was a lonely 20-mile trek southeast through the agricultural terrain of the Central Valley, but Chris was undeterred.

“I had had enough,” says Chris. He was putting an end to years of abuse he’d suffered at the hands of family members—emotional, verbal and sometimes physical. He was heading for a place where he was loved: his grandmother’s house in Strathmore, California.

His grandmother had always been a source of stability for the teenager, a wellspring of love. She would be there, waiting for him.

For a little under a year, Chris was content. He settled into the quiet rhythm of his grandmother’s life. But the rhythm changed when, during a car ride, Chris and his brother watched in shock as their grandmother suffered a sudden, fatal seizure.

It was, he remembers, “surreal. I felt like my life was okay, and then this happened.”

The devastated teen made a shift as best he could, staying at his grandmother’s house until, inevitably, he was evicted. Between couch-surfing at friends’ homes and sleeping unsheltered, his year of normalcy began to seem like something he’d dreamed.

But he would not seek help. “I hate handouts, and I didn’t take them. I told myself I’d rather be homeless, which I was most of the time.”

So help had to find him. After several months of struggling for housing and basic needs, he was referred by an employment assistance program to Pacific Clinics’ Crossroads Transitional Housing Program (Crossroads THP).

At 19 years old, with miles of wear and tear on his spirit, he was accepted into the program.

“By that time,” Chris admits, “I would have said yes to anything, housing-wise.”

Crossroads THP serves 18 to 24-year-old residents experiencing homelessness or in danger of losing their housing in the following counties: Fresno, Kern, Kings, Madera, Mariposa, Merced, Monterey, San Benito, San Luis Obispo, Stanislaus, Tulare and Tuolumne.

At first, his resistance to accepting help kicked in. “I was diagnosed with depression but did not believe them,” he says. “They said I was grieving. I didn’t think I was. I was not ready to admit I was struggling.”

But his emotional wall eventually fell. “The team was so welcoming and understanding,” he explains.

Pacific Clinics’ Crossroads THP helps young people like Chris develop independent skills. Once enrolled, a young adult is moved into an apartment shared with a roommate, each with a bedroom to themselves. From then on, case managers, caregivers and other Pacific Clinics employees help young participants succeed at each turning point.

Chris with his wife, Angelica and sons





They learn how to budget and save money to transition to independent living. They are advised on medications and their management. They learn how to find and keep a job, racking up valuable work experience. Some are steered through the daunting process of buying a car if they are financially stable enough.

Crossroads THP guides young adults through everyday living skills—household chores, paying bills, building credit—to larger goals such as strengthening healthy family/friend relationships, volunteering in the community and staying on the program’s two-year journey to wellness and recovery.

The team also helps youth obtain vocational training, or enter college.

Earning his GED was one milestone Chris wanted badly to reach. “I lived in households where I was called names like stupid or slow,” Chris recalls ruefully. “I wanted to prove them wrong.”

He did. Encouraged by the Crossroads team, Chris barreled into his studies. He beamed with satisfaction on the day he claimed his GED. “I was really proud of myself and felt good about myself as a person.”

Since joining Crossroads THP, Chris has profoundly changed how he saw himself, the world and the people in it. He had lived with people coping with schizophrenia, bipolar disorder and severe trauma, and he had been humbled.

“Bit by bit, I took in every piece of the program and also started tapping into my own mental health,” he says. “Am I depressed? Yes. Do I have trauma? For sure. Do I have triggers? Yes. And so I started addressing them. With all of this, I grew.”

The Crossroads team was taking notice. Team members began to count on Chris as a go-to guy: he had the desire to support his peers and the ability to lead them toward healthy behaviors. Over his two years with Crossroads THP, his value to the program became clear to all. But his exit date was imminent.

Would he stay as a volunteer? The team asked hopefully. Chris was ready with an answer.

A year later, Crossroads Program Supervisor Tino Lucero approached the young volunteer with an offer. How about working full-time with the program as a youth advocate?

“I was in disbelief,” says Chris. He plunged in happily, taking on assignments that ranged from mentoring and counseling to advocating for youth and speaking with high schoolers about mental health. His transformation—from an unhoused teen into a young adult with skills, an education and a future—was complete.

Wait, one more twist. It came in the form of a young college grad working as a Pacific Clinics behavior specialist. One day, Angelica was tapped to drive Chris to and from a speaking engagement. Soon, that became part of her job.

“At the time, I didn’t have a car,” Chris says. “Super embarrassing. But she would be so happy when she saw me. I didn’t think I had a chance, but she liked what I was about.”

Chris was banking on that when, on an evening in 2013, he braved an audience of noisy kids at a crowded event. Taking a deep breath, he proposed to Angelica. Two years later, they wed. They now are the loving parents of two children, ages six and four.

Scan the QR code or [click here](#) to watch Chris’ story and see what he’s doing in his role at Pacific Clinics.



### *Crossroads THP*

Over its 14 years, Crossroads THP at Pacific Clinics has successfully discharged **241 young adults** from the program. Its two housing sites are in the Tulare County cities of Visalia and Porterville, each with room for up to ten young adults. For more information, call 559-248-8550.

# Older Children in Foster Care

## Foster Care and Adoption – Capital Region

At the early age of 17, Juana — who already had first-hand knowledge of life as a teen in the foster care system — began a desperate journey of trying to reunite and care for her scattered siblings — also living in foster care.

“It was my dream to get them out,” she says.

She was barely out of the foster care system herself but her experience — and courage — helped guide her through the ins and outs of the system and to eventually obtain legal guardianship of her brothers and sisters.

She could not have known then that her role as a resource (foster) parent would be the foundation of a life built on helping older kids in need.

Arnicca also had first-hand experience with foster care, but from a different perspective. When she was 12, her mother opened her heart and home to infants and toddlers in need of temporary care.

Arnicca’s heart opened as well and over time grew to see that the kids who needed her the most were older.

“Babies are awesome and the cutest, but [older kids] are just as awesome and can bring you just as much love and joy,” says Arnicca.

“I’m a softy and I cry,” she says. “When I met these teens ... and heard their stories, I wanted to fight a war for them.”

As fate would have it, Arnicca’s future included not only teenagers in need of love and guidance, but a partner who also believed the best life is a shared life. Juana and Arnicca met, married and, together, have fostered 11 pre-teens and teens in the Capital Region since 2018.

Prior to that, they were the resource family to a few children who came to them through kinship care, which involves the care of relatives or friends.

“We’ve always had an open home and open door for everyone who needed help,” says Juana. “This is where our calling is. This is what we were supposed to do. It’s our passion and we love it.”



Arnicca and Juana  
with their son, Drew

In 2019, 11-year-old Andrew (Drew) was placed in a county home after his resource parent at the time had to be hospitalized due to illness. A Pacific Clinics employee graciously volunteered to take temporary placement of Drew until another family could be located.

At the same time the Pacific Clinics Foster Care and Adoptions Services (FCAS) team was finalizing resource parent approvals for Arnicca and Juana.

“Because they wanted to foster to adopt,” says Associate Clinical Director, FCAS Lanie Chang Xiong, “we approached them about considering Drew.”

So, it was decided that Drew would stay with Arnicca and Juana — though just for one weekend. But by the first Saturday morning of his stay, Drew had made up his mind: he had found his home and saw no reason to leave. Ever.

His new parents agreed.

“They were all excited and that’s how it all started,” Lanie says.

### ***Reasons to be a Resource Parent***

There are many ways you can become a resource to the children and youth we serve through the Foster Care and Adoption Services programs in the Capital and Bay Area Regions.

Learn more about becoming a resource parent or family, or a professional parent and adopting through Pacific Clinics at [www.PacificClinics.org/foster-care](http://www.PacificClinics.org/foster-care).

“We fell in love with him,” Juana says. “He ‘gets’ our family. His bio[logical] family is also amazing.”

At once, Arnicca and Juana set about finding alternative solutions for some of the challenges the boy faced: attention deficit, hyperactivity and obsessive-compulsive. He had been taking several medications, but his new parents were concerned. They pressed hard for other options.

Eventually, they succeeded. Andrew’s medications and dosage amounts were dramatically reduced. By half.

Three years later, Juana and Arnicca are proud to be the adoptive parents of 14-year-old Andrew and the resource parents of their 17-year-old daughter. They hang out together, having fun at Universal Studios and other amusement parks, or traveling to Palm Springs or Arizona.

Arnicca’s message to potential resource parents is simple.

“Don’t give up on the youth ... there will be hard days, but making a change in their lives is the best reward.”

Scan the QR code or [click here](#) to watch Arnicca and Juana’s story about nurturing older children in foster care.



# An Open-Minded Approach

## Transcranial Magnetic Stimulation Program - Los Angeles / South Coast, San Diego Regions

Meet Denise, a California native who grew up in the Los Angeles suburb of Alhambra. She came from a two-parent household and is the eldest of two children, with a younger brother 10 years her junior. Denise was a carpenter by trade who specialized in scaffolding until her condition prevented her from maintaining regular employment. She was diagnosed with obsessive-compulsive disorder with depression and anxiety – something she has struggled with since the age of 12.

Denise was introduced to Pacific Clinics through her insurance provider and has been a client of our Pasadena, now South Pasadena, location for the past seven years. She has tried traditional medications over the years and had some success – which is a common story. Her regimen consisted of the typical cocktail of medications, but unfortunately, her condition eventually rendered her permanently disabled.

When Transcranial Magnetic Stimulation (TMS) was introduced at the agency, Denise's care team knew she would be the ideal candidate for this alternative treatment. TMS is a Food and Drug Administration (FDA) approved noninvasive technique designed to treat major depression, obsessive-compulsive disorder, bipolar depression and anxiety associated with depression. While this treatment is new to Pacific Clinics, TMS is not new to the behavioral health industry – this procedure has been successfully utilized for more than 20 years. Since Denise had complete trust in her team, she decided to give it a try.

Her initial treatment consisted of visits in 16-minute increments five times a week over a six-week period. She noticed the changes gradually. After each visit, she felt a little better. At the end of the first six weeks of intensive therapy, she noticed a huge difference in her life.

“To measure TMS effectiveness, we present the client with a questionnaire or checklist (depending on their diagnosis) prior to initiating treatment, then once per week during the treatment,” said

Thaddeus Juarez, medical director - Los Angeles/South Coast Regions, Portals and Child & Family Specialty Divisions. “The majority of clients who receive treatments on a consistent basis have noticed a significant decrease or complete resolution of their symptoms.”

Denise recalls that for as long as she can remember, she was always checking ... always counting, physically and in her head. Since beginning therapy, her symptoms have dramatically decreased, and she is now able to complete daily tasks – which is a monumental milestone and is hopeful that it will continue to help her lead a more fulfilling life. In her own words, TMS has changed her life.

### *A safe, noninvasive and effective treatment covered by Medi-Cal*

TMS applies a series of short magnetic pulses (like an MRI) to targeted areas of the brain. This stimulates the brain and enhances neuroplasticity — the brain's ability to change abnormal brain patterns that cause depression and restore normal function.

TMS can resolve or significantly improve the symptoms of depression in 65-70% of those who have not responded to one or more antidepressant medication treatments.

Many individuals notice benefits within 3-4 weeks of starting treatment.



# School-Based Intervention Teams Now Work with Students Across California

## School-Based Intervention Teams – Emerging and Statewide Services

A student takes a seat in the classroom. Her eyes are alert, her notes and assignments in order. Her body language says, “I’m ready to learn.”

The casual observer may not appreciate the work that went into that simple sequence. On one level, the student’s behavior seems unremarkable. On another, it vividly illustrates what school-based intervention is all about: helping students get ready to learn and succeed academically, and in life.

Pacific Clinics’ School-Based Intervention Teams (SBIT) has long been at the forefront of this important work, but the demand for its services has escalated. In a pivotal new development that recognizes the urgency, Pacific Clinics has expanded the program statewide.

The program was created and served the Northern California student population initially, specifically in the Bay Area. Fast forward to today, expanding services to Southern California and piloting a wellness center program within Pomona Unified School District middle schools and high schools gives more students a safe space to decompress, practice yoga and other coping strategies, as well as a place to conduct therapy or counseling sessions. If students are feeling overwhelmed throughout the day, they have a place they can go to.

This is excellent news for the thousands of California students of varying ages and backgrounds who need advocates like SBIT to work with parents and school district employees, making sure each child or teen is equipped to climb each rung of the proverbial ladder.

It’s a tall order, but the SBIT workforce is trained to mitigate and resolve challenges. Team practices in schools are evidence-based and developmentally appropriate, meeting students’ needs on all the levels that count toward success: academic progress, behavior, attendance and health.

To make all of this happen, SBIT teams work hand-in-hand with district employees on social emotional learning (SEL) curriculum, on teaching

expectations and rules across a school’s varied and often complex settings, and on making sure reinforcement systems are built into the work. Fidelity measures are top of mind as well; team members methodically check whether interventions and strategies are being implemented as designed.

“The statewide expansion of the SBIT program is an exciting new chapter in Pacific Clinics’ mission: to deliver integrated behavioral health care and social services to advance health equity and mental well-being for children, adults and families,” says Lacey Castellese, senior clinical director, SBIT.

Our School-Based Intervention Teams are now statewide and serve in **10 school districts** across the Los Angeles / South Coast, San Diego and Bay Area regions.

Interior shots of custom wellness centers designed by the SBIT team



# Don't Worry, TRUST is On the Way

## Trusted Response Urgent Support Team (TRUST) – Bay Area Region

The ultramarine orb, contrasted by a stroke of gold, floats next to the words “Trusted Response Urgent Support Team” TRUST.

Eye-catching and to the point, the graphic adorns the sides of newly branded vans that are highly visible in communities throughout Santa Clara County.

“These vans will advance our goal of becoming a visible presence in the community while serving as a reminder that 24-hour support is only a call away,” said Elyse Malcolm, TRUST program manager of member engagement and outreach.

The first of its kind in California, TRUST was created out of Santa Clara County residents wanting a program that could dispatch mobile teams directly to a low-level behavioral health situation without ramping up to more drastic interventions.

The TRUST mobile van in the Santa Clara County



The field response team works together to meet the unique needs of each person, on a case-by-case basis, as well as linking community members with the resources they need to continue their wellness journey.

In partnership between three social service agencies: Pacific Clinics, Momentum for Health and HomeFirst Services, the team is able to serve much of Santa Clara County.

Not only does TRUST offer around-the-clock community support 7 days a week, but the team also provides trainings to community members, school district personnel, law enforcement, emergency medical services (EMS) and other first responders. Training topics include but are not limited to the social determinants of health, culturally and linguistically appropriate services, structural inequities in crisis, mental health first aid, mental health issues in the emergency room and many more.

Team members bring a “listening ear” to each call they receive. They meet community members where they are, in the moment.

TRUST responds to an average of 3,000 calls biannually.



Scan the QR code or [click here](#) to watch TRUST in action.

### *Need someone to TRUST?*

Callers in local area codes 408, 650 and 669 should call 988.

From any other area code, call the Santa Clara County Behavioral Health line at 800-704-0900, then press 1 and ask for the TRUST team.

# Institutional Donors Supporting Our Work

Thank you, supporters!

*Pacific Clinics gratefully acknowledges the following institutional donors for supporting our work in the community.*

Almaden Super Lions Charitable Foundation

California Community Foundation

Charles and Beatrice Gerber Memorial Fund of the Silicon Valley Community Foundation

Cupertino Rotary Endowment Foundation

Dana & Albert R. Broccoli Charitable Foundation

Dean & Margaret Leshar Foundation

El Camino Health

Heffernan Foundation

Helen C. Danna Fund of the Silicon Valley Community Foundation

Hindu Community & Cultural Center, Inc.

Hurlbut-Johnson Fund of the Silicon Valley Community Foundation

I.N. & Susanna H. Van Nuys Foundation

Intero Foundation, Inc.

Kaiser Permanente

Leo M. Shortino Family Foundation

Lon V. Smith Foundation

Los Gatos Rotary Charities

Lucille Ellis Simon Foundation

Paul and Antje Newhagen Foundation of the Silicon Valley Community Foundation

Rotary Club of San Jose Foundation

Safeway Foundation

San Manuel Band of Mission Indians

Sierra Health Foundation

Stater Bros. Charities

The Green Foundation

The Northern Trust Company

The Parish of St. Matthew, Pacific Palisades

The Rose Hills Foundation

The Sacramento Bee Book of Dreams Fund of the Sacramento Region Community Foundation

The Sikand Foundation

The Skoll Foundation

Valley Hospital Medical Center Foundation

Windsong Trust

## Volunteer Impact

Whether it's donating or volunteering at one of our local thrift stores that benefits Pacific Clinics, or participating in one of our youth camps, or one of our fundraising events, our volunteers are at the heart of Pacific Clinics.

Will you help us to continue to meet the evolving needs of the community?

If you're interested in volunteering, contact [development@pacificclinics.org](mailto:development@pacificclinics.org).

## Ways You Can Support Our Mission

- Attend fundraising events, such as Pacific Clinics' Annual Celebration: Taste of Hollywood and Hearts & Hands Spring Celebration

- Make a monetary donation through [www.pacificclinics.org/donate](http://www.pacificclinics.org/donate)

- Add us to your will

To learn how you can support Pacific Clinics, contact [development@pacificclinics.org](mailto:development@pacificclinics.org).

# New Professional Parent Duplex at Los Gatos Campus

Thank you, supporters!

Pacific Clinics held a reception at the Los Gatos campus to celebrate the opening of its new on-campus professional parent duplex. These homes are a short-term refuge and place of healing for teens in foster care who require more intensive services and supports, as well as their certified professional parent.

A professional parent – also known as a foster parent – offers support to children and teens in foster care with higher behavioral health needs. Professional parents provide the bridge to permanent placement for children and teens who may be struggling in certain areas while delivering direct, individualized services for each child.

This free housing is provided for professional parents who might otherwise not have the space to care for a high-risk child or teen in foster care.

This ambitious project was made possible through the efforts and generosity of the Swenson Foundation, the Leach Family Foundation, Carol Ross and the Archer Family Foundation. The Swenson Development Team worked alongside Pacific Clinics' Facilities department to renovate and turn an existing single-family home into a duplex to meet the urgent need for more professional parent homes in Santa Clara County.

“The high cost of housing in our area presents a significant barrier for individuals aspiring to become resource parents,” says Clinical Director Michelle Goodwin. “We are immensely grateful to our donors, whose support was instrumental in overcoming this barrier and making a positive impact on the lives of our foster youth, allowing them the experience of a caring family home.”

*Interested in learning more?*

We are always looking to welcome new professional parents to our team. If you'd like to learn more, you can complete our online form at [www.pacificclinics.org/foster-care](http://www.pacificclinics.org/foster-care).



**Exterior and interior shots of the new on-campus professional parent duplex**





# El Camino Health's Support for Addiction Prevention Services



Funded by El Camino Health

Thank you, supporters!

Since 2010, Pacific Clinics and El Camino Health have partnered to impact the community positively. In 2023, El Camino Health generously awarded Pacific Clinics a community benefit grant of \$210,000 (bringing the total cumulative gifts to \$2,440,000) to support our Addiction Prevention Services Program (APS) within the Campbell Unified School District.

The Addiction Prevention Services Program ensures that counselors from Pacific Clinics are available on school grounds, providing crucial support to youth during regular school hours to address their substance use and mental health needs.

Our counselors work diligently to reduce substance use, anxiety, depression, and thoughts of self-harm among students. Simultaneously, they help enhance healthy coping mechanisms and essential life skills, such as decision-making, goal-setting and self-esteem.

Throughout the '22-'23 school year, we provided addiction prevention services to 1,178 individuals. Additionally, 96% of the students who dealt with trauma, depression, anxiety and/or anger increased their coping skills, and 91% of students who demonstrated high-risk behaviors decreased these behaviors.

We express our sincere gratitude to El Camino Health for their continued support in making a difference in the lives of the students we serve.



# Executive & Leadership Team

**Kathy McCarthy**  
Chief Executive Officer/President

**Shawn M. Caracoza**  
Chief Operations Officer

**Jason Gurahoo**  
Chief Financial Officer

**Lisa Alegria**  
Chief Development Officer

**Denise L. Jackson**  
Interim Chief Human Resources  
Officer

**Becky Boone**  
Chief Human Resources Officer  
(Leave of Absence)

**Myeisha Peguero Gamiño**  
Chief Communications Officer

**Eva Terrazas**  
Chief Public Policy and Advocacy  
Officer

**Kim M. Wells**  
Chief Legal Officer

**Shawn Aminian**  
Senior Vice President, Information  
Technology

**Rachael Clausen**  
Senior Vice President,  
Administration

**Angelica Cortez**  
Senior Vice President, Justice,  
Equity, Diversity and Inclusion

**Scott Fairhurst**  
Vice President, Outcomes &  
Evaluation, Analytics & Training

**Samanthi Gamage**  
Vice President, Foundation  
and Corporate Strategy  
and Engagement

**Laura Pancake**  
Senior Vice President, Clinical  
Operations – Los Angeles /  
South Coast, San Diego  
Regions

**Gordon Richardson**  
Senior Vice President, Clinical  
Administration

**Brian Thomson**  
Senior Vice President, Clinical  
Operations – Northern California,  
Central Valley and Inland Empire  
Regions

**Jacquelyn H. Torres**  
Vice President, Emerging and  
Statewide Services

**Pablo Anabalón**  
Regional Executive Director, Los  
Angeles – West Valley and Asian  
Pacific Family Center Divisions

**Audrey Read Brown**  
Regional Executive Director of  
Emerging and Statewide Services

**Chris Eggleston**  
Medical Director, Northern  
California, Central Valley, Inland  
Empire Regions & LynCentro  
Division

**Thaddeus Juarez**  
Medical Director – Los Angeles/  
South Coast Region, Portals and  
Child & Family Specialty Divisions

**Alejandro Lucas**  
Regional Executive Director – Los  
Angeles, East Valley Latino Youth  
Program and Northeast Valley  
Divisions

**Maria Murillo**  
Regional Executive Director –  
Inland Empire

**Amy Ley Sanchez**  
Regional Executive Director – Los  
Angeles, LynCentro, Portals, Child  
& Family Specialty Divisions

**Mary Sheppard**  
Regional Executive Director,  
Capital Region

**Marilyn Sliney**  
Regional Executive Director –  
Central Region

**Don Taylor**  
Regional Executive Director, Bay  
Area Region

**Wassy Tesfa**  
Executive Director, Pacific Clinics  
Head Start



## Board of Directors

*Chairperson:*  
Heather Jones

*Vice Chair:*  
John Tallarida

*Treasurer:*  
Peter Brown

*Secretary:*  
Michele Hamlett

*Board Members:*  
Roger Barney

Greg Bowman

Russell Chung

Neal Dempsey

Geoff Edelstein

Jonathan Hicks

William Klein

Judy Kwan, JD

Jessica Mack

Lisa Marino

Kathy McCarthy

Sue Ramar

Brad Slocum

Lisa Swenson

Jana Turner

Kimila Ulrich

Jerry Winklhofer

Donna Xiao



## Statement of activities and charges in net assets

### Support & Revenue

Contributions	\$3,198,283
Sales to the public, net	\$902,201
Change in value of perpetual trusts	\$106,776
<b>Total support</b>	<b>\$4,207,260</b>
Government grants & fees	\$219,378,436
Investment income (loss), net	\$2,644,115
Rental income	\$481,710
Other income	\$157,186
Fees for services	\$18,498,268
<b>Total Revenues</b>	<b>\$241,159,715</b>
<b>Total Support and Revenue</b>	<b>\$245,366,975</b>

### Expenses

Foster Care	\$6,435,424
Early Education	\$14,179,311
Behavioral Health Services	\$186,804,496
<b>Total Program Services</b>	<b>\$207,419,231</b>
Management & General	\$34,473,912
Fundraising	\$2,453,382
<b>Total Support Services</b>	<b>\$36,927,294</b>
<b>Total Expenses</b>	<b>\$244,346,525</b>

Change in net assets	\$2,465,670
Increase via merger	-----
Net assets at beginning of year	\$51,083,877
<b>Net assets at end of year</b>	<b>\$53,549,547</b>

Tax ID 94-2295953



## Statement of financial position

### Assets

Cash	\$8,380,854
Investments	\$31,564,255
Accounts and grants receivable, net	\$53,218,206
Pledges and bequests receivable	\$85,000
Prepaid expenses	\$3,295,205
<b>Total Current Assets</b>	<b>\$96,543,520</b>
Fixed assets, net	\$14,980,493
Deposits	\$760,259
Cash value of insurance	\$126,092
Pledges and bequests receivable - long term	-----
Operating leases - right of use	24,035,556
Beneficial interests in perpetual trusts	\$2,213,532
Investment in time share	\$7,400
<b>Total Assets</b>	<b>\$138,666,852</b>

### Liabilities

Accounts Payable	\$5,497,829
Accrued compensation and taxes	\$13,876,246
Workers compensation reserve	\$787,310
Accrued interest	\$182,982
Grants payable	\$15,730,414
Deferred lease liability	\$116,372
Operating lease liability, current	\$6,445,883
Capitalized lease obligation, current	\$123,168
Notes payable, current	\$86,625
Line of credit payable	\$23,500,000
<b>Total Current Liabilities</b>	<b>\$66,346,829</b>
Note payable, net	\$110,083
Operating lease liability	\$18,475,811
Capitalized lease obligation, net	\$184,582
<b>Total Long Term Liabilities</b>	<b>\$18,770,476</b>
<b>Total Liabilities</b>	<b>\$85,117,305</b>

Without donor restrictions	\$22,133,534
Without donor restrictions, board designated	\$24,599,567
With donor restrictions	\$6,816,446
Total net assets	\$53,549,547
<b>Total Liabilities &amp; Net Assets</b>	<b>\$138,666,852</b>

