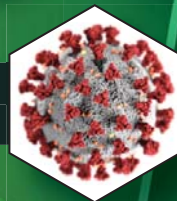




THE INVADERS



Honoring the dedication and commitment of our clinic staff to keeping the homeless women and children living in the Salvation Army Center of Hope shelter safe from COVID-19 and many other health issues.



FY20 Annual Report

July 1, 2019 to June 30, 2020

MEET THE PROTECTORS

Listed as shown on the cover picture, from left to right

Marilyn Benner, RN. Marilyn brings 35 years of experience in emergency nursing, nurse management, mental health and substance use from leading hospitals and clinics in NYC, Orlando and Charlotte. As Clinical Nurse Supervisor at Atrium Health Emergency Department, she received numerous Awards of Excellence for nursing education and customer service. She attended FEMA disaster and pandemic training and was on Atrium Health's disaster preparedness team. In NYC, Marilyn worked with Dr. Anthony Fauci, the nation's leading infectious disease physician, during the HIV/AIDS epidemic.



Marilyn Benner

*Registered Nurse
5 Years with the Clinic*



Christina Hanegraaff

*Clinic Support Assistant
2 Years with the Clinic*

Christina Hanegraaff, Clinic Support Assistant.

Christina started as a volunteer and quickly became indispensable performing duties that were done by Medical Assistants that diverted them from providing care. The position was created especially for her. She expanded her role by adding many other administrative activities. She assists with Tuesday Bible study groups and brings a unique spiritual side to her care as she is on the path to becoming a Chaplain for the Greek Orthodox Archdiocese of America.

MarQuesha Drummond, Medical Assistant.

When in training, MarQuesha externed at the clinic and did such an excellent job she was hired immediately upon graduation. MarQuesha has a soft, yet stern side to her approach. She's an excellent "health detective" in finding the root causes of issues and how she can help clients beyond healthcare. MarQuesha was the first step in building a clinical staff that has excellent skills and medical knowledge, is stable, loyal and committed to helping the women and children we serve.



MarQuesha Drummond

*Medical Assistant
8 Years with the Clinic*



Donielle Staton

*Registered Medical Assistant
5 Years with the Clinic*

Donielle Staton, Registered Medical Assistant.

Donielle also externed at the clinic and did such an excellent job was hired immediately upon graduation. Donielle is more business-like in her approach. She helped developed and currently manages the highly effective Orthopedic Pain Management Program, assisting Dr. Tsahakis in providing care. Donielle had a near-catastrophic car accident a year ago. After six months of surgery and recuperation, her persistency, resiliency and "spunk" helped her overcome her injuries and return to work.

Nena Harris, Family Nurse Practitioner. Nena anchors provider care at the clinic. 10 years ago she volunteered. She's been a staff member for the past eight years. She is also a Certified Nurse-Midwife and Assistant Professor of Family Nursing at Frontier Nursing University where she teaches Women's Health and Childbearing for FNP students. Nena has always had a passion for serving vulnerable and underserved populations throughout her nursing career.



Nena Harris

*Family Nurse Practitioner
10 Years with the Clinic*



Karen Bennett

*Office Manager
14 Years at the Clinic
Not shown on cover.*

Karen Bennett, Office Manager.

Karen is the grease that keeps the clinic gears working. She procures clinic equipment, materials and supplies at the lowest cost or for free, usually negotiating free shipping. Karen is the administrator for our EMR system and other databases we access. She is the ED's right hand manager consulting on grant opportunities, reporting results to track grant outcomes, generating clinic financial reports and managing the clinic's checkbook.



A Message from Michael Sowyak, Executive Director

FY20 has two chapters.

Chapter 1: The first six months. We were on pace to provide free healthcare and medical services to an historic high number of homeless women and children that were living in the Salvation Army Center of Hope shelter. The myriad health issues presented by our clients, combined with high co-morbidity, was complex yet within our staff's and clinic's capacity and capabilities to address.

Chapter 2: The second six months. We were battling the deadly COVID-19 virus, learning along with the rest of the world of how to keep the vulnerable and high risk safe. New clinic capabilities and capacity were required, many of which are just being developed and discovered, including; reliable point-of-care rapid diagnostic testing, antibody testing, immunization vaccine and therapeutic treatments. Two different strains of viruses (annual influenza and COVID-19 coronavirus) appearing simultaneously is rare, doubling the challenge of keeping the women and children safe.

While many health facilities were reducing services to focus only on COVID-19, our clinical staff continued to provide a full range of healthcare and medical services needed by the women and children of the shelter. COVID-19 screening was integrated into our overall health assessment protocol ensuring that, regardless of the reason for the clinic visit, all patients were screened for COVID-19, on every visit.

We are proud and honored that the Salvation Army entrusts the safety of their residents to the clinic. Over the last fifteen years, the collaboration between the shelter and the clinic has grown stronger every year. Fighting COVID-19 has taken this relationship to a new level.

Michael Sowyak | Executive Director

A message from Deronda Metz, Director of Social Services *The Center of Hope, Salvation Army of Greater Charlotte*

The Salvation Army's focus is on helping our residents find independent housing and jobs to be able to leave homelessness, achieve self-sufficiency and live a better quality of life. Health issues can interrupt achieving these ends, making our job more difficult.

Of all the health issues our residents have faced, COVID-19 presents the most imminent risk to the shelter community. Regular screening and testing of residents by the clinic has stabilized the shelter, mitigating COVID-19's presence. Until a vaccine is available, our challenge is keeping the virus from entering the shelter. We are fortunate to have Shelter Health Services located within the Center of Hope. Together, we will meet this challenge and keep our community safe.

Deronda Metz | Director of Social Services

The Year at a Glance

Increasing Need. Increasing Barriers to Care.

Homelessness in Charlotte has increased 26% over the past three years and, as a result, the shelter is overcapacity. Women and children sleep on cots in the cafeteria because the dorms are full. The Salvation Army Center of Hope houses the largest number and concentration of uninsured, medically indigent, homeless women and children living in poverty in the southeast (except Miami).

Seeking care is typically reactive to existing or urgent health issues that occur. Since regular primary care and a medical home are absent, prevention of issues from occurring is absent.

2020 Federal Poverty Level Guidelines at 100%

Number In HH	Annual 100% FPL	Monthly	Weekly	Hourly
ONE	\$12,760	\$1,063.33	\$245.38	\$6.13
TWO	\$17,240	\$1,436.67	\$331.54	\$8.29
THREE	\$21,720	\$1,810.00	\$417.69	\$10.44
FOUR	\$26,200	\$2,183.33	\$503.85	\$12.60

100% of the shelter's adults and clinic clients earn less than 100% of the Federal Poverty Level. While living in poverty, fee-for-service, "low" cost and sliding scale clinics are unaffordable.

70%+ are uninsured and do not have Medicaid. The network of Medicaid services and providers are not accessible. Very few of the residents have personal

vehicles. Traveling across town to access care is difficult. The lack of money, Medicaid and mobility become barriers to access to healthcare and compromise the health and wellness of the population we serve.

Clinic Removes Barriers To Access

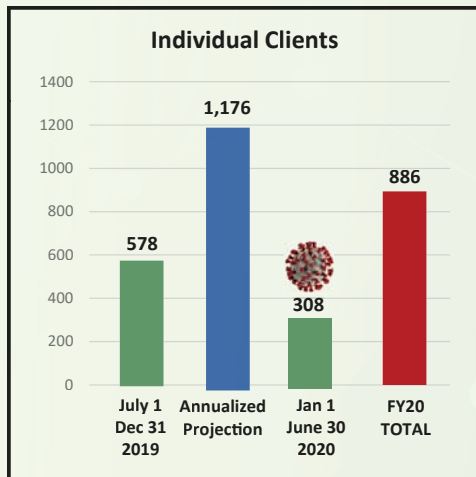
- Located within the Center of Hope shelter, where our clients live. Transportation is not needed.
- All services are free, including physician and nursing care, prescriptions and OTC medications, diagnostic screens and labs, treatments and health information. Money and Medicaid are not needed.
- No application or per visit fees. A shelter ID is all that is needed to receive care.
- Prompt walk-in care on every visit. No appointment needed.
- Unlimited free visits provide continuity of care.
- Extended Care after leaving the shelter provides our clients a medical home and primary care.

Who Do We Serve?

We serve an increasing number of increasingly unhealthy homeless women and children that, without the clinic, would not have access to healthcare and medical services. Without the clinic, our clients' existing issues would get worse, percolating issues would surface, avertible issues would onset and preventable issues would occur or spread. Our population demographics are as follows:

- Homeless women and children living in the Salvation Army Center of Hope shelter.
- 80% are adults. 20% are children, half are between 1 and 5 years.
- 74% are African American, 23% Caucasian, 2% Hispanic and 1% other.
- 100% are living in poverty.
- 70%+ are uninsured, without Medicaid.

The Year at a Glance



Keeping the Women and Children Healthy

For the first six months of FY20, the number of individual clients that received care at the clinic was on track to achieve near-record volume.

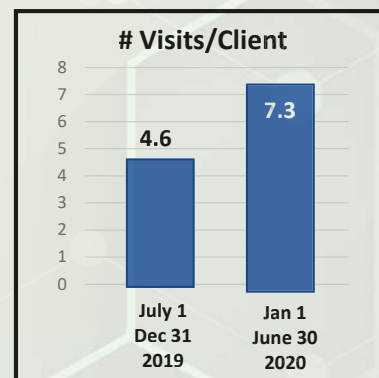
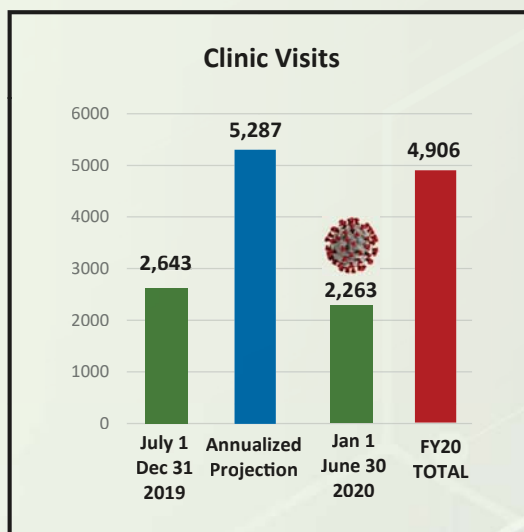
With the appearance of COVID-19, for the safety of the children and older adults, and to facilitate social distancing in the shelter's communal living space, families and older adults were relocated to motels.

This reduced the number of Center of Hope residents by more than half, from 400+ nightly to less than 200. Virtually no children (typically account for 20% of clinic clients) and few women over 40 (60% of adult clients) remained in the shelter after March. With less residents, the number that could visit the clinic was less.

Keeping the Women and Children Safe

Congregative living and the shelter's communal space increased the risks of COVID-19. Keeping the residents safe required regular screening and testing of residents. As many clinics focused mainly on COVID-19, we continued to provide the range of healthcare and medical services needed by our clients. Screening for COVID-19 was integrated into our comprehensive early Detection, Aversion & Prevention health assessment. This integrated approach leveraged every clinic visit, by every clinic client, to assess for all health issues and screen for COVID-19.

Even though there were 46% fewer clients in the second half as compared to the first half, there were only 14% fewer clinic visits in the second half vs. the first half. The average number of visits to the clinic increased 60% from 4.6 times to 7.3 times, attributed mostly to the concentrated effort put on screening for COVID-19 symptoms.



Chapter One: Keeping the Women and Children Healthy

Hypertension

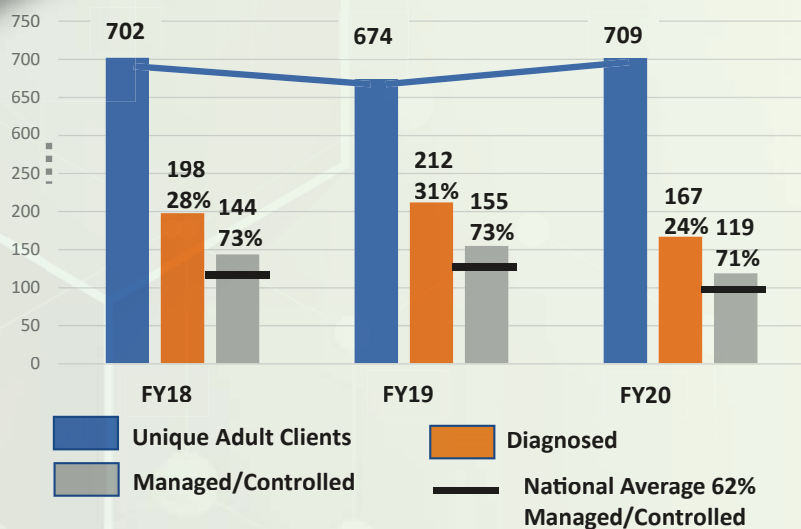
Percentage of clients with diagnosed hypertension usually hovers around 30%. The national and North Carolina rates for hypertension are 32% and 35% respectively.

In FY20, women over 40 years (high rate of hypertension) being relocated to motels directly impacted the number being diagnosed with hypertension at 24% as compared to 31% in FY19.

The clinic effectively manages and controls hypertension for 71% of adult clients with diagnosed hypertension as measured by BP <140/90 exceeding the national rate of 62% for those with Medicaid. Rates for the uninsured were not reported but would be expected to be lower.



HYPERTENSION MANAGEMENT



Rates of diagnosed hypertension in adults (national 32%, NC 35%). Clinic's rate of managed/controlled hypertension (BP<140/90) far exceeds the national rate of 62% for those with Medicaid. Rates for uninsured were not reported.

Chapter One: Keeping the Women and Children Healthy

Diabetes

In FY20, the percentage of clients with diagnosed diabetes was 10%. National rate is 12% and NC rate is 13%. 67% were able to manage and control their diabetes with HgA1C<9, far exceeding the national rate of 49% for those with Medicaid. Rates for the uninsured were not reported but would be expected to be lower.

Pre-Diabetes

28% of adult clients were pre-diabetic in FY20 compared to 29% of adult women nationally. All clients at sign-in complete the pre-diabetes screening questionnaire that scores their risk. If at risk, their HgA1C is tested. HgA1C reading determines to what extent they are pre-diabetic and how close they are to onset of diabetes. Key to delaying or averting diabetes onset is lowering HgA1C through weight loss. Losing 5% to 7% of body weight in one year is targeted through decreased intake of fats and calories and increased exercise. COVID-19 interrupted program continuity to report results for FY20. Prior Program results proved to be highly effective in promoting weight loss and delaying and averting diabetes onset.

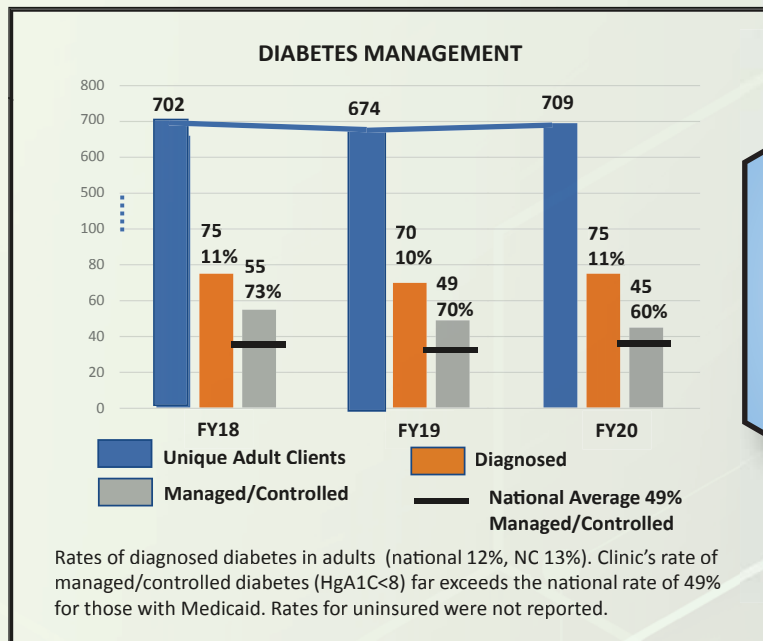
The Program's weight loss interventions of SmartOnes and Lean Cuisine dinner entrees, nutritional health bars and no-calorie water flavoring became the foundation of our effective Weight Management Program used to address other health issues and the prevalence of obesity.

HgA1C Blood Sugar Test

Normal • Less than 5.6%

Pre-Diabetic • 5.7% to 6.4%

Diabetic • More than 6.5%



Normal range for fasting blood sugar is 70 - 100.

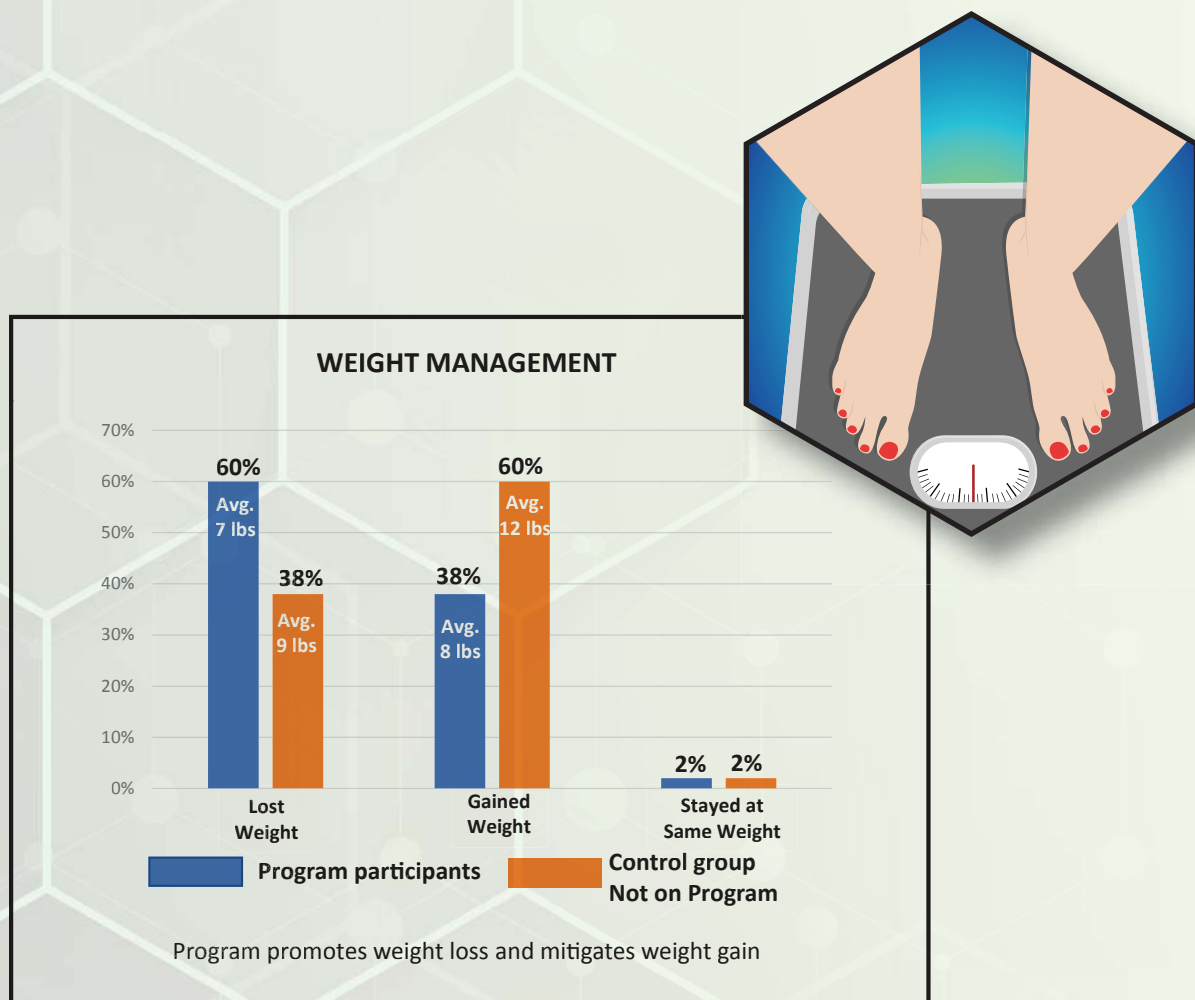
Chapter One: Keeping the Women and Children Healthy

Weight Management

An unhealthy weight can lead to developing respiratory and cardiovascular disease, exacerbate other health issues, negatively impact health improvement and affect quality of life.

The effectiveness of our Pre-Diabetic Program interventions that promoted weight loss were made available to women with other health issues, were obese or just needed to lose weight.

Weight loss tools like free SmartOnes and Lean Cuisine entrees, health bars and no-calories water flavoring reduced intake of fats and calories. Exercise via water walking at a local YMCA added a fun, low impact way to burn calories. Information on nutrition at point-of-care and discussion groups increased health literacy. Compared to a sample of shelter residents not on the Program, these interventions not only promoted weight loss but mitigated overall weight gain.



Chapter One: Keeping the Women and Children Healthy

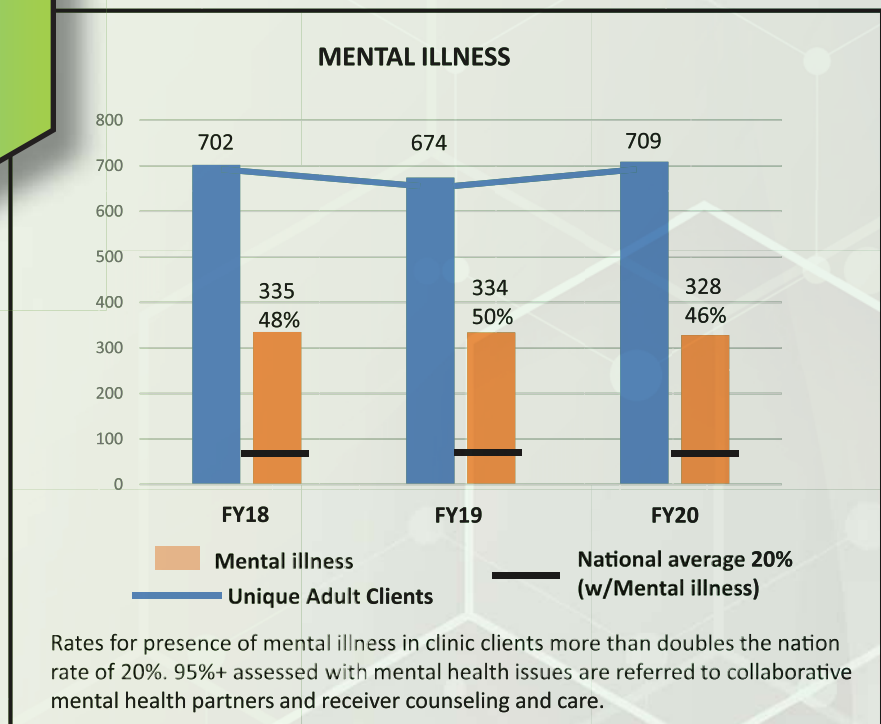
Mental Health

Integrated Medical and Mental Health Services

The need is real and supported by data. *Rates of mental illness among the homeless are twice that of the general population. 47% of homeless women meet the criteria for a major depressive disorder. An estimated 26% of homeless adults staying in shelters live with serious mental illness and/or substance use disorder. Individuals living with serious mental illness face an increased risk of having chronic medical conditions (diabetes, hypertension). Adults living with serious mental illness die an average of 25 years earlier than others, largely due to treatable medical conditions.*

Nearly half of our adult clients (46%) have a mental illness that requires professional attention, more than double the national average of 20%. All new clients at sign-in complete the nationally recognized assessment tool for mental illness PHQ9. Every client on every visit is screened for suicidal ideation.

For the first six months of FY20, a Family First therapist co-located in the clinic linking mental health services directly with clinic medical services. When clinic services were moved outside under a tent because of COVID-19, this proximity of services was not possible. However, all clients with mental health issues were referred for counseling and/or treatment. When a COVID-19 vaccine is available and all services return to inside the clinic, this arrangement with Family First will resume, fully integrating medical and mental health care within the clinic.



Chapter One: Keeping the Women and Children Healthy

Orthopedic Pain Management

Orthopedic/arthritis pain may likely be the one health issue that can most directly interfere with finding and keeping a job. The inability to perform certain physical movements due to pain is a barrier to self-sufficiency and living a better quality of life. Without money and Medicaid, surgical solutions are unavailable. With constant pain, opioid medications are always a temptation. Our Orthopedic Pain Management Program resolves this pain without expensive surgery or addictive opioid pain medications.



In 9 months of FY20, from July to March, 100 women had their pain addressed through the Program compared to 108 in all of FY19. Since assessments, diagnostic x-rays and treatments required privacy of an exam room, the Program was put on hiatus when services were moved to the tent. In Mid-June, providing limited services returned to the clinic including Orthopedic Pain Management. In the last two weeks of FY20 and only two treatment days, nine women received orthopedic pain care requiring 25 x-rays.

Dr. Paul Tsahakis, retired Orthopedic Surgeon, volunteers his time, talents and expertise at the clinic every Wednesday, unless he is on a missions trip to Greece. From his simple phone call three years ago to inquire if we had clients that suffered from pain, Dr. Tsahakis created the program. Dr. Tsahakis is also Fr. Paul, a priest at St. Nektarios Greek Orthodox Church. In addition to providing orthopedic care and spiritual energy, he hosts a Bible Study and Prayer Group every Tuesday for the shelter residents.



Point-of-Care Screening and Diagnostic Testing Capabilities

The foundation of EDA&P is our comprehensive battery of point-of-care screening and diagnostic testing capabilities. All clients on their first visit receive, as appropriate, EDA&P assessment. Capabilities include: CMP (Comprehensive Metabolic and Lipid Panels), BNP (Brain Natriuretic Peptide - monitors heart failure), EKG, A1C, hemoglobin, oxygen levels, blood pressure, spot vision screening, urinalysis (ketones, kidney function, infection) blood sugar, cholesterol, strep, HIV, STD's, and added in March of FY20, COVID-19 in clinic screening and testing via LabCorp.

All new clients receive screening for smoking, domestic violence, and depression (PHQ-9) with appropriate interventions offered. Clients testing positive for prediabetes are placed in our Prediabetes program. Those with hypertension and diabetes are provided information on chronic disease management. Clients with diabetes are provided free glucometers and testing strips for self-monitoring of blood sugar.

Chapter One: Keeping the Women and Children Healthy

Infrastructure Improvements

A grant from the Cannon Foundation and the North Carolina Association of Free & Charitable Clinics allowed much needed infrastructure improvements to be made. The clinic was painted with antibacterial paint donated by Sherwin-Williams. Any bacteria having contact with the walls are killed instantly. Luxury Vinyl Tiles (LVT) were installed throughout the clinic. LVT are easy to clean and sanitize, always look new and never need stripping and waxing.

Two Microsoft tablets added flexibility and mobility in providing services. Remote access to the clinic's Electronic Medical Records system, N.C. Immunization Database, N.C. Health Information Exchange, prescription databases, information on diseases and care and telemedicine in the clinic or in the shelter increased efficiency and effectiveness of providing services.

A new built-in workstation allows the Medical Assistants to be located efficiently and centrally in the vital signs area. Facing each other improves communications and facilitates jointly caring for patients. New orthopedic "bungee" style office chairs add improved stability, support, mobility and comfort.

In addition, a wound care supply cabinet, administrative books shelves and EKG rolling stand were purchased.

We thank the Cannon Foundation and the North Carolina Association of Free & Charitable Clinics for making these improvements possible.

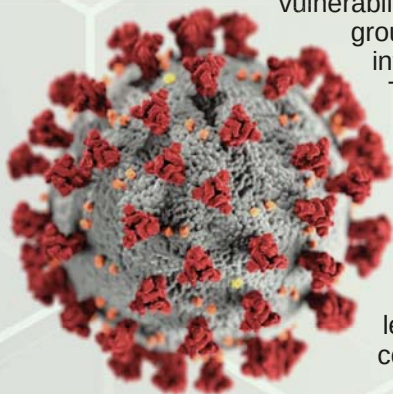


Chapter Two: Keeping the Women and Children Safe

COVID-19

The shelter's congregative living and communal space increases the risks of COVID-19 exposure and its spread.

As we entered the second six-months of FY20, nearly a third of the 400+ shelter residents were children. Children were less likely as adults to contract COVID-19 but were still very vulnerable. Those ages 0 to 5 were less susceptible but not immune. Elementary school aged children 6 to 12 had added vulnerability, especially if schools opened before a vaccine was available. For these age groups, exposure could trigger serious and sometimes deadly Kawasaki disease-like inflammatory syndrome (a.k.a. Pediatric Multi-System Inflammatory Syndrome). Teenagers 13 to 17 were vulnerable to COVID-19 because of their independent, active lives.



With the safety of the children in mind, and to facilitate social distancing in the shelter, the Salvation Army worked closely with the clinic on the plan to relocate families and older women to motels. Relocated shelter residents were screened upon leaving to ensure none had already been infected. This reduced the number of residents in the shelter by more than half, from 400+ to less than 200. With the shelter population comprised of younger, adult women, controlling the presence of the virus became more manageable.

The COVID-19 screening criteria were integrated into the clinic's comprehensive health needs assessment protocols ensuring that every clinic client, on every clinic visit was screened. Repetitive screening, integrated with addressing other health issues, monitored the population for the presence of the virus.

Keeping the virus out of the shelter required keeping those infected out of the shelter. Walk-ins, women staying at Church-In-The-City and families relocated to motels seek admittance to the Center of Hope daily. All are screened for symptoms to keep those infected from entering.

Rapid testing of all women and children seeking shelter is needed in FY21. Presently testing is a PCR (Polymerase Chain Reaction) diagnostic lab test through LabCorp, which can take 3 to 5 days for results to be known, delaying shelter entry decisions. Adding a rapid testing capability is planned for September. Atrium Health is evaluating several rapid testing platforms, which will guide our decision on what technology to use. With results in minutes not days, rapid testing ensures that those admitted to the shelter do not bring the virus into the Center of Hope.

Chapter Two: Keeping the Women and Children Safe

COVID-19

The first adjustment made to clinic operations was moving services from inside the clinic to under a tent, outside of the clinic. The Center of Hope's HVAC system was not designed to effectively filter out bacteria and viruses. Even with only staff accessing the clinic, regular cleaning and sanitizing continued to keep it virus-free.

Since the COVID-19 coronavirus was unknown and we didn't know what we were dealing with, the added outdoor ventilation and ease of distancing under the tent kept staff and patients safer. Staff was required to wear full PPE (n95 masks, gowns, gloves and face shields or safety goggles) at all times. All patients were given masks to wear before being seen.



"No, we're not from outer space." was the headline of a poster explaining the PPE (Personal Protective Equipment) worn by clinic staff. Yellow tape cordoned off access routes under the tent to ensure proper distancing and manage the flow of those visiting the clinic's tent for care.



Services that required privacy or special equipment could not be moved under the tent. In mid-June, the clinic was opened for limited services including physician exams, Orthopedic x-rays, assessments and treatments and point-of-care diagnostic tests.

A Double Whammy! Annual Influenza and COVID-19

Two different strains (annual influenza and COVID-19 coronavirus) appearing simultaneously is rare and doubles the challenge of keeping the women and children safe. Annual influenza (flu) vaccines and COVID-19 vaccines will be made available free to shelter residents. Flu vaccines have already been received. COVID-19 vaccines are expected to be available in late 2020 or early 2021.

FY21 Preview

Point-of-Care, Rapid Diagnostic COVID-19 Testing

Current testing requires a lab analysis with results in 3 to 5 days. A rapid testing system is planned to be in place this fall. A simple nasal swab is analyzed with results available at point-of-care in minutes. The Abbott ID Now has been selected as the testing platform.

COVID-19 Vaccine

It is expected that a vaccine will be available in late 2020 or early 2021. We will purchase the vaccine and provide it free to as many shelter residents that want it. Only 50% of the US population get annual influenza flu shots. We hope there will be greater participation for the COVID-19 vaccine.

THANK YOU FINANCIAL SUPPORTERS

We are thankful that even with COVID-19's negative economic impact, the organizations listed below continued to generously support our clinic. Their recognition of the need for free healthcare and medical services for those that lack access and our clinic's unique role in delivering these services is the foundation of our success.

George W. and Ruth Baxter Foundation
Blumenthal Foundation
Cadawalader Wickersham & Taft
Cannon Foundation
Carolina Electrical Services of Charlotte
Christ Church Good News Shop
COVID-19 Response Fund
Delta Dental
Foundation for a Healthy Carolina
Gamma Iota Chapter of Sigma Theta Tau
The Lucille P. and Edward Giles Foundation
Kent Richard Hofmann Foundation
The Leon Levine Foundation
Macy's

Mecklenburg County Health Department
Merancas Foundation
National Association of Free & Charitable Clinics
NC Association of Free & Charitable Clinics
NC Office of Rural Health
Novant Foundation
Philoptochos Society of
St. Nektarios Greek Orthodox Church
Physicians' Impact Fund
St. Matthew Catholic Church
St. Nektarios Greek Orthodox Church
Sisters of Merch of North Carolina Foundation
Speedway Children's Charities
Women's Impact Fund

We receive no funds from United Way, Salvation Army, Medicaid, Medicare or federal government. We rely on grants from N. C. Office of Rural Health, Mecklenburg County Health Department, private and corporate foundations and faith organizations supplemented by a hand-full of companies and more than 100 individuals.
We are thankful for and appreciative of the support.

THANK YOU COLLABORATIVE & REFERRAL PARTNERS

Our network of collaborative and referral partners are an integral part of our being able to provide all the services needed by our patients. We thank those listed below for their services.

Ada Jenkins Center
Amara Wellness
Anuvia Prevention & Recovery Center
Atrium Health Behavioral Health Center
Atrium Health Emergency Medicine Department
Atrium Health Family Medicine Department
Atrium Health Radiology
C. W. Williams Community Health Center
Carolina Complete Health
Carolina Outreach
Center for Emotional Health
CFD Company 4
Charlotte Community Health Clinic
CMPD Crisis Intervention Team
Crisis Assistance Ministries
Family First Community Services

LabCorp
Levine Cancer Institute
Lions Club Eye Clinic
MedAssist
MedLink
Michael Jordan Clinic
Monarch
National Association of Free & Charitable Clinics
NC Association of Free & Charitable Clinics
Novant Cancer Center
Piedmont Health Services & Sickle Cell Agency
RAIN (Regional AIDS Interfaith Network)
Salvation Army of Central Carolina
Teen Health
Urban Ministries Center

OUR MISSION

Remove health issues as barriers to self-sufficiency and upward mobility for homeless women, and as impediments to development and readiness to learn for homeless children, by providing free healthcare and medical services that are easily accessible.

THANK YOU BOARD OF DIRECTORS

Our Board has shown their resiliency, flexibility and generosity in responding to the unique operational needs of FY20. Their accessibility in a “virtual” world demonstrated their commitment to achieving our mission. Thank you.

David A. Pearson, MD	Maura Atwater	Susan Carr	Lynn Krueger-Andes	E. Parker Hays, Jr., MD
<i>Board Chairman</i>	<i>Board Vice-Chairman</i>	<i>Treasurer</i>	<i>Secretary</i>	<i>Medical Director</i>

Monica Able	Laura Hays, MD	Rebecca Oglesby, RN
Clyde Alexander	Claire Magee	Tracy Petleski, RN
Doris Bowman	Stephanie McDonald, RN	Kyle Roedersheimer, MD
Alan Chadd	Deronda Metz	Paul Tsahakis, MD
Michelle Dunne	Jillian Niles	Brittany Watson, MD

THANK YOU STAFF

One word describes the talents, accomplishments and dedication of the staff.
EXCELLENT!

Marilyn Benner <i>Registered Nurse</i>	MarQuesha Drummond <i>Medical Assistant</i>	Nena Harris <i>Family Nurse Practitioner</i>
Karen Bennett <i>Office Manager</i>	Christina Hanegraaff <i>Clinic Support Assistant</i>	Donielle Staton <i>Registered Medical Assistant</i>

*All of you make the clinic
successful and my job
easier. Thank you.*

Michael Sowyah
Executive Director



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To make a donation visit our website or mail your check to the address above. FY20 Audited Financial Statement and 990 are available upon request and are posted on our website.