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photo by James Coburn

Nena Ray has worked herself to the top at HealthBack Home Health. She has gone from a home health aide to a registered nurse and administrator over several locations.

by James Coburn
Staff Writer

HealthBack Home Health is more like a family than a job for Nena Ray. Ray, RN, serves as the administrator of HealthBack Home Health over six locations in the state spanning Henryetta,

Holdenville, Seminole, Shawnee, Oklahoma City and Wichita, Kansas.

"They take really good care of their employees," Ray said. "Our wages are great; our hours are great. They're flexible with us. They're personable. You're not

a number."

Ray said she works with excellent nurses. At several of the HealthBack locations, Ray has worked with them for the entire time she has served HealthBack.

"They've seen me go from the bottom to the top," Ray said.

The company supports the staff to take steps needed for a successful career. HealthBack believes in promoting from within the company, Ray said, rather than to hire from outside the company.

VALIR EARNs WORKHEALTHY HOSPITALS GOLD MEDAL AWARD

Valir Health was recognized by the Oklahoma Hospital Association's WorkHealthy Hospitals initiative for achieving the highest standard of excellence in worksite physical activity by providing and promoting access to physical activity opportunities for employees during work hours. The Oklahoma Hospital Association (OHA) partners with Prevention Partners in North Carolina through its Work Healthy AmericaSM initiative to assist hospitals in achieving worksite health improvement through the OHA WorkHealthy Hospitals initiative. Hospitals are awarded a Gold Medal for this achievement through Prevention Partners.

WorkHealthy Hospitals is funded by the Oklahoma Tobacco Settlement Endowment Trust (TSET).

This is Valir Health's second WorkHealthy Hospitals Gold status recognition this year. They were awarded a Gold Star for Tobacco Freedom in November for achieving the highest standard of tobacco-free excellence by providing high-quality tobacco cessation programs for employees. Valir is only the second hospital in Oklahoma to achieve gold status in two areas.

In order to receive this recognition, Valir Health has a policy for paid physical activity time/for employees to flex their schedule for physical activity, access to exercise facilities at or near the worksite, education and communication with employees about the importance of physical activity and motivation to engage in physical activity, in addition to benefits and incentives to encourage activity, such as gym discounts. These are among several evidence-based components recommended by Prevention Partners to become a physically active worksite.

"OHA is proud to work with Valir Health in helping them achieve this goal of receiving the Gold Medal," said Joy Leuthard, OHA health improvement initiatives manager. "The commitment of leadership and all staff has set a standard for Oklahoma hospitals to improve their own health and set that example for their community. We look forward to seeing health improvement continue in other areas as well."

Bill Turner, Valir Health vice president of human resources, stated, "The implementation of the physical

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VALIR

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activities policy provided a platform to formalize promoting physical activities at work. We historically provided incentives for participating in physical activities, however the program lacked the necessary elements to provide physical activity options for all staff throughout the work day. This policy allowed us to expand the scope of options and provides the ability to evaluate and further enhance the program going forward. Participation rates have increased by more than 65 percent after inception of the physical activities policy.”

Prevention Partners works with the OHA to engage Valir Health’s corporate leaders and staff to enhance and sustain employee wellness efforts. OHA’s goal is to provide hospitals with the knowledge and resources to create a healthier employee population and extend that knowledge and health

At the Gold Medal presentation are (left to right) Sydney Tomlinson, coordinator, OHA WorkHealthy Hospitals; Bill Turner, vice president human resources, Valir Health; and Tom Tucker, CEO, Valir Health.



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improvement to their communities in order to improve the poor health of all Oklahomans.

WorkHealthy Hospitals, launched by OHA in 2013 in partnership with Prevention Partners in North Carolina and funded by the Oklahoma Tobacco Settlement Endowment Trust, is a unique and comprehensive approach to hospitals improving employee health in Oklahoma. Through WorkHealthy Hospitals, OHA is currently assisting 35 hospitals to improve the health of their employees through four components: Culture of Wellness, Nutrition/Food Environment, Physical Fitness and Tobacco Free Environment. For information on this initiative for your hospital contact Sydney Tomlinson, WorkHealthy Hospitals coordinator, (405) 427-9537 or stomlinson@okoha.com.

The Oklahoma Hospital Association represents more than 130 hospitals and health care entities across the state of Oklahoma. OHA’s primary objective is to promote the welfare of the public by leading and assisting its members in the provision of better health care and services for all people. For more information, go to www.okoha.com.

The nonprofit Prevention Partners builds healthier communities through a suite of products that guide schools, workplaces, hospitals and clinics and addresses the leading causes of preventable disease: tobacco use, poor nutrition, physical inactivity and obesity. Read more at www.forprevention.org.

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HEALTHBACK

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"They are very much about bettering yourself," she said. "If they can offer you classes or the support system and experience that you need, the flexibility and the hours that you need to go back to school; that's what they do. That's exactly what they did for me. I've seen it done for other nurses."

Ray has been a registered nurse for about eight years. She was an LPN for about a year and had been a CNA before becoming an RN. She is a graduate of Seminole State College. Her career has always focused on home health except for working as a CNA in a nursing home a long time ago.

Ray started out at HealthBack as a home health aide in 2004. She worked her way through school with the support of HealthBack. She was a regular field nurse. As an RN she went from roving and training other offices and was promoted to a supervisor over one HealthBack branch.

"From there I got promoted to what they call a supervising RN role where you help the field nurses in multiple offices," Ray said. "And then

from there I went to an administrator over six locations."

Not only do the employees rise to their personal best. They uphold values that translate to quality patient care.

The nursing staff is compassionate, Ray said. They do not treat patients as a piece of paper or a name on a schedule. They treat the patient as a family member, she said.

"They bring more to the patients as far as caring and treating them like a human being and not just something for us to make money off of," Ray said. "And so that's what it takes to be a really good nurse. And it's teamwork. Communication is No. 1 in nursing. If you don't have communication, you don't have anything else."

"If you can't communicate with your office and your patients, that patient falls through the cracks. They never let a patient fall through the cracks."

If a HealthBack nurse must work for hours to get that done -- they do. That's what makes a good company, Ray said.

"That's what makes my job easy," she explained.

Her stepping stones from being a home health aide to administrator

have etched her professional mindset with empathy.

"I still give baths to this day," Ray said. "I don't have that mentality that just because I'm an RN, I'm going to leave that to the bath aide. Absolutely not. If I walk into a patient's house and they need a bath, if they need personal care, I'm going to do it. I'm not below that."

She has always had a personality leading her to help people, she continued. Most nurses don't chose their profession for the money, she explained.

"They are a helper. They see someone, an older lady who is walking through Walmart and she drops her purse. They stop and pick it up," Ray said. "That's just what you do. It's not something you think about. It's natural."

Ray became a nurse knowing she wanted to make things better. The best profession she could think of was to become a nurse. Helping people is a great profession, she said.

"You can watch them go from their death bed to now walking every day. Or they're enjoying another Christmas with their family," Ray said. "Or they're doing something they wanted to do but they couldn't do six months ago."

"It's very rewarding to see what can happen and the gratefulness that most people show you."

When a nurse goes into a patient's home, they are there to be respectful because they are a caring person. Their main goal is the health of that person. It's not about their living environment, belief systems or how many cats they have, Ray said.

"You need to make them feel comfortable. You need to make them feel they are part of the family -- that you are not judging them because they've been sick for six months and can't clean the house," Ray said.

This goes a long way with patients, she continued, because many of them are self conscious about their home or their personal care.

Her love of life extends to the community and not just her personal life.

"I do a lot in the community and it is rewarding to me to be able to do good for someone else," she said. "And so, whether they ever pay you back, or whether they ever say thank you, whether they ever pat you on the back and say you did a great job, none of that matters."

"What matters to me is how I feel at the end of the day. That's what keeps me going."

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CAREERS IN NURSING

GENERATIONS OF CARE: GIFT OF NURSING EXCELS IN FAMILY

by James Coburn - Writer/Photographer

Pamela Engledow learned a lot from her parents back in Texas. She is a third-generation nurse. Her grandmother was a licensed vocational nurse.

"My folks talked shop at the table all of my life," said Engledow, LPN, HCR ManorCare, located in Midwest City.

Her father worked in an ICU for most of his career and her mother was a nursing supervisor at a Dallas hospital. She asked him one time if she would ever be smarter than he was if she would go to nursing school.

"He was like, 'No, because you never quit learning.' And that's true. I learn something all of the time," Engledow said. "Especially in wound care. I'm always researching and trying to educate myself on the new things. In this business, there's always something new coming out -- something bigger, something better."

"Education is really key as far as that's concerned in keeping yourself up-to-date on the latest things."

She learned her work ethic from her dad. He never called in sick, but always worked, she said.

"I hardly ever call in sick and I always work," Engledow said. "I feel like if I'm not here to take care of them, who's going to?"

She became a Candy Striper at age 13 and never looked back.

"It takes certain people to do this kind of job," she said.

Engledow earned her nursing credentials in 2000 by graduating from Hill College in Cleveland Texas. She had been a CNA since 1989, which provided her a lot of practical insight about hands-on care.

"Whenever you're searching for a job, you're always looking for a home," she said of HCR ManorCare. "They have a lot of teamwork. Basically, this is my home away

from home. These people are my family and I will do anything for them."

Her first three years of nursing was at a small town hospital. This opportunity brought an opportunity to hone her nursing skills in the emergency room, intensive care unit and working with obstetrics. So today, she recommends hospital work for any recent graduate of nursing school.

"I got into geriatrics probably about my fourth year of nursing," Engledow said. "I had done geriatrics prior as a CNA and I liked it better, because for some of these folks, you're all they have."

Being a CNA can be a thankless job, she said. But they are the back bone of the nursing home, she described.

"My momma always told me, 'Never forget where you came from.'" Engledow recalled. "But I was a CNA at one time. I've never

asked anybody to do anything I have not, could not or would not do."

She was an experienced wound care nurse before accepting the role at HCR ManorCare. While some people tell her they would find wound care "gross", Engledow tells them it's exciting. It's nice for her when someone arrives at the nursing facility with a wound and she gets to be part of the wound's healing process, she said.

"That's always gratifying -- always," Engledow said.

Turning patients frequently will diminish the possibility of a bed sore. And lotion is applied to the body after bathing to help maintain the elasticity of the skin, she said. Otherwise, dry skin can break down. Some soaps will dry the skin more than others, too, she said.

"So you want to use a soap that's not so drying," she said of keeping moist skin.

I have always had the little red heart for donation on my driver's license. I also added donation to my living will, not knowing that becoming a living donor was in my future.

In the early 2000's my Dad began having serious health problems. It was kidney failure. I knew from that point that I was going to donate a kidney. After he had been on dialysis for 4 years and my relentless asking for him to take my kidney, he said yes.

In July 2007, I was tested and found out that I was a match. In August 2007, the transplant was done. No more dialysis for him, no changes for me except the desire to promote the need for donation and a scar. It is amazing what God can do through wonderful doctors, a great hospital and a girl who loves her Dad. The little red heart means more to me than ever before.

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Pamela Engledow says patient care is better with a dose of compassion. Engledow works as an LPN at HCR ManorCare in Midwest City

A wound care physician makes weekly rounds at HCR ManorCare to order treatments.

Engledow approaches her treatment of each resident as if they were her own parents or grandparents, she continued. She finds them to be loving and glad that she is there for them.

Nursing school students considering a field of nursing need to know they need to be compassionate to work in a nursing home, Engledow said. They need a good work ethic that includes teamwork to make patient care better.

"If they struggle, we all pitch-in to help," Engledow said. "That's a good thing. A lot of these nurses have a lot of good qualities. And that's one of them, because we're all here to do a good job and to take care of people."

She has met nurses during her career whose main goal is to receive a paycheck.

"Others are there because they care about the people and want to take care of them," she added.

Nurses who love their patients

have longevity in their careers. Engledow spoke of two nurses who have worked at the nursing home for 12 and 20 years.

"We had one retire last year who had been here for 25," she said.

Engledow has become close to many of her patients. The only downside of geriatrics, she said, is that eventually her patients pass away.

"You always tell yourself of the fact that they are going to a better place than they are now," she explained. "Sometimes that doesn't help, but that's what you tell yourself."

Engledow takes time to care for herself, too. She likes to garden in the summer. She cans and likes to bake, she said.

"My children are grown so unfortunately I can't dote on them," she said.

Her daughter is 18, so she will have to wait on grandchildren. But her son is 25.

"I'm like come on now. But he's not married so I can be patient," she said. "But since they're not there, I dote on my husband," she said.

New Family Medicine Physician Assistant Joins Mercy Clinic in OKC

Katie Dickey chose medicine as her profession so she could combine her three loves: science, health and education.

Dickey, a family medicine physician assistant, recently joined Mercy Clinic's primary care practice on Northwest Expressway.

"I like to have a fun, open and honest relationship with my patients," she said. "I want them to know they can always trust me to address their health care concerns. My style of care is informative, personable and real."

Dickey received her bachelor's degree in health and exercise science from the University of Oklahoma in Norman, Oklahoma. She earned her master's degree in physician assistant studies from Missouri State University in Springfield, Missouri. Prior to becoming a physician assistant, she was an electrophysiology technician for a large cardiology group in Kansas City, Missouri.



Katie Dickey, Family Medicine Physician Assistant at Mercy Clinic in Oklahoma City.

As a native Oklahoman, Dickey recently relocated back to the Sooner State from Missouri. She is married and has two sons and two dogs. In her spare time, she enjoys cooking, crafting, traveling and playing with her kids. She is also a board member for the Miss Del City Scholarship Pageant.

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CANCER CENTER ANNOUNCES \$20 MILLION TSET EXPANSION GRANT

The Oklahoma Tobacco Settlement Endowment Trust has awarded a five-year, \$20 million grant to Stephenson Cancer Center to fund the expansion of the Oklahoma Tobacco Research Center.

Grant dollars will directly support the Oklahoma Tobacco Research Center, a program of the Stephenson Cancer Center. Tobacco use in Oklahoma continues to be our greatest preventable cause of premature death and disability, and the economic cost to our state exceeds \$2 billion.

"TSET has been one of the most important factors in our effort to reduce the burden of cancer for all Oklahomans," Stephenson Cancer Center Director Robert Mannel, MD said. "Today's announcement represents a significant investment in the health of our state."

Established in 2008, the Oklahoma Tobacco Research Center was created to improve the health of individuals, in Oklahoma and nationally, by identifying and disseminating best practices for tobacco and nicotine product prevention, control and cessation.

The five-year grant from the Tobacco Settlement Endowment Trust will support the recruitment of 10 nationally funded tobacco control researchers. Two recent recruits, Jenny Vidrine, PhD and Damon Vidrine, DrPh, specialize in developing and evaluating novel, evidence-based tobacco cessation strategies, especially among underserved populations.

Other areas of expertise to be recruited include youth tobacco use and prevention, tobacco marketing and health communication, emerging tobacco and nicotine products, and tobacco biomarkers.

Additionally, the new grant will support continued program development at the Oklahoma Tobacco Research Center. An emphasis will be placed on establishing a policy education and research arm with a goal of translating recent tobacco-related research into useful and impactful policy to decrease the burden of tobacco in Oklahoma and nationally.

This grant was approved by the TSET Board of Directors, and went into effect July 1 of this year. It replaces a current TSET grant to the Oklahoma Tobacco Research Center of \$7.5 million over five years.

"This expansion continues to bring high quality research and cutting edge treatment to Oklahoma," said Tracey Strader, TSET Executive Director. "The TSET Board of Directors continues to keep the promise to voters who created the endowment to improve the health of Oklahomans."

TSET's support has allowed the Stephenson Cancer Center to bring much-needed cancer-fighting resources to the state of Oklahoma including the state's only phase I clinical trials program.

Because of such support, the Stephenson Cancer Center will be able to apply for National Cancer Institute-designation in September 2017.

Medical Marijuana Use Problematic Even Where Legal

Insurance Issues and Bureaucracy Can Create Roadblocks, Doctor Says

by Dr. James W. Forsythe

Medical marijuana is now legal in 23 states and the District of Columbia, but that doesn't mean it's always clear sailing for patients who want or need to make use of the plant's medicinal properties.

At times it's a puzzle because what's allowed in one state isn't in another, and the federal government hasn't budged on legalization. That creates barriers for patients.

"The fact that each state and the federal government have very different laws on marijuana makes things confusing," says Dr. James W. Forsythe, an oncologist and author of the book "Stoned: The Truth About Medical Marijuana and Hemp Oil" (www.drforsthe.com).

Forsythe believes it's important to cut through that confusion so that those who need marijuana for medicinal purposes can better understand its uses as well as its drawbacks.

He says that when used properly under a trained physician's careful guidance, medicinal marijuana works wonders. But he also says there's no doubt that some people fake their ailments because they want to enjoy the euphoric sensations marijuana makes possible.

"Using marijuana is generally safe for the vast majority of adults when used at moderate levels," Forsythe says. "With this understood, consumers also need to realize that many people claim scientists still lack a full understanding of marijuana's long-term effects."

Pain is one of the conditions marijuana is most often used to treat. But it also can be prescribed for other ailments, such as muscle spasms caused by multiple sclerosis; nausea from cancer chemotherapy; poor appetite and weight loss caused by chronic illness, such as HIV; seizure disorders; and Crohn's

disease.

Forsythe says that, beyond dealing with the ailments themselves, patients who could benefit from medical marijuana face a number of issues:

- Lack of insurance coverage. Insurance companies refuse to pay for drugs that have not been officially approved by the Food and Drug Administration for distribution in prescription form. That can create significant financial issues for the patients, Forsythe says.

- Important research remains stalled. American scientists have expressed frustration that their research is hampered by the fact cannabis remains a Schedule I felony under federal law. "Fear of prosecution prevents formal, wide-scale and necessary studies on the apparent effectiveness of marijuana in treating specific diseases," Forsythe says. The Brookings Institution released a research report in October that made just that point, and recommended a more comprehensive set of policy reforms that would liberate the medical community in its pursuit of marijuana research.

- Bureaucracy hinders or blocks vital treatment. A variety of bureaucratic road bumps and roadblocks have caused countless people to be denied urgent medicinal marijuana treatments that might help them, Forsythe says. "As a society, we have essentially allowed government to fail the ailing people among us," he says. "They endure needless suffering."

One additional factor for some, Forsythe says, is that even though marijuana laws have been loosened in some states, many people still have a negative view of the plant.

"Ultimately, the possession and

See MARIJUANA next page

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MARIJUANA


Continued from Page 8

use of marijuana for medical purposes often becomes a personal decision,” he says. “Just as no one should ever be forced to consume alcohol, society should never require people to use marijuana.

“That said, consumers and patients everywhere should have a right to learn and to benefit from the many proven medical benefits marijuana provides.”

Dr. James W. Forsythe, an integrative medical oncologist, is the author of more than 20 books, including his most recent, “Stoned: The Truth About Medical Marijuana and Hemp Oil” (www.drforsthe.com). He received his undergraduate degree from the University of California at Berkeley and earned his medical degree from University of California, San Francisco. Today he operates the Century Wellness Clinic in Reno, Nevada.


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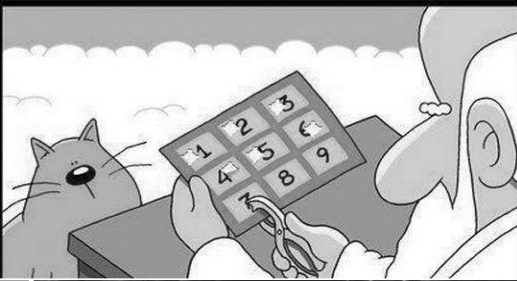
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Tulsa - Samantha Estes, Vol.
Coordinator, 918-425-4000

Centennial Hospice:
Becky Johnson, Bereavement
Coordinator 405-562-1211

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Tiffany Thorne, Vol. Coordinator,
580-251-8764

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Woodard Regional Hospice
580-254-9275 Cathy Poe, RN Director



**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**

*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

Q. I recently attended a 2 day conference on yoga for emotional trauma. Compassion was discussed at length. The following is information on compassion that is meant to enlighten.

A. Individuals who work in health care administer to suffering people on a daily basis, either emotionally, physically or both. Compassion is experienced and kindness is rendered as a result of their suffering. It is also important for health care providers to self administer compassion. We can learn to be there for ourselves in increasingly compassionate ways.

If we step back for a moment, let go of our compassion for others and focus on ourselves, we may have wounds that have not been soothed. It can be difficult for the care giver to GIVE TO OTHERS when their own wounds are untreated.

How many times has someone asked you, "Is something wrong?" and you say, "nothing." What would happen if you said, "I hurt." (depending on your trust level with this person). It is unrealistic to think we can continue providing compassion to others when we are in desperate need ourselves.

Self-compassion is treating yourself with the same loving kindness that you extend to a beloved child. Can you think of someone in your life who extended compassion to you? Do you remember how that felt? Experiences of compassion live on in memory, and recalling personal stories of receiving compassion reminds us of the power of compassion and shows us how to be compassionate with ourselves.

The following are some compassionate statements that we can say and behaviors that we can engage in to bring more authenticity to our lives: 1. I am enough. 2. I have value and worth. 3. Breathe in kindness, breathe out love. 4. I hurt. 5. I am loved. 6. I am God's child. 1. Develop friendships with people who share your energy. 2. Have someone in your life that you can say, "I am drained." 3. Stop and feel. 4. Then feel and be still. 5. Learn to be with you. 6. Be able to know when you need compassion. 7. Stop negative words.

"No one deserves compassion more than you."
The Dalai Lama

St. Anthony Hospital Earns 'A' Grade for Patient Safety

St. Anthony Hospital, including Bone and Joint Hospital at St. Anthony, has been recognized for its dedication to patient safety by being awarded an A grade in the Fall 2015 Hospital Safety Score, which rates how well hospitals protect patients from preventable medical errors, injuries and infections within the hospital.

St. Anthony earned an A in this elite national ratings program, recognizing its strong commitment to patient safety. The Hospital Safety Score is the gold standard rating for patient safety, compiled under the guidance of the nation's leading patient safety experts and administered by The Leapfrog Group, a national, independent nonprofit. The first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety, the Hospital Safety Score is free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay.

"Patient safety is our number one goal at St. Anthony Hospital. This recognition reflects the best practices our staff utilize in providing exceptional care to every patient," said Tammy Powell, president of St. Anthony Hospital.

"St. Anthony's A grade is a powerful reminder of its commitment to putting patient safety above all else, and we are pleased to recognize the persistent efforts of your clinicians and staff to protect your patients," said Leah Binder, president and CEO of The Leapfrog Group, which administers the Hospital Safety Score. "Our families, neighbors, colleagues and friends deserve a hospital that will pull out all the stops to keep them safe, and we urge St. Anthony and all other A hospitals to preserve and renew your commitment to safety year after year."

Developed under the guidance of Leapfrog's Blue Ribbon Expert Panel, the Hospital Safety Score uses 28 measures of publicly available hospital safety data to produce a single A, B, C, D, or F score, representing a hospital's overall capacity to keep patients safe from preventable harm. More than 2,500 U.S. general hospitals

were assigned scores in October 2015, with 773 hospitals receiving an A grade. The Hospital Safety Score is fully transparent, offering a full analysis of the data and methodology used in determining grades on the website. Patients can also review their hospital's past safety performance alongside its current grade on the Hospital Safety Score site, allowing them to determine which local hospitals have the best track record in patient safety and which have demonstrated consistent improvement.

To see St. Anthony's full score, and to access consumer-friendly tips for patients and loved ones visiting the hospital, visit www.hospitalsafetyscore.org or follow The Hospital Safety Score on Twitter or Facebook. Consumers can also download the free Hospital Safety Score mobile app for Apple and Android devices

Founded in 2000 by large employers and other purchasers, The Leapfrog Group is a national nonprofit organization driving a movement for giant leaps forward in the quality and safety of American health care. The flagship Leapfrog Hospital Survey collects and transparently reports hospital performance, empowering purchasers to find the highest-value care and giving consumers the lifesaving information they need to make informed decisions. Hospital Safety Score, Leapfrog's other main initiative, assigns letter grades to hospitals based on their record of patient safety, helping consumers protect themselves and their families from errors, injuries, accidents, and infections.





NURSE + TALK

Read what other health care professionals have to say...

What do you like about your favorite time of the day at HCR ManorCare Midwest City?

"At about 7 a.m., everybody is starting to wake up. The patients are happy to see me. They get their morning meds and get started on therapy."



Amanda Miller, LPN

"I like the morning when everybody gets up and goes to breakfast. Everybody is scrambling around trying to get everybody up and get them ready. It's all team work."



Trisha Allen, RN

Each week we visit with health care professionals throughout the Metro



Please Let us know Your Thoughts

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"I love the mornings. And what I like about it is all the patients when they're getting up are in good moods and I just love them. All of them are like my grandparents."



Jennifer Cunningham, LPN

"The afternoon. That's when you can really get down to see your patients. It's after the big med pass and you get to spend more time with them and get to know them better."



Michelle Lambertus, RN

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One night, she found the courage to leave.

With backpacks, she and her kids took off on foot. From a friend's home, she called a **partner agency's** domestic violence shelter and their lives began to turn around. Then another **partner agency's** school for homeless kids added to their recovery story.



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