



Ryther Stakeholder's Report July 2014-June 2015

Preface:

Why is Ryther important? Perhaps the most compelling reason can be found in the data about incidence and prevalence of mental health problems among Washington's children when contrasted to unmet needs.

Mental Health America (formerly the National Association for Mental Health) in 2015 ranked the mental health services available to children in the 50 States and Washington D.C. The results were staggering:

- Washington State was listed as one of the worst states (48th) overall for a high prevalence rate of mental illness yet with a low rate of access to care.
- Washington joined only 3 other states and Washington DC in choosing not to collect and report youth suicide attempt data to the CDC.
- Washington's ranked 50th in percentage of youth with at least one major depressive episode (only New Mexico showed a higher rate).
- Of Washington children who needed mental health services, 46% did not receive services.

Despite recent publicity and shouting about integrating mental health care with primary health care, Washington's system in both the public and private sector is rigidly siloed. Public sector funding for mental health services to its most vulnerable children can be best described as impoverished. The State's Behavioral Rehabilitation Services program for behaviorally disturbed children in the care of the State has been shrinking and is on a starvation diet.

Introduction:

Ryther is one of Washington's oldest (130 years) child serving nonprofit organizations. Located in North Seattle, with offices in Bellevue, Mukilteo and multiple allied agency sites, Ryther began as an orphanage and transitioned through residential care and has evolved to being a multi-service behavioral health care provider offering Hospital Alternative and Diversion services as well as Treatment Foster Care, Outpatient Care and a range of outreach services to special populations. Ryther employs about 175 people ranging from psychiatrists and a range of graduate trained clinicians to behavioral specialists and support staff. The current annual operating budget totals just under \$9 Million.

Ryther's Purpose: Ryther offers and develops safe places and opportunities for children, youth and families to heal and grow so that they can reach their highest potential.

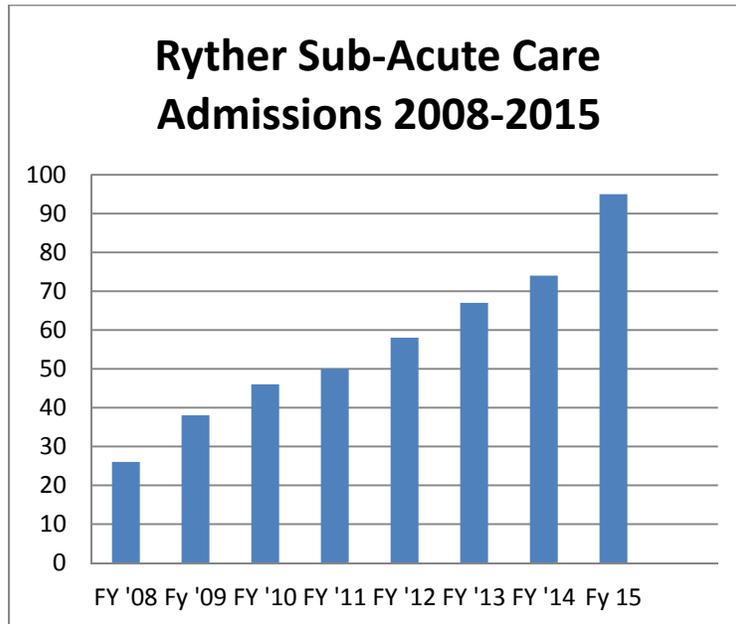
Ryther's Philosophy: In all things that Ryther does or is associated with, at all times and in all places, the best interests and well-being of the children and families will be the top priority of the organization and everyone associated with it.

Ryther's Programs and Services

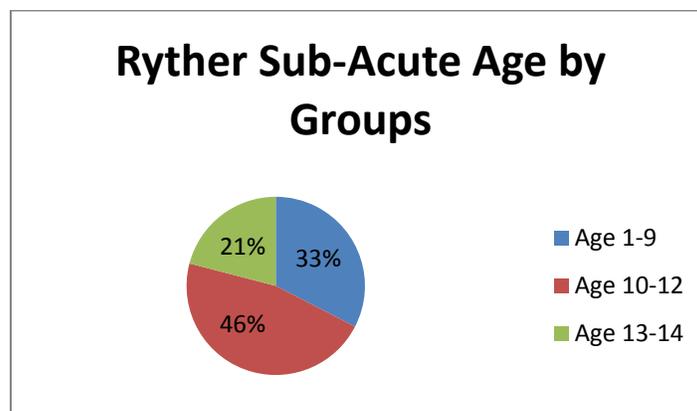
Sub-Acute Hospital Alternative and Diversion Care
Outpatient Mental Health Treatment
Aspiring Youth for Children with Specialized Needs
Treatment Foster Care
Outreach Services for allied agencies

Sub-Acute Hospital Alternative and Diversion Care

This is the service for which Ryther is most recognized and remembered, even though it represents only about 3% of the children and youth that we serve. The severity of these children, however, creates significant care and management challenges. Acuity levels have spiked over recent years, yet Ryther is successfully serving more children in this program than ever before.



The increase is largely attributable to the growing number of privately-insured children who have intact families and accordingly shorter lengths of stay. Their acuity is equivalently high; about 85% of the privately insured children are adopted children whose histories look strikingly like the histories of children referred from the Child Welfare System. Child Welfare admissions are approximate 60% of all admissions, with the remaining 40% being privately insured. Sixty-seven percent of the admissions came from two counties in Washington (King and Snohomish). The remaining 33% came from 8 other counties mostly in Western Washington. The average age of the children is between 10.6 and 11.6 years. Boys account for about 51% of the children and girls 49%.



The Average Length of Stay (ALOS) for privately insured children is about 1.5 months while the ALOS for Child Welfare referred children is about 11 months. That length of stay is artificially prolonged by as

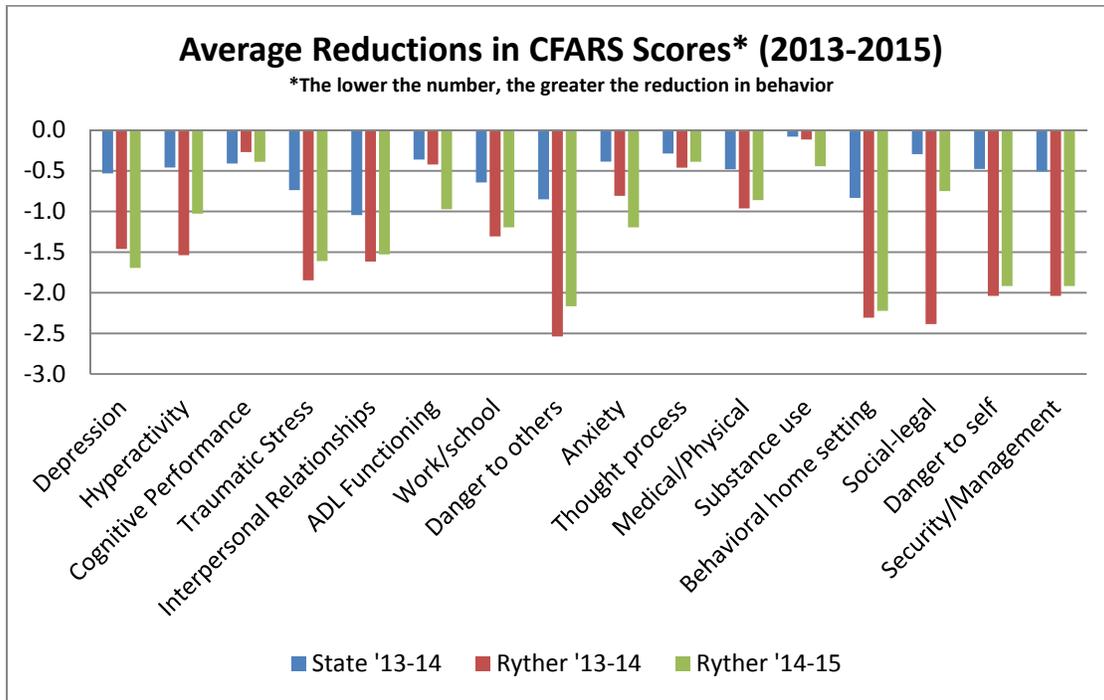
much as four months because of the Child Welfare System’s inability to find placements for the children when Ryther informs them that a child is ready to be discharged.

Ryther uses several techniques to measure the effectiveness of the Sub-Acute Program. Among them is a procedure that measures the frequency and intensity of behaviors that prevent less restrictive treatment settings. These behaviors are tracked over time and rated again at the end of the fiscal year or at discharge. On average children entering Ryther display 14 significant behavior problems.

Examples of Problem Behaviors Present at Intake	% of Children Presenting	% of Those Improving
Aggressive	86%	73%
Assaultive	79%	82%
Sexualized Behavior	42%	88%
Running (AWOL)	40%	91%
Suicidal Ideation	26%	60%
Threatening/Intimidating	42%	54%
Self- Injurious Behavior	42%	79%
Enuresis/Encopresis	30%	41%
Homicidal Ideation	11%	83%

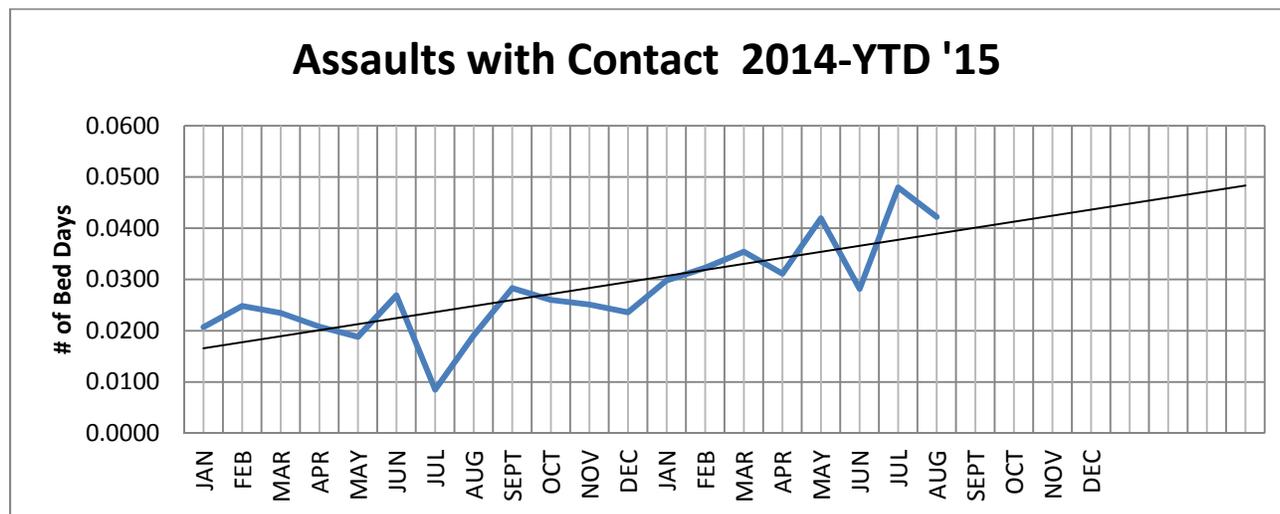
Ryther also, per requirements of the State of Washington, uses the Children’s Assessment of Functioning Rating Scale (**CFARS**). This instrument attempts to measure a child’s function in a range of domains of life or behavioral and mental health problems. While Ryther reports on all domains, the organization pays particular attention to the following domains as being most critical to determining levels of care. Those domains are:

- Depression
- Hyperactivity
- Cognitive Performance
- Traumatic Stress
- Interpersonal Relationships
- Activities of Daily Living
- Work/School
- Danger to Others
- Anxiety
- Thought processing
- Medical /Physical
- Substance Use
- Behavior in home setting
- Social/ Legal
- Danger to Self
- Security / Management

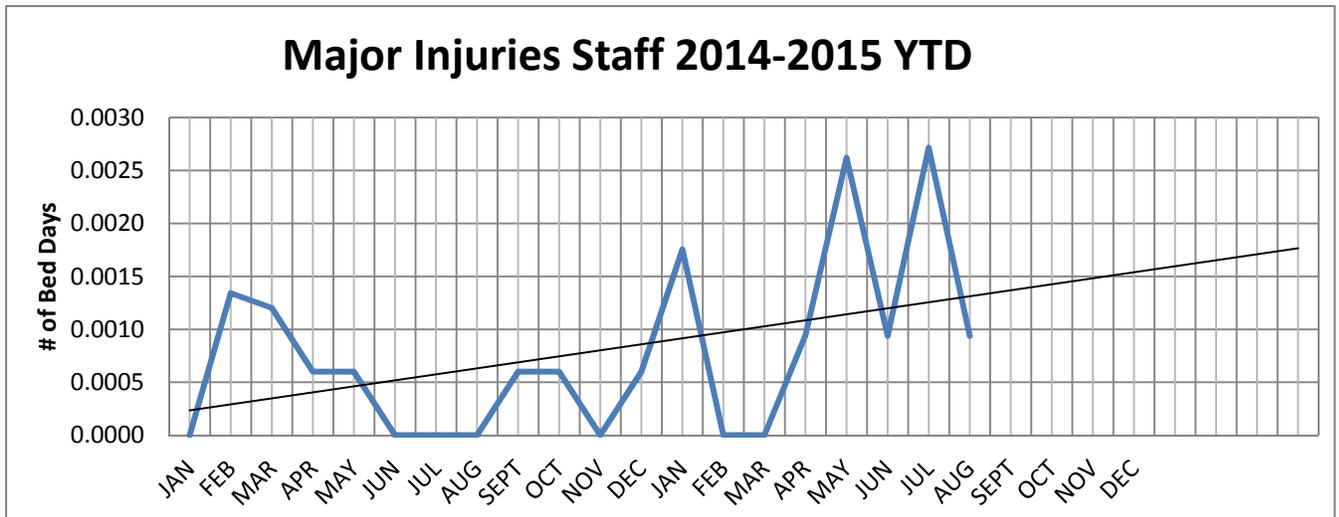


Ryther’s CFARS scores show over-all better performances than the State average for providers of care to children in the Behavioral Rehabilitation Services (BRS). While it would be gratifying to suggest that these graphs reveal Ryther’s superior performance, such an inference may not be warranted.

A significant inference that can be made, however, that Ryther serves a much more troubled and difficult population of children than most. The more severe the problem behavior is at the outset, the greater the potential magnitude of improvement. For children who have less severe issues, the improvement toward a normal scale would be smaller. Whether Ryther deals with more difficult problems than other BRS providers in the State has been a source of some debate. Ryther’s recent experiences strongly support the notion that Ryther kids are much more severely disturbed. Among many critical events that we track are assaults (on staff) with contact and staff injuries. Clearly, the children have become more challenging.



The natural consequence of this increase in assaultive children is staff injuries. Ryther has experienced significant increases in its L&I claims for work place and work related injuries ranging from fractured bones, broken teeth to muscle strains, and serious bruises.



Forty-two percent of Ryther’s admissions had prior psychiatric hospitalizations. The average of nine failed State placements per child coming to Ryther has stayed fairly constant over the last eight years. Data recently obtained suggests that failed placements are a much bigger problem for the State than just for seriously emotionally disturbed children.

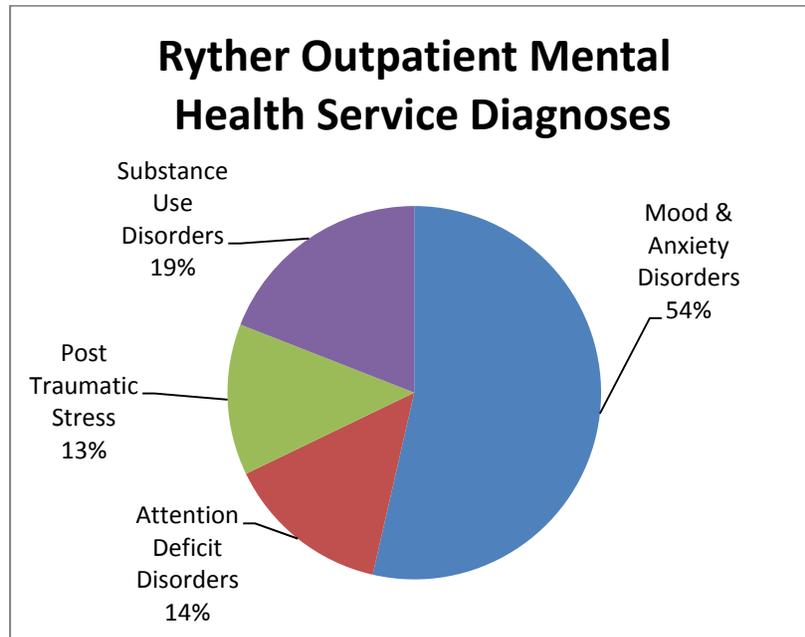
Despite the difficulties presented by the children, the results Ryther achieves are encouraging. Eighty-six percent of the Child Welfare children were discharged to less restrictive environments. For privately insured children the number was 89%. Only one Child Welfare referral was discharged to a more restrictive environment, while 3 privately insured clients required more structured settings at the time of discharge.

Outpatient Mental Health Treatment Services

Ryther offers an array of outpatient services provided by graduate level therapists and psychiatry at three primary locations that include Seattle’s main campus, Bellevue and Mukilteo. From July 2, 2014 through June 30, 2015, a total of 1,495 clients were enrolled and received services. Overall, Ryther provided over 14,500 client-visits in that year.

Forty-two percent of the clients were between the ages of 2 years and 12 years. Forty-nine percent were between 13 and 15. We also served a number (6%) of young adults between ages 20 and 29 largely as a result of our working partnership to serve homeless youth with YouthCare.

Outpatient clients receiving Ryther services resided in 17 Washington counties, with 95% coming from King County (74%) and Snohomish County (21%). About 14% of all therapy hours provided by Ryther are provided in group settings.



It should be noted that Ryther’s outpatient program is not a clinic for the “worried well.” For instance, included in the Mood and Anxiety Disorder category are a large number of patients with repeated suicidal gestures. In the Post-Traumatic Stress Category clients are experiencing functional disruption at about the level of man Gulf War veterans. Substance Use Disorders involve treatment in both individual therapy and Intensive Outpatient Treatment. The addiction issues often include Heroin and Cocaine addictions.

Ryther regularly surveys parents as to their satisfaction with the services their families received. Typically the return rate for the Ryther mailed questionnaire is about 35%. The responses to questions asked in the survey have a positive rating 96% of the time. On the key question of whether or not they would refer someone else to Ryther, 100% of respondents say yes.

Outreach Services to Other Agencies

As noted in the discussion of the age groups of outpatient clients, Ryther does provide outreach mental health and chemical dependency services to other agencies. In particular, Ryther partners with YouthCare in Seattle to provide such services to homeless youth up to age 29. In the nearly two years of the history of running this program, Ryther has served 109 clients at YouthCare sites.

- 61% of the youth had a co-occurring substance use and mental health disorder.
- 66% are currently or were recently hospitalized in a psychiatric inpatient unit.
- 54% have expressed suicidal intentions or engaged in self injurious behaviors.
- 19% have histories of incarceration in the criminal justice system.

The incidence rates for all the aforementioned problems and issues among the Ryther/YouthCare clients is much, much higher than for the populations at large.

Ryther leadership reviews the highest-risk clients every month, and Ryther/YouthCare clients typically account for 50% of that list. The goal for many of these clients is simply to help them stay alive in an environment where suicide and homicide claim an alarming number of kids.

Other Programs: Aspiring Youth and Foster Care

Aspiring Youth provides services directed at high-functioning autism spectrum disordered children and youths with a history of dysfunctional behaviors including Attention Deficit Hyper-Activity Disorder. The services offered by this program are primarily delivered in off-campus locations in King County. The largest element is the Summer Day Camp program, through which over 250 children ages 9-18 are served. These services are in high demand and the home situations from which the kids come are usually normal but highly stressed as a result of the child's behaviors. Ryther deems these services as not meeting definitions of individual medical necessity, but are vital for the health and well-being for families.

Ryther's Therapeutic Family Care/Treatment Foster Care

The TFC program has shrunk dramatically in recent years. Now only 6 to 8 children are served per month. Foster Care programs of all kinds in nearly all providing agencies statewide are facing similar problems. Private "Child Placing Agencies" (as differentiated from State DSHS foster care) are facing serious difficulties in recruiting foster families. Some of this is due to an improved economy where the funds to be gained from being a foster care provider have become less important as employment opportunities have bounced back. At the same time, Washington's DSHS requirements for foster family licensure have become more intrusive and time consuming thus discouraging people from going through the ordeal. Perhaps the most curious issue is that it may be that the State Children's Administration and Department of Licensing are shooting themselves in the foot.

Placement stability is considered a foundational requirement and minimal standard for responsible programs. A recently obtained Children's Administration internal document reveals that in FY 2015, 2,287 children in State Foster care experienced three or more placements, with total placement episodes exceeding 9,208. In Region 2 (King & Snohomish County), there were 3,468 placement changes in FY 2015 for 787 kids in care, averaging 4.6 placement changes per child. Perhaps more troubling are the "Top Areas of Concern" the document lists by region. Those concerns include:

- Use of makeshift placements (hotel rooms etc.) requiring staff to stay or pay high payment rates.
- ***Making high numbers of risky placements***
- Overuse/misuse of foster homes.
- Payment rates for some children do not adequately match the child's needs.

Ryther's TFC program provides a wide array of options to those families who need support to avoid placement disruption. TFC continues to face the obstacles thrown before us by the foster care system, though the future is, accordingly, uncertain.

Significant Ryther Changes in 2014-2015

In February, 2015, Ryther closed its Chemical Dependency Cottage for Adolescent Boys. The program could no longer be sustained on reimbursement rates from the State that remained less than half the actual cost to provide the service. The Girls' Cottage was closed in 2011 for pretty much the same reason. Residential Inpatient Chemical Dependence treatment for teenagers is vital yet nearing extinction due to program closures. Elected and appointed governmental officials have been warned that this would happen. They sadly elected to do nothing.

Conclusion:

Ryther has been - and remains - a unique child-serving nonprofit organization. As noted in the opening segment of this report, Ryther is working in a field and with a clientele that is grossly underserved at best and inappropriately served at worst. It has been very well proven that unresolved issues and problems stemming from the “chemistry of stress” have enormous downstream costs to our government and society. Those financial costs, in the end, are then dwarfed by the cost of the attendant human suffering.

Be assured that Ryther will continue to serve and advocate for suffering children. Thanks to our generous donors, a dedicated and talented Board of Trustees, our devoted group of volunteers, including the Ryther League, and committed and passionate staff, Ryther will continue to make progress and the children will be helped.