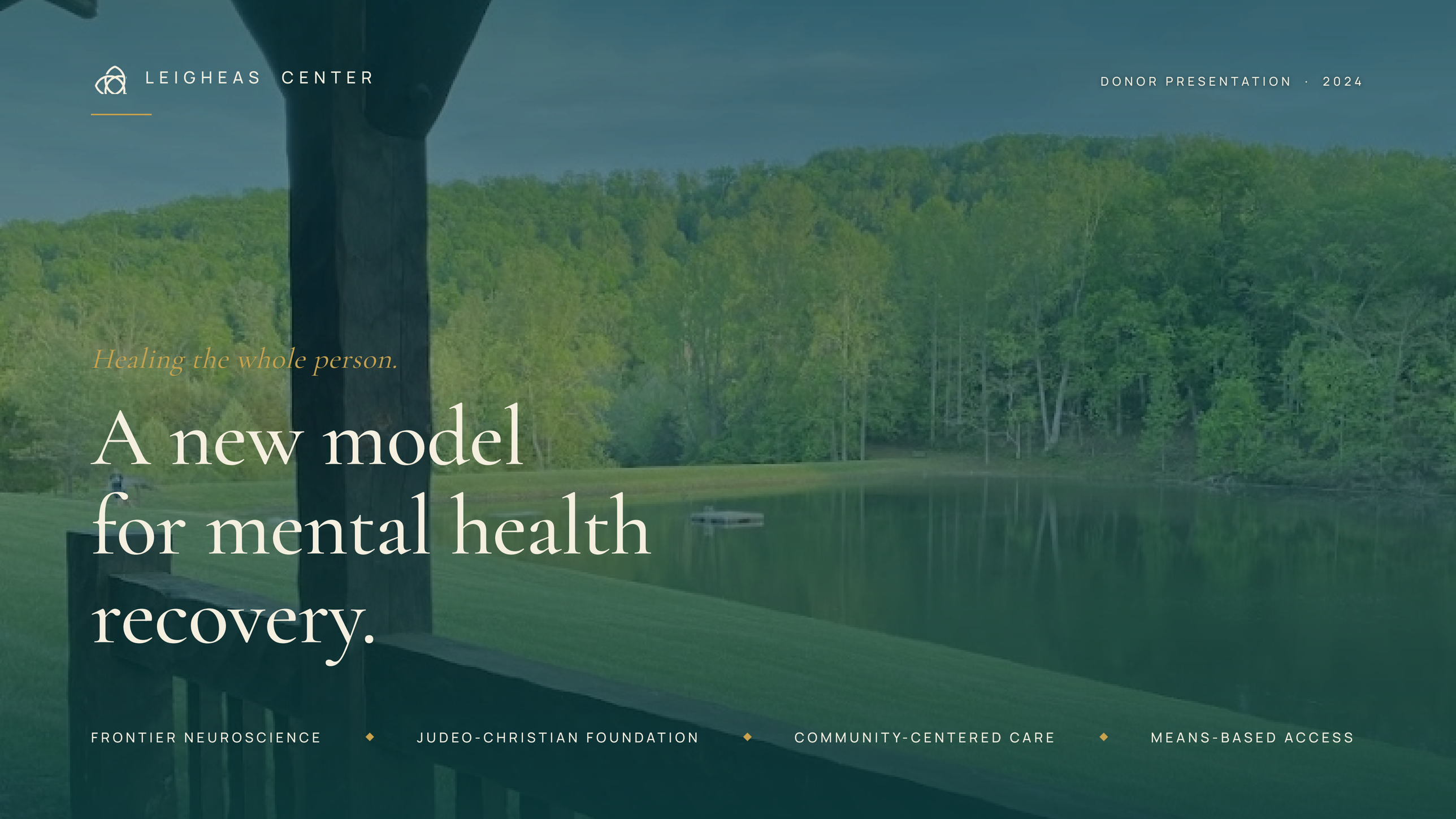

LEIGHEAS CENTER

DONOR PRESENTATION · 2024

*Healing the whole person.*

# A new model for mental health recovery.

FRONTIER NEUROSCIENCE ◆ JUDEO-CHRISTIAN FOUNDATION ◆ COMMUNITY-CENTERED CARE ◆ MEANS-BASED ACCESS

"1 in 5 American adults lives with mental illness. 40,000 die by suicide each year.

*The pharmacy alone cannot heal them.*

Leigheas Center is a residential wellness campus offering a faith-informed, community-centered approach to recovery — treating the biological, psychological, social, and spiritual dimensions of every person.

SECTION ONE · THE PROBLEM

# A crisis the current system cannot solve.

*Demand has outstripped supply. Waitlists stretch months. Stigma still silences millions.*

**1 *in* 5**

U.S. adults experience mental illness in a given year

**40k+**

Americans die by suicide each year — #3 cause of death, ages 15–24

**20%**

of U.S. veterans experience mental illness; PTSD endemic

**8k+**

additional practitioners the U.S. needs to meet current demand

SOURCES: NIMH · CDC · SAMHSA · VA (BUSINESS PLAN §2)

# The standard of care treats a symptom, not a person.

TODAY'S SYSTEM

*Pharmaceuticals and short-term outpatient therapy.*

- Medication manages symptoms but rarely resolves the underlying condition.
- Waitlists for outpatient providers routinely exceed 3–6 months.
- Social, spiritual, and behavioral dimensions of suffering are left unaddressed.

WHAT IS MISSING

*A structured, immersive, community-based environment for the whole person.*

- Time and space to disengage from the environment that produced the illness.
- Peer cohort community — the single strongest predictor of long-term recovery.
- Integration of frontier neuroscience with spiritual formation and life skills.

OUR MISSION

To create experiences influenced by Judeo-Christian faith that cultivate mental health — enabling participants to move from depression and anxiety to states of *thriving and engaging in life.*

CORE VALUES

| | | |
|---|---|---|
| Wholeness | Community | Faith |
| Access | Innovation | Excellence |

# Depression is *biopsychosocial.* So is our response.

*Depression, anxiety, and PTSD arise from a complex interplay of biological, psychological, and social conditions. Lasting recovery requires all three — not one.*

BIOLOGICAL

## Precision neuromodulation

SAINT TMS from Stanford. Individual and group cognitive behavioral therapy. Movement, nutrition, and physical restoration.

01

PSYCHOLOGICAL

## Meaning-making

Expressive therapies — art, music, journaling. Mindfulness and meditation. Judeo-Christian spiritual formation and exploration of purpose.

02

SOCIAL

## Cohort community

Small cohorts journey together for 4–6 weeks. Peer bonds, equine-assisted therapy, shared meals, and a lifelong alumni network.

03

# SAINT.

*Stanford Accelerated Intelligent Neuromodulation Therapy.*

A precision, non-invasive treatment developed at Stanford University and commercialized by Magnus Medical. FDA-cleared. High response and remission rates — even in treatment-resistant depression.

Integration of SAINT distinguishes Leigheas Center from virtually every other residential wellness program in the country.

HOW IT WORKS

01

## MRI Brain Scan

A 45-minute scan captures structural and functional images to establish a personalized baseline.

02

## Individual Target Identification

A proprietary algorithm pinpoints the precise site in each patient's brain for optimal stimulation.

03

## Stimulation Series

A five-day course of ten daily sessions — ten minutes of stimulation, fifty minutes of rest.

ADVISOR: PROF. NOLAN WILLIAMS, MD · STANFORD BRAIN STIMULATION LAB

EQUINE-ASSISTED THERAPY

*One of the Center's most powerful experiential modalities.*

A DAY AT LEIGHEAS

# The whole person, every single day.

## *i.* Clinical & Neuroscience

SAINT TMS neuromodulation. Individual and group cognitive behavioral therapy.

## *ii.* Expressive & Holistic

Art, music, journaling, and poetry. Mindfulness. Equine-assisted therapy. Gardening.

## *iii.* Physical Well-Being

Structured exercise, yoga, hiking. Nutrition education. Breathing and relaxation practice.

## *iv.* Spiritual Formation

Judeo-Christian faith practice woven throughout. Exploration of meaning, purpose, identity.

## *v.* Life Skills Education

Stress management. Emotional regulation. Self-care routines that outlast the program.

## *vi.* Community Living

Shared chores and unstructured free time. Cohort bonding. A lifelong alumni network.

THE CAMPUS

# A retreat, not a clinic.

*Serene, private, and intentionally non-institutional — the setting itself is therapeutic.*

### Six Lakeside Cabins

Old-Virginia hand-hewn log cabins. 2–4 bedrooms. Home-like, not clinical.

### Main Lodge

Central gathering for shared meals, community, and group programming.

### Activities Building

Art therapy, music, group CBT, workshops, and education sessions.

### Open-Aired Pavilion

Outdoor covered space for meditation, yoga, and reflective gathering.

### Gambrel Horse Barn

24 × 48-foot barn housing horses for equine-assisted therapy.

### Office & TMS Suite

Administrative offices, clinical workspace, and the SAINT TMS treatment suite.

### Grounds & Trails

Lake access, pastoral gardens, and open trails for hiking and reflection.

### Maintenance Facility

Operational support for campus grounds, facilities, and continuity of care.

RESIDENTIAL CAPACITY · 12–24 PARTICIPANTS PER COHORT

UNDER CONSTRUCTION — TODAY

# Not a rendering.

## *A campus rising.*

The Gambrel horse barn, hand-hewn log cabins, and gathering hall are being built *right now* on the Blue Ridge Mountain campus.

Your investment brings the vision fully to life — horses in stalls, cohorts in cabins, and the first participants arriving for the pilot cohort.

| 6 | 1 | 2024 |
|---|---|---|
| Lakeside cabins in progress | Gambrel barn completed | Pilot cohort target |

CABIN ONE — LAKESIDE

CABIN TWO — DORMERS

GAMBREL BARN — COMPLETE

PHOTOGRAPHED ON-SITE · BLUE RIDGE MOUNTAINS, VIRGINIA

THE HEART OF THE PROGRAM

# Making *lasting* connections.

*Research shows peer bonds are the single strongest predictor of long-term recovery.*

Every cohort at Leigheas travels the program together — sharing meals, chores, therapies, quiet moments on the water, and the honest conversations that reshape a life.

*4–6* weeks together as a cohort— then reconnected for life as alumni.

A COHORT AT LEIGHEAS CENTER

# Fellowship, on the water and off.

*Fly-fishing on the lake, quiet canoe mornings, shared meals by the fire — the informal spaces where cohorts become community.*

FLY-FISHING AT LAKE LEIGHEAS

A FIRST CATCH, TOGETHER

COHORT ON THE WATER

FIRE CIRCLE, DAY'S END

*"Healing happens in the unstructured hours as much as in the therapy room."*

PHOTOGRAPHS FROM LEIGHEAS CENTER COHORT SESSIONS

# Art *Therapy.*

*Where language fails, image begins.*

Art therapy is one of the Center's core expressive modalities. Every cohort culminates in a shared showing of the work of their own hands — a physical record of what happened in the weeks together, and a piece of their story participants carry home.

WEEKLY SESSIONS

*Held on the pavilion overlooking the Blue Ridge.*

COMPANION PRACTICES

*Music, journaling, and poetry expression.*

WHO WE SERVE

# For those who serve others — and those the system overlooks.

*Adults who have not found lasting relief through outpatient or pharmaceutical care alone.*

### Veterans & Military Families

20% experience mental illness; PTSD is endemic in this community.

### First Responders & Families

Police, fire, and EMS face disproportionate rates of depression and suicide.

### Healthcare & Social Workers

Nurses, physicians, and social workers face burnout and compassion fatigue.

### Clergy & Pastors

1 in 5 pastors suffer depression while caring for others.

### Teachers & Educators

Educators face high rates of burnout, anxiety, and depression.

### Pro & Collegiate Athletes

Growing recognition of mental-health challenges in competitive athletics.

### College Students

Suicide is the #3 cause of death among ages 15–24.

### Artists, Musicians & Writers

Elevated mood disorders; expressive therapies especially effective.

NINTH PRIORITY

**Marginalized ethnic communities historically underserved by mental-health systems.**

*Actively served through scholarship funds.*

MEANS-BASED ACCESS

# No one is turned away.

*Rather than a fixed fee, we assess each participant's financial capacity and price accordingly.*

**0%**

turned away for inability to pay

FOUR PRICING TIERS

## A pricing model that is itself a core expression of our values.

| | | |
|---|---|---|
| *Patron* | Can give beyond program cost | Invited to contribute above cost to fund scholarships for those who cannot afford care. |
| *Full Pay* | Can afford program cost | Charged the full program fee — essential to Center sustainability. |
| *Subsidized* | Can afford partial cost | Charged on a sliding scale based on financial assessment. |
| *Scholarship* | Cannot afford to pay | Attends at no cost — fully funded by Patron and philanthropic contributions. |

SUSTAINABILITY — DIVERSIFIED REVENUE

Program fees · Patron donations · Faith-based & mental-health grants · VA and government contracts · Corporate wellness sponsorships · Alumni programs

WHAT SETS US APART

# No existing program combines all seven.

| DIFFERENTIATOR | Leigheas | TYPICAL RETREAT | OUTPATIENT OR HOSPITAL |
|---|---|---|---|
| SAINT TMS neuromodulation | ● | – | *rarely* |
| Judeo-Christian faith integration | ● | *rarely* | – |
| Cohort community model | ● | *sometimes* | – |
| Means-based & scholarship access | ● | – | *sometimes* |
| Residential campus in nature | ● | ● | – |
| Clinical & holistic combined | ● | – | *sometimes* |
| Post-program alumni community | ● | *rarely* | – |

BOARD OF ADVISORS

# Guided by a coalition of uncommon distinction.

*World-class expertise across neuroscience, enterprise leadership, healthcare governance, and real estate.*

NEUROSCIENCE

## Prof. Nolan Williams, MD

*Stanford University*

Professor of Psychiatry and Behavioral Sciences. Pioneer and developer of the SAINT TMS protocol. Provides clinical credibility and direct access to frontier neuroscience research.

ENTERPRISE TECHNOLOGY

## Aneel Bhusri

*Founder & CEO, Workday Corp*

Co-founder and CEO of Workday, a leading enterprise cloud software company. Provides business strategy, technology, and deep Silicon Valley network resources.

CORPORATE & HEALTHCARE

## Dave Dorman

*Retired CEO, AT&T · Lead Director, CVS*

Former chief executive of AT&T, current Lead Director of CVS Health. Brings deep corporate governance, operations, and healthcare-industry expertise.

REAL ESTATE & FACILITIES

## David W. McGarry

*Retired President, Spaulding & Sly (JLL)*

Former senior executive at Jones Lang LaSalle's Spaulding & Sly division. Provides real estate, campus development, and facilities expertise.

STRATEGIC PARTNERS

*Stanford Brain Stimulation Lab · Magnus Medical · UVA Wellness · Wounded Warrior Project · NAMI · Macedonian Ministry · Howard University*

# From seed funding to a national model.

## 01

MONTHS 1–12 · FOUNDATION

### Site, structure, and seed funding.

- Secure campus site
- Formalize nonprofit structure and governance
- Execute Magnus Medical & Stanford agreements
- Recruit founding clinical & operations leadership
- Launch charitable fund and donor campaign

## 02

MONTHS 13–18 · PILOT

### First cohort. Measured outcomes.

- Launch Spring pilot with 12–16 participants
- Execute full therapy and program schedule
- Independent outcomes assessment with UVA and Stanford
- Refine curriculum from pilot learnings
- Establish alumni community

## 03

MONTHS 19–36 · SCALE

### Institutionalize. Replicate.

- Full annual program calendar (Spring · Summer × 2 · Fall · Holiday)
- Publish outcomes research with academic partners
- Expand veteran, first-responder, and healthcare pipelines
- Second campus or licensing model for geographic expansion
- Endowment campaign for long-term scholarship sustainability

*We are not simply building a wellness center.*

# We are pioneering a new model for healing — and we are looking for founding partners.

PHASE 1 — WHAT SEED FUNDING ENABLES

*i.*

Campus site acquisition and Phase 1 buildout

*ii.*

Magnus Medical & Stanford partnership agreements

*iii.*

Founding Executive Director & Clinical Director

*iv.*

Charitable fund launch — seeding the scholarship endowment

*Contact the founding team to discuss partnership, advisory, or philanthropic opportunities.*