

MIDD Briefing Paper

BP 11 Improving access to behavioral health services in rural King County

BP 36 Addressing behavioral health issues in older adults living in unincorporated or rural King County

BP 94 Doors to Change program

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)

New Concept ☒ (Attach New Concept Form)

Type of category: New Concept

SUMMARY: This concept seeks to improve access to behavioral health services in rural King County, especially the seven community service areas (CSAs) identified by King County as a structure for serving rural communities. These CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas, and Vashon/Maury Islands.

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Name

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Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

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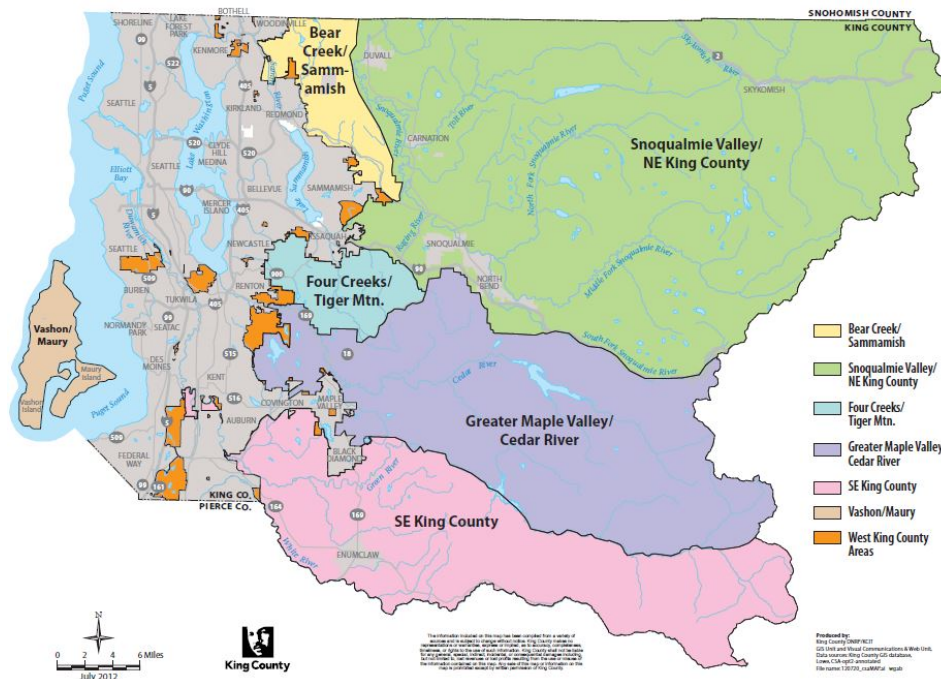
The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

- Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?**

The goal of this concept is to improve access to behavioral health services in rural King County, especially the seven community service areas (CSAs) identified by King County as a structure for serving rural communities. These CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas, and Vashon/Maury Islands.

Unincorporated King County **Community Service Areas**



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Services delivered under this concept would employ a public health approach¹ to deliver services because (a) there may not be sufficient Medicaid-eligible individuals in a community to support a full behavioral health treatment agency; and/or (b) traditional services and agencies are located a prohibitively long distance from the homes, schools, and workplaces of potential service users.

Three service delivery methods are reflected under this concept to allow for different approaches to be used in different communities, depending on the needs of each community. As the service delivery approaches are independent of each other, any or all of them could be funded. Options 1 and 2 could easily be scaled up or down to match available resources.

Options:

- (1) Funding, oversight, and evaluation for small grants designed to support targeted community-initiated behavioral health-related services or programs designed by particular rural communities to address issues of common concern. This approach would build upon or replicate the existing structure of King County's CSA Community Engagement Grant program,² providing MIDD resources to enable local grassroots organizations located within any CSA to design specific initiative(s) that address key felt needs that relate to behavioral health treatment, prevention, recovery, or service access. The CSA organizational structure is provided via the map on the previous page.
- (2) Provision of part-time social workers in any or all of the 16 senior center sites that serve residents of King County's unincorporated areas.³ These individuals would provide behavioral health screening for senior center participants; linkage to appropriate services and resources; outreach to homebound individuals who are unable to come to a senior center or other service site; and training for senior center staff about identifying and responding to individuals with behavioral health needs. A psychiatrist or psychologist would also be made available to these nine senior centers for consultation with the social work staff.
- (3) Establishment of behavioral health treatment centers for all ages – partnering with existing organizations to enhance existing services whenever appropriate – in communities where need for services is evident, but unique barriers prevent individuals from accessing ongoing clinical care at existing behavioral health service sites. This model was proposed for Vashon Island, which currently has no on-island publicly funded substance abuse or co-occurring disorders

¹ A public health approach involves “defining and measuring the problem, determining the cause or risk factors for the problem, determining how to prevent or ameliorate the problem, and implementing effective strategies on a larger scale and evaluating the impact. In order to eliminate disparities in health, the public health approach must take place in the context of a balanced community health system, which includes health promotion, disease prevention, and early detection, moving towards universal access to health care.” Satcher and Higginbotham (2008). The Public Health Approach to Eliminating Disparities in Health. *Am J Public Health*. 2008 March; 98(3): 400–403. doi: [10.2105/AJPH.2007.123919](https://doi.org/10.2105/AJPH.2007.123919).

² Information about the existing Community Engagement Grant program, administered by King County's Department of Natural Resources and Parks, is available at <http://www.kingcounty.gov/exec/community-service-areas/engagement-grants.aspx>. Body text from this page, without links, is available as an attachment at the end of this document (pages 34-37).

³ Potential host senior centers for these services include the following locations that serve a significant number of unincorporated area residents: Black Diamond Senior Center, Enumclaw Senior Center, Highline Community Center/Senior Center, Maple Valley Community Center/Senior Center, Mt. Si Senior Center, Snoqualmie Valley Senior Center, Vashon Senior Center, Auburn Senior Center, Des Moines Senior Center, Federal Way Senior Center, Kent Senior Center, Northshore Senior Center (including Woodinville Senior Center), Pacific Senior Center, Renton Senior Center, and South East Senior Center.

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treatment option, but it may also have relevance elsewhere, depending on the demand for such services in different communities.⁴

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input type="checkbox"/> Recovery and Re-entry | <input type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

By providing a range of intervention options for rural communities that have the potential to stop problems before they start and/or prevent problems from escalating, this concept fits best under prevention and early intervention,

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

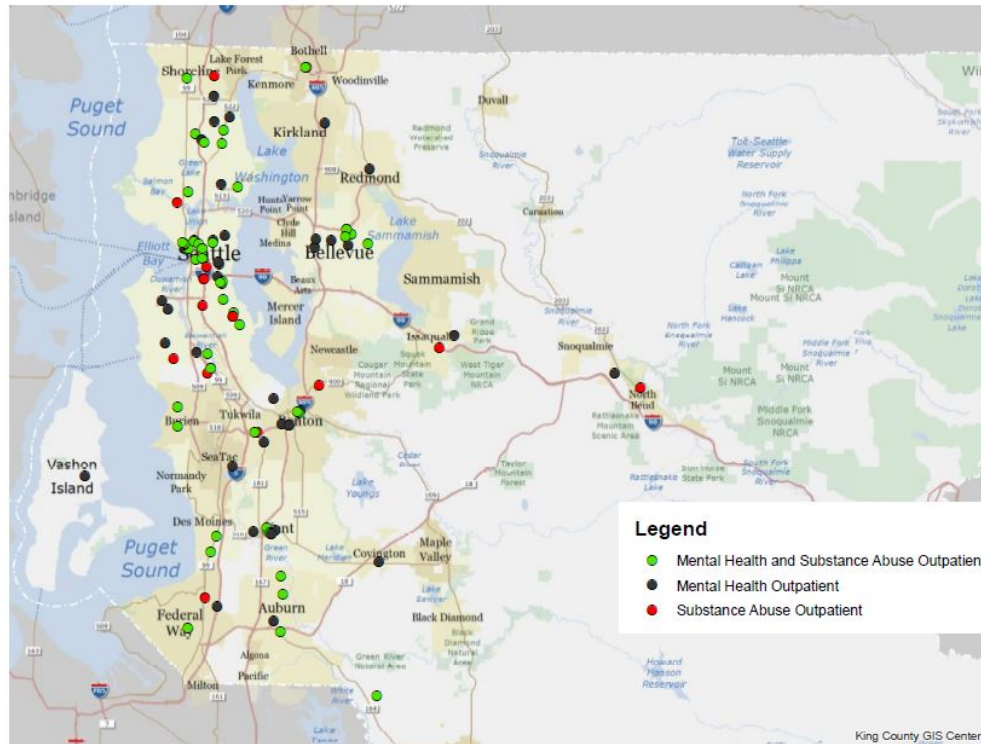
1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

A map of King County contracted behavioral health providers from 2015 shows that vast sections of King County's land area have no publicly funded behavioral health clinic option. The black, red, and green dots on the map indicate the locations of King County-contracted mental health, substance abuse, or co-occurring treatment centers, respectively.⁵

⁴ These needs were echoed by participants in a MIDD review and renewal focus group in Maple Valley (Southeast King County) in January 2016, who identified the current absence of geographically accessible integrated dual diagnosis treatment as a service gap and priority for potential funding. MIDD review and renewal focus group participants in Preston (Snoqualmie Valley) echoed this need, indicating the need for such services in schools. However, neither the potential demand for this service in East King County, nor the model of a full co-occurring treatment center, were specifically discussed.

⁵ <http://kingcounty.maps.arcgis.com/apps/PublicInformation/index.html?appid=eaf2562bfde3437f8519fa90a2eaff0b>

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Rural King County residents lack reasonable access to these service sites due to transportation barriers including long distances to behavioral health clinic sites in suburban cities, and very limited bus service in rural areas. In the case of Vashon Island, the only linkage to some aspects of the outpatient service continuum is via ferry.⁶

National studies articulate common challenges of delivering rural behavioral health care. Sixty percent of rural America has underserved behavioral health needs.⁷ Eighty-five percent of federally identified behavioral health shortage areas are rural.⁸ Ninety percent of psychologists and 80 percent of masters-level social workers are located in urban areas.⁹ As a result, 65 percent of rural Americans get their behavioral health care from their primary care physicians,¹⁰ and the quality of care is generally lower,¹¹ which may mean that community-based or behavioral interventions to address presenting problems are less available. Stigma associated with care access continues to be a pervasive challenge, both

⁶ "Notes from Group Discussion: Snoqualmie Healthy Community Coalition, Sept 17, 2015, facilitators: Alan Painter and DeAnna Martin," and "Vashon Social Services Network, August 14, 2015," provided by Alan Painter, King County Community Services Area program manager. The unique transportation barriers experienced by Vashon Island residents were also highlighted in a January 2016 Best Starts for Kids focus group, according to notes provided by Laura Quinn, King County BHRD (MHCADSD).

⁷ New Freedom Commission on Mental Health, 2003.

⁸ Bird, D.C., Dempsey, P., & Hartley, D. (2001). *Addressing mental health workforce needs in underserved rural areas: Accomplishments and challenges*. Portland, ME. Maine Rural Health Research Center, Muskie Institute, University of Southern Maine.

⁹ Mohatt, D.F. (2014). Rural mental health: challenges and opportunities caring for the country. Family Impact Seminar: Utah State Legislature. Presented February 10, 2014.

¹⁰ Mohatt, D.F. (2014). Rural mental health: challenges and opportunities caring for the country. Family Impact Seminar: Utah State Legislature. Presented February 10, 2014.

¹¹ Fortney, Rost & Zhang, 1999.

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nationally¹² and locally.¹³ As a result of all of these factors, in many rural communities, behavioral health care access,¹⁴ including specialized care,¹⁵ is limited or non-existent.

Rural residents experience significant health disparities, including a higher incidence of disease and disability, increased mortality rates, lower life expectancies, and higher rates of chronic illness. For example, in King County, obesity, diabetes, and suicide rates are higher in rural East King County than in much of the rest of the County.¹⁶ Risk factors leading to these outcomes include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, and limited job opportunities.

A high number of adverse childhood experiences or ACEs are a strong predictor of anxiety and other mental illnesses, and participation in mental health treatment. ACEs include 10 particular indicators of future risk, in the categories of abuse, neglect, and family dysfunction, and are common to varying degrees among Washington adults. Several rural communities in King County, including Vashon Island, the Snoqualmie Valley, and Covington, have elevated prevalence of ACEs as compared to most urban and suburban communities in King County, but lack behavioral health services to respond to the corresponding treatment need.¹⁷

A review of published literature indicates that holistic approaches to service provision appeal to rural residents, as basic needs such as food, daycare, housing, and medical care take precedence over behavioral health treatment and medication self-management. The lack of public transportation also means that a flexible approach including case management that includes attention to such basic needs along with treatment is most likely to increase participation. With limited available services and few options to address basic needs, emergency service utilization by this population can increase. Recommended treatment options include wraparound, co-located services to serve vulnerable rural residents.¹⁸ These findings about rural residents' preferences around service delivery were confirmed locally via focus groups conducted in King County's rural communities as part of DCHS' work on review and potential renewal of MIDD.¹⁹

¹² Carter, R. & Golant, S. (1998). *Helping someone with mental illness: A compassionate guide for family, friends, and caregivers*. New York, Three Rivers Press. Mackie, P.F.E., Zammitt, K., & Alvarez, M. (2016). *Practicing Rural Social Work*. Chicago, IL: Lyceum Books; Mohatt, D.F., Adams, S.J., Bradley, M.M., & Morris, C.D. (2005). *Mental health and rural America: 1994 – 2005* an overview and annotated bibliography. Rockville, MD. U.S. Department of Health & Human Services, Health Resources & Services Administration, Office of Rural Health Policy.

¹³ "Notes from Group Discussion: Snoqualmie Healthy Community Coalition, Sept 17, 2015, facilitators: Alan Painter and DeAnna Martin," and phone consultation with Ross Marzolf, January 2016. Participants in MIDD review and renewal focus groups in both Maple Valley (Southeast King County) and Preston (Snoqualmie Valley) in January 2016 identified stigma reduction campaigns and community education about mental illness as priorities for potential funding.

¹⁴ Mackie, P.F.E. (2012). Social work in a very rural place: A study of practitioners in the Upper Peninsula of Michigan. *Journal of Contemporary Rural Social Work*, 4, 63-90.

¹⁵ Wang, P.S., Lane, M., Olsson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2005). Twelve-month use of mental health services in the United States: Results from the national comorbidity study replication. *Archives of General Psychiatry*, 62, 629-640.

¹⁶ King County Health Profile, December 2014.

¹⁷ Adverse Childhood Experiences ACES 2013 Report.

¹⁸ Priester, Clone, Browne, Hock, Iachini, and DeHart. (2015). *The Multi-Systems Impact of Barriers to Behavioral Health Services in Rural Communities*. Presented January 16, 2015.

¹⁹ Participants in a MIDD review and renewal focus group in Maple Valley (Southeast King County) in January 2016 identified the delivery of holistic/whole person care, including supportive housing, as a priority for potential funding. Along these lines, a January 2016 MIDD review and renewal focus group in Preston (Snoqualmie Valley) identified the need for system navigators, and centralized resource centers, as priorities.

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Twenty percent of rural residents of King County are age 60 or older.²⁰ Both rural communities and older adults have an elevated risk of social isolation. Individuals living on alone and/or on low incomes, along with physical or geographic isolation, can lead to reduced relational contact and interpersonal support. Risk factors for social isolation include an increased risk of mortality, negative effects on physical and mental health (including but not limited to depression), perceived loneliness which contributes to cognitive decline and risk of dementia and can increase the likelihood of abuse.²¹ In fact, the Seattle-King County 2016-2019 Area Plan on Aging states, “Loneliness and social isolation are a threat to longevity. Lack of social relationships influences the risk of death comparable to well-established mortality risk factors such as smoking and alcohol consumption, and exceeds the influence of other risk factors such as physical inactivity and obesity.”²² Addressing social isolation for older adults has been identified as a primary need in helping older adults remain healthy and maintain their ability to be independent. As a result, the reduction of social isolation has been identified as a primary driver for King County’s general fund support for senior centers in unincorporated areas.²³

More frequently than in the past, senior centers are being used as an alternative to the services previously offered by adult day health programs. For example, one rural senior center director in King County stated that several participants are being dropped off by their adult children at the center in order to give the adult family caregivers a break or respite. These participants are experiencing memory loss, agitation, anxiety, or a combination of these and cannot be left home alone safely. Alcohol and substance abuse concerns, including the misuse of opioid pain medications by individuals with chronic pain, are also significant for the individuals served by senior centers in unincorporated areas.²⁴ However, staff at senior centers are often few in number and not trained for more complicated behavioral health issues. Volunteers help fill in the gaps but they also tend to lack needed training. For example, until mid-2015 the Snoqualmie Valley Senior Center had an adult day health program to which older adults with behavioral, functional, and physical issues could be referred. In response to the closure of the program, the senior center has hired a social worker for ten hours a week to work with former clients of the adult day health program as well as adults who have difficulties leaving their homes, modeled after a larger-scale support and outreach program in West Seattle.²⁵ Other senior centers currently funded in the DCHS Older Adults program have also identified social work services as a needed addition to the current array of support and activities they offer and would replicate the Snoqualmie Valley staffing approach.²⁶

Vashon Island has a unique set of needs for behavioral health care access. With the second-highest ACEs score of any community in King County, it lacks major portions of the needed publicly funded service

²⁰ Aging in King County. (2015). Aging and Disability Services, Area Agency on Aging for Seattle and King County.

²¹ King County Department of Community and Human Services (DCHS), Human Services Proviso Report, Attachment A: Report on Proposed Funding Allocation Methodology for Human Services Programs, December 2015.

²² http://agingkingcounty.org/docs/AreaPlan2016_2019FinalDraft_100515.pdf

²³ King County Department of Community and Human Services (DCHS), Human Services Proviso Report, Attachment A: Report on Proposed Funding Allocation Methodology for Human Services Programs, December 2015. This focus area was identified after reviews of the 2016-2019 Area Plan on Aging, the American Community Survey on demographics of older adults living in King County, and outcomes reports submitted by current providers of services for seniors through King County’s Older Adult Program, as well as community outreach meetings and conversations with stakeholders.

²⁴ New concept 36 Addressing behavioral health issues in older adults living in unincorporated or rural King County, Linda Wells, King County Older Adult Program, October 2015.

²⁵ Phone consultations with Peggy McNamara, Snoqualmie Valley Senior Center, December 2015, and with Lyle Evans, West Seattle Senior Center, December 2015.

²⁶ Rural senior center directors, who meet informally on a regular basis to address shared issues and needs, agreed on this approach as a needed enhancement. Participants in this gathering, include Vashon Senior Center, Highline Senior Center, Snoqualmie Valley Senior Center, Mt. Si Senior Center, Greater Maple Valley Senior Center, Black Diamond Senior Center, and City of Enumclaw Senior Center, along with the King County Older Adult Program.

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continuum. Furthermore, Vashon Island residents only have access to King County-contracted mental health care through a subcontractor that serves youth only, leaving adult island residents, or youth who need substance abuse treatment, with only one prohibitively difficult publicly funded option: a ferry to a mainland agency for every treatment session. Off-island treatment is not feasible due to the cost of ferry travel plus the fact that each trip to the mainland takes a minimum of a half day. This can have a significant effect on the number of people who prioritize addressing their behavioral health concerns.²⁷ This geographic isolation also affects the ability of Vashon Island-based providers to recruit and retain specialized staff.²⁸ Also, despite significant risk factors, relatively low Medicaid eligibility on Vashon Island has reduced the number of individuals who would qualify for traditional treatment services.²⁹ On the other hand, this lower incidence of poverty on Vashon Island³⁰ may reduce the potential population that may seek publicly funded services rather than treatment through private insurance. As a result, the ability to flex the scope and availability of services to fit demand would be important to successful implementation, potentially offering on-island treatment services two days per week rather than full-time.³¹

Across all three service delivery approach options, a common theme is evident: there are currently few or no reasonably accessible services to which they can be referred³² even when individuals in King County's rural communities are identified by human service agencies, senior centers, schools, or community members as in need of services. Thus, in King County, as in most rural communities nationwide, many behavioral health needs of residents continue to be unmet.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

The CSA-modeled community-initiated service delivery approach would provide a mechanism by which interventions can be tailored to the felt needs of disparate communities for whom standardized treatment approaches (such as full behavioral health clinics) do not fit or are not feasible due to a lack of a sufficient eligible client population. This programming approach could support prevention and early intervention efforts that originate from community groups or are scoped to serve a particular local community, including stigma reduction campaigns, outreach to families, or suicide prevention programming.³³ Funds allocated through this service delivery option could be distributed to nonprofit organizations and/or community groups for projects that address behavioral health needs and include adequate evaluation components and oversight mechanisms. Depending on the amount of funding

²⁷ Phone consultation with Steve Schrock, CDP, Casteelle Williams & Associates, December 2015.

²⁸ Notes from January 2016 Best Starts for Kids (BSK) focus group on Vashon Island, provided by Laura Quinn, King County BHRD (MHCADSD).

²⁹ In-person consultation with Laura Quinn, King County BHRD (MHCADSD), December 2015.

³⁰ Despite some increase during the Great Recession, participation in free and reduced lunch programs – an indicator of child and family poverty – reached only 23 percent by 2011, much lower than many other communities typically served by publicly funded services. <http://www.vashonbeachcomber.com/news/135538603.html#>

³¹ In person consultation with Geoff Miller, King County BHRD (MHCADSD), January 2016.

³² Phone consultation with Peggy McNamara, Snoqualmie Valley Senior Center, December 2015. In-person consultation with Laura Quinn, December 2015.

³³ Participants in MIDD review and renewal focus groups in Maple Valley (Southeast King County) and Preston (Snoqualmie Valley) in January 2016 both identified stigma reduction and outreach to families as needs in their local community and areas for potential funding. The Maple Valley group also highlighted the need for suicide prevention programming, and smaller community-building grants were identified as a potential vehicle for meeting unique community needs.

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allocated, staff could be funded through this strategy to help develop, implement, and/or evaluate community-initiated projects.³⁴

Social work staffing at 10 hours per week per site, with psychiatric consultation as needed, would enable social workers to work in partnership to provide screening and case management for senior center participants, and to partner with volunteers to provide home visits for homebound individuals. These staff would provide case management assistance and use proven chronic care approaches including the PEARLS (Program to Encourage Active and Rewarding Lives in Seniors) approach to managing minor depression or dysthymia in older adults living with social isolation, multiple chronic medical problems and physical impairment.³⁵ Training for senior center staff regarding issues to look for in senior center participants and homebound individuals, as well as service models such as PEARLS and relevant community resources such the King County-funded Geriatric Regional Assessment Team (GRAT)³⁶ for seniors in crisis, would make King County's rural senior centers more effective in delivering needed screening and care to elders in their community.

Due to the unique geographic and eligibility barriers faced by Vashon Island residents who need publicly funded behavioral health treatment, the Vashon Alliance to Reduce Substance Abuse (VARSA) and other Vashon Island residents are seeking to arrange a full range of co-occurring treatment services, addressing both mental health and substance abuse for individuals of all ages, to the island.³⁷ The concept may also provide a means by which court-ordered DUI treatment could be delivered on the island, improving compliance and promoting recovery.³⁸ Although the proposed approach focuses on Vashon Island, the overarching nature of this concept allows for the possibility of launch co-occurring treatment clinics in other communities where there is demonstrated evidence of a significant client population and unique barriers to accessing existing services.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

The flexible, community-driven CSA-modeled approach to rural behavioral health service delivery is based on an established model for empowering unincorporated areas that is already in place in King County. The approach was strongly endorsed by several key community leaders, due largely to its flexibility and the fact that community engagement would be central to design of any funded service.³⁹ On the other hand, some expressed some concern about whether information dissemination about this

³⁴ In-person consultation with Geoff Miller, King County BHRD (MHCADSD).

³⁵ <http://www.pearlsprogram.org/Our-Program/Research-Findings/An-Evidence-Based-Treatment.aspx>

³⁶ http://staging-egh.pixeltechs.com/for_patients/medical_services/home_care/behavioral_health_services/geriatric_regional_assessment_team/

³⁷ Personal communication from Lee Kopines, Seeds for Success and VARSA, to Laura Quinn, King County, December 2015.

Phone consultations with Steve Schrock, CDP, and Dr. John Castele, Castele Williams & Associates, December 2015.

³⁸ Phone consultation with Steve Schrock, CDP, Castele Williams & Associates, December 2015. Alcohol use, and driving under the influence specifically, was identified by VARSA and Vashon Island residents as an issue of growing concern during a January 2016 community meeting with King County Sheriff's Office. <http://www.vashonbeachcomber.com/news/365879571.html#>

³⁹ Phone consultations with Laura Smith, Snoqualmie Valley Community Network, and Lan Nguyen, office of King County Councilmember Joe McDermott (8th District covering Vashon Island), December 2015.

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potential funding would be sufficient to make all rural communities aware of the opportunity.⁴⁰ Others identified the fact that this CSA-inspired model would need to be set up to distribute funds to local nonprofit organizations such (as the current CSA Community Engagement grant program does) rather than through unincorporated area councils.⁴¹ Formal evidence to demonstrate the efficacy this customized approach to behavioral health service delivery was not available at the time of this writing.

The PEARLS approach is an established best practice for serving seniors, with clear evidence of improved outcomes.⁴² Placing social workers in senior centers, working with and training volunteers to meet the behavioral health needs of seniors, replicates a successful approach being used locally both in Seattle and in the Snoqualmie Valley.⁴³ Another related model is used by Sound Generations (previously known as Senior Services), which operates senior centers throughout King County and beyond. Professional information and assistance advocates, responding to referrals from trained volunteers, refer clients to the appropriate community services, including case management, mental health services, personal care, chore services and transportation; and when indicated, evaluate the level of risk to see if referral to Adult Protective Services (APS) or a mental health professional is warranted.⁴⁴ Although similar in principle, the Sound Generations model does not appear to provide clinical social workers and consulting psychiatry in senior centers as proposed under this concept.

As noted above, many Vashon Island community members have identified the need for co-occurring treatment services for individuals of all ages. Constituents seeking this solution include school superintendent Michael Soltman, VARSA, and Castele Williams and Associates (CWA) which currently provides some substance abuse treatment to Vashon Island residents.⁴⁵ However, as noted above, questions remain about whether sufficient demand exists to support a full-service, full-time agency.

4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Best Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection of practice type.

The approach to be used to deliver social work to seniors in rural unincorporated areas of King County would be based on national best practices as well as outreach strategies being implemented by other senior centers within King County, as noted above.

The CSA service delivery approach, although based on an existing structure for investing in rural communities, would be an emerging approach to behavioral health service delivery. In principle it draws from prevention work being done through the state's Community Prevention and Wellness Initiative

⁴⁰ Phone consultation with Bryn Vander Stoep, Office of King County Councilmember Reagan Dunn (9th District serving Southeast King County), December 2015.

⁴¹ Consultations with Alan Painter, King County Community Services Area Manager, December 2015 and January 2016, and Ross Marzolf, Office of King County Councilmember Kathy Lambert (3rd District serving Northeast King County), January 2016.

⁴² In-person consultation with Linda Wells, King County DCHS Older Adult Program, December 2015. PEARLS outcomes summarized at <http://www.pearlsprogram.org/Our-Program/Research-Findings/An-Evidence-Based-Treatment.aspx>.

⁴³ Phone consultations with Peggy McNamara, Snoqualmie Valley Senior Center, and Lyle Evans, West Seattle Senior Center, December 2015.

⁴⁴ <http://seniorservices.org/financiallegalprograms/InformationAssistance/GatewayProgram.aspx> and <http://seniorservices.org/financiallegalprograms/InformationAssistance.aspx>

⁴⁵ Personal communication from Lee Kopines, Seeds for Success and VARSA, to Laura Quinn, King County, December 2015. Phone consultations with Steve Schrock, CDP, and Dr. John Castele, Castele Williams & Associates, December 2015. In person-consultation with Laura Quinn, King County BHRD (MHCADSD), December 2015.

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(CPWI) to reduce teen drug and alcohol use,⁴⁶ where communities are being engaged to implement prevention services. However, since the scope of potential interventions under the CSA approach encompasses the full range of mental health and substance abuse services, it could address a range of potential issues of concern, and could serve people of any age, offers much more flexibility than CPWI in what intervention could be offered in each community.

Co-occurring disorders treatment, addressing behavioral health in an integrated way, rather than standalone mental health or substance abuse treatment, has become the standard of care for individuals with a range of behavioral health needs.

5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators and data sources could the County use to measure outcomes?

Potential outcomes of expanded upstream behavioral health capacity via any of these three service delivery approaches could include any of the following results for service users: reduced utilization of crisis systems including emergency departments; reduced behavioral health symptoms and risk factors as people reduce isolation and access needed supports. Symptom reduction could be measured using standard scales such as the PHQ-9, GAIN-SS, or other proven tools that assess common mental health or substance abuse conditions.⁴⁷ Referrals to needed community-based services, including housing and entitlement resources, could be a measure of any intervention's effectiveness in delivering holistic assistance in alignment with the established literature regarding service to rural communities.

In addition, specifically for the service delivery strategy to bring social work into senior centers, a national senior center survey already being used by King County, the United Way, and the City of Seattle's Aging and Disability Services, could also be used as a pre- and post-assessment to measure reduction in social isolation (a predictor of future behavioral health treatment need).⁴⁸

Although participant outcomes are likely measurable for many potential interventions, statistically significant population-level outcomes (for whole communities) are not likely to be demonstrable given the relatively modest scale of this concept and the likely small number of rural community participants.

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD Strategy/Program: (Select all that apply):

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> All children/youth 18 or under | <input checked="" type="checkbox"/> Racial-Ethnic minority (any) |
| <input checked="" type="checkbox"/> Children 0-5 | <input checked="" type="checkbox"/> Black/African-American |
| <input checked="" type="checkbox"/> Children 6-12 | <input checked="" type="checkbox"/> Hispanic/Latino |
| <input checked="" type="checkbox"/> Teens 13-18 | <input checked="" type="checkbox"/> Asian/Pacific Islander |
| <input checked="" type="checkbox"/> Transition age youth 18-25 | <input checked="" type="checkbox"/> First Nations/American Indian/Native American |
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Immigrant/Refugee |

⁴⁶ <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1464.pdf>

⁴⁷ Depending on the interventions designed by local communities and funded under the CSA-based service delivery model, administration of these clinical measures may or may not be appropriate. Alternative measures of effectiveness would need to be developed for communitywide interventions such as population-level prevention.

⁴⁸ Personal communication with Linda Wells, King County Older Adult Program, December 2015.

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- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------|
| <input checked="" type="checkbox"/> Older Adults | <input checked="" type="checkbox"/> Veteran/US Military |
| <input checked="" type="checkbox"/> Families | <input checked="" type="checkbox"/> Homeless |
| <input checked="" type="checkbox"/> Anyone | <input checked="" type="checkbox"/> GLBT |
| <input checked="" type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input checked="" type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

This concept, through its three potential service delivery models, would have the capacity to serve individuals of all ages. Service eligibility would be determined by place of residence, with a focus on King County's rural communities. Specifically, eligible participating organizations or groups would need to demonstrate that they would provide services primarily to residents who live within the boundaries of one or more of King County's CSAs serving unincorporated areas, and/or to people with behavioral health needs who live a prohibitive distance from existing behavioral health clinic resources currently available in closer-in suburban areas.

- 2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection: County-wide**

As noted above, this concept focuses specifically on services to King County's rural communities.

- 3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.**

Partnerships between King County government, rural community organizations, including unincorporated area councils, community coalitions, nonprofit organizations, faith-based organizations, senior centers, human service providers, and local elected officials will help ensure that: rural community members are aware of these potential service enhancements; services are implemented where they are most needed; and interventions are designed to fit the particular communities. The CSA service delivery model in particular depends on such community engagement and partnerships. It is conceivable that a co-occurring treatment center for people of all ages may face siting challenges unless key community groups are engaged in the process.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

- 1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?**

Because the baseline availability of publicly funded behavioral health care in King County's rural communities is minimal, the need for interventions such as these will persist. It is conceivable that as

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clinical integration of physical and behavioral health becomes more widespread, primary care clinics could begin to address the behavioral health needs of rural residents. Although important, behavioral health service through primary care clinics is unlikely, on its own, to address the full range of needs as fully as community-based approaches that focus specifically on behavioral health and include case management and/or service delivery that is highly convenient for rural residents.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Barriers to implementation of the CSA-based, community-driven approach include disseminating information effectively and equitably about the funding opportunity and guidelines. As noted above, community stigma around behavioral health conditions, including unwillingness to seek help, may also present challenges in carrying out interventions that are designed.

For social work in senior centers, time required of senior center directors to supervise on-site behavioral health staff would be a minor barrier to implementation. However, this approach has strong support among the network of rural senior center directors.⁴⁹

Barriers to implementation of a full co-occurring treatment center on Vashon Island or in any other rural community include siting of a facility, resolving any community or neighborhood concerns, and recruitment/retention of a full range of appropriately credentialed behavioral health professionals.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Neither the CSA approach nor the provision of social work in senior centers have significant downsides to implementation. Both can easily be piloted and/or scaled to available resources and treatment need.

As noted above, although behavioral health care needs and gaps are evident on Vashon Island, the launch of a full-service, full-scale co-occurring treatment center could exceed demand. A workable alternative could be providing part-time services that address both mental health and substance abuse including access to psychiatry and recovery supports, but do not include access to providers every day or full 24/7 crisis support as a typical full-service behavioral health agency would provide.

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

Access to behavioral health care in King County's rural communities will continue to be constricted as a result of the access barriers articulated in section B1 above.

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of

⁴⁹ New concept 36 Addressing behavioral health issues in older adults living in unincorporated or rural King County, Linda Wells, King County Older Adult Program, October 2015, and personal communication from Linda Wells, December 2015.

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cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Community agencies that do not have medical staff, particularly in more rural regions of King County, could benefit from telepsychiatry to provide medical services to their clients. Telepsychiatry could be an important means of reducing the inequity in service access experienced by the County's rural residents, particularly those for whom transportation is a challenge. Telemedicine – the provision of medical care, in this case psychiatry or other behavioral health care, through video/audio links between a provider in one location and a patient/client in another, creating the opportunity for virtual co-location of medical and behavioral health services – presents an alternative approach to reach rural communities.⁵⁰

However, this approach often works best for traditional services such as psychiatry (medication management) rather than wraparound/holistic approaches, and requires a high level of technology which may not be available outside traditional medical settings.⁵¹

A smaller-scale, volunteer-based approach to identifying and supporting rural seniors in need could be supported. However, this approach would still require training and consulting support for senior centers, and would not deliver the same level of outcomes in terms of stabilization of isolated individuals.

Rather than launching a full co-occurring treatment service on Vashon Island, current agencies serving that community in a limited way could continue to do so. This would include Communities Prevention and Wellness Initiative (CPWI) prevention/intervention specialists already working in Vashon Island schools; Vashon Youth and Family Services which offers mental health care for children and youth; and Castele Williams and Associates chemical dependency professionals serving youth part-time.⁵²

E. Countywide Policies and Priorities

1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?

Although the communities being served are likely to be different, these approaches support the main principle of the Health and Human Services Transformation Plan's Communities of Opportunity strategy, which aims to support targeted communities in developing capacity and solutions that shape the health and well-being of residents.⁵³ At the individual/family level, HHSTP's goal to improve access to person-centered, integrated, culturally competent services when, where, and how people need them is at the heart of this overarching concept and all three service delivery approaches.⁵⁴

The overarching goals of physical and behavioral health integration, create a system of care that improves health and social outcomes, improves clients' experience of services, and reduces avoidable

⁵⁰ Fortney, Pyne, Mouden, Mittal, Hudson, Schroeder, Williams, Bynum, Mattox, & Rost. (2013). Practice-based versus telemedicine-based collaborative care for depression in rural federally qualified health centers; a pragmatic randomized comparative effectiveness trial. *American Journal of Psychiatry*. 170(4), 414-425.

⁵¹ See Briefing Paper 6 Telepsychiatry for more information about this service delivery option.

⁵² Phone consultations with Steve Schrock, CDP, and Dr. John Castele, Castele Williams & Associates, December 2015. In person-consultation with Laura Quinn, King County BHRD (MHCADSD), December 2015.

⁵³ <http://www.kingcounty.gov/elected/executive/health-human-services-transformation/coo.aspx>

⁵⁴ <http://www.kingcounty.gov/elected/executive/health-human-services-transformation/background.aspx>

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emergency system use, with the aim of delivering whole person care, are also strongly reflected in this concept.⁵⁵

2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?

Adding new mechanisms for individuals in rural communities to receive behavioral health services near where they live would help take our community's system toward the vision of the 2012 King County Recovery and Resiliency Ordinance, which promotes service delivery within a "trauma-informed, recovery and resiliency focused system that offers respect, information, connection and hope."⁵⁶ To serve the entire county, it is important to extend the reach of this vision to rural communities that cannot reasonably access the existing King County provider system.

3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County's EQUITY and SOCIAL JUSTICE work?

This concept directly addresses a key determinant of equity identified as part of the County's equity and social justice (ESJ) work. It would improve access to health and human services for individuals who currently cannot access traditional behavioral health service resources, due to the fact that they live prohibitively far from existing publicly funded resources – these individuals often end up either untreated or waiting to seek help until they must access emergency care due to a crisis.⁵⁷

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, UA kits, etc.)?

The CSA-modeled approach could be very minimally staffed if needed. Particular resources needed would be determined by the proposals that are generated by the rural community groups who apply for funds.

On-site social work staff in senior centers, along with consulting psychiatrist time and trained volunteers to assist with outreach, are needed for the second service delivery option.

As noted above, credentialed staff based in the community being served, and an appropriate treatment site, are necessary for a full co-occurring treatment center on Vashon Island or in any other rural community.

2. Estimated ANNUAL COST. \$100,001-500,000 per service delivery option. Provide unit or other specific costs if known.

⁵⁵ <http://www.kingcounty.gov/healthservices/MHSA/BehavioralHealthIntegration.aspx>

⁵⁶ http://www.kingcounty.gov/~media/health/mentalHealth/Recovery/Documents/130502_Recovery_Ordinance_11-6-12.ashx?la=en

⁵⁷ http://www.kingcounty.gov/elected/executive/~media/elected/executive/equity-social-justice/2015/2015ESJinfographic_pagesLTR_print_booklet-d-.pdf.ashx?la=en

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A pilot of the CSA-modeled community-driven grant program is estimated to cost a minimum of \$50,000 per community service area per year, for a total of \$350,000 to cover all seven unincorporated areas, after an implementation structure is established by King County DCHS, in consultation or partnership with the existing CSA program run by King County Department of Natural Resources and Parks (DNRP). Funding for community-designed services could be increased to \$100,000 or more per year per CSA if there is sufficient demand and available resources. If staffing were added to support implementation – as many as 7.0 FTE total countywide, likely through community-based contractors with strong roots in rural communities (rather than King County employees) – the total cost could increase significantly.⁵⁸ Due to the grantmaking framework of this approach, this service delivery option could be scaled up or down over time to fit with available resources and community needs.

For the second service delivery option, preliminary estimates of the cost to bring 0.25 FTE social workers along with psychiatry consulting as needed, to nine of the 16 senior center sites serving unincorporated area residents, range from \$350,000 to \$500,000.⁵⁹ This estimate that the program might be implemented at nine sites was based on the fact that seven senior center directors consulted during development of the concept enthusiastically confirmed their interest, plus an allowance for two other potential locations to be determined.⁶⁰ Full implementation in all 16 rural senior center sites would then likely fall in the \$620,000 to \$890,000 range. As with the CSA-based option, this approach could be scaled up or down to match available resources.

A full-time behavioral health treatment site including mental health services, substance abuse services, and psychiatry, and case management, may exceed the range shown above, although cost of such an approach was unavailable at the time of this writing. A preliminary estimate of the cost of the Vashon Island co-occurring treatment center service delivery option, developed by a potential provider of such services, was \$170,700 per year to serve 65 clients.⁶¹ Given the range of services needed to provide comprehensive care, this estimated total cost may fit best with a part-time operation.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

The County general fund has been a key funder of older adult programs for decades. However, presently, senior centers outside the City of Seattle do not receive financial support for social work services.⁶² MIDD funding to bring social workers into senior centers would fill a service gap in unincorporated areas.

On Vashon Island, the sole existing community-based treatment provider, Vashon Youth and Family Services (VYFS), serves as a mental health subcontractor through the Navos Consortium, allowing them to serve Medicaid-eligible children. However VYFS does not serve adults, and have recently terminated their direct substance abuse treatment contract with King County, due in part to an insufficient number of Medicaid-eligible youth. VYFS also receives some funds through King County DCHS' Community Services Division to serve at-risk youth through its mental health program and to administer

⁵⁸ In-person consultation with Geoff Miller, King County BHRD (MHCADSD), December 2015.

⁵⁹ Estimate provided by Linda Wells, King County Older Adult Program, December 2015.

⁶⁰ Personal communication with Linda Wells, King County Older Adult Program, January 2016.

⁶¹ MIDD new concept 94 Doors to Change program, Dr. John Castele, Castele Williams and Associates, October 2015.

⁶² Personal communication from Linda Wells, King County Older Adult Program, December 2015.

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homelessness prevention support.⁶³ As described above, this current narrow range of services at VYFS does not offer on-island treatment options for substance abuse or for adults.

- 4. TIME to implementation:** Less than 6 months from award
 - a. What are the factors in the time to implementation assessment?**
 - b. What are the steps needed for implementation?**
 - c. Does this need an RFP?**

As all three of these service delivery options would require more detailed design to ensure a match between resources and community needs, and all would require selection processes to identify providers or rural community grantees, implementation would take some time. However, of the three options, simpler approaches such as the CSA-based community-driven model and/or adding staff to existing senior centers could be implemented within six months of award.

Meanwhile, the full co-occurring treatment center may take longer if a new treatment site is to be launched, because state licensing/credentialing, recruitment of key staff, and siting must all occur before any services can begin. On the other hand, an agency with an existing rural office – already licensed and operational but not part of King County’s full-service Medicaid-funded behavioral health provider network – were funded to expand services, it is possible that siting and licensure may not be a factor in implementation.⁶⁴

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

Countywide rural intervention approaches such as the CSA-based community-driven services approaches, and social workers in senior centers are recommended, because they have the flexibility to be implemented where there is community interest and demonstrable demand, and to be scaled and tailored with relative ease to match unique community needs and the relative size of different communities.

Although the unique needs of Vashon Island do support the case for an on-island co-occurring treatment center, the slower implementation and likely higher cost of such an approach may not deliver as much impact per dollar spent. Given the strong community networks that exist on Vashon Island, a community-designed intervention delivered through the CSA-based model may be a more cost-effective way to boost access to prevention and early intervention services for people of all ages.

This paper links to at least the following other briefing papers:

- 6 Telepsychiatry
- 33 Coordinated Care for Older Adults
- 123 Older Adult Psychiatric Crisis Outreach
- 1g Older Adults Prevention and Intervention
- 1h Older Adult Crisis Intervention and Ongoing Linkage

⁶³ Personal communication from Kathleen Johnson, Vashon Youth and Family Services, to Laura Quinn, King County BHRD (MHCADSD), December 2015.

⁶⁴ Personal communication with Dr. John Castelee, Castelee Williams and Associates, January 2016.

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New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#11 Working Title of Concept: Improving and expanding behavioral health services for rural King County

Name of Person Submitting Concept: Geoff Miller, Andrea LaFazia-Geraghty, Jim Vollendroff

Organization(s), if any: King County BHRD (MHCADSD)

Phone: 206-263-8960

Email: Geoff.miller@kingcounty.gov

Mailing Address: 401 5th Avenue, Suite 400, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Behavioral health services (treatment, prevention and recovery) are difficult to get to and in short supply in many of the rural areas of King County.

In 2010, the King County Council sought a new approach for meeting with and listening to residents in unincorporated areas. In response, Executive Constantine proposed creating a “robust public engagement program that informs, involves and empowers people and communities” throughout the unincorporated areas. With guidance from the County’s strategic plan, the County has established a positive framework for public engagement in unincorporated areas and created seven Community Service Areas (CSAs) to represent all unincorporated residents and communities. MIDD should take this one step farther and use a public health approach to provide behavioral health services to these rural areas.

A public health approach is needed, because there may not be sufficient billable services to support a behavioral health (treatment, prevention & recovery) agency, but service capacity is needed within reasonable transportation distance for youth, adults, and older adults.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the general population, often characterized by indicators such as higher incidence of disease and disability, increased mortality rates, lower life

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expectancies, and higher rates of pain and suffering.

Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, and limited job opportunities. Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations.

3. How would your concept address the need?

Please be specific.

Development and delivery of behavioral health care capacity within each of the seven Community Service Areas (CSAs) will improve the health, and reduce the disparities experienced by our rural citizens.

4. Who would benefit? Please describe potential program participants.

Clients, and the rural communities within the seven CSAs would both benefit from a public health approach to improved access to behavioral health care.

The 7 CSAs include: Bear Creek/Sammamish Area, Snoqualmie Valley/Northeast King County Area, Four Creeks/Tiger Mountain Area, Greater Maple Valley/Cedar River Area, Southeast King County Area, West King County Area, and Vashon/Maury Island Area

<http://www.kingcounty.gov/exec/community-service-areas.aspx>

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Improved access to behavioral health care and improvement in the health of our clients and the community.

Reduction of substance use

Fewer crisis calls

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.

☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.

☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.

☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Improvements in the health of individuals in rural communities is the direct result and it becomes a measureable and rewarded outcome of the system.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools,

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employers, etc.

CSAs, Public Health and contracted agencies would participate and would be potential partners.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ 1,000,000 per year, serving 1,500 people per year

Partial Implementation: \$ 2,000,000 per year, serving 2,500 people per year

Full Implementation: \$ 3,500,000 per year, serving 4,500 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

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New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

36

Working Title of Concept: Addressing Behavioral Health Issues in Older Adults living in Unincorporated or Rural King County.

Name of Person Submitting Concept: Linda Wells

Organization(s), if any: DCHS/CSO`

Phone: 206-263-9069

Email: linda.c.wells@kingcounty.gov

Mailing Address: 401 Fifth Avenue, Suite 510, Seattle, WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Support staff with expertise in mental health/behavioral health, and substance abuse in a minimum of nine senior centers and up to fourteen for at least 10 hours/week per site. The expectation is that on average 10 clients per month per site will be served. The assumption is that 50 percent of clients will be served for a period of time longer than one month resulting in an unduplicated number of 540 or more clients per year. Training and support will be available for the staff when needed on resources including but not limited to: Geriatric Regional Assessment Team (GRAT), Program to Encourage Active and Rewarding Lives in Seniors (PEARLS), Post Traumatic Stress Disorder, Recognition of Alcohol and Substance Abuse in older adults, Cognitive Impairment including memory loss, and Veteran supports. (Note: Aging and Disability Services may be submitting a concept paper that is similar to this concept paper with a focus on City of Seattle senior centers.)

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

Social Isolation is the community need, problem, or opportunity addressed in this concept paper. The following shows how this problem affects older adults in King County and how it can contribute or initiate mental health and substance abuse issues.

Older adults, particularly those living on low incomes and living alone, are at risk for social isolation. An estimated 30,719 (9%) of King County's older adults live on \$11,490 or less each year, and 64,600 (20%) live alone. Older adults who identify as LGBTQ may be at an increased risk of social isolation. In addition, physical and geographic isolation can lead to social isolation. Research has identified social isolation as a multi-thorned problem that may cause or contribute to a number of issues. Those issues for older adults may include early mortality, increased vulnerability to abuse, symptoms of depression, memory loss and cognitive decline, and alcohol/substance abuse.

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Mental Health

Symptoms of depression, cognitive impairment, and memory loss in older adults may be caused by issues that can be treated with therapy, activities and, when needed, medication. For example, older veterans may be experiencing ongoing or delayed Post Traumatic Stress Disorder that may become more pronounced as their lives become less structured such as after retirement or the death of a spouse. Senior center staff may not have the expertise to recognize the problem and give proper referrals to appropriate resources. This concept paper includes funding for a psychiatrist or psychologist to be available for consultation to the nine senior center staff who are funded with MIDD dollars.

Note: Memory loss as a result of Alzheimer's disease or a series of myocardial infarctions may not be resolved through behavioral health treatment. However, those living with the memory loss, especially in the early stages, may have symptoms of depression or anxiety which could be addressed with therapy. Memory loss caused by one or more of the following could be resolved at least partially if not entirely: misuse of prescription drugs such as antidepressants, anti-anxiety medications, tranquilizers, and pain medications; alcohol and illicit drug use; and depression.

Senior centers more frequently than in the past are being used as an alternative to the services previously offered by the adult day health programs. For example, one senior center director stated that several participants are being dropped off by their adult children at the center in order to give the adult family caregivers a break or respite. These participants are experiencing memory loss, agitation, anxiety, or a combination of these and cannot be left home alone safely. However, the staff at the senior centers often are few in numbers and not trained for more complicated behavioral health issues. Volunteers help fill in the gaps but they also tend not to be trained for mental health or behavioral health issues. For example, the Snoqualmie Valley Senior Center up until mid 2015 had an adult day health program to which older adults with behavioral, functional, and physical issues could be referred. Due to budgetary constraints, the adult day health program was closed in August, 2015. The senior center has hired a social worker for ten hours a week to work with former clients of the adult day health program as well as adults who have difficulties leaving their homes. Other senior centers currently funded in the DCHS Older Adults program also have identified social work services as a needed addition to the current array of support and activities they offer. For example, the director of the Vashon Senior Center stated: "On Vashon, many Boomers are moving their parents out here so that they can more closely monitor their living and health (physical/mental/cognitive) situations. As you know, Vashon already has the largest concentration of older adults in King County so you can imagine what this new migration of moving Mom and Dad close by will do to our 2020 US Census numbers!"

Alcohol/Substance Abuse

A disturbing trend was shared by the director of one of the senior centers serving older adults living in southeast King County. She reported that several participants with chronic pain are using heroin instead of their previously prescribed pain medication. The heroin is used as a less expensive and easier to obtain solution to address the pain. This is an example of a need that senior center volunteers and staff are ill-equipped to meet.

To date, most of the senior center directors funded with King County General funds say that while they do not have firm numbers, they suspect that some of their participants are at risk of abusing alcohol and drugs. The directors state that the participants likely are fearful of admitting this or other types of illegal behavior, in part because it may affect their ability to live independently. One of the senior center directors reported that Therapeutic Health Center, after reviewing data for his particular geographic area, is investigating the logistics of establishing a Methadone Clinic in the area. This senior center director said there is no doubt that some of the older adult participants at his center are misusing drugs.

Alcoholics Anonymous hold weekly meetings in one of the senior centers. While no demographic data is collected, the estimate by that senior center director is that one-third of the 50 participants are 55 years or older.

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3. How would your concept address the need?

Please be specific.

Senior centers are often the first step in the long term care continuum for older adults. This is particularly true as funding for adult day health services is decreasing, leaving fewer resources for supporting older adults who want to live in their communities for as long as possible. The directors of senior centers serving people living in the rural unincorporated areas of the County report that they are seeing increased numbers of participants who are showing signs of mental health issues and who need increased social services support. This support is especially true for those with signs of depression, beginning signs of memory loss, those who have become addicted to pain medications, and those who are showing signs of Post Traumatic Stress Disorder now that they are no longer working. And, as the number of King County older adults is expected to be 25 percent of the total population by the year 2035, the number who are expected to need services likely will continue to rise as well. The need for solutions for this growing population is becoming urgent.

Training on existing resources and when to refer to them, on behavioral health symptoms, and on recognizing signs of alcohol or substance abuse will be available to staff working with older adults, not just those assigned to the senior centers. This training will strengthen the current system of supports that are available for older adults.

Senior centers more frequently than in the past are being used as an alternative to the services previously offered by the adult day health programs. For example, one senior center director stated that several participants are being dropped off by their adult children at the center in order to give the adult family caregivers a break or respite. These participants are experiencing memory loss and cannot be left home alone safely. However, the staff at the senior centers often are few in numbers and not trained for more complicated behavioral health issues. Volunteers help fill in the gaps but they also tend not to be trained for mental health or behavioral health issues. For example, the Snoqualmie Valley Senior Center up until mid 2015 had an adult day health program to which older adults with behavioral, functional, and physical issues could be referred. Due to budgetary constraints, the adult day health program was closed in August, 2015. The senior center has hired a social worker for ten hours a week to work with former clients of the adult day health program as well as adults who have difficulties leaving their homes. Other senior centers currently funded in the DCHS Older Adults program also have identified social work services as a needed addition to the current array of support and activities they offer. For example, the director of the Vashon Senior Center stated: "On Vashon, many Boomers are moving their parents out here so that they can more closely monitor their living and health (physical/mental/cognitive) situations. As you know, Vashon already has the largest concentration of older adults in King County so you can imagine what this new migration of moving Mom and Dad close by will do to our 2020 US Census numbers!"

A disturbing trend was shared by the director of one of the senior centers serving older adults living in southeast King County. She reported that an increasing number of participants with chronic pain are using heroin instead of their previously prescribed pain medication. The heroin is used as a less expensive and easier to obtain way to address the pain. This is an example of a need that senior center volunteers and staff are ill-equipped to meet

To date, most of the senior center directors funded with King County General funds say that while they do not have firm numbers, they would not be surprised if some of their participants are at risk of abusing alcohol and drugs. The directors state that the participants likely are fearful of admitting this or other types of illegal behavior, in part because it may affect their ability to live independently. One of the senior center directors reported that Therapeutic Health Center, after reviewing data for his particular geographic area, is investigating the logistics of establishing a Methadone Clinic in the area. This senior center director said there is no doubt that some of the older adult participants at his center are misusing drugs.

Alcoholics Anonymous hold weekly meetings in one of the senior centers. While no demographic data is

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collected, the estimate by that senior center director is that one-third of the 50 participants are 55 years or older.

4. Who would benefit? Please describe potential program participants.

Adults aged 55 and older with symptoms of behavioral health/mental health, and or alcohol substance abuse issues who live in or near the unincorporated areas of King County. Older adults living in the rural areas of King County in particular would benefit as their local senior centers often fill several roles such as providing transportation, serving nutritious meals, and providing an extra set of eyes to monitor any ongoing or developing issues. In addition, senior centers near rural areas often serve as drop-in and warming centers during crises.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Older adults experiencing social isolation will be supported with resources and assistance so that they are more likely to remain independent for as long as they choose or as long as they are safe, particularly those who are living alone and on low incomes, those who live in geographically isolated regions of King County, or those who identify as LGBTQ.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☐ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

The research provides a solid basis to anticipate that the needs of King County older adults include effective ways to address social isolation. When providers and funders of services for older adults were consulted on the proposed design for this concept, the overwhelming response was that it was needed; in fact, one senior center director described it as a potential God-send. In addition to the providers, several funders said that this would fit with and expand the network of services such as the KC Public Health's Community Health workers and the City of Seattle's funding for social workers in the Seattle senior centers. All those who were consulted agreed that older adults face the same issues as those who are younger, especially social isolation, alcohol and substance abuse, depression, anxiety, and memory loss. In addition, the group who were consulted agreed that this new team funded with MIDD funds could serve a triage function that would link older adults in crisis with appropriate resources.

The second way this concept will improve health, social and justice outcomes is by providing training on specific resources to a wide swath of professionals who work with older adults. Many of these dedicated professionals may not know about the King County Community Support Workers, the wide range of resources at the King County Veterans program and the Veterans Administration, the criteria for when to call the Geriatric Regional Assessment Team, the existence of PEARLS for older adults with minor depression, or a host of other invaluable programs such as how to recognize symptoms of alcohol and

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substance abuse. While the list of trainings will be developed to enhance the abilities of the team in the senior centers, the range of trainings is expected to be a valuable resource to many working outside the senior centers.

8. What types of organizations and/or partnerships are necessary for this concept to be successful? Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Senior Centers that serve older adults living in unincorporated King County regions, social workers or mental health therapists with expertise working with older adults who have mental health/behavioral health/alcohol and substance abuse issues. Collaboration with Aging and Disability Services (the designated Area Agency on Aging), Public Health – Seattle/King County, Sound Generations (also known as Senior Services) and other organizations are in place and will continue to be part of the network for serving older adults in King County.

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ per year, serving # of people here people per year

Partial Implementation: \$ 350,000 per year, serving an estimated 540 unduplicated people per year

Full Implementation: \$ 500,000 per year, serving an estimated 840 unduplicated people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

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New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#94

Working Title of Concept: Doors to Change Program

Name of Person Submitting Concept: John L. Castele

Organization(s), if any: Castele, Williams, and Associates Comprehensive Behavioral Health Inc.

Phone: 253-536-2881

Email: cwacounseling@hotmail.com

Mailing Address: 8833 Pacific Ave. Ste. D Tacoma, WA 98444

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

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Castelee, Williams, and Associates Comprehensive Behavioral Health inc. (CWA), at the request of Vashon Alliance to Reduce Substance Abuse, has agreed to establish a new co-occurring treatment center on Vashon Island.

CWA is a state behavioral health certified provider agency for the treatment of chemical dependency and domestic violence. While mental health providers are all individualized licensed mental providers, we are in the process of applying to Behavioral Health, Department of Social Health Services for the approval of the agency acquiring a mental health status as well.

More specifically CWA brings a holistic approach to treatment and service delivery. Treatment is dual diagnostically assessment and treatment based. Specific services include:
State approved chemical dependency program treatment for both youth and adults.
Treatments also include court related DUI treatment services as well.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

This community has high ACES scores and high number in the HYS (Healthy Youth Survey). These are reasons the federal government awarded Vashon a 5 year DFC (Drug Free Community) grant and has awarded, through DBHR, a CPWI grant for the last three years. The VARSA coalition has worked with these funding streams to implement strategies to help reduce these numbers. One of the core issues has been that Vashon has no alcohol/drug treatment services that also can handle dual diagnosis with the mental health need. CWA can handle both of these issues and in locating an office here on Vashon will be able to meet that need and serve a population that currently needs to travel off island for full services.

3. How would your concept address the need?

Please be specific.

My concept would address the need of the client's, as it would be based on a thorough assessment of treatment needs. From the assessment, I will then identify the problems to be addressed and then from that in conjunction with the client establish a treatment plan. My therapeutic approach to treatment assists me to have services that meets the needs of the clients as opposed to having the clients fit into a program. Specifically, the approach to treatment is multi-modeled to borrow a concept from Arnold Lazarus. In general, my approach depends on A) the nature of the presenting "problem"; B) the "intra-personal and inter-personal context" of the individuals). dyad or couple, or family that presents for therapy services: and C) the level of "skills and motivation" of the client (s) who present for treatment.

Specifically, my therapeutic orientation is a mixture of 1) Psychodynamic: Rogers, and to some degree, Sullivan; 2) Family (systems) Therapy- (Structural: Minuchin: and Family of Origin: Bowen): and 3) Behavioral strategies: Krumboltz, Patterson and Jacobson. Which approach(s) I utilized first and move into next, are entirely dependent on the variable mentioned above.

As a result by addressing issues from a "systems perspective" it assists in focusing first on the problem as a whole as opposed to as symptomatic, crisis, or a fragmented approach. Various systems are not limited to the therapeutic approach but in addition to family systems it would also focus on the community at large. This partnership of community collaborators will be further discussed in section 8.

4. Who would benefit? Please describe potential program participants.

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When proper and holistic treatment is provided to the client, with the systems approach as stated above, a successful outcome is achieved for both the individual, the family, and the community as a whole as will be discussed further in section 7 and 8. The community as a whole would benefit because the program is designed to create healthy individuals by fully addressing the mental health and substance abuse issues in a combined co-occurring fashion for youth, adults, and families. With a focus on families, again we can deal in a systems approach thus addressing the root problems as opposed to symptoms only. With individual and family relief from the affects of mental illness and substance abuse, improvements can be seen through the reduction of rural area specific crimes, reduction of education dropout rates, reduction of community dysfunction especially as it affects rural communities such as Vashon Island, enhance appropriate utilization of medical facilities and detention centers as a community resource rather than as a means to treat, rehabilitate, or punish those suffering from a mental health issue or substance use issues, reduce family violence and/or domestic violence amongst other issues that have the potential to negatively affect the community.

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

While the HYS data from 2014 shows a low use in 8th grade, the use numbers rise in 10th grade. By being able to offer on island services we would expect to see a lowering of numbers of use in the 10th grade HYS numbers.

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☐ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☒ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective – to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Our concept fits the MIDD II Objective because CWA will be directly servicing the need to improve health, social, and justice outcomes for people living with or at risk of mental illness and substance abuse disorders. CWA understands that in several cases mental health disorders and substance abuse disorders are heavily correlated. We also understand that when these issues, either one or the other or both, if gone untreated, can create negative impacts and consequences on those affected by it. Unfortunately, when this is the case we also understand that the individual is not the only person who suffers in these instances. Spouses, children, and families also suffer in mental health and substance abuse related issues. This is why it is our goal to treat the root rather than the systems and consequences of the disorder. It is also why community engagement and collaboration is important to use because it helps us truly understand the issues of a particular community rather than coming into an area without a foundation of knowledge and relationship. CWA is dedicated to improving the community by helping its residents get their life back in focus.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

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Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

CWA is in partnership with the following organizations:

- Vashon Alliance to Reduce Substance Abuse (VARSA)
- Vashon Island School District (VISD)
- Community Prevention and Wellness Initiative (CPWI)
- Puget Sound Educational Service District (PSESD)
- Division of Rehabilitation Services (DVR)
- Seeds 4 Success (S4S)
- Domestic Violence Advocates (DOVE)

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ # of dollars here per year, serving # of people here people per year

Partial Implementation: \$ 170,700 per year, serving 65 people per year

Full Implementation: \$ # of dollars here per year, serving # of people here people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.

October 30, 2015

Kelli S. Carroll
Strategic Advisor
Mental Health, Chemical Abuse and Dependency Services Division
King County Department of Community and Human Services

Alan Painter
Manager, Community Service Area Program

Subject: Application Submission for King County MIDD New Concept

Dear Mrs. Carroll,

I am pleased to be able to participate in the application for the MIDD grant. I am providing the grant information request on behalf of our new branch office on Vashon Island, King County Washington.

I look forward to speaking with you and your staff regarding this opportunity. Please feel free to contact me for further information regarding this application, and to verify that the application was electronically transmitted successfully. I can be reached at 253-536-2881 my office number or 253-312-9364 my cell number.

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Respectfully submitted,

John L. Castele Jr. PhD.
Licensed Marriage & Family Therapist
Executive Director

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Information about the Existing King County Community Engagement Grants Program

Retrieved from <http://www.kingcounty.gov/exec/community-service-areas/engagement-grants.aspx>

February 1, 2016

2016 Community engagement grants

King County Community Service Areas

Purpose

The purpose of the Community Engagement Grants is to fund community projects that offer unincorporated area residents in the Community Service Areas an opportunity to participate and be more connected in their communities. Funded projects must demonstrate how activities are accessible to all residents regardless of race, income, or language spoken.

Due

Applications are due by 5 p.m. on Monday, November 16, 2015.

Funds Available

A total of \$60,000 will be reimbursed for projects in 2016. The King County Department of Natural Resources and Parks Community Service Areas Program will provide funds to selected projects through a letter of award and Memorandum of Agreement. Amounts will be limited to less than \$5,000 per project. A complete list of selected projects will be available online.

Funding priority goals

Community Engagement Grants will support projects that advance the King County Strategic Plan and achieve one of the following goals:

- Promote the engagement of unincorporated area residents in community or civic activities
- Educate local residents about issues impacting them
- Implement a community enhancement project
- Meet King County's equity and social justice goals of increasing fairness and opportunity for all people, particularly for people of color, low-income communities and people with limited English proficiency.

Project examples (Not Inclusive)

Community events such as concerts, festivals, educational/safety

Community enhancement projects such as tree planting, graffiti removal and neighborhood clean-up

Community-led planning or training

Neighborhood or community signage

Selection criteria

- Priority will be given to projects that are one time or time limited in scope; ready to be implemented, and will be completed in 2016.
- Project clearly addresses one or more of the Funding Priority Goals stated for the Community Service Area Grants.
- Project location and target population are within the unincorporated Community Service Areas and are free and open to all members of the general public within unincorporated King County and provides a public benefit.

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- Projects are not intended to support infrastructure or ongoing operational costs of locally funded governmental organizations.
- Project demonstrates how activities are accessible to all residents regardless of race, income, or language spoken.
- Project objectives and activities encourage community engagement and high community participation.
- Project has identified clear outcomes or results and a specific work plan to achieve them.
- Project has a viable plan for continued support and maintenance.
- Project demonstrates community outreach and support.
- Project demonstrates community support based on the level of community involvement by the project partners.
- Project budget is realistic and achievable and the funding request is specific and attributable to the project.
- Project match is at least 25% of total project budget.
- Geographic distribution of funds will be considered.

Match

A minimum match of 25% of the total project cost is required. Match can be in the form of volunteer time, cash or other forms of in-kind services and other resources from project partners and contributors.

Eligible applicants

Locally-based community-led organizations in the unincorporated Community Service Areas and organizations based within a city but serve unincorporated area residents that encourage collaborations and partnerships in unincorporated King County.

Applicant status

If your organization is not incorporated, you must designate a fiscal sponsor. Partnership with local non-profits is encouraged. Please contact the CSA Grant staff lead for guidance and support.

Unincorporated Community Service Area description

Bear Creek/Sammamish Area – Western boundary is the urban growth line near Woodinville, the northern boundary is the King-Snohomish County line. The east and south boundaries follow the watershed ridge line. This CSA contains the Sammamish Agricultural Production District.

Snoqualmie Valley/NE King County Area – Western boundaries are the ridge line of the Bear Creek CSA and the urban growth line. Southern boundaries are the watershed line, forest production district and I-90. Northern boundary is the county boundary with Snohomish County. This CSA contains the Snoqualmie Agriculture Production District and a portion of the Forest Production District.

Four Creeks/Tiger Mountain Area – The western and northern boundaries are the urban growth line, I-90 and the Forest Production District boundary (joint boundary with Snoqualmie Valley/NE KC Area). The eastern and southern boundary is the Tahoma School District boundary (joint boundary with Greater Maple Valley/Cedar River CSA).

Greater Maple Valley/Cedar River – The western boundary is the urban growth line, north boundary is the watershed line, forest production district boundary and I-90 (Snoqualmie Valley CSA). The eastern

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boundary is the county boundary with Kittitas County; the southern boundary is the watershed line (SE KC CSA). This CSA contains portions of the Forest Production District.

SE King County Area – The western boundary is the urban growth boundary, the northern boundaries are the urban growth and the watershed line (Greater Maple Valley CSA). Boundaries to the east are Kittitas County and to the south is the Pierce County line. This CSA contains the Lower Green, Middle Green, and Enumclaw Agriculture Production Districts and a portion of the Forest Production District.

Vashon/Maury Island Area – Vashon-Maury Island is bounded by and located in Puget Sound.

West King County Areas – This CSA contains the remaining urban unincorporated potential annexation areas located throughout West King County. All of these areas are either bounded by existing cities or the urban growth boundary. The identified major potential annexation areas include: North Highline, West Hill, East Federal Way, Fairwood, and East Renton.

Application deadline

Applications are due Monday, November 16, 2015 by 5 p.m.

Please use the King County Community Service Areas Grant Program Application Template (99 KB MS Word Doc) for your application.

Applications must be received by 5 p.m. on November 16, 2015 via the following:

- Electronically: Marissa Alegria
- Physically at the following location:
Dept. of Natural Resources and Parks, Director's Office ATTN: Marissa Alegria
201 South Jackson Street, Suite 700
Seattle, WA 98104

The application packet is available to download in either MS Word or PDF format.

Marissa Alegria, CSA Grant staff lead will be available to respond to questions in person regarding the CSA Grant Application at the following location and time:

- Wednesday, October 14, 2015, 9-11:30 a.m.
- Tuesday, November 3, 2015, 1:30-3 p.m.

King Street Center, 8th Floor Conference Room 8-E
201 South Jackson Street
Seattle, WA 98104

Marissa Alegria is also available to answer questions by phone at 206-477-4523 or e-mail or by setting up an appointment to meet at a more convenient location.

Project Completion

Projects must be completed within 12 months.

Allowed Costs

Reasonable expenses that are attributable and clearly needed for the project and outlined in the budget.

King County reserves the right to determine the nature and manner in which costs and items will be paid for in any grant.

Reporting Requirements

Grantees will submit a final report documenting that the outcomes and measures defined for project success were met. Project results may be published in a report which will be available online.

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Other Requirements

Funded projects may be asked to participate and/or attend the annual CSA Open House held in the project area.

Funded projects must acknowledge King County contribution to event or project.

The project applicant is responsible for the following:

- Establish a record keeping system which includes a breakdown of cash and in-kind contributions as well as grant funds and retain these records for three years after the project is completed.
- Tax reporting is the responsibility of the applicant.

For more information, please contact Marissa Alegria 206-477-4523 / TTY 711.

*Final funding availability is contingent on approval of the 2015-2016 King County Budget