

VALLEY | CITIES

Behavioral Health Care

A HISTORY OF CHANGING LIVES

Established by community members of South King County in 1965 and a United Way agency since 1967, Valley Cities has provided services for over 50 years. Valley Cities delivers compassionate care at 11 comprehensive outpatient clinics along with licensed mental health counseling and substance use disorder treatment for clients; homeless outreach services and housing programs; and specialized services that deliver counseling and family support to veterans and their families. Our skilled care team believes that our clients are in charge of their recovery and provides a judgement-free zone to develop the right treatment plan for their unique situation.



MESSAGE TO THE COMMUNITY

Now, more than ever, the need for effective and high quality behavioral health care is apparent. In King County, upwards of 500 people die from opioid overdose every year. The suicide rate in our country is now the second leading cause of death for young people. Individuals and families in our region continue to struggle with homelessness, trauma, fear, and depression that comes with living without shelter and security.

Although these problems are daunting, our employees are compassionate, skilled and committed to our mission to improve the health of the communities we serve. Our organization strives to provide healing and recovery on a consistent basis. As a team, we meet challenges head-on and provide efficient solutions while enhancing our clients' resilience. We see the hope and new life that behavioral health treatment brings. Treatment works and recovery is possible!

With another year of growth and innovation at Valley Cities, we strive to meet these challenges, along with our community partners. We remain dedicated to bringing the highest quality of client-centered, comprehensive behavioral health care to our service communities. There are many accomplishments from the past year to celebrate. Some highlights from 2017 include:

- Opening of our Recovery Place Seattle: An inpatient residential Substance Use Disorder treatment facility.
- Launching of our Medication Assisted Treatment in Community Health (MATCH) program to provide rapid, low-barrier access to treatment for individuals addicted to opioids.
- Doubling the size of our Wraparound program that is dedicated to system navigation and building supports for families of youth with acute behavioral health challenges.
- Expanding our evidence-based psychotherapy programs, including Cognitive Behavioral-Therapy for Psychosis.

With a heavy emphasis on client relations and providing excellent consumer experiences, we are proud to announce that patient satisfaction scores continue to trend upwards and be strong. All while creating a stable and rewarding place for our employees to grow and meet their goals.

We look forward to 2018 with all the opportunities it will hold. As always, we are grateful for the privilege of serving the people in our communities through your support. There is a lot more to be done!

Sincerely,

Skelk Ali

Shekh Ali



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OPIOID EPIDEMIC WILL BE ENDLESS IF WE DON'T DO THIS

BY CHRIS HEIDIE

Social stigma accompanies the opioid crisis and prevents many people from seeking the help they need. The popular misconception is that addiction is some sort of moral failing; that it is simply picking the wrong choice. When society insists that addiction is a choice, it perpetuates a culture of guilt and shame, which inevitably keeps addicts from seeking help.

In order to truly fight this crisis, public discourse needs to change. As leaders and citizens in cities, states and the nation realize how wide-ranging the scope of the opioid crisis is, the question of what to do next should be a key part of the health care discussion.

In 2016, more Americans died from a drug overdose than died in the Vietnam and Iraq wars -- more than 64,000 -- combined. This sobering statistic sheds light on the fact that America is embroiled in the largest drug epidemic in US history.

For many years of my life, it seemed that I would become nothing more than a victim of my addiction. But I am one of the fortunate souls who had a chance at recovery. At 21, I was prescribed opioid pills, by a medical professional, for back pain. Slowly -- but surely -- I became addicted, and in just a few years, my life was falling apart. Without treatment, I would have become a part of the staggering overdose statistic.

I was 25 years old when I first went to rehab. I was in denial about being an alcoholic and drug addict. I understood that I had a prescription pill problem, but I continued to dismiss the notion that the pills were the reason my life was in shambles. I couldn't see that they were slowly killing me and affecting my family. And the idea that I would be sober for the next 50 years of my life terrified me. I didn't believe that I could be happy in life without some sort of chemical dependence, and I was willing to sacrifice anything that inhibited my dependence.

You don't know you are addicted until it is too late. I still had a home, a boyfriend and money. I abused my support system's weak boundaries. I was still capable of manipulating my mom, sister, friends and other sober people who supported me, to feed

my disease. The temporary high that I craved replaced my unresolved feelings of not belonging.

92 Million

Americans

38% of the population

were prescribed

opioids in 2015

After only 28 days of rehab in 2011, I relapsed. I fed my addiction with other opiates, justifying my freefall through denial: As long as I avoided my drug of choice, I wasn't addicted, right? I lost everything, including friends and family. And jail -- even death -- became very real possibilities. I had no friends, and my family had exiled me from any family celebrations. The noose was tightening.

Recovery after such a tortuous and destructive relapse was the most difficult thing I have ever had to do. I had to relearn how to be a human being again. I had to relearn how to be an adult, how to care for others, and how to keep my word. I had to face my personal issues head-on and learn how to cope.

I didn't have a choice. I knew that if I relapsed again, I would surely die. This was my last shot at recovery. I reached out for help.

People seeking help need access to affordable treatment. Low-income and uninsured addicts may not have access to professional rehabilitation clinics, which are very expensive, but offer the greatest rates of recovery. Personal treatment is possible, but has the highest rate of relapse. Often, many people opt for incarceration, which provides health care treatment paid for by the city or state.

Prevention remains elusive. Although every state has a Prescription Drug Monitoring Program (PDMP), which aims to identify and prevent prescription drug abuse, only 16 states require medical providers to use PMDPs. PMDPs are a top-down approach to the crisis, but more can be done to educate from the bottom up.

More than 92 million Americans -- 38% of the population -- were prescribed opioids in 2015, where an average of 5% of adults were misusing the drugs. Many times, doctors have no idea that their patients are more naturally susceptible to abusing opioids, and some patients -- myself included -- had no idea until it was too late

Beating the opioid crisis will require more than administrative changes in health care policy. It will require educating people on the serious dangers of abusing prescription drugs, more collaborative monitoring of prescriptions among state governments, and -- culturally -- learning how to accept those with the disease through destignatizing addiction. Until then, Americans will continue to succumb to a preventable disease that will taunt them for the rest of their lives.









JOHN CALKINS MATCH RECOVERY STORY

"I was hopelessly addicted. I was so utterly ashamed of myself that I couldn't even look at myself in the mirror. I would've sold my soul for opiates. I didn't care who I was hurting, I would do anything to get the drugs I needed."



John Calkins describes his relationship with drugs back when he was using both heroin and meth on a daily basis, prior to his initial engagement with one of Valley Cities' newest programs, **MATCH**.

MATCH, which stands for Medication Assisted Treatment and Community Health, was initiated in the summer of 2017 as part of Valley Cities' response to the nationwide opioid crisis. The MATCH team seeks to provide low-barrier, rapid access to medications such as Suboxone and Vivitrol that not only save lives, but have also demonstrated impressive

effectiveness as a component in the treatment of opioid use disorders.

"Being an addict just wasn't working for me anymore," John explains. "I'd burned every bridge I had. I wasn't even sleeping in a tent at that time. I was just sleeping on the ground with a blanket over me and my dog." One morning, John woke up with a clear-headed determination to get help.

MATCH
Medication Assisted
Treatment and
Community Health

However, John's first attempt at accessing the treatment he knew could be a life-changer was discouraging. He learned that there was a months-long waitlist for individuals to get started on Suboxone via the Downtown Public Health clinic. Fortunately, social work staff at Public Health pointed John in the direction of **MATCH**.

Hours later, John walked-in to Valley Cities' Rainier Beach clinic seeking more information about **MATCH**. John could complete his intake, and medical staff arranged for his initial Suboxone prescription—the same afternoon. Shortly after, John managed to gain some control over his use of substances, came to be recognized as a hardworking, reliable employee for the bikeshare company that employs him. He bettered his housing situation, and started addressing some of the dynamics that contributed to his chemical-dependency issues: "I am rebuilding relationships with my family and being more patient. I'm learning better outlets to relieve stress."

Working with his **MATCH** care navigator and nurse care manager, John's connections with Valley Cities quickly broadened to include additional supports. Once John became successfully connected with a clinician and care coordinator at Valley Cities' Pike Place clinic, he could 'graduate' from **MATCH**. His Suboxone prescription was transferred for long-term management to his new 'health home.'

"I really get the feeling that my care team honestly

Cares, and that helps me focus on staying positive."

Asked to identify what about **MATCH** and Valley Cities has worked best for him, John notes the importance of personal connections: "I really get the feeling that my care team honestly cares, and that helps me focus on staying positive. They're patient and understanding. I don't feel I have to lie, or sneak around. I can be myself here, and that's a big thing."

Looking back at how far he has come in less than a year, John states: "My life has improved ten-fold. When I first came in these doors, I was probably digging a trench because my head was hung so low. I'm really thankful I could get help at the exact time I was ready. Now, I'm very proud of myself and keep my head held high. Valley Cities has helped me get my life back!"



Inevitably, John will encounter challenges and hiccups on his recovery path. However, with the successful relationships he has formed and the personal resilience he has cultivated, John's successful engagement and progress will continue with the dedication and support of Valley Cities.

SENATOR MARIA CANTWELL

Deaths involving drugs or alcohol in King County increased from 348 in 2016 to 379 in 2017.

percent were due to heroin and opioids, including fentanyl.

On February 22nd, 2017, Valley Cities had the honor of hosting Senator Maria Cantwell, along with other city officials, who spoke at the opening week of our new Recovery Place Seattle on efforts by local leaders to combat the opioid crisis in King County, and across Washington State.

There was a sense of urgency and energy in the room as Valley Cities leadership and board provided a brief introduction about the opioid crisis and insight on why this epidemic is so critical. Valley

Cities is passionately making moves to help battle the situation and are excited to take on this crisis with the support of Senator

Cantwell. Deaths involving drugs or alcohol in King County increased from 348 in 2016 to 379 in 2017, 69 percent were due to heroin and opioids, including fentanyl. The opening of the recovery place in Seattle is a big step forward in a proactive approach to help the King County Community. Valley Cities is looking to expand their recovery places and will be opening a new location in Kent very soon. We hope to impact the lives of many people and create a community where friends and family can seek personalized help and have a confident approach about their recovery and overall quality of life.

Realizing

this is the

worst drug

overdose epidemic

United States, Senator

a one-billion-



A brave man by the name of Noah Van Houten also shared a few words about his experience. Being a firsthand user of drugs, Noah was exposed to Vicodin at an early age and quickly jumped

> to an OxyContin addiction. With little to no hope, Noah became a part of the crisis and frequently started using heroin. Noah told his story

and experience with the drug and how he was lucky enough to overcome it and become an advocate for cleaning up the crisis at hand. Real life examples like Noah, provide hope and positivity to those battling an addiction. Valley Cities is working to help combat the opioid crisis and will continue to in the history of the

be an impactful resource to the community.

Cantwell is focusing on As Senator Cantwell leads the charge around the opioid crisis, she wanted to thank Valley Cities and their dedicated approach to helping the community in relation to opioids and creating a better place for all residents. Realizing that this is the worst drug overdose epidemic in the history of the United States, Senator Cantwell is focusing on a one-billion-dollar program that concentrates on prevention of drug use, treating opioid abuse, education for the public, and the overall dangers of opioid use.

With the help of our City officials, Valley Cities will continue to exercise our mission towards healthy communities where every person can achieve their fullest potential.



MENTAL HEALTH FIRST AID

Mental Health First Aid originated in

Australia in

2001 and was brought to the United States in 2008

and **NOW** is being taught worldwide.

1 in 4 adults suffer from a diagnosable mental disorder in a given year and 45 % of people go without treatment.

Mental Health
First Aid is
an interactive
8-hour course
that teaches risk
factors, warning
signs, and signs and
symptoms of mental
health disorders such as

anxiety, depression, substance use, and others. An action plan, ALGEE, is learned to help guide a conversation with someone that may be experiencing some of these signs. ALGEE stands for A- Assess for risk of suicide or harm, L- Listen nonjudgmentally, G- Give reassurance and information, E- Encourage appropriate professional help, E- Encourage self-help and other support strategies.



Mental Health First Aid participants spell out ALGEE with their bodies.



Sue Wyder with one of her service dogs she trains

Valley Cities has been offering Mental Health First Aid to the community since 2008. Valley Cities just recently successfully completed an 18-month contract with Providence Saint Joseph Health to provide mental health first aid trainings.

Sue Wyder, Mental Health First Aid instructor and Program Manager at Valley Cities believes strongly in this program. "I have seen the impact in our communities by reducing stigma and talking more openly about mental health disorders. The participants taking the trainings become more confident with practice and understanding of signs and symptoms and how to help someone in crisis, getting them connected to professional help, and often, saving a life."

"I have seen
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disorders."

Valley Cities and King County are in a contract to improve health and wellness of individuals living with behavioral Health conditions. This initiative

Valley Cities
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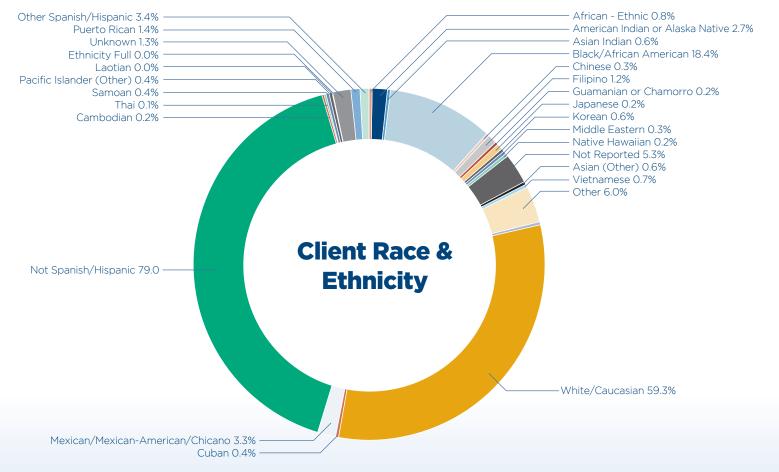
MHFA instructor Sue teaching a course.

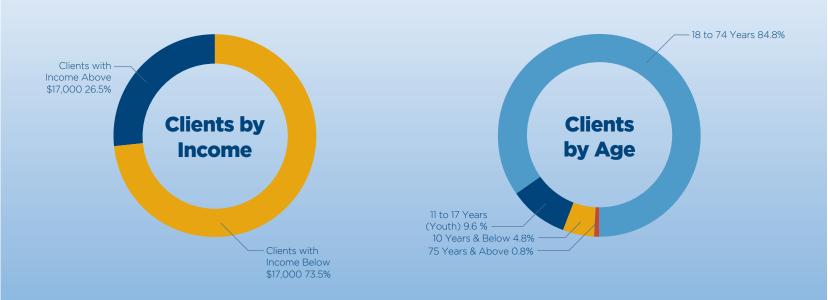
is being funded by Mental Illness and Drug Dependency

(MIDD). This initiative began in January of this year. Sue Wyder, King County Mental Health First Aid Coordinator reports that currently 32 trainings have been provided, 11 of those for the public, and over 500 new Mental Health First Aiders certified, with 12 more trainings scheduled. Many see the value in this most important program. In October, a Washington State Summit will be held for our state Mental Health First Aid instructors to educate, collaborate and celebrate this special group of dedicated people.

Mental Health First Aid can make a difference, be the difference, and impact our communities one training at a time.















GROWTH IN SERVICES MENTAL HEALTH AND CHEMICAL DEPENDENCY



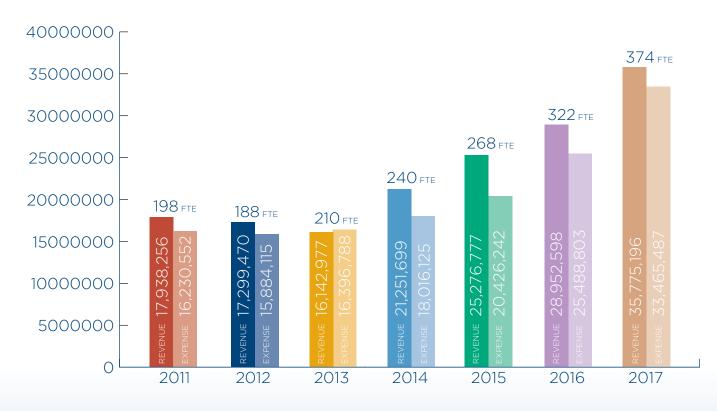
GROWTH IN REVENUECONTRACTS AND OTHER REVENUE

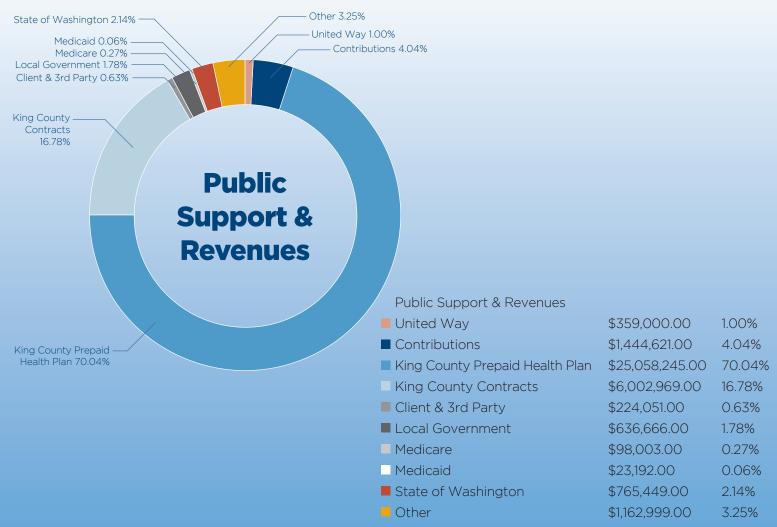
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TREND OF CONSOLIDATED FINANCIALS AND FTE'S

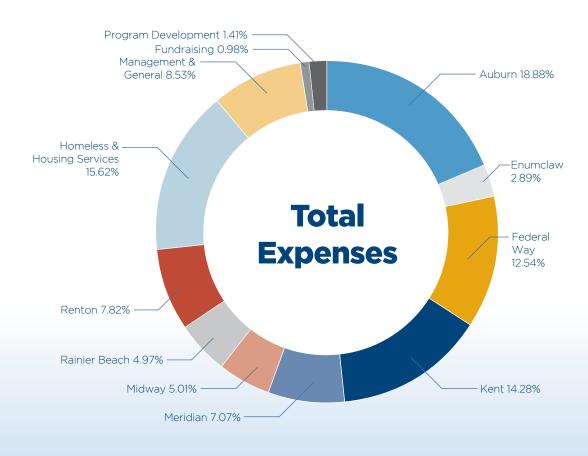






VALLEY | CITIES

Behavioral Health Care



Total Expenses

Ì	Auburn	\$6,318,716.00	18.88%
	Enumclaw	\$966,432.00	2.89%
Ì	Federal Way	\$4,195,294.00	12.54%
ı	Kent	\$4,777,703.00	14.28%
ı	Meridian	\$2,367,334.00	7.07%
	Midway	\$1,676,645.00	5.01%
	Rainier Beach	\$1,662,272.00	4.97%
Ì	Renton	\$2,615,540.00	7.82%
	Homeless & Housing Services	\$5,228,774.00	15.62%
	Management & General	\$2,856,052.00	8.53%
	■ Fundraising	\$328,943.00	0.98%
Ī	Program Development	\$47178100	1 41%



Rona Aldwell Donald Alexander Shekh Ali Lynn and Stephen Allar Ron Allen Brian Allender Carol Allender Dave Allender Kate Allender Gerry Amaral Janice Anderson Jerilyn Anderson Katie Anderson Nathan Angle Andy Ankrum Stephanie Annunziata Cheryl Armstrong Miranda Armstrong Sheri Fonnesbeck Marc Avery Nancy Axell Matthew Bagnulo Debbie Baker Susan Ball Patty Barber Holly Barrett Sheila Bartlett Ross and Penny Bartley Anna Battles Jim & Monica Battles Martha Battles Millard & Martha Battles Sharon Baughman Gordan & Susan Baxter Gordon and Nadine Baxter Stephanie Beal Anne Beardsley Henry Beaupain Denise Bennatts Tony Benton Brian Bergstrom Richard Berley Frank Bestor Lin Beuerle Jan Bieberstein Mary Bigham Walt and Judy Bishop Jackie Blair Dave Blake Sarah Blake Tamara Bod Cynthia Bonilla Lucas Bonnema Brian Borgstadt Amanda & Branden Bowie Ben & Sarah Boye Chris Bradley Donald Branesky Steven and Sandra Brannon Kelly Bray Kim Brazier Amye Bronson-Doherty Howard Brown Kelly Brown Michael Brown Mike Brown Sandra and Craig Brown Lisa Bruce Ouida Bryson Nancy Buckus Do Bui Dr. James & Jeanne Burbidge Channie Butler Thomas Calvin Laura Cariveau Molly Carney Deborah Casey Alice T. Castleberry Neil and Alice Castleberry Laureen Catt Edward Cavalieri Heidi Cecil Darrel Dietz and Suzanne Chaille Ian & Thissila Chaplin **Eddie Chavez** Dawn Cherne

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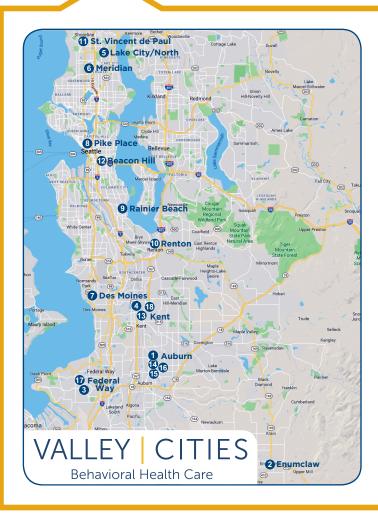






LOCATIONS

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Outpatient Clinics:

- 1. Auburn 2704 "I" St. NE Auburn, WA 98002
- 2. Enumclaw 1335 Cole St. Enumclaw, WA 98022
- Federal Way 1
 1336 S 336th St.
 Federal Way, WA 98003
- 4. Kent 1 325 W Gowe St. Kent, WA 98032 (Billing Address)
- 5. Lake City/North Help Line 12736 33rd Ave. NE Seattle, WA 98125
- 6. Meridian 10521 Meridian Ave. N Seattle, WA 98133
- 7. Midway/Healthpoint 26401 Pacific Hwy S Des Moines, WA 98198
- 8. Pike Place 1537 Western Ave Seattle, WA 98101
- 9. Rainier Beach 8444 Rainier Ave S Seattle, WA 98118
- 10. Renton 221 Wells Ave S Renton, WA 98057

 St. Vincent de Paul - Aurora 13555 Aurora Ave. N Seattle, WA 98133

Inpatient Facilities

- 12. Recovery Place Beacon Hill 1701 18th Ave. S Seattle, WA 98144
- Recovery Place Kent
 505 Washington Ave.
 Kent, WA 98032 (coming soon)

Housing areas

- 14. VCL 2516 I ST. NE Auburn, WA 98002
- 15. VCP 3858 D Place SE Auburn, WA 98002
- 16. Phoenix Rising 915 26th St. NE Auburn, WA 98002

Administrative Only

- 17. Federal Way 2 33405 8th Ave. S Suite 200 Federal Way, WA 98003 (ADMIN)
- 18. Kent 2 610 W Meeker St. Kent, WA 98032