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From the Ryther Child Center League, \$98,000 in unrestricted funds, \$1,988 for the warm coats fund, and \$1,775 for new shoes

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\$1,675: Botanical Designs

\$1,500: Martin & Ann Dirks; Lauren & Phil Neiswender; and, Eric & Alissa Tanaka

\$1,300: Nancy & Thomas Steele

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Thank You to Our In-Kind Donors:

\$3,000: Aviation Capital with 12 office chairs

\$2,500: Pacific Northwest Ballet in tickets to the Nutcracker for foster families

\$1,925: Seattle Aquarium for 140 tickets

\$1,414: Fruhling, Inc for play chips

\$1,380: Russell Okung for Seahawks tickets

\$1,000: Redmond Athletic Club for Thanksgiving food baskets for families



Healthcare Neighborhood: From Concept to Reality An interview with Dale Jarvis, CPA, Managing Consultant

Q: Will healthcare reform really change the healthcare system?

DJ: Right now what we have—a “sick care system”—is not a true healthcare system because money only starts flowing in large quantities after someone becomes sick, and very little money is available for prevention, early intervention, primary care, behavioral health, and other support to help people move toward health. The \$2.5 trillion a year healthcare system in this country is a large ship that isn't going to turn around on a dime. But we know how to change it, and it starts with changing the payment system so that we're spending more money further up stream, for example, helping to prevent health conditions from becoming chronic health conditions. And when people do get hypertension, asthma, diabetes, they get really good support to help them manage these conditions.

Q: What examples can we learn from?

DJ: In Denmark, they started moving towards prevention and early intervention and much better primary care about ten years ago and they've reduced the number of hospitals by 40% simply because they've helped keep people healthier. Less money is being spent on inpatient services and very expensive specialty services, and more money is going to primary care services. In Pennsylvania, Geisinger Health System has reduced inpatient hospitalization by 20% by doing these same changes. There are six words that describe where we need to move: better health, better care, reduced cost. So we can, by moving further upstream, reduce the cost in healthcare if we change the payment and service delivery systems to match what we know works not only in other countries, but in a number of places around the U.S.

I've been describing this new healthcare system as the Healthcare Neighborhood. This is a very important concept. There's a great example in Atlanta, GA at a center called the Neighborhood Union Primary Care Partnership, which serves inner-city Atlanta. It has developed one-stop shopping for the community's health and wellness needs – well patient care, sick patient care, WIC, nutrition education, oral health services, behavioral health services, as well as services you may not expect including employment assistance, vocational rehab services, housing assistance, a farmer's market, a community garden, and a walking trail. But it's interesting when you stop and ask “what do folks in inner-city Atlanta need to move towards health?” It's all the things that they offer at this center. This is what I call true healthcare reform—when we see these centers coming together around the country and being adequately funded, we will know we're on our way. There's a great deal in the new federal law that supports the development of these Healthcare Neighborhoods through grants and reprioritization of funding and new payment models.

Q: If things are going to change the way you predict, how will this affect young people and families served by Ryther?

DJ: What Ryther does is going to be essential in the Healthcare Neighborhood. To illustrate, let's think about a single mom who is working for minimum wage with two kids and she has diabetes and major depression. Her kids are having a hard time in school, and right now there's not enough funding generally to help her manage her depression, and the system doesn't do a very good job helping her manage her diabetes. It's very clear that because the payment models are changing to incentivize her moving towards health, we're going to need to have a system in place that helps her manage both her depression and her diabetes. There's no way she'll be able to manage her diabetes if we ignore her depression, but if you add in her getting an eviction notice, there's no way she will be able to manage her depression or her diabetes, and her kids

From the Executive Director

A discussion recently about what Ryther “is” reminded me of the parable of the seven blind men describing an elephant using their impressions gained from touching various parts of the animal. All organizations produce the same diversity of descriptions depending on the perception of the viewer. To many hundreds of families and children, Ryther is an outpatient office where psychotherapy is performed. To other families, Ryther is the social worker who comes to their home to help them develop more effective parenting skills. Whether as foster care provider, or a purchaser of insurance, or as a donor, the meaning of Ryther will be different depending on your point of view. If there is one definition that does capture the essence of Ryther, it most certainly has changed radically from 1885 to 1935 to 1955 and is continuing to change.

If you had been on a long interplanetary space voyage leaving in 1975 and returning today, you might believe that Ryther is a long term residential placement for troubled children. You might be very surprised to learn that less than a third of our clients ever live on campus and those that do are very seriously emotionally disturbed and stay for much shorter periods of time. This begs the question of what will Ryther be in the future?

Ryther is like every other kind of charitable enterprise; the future is not guaranteed. It is up to us to determine what Ryther must do and how it must change to survive so that there will always be a Ryther to help abused and neglected children. The current transformation of Washington’s child welfare system is a stark reminder that the world in which Ryther has existed has changed radically and is changing at an ever increasing pace.

Describing Ryther in physical terms in the future simply won’t be adequate. Ryther must move from being a ‘place’ to being an idea or set of ideas that can remain relevant and meaningful in the changing world. Ryther’s identity should incorporate at the very least compassion, kindness, up to date competence, integrity, flexibility and leadership. For Ryther to be considered only a place is like saying correspondence is a letter with a postage stamp. Healthy children and stronger families will always be the point of what we do, but we must begin to understand that the opportunities as to how and where we serve them are unlimited.



Lee Grogg: Executive Director/CEO

A big heartfelt “Thank You” to all of our partners who brought holiday happiness and joy to so many children and families served by Ryther.



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Interview with Dale Jarvis:

are not going to thrive if they become homeless. In this Healthcare Neighborhood, in order to help the mom and her kids, it's about thinking about the whole person and what do we need to help this family have a stable life, secure housing, support to move towards health, and services to help kids who are struggling. People realize that that's where we need to go if we're actually going to fix the healthcare system.

Q: What is Washington State doing to prepare for this new world?

DJ: There are a handful of strategies to move toward a true healthcare system. The first is we need to develop patient-centered Healthcare Homes that are basically primary care clinics oriented toward prevention and early intervention and get paid to do those services. Washington State is one of the states actually leading the charge in supporting the development of these. There's another term that people are going to hear called an accountable care organization (ACO), which is what I describe as homes for Healthcare Homes, and it's a network of providers of specialists and hospitals that are all centered around the primary clinic—the Healthcare Home—and those providers are organized in such a way that they all have shared information, they're working together to help people move towards health, they are coordinating care much better and they're getting paid to the degree based on whether they are helping people move towards health. The incentives are changing, and Washington again is one of the states that is leading the design of these accountable care organizations. Group Health has been selected to provide technical assistance to two ACO pilots in the state. The third thing that Washington is working hard on is integrating primary care, mental health and substance use disorder treatment so that the system is not fragmented like it is now and we move towards that Healthcare Neighborhood of one stop shopping. Finally, the state is piloting new payment models that stop paying for volume and start paying for value—so that money just doesn't flow after people get sick, but money flows to help keep people healthy.

Q: What is the most important idea readers should remember from this interview?

DJ: We need to break out of this mold of a sick care system and start expecting better from our policy makers and our healthcare system. We need to be vocal about the need for a Healthcare Neighborhood that promotes better health, better care and reduces cost. It's not that simple, but it is that simple. It's really about changing our expectations and having a picture about what a true healthcare system can look like and demanding that's what we get.



The League's presence was felt this past holiday season, and this includes their biannual donation of \$98,000 that was presented at the all-League Holiday Luncheon. Other festivities included Noel Unit's Christmas Luncheon, where funds were raised for programs and warm winter wear. Children in Ryther's Sub-Acute Care program had the happy experience of "shopping" for those most dear to them at the League's on-campus Holiday Store, and Metropolitan Unit's art volunteers helped brighten the dreary days with creative activities. Thank you League members for bringing workplaces, families and friends together to make the holidays cheerful for our children, teens and families. If you would like to get involved or attend a League event, visit the League web site at rytherleague.org.



UW Beta Theta Pi fraternity members, alumni and parents worked for hours in the rain to clean up and improve Ryther's campus. Beth Theta Pi is the Ryther League's first all-male unit and will "adopt" Cottage B with visits & drives.



WPIG (Women's Philanthropic Investment Group) again visited Ryther to lead a Halloween craft night with the kids during Volunteer Appreciation Night. They really made the night a success!

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Thank You 2010 Sponsors!

Over \$154,000 was raised at the 125th Anniversary Luncheon for programs to help children and families learn new ways of thinking, develop positive relationships and realize a better life. Thank you to Keynote Speaker, Diane Irvine, CEO of Blue Nile and to Jean Enersen, King 5 News Anchor and Mistress of Ceremonies.

Jacquie & Michael Casey



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Save the date for the 2011 Luncheon to be held November 10, 2011 at the Grand Hyatt Seattle.