MIDD Renewal Community Engagement Report

Overview of community engagement for MIDD Renewal

King County Department of Community and Human Services

King County

MIDD Supporting behavioral health and recovery

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Introduction

In September 2025, the King County Council unanimously voted to renew the MIDD behavioral health sales tax for an additional 9 years through 2034. Community engagement led by the MIDD Renewal planning team was conducted to inform the MIDD 3 implementation plan and the future of the MIDD behavioral health sales tax. The MIDD Renewal efforts focused on engaging community members throughout King County, such as providers, community-based organizations and individuals with lived/living experiences.

Phase One of these efforts occurred from July to November 2024, focusing on how MIDD funding could address needs and gaps in the County's behavioral health system. Engagement sought insight into enhancing behavioral health care for community members throughout King County, reducing substance use risks (including opioids), improving workforce conditions, and supporting networks of integrated care providers. Diverse populations were engaged throughout King County, including individuals with lived experience, BIPOC communities, youth advocates, service providers, and current and former recipients of MIDD funds.

Phase Two of the engagement was conducted throughout January to October 2025 to specifically connect with community members identified as priority populations. During this phase, the MIDD Renewal Team focused on gathering input from individuals with lived experience of incarceration, as well as older adults, youth, rural and 2SLGBTQIA+ community members.

In Phase One, the MIDD & MIDD Renewal Team reached approximately 1,553 individuals using five engagement methods. In Phase Two, the MIDD Renewal Team reached approximately 673 individuals through four engagement modalities. Figure 1 gives a high-level overview of all community engagement methods used across all phases and projects. This report reviews demographic data collected through various engagement methods and outlines the behavioral health needs, gaps, and opportunities in King County. Themes from both community engagement phases, ongoing community feedback, and Subject Matter Expert (SME) workgroups will inform the MIDD 3 implementation plan.

Figure 1. Summary of community engagement methods utilized by DCHS from 2024-2025

46 In-person listening sessions [2024-2025]

Focused on hearing from the community members throughout King County and priority populations (i.e.youth, older adults, etc.)

505 individuals attended these listening sessions.

8 Community-based events [2024-2025]

Focused on hearing from Peers (People with lived/living experience), behavioral health providers, community members present at these events.

447 individuals engaged during these events.

34 Virtual listening sessions [2024-2025]

Focused on hearing from clinical behavioral health providers, community-based organizations & governement agencies.

258 individuals attended these listening sessions.

21 Online surveys [2024-2025]

Focused on engaging community members throughout King County that couldn't attended virtual or in-person listening sessions. Survey was translated into 20 different languages.

473 responses to our online survey.

Be Heard: Community Voices about Mental Health & Wellness Community Listening Project [2024]

Focused on supporting culturally centered organizations in gathering feedback on the behavioral health needs within their communities. BHRD sought to learn about strengths, challenges, and opportunities for improving behavioral health services and programming in communities not always served well by the mainstream behavioral health system.

14 organizations were provided small grants to conduct listening sessions and interviews within their communities. A total of 106 listening sessions and interviews were conducted with **543 participants.**

Participants and data from MIDD Renewal community engagement

Virtual listening sessions

Virtual listening sessions began in July 2024 and continued through July 2025. These sessions were organized in partnership with community-based organizations, behavioral health providers, and community members to reach a wide range of participants, including those who could not attend in-person meetings and events. By using virtual platforms, the MIDD Renewal Team reduced barriers to participation, such as transportation, scheduling conflicts, and geographic distance, ensuring broader participation across King County.

The sessions provided a space for participants to share their experiences and perspectives on behavioral health in King County. Discussion questions centered on two main areas of focus: "Needs and Opportunities in the Behavioral Health System" and "Accessibility and Availability of the Behavioral Health System." Feedback gathered during these sessions highlighted both challenges and potential solutions, which will inform future planning and implementation efforts.

Table 1: Affiliation of Virtual listening session attendees

Category/Organization	Number of Attendees
Behavioral health providers	27.9% (72)
Rural health providers	8% (22)
Community-based organizations (CBOs)	10.8% (28)
King County employees	18.2% (47)
City government agencies	18.6% (48)
Peers (People with lived/living experience)	13.5% (35)
King County community members	Δ
Total number of individuals	**258**

Δ Number of respondents is suppressed when less than ten to protect participants' privacy.

In-person listening sessions

The MIDD Renewal in-person sessions were organized similarly to the virtual listening sessions with a question set that focused on the following: "Needs and Opportunities in the Behavioral Health System" and "Accessibility and Availability of the Behavioral Health System."

In 2024, listening sessions were held in each King County council district and were open to the public, allowing community members interested in attending to share their feedback and insights on their community's needs. In 2025, in-person listening sessions were coordinated with organizations that had rapport with priority populations that were identified during Phase One of the 2024 engagement. These sessions focused on communities that face additional barriers, bias, and stigma when seeking behavioral health services, such as older adults, youth, and incarcerated community members.

The *Be Heard: Community Voices about Mental Health & Wellness Community Listening Project*, also known as the *Be Heard Project*, was a set of listening sessions coordinated by (BHRD) staff and culturally centered organizations. Culturally centered organizations led these sessions to gather feedback about their communities' behavioral health needs from June through September of 2024. BHRD provided small grants to 14 organizations to conduct listening sessions and interviews in their communities. Although these sessions took place a few months before the official launch of the renewal effort, the themes and conclusions from those sessions are relevant to the MIDD Renewal.

Table 2 shows the organizations to which individuals who attended the in-person sessions were affiliated. Table 3 shows the number of individuals engaged by organizations through the Be Heard Project.

Table 2: Affiliations of MIDD Renewal in-person listening session attendees

Category/Organization	Number of Attendees
King County community members	3% (17)
Governmental agency (i.e., King County council member and/or staff)	Δ
Community-based organization (CBO) staff	7% (34)
Volunteer at non-profits	Δ
Behavioral health providers	Δ
School system staff	Δ
Correctional officers	3% (15)
Peers (People with lived/living experience)	5% (26)
2SLGBTQIA+ community members	5% (23)
Incarcerated adults	20% (99)
Older adults [55+]	14% (72)
Older adults with Limited English Proficiency (LEP) [Khmer & Spanish speaking]	5% (27)
Youth (Middle & high schoolers)	28% (142)
Incarcerated youth	5% (27)
Total unduplicated individuals	**505**

Δ Number of respondents is suppressed when less than ten to protect participants' privacy.

Table 3: Be Heard: Community Voices about Mental Health and Wellness Listening Project Attendance

Category/Organization	Number of Attendees
Alimentando al Pueblo (AAP)	11% (62)
Association of Zambians in Seattle (AZS)	6% (35)
Ayan Maternity Health Care Services (AMHS)	11% (62)
CHARMD Behavioral Health (CHARMD)	5% (25)
Communities of Rooted Brilliance (CRB)	6% (31)
Congolese Integration Network (CIN)	5% (29)
Ethiopian Community in Seattle (ECS)	6% (30)
Filipino Community of Seattle (FCS)	6% (31)
Indian American Community Services (IACS)	6% (30)
Korean Community Service Center (KCS)	6% (30)
NAMI Eastside (NAMI)	16% (85)
New Americans Alliance for Policy and Research (NAAPR)	5% (28)
Therapy Fund Foundation (TFF)	6% (34)
Vietnamese Health Board (VHB)	6% (31)
Total unduplicated individuals	**543**

Community-based events

MIDD Renewal staff attended eight community events during both engagement phases to gather direct feedback from residents. At these events, attendees indicated which factors on the posterboard they considered most important for improving community access to mental health and substance use prevention/recovery services. Participants could cast their vote by scanning a QR code on the board or by speaking with a staff member present, who would then record their selections. The list of factors voted on was developed by subject-matter experts and highlighted the components necessary for community members to have better access to behavioral health services.

The identified factors included:

1. Better Language Access
2. Cost Of Services
3. Disability Support
4. Less Stigma
5. Provider Diversity
6. System Navigation
7. Telehealth
8. Transportation To Services

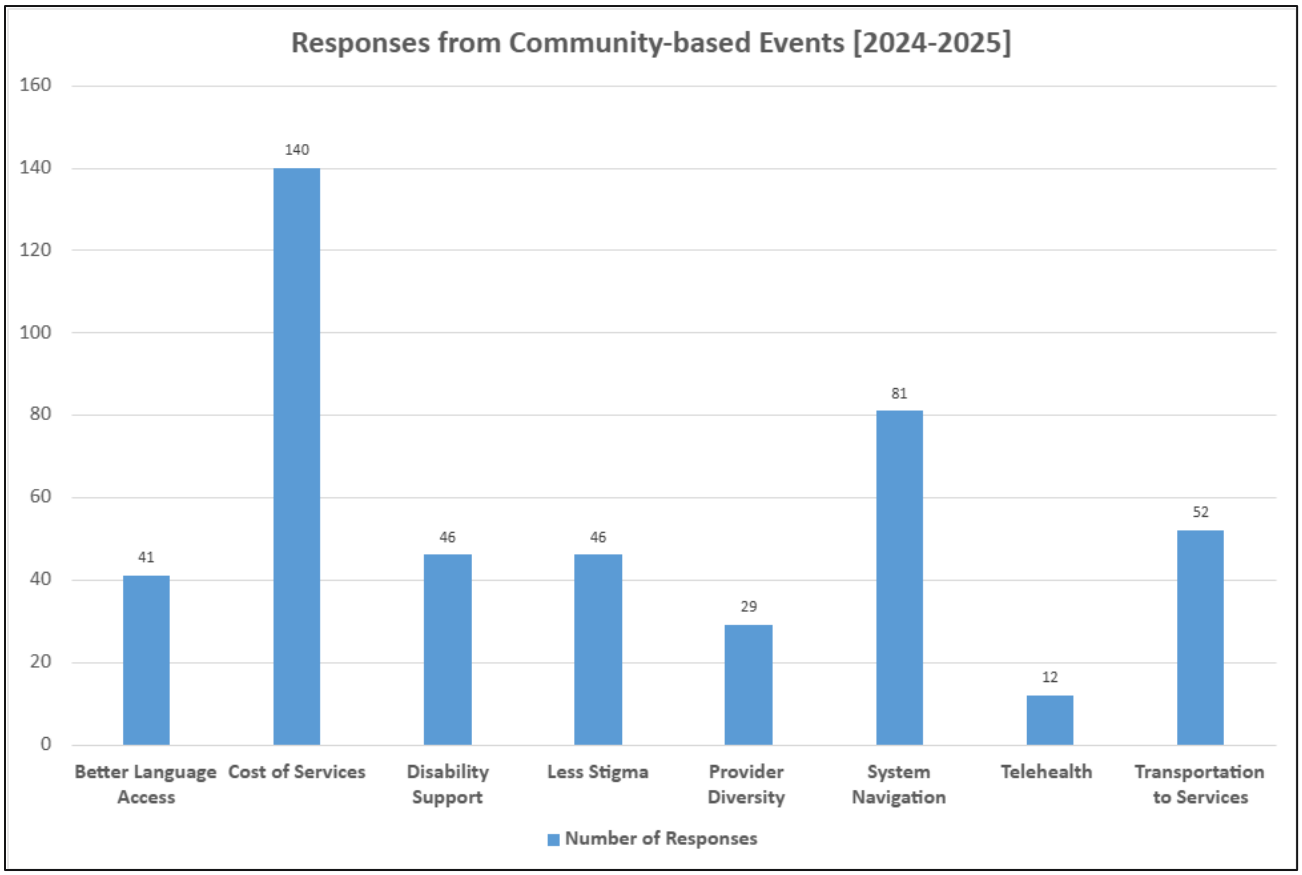
Table 4 shows the number of individual responses received at each event. Figure 2 summarizes the responses that were gathered from the eight events that were attended.

Appendix A has an image of the posterboard with the QR codes BHRD used at community-based events. Appendix B provides definitions for the terms identified and listed above.

Table 4: Number of responses at each community-based event

Community-based event	Number of Responses
Recovery Day Event	95
Behavioral Health Legislature Forum	103
Substance Use Recovery Conference	40
King County Fair	20
Reclaiming Wellness Conference	27
King County Fair	8
King County Fair	25
King County Fair	24
Redmond Pride Event	105
Total number of responses	**447**

Figure 2. Summary of posterboard responses to "Factors community felt were most important for accessing behavioral health services"



Online survey

The anonymous online survey was published in late August 2024 and remained open to the public until early November 2025. The survey provided an additional, low-barrier avenue for community members to share their perspectives, particularly those who could not attend an in-person or virtual listening session due to work schedules, caregiving responsibilities, transportation challenges, or other constraints.

To ensure broad accessibility, the survey was offered in English and the 20 most spoken non-English languages in King County. This multilingual approach was crafted to reach individuals with limited English proficiency and other community members who may not typically participate in traditional engagement activities. The survey collected feedback about behavioral health needs, service gaps, and community priorities, providing valuable insights that complemented the information gathered through other engagement methods.

All feedback gathered from these surveys was processed, with responses to the open-ended questions integrated into the overall themes identified across other modalities of community engagement. Additional tables and charts are included in this section to provide additional information gathered from the survey.

Table 5 provides demographic information about those responding to the survey.

Table 5: Online survey responses
Total responses: 473

Demographic Category	% of Responses (n)
Race/Ethnicity*	
A Race Not Listed	6% (29)
American Indian/Alaska Native	6% (25)
Asian/Asian American	9% (41)
Black/African American/African	10% (47)
Hispanic/Latinx	17% (81)
Middle Eastern/North African	Δ
Native Hawaiian/Pacific Islander	Δ
White	61% (288)
Age	
0-17	Δ
18-24	4% (21)
25-34	13% (61)
35-44	21% (98)
45-54	24% (112)

55-64	20% (94)
65+	18% (86)
Gender Identity	
Female	67% (317)
Male	24% (115)
Non-binary	3% (15)
Prefer not to say	5% (22)
Self-identify in another way	Δ
Survey Language	
Arabic	Δ
Chinese (Simplified)	Δ
English	84% (395)
Korean	Δ
Russian	Δ
Somali	Δ
Spanish	10% (48)
Ukrainian	Δ
Vietnamese	Δ
Housing Circumstances ("Where do you currently sleep at night?")	
In a house I own/rent	90% (427)
In an emergency shelter or temporary housing	5% (26)
In another place (such as a car, tent, or unsheltered on the street)	Δ
In someone else's house, temporarily	3% (16)

*Race and ethnicity are presented inclusively here. This means that percentages may sum to greater than 100%.
Δ Number and percentage of respondents is suppressed when less than ten to protect participants' privacy.

Figure 3 below details responses to the following survey question:

- *Please rate how important you think each one of these factors are to meet the mental health and substance use needs in your community. (High Need, Moderate Need, I don't know, Not Needed)*

The ranking for this question focused on evaluating the following behavioral health services:

1. **Prevention**: (Such as early screening and referral to treatment, campaigns designed to reduce use of alcohol/drugs and increase help seeking, culturally

appropriate trainings about mental health, stress management, coping strategies, and healthy lifestyle choices).

2. **Inpatient or Residential Treatment**: (Treatment where participants enter to receive care that requires staying overnight or longer at a hospital or another healthcare facility)
3. **Outpatient Treatment**: (Mental health & substance use services that are provided without an overnight stay)
4. **Recovery**: (Such as support groups for individuals & families, services that assist in overcoming challenges and managing a healthy lifestyle)
5. **Navigation**: (Such as having access to someone who can help you connect with services or improving collaboration between service providers so services are easier to find)
6. **Workforce Development**: (Such as efforts to diversify and expand the behavioral health workforce)
7. **Accessibility**: (Such as Interpretation, translation, and language services , and services for uninsured individuals who seek/need behavioral health services)
8. **Relevant Services**: (Ensuring that services exist that are relevant to specific populations, for example, youth, seniors, people experiencing homelessness, BIPOC, immigrants/refugees, LGBTQIA+, etc.)

When respondents were asked to identify the greatest service needs, they overwhelmingly pointed to prevention-oriented support. This included a desire for more robust early screening and referral pathways, public awareness campaigns to increase care-seeking and reduce stigma, and clearer system navigation to behavioral health resources to help individuals understand where and how to access services. Respondents also emphasized the importance of expanding treatment options across the continuum of care, noting that prevention efforts are most effective when paired with accessible, culturally responsive, and timely interventions.

Figure 3. Respondent's perceptions of services need: A Likert scale breakdown

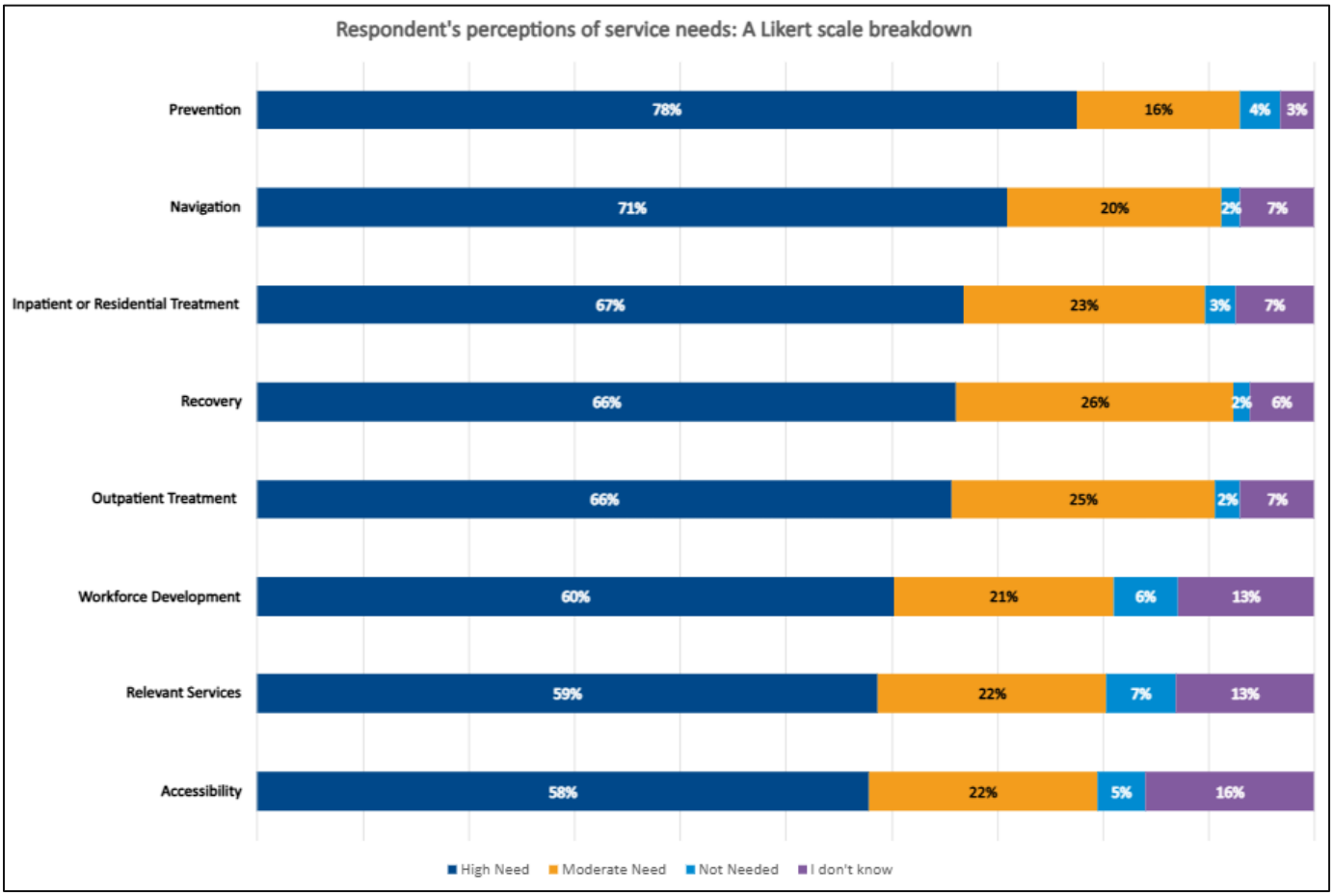


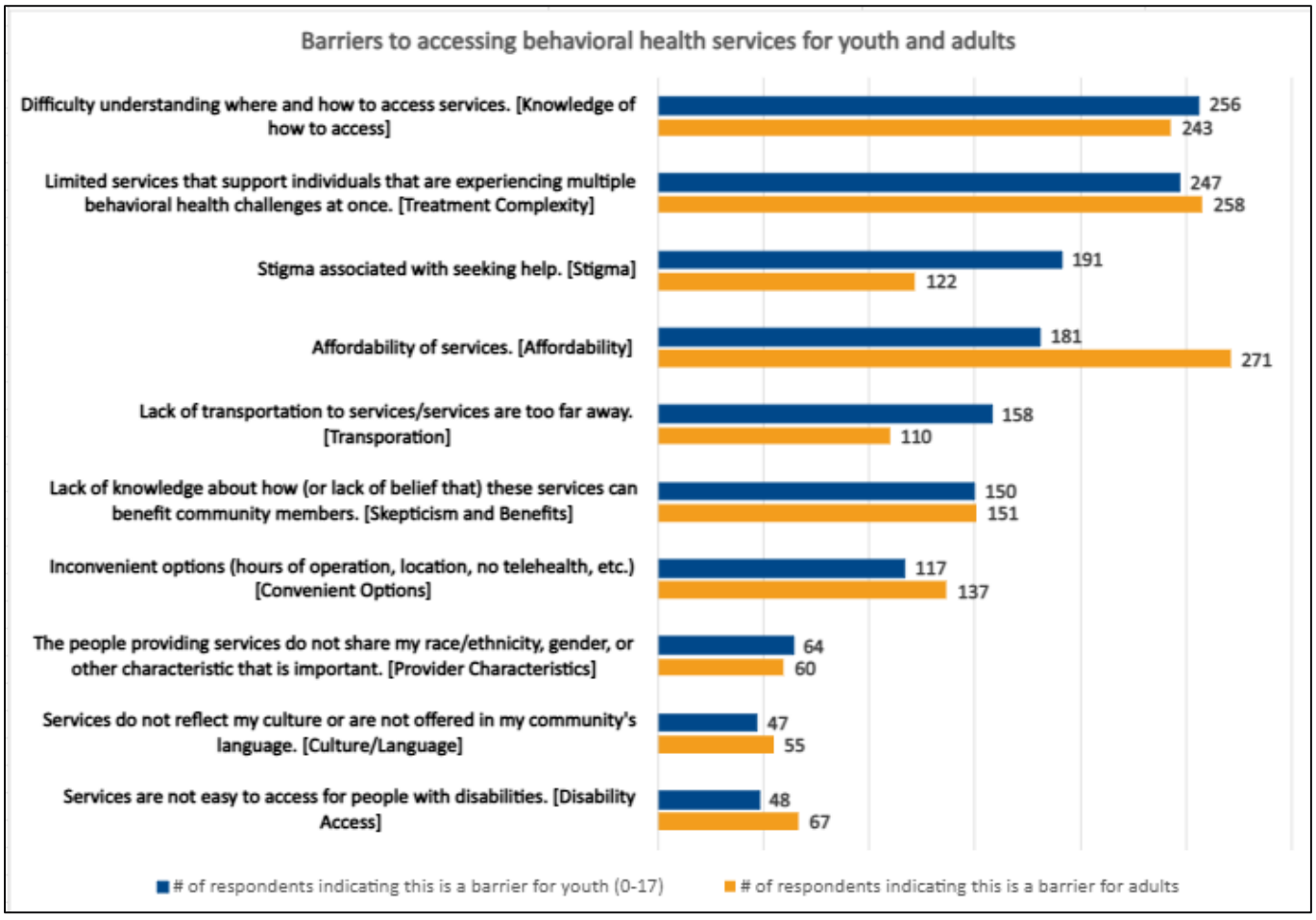
Figure 4 below displays the responses provided to the questions:

- *From your perspective, what makes it difficult for youth (ages 0-17) in your community to get the support they need for mental health needs and/or substance use prevention, treatment, or recovery services?*
- *From your perspective, what makes it difficult for adults (18+) in your community to get the support they need for mental health needs and substance use prevention, treatment, or recovery services?*

From the responses gathered, the most frequently cited barriers to engaging with behavioral health services included difficulty understanding how to access services [*Knowledge of how to access*], limited-service options for individuals with co-occurring disorders [*Treatment Complexity*], and affordability. These barriers reflect systemic challenges in navigating care pathways, especially for individuals facing multiple behavioral health conditions simultaneously.

Affordability emerged as a particularly significant concern for adults, suggesting that cost-related obstacles, such as a lack of insurance coverage, high out-of-pocket expenses, or limited availability of sliding-scale services, are a concern that may disproportionately affect this age group. In contrast, survey respondents felt that youth were more affected by stigma and by transportation as a major barrier. This highlights the importance of addressing social perceptions around mental health in younger populations and ensuring that services are physically accessible, especially for families without reliable transportation or those living in underserved areas. Together, these findings underscore the need for tailored interventions that address both logistical and psychosocial barriers across age groups.

Figure 4. Barrier to accessing behavioral health services for youth and adults



King County engagement overview by district & engagement demographics

The MIDD Renewal Team conducted community engagement through several modalities across all King County districts. Gathering feedback from community members about behavioral health needs within their communities is crucial to a successful implementation plan, ensuring inclusivity and enhancing the effectiveness of MIDD funding. Identifying which districts have been actively engaged was key to understanding the reach and impact of community engagement efforts. This tracking helps identify whether communities, especially historically underserved ones, have had the opportunity to voice their concerns and needs. By tracking engagement by district, the MIDD Renewal Team worked to pinpoint gaps, ensure equitable outreach, and make data-informed adjustments to the engagement approach.

Table 6: District engagement overview

District where event occurred	Number of people engaged overall
1	158
2	282
3	108
4	179
5*	201
6*	326
7	165
8*	365
9	135
No District (Virtual listening sessions/participants didn't provide district)	307
Approximate number of community members engaged	**2226**

* The number of participants is greater because some locations required multiple sessions, such as the in-person listening sessions held through the Be Heard Project.

Table 7 & Table 8 provide demographic details given by community members engaged throughout Phase One & Phase Two. All demographic details included reflect how community members self-identified. The category "Prefer not to specify" was used by individuals who identified as BIPOC but did not feel comfortable providing more specific information.

Table 7: Demographic Data (Race/Ethnicity) [2024-2025]

Race/Ethnicity	Number of people engaged overall
Asian American/Pacific Islander	20.2% [225]

Black	29.2% [325]
Latin(a/e/o/x)	28.8% [320]
Indigenous	2.7% [30]
Middle Eastern/ North African (MENA)	3.1% [35]
Prefer not to specify*	15.7% [175]
Individuals that provided race/ethnicity data	**49.8% (1110)**
Approximate number of community members engaged	**2226**

* The category "Prefer not to specify" was used by individuals who identified as BIPOC but did not feel comfortable providing more specific information.

Table 8: Demographic Data (Priority populations) [2024-2025]

Priority population	Number of people engaged overall
2SLGBTQIA+	4.8% [108]
Incarcerated Individuals	5.6% [126]
Older adults (55+)	16.1% [362]
Peers (People with lived experience)	13.1% [356]
Youth (12-25)	9.3% [209]
Individuals that were a part of a priority population	**52.1% (1161)**
Approximate number of community members engaged	**2226**

Themes from community engagement

The themes from Phases One and Two were derived from a thorough review of all community engagement activities. Our team carefully analyzed the feedback collected across multiple methods, identified the most common ideas, and organized them into major themes and more detailed subthemes. These subthemes help highlight the specific issues and insights shared by community members within each broader theme.

Participants often pointed out services that are working well and expressed interest in continuing or expanding them. To make this information easier to understand, input is grouped into the two subthemes: "What is Working," which highlights strengths identified by the community, and **"**What needs Improvement," which reflects areas where community members see gaps or opportunities for growth.

This section also includes a theme and subthemes from the *Be Heard Project*. Several of those subthemes align closely with the findings from the MIDD Renewal engagement and were incorporated into the relevant sections. *Subthemes that come from the Be Heard Project are marked with an asterisk (*).*

Additionally, the MIDD Renewal Team met with all divisions across DCHS to learn about their community engagement activities and the behavioral health issues identified through their work with providers, community-based organizations, and community members. These conversations helped the team understand how behavioral health needs identified through MIDD engagement aligned with themes emerging in other parts of the department. Appendix C provides definitions for behavioral health terminology utilized throughout the report. The shared or overlapping themes identified during these cross-division discussions are summarized in Appendix D.

The major themes identified through the community engagement activities are as follows:

1. Increase Access & Reduce Barriers
2. Strengthen Culturally Relevant & Responsive Care
3. Reduce System Fragmentation & Improve Service Coordination
4. Strengthen and Increase Services for Children, Youth, and Young Adults
5. Strengthen and Expand the Behavioral Health Workforce
6. Strengthening Wraparound Services
7. Community-specific Themes

Increase Access & Reduce Barriers

Access to healthcare requires that services exist, are affordable, are available at times and locations that allow people to use them, and match the cultural and linguistic needs of those seeking care.[1] Barriers to accessing care may stem from failures of the earlier-mentioned access elements, but also include social factors such as stigma, bias, and difficulties in identifying the requirements to access available resources. Community members identified several access elements currently working well in King County's behavioral health system, as well as significant barriers to access.

What is Working

1. **Improved Access to Services and Emergency Support:** Community members noted that the efforts to expand access to services such as Medication for Opioid Use Disorder (MOUD), 24/7 prescribing hotlines such as the "Telebup" number, harm reduction vending machines, and telehealth options have increased accessibility, particularly for underserved populations such as people experiencing homelessness. The increased availability of medications such as buprenorphine and methadone assists in stabilizing individuals by reducing withdrawal symptoms, which allows for supportive recovery. Additionally, the increase in telehealth options and the availability of 24/7 hotlines have further enhanced accessibility for individuals by eliminating barriers to transportation, scheduling, and geographic limitations.

2. **Increased Geographic Access:** Community members recognized King County's ongoing efforts to expand behavioral health services in rural and underserved areas, where access has historically been limited or difficult to reach. They noted that mobile services such as mobile crisis teams, outreach vans, and traveling behavioral health providers have played an important role in bringing care directly to people who may not have reliable transportation or nearby clinics. These mobile options have helped reduce barriers and made it easier for residents in remote parts of the county to receive timely support.

3. **Increased Culturally Specific Outreach:** Community-based organizations (CBOs) have had some success in reaching communities that may be distrustful of larger institutions, organizations, and governmental agencies, particularly immigrant and refugee populations. The outreach these organizations do within their communities is impactful, as communities create resources to better serve themselves. These CBOs build rapport and relationships with their communities through trust, cultural understanding, and similar lived experiences. These organizations help bridge gaps in accessing behavioral health services and ensure that support systems are tailored to the unique needs and experiences of the communities they serve.

[1] https://pubmed.ncbi.nlm.nih.gov/12171751/

What needs Improvement

1. **Lack of Affordable Care:** Participants emphasized the need for low-cost or free therapy options for low-income, uninsured, and underinsured individuals. They also highlighted the need for more comprehensive behavioral health services that accept Medicaid and for more therapists willing to accept Medicaid. Many insurance plans cover only a limited amount or type of behavioral health services. As a result, when someone needs more specialized care, it is often not covered by their insurance. This leaves individuals unable to afford the necessary treatment, causing them to go without care.

2. **Difficulties Finding Services for Those with Co-occurring Conditions:** The lack of integrated care for people with co-occurring mental health conditions and SUD is a recurring issue. Providers expressed the need for co-occurring treatment facilities that offer both SUD and mental health services.

3. **Lack of Culturally Relevant Services*:** Community members face significant barriers to accessing culturally responsive services, including a lack of in-language support and culturally knowledgeable and responsive staff. The lack of behavioral health terminology in various cultures and languages, particularly for immigrants, refugees, and asylum seekers, poses a challenge for the mainstream, medically-based system to understand the person's symptoms and needs and to deliver easily communicated and effective interventions. Systemic language barriers disproportionately affect immigrants, refugees, and asylum seekers, making it harder for them to communicate their needs, understand treatment options, and engage in therapy effectively. [2]

4. **Transportation Barriers:** Transportation barriers make it difficult for community members to access behavioral health resources throughout the County. People describe being unable to afford transportation costs, struggling to navigate public transit systems, and spending additional hours traveling long distances to get care. Youth, in particular, stated they struggle with accessing transportation due to a lack of guardian capacity and inadequate public transit options, especially in rural areas of King County.

5. **Insufficient Mobile and Flexible Service Models**: Participants consistently emphasize the need to bolster the existing services to ensure more accessible, adaptable resources reflect the diverse needs and challenges of community members throughout King County. To support the flexible service model, some suggestions included increasing low-barrier housing, ensuring consistent availability of necessary medications, and avoiding rigid in-person appointment requirements. Expanding telehealth options and direct outreach treatment services would help bridge these gaps, ensuring people receive the support they need

[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC6824928/

(*) Be Heard Subtheme: Lack of Culturally Relevant Services

without unnecessary obstacles. Participants highlighted the importance of mobile and flexible service models that meet individuals where they are, both physically and mentally, and recognized that traditional clinic-based care is often inaccessible due to work schedules or other limitations.

Strengthen Culturally Relevant and Responsive Care

Across engagement methods, community members spoke about the strengths, challenges, and opportunities to improve behavioral health services and programming in communities that are not always well served by the mainstream behavioral health system. All subthemes below were prominent in the *Be Heard Project*.

Culturally relevant and responsive care means providing adequate and equitable behavioral health services that meet the needs of people of diverse cultures, religions, and languages. Creating more culturally responsive care helps us better address health disparities by ensuring marginalized communities receive care that meets their unique needs.

What needs Improvement

1. **Cultural Background and Context Matters:** Cultural and spiritual backgrounds greatly influence how mental health and substance use issues are understood and addressed. Mainstream approaches to behavioral health may not meet the needs of people grounded in non-mainstream cultures.

2. **Mental Health Perceptions, Knowledge, and Stigma**: Many communities perceive mental health conditions as a sign of weakness, personal failing, or a spiritual consequence of past actions. Mental health conditions may also be associated with guilt, shame, fear, and isolation, which manifest as a barrier to seeking treatment. Community-led practices that focus on overall well-being and spiritual health, with opportunities to build resilience through community events, discussions, and education about mental health and substance use.

3. **Mental Health Concerns-Depression, Isolation, and Anxiety:** Depression, isolation, and anxiety are some of the most common conditions identified among *Be Heard Project* participants, but a lack of awareness, dismissing the symptoms, and the need to prioritize immediate needs contribute to not seeking treatment. In addition, refugees and immigrants reported feeling a high degree of isolation and loneliness when they moved to the US, where individualism emphasizes personal independence, self-reliance, and privacy, and social connections are weaker than in their home countries.

4. **Trauma and Stressors:** Trauma is a significant contributing factor to behavioral health issues across communities, especially for refugees and immigrants who may have experienced trauma related to war, violence in their home countries,

displacement, migration, and adaptation to a new country. Immigrants and refugees may also need support with unresolved grief and loss, including the loss of former relationships with family and friends, previous identities and roles in the community, home country customs, and an overall loss of stronger community connection, as well as support to address inter-generational trauma.

5. **SUD Perceptions and Need for Increased Education and Support:** Like mental health, substance use is often surrounded by a strong "culture of silence," with a lack of knowledge on how to address it. Participants noted that current treatment options don't offer culturally relevant care. For some, substances are used to cope with life stressors or as an “escape” that helps them temporarily alleviate mental health issues like anxiety, depression, and more. The lack of culturally responsive care leaves communities feeling unsupported and unsure where else to turn for relief, or how much use is considered problematic. Parents expressed concern about youth substance use and acknowledged the link between poor mental health and using substances to cope with or escape.

Reduce System Fragmentation & Improve Service Coordination

System fragmentation refers to the separation of behavioral health, physical health, housing, and social services, leaving patients and providers to navigate multiple disconnected systems on their own. When services don’t communicate or coordinate, people can fall through the cracks, experience delays in care, or receive duplicative or conflicting support. This not only creates gaps in care but also places additional strain on providers and reduces the overall effectiveness of the system.

When services are better connected across clinics, hospitals, community-based organizations, and social service agencies individuals are more likely to receive comprehensive, continuous, whole-person care. Improving coordination and reducing fragmentation can make care more efficient, easier to access, and more responsive to the needs of the people it serves.

What is Working

1. **Increased Behavioral Health Services:** Community members highlighted the recent improvements to the crisis care systems, such as the 988 hotline, crisis programs to divert individuals from jail, and the development of better patient coordination and information exchange networks.

What needs Improvement

1. **Enhancing System Navigation**: Many people struggle to know where to go for help, especially in crises, leading to increased use of emergency interventions like hospitalization or jail. Participants noted that having a website or community hub that communicates what services and programs are available throughout King County, where to find them, and how to access them would be helpful. This should

include peer bridger programs, system navigators, case managers, local walk-in clinics and community spaces, and wraparound services that provide comprehensive support for mental health, substance use, housing, and legal needs.

2. **Challenges in Continuity of Care:** Participants reported a lack of transitional and follow-up services, especially for those exiting institutions like jails or hospitals, which leads to individuals being lost in the system. Providers emphasized the difficulty connecting individuals to needed housing, healthcare, and ongoing behavioral health supports and services. There is a need for integrated support that combines mental health care with other services such as housing, employment, and social connection.

3. **Investing in Inclusive Mental Health Services**: Participants agreed that more funding is needed to support a broad range of behavioral health services for all community members, with particular attention to underserved and marginalized populations who often face the greatest barriers to care. Many community members suggested strategies such as subsidizing service costs, incentivizing providers to accept Medicaid, or offering services focused on serving low-income, underinsured, and uninsured clients. These approaches, they noted, could help reduce financial barriers and expand access to timely, high-quality care. Across communities, participants also emphasized the importance of investing in culturally responsive education, resources, and treatment options for co-occurring conditions. Participants highlighted that culturally grounded approaches delivered by providers who understand the lived experiences, languages, and traditions of the communities they serve can improve trust, engagement, and treatment outcomes. Participants stressed that such investments are needed not only at the individual level but also at the community level, where broader outreach, prevention efforts, and stigma-reduction initiatives can help create supportive environments for behavioral health.

4. **Advancing Equity through Accessible Language Services*:** Language differences significantly impact care because they create challenges for community members who speak languages other than English (LOTE). The result is people are not aware of the resources available, or they aren't able to access services. Additionally, the terminology used in care settings can be complicated for non-English speakers to comprehend, further preventing effective communication and engagement in treatment. As a result, individuals may not be able to navigate complex systems of care, resulting in unmet needs and inequities in mental health and substance use treatment and outcomes.

(*) Be Heard Subthemes: Advancing Equity through Accessible Language Services

Strengthen and Increase Services for Children, Youth, & Young Adults

The need to bolster services for children, youth, and adults emerged as a consistent theme across all community engagement modalities. Community members were quick to voice concerns about the well-being of young people and families throughout King County, noting that early intervention and sustained support are critical. Many emphasized the importance of accessible recovery services for youth experiencing mental health or substance use crises, as well as programs that promote healthy emotional and psychological development from an early age. Participants highlighted that strengthening these supports can help prevent challenges from escalating into more severe mental health conditions later in life. They also stressed the value of family-centered approaches, school-based resources, and community programs that create safe, supportive environments for children and adolescents.

What is Working

1. **Programs for Youth**: Participants celebrated youth-specific programs, mentorship opportunities, and family engagement activities, including parents and children. Engagement through community-based wellness programs that partner with local non-profits, has positively impacted youth and overall community wellness. Youth noted that community-based and non-traditional support provides a sense of belonging and safety which positively impacts their mental well-being.

What needs Improvement

1. **Support for Parents and Guardians**: Participants expressed a strong need for more parent-focused outreach to support caregivers who are trying to navigate the behavioral health system and assist their children with complex behavioral health needs. Many parents reported feeling overwhelmed by the complexity of available services, unsure where to begin, or unsure how to advocate effectively for their child's needs. Community members emphasized that parents often play a critical role in early identification and ongoing support, yet they may lack the tools, information, or confidence to do so. In addition to clearer guidance and navigation support, participants highlighted the importance of programs that offer accessible parenting classes. These classes could help families build skills in emotional regulation, communication, and conflict resolution, which become especially important when behavioral health concerns arise.

2. **Youth Seeking More Open Communication* :** Youth from diverse cultural backgrounds want support to better communicate about mental health and substance use with families and communities. Many find these conversations difficult due to cultural norms, generational gaps, or persistent stigma around behavioral health. Some youth feel dismissed, minimized, or disbelieved when discussing experiences with adults, especially those with traditional views or who grew up where mental health was rarely acknowledged. These challenges can block

(*) Be Heard Subthemes: Youth Seeking More Open Communication

help-seeking and show the need for culturally responsive education, family dialogue, and community strategies to reduce stigma and foster open, supportive communication.

3. **Crafting Safe Spaces:** Youth participants expressed the need for consistent, stable, safe environments for community gatherings and recreational activities, especially for marginalized groups. Establishing safe spaces allows individuals to express themselves without fear of judgment or discrimination. Additionally, safe spaces can encourage open and honest dialogues about sensitive topics, such as mental health, substance use, personal identity, difficulties at home and social issues. [3]

4. **Increase Awareness and Decrease Stigma*:** Participants noted that drugs, especially fentanyl, are widely accessible, posing a significant risk to youth for addiction and overdose. Many parents are concerned about the easy access young people have to alcohol and drugs. Participants emphasized that substance use education and prevention materials are not widely available, particularly in multiple languages. They suggested increasing mental health campaigns and public service announcements in various languages, using culturally appropriate language to raise awareness of available services. These efforts should also focus on reducing the stigma associated with seeking help, especially for marginalized communities.

Strengthen and Expand the Behavioral Health Workforce

The behavioral health workforce is a collective of professional and supportive staff who provide mental health and substance use services throughout King County. Having a strong, diverse behavioral health workforce is essential to delivering comprehensive, effective, and compassionate care for individuals with mental health and substance use needs. Each role within this workforce is crucial for addressing the diverse and complex challenges associated with behavioral health.

What needs Improvement

1. **Staffing Shortages & High Turnover:** Participants reported a significant shortage of qualified behavioral health professionals, exacerbated by high turnover, burnout, and insufficient pay for staff. This harms organizations' ability to provide consistent, long-term care and creates barriers to meeting the growing service demand. Increasing wages for behavioral health providers serving low-income communities, investing in professional development and behavioral health career pathways, and creating certifications for culturally and linguistically responsive providers would further strengthen the current workforce.

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[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC11970664/

(*) Be Heard Subthemes: Youth Seeking More Open Communication

(*) Be Heard Subthemes: Increase Awareness and Decrease Stigma

2. **Diversifying Workforce:** There is a shortage of providers who reflect the diverse communities in King County, creating a barrier for individuals who need services but feel uncomfortable with providers who lack an understanding of their culture. Community members suggested providing incentives such as educational stipends or loan forgiveness to encourage a diversity of providers to enter the behavioral health workforce. Participants also shared that having providers who reflect the community and understand the cultural nuances would lift barriers for people who struggle to seek services due to cultural beliefs.

3. **Career Development and Advancement:** Participants noted that providing additional career development and advancement opportunities is crucial for retaining and bolstering the behavioral health workforce. Some solutions offered were training programs, paid internships for students, and clear pathways for promotion. Ensuring all employees have access to these opportunities would create a more equitable workforce.

4. **Peer Support Models:** Participants highlighted the significance of peer support in recovery and mental health, noting that peers fulfill a distinct role that traditional providers often cannot. Peer mentors and support groups are invaluable because they offer firsthand insight into the challenges, stigmas, and systemic barriers clients face, such as chronic homelessness, incarceration, trauma, PTSD, or long-term substance use. This shared lived experience builds trust and alleviates isolation, making it easier for individuals to disclose struggles and remain engaged in services.

Strengthening Wraparound Services

Wraparound services are a comprehensive, team-based approach designed to address the many interconnected needs of individuals, particularly those experiencing complex behavioral health challenges. Instead of offering isolated or one-time supports, wraparound services coordinate care across multiple systems such as mental health, substance use treatment, housing, education, and social services to ensure that individuals receive consistent, holistic support. This model emphasizes individualized planning, culturally responsive services, and strong collaboration among providers, family members, and community supports. By offering continuity of care and tailoring services to each person's unique circumstances, wraparound services help community members navigate the behavioral health system more effectively and stay connected to the resources they need over time.

What is Working

1. **Crisis Diversion and Harm Reduction:** There has been a clear push toward diversifying crisis response models to avoid criminalization and to incorporate harm reduction strategies. Community members praised the availability of services like needle exchange programs, diversion programs through the criminal justice

system, and naloxone distribution as essential in reducing harm and improving public health.

2. **Flexible Funding:** Many respondents emphasized the positive impact of flexible funding, noting that it enables organizations to design and adapt services to the unique needs of the communities they serve. This flexibility is especially important for populations that often face additional barriers to care, such as refugees, immigrants, people who experience domestic violence (DV), people with substance use disorders (SUD), and individuals with co-occurring mental health conditions. At the same time, community members highlighted the importance of strong accountability measures to ensure that organizations use flexible funding effectively and transparently. They also stressed the need for ongoing collaboration between funded organizations and government partners to align goals, share information, and coordinate services. When paired with clear expectations and cross-agency partnership, flexible funding allows providers to adjust program models, staffing, outreach approaches, and support services in ways that are culturally responsive, accessible, and better aligned with the lived experiences of diverse groups.

What needs Improvement

1. **Housing Crisis:** Housing is a big concern. The shortage of affordable housing and the difficulty in obtaining stable, consistent housing are barriers to recovery and long-term stability. The lack of coordinated housing services and the stigmatization of people experiencing homelessness make it harder for them to access necessary care. Respondents emphasized the need for housing with round-the-clock behavioral health services, support for long-term youth inpatient care, and smooth transitions between services to ensure individuals don't slip through the cracks.

2. **Aftercare Services**: Participants highlighted the insufficient follow-up and aftercare for individuals leaving inpatient treatment, recovery programs, or incarceration, stressing the need for consistent wraparound support during these critical transitions to support their recovery efforts related to health, home, purpose, and community.[4]

3. **Breaking Societal Stigma:** Stigma around mental health and substance use continues to be a significant barrier to care, particularly in communities of color and among marginalized groups like immigrants, refugees, and 2SLGBTQIA+ individuals. There is also a need for culturally responsive care and better efforts to address

[4] SAMHSA's four dimensions of recovery support which include: Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way; • Home: a stable and safe place to live; • Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and • Community: relationships and social networks that provide support, friendship, love, and hope.

cultural stigmas around mental health, especially in communities where there is a deep-rooted reluctance to seek help.

4. **Trusted Messengers:** Communities stressed the importance of receiving behavioral health education, support, and treatment from staff at trusted organizations, preferring to receive information from these familiar sources. These messengers can assist the community and organizations by providing support, building trust and ensuring that individuals receive comprehensive coordinated care. Having these messengers also be able to provide in-language behavioral health resources and behavioral health wellness programs co-designed by the community was also requested.

5. **Support for Community-based Organizations to Enhance Behavioral Health Services*:** Culturally centered organizations play a significant part in supporting the behavioral health needs of their communities, often without formal training. CBOs would benefit from support to build a skilled, knowledgeable, and trusted behavioral health clinical as well as "lay" workforce to effectively address the unique needs of their communities. This support could also help create a culturally responsive workforce pipeline and more culturally effective programming if it is designed by and for CBOs and the communities they serve. Multiple communities noted an interest in having their community members and leaders trained to support their communities when behavioral health support is needed. Programming that centers community organizations as the developers and providers of meaningful behavioral health and wellness programs helps foster trust, reduces stigma and ensures that behavioral health services are both culturally appropriate and sustainable.

6. **Collective Healing*:** Communities emphasized the importance of creating safe spaces to discuss mental health openly with their peers and community members. Activities like community green spaces, dance, art, cultural celebrations, and cooking together were seen as ways to improve mental well-being and decrease isolation. For many, addressing mental health through social support and fostering a sense of belonging is a powerful and culturally responsive healing practice.

(*) Be Heard Subthemes: Support for Community-based Organizations to Enhance Behavioral Health Services & Collective Healing.
(*) Be Heard Subthemes: Collective Healing

Priority populations & population-specific feedback

During the Phase One engagement, several groups were identified as communities that often face greater challenges in accessing care and participating in feedback processes. Using this information, the MIDD Renewal Team focused its 2025 engagement efforts on reaching these priority populations to ensure their perspectives were fully represented.

The following populations were identified by participants in Phase One as groups that face greater challenges or barriers in accessing behavioral health services.

Priority populations identified [2024]

1. **Youth: 85 Total Mentions**
    - **Prevalence of Issues**: Youth were frequently mentioned during all the listening sessions as a vulnerable group affected by gangs, drugs, depression, and lack of support.
    - **Specific Needs**: More attention to young people with co-occurring mental health and SUD, as well as those involved in the criminal justice system.

2. **Unhoused: 37 Total Mentions**
    - **Complex Needs:** Individuals experiencing homelessness often have co-occurring mental health and substance use issues, highlighting the need for integrated and wraparound care.
    - **System Navigation**: Many unhoused people face difficulties navigating available resources, further complicating access to care.

3. **BIPOC: 31 Total Mentions**
    - **Lack of Access:** BIPOC populations, predominantly Black and Indigenous communities, face systemic barriers to behavioral health services.
    - **Stigma and Mistrust:** BIPOC participants described stigma around mental health in their communities, which can create reluctance to seek help. In addition, historical and present-day mistreatment by medical and mental health professionals has resulted in mistrust.

4. **Immigrants: 31 Total Mentions**
    - **Trauma and Cultural Barriers**: Immigrants, refugees, and asylum-seekers have often experienced trauma. Many individuals need tailored resources to heal and recover.
    - **Language Barriers:** Language differences can make it difficult or impossible for immigrants, refugees, and asylum-seekers to access behavioral health services. Without language support, they may struggle to communicate their needs, understand treatment options, and engage in therapy effectively.

5. **Victims of Trauma/Stigma: 26 Total Mentions**
    - **Trauma:** Victims of domestic violence, criminal legal involvement, and those who have survived other traumas may need specialized services. Societal views on these traumas often place shame or stigma on survivors, compounding the need for tailored support.
    - **Lack of Support Systems:** Support networks like family, friends, and community often provide valuable resources and information about available services, but trauma and stigma can strip away that support. Without it, individuals may not know where to turn or what options are available. Individuals without support systems are especially vulnerable and require more robust community-based resources.

6. **2SLGBTQIA+**: **23 Total Mentions**
    - **Population Prejudice:** 2SLGBTQIA+ people often experience discrimination and prejudice based on their sexual orientation and gender identity, creating feelings of isolation, anxiety, and depression.
    - **Discrimination:** Political discrimination against 2SLGBTQIA+ individuals remain a significant issue, impacting their rights and well-being. Despite progress in some areas, many 2SLGBTQIA+ people continue to face structural and interpersonal discrimination. In addition to negatively impacting community members' behavioral health, this can impede access to resources such as housing, health care, and other supports.

7. **Older Adults: 19 Total Mentions**
    - **Isolation and Accessibility:** Seniors, particularly those isolated due to a lack of social connection, need more support and services. Having a limited social network to rely on inhibits access to critical services and contributes to depression.
    - **Cultural Sensitivity:** Culturally responsive care for older adults, especially within immigrant communities, is critical to maintaining physical and behavioral health.

8. **Families: 17 Total Mentions**
    - **Impact on Family Dynamics:** Behavioral health issues (mental health/SUD) can significantly impact family dynamics due to ongoing stress, tension, and interpersonal conflicts. This can be compounded by the stress that can arise when navigating complex systems to access services.
    - **Caregiver Stress:** Parents and family members who are the primary support for individuals with co-occurring conditions experience high levels of stress, burnout, and sometimes lack of support.

9. **Low-income individuals: 12 Total Mentions**
    - **Economic Barriers**: Individuals in poverty and those just above Medicaid income thresholds face significant barriers to accessing health services.
    - **Lack of Coverage**: Uninsured or underinsured individuals, particularly those with disabilities or chronic conditions, are particularly vulnerable to worse physical and behavioral health outcomes.

The feedback gathered from priority populations identified largely aligned with what providers, community-based organizations, and other community members shared in 2024, and it was incorporated into the section "*Themes from community engagement"*. In the section below, insights that were uniquely emphasized by the priority populations engaged during this phase are highlighted.

Population-specific feedback [2025]

1. **2SLGBTIQIA+:** 2SLGBTQIA+ community members emphasized deep concerns about the future, particularly considering recent federal actions that have reduced funding for programs supporting queer and trans youth. These shifts were described not only as policy changes but as signals that national support systems may be becoming less reliable for communities already facing heightened vulnerability. Participants noted that cuts to national resources such as crisis intervention and suicide prevention services provided by organizations like The Trevor Project are creating significant gaps in care for young people who may already experience rejection, discrimination, or a lack of affirmation within their families or schools. For many youths, these services represent lifelines during acute crises, and the loss of such support intensifies feelings of uncertainty and fear about where to turn in times of need.

   Community members also expressed concern that reduced federal investment may contribute to a broader climate of stigma, making it harder for queer and trans youth to feel seen, valued, and protected. Participants emphasized the need for community-based organizations, schools, and local governments to step up with culturally responsive, identity-affirming, and trauma-informed supports that reflect the lived experiences of 2SLGBTQIA+ youth. Without such efforts, many community members voice their fear that young 2SLGBTQIA+ community members will face even greater barriers to safety, belonging, and mental health care at a time when national protections feel increasingly fragile.

2. **Incarcerated Individuals:** Community members currently incarcerated emphasized the need for stronger, more coordinated support systems to help prevent recidivism and avoid returning to the detention centers. Many described their pathways into the justice system as shaped by a combination of behavioral health challenges, unstable or unsafe housing, limited employment opportunities, and a lack of access to consistent services before their incarceration. These overlapping barriers often created conditions in which individuals felt they had few

viable alternatives, making it difficult to stabilize their lives or seek help early. Many also spoke about the intergenerational impact of incarceration, expressing deep concern for their children and a desire to break cycles that have affected their families for years. With stronger support, particularly those grounded in lived experience, participants expressed hope that they and their families could build more stable, healthy futures and avoid repeated involvement with the justice system.

Participants also highlighted the unique value of peer support guidance from individuals who have personally navigated incarceration and successfully re-entered the community. They explained that peers bring a level of credibility, empathy, and lived understanding that traditional service providers may not always offer. This kind of mentorship can help people build trust, stay motivated, and feel less alone during the vulnerable transition back into the community. In their view, peer-led programs could bridge gaps in existing reentry services by offering practical advice, emotional support, and real-world strategies to overcome stigma, secure housing, and find employment.

3. **Older Adults:** Older adults who engaged throughout this process emphasized a strong desire for more consistent programming aimed at reducing social isolation, which they identified as a major contributor to declining mental and emotional well-being. Many shared that isolation has intensified in recent years due to the loss of community institutions such as senior centers, shrinking social networks, and the lingering impacts of the pandemic on in-person activities. This challenge is especially pronounced in rural or unincorporated areas of King County, where limited transportation options, fewer community gathering spaces, and long distances between social gatherings make it difficult to stay connected or participate in regular activities. Some older adults described going days or weeks without meaningful social interaction, which they felt directly affected their mood, motivation, and overall health.

   As a result, they stressed the need for more permanent, reliable, and geographically closer behavioral health supports within their regions. Participants emphasized that regular programming rather than one-off events would help build routine, trust, and a sense of belonging. They also highlighted the importance of local service hubs and outreach efforts tailored to older adults and rural communities, noting that services designed with urban assumptions often fail to account for the realities of older adults throughout King County. By investing in consistent, community-based supports, older adults felt they would be better able to maintain social connections, access care without significant travel burdens, and feel less overlooked by systems that tend to concentrate resources in urban centers.

4. **Rural:** Rural community members described a range of challenges that make it difficult to access consistent behavioral health services, emphasizing that these

barriers stem from both structural and cultural factors. Geographic isolation was a major concern, as many residents live far from service hubs and must navigate long travel times, limited road infrastructure, or seasonal weather conditions that make transportation unreliable. Inconsistent or unavailable public transit further compounds these issues, leaving individuals dependent on personal vehicles or informal networks to reach care. Provider shortages were also frequently cited, with residents noting that the few available clinicians are often overextended, resulting in long waitlists, infrequent mobile clinic visits, or gaps in specialized services such as substance use treatment or youth-focused care.

Apart from the logistical barriers mentioned, rural residents stated they felt overlooked in broader behavioral health planning. Many felt that funding streams and program designs tend to prioritize urban areas, leaving rural communities with fewer resources and limited access to culturally responsive care. Participants described feeling disconnected from decision-makers and expressed frustration that services often fail to reflect the values, norms, and lived realities of rural life.

5. **Youth:** Youth who were engaged throughout this process emphasized the importance of having truly safe and welcoming spaces where they can seek support for behavioral health needs without fear of being judged. Many acknowledged that designated safe spaces already exist in schools and community settings, but youth noted that these environments do not always feel emotionally safe in practice. Concerns about stigma, confidentiality, and being perceived as “having a problem” often deterred youth who needed support from using some of the available resources. Youth also expressed a strong desire to be more actively involved in shaping the programs and services designed for them, explaining that when adults create youth-focused initiatives without youth input, the result can feel disconnected from their lived experiences and needs. They emphasized that meaningful engagement, such as being able to co-design programs, advising on outreach strategies, or helping define what a safe space should look like, would make services more relevant, trustworthy, and appealing.

   In addition to concerns about getting behavioral health support, many young people shared a growing sense of anxiety about their futures. Economic uncertainty, rising living costs, and concerns about securing stable employment contribute to a broader sense of pressure that affects their well-being. Youth described feeling unsure about their career pathways and questioned whether they would be able to support themselves financially as adults. This combination of emotional vulnerability, perceived stigma, and future-oriented stress underscores the need for holistic supports that address both immediate mental health needs and the broader social and economic realities shaping young people’s lives.

Conclusions from MIDD Renewal community engagement

Phase One of the MIDD Renewal community engagement provided an opportunity to hear from providers, community-based organizations, individuals with lived experience, and other community members about the needs, gaps, and opportunities within King County's behavioral health system. The emerging themes highlighted how community members perceive the system's impact on their health and well-being. By intentionally gathering input from diverse voices across the county, policies, programs, and services are better positioned to be equitable and address the unique challenges faced by different populations.

Building on these insights, Phase Two focused on deepening engagement by refining the approach based on the themes identified in Phase One. Feedback from underrepresented populations was prioritized, and perspectives from previously identified priority groups were revisited. Listening sessions conducted in Phase Two reinforced many of the themes and subthemes from the prior year's engagement, while also revealing the distinct barriers these communities face in accessing behavioral health services across King County.

The themes gathered across both phases of community engagement highlight the role that community can play in shaping a more responsive, equitable behavioral health system. Hearing from providers, community-based organizations, and the diverse individuals throughout King County helps identify critical service gaps, barriers, and opportunities for improvement. The recurring themes and subthemes from these discussions reinforce the urgency of investing in accessible, culturally responsive care that meets the diverse needs of community members.

The community's valuable input will guide MIDD implementation plan development and other efforts within the Behavioral Health and Recovery Division to build and maintain an effective behavioral health system. By centering the voices of community members who are directly impacted, King County intends to bolster a behavioral health system that is accessible and rooted in collaboration, delivering sustainable, long-term solutions for the community. BHRD looks forward to integrating insights from the MIDD Renewal community engagement process, subject-matter experts, and the leadership of the King County Council and the Executive into the development of the MIDD 3 implementation plan.

Appendix A: Image of community engagement posterboard

The Mental Health Opinion Survey posterboard, displayed during the community-based events, had eight options for community members to "vote" for the factors they believe are most important in supporting people in accessing behavioral health services.

Appendix B: Definitions used for defining posterboard factors

The following terms have been used to define the factors that were identified and displayed on our community engagement board which can be seen in Appendix A.

1. **Better Language Access**: Language access is the practice of ensuring that information, services, and communications are available in ways that individuals can understand. This is crucial for breaking down barriers faced by non-native speakers and communities with limited English proficiency, allowing them to navigate systems like healthcare, education, and legal services without facing discrimination or disadvantage. Language access is essential for equal opportunities in society, enabling marginalized communities to access critical services and resources.[1]
2. **Cost Of Services**: The cost of services in behavioral health services encompasses both direct and indirect expenses. Direct costs include expenses related to healthcare services, treatments, and medications, while indirect costs refer to the impact of these disorders on productivity, absenteeism, and the strain on families and relationships. The economic burden of behavioral health disorders is significant, affecting individuals, families, and healthcare systems. Understanding these costs is crucial for addressing the financial implications of behavioral health services and exploring strategies to mitigate the financial burden.[2]
3. **Disability Support**: Disability support within behavioral health services is defined as tailored services designed to help individuals with disabilities acquire, retain, restore, and improve the self-help, socialization, and adaptive skills necessary for successful community integration. This support is particularly important for those with mental health needs, as it provides a range of services to address their specific challenges and improve their quality of life [3]
4. **Less Stigma**: Stigma refers to negative attitudes, beliefs, and stereotypes people may hold towards those who experience mental health conditions. Although there is more understanding and acceptance today about mental health conditions, many individuals and communities still hold negative attitudes or beliefs about those living with mental health conditions, which could be improved by focusing on lessening the stigma of seeking support for behavioral health needs (mental health and substance use disorder)[4]
5. **Provider Diversity**: Diversity is broadly defined as the inclusion of varied attributes or characteristics. In the medical community, diversity often includes healthcare professionals, trainees, educators, researchers, and patients from diverse backgrounds, including race, ethnicity, gender, disability, social class, socioeconomic status, sexual orientation, gender identity, primary spoken language, and geographic region.[5]
6. **System Navigation**: Fragmented delivery of health and social services can impact access to high-quality, person-centered care. The goal of system navigation is to reduce barriers to healthcare access and improve the quality of care. [6]

7. **Telehealth**: Telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient education, health administration, and public health.[7]
8. **Transportation To Services**: Transportation to services in healthcare is defined as the movement of individuals to and from medical appointments, treatments, or therapies. It is a critical service that ensures access to healthcare for those who cannot drive or use public transportation due to health conditions, disabilities, or other factors.[8]

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[1]Definition of language access|LegalClarity
[2]Definition of cost of services | The ALPHA Behavioral Health Center
[3]Definition of disability support | The PEW Charitable Trusts
[4]Definition of less stigma|The CDC
[5]Definition for provider diversity | PubMed NCBI NLM NIH
[6]Definition of system navigation | PubMed NCBI NLM NIH
[7]Definition for telehealth | HRSA
[8]Definition for transportation |CMS.gov

Appendix C: Definitions used during Phase One community engagement

The following terms have been used throughout Phase One. Definitions and context for each are included below.

1. **Behavioral health:** Refers to mental health and substance use disorders (SUD), life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to preventing, diagnosing, and treating those conditions.[1]
2. **Mental health**: The component of behavioral health that includes our emotional, psychological, and social well-being. Mental health is a state of well-being that enables us to cope with the stresses of life, realize our abilities, learn well, work well, and contribute to our community.[2]
3. **Substance use disorder**: The recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet primary responsibilities at work, school, or home.[3]
4. **Co-occurring conditions**: Refers to two or more mental disorders or other health conditions affecting a person at the same time. These may interact with each other, affecting a person's symptoms and health outcomes. When someone has co-occurring disorders or health conditions, it is usually better to treat these health issues at the same time rather than separately. Research suggests this can make all treatments more effective and improve health outcomes. [4]
5. **Youth**: The period of life from birth to age 25. There are meaningful distinctions between the behavioral health needs and services available to children, adolescents, and young adults, who might all be referred to as youth.[5]
6. **Substance use services**: Refers to a range of professional services and interventions that aim to assist individuals with overcoming substance use disorder and/or addiction. These services may include a treatment plan, medically supervised withdrawal, and more.[6]
7. **Wraparound services**: Wraparound services provide holistic supports that address the comprehensive needs of individuals and families, especially those facing complex challenges. These services are particularly effective in mental health and human services, where clients often require a multifaceted support system to achieve lasting improvements in their well-being.[7]
8. **Care transitions**: Within behavioral health services, care transitions are the coordinated movement of patients between different levels of care, settings, or providers as their health needs evolve. This process is crucial for ensuring treatment continuity, reducing the risk of relapse, and improving overall patient outcomes. Effective care transitions involve a range of services and environments designed to promote safe and timely passage between levels of care, particularly for individuals with serious and persistent mental illness, substance use disorders, and other chronic health conditions.[8]

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[1]Definition of behavioral health What is behavioral health? | American Medical Association
[2]Definition of mental health About Mental Health | Mental Health | CDC

[3]Definition of substance use disorder Co-Occurring Disorders and Other Health Conditions | SAMHSA
[4]Definition of Co-Occurring Disorders Co-Occurring Disorders and Health Conditions | National Institute on Drug Abuse (NIDA)
[5]Definition for youth Youth Definition & Meaning |Merriam-Webster
[6]Definition of substance use services | Substance use, abuse, and addiction
[7]Definition for wraparound services | Wraparound Services: Understanding & Implementing Them
[8]Definition of care transitions |Care Transitions Framework

Appendix D: Crosswalk of MIDD Renewal community engagement themes across DCHS

The themes that emerged from community engagement around the MIDD Renewal also resonated across divisions and funding streams within the Department of Community and Human Services (DCHS). Cross-divisional conversations revealed significant overlap between community feedback on the MIDD Renewal and that gathered independently by other teams within DCHS. These areas of overlap are summarized in the following table and described in detail below.

Table 9: Summary of overlapping community engagement feedback across DCHS

MIDD theme **Partner division or funding stream** [-]	Increase Access and Reduce Barriers	Strengthen Culturally Relevant and Responsive Care	Reduce System Fragmentation and Improve Service Coordination	Strengthen and Increase Services for Children, Youth, and Young Adults	Strengthen and Expand the Behavioral Health Workforce	Strengthening Wraparound Services
Children, Youth, and Young Adults Division (CYYAD)	✓	✓		✓	✓	
Crisis Care Centers Levy (CCCL)[8]		✓	✓	✓	✓	✓
Developmental Disabilities, Early Childhood Supports	✓	✓		✓	✓	✓

[8] The Crisis Care Centers Levy team sits within the Behavioral Health and Recovery Division (BHRD).

Division (DDECSD)						
Housing and Community Development Division (HCD)	✓		✓		✓	✓
Veterans, Seniors, and Human Services Levy (VSHSL)[9]	✓	✓	✓		✓	

[9] The Veterans, Seniors, and Human Services Levy team sits within the Adult Services Division (ASD).