Swedish Community Health Needs Assessment - Ballard 2016-2018
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**The Needs Assessments:**

Included in each CHNA is:

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Executive Summary

Swedish Medical Center is a founding member of King County Hospitals for a Healthier Community (HHC) a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. For this report, HHC members joined forces to identify the most important health needs in the communities they serve and to develop strategies that address those needs. HHC members have also worked together to increase access to healthy foods and beverages in their facilities and to address access-to-care issues by assisting with enrollment of residents in free or low-cost health insurance.

Using the HHC Assessment as a foundation, each of Swedish hospitals developed its own CHNA and implementation strategy reflecting the findings from the collaborative. The final implementation plans, including the original Health Department assessment are available on page 7.

Of special note, Swedish Edmonds uses data from King County and Snohomish County and in 2016, the Swedish Cancer Institute developed a CHNA.

These Community Health Needs Assessments (CHNA) are a collaborative product that fulfills Section 9007 of the Affordable Care Act. Each CHNA presents data on:

- Description of the Community
- Life Expectancy and Leading Causes of Death
- Chronic Illness

We invited community coalitions and organizations to tell us about the assets and resources that help their communities thrive. The assets most frequently mentioned were existing partnerships and coalitions, community health centers, faith communities, and food programs.

We also asked community representatives to identify concerns about health needs in their communities. Common themes included:

- The importance of a culturally competent workforce in addressing health disparities.
- Acknowledgement that health is determined by the circumstances in which people are born, grow up, live, work, and age, which are in turn shaped by a broad set of forces.
• The need for hospitals to engage with communities and develop authentic partnerships.

• The influential role of hospitals as anchor institutions in addressing social, economic, and behavioral factors.

**Identified Health Needs, Assets, Resources, and Opportunities**

The report integrates data on HHC’s “identified health needs” with input from community organizations about assets, resources, and opportunities related to those needs:

**Access to Care:** Lack of health insurance is common among young adults, people of color, and low-income populations. For 1 in 7 adults, costs are a barrier to seeking medical care. Opportunities include providing assistance to the uninsured or underinsured, addressing issues of workforce capacity and cultural competence, ensuring receipt of recommended clinical preventive services, supporting non-clinical services, and increasing reimbursement for oral health care.

**Behavioral Health:** Access to behavioral healthcare, integration of behavioral and physical healthcare, and boarding of mental health patients were identified as key issues. Opportunities include use of standardized referral protocols, coordinated discharge planning, and increased capacity for integrated healthcare.

**Maternal/Child Health:** Disparities in adverse birth outcomes persist, and the percentage of births in which mothers obtained early and adequate prenatal care is too low. Community-based organizations stress the importance of quality prenatal care and ongoing social support, as offered by home visiting programs.

**Preventable Causes of Death** include obesity, tobacco use, and lack of appropriate nutrition and physical activity. More than half of adults and 1 in 5 teens are overweight or obese, so increasing access to healthy food and physical activity is critical. In the face of declining resources for tobacco prevention/cessation and persistent disparities in tobacco use, evidence-based opportunities include anti-tobacco messaging and brief clinical tobacco screenings.

**Violence and Injury Prevention:** Deaths due to falls and suicide are both rising; and distracted/impaired driving concerns both community members and law-enforcement officials. Opportunities include regional coordination and standard implementation of best practices in violence injury and prevention (including prevention-related primary care assessments/screenings).
The HHC collaborative and individual hospitals and health systems plan to partner with community coalitions and organizations in implementing the strategies informed by this assessment and other tools. Working together, hospitals/health systems and communities can reduce healthcare costs and improve the health of all people in King County.

Acknowledgements

We express our sincere gratitude to participants who provided feedback during the community health needs assessment and for our subsequent health implementation plan. Appendix 4 includes a complete list of all invited participants. Many attendees may have participated more than once in various meetings and community presentations.
Swedish Community Needs Assessments

Creating healthier communities, together

We’re pleased to present the 2016-18 Community Health Needs Assessments for each of our five hospitals. These assessments identify the most pressing health needs in the communities we serve, and include implementation strategies to help address those needs.

As a member of the King County Healthier Hospitals Coalition a collaborative of all 12 hospitals and health systems in King County and Public Health-Seattle & King County. For this report, HHC members joined forces to identify the most important health needs in the communities they serve and to develop strategies that address those needs. In the resulting report, the Health Department developed the following list of priority health needs:

- Access to Care
- Preventable causes of death
- Maternal/child health
- Behavioral health
- Violence and injury prevention

Using these priorities as a baseline, and diving deeper into specific community need for their catchment area, each Swedish facility and the Swedish Cancer Institute developed its own CHNA and Implementation Plan.

The final CHNAs and implementation plans — including the original Health Department assessment — are available below:

- Swedish Ballard Hospital
- Swedish Edmonds Hospital
- Swedish Issaquah Hospital
- Swedish Seattle -First Hill and Cherry Hill Hospitals
- Swedish Cancer Institute
- Healthier Hospitals CHNA

As health care continues to evolve, Swedish is responding with dedication to its Mission and a core strategy to create healthier communities, together. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop collaborative solutions to fulfill unmet needs while continuing to strengthen local
resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations. Through strategic programs and donations, health education, charity care, medical research and more, Swedish provided more than 133 million in Community Benefit in 2014.

About Swedish

Our Commitment Goes Beyond Words

At Swedish, our commitment is more than something we strive for. It’s reflected in everything we do. It’s part of who we are, and it begins with our dedication to our patients and the health of our region.

Swedish is committed to creating a culture that values patient safety above all else. This is evidenced in the way we provide ongoing training to our staff of more than 10,000 employees, with an emphasis on error prevention tools, techniques for clear communication, and team support exercises.

We owe much of the continued growth of our health system to our ongoing initiative to promote sustainability at every level of our organization.

Our No. 1 priority: Quality Care and Patient Safety

Since our founding in 1910, Swedish has been at the forefront of patient safety and care quality. When founder Dr. Nils Johanson arrived in Seattle more than a century ago, he quickly discovered there were no hospitals that lived up to his standards for care quality and sterile technique. And so he created one. Dr. Johanson’s legacy and leadership live on today at Swedish, where our highest priority continues to be on quality and safety for every patient. Learn more about our quality and safety.
An Excellent Setting for Exceptional Work
At Swedish, we're not only committed to being the best place to receive care, but also to being the best place to work.

Since our founding more than 100 years ago, Swedish has grown into the Greater Seattle area's largest, most comprehensive medical system. We think we've also become the best hospital to work for in the Pacific Northwest.

We are proud to foster a vibrant, supportive work environment, with individualized orientation, continuing education and ongoing opportunities for professional advancement. We also reward our people with generous compensation and benefits.

When you work at Swedish, you work alongside some of the most skilled and dedicated professionals in health care. You also work in one of the most desirable areas in the country, in the heart of the Northwest and at the leading edge of medicine.

We Do Our Best Work by Working Together

The people of Swedish are motivated by shared values and professional standards to do our best, not just for our patients, but for each other as well.

Together, we create a culture that values quality on behalf of the patient and empowers staff to take action. You only need to look as far as the patient-safety huddles that take place daily at our campuses to alert team members to potential safety issues, and how they make immediate course corrections. It quickly becomes evident that Swedish is truly a unique organization.

Teamwork is the way we work at Swedish. We are committed to working together to achieve our mission of high quality and compassionate care.

Our Nonprofit Mission

Improve the health and well-being of each person we serve.

Our Vision

Demonstrate the highest-quality, best-value healthcare to all we serve.

Giving back to the community

As health care continues to evolve, Swedish is responding with dedication to its Mission and a core strategy to create healthier communities, together. Partnering with others of goodwill, we conduct a formal community health needs assessment to learn about the greatest needs and assets from the perspective of some of the most marginalized groups of people in communities we serve. This assessment helps us develop
collaborative solutions to fulfill unmet needs while continuing to strengthen local resources. It guides our community benefit investments, not only for our own programs but also for many partners, toward improving the health of entire populations.

Through programs and donations, health education, free and discounted care, medical research and more, Swedish provided more than **$133 million** in community benefit in 2014.

- **Unfunded portion of government-sponsored medical care: $72,378,668** - The difference between the cost of care and what is paid for by state and federal government – does not include Medicare.

- **Free and discounted medical care for patients in need: $20,560,363** - Financial assistance for those who are uninsured, underinsured or otherwise unable to pay for their health care.

- **Education and research programs: $30,187,713** - Subsidies for medical residency programs, nursing and other education and medical research.

- **Community health, grants and donations: $5,679,739** - Free services such as patient education, health screenings, immunizations and support groups, as well as donations to community partners.

- **Subsidized services: $4,576,548** - Clinical and social services provided despite a financial loss because it meets an identified community need that is not met elsewhere in the community.
Progress summary for 2012 Community Health Improvement Plan

In this section we evaluate results from our most recent community health needs assessment, organized by prioritized health needs identified in its associated community health improvement plan.

The top health issues for the 2013 CHNA/CHIP were:

- Behavioral Health
- Access to Care
- Community Needs Advisory Council
- Diabetes and Obesity

Updates on 2013-2015 initiatives:

**Behavioral Health**

Embedded therapists have started in 7 of our 26 primary care clinics. Universal screening for depression and substance use has been live in 2 of our largest clinics for nearly 9 months. Over that period of time, over 6,000 patients have been screened for depression and substance abuse. We are deploying universal screening in 2 additional clinics in November 2015 with 2 more clinics in line for rollout in Q1 2016. Established therapists are working near 100% capacity. Since the first behavioralist began seeing patients in the first part of 2015, the service has provided 2,600 encounters, based mainly on the efforts of just 3 therapists. Billing for therapist services has allowed for modest revenue generation to offset programmatic cost. A total of 12 therapists will be hired over the course of the next year.

Over 50 patients have been enrolled in a fully virtual collaborative care program that meets weekly to discuss patients with multiple medical problems and psychiatric comorbidity, all of which were out of control at the time of enrollment. The results speak for themselves. Over an average enrollment time of 13.3 weeks, mean PHQ9 scores dropped from 13.9 to 7.9, mean HgbA1C dropped from 9.9 to 8.8, and the percentage of patients with uncontrolled blood pressure dropped from 35% to 20%. Multiple instances of the care meeting (internally referred to as “the machine”) are launching across our system over 2016 with strong interest from specialty care to port versions of
the program into areas such as endocrine, congestive heart failure, and residential care teams. The psychiatry workforce has been well received by primary care. We have a total of 4.0 FTE of clinical psychiatry with representation from general adult, child and adolescent, geriatrics, and reproductive psychiatry. Inpatient consult/ liaison and treatment resistant depression teams augment the outpatient workforce, which is co-located in primary care to facilitate both access and culture change in the primary care setting. Over the past 12 months, this service has supported 1,750 patient visits and established providers are running at capacity. Our external referral rate from primary care to psychiatry has plummeted. In addition, this workforce is sequentially addressing care pathways to drive optimal care, starting with depression, in conjunction with our quality and value committee.

Our Women’s emotional wellness program has significantly improved screening for postpartum depression, while allowing easy access to Behavioral health care in our OB clinics.

We have partnered with the largest Community mental health providers in our region to serve our most vulnerable patients. We have committed to sending them all of our patients who need wrap around services (including housing and other social services) through a single regional access point with care teams on the community end who drive referral completion. In addition, to tightly coordinate care, we have granted access to our EMR after performing rigorous audits and entering into provider services agreements with our partners. This allows real-time visibility to aid in transitions of care and coordination of services across the region.

At the Swedish Ballard facility, a 22-bed behavioral health unit is under construction. It will include a combination of voluntary and involuntary behavioral health patients requiring hospitalization. The unit, which opens in April 2016 will be able to treat patients whose medical comorbidities prevent them from being treated in some of the other facilities in the area. In-patients will also have access to Electro Convulsive Therapy treatments. The service promotes a recovery model, a knowledge and belief that anyone can recover and/or manage their conditions successfully and offers a variety of groups and services to assist patients to do so. Funding for the unit has come from multiple sources, including funds approved by the Washington State Legislature.

Access to Care

Swedish Community Specialty Clinic:

The Swedish Community Specialty Clinic’s dental program, which has provided complex oral surgery care for more than 1,800 low-income adults that—a partnership between the Seattle - King County Dental Society, Project Access Northwest, Seattle Special Care Dentistry and Swedish — has provided more than $2.4 million in free care since its inception and is now approaching 2 million dollars in services each year.
Patients with complex oral health conditions are referred to the Swedish Community Specialty Clinic’s dental program at the First Hill campus from safety-net dental clinics across King County.

This program fulfills a huge unmet need for specialty dental care for low-income adults in our community which provides case management services for the program’s patients. The clinic is able to provide complex dental care five days a week, at no cost to eligible low-income patients.

More than 30 dentists and oral surgeons volunteer at the clinic. In addition, the clinic is staffed by a dental residency program and will be adding a 5th resident in 2016.

The dental community in King County has really stepped up to make this important service possible. We’re able to provide care for some of our most vulnerable residents thanks to the commitment of our volunteer dentists and oral surgeons, along with the hard work of our attending dentists and residents. Seattle Special Care Dentistry provide clinical oversight and staff management for the program.

The specialty dental program receives financial support from the Pacific Hospital Preservation and Development Authority, Seattle-King County Dental Foundation, the Washington Dental Service Foundation and the Swedish Foundation.

In March 2015, the clinic was awarded The Golden Apple award from the American Dental Association. This national award recognizes the unique, innovative partnership that was developed to increase access to specialty dental care.

The American Dental Association’s Golden Apple Awards Program is in its 26th year and recognizes outstanding activities and excellence in leadership from across the nation among dental societies and their volunteers.

**Building Healthier Communities Together Advisory Council**

A direct result of the 2013-2015 CHNA was the development and implementation of The Building Healthier Communities Together Advisory Council which includes broad representation from Swedish Health Services (SHS) to ensure effective coordination with leadership and alignment with strategic goals. The committee is accountable for coordinating the efforts and resources across SHS with community-based providers and organizations. The committee develops access strategies and a process that allows for stewardship of limited resources while building healthier neighborhoods that become healthier communities.

The current goals of this Committee include:

- Align strategies with the SHS Community Health Needs Assessment;
- Implement Triple Aim and population health management strategies and services in partnership with community providers (FQHC’s, county and city services, non-
profits, and Swedish Health Systems/Group Health family medicine residencies);

- Integrate SHS services and service lines with community services;
- Expand capacity and access to health services for underserved populations;
- Provide a process (RFI) for selecting partners and services that is transparent and data based;
- Define and implement processes & structure that will support long term sustainability of the linkage and services;
- Ensure actions are consistent with regulatory requirements.

The Committee ensures that effective population health management strategies entail a medical neighborhood service delivery model that includes community-based organizations providing acute and post-acute services designed to maintain people at their highest level of functioning in their community. Furthermore, the Building Healthier Communities-Together Committee ensures that all strategies advance the tenants of the Triple Aim. The first step to implementing Triple Aim and meeting desired outcomes of better access, better health and lower cost is a coherent coordinated service delivery system intentionally developed to reduce silos, barriers, fragmented and redundant care into a “one stop shop” model for all populations, including underserved communities (Medicaid, Dual Eligibles, Uninsured).

The committee formed a workgroup with the Swedish family residency’s leadership, PHP contracting and Swedish Medical Group to work directly with COPE Health Solutions to complete the project COPE Health Solutions’ team was engaged for. This subgroup’s *Key Strategies for Consideration are:*

1. Expansion of the SHS ambulatory care and primary care network in such a way as to specifically support expansion of the Exchange, Medicaid, Dual Eligible and underserved populations in a manner that does not stress the limited capacity of SMG clinics.

2. Expansion of the two family medicine programs (three different sites; CH, FH, Ballard) as a foundational underpinning to a Medicaid and community health strategy for Swedish that provides access to community supportive services including: dental, mental health/substance abuse services, WIC, housing, interpretive services, legal, child care, and after hours walk-in adjacent to FHED. The new, expanded clinic will provide for sustainable growth for the residency programs to attract residents and grow the program. Through shared learning and measurable quality and utilization data, a SHS and FQHC partnership can improve clinical operations of the FH Residency program.

3. Joint venture (JV) clinics, each between an FQHC and one of the three family medicine residencies sites provide an open door for enrollees to SHS and other potentially integrated social services and select specialties. As part of this strategy, Swedish would have the benefit of immediately stabilizing the residency programs with longer term sustainable growth to each of the sites, providing measurable
community benefit linked with 3 inpatient sites, and locating services designed to reduce unnecessary ED visits and hospitalizations while still being able to engage in a managed care/shared savings strategy.

The Short-term strategy for sustainable growth:

1. Build relationships with FQHCs for placing residents to meet ACGME requirements.
2. Develop community-based services adjacent to or near current or “virtually” with FMR sites. Decrease funding and eligibility silos for enrollees by developing agreements and aligning funding from health plans for this population.
3. Expand type and scope of services to meet bio-psychosocial needs.
4. Integrate and coordinate FMR services with intensive outpatient and ambulatory specialty services from SMG.

BUILD Access Grant

In 2015, Swedish partnered with Public Health and agencies in the Seattle-International District and was awarded a BUILD Grant. One of the main focuses of this initiative is access to care.

The BUILD Health Challenge is designed to encourage communities to build meaningful partnerships among hospitals and health systems, community-based organizations, their local health department, and other organizations to improve the overall health of local residents.

The Advisory Board Company, the de Beaumont Foundation, The Kresge Foundation, the Robert Wood Johnson Foundation, and Colorado Health Foundation are collaboratively issuing a call to action and inviting communities to take part in this nationwide effort. These four partners hope to identify, accelerate, and spotlight best practice models and innovative approaches that reorient the field toward upstream factors that influence health.

These factors – often referred to as the social determinants of health – include influences as diverse as early childhood development, economic opportunity, regulation and policy, the built environment, transportation and infrastructure, educational attainment, public safety, and housing.

Our collaborative shares these goals:

To preserve our unique community, its small businesses, architectural character and vibrant culture

To improve quality of life for residents. Our vision is a neighborhood with residents of all incomes, family sizes and ages where: family-owned businesses can thrive; local employees can afford to live and raise children; healthful, culturally-familiar food is
Our vision means working toward cleaner air, safer streets, greener parks, and more affordable housing. We want the CID to remain the heart of the regional API community. The effects of creating a healthier CID will ripple out to support a culture of health in other areas where API people live.

Community Needs Advisory Council

The Swedish Ballard Community Needs Advisory Council has been revitalized by four new members, including representatives from the Ballard Chamber of Commerce, a local law firm, a consulting firm, and a dentist based at the Ballard Medical Plaza building. Our most recent meeting was focused on dialogue about the behavioral health unit which is under construction at Ballard.

Description of the Ballard Community

We have experienced 24% growth from 2000-2010. Household size is decreasing, as is the average age of area residents, with a significant decline in the senior population. Diversity is increasing, and there has been a 120% increase in property ownership since 2000. The Ballard community continues to struggle with issues of homelessness and alcohol and drug abuse.

Access to Care

Swedish Ballard's Family Medicine Residency Clinic offers affordable care to patients, along with an entry point to our wide range of services. Specialists, including an orthopedic surgeon, spend time with the residents, expanding the range of understanding that the residents have.

Maternal/Child Health

In spring 2015, Swedish Ballard opened an 8 bed Level II Nursery (NICU). A significant benefit of having the nursery at Ballard is that it allows more mothers participating in our CUPW (chemically using pregnant women) program to deliver their babies here at Ballard, and, most importantly, for the babies to stay here where moms have much
more contact with their babies than when the babies needed to be cared for at our First Hill campus NICU. When we were seeking approval for the Certificate of Need for the Nursery, a large number of the CUPW participants and community members wrote letters of support to the Department of Health. Ballard is currently enhancing a “cuddler” program for volunteers to spend time holding the babies.

**Process, participants and health indicators**

**Assessment process**

Swedish Seattle used the work of the HHC CHNA as a baseline for its assessment process. In that process:

We invited community coalitions and organizations to tell us about the assets and resources that help their communities thrive. The assets most frequently mentioned were existing partnerships and coalitions, community health centers, faith communities, and food programs.

We also asked community representatives to identify concerns about health needs in their communities. Common themes included:

- The importance of a culturally competent workforce in addressing health disparities.
- Acknowledgement that health is determined by the circumstances in which people are born, grow up, live, work, and age, which are in turn shaped by a broad set of forces.
- The need for hospitals to engage with communities and develop authentic partnerships.
- The influential role of hospitals as anchor institutions in addressing social, economic, and behavioral factors.

All of this information was used to review the programs at Swedish Seattle to determine if we were addressing the needs of the community and setting specific goals for each health indicator and trend

**Participants**

See Healthier Hospitals Coalition CHNA for details
Data collection and analysis

See Healthier Hospitals Coalition CHNA for details
2016 CHNA approval

Brian Livingston, MD
Chief Executive Officer, VPMA
Ballard Medical Center

5/1/2016
Appendix 1

Top Zip Codes for Ballard Inpatients

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Source: HPM – 2010 - 2012
Appendix 2

We would like to thank the community participants in the King County/Swedish community needs assessment

We also wish to thank those who provided input to this report:
Aging & Disability Services
Airlift Northwest
AMR Ambulance
Asian Counseling and Referral Services
Behavioral Health Partnership Group
Brain Injury Alliance
Burien Police Department
CarSafe Kids
Catholic Community Services
Cedar River Group
Center for Human Services
Center for Multicultural Health
Central Region EMS & Trauma Care Council
Childhood Obesity Prevention Coalition
Children's Alliance
City of Bellevue
City of Kirkland
City of Lake Forest Park
City of Redmond
City of Shoreline Human Services
Community Health Network of Washington
Community House Mental Health
Community Psychiatric Clinic
Consejo Counseling
Country Doctor Community Health Center
DESC
Duvall Fire Department
Eastside Aid Community
Eastside Human Services Forum
Equal Start Community Coalition
EvergreenHealth Emergency Department
Falck Northwest Emergency Medical Services
Feet First Pedestrian Safety Coalition
Forefront
Friends of Youth
Group Health Emergency Department
Harborview Medical Center Emergency Department
Harborview Mental Health
Harborview Spine Center and Concussion Program
Health Coalition for Children and Youth
Highline Medical Center Emergency Department
Hopelink
Issaquah Human Services Commission
Issaquah Police Department
Issaquah Sammamish Interfaith Coalition
Kent Police Department
King County Council
King County Mental Health Chemical Abuse and Dependency Services
King County Traffic Safety Task Force
Kirkland City Council
Kirkland Police Department
Local Hazardous Waste Management
Maple Valley Police Department
Molina Healthcare
Multicare Auburn Emergency Department
Native American Women’s Dialogue on Infant Mortality
NAVOS
Neighborhood House
Newcastle Police Department
Nick of Time Foundation
North Urban Human Services Alliance
Northshore/Shoreline Community Network
Northwest Health Law Advocates
Northwest Hospital Emergency Department
Odessa Brown Children’s Clinic
Olympic Physical Therapy
Open Arms Perinatal Services
Overlake Medical Center
Overlake Medical Center Emergency Department
Partners for our Children
Project Access Northwest
Public Health-Seattle & King County: Alan Abe, Carol Allen, Jennifer DeYoung, Tony Gomez, Scott Neal, Lisa Podell, Whitney Taylor, Crystal Tetrick, Sharon Toquinto, Jim Vollendorff,
Emergency Medical Services
Redmond City Council
Redmond Police Department
Renton Police Department
Safe Kids Eastside
Safe Kids Seattle/South King County
SeaMar Community Health Center
Seatac Police Department
Seattle Children's Hospital
Seattle Children's Hospital Emergency Department
Seattle Counseling Service
Seattle Human Services Coalition
Service Employees International Union Healthcare 1199NW
Shoreline Community College
Snoqualmie Valley Hospital Emergency Department
Sound Mental Health
South King Council of Human Services
St. Elizabeth Hospital Emergency Department
St. Francis Emergency Department
The Arc of King County
Tri-Med Ambulance
Valley Cities Counseling
Valley Medical Center Emergency Department
Washington Ambulance Association
Washington Chapter, American Academy of Pediatrics
Washington Dental Service Foundation
Washington State Department of Health
Washington State Hospital Association
WithinReach
YMCA
Youth Eastside Services
YWCA Seattle-King-Snohomish