



## **King County**

### **Dow Constantine**

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May 28, 2021

The Honorable Claudia Balducci  
Chair, King County Council  
Room 1200  
C O U R T H O U S E

Dear Councilmember Balducci:

In response to Ordinance 19289, Section 19, Proviso P1, this notification letter provides a service plan for community-based behavioral health services and enhancements for residents of rural King County, including but not limited to rural unincorporated areas.

This service plan responds to COVID 19's significant impact on behavioral health needs of those living in rural King County. The service plan outlines an approach that promotes community education and awareness of behavioral health issues and increase access to, and availability of, behavioral health services for our rural County residents. These strategies will create new connections to a continuum of behavioral health care for residents in rural areas and promote communities' long-term wellness and recovery.

Ordinance 19289, Section 19, Expenditure Restriction 1, directs \$4,000,000 in American Rescue Plan Act (ARPA) revenues for the rural behavioral health services and enhancements described in this service plan. With this funding, the Department of Community and Human Services (DCHS) will implement three strategies to increase access to and awareness of behavioral health services in King County's rural communities, outlined below. Please note that we will follow federal guidance regarding the allowable uses of ARPA. DCHS is prepared to work with the Office of Performance, Strategy, and Budget should programming adjustments be necessary to assure federal reimbursement under ARPA rules.

### **Community Identified Needs**

Multiple national studies show that residents in rural areas face disparities in behavioral health services and outcomes.<sup>1,2</sup> In March and April 2021, King County conducted a concentrated community engagement process across multiple rural communities to hear about local needs in this region and inform the service plan in this letter. Rural King County residents echoed many of the same challenges that rural communities across the country face.

*Availability:* Rural residents requested increased availability of services in their communities. They cited a lack of behavioral health providers in rural areas, particularly those that offer integrated mental health and substance use disorder services. Participants identified private locations with internet access like libraries or community centers as a potential way to support telehealth services.

*Accessibility:* King County's rural residents identified several barriers to accessing behavioral health care, including geographic distance to service locations and related transportation challenges, privacy concerns due to lack of anonymity, and a lack of knowledge on how or where to seek services. Provider agencies also acknowledged gaps in their awareness of existing resources. Survey respondents suggested offering more flexible service delivery, improving communication about what services are available, helping with transportation, and bringing more services to their communities.

*Acceptance:* Rural community members expressed concern about stigma. They asked for opportunities for individual therapy and community wellness groups that are not labeled with a behavioral health focus. Communities also asked for more culturally and linguistically specific treatment services, programs with low-barrier entry points, and programs with incentives for participation. They also identified the potential to strengthen and build upon the influential roles of trusted local community members. They suggested focusing on prevention, increasing awareness, and creating a culture of support to address stigma and increase community capacity.

### **Rural Behavioral Health Service Plan Development**

Guided by needs shared by community identified needs, DCHS developed the three core strategies identified in the Rural Behavioral Health Service Plan after a concentrated process driven by literature, data, community input, and assessment for feasibility, equity, and sustainability:

1. *Literature Review:* DCHS conducted research on behavioral health best practices in rural communities, including but not limited to mobile and telehealth services, hub and spoke models, outreach and engagement strategies, and culturally responsive rural behavioral health services.

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<sup>1</sup> Morales DA, Barksdale CL, Beckel-Mitchener AC. A call to action to address rural mental health disparities. *J Clin Transl Sci.* 2020;4(5):463-467. Published 2020 May 4. doi:10.1017/cts.2020.42

<sup>2</sup> Rural Behavioral Health: Telehealth Challenges and Opportunities, Substance Abuse and Mental Health Administration (SAMHSA), In Brief, Fall 2016, Vol. 9, Issue 2.

2. Demographic and Service Use Data: DCHS compiled demographic information about people living in rural areas of the county. In addition to reviewing data about income, racial identity, and age, DCHS also analyzed information about rates of participation of publicly funded behavioral health services.
  
3. Listening Sessions: DCHS conducted listening session with key stakeholders. Listening sessions included both rural consumers and residents, as well as behavioral health and social service providers serving rural communities. Specifically, DCHS facilitated:
  - One listening session in Snoqualmie Valley/Northeast King County;
  - Two listening sessions in Spanish on Vashon Island;
  - One listening session with the King County Alliance for Human Services’ Unincorporated King County Workgroup;
  - Two listening sessions with King County Integrated Care Network community behavioral health providers;
  - Two listening sessions with grantees from MIDD’s *Rural Behavioral Health Services* initiative;
  - One countywide listening session with consumers and families from rural areas; and
  - Individual key informant interviews.
  
4. Rural Behavioral Health Survey: In March and April 2021, DCHS developed and disseminated a survey focused on rural behavioral health needs, using a multimodal platform in eight different languages to enhance access. Over 700 respondents participated from throughout rural King County.
  
5. Assessment: DCHS assessed strategies for equity and social justice-related impacts, analysis of existing gaps in services, feasibility and likelihood of success (i.e. implementable within the timeframe and funding available), sustainability and lasting impact, and anticipated benefit to the community.

<u>Rural Behavioral Health Service Plan Overview</u>		
Strategy	Programs	Amount
<b>1. Increase Access for Rural Residents: Expand access and availability of behavioral health care in rural areas.</b>	<ul style="list-style-type: none"> <li>• Mobile Services</li> <li>• Outreach and Engagement</li> <li>• Telehealth Services</li> </ul>	<b>\$1,767,500</b>
<b>2. Bring More Programs to Rural Communities: Invest in community wellness, recovery support, and increased awareness.</b>	<ul style="list-style-type: none"> <li>• Mental Health First Aid</li> <li>• Community-Identified, Pro-Connection, Anti-Isolation Programs</li> <li>• Rural Peer Groups</li> </ul>	<b>\$1,467,500</b>

### Rural Behavioral Health Service Plan Overview

<b>3. Reinforce the Rural Network: Strengthen partnerships among behavioral health providers and with rural services organizations.</b>	<ul style="list-style-type: none"><li>• Incubate Rural Behavioral Health-Social Services Partnerships</li><li>• Increase Rural Resident Care Coordination</li></ul>	<b>\$765,000</b>
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These service plan components are based on nationally recognized rural best practices, an analysis of demographic and service use data of rural residents, and feedback from the spring 2021 community engagement process described above.

### Strategy Components and Rationale

#### **1. Increase Access for Rural Residents: Expand access and availability of behavioral health care for individuals and families in rural areas.**

**Service Plan:** DCHS intends to invest \$1,767,500 to enhance access to existing services and assist individuals in the following ways:

- Mobile services will increase access to behavioral health treatment for individuals who experience barriers such as transportation or initial reluctance to enroll in services by offering convenient, welcoming and low-barrier services in their area. These investments will also maximize flexibility to reach geographic areas of greatest need, since service times and locations can be modified to match demand for services in different communities.
- Outreach and engagement services will provide low-barrier, one-to-one relationship building with skilled and compassionate outreach workers to encourage reluctant individuals to accept and participate in behavioral health care.
- Telehealth investments will support technical assistance, collaborative problem-solving, and care coordination through alternative locations with adequate technology throughout the community (such as libraries, senior centers, or schools).

**Rationale:** This strategy responds to community and provider requests to expand the availability and accessibility of behavioral health services in rural areas. By implementing this multifaceted strategy, DCHS will meet individuals where they are, addressing the added burden rural residents face in traveling to distant locations for routine services.

#### **2. Bring More Programs to Rural Communities: Invest in community wellness, recovery support, and increased awareness.**

**Service Plan:** DCHS plans to invest \$1,467,500 in community wellness, recovery support, and increased awareness in rural areas to support:

- Rural availability of awareness initiatives like Mental Health First Aid trainings to enable rural community members to identify emerging behavioral health concerns and assist others in need;
- Community-identified wellness activities that replace isolation with positive relationships and supportive connections, to promote recovery and health; and
- Peer-led groups in rural areas, where embedded, trusted community members are trained to coach fellow rural residents on their path to behavioral health recovery.

**Rationale:** Survey respondents noted that stigma in their close-knit communities was a deterrent to receiving services. To address this challenge, this strategy combines increasing community understanding and skills around behavioral health conditions with easy-to-access services in rural communities that support recovery with or without formal treatment. Rural residents have identified such community-based non-traditional services as keys to promoting behavioral health while respecting cultural needs.

### **3. Reinforce the Rural Network: Strengthen partnerships and increase collaboration among behavioral health providers and with rural services organizations.**

**Service Plan:** DCHS plans to invest \$765,000 to establish the King County Rural Behavioral Health Collaborative. DCHS will convene the Collaborative and provide technical assistance to relevant stakeholders within Community Service Areas (CSAs) and across rural communities countywide to:

- Advance community resilience by cultivating partnerships among behavioral health organizations and rural partner organizations;
- Improve coordination to identify and jointly solve access and service challenges; and
- Incubate behavioral health partnership opportunities with local human service providers.

**Rationale:** COVID-19 has exacerbated fragmentation in communication and service delivery among rural service providers. During provider listening sessions, community agencies identified a need to increase collaboration and reduce competitiveness among long-standing rural providers and providers that are newly serving rural areas. Also, rural providers acknowledged a knowledge gap about existing resources and requested technical assistance to address the issue.

In accordance with Ordinance 19289, Section 19, Proviso P1, unless the Council acts within 30 days to reject this service plan, funding will be directed to these strategies that respond to community-identified priorities. As noted, this programming is subject to ARPA requirements.

This service plan aligns with the King County Strategic Plan health and human services goal of improving the health and wellbeing of all people in our county by enhancing the capacity of the County's network of health and human services to respond effectively to people in need. Most notably, the services and enhancements advance Strategic Plan objectives that aim to support prevention and recovery for people of all ages with behavioral health conditions.

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These rural behavioral health services also align with King County's Equity and Social Justice Strategic Plan by providing community-informed behavioral health and services designed to invest upstream by expanding access to treatment services. Community-based services help reduce or prevent involvement in crisis and emergency medical systems and promote recovery for people with behavioral health conditions.

It is estimated that this service plan required 993 staff hours to develop and produce, costing approximately \$68,863.

Thank you for your consideration of this service plan. These strategies will improve access to behavioral health care in rural areas, cultivate a greater understanding and acceptance for seeking behavioral health support, and support communities to come together to address behavioral health needs. These interventions will catalyze long-term connections to services to improve the well-being and resilience of individuals, families, and communities in King County's rural areas.

If your staff have any questions, please contact Leo Flor, Director, Department of Community and Human Services, at 206-477-4384.

Sincerely,

 for  
Dow Constantine  
King County Executive

cc: King County Councilmembers  
ATTN: Carolyn Busch, Chief of Staff  
Melani Pedroza, Clerk of the Council  
Shannon Braddock, Deputy Chief of Staff, Office of the Executive  
Karan Gill, Director, Council Relations, Office of the Executive  
Dwight Dively, Director, Office of Performance Strategy and Budget  
Leo Flor, Director, Department of Community and Human Services