



# Phase One Community Engagement Report

Overview of Community  
Engagement for MIDD  
Renewal

King County Department of Community  
and Human Services



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**MIDD** Supporting behavioral  
health and recovery

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## Introduction

The MIDD behavioral health sales tax expires at the end of 2025. The MIDD renewal planning team conducted a robust community engagement campaign to inform a MIDD renewal report and the future of the MIDD behavioral health sales tax.

Phase One of this effort took place from July to November 2024, focusing on how MIDD funding could address needs and gaps in the County’s behavioral health system. This included enhancing access to community-based behavioral health care for adults and youth, reducing substance use risks (including opioids), improving workforce conditions, and supporting networks of providers delivering integrated care. Input was gathered from diverse populations throughout King County, including individuals with lived experience, BIPOC communities, youth advocates, service providers, and past and current recipients of MIDD funds.

This report reviews demographic data collected through various engagement methods and outlines the behavioral health needs, gaps, and opportunities in King County. The themes from Phase One will inform the strategy for Phase Two, and ongoing feedback will be incorporated into the overall MIDD 3 implementation plan.

In Phase One, approximately 929 individuals were reached through four different engagement methods conducted by the MIDD Renewal team. The Behavioral Health and Recovery Division (BHRD) at the King County Department of Community and Human Services (DCHS) also collaborated with community-based organizations to conduct listening sessions that were more culturally focused. The Be Heard Community Voices Listening Project (Be Heard) took place independently from the official renewal efforts and reached an additional 543 participants. Figure 1 summarizes a high-level overview of these methods.

Figure 1. Summary of Community Engagement Methods Completed by DCHS Between July- November 2024



## 12 In-person listening sessions

Focused on hearing from the general public.  
**130 individuals** attended these listening sessions.



## 2 Community-based events

Focused on hearing from Peers (People with lived/living experience) and behavioral health providers.  
**145 individuals** engaged during these events.



## 32 Virtual listening sessions

Focused on hearing from clinical behavioral health providers, community-based organizations & government agencies.  
**219 individuals** attended these listening sessions.



## 21 Online surveys

Focused on engaging community members throughout King County that couldn't attend virtual or in-person listening sessions. Survey was translated into 20 different languages.  
**435 responses** to our online survey.



## Be Heard: Community Voices about Mental Health & Wellness Community Listening Project

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 in Phase One Community Engagement

### Virtual listening sessions

Virtual listening sessions began in July 2024 and continued into November 2024. These virtual meetings were held in collaboration with other organizations to ensure we engaged and listened to diverse populations throughout King County. During these listening sessions, discussion questions focused on "Needs and Opportunities in the Behavioral Health System" and "Accessibility and Availability of the Behavioral Health System."

**Table 1: Affiliation of Virtual Listening Session Attendees**

Category/Organization	Number of Attendees
Behavioral Health Providers	16% (35)
Rural Health Providers	11% (23)
Community-based Organizations	19% (42)
Government Agencies	21% (47)
School System Employees	16% (35)
People with Lived/Living Experience	11% (23)
General Public	6% (14)
Total number of Individuals	<b>219</b>

### In-person listening sessions

Similar to the virtual listening sessions, the MIDD Renewal in-person sessions were organized around six questions focused on "Needs and Opportunities in the Behavioral Health System" and "Accessibility and Availability of the Behavioral Health System."

The Be Heard: Community Voices about Mental Health & Wellness Community Listening Project was the second set of listening sessions coordinated by (BHRD) staff and culturally centered organizations. Culturally centered organizations led these sessions to gather feedback on their communities' behavioral health needs during 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 also relevant to the MIDD renewal and are included here.

**Table 2: Affiliations of In-person MIDD Renewal Listening Session Attendees**

Category/Organization	Number of Attendees
General Public	25% (32)
Governmental Agency (i.e., Council member and/or staff)	5% (7)
Community-based Organization (CBO) staff	22% (28)
Volunteer at Non-profits	Δ
Behavioral Health Organizations/Providers	7% (10)
School System staff	Δ
Spanish-Speaking elders	11% (14)
High School students	26% (34)
<b>Total unduplicated individuals:</b>	<b>130</b>

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

**Table 3: Be Heard Project Attendance**

Category/Organization	Number of Attendees
Be Heard Project	543

### Community-based events

BHRD staff attended two community-based behavioral health events during Phase One. At these events, attendees “voted” for the most significant factor in helping their communities access mental health and substance use services by scanning a QR code with their phones or verbally sharing their opinions. Appendix A has an image of the posterboard with the QR codes BHRD used at community-based events.

These events were:

- Recovery Day (September 2024): 95 individuals engaged
- Behavioral Health Legislative Forum (December 2024): 50 individuals engaged

### Online survey

The anonymous online survey was published in late August 2024 and remained open to the public until early November 2024. The goal of the survey was to allow an avenue for feedback for those unable to attend an in-person or virtual listening session. This survey was available in English and the 20 most common non-English languages spoken in King County. Appendix B includes a list of the languages available.

**Table 4: Online Survey Responses**  
**Total Responses: 435**

<b>Demographic Category</b>	<b>% of Responses (n)</b>
<b><i>Race/Ethnicity*</i></b>	
A Race Not Listed	6% (27)
American Indian/Alaska Native	6% (25)
Asian/Asian American	9% (40)
Black/African American/African	10% (44)
Hispanic/Latinx	18% (80)
Middle Eastern/North African	Δ
Native Hawaiian/Pacific Islander	Δ
White	59% (258)
<b><i>Age</i></b>	
0-17	Δ
18-24	5% (21)
25-34	13% (56)
35-44	21% (90)
45-54	24% (103)
55-64	19% (85)
65+	18% (79)
<b><i>Gender Identity</i></b>	
Female	68% (295)
Male	25% (107)
Non-binary	3% (11)
Prefer not to say	4% (18)
Self-identify in another way	Δ
<b><i>Survey Language</i></b>	
Arabic	Δ
Chinese (Simplified)	Δ
English	82% (357)
Korean	Δ
Russian	Δ
Somali	Δ
Spanish	11% (48)
Ukrainian	Δ
Vietnamese	Δ

<b><i>Housing Circumstances (“Where do you currently sleep at night?”)</i></b>	
In a house I own/rent	90% (391)
In an emergency shelter or temporary housing	6% (26)
In another place (such as a car, tent, or unsheltered on the street)	Δ
In someone else's house, temporarily	3% (14)

\*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.



## Themes from Community Engagement

The themes from Phase One were developed through a comprehensive analysis of the diverse community engagement methods. Our team meticulously reviewed the comments, identified common themes, and further distilled recurring subthemes. These subthemes provide a deeper understanding of the nuances within each major theme.

Participants frequently highlighted services that are effective and expressed a desire for their continuation and expansion. To provide clarity, our team categorized the subthemes under "What is Working" to showcase the positive aspects noted by community members, and "What Needs Improvement" to identify areas where the community seeks further development.

Additionally, this section has a theme and subthemes from the Be Heard Project. Some subthemes from that project align with the subthemes for the MIDD Renewal project, so they were integrated into that section. The subthemes from the Be Heard Project will have an asterisk on the side (\*).

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

1. Access & Barriers
2. Culturally Relevant & Responsive Care
3. System Fragmentation & Service Coordination
4. Services for Children, Youth, and Young Adults
5. Behavioral Health Workforce
6. Strengthening Wraparound Services
7. Priority Populations

### Access & Barriers

Access to health care 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.<sup>1</sup> Barriers that keep people from accessing care may be failures of the earlier-mentioned access elements but can also include social factors like stigma and lack of awareness of available resources. Community members identified several access elements working well in King County's behavioral health system and significant barriers impeding access.

### What is Working

1. **Improved Access to Services and Emergency Support:** Expanded services such as Medication for Opioid Use Disorder (MOUD), 24/7 prescribing hotlines such as the "Telebup" number, and telehealth options have increased accessibility, particularly for underserved populations such as people experiencing homelessness.

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/12171751/>

2. **Increased Geographic Access:** Community members recognized King County's efforts to expand access in rural and underserved areas. Mobile services that go out to rural locations have improved access to behavioral health services.
3. **Increased Culturally Specific Outreach:** Some smaller organizations have been more successful in reaching communities that may be distrustful of larger institutions and governmental agencies, particularly immigrant and refugee populations.

### 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 necessity for more comprehensive behavioral health services that accept Medicaid and for more therapists who are willing to accept Medicaid. Many insurance plans only cover a limited amount or type of behavioral health service. 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. <sup>2</sup>
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.
5. **Insufficient Mobile and Flexible Service Models:** Participants advocated for more mobile treatment options and services that meet individuals where they are. In addition to mobile services, community members noted that having more telehealth options would greatly assist individuals who cannot get into a clinic space due to working 9 to 5 or other factors that make in-person access difficult.

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

## Culturally Relevant and Responsive Care

Across engagement methods, community members, spoke about the strengths, challenges, and opportunities for improving behavioral health services and programming in communities not always well served by the mainstream behavioral health system. This theme was particularly prominent in the Be Heard: Community Voices about Mental Health & Wellness Community Listening 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 manifests 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 participants, but 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 is more assertive 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 of 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 or escape.

## System Fragmentation & Service Coordination

System fragmentation refers to the way that separating services from one another forces patients and providers to navigate multiple disconnected resources. This creates gaps in care and duplicative efforts and ultimately undermines the effectiveness of our systems. Individuals can receive comprehensive, continuous whole-person care when services are coordinated across different providers and sectors. Reducing system fragmentation and enhancing service coordination can make patient-centered care more effective and efficient.

### 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 other service 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 bridge programs, local walk-in clinics and community spaces, and wraparound services that provide comprehensive support for mental health, substance use, housing, and legal needs.
2. **Service Gaps:** 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 support. There is a need for integrated support that combines mental health care with other services such as housing, employment, and social connection.
3. **Subsidizing Care and Incentivizing Providers:** Participants agreed that more funding is needed to support a range of mental health services for all individuals, especially for underserved populations. Participant ideas included subsidizing care and incentivizing

providers to accept Medicaid and serve low-income clients. Additionally, across communities, participants emphasized a need for increased investment in culturally responsive education, resources, and treatment for mental health and substance use at the individual and community levels.

4. **Advancing Equity through Accessible Language Services\***: Language differences significantly impact care for an individual 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.

### Services for Children, Youth, & Young Adults

The need to bolster services for children, youth, and adults became a theme across all community engagement methods. Community members were quick to voice their concerns about youth and families throughout King County. This included recovery support for young people in crisis and fostering healthy emotional and psychological development of children, which can prevent the escalation of issues into more severe mental health conditions.

#### 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.

#### What needs Improvement

1. **Support for Parents**: Participants expressed a need for more parent-focused outreach to support parents who are trying to navigate the behavioral health system and help their children with mental health and/or substance use challenges.
2. **Youth Seeking More Open Communication\***: Youth from various cultures want help improving communication with their families and within their communities about mental health and substance use. Some report feeling dismissed or disbelieved when trying to talk about these issues with adults who may experience more stigma generationally.
3. **Crafting Safe Spaces**: Youth participants expressed the need for consistent, stable, safe environments for community gatherings and recreational activities, especially for

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(\*) Be Heard Subthemes: Advancing Equity through Accessible Language Services & Youth Seeking More Open Communication

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, identity, and social issues.

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.

## 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.
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 BIPOC 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.

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(\*) Be Heard Subtheme: Increase Awareness & Decrease Stigma

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 importance of peer support in recovery and mental health. Peer mentors and support groups are vital resources since they often understand the experience and stigma clients experience while pursuing recovery. Having similar lived experiences allows clients who are seeking services to feel seen and better understood when it comes to the struggles they are facing during recovery.

### Strengthening Wraparound Services

Wraparound services are a comprehensive approach to addressing the multiple interconnected needs of individuals, particularly those with complex behavioral health issues. They can provide continuity and tailored support to meet the needs of the community members who seek behavioral health support.

#### 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, which allows organizations to tailor services to the specific needs of different populations, including refugees, immigrants, people with SUD, and people with co-occurring conditions.

#### 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.<sup>5</sup>

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 LGBTQ+ individuals. There is also a need for culturally responsive care and better efforts to address 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

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<sup>5</sup> 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.

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



mental health through social support and fostering a sense of belonging is a powerful and culturally responsive healing practice.

## Priority Populations

The following populations were identified by participants as groups that face more significant challenges or barriers in accessing behavioral health services. The total number of mentions will be lower than the approximate number of individuals engaged since we asked about priority populations during our in-person and virtual listening sessions, but not in the online survey.

Focusing attention on these populations through tailored interventions and targeted resource allocation is crucial to ensuring health equity and improving overall community health. We will continue our community engagement during 2025 by engaging directly with the groups mentioned below.

### 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. LGBTQIA+: 23 Total Mentions

- **Population Prejudice:** LGBTQIA+ 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 LGBTQIA+ individuals remain a significant issue, impacting their rights and well-being. Despite progress in some areas, many LGBTQIA+ 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. Elders: 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.

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- **Lack of Coverage:** Uninsured or underinsured individuals, particularly those with disabilities or chronic conditions, are particularly vulnerable to worse physical and behavioral health outcomes.

## Conclusions from Phase One Community Engagement

Phase One Community Engagement for the MIDD Renewal has offered the opportunity to learn from providers, community-based organizations, individuals with lived experience, and other community members about the needs, gaps, and opportunities throughout King County's behavioral health system. The themes that emerged from this first round of community engagement clarify how community members see the behavioral health system impacting the health of their communities.

Through our first round of community engagement, we focused on gathering input from diverse voices throughout King County. This inclusivity helps ensure that policies, programs, and services are equitable and address the unique challenges faced by different populations.

In Phase Two, BHRD will use the themes gathered from Phase One to inform the questions and approach for continued engagement. For the second round of community engagement, we will seek feedback from populations who were underrepresented in the first round and return to the voices of the priority populations identified during Phase One.

## 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 believed were most important in supporting people in accessing behavioral health services.

The posterboard features the King County DCHS logo and the title "MENTAL HEALTH OPINION SURVEY". Below the title, a message asks participants to scan a QR code for the most important factor. Eight factors are listed, each with a QR code and a "SCAN ME" button. The factors are: COSTS OF SERVICES, TRANSPORTATION, DISABILITY SUPPORT, SYSTEM NAVIGATION, TELEHEALTH, LESS STIGMA, PROVIDER DIVERSITY, and LANGUAGE ACCESS. A final QR code is labeled "SCAN HERE LAST".

**King County**  
**DCHS**  
Department of Community and Human Services

# MENTAL HEALTH OPINION SURVEY

Please scan the QR code for what you believe is the most important factor to helping people in your community access mental health and substance use services.

<b>COSTS OF SERVICES</b>  SCAN ME	<b>TRANSPORTATION</b>  SCAN ME	<b>DISABILITY SUPPORT</b>  SCAN ME
<b>SYSTEM NAVIGATION</b>  SCAN ME	<b>TELEHEALTH</b>  SCAN ME	<b>LESS STIGMA</b>  SCAN ME
<b>PROVIDER DIVERSITY</b>  SCAN ME	<b>LANGUAGE ACCESS</b>  SCAN ME	<b>SCAN HERE LAST</b> 

## Appendix B: 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.<sup>1</sup>
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.<sup>2</sup>
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.<sup>3</sup>
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.<sup>4</sup>
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.
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.<sup>6</sup>
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.<sup>7</sup>

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<sup>1</sup>Definition of behavioral health What is behavioral health? | American Medical Association

<sup>2</sup>Definition of mental health About Mental Health | Mental Health | CDC

<sup>3</sup>Definition of substance use disorder Co-Occurring Disorders and Other Health Conditions | SAMHSA

<sup>4</sup>Definition of Co-Occurring Disorders Co-Occurring Disorders and Health Conditions | National Institute on Drug Abuse (NIDA)

<sup>5</sup>Definition for youth Youth Definition & Meaning - Merriam-Webster

<sup>6</sup>Definition of substance use services Substance use, abuse, and addiction

<sup>7</sup>Definition for wraparound services Wraparound Services: Understanding & Implementing Them