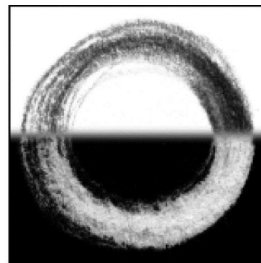


**Vashon-Maury Island
Behavioral Health Needs Assessment
May 27, 2021**

Commissioned by  **Vashon Youth &
Family Services**
Connect. Nurture. Thrive.

**Funded by the King County
Mental Illness and Drug Dependency fund (MIDD)**

**Research conducted by
Lead researcher:
Yve Susskind, Ph.D.**



PRAXIS
ASSOCIATES LLC

This is a report to the public and is intended to be used by community members, organizations and government for planning and advocacy purposes.

A summary of this report can be found at: www.vyfs.org/community-needs

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REPORT ON PHASE ONE OF VASHON-MAURY ISLAND'S COMMUNITY-WIDE BEHAVIORAL HEALTH NEEDS AND GAP ASSESSMENT

INTRODUCTION

In January 2020, Vashon Youth and Family Services (VYFS), the community mental health provider of Vashon-Maury Island, received a grant from the King County Mental Illness and Drug Dependency fund (MIDD) to expand services to children, youths, adults and families, especially those from difficult to reach populations. VYFS had been providing these services already because people needed them, but they were not part of operations plans and often were not reimbursed. The recognition of unplanned-for and unmet needs in the community led VYFS to also request funds in the MIDD grant for the first phase of a formal assessment of the needs, gaps and opportunities around Behavioral Health (BH) in the community.¹ This initial phase consisted of interviews with key community members who interact directly with diverse, vulnerable communities.

VYFS contracted with Praxis Associates, a small evaluation consulting firm operated by long-time Vashon Islander, Yve Susskind, PhD. Dr. Susskind conducted the interviews which addressed the experiences, strengths, needs and barriers faced by different populations on the Island, including teens and elementary and middle school age youths, children experiencing special needs, families with BIPOC children, elders, parents, immigrants and refugees, domestic violence survivors, the Latinx community, LGBTQ+ folks, adults in general, people who are low income and/or experiencing the housing crisis and BH providers and advocates for substance use reduction.

The interviews provide an initial, broad understanding of the multi-faceted needs and opportunities in the community. Of course, these initial interviewees can't speak for

¹ Behavioral Health (BH) includes mental health related issues such as anxiety, depression, suicidal ideation and other mental illnesses, as well as substance use disorders and other addictions. Not all of these necessarily have their root causes in people's behaviors. They are often related to trauma, violence, poverty, stigma, stress, discrimination, genetics and other factors outside of people's control. An important idea in BH is that of "recovery," which means that everyone who experiences mental health issues or addiction can manage their conditions successfully, often with the support of peers, loved ones, community, caregivers and service providers.



everyone and the best way to support people's health and wellbeing is to ask and involve them directly. VYFS intends to seek funding to continue the needs assessment and invites partnership with other agencies, organizations and providers to do so.

Purpose of the interviews

The purpose of the initial phase of the needs/gaps assessment is to help Vashon service providers, policy makers, advocates and community members achieve a common, multi-perspective understanding of:

- BH needs that are not being met
- Barriers people face to accessing care that is appropriate and high quality (e.g., affordable, accessible, confidential, culturally responsive, trauma-informed, in people's preferred languages)
- Challenges faced by organizations that provide BH services
- Needs that are coming to light during the COVID pandemic, and as Vashon demographics, the economy and culture change, and
- How the Vashon community can support thriving, resilient people and families, including ways it is already doing so that can be amplified.

How the study was done

Under leadership of former Executive Director Carol Goertzel, VYFS convened a small group via Zoom to provide advice as the needs assessment got started. The list of people who received email invitations to the meeting and those who attended is included in the Appendix. The group met on April 30, 2020. They identified the populations to include in the needs assessment to ensure we would hear from underserved populations; communities at higher risk for experiencing BH issues or gaps in care; communities facing stigma, discrimination or other barriers to access; and any other groups whose lived experience and perspective are important to gain a complete picture of BH needs on the Island. The populations identified during the advisory meetings are listed in the table below. The group then made a list of organizations and individuals that work with or advocate for these populations, and would be the first group to reach out to for interviews. The intention was to add people as we learned about them. The organizations are listed in the box below, though the list of individuals is not, for their privacy. The final list of people who participated in interviews is included in the Appendices.

<p>Key populations:</p> <ul style="list-style-type: none"> ● Youths (under and over age 12) ● Elders/senior citizens ● Parents ● LGBTQ (youths and adults) ● Domestic violence survivors/victims ● Latinx/English Language Learners (ELL) ● Other ethnic groups (other than Latinx) ● People of color ● Immigrants/refugees (documented and undocumented) ● Unhoused/homeless people ● Essential workers ● Those experiencing mental illness or Substance Use Disorder (SUD), diagnosed or not ● Those experiencing special needs/disabilities ● Incarcerated/previously incarcerated people ● People who are isolated ● Those facing end of life questions ● Loved ones/caregivers of those with mental illness/SUDs/end of life/disabilities 	<p>Key organizations:</p> <ul style="list-style-type: none"> ● Comunidad Latina de Vashon ● DOVE ● Vashon Foodbank ● Interfaith Council on Homelessness ● Journeymen ● Sisterhood ● The County ● State reps ● Meals on wheels ● Schools ● Student/FamilyLink ● Neighborcare student clinic ● OSpace4Teens ● Private counseling services ● Research/academia ● Senior Center ● Showing Up for Racial Justice ● Vashon Alliance to Reduce Substance Abuse (VARSA) ● VashonBePrepared ● Vashon Community Care ● Vashon High School ● Vashon Household ● Vashon Resettlement Committee ● Voice of Vashon ● VYFS
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With so many people whose perspectives were important, it was apparent we would need to conduct group instead of individual interviews. The following is the list of group interviews that were conducted between June 2020 and January 2021 (a small number conducted as individual interviews are indicated with an asterisk):

1. Elementary and middle school counselors
2. Teen and tween out-of-school/mentorship programs
3. Vashon Island School District nurse*
4. LGBTQ+ youths and elders
5. Parent advocates/educators
6. Parents of Black and Brown children
7. VYFS clinicians
8. Domestic violence survivor advocates

9. Counselors and advocates serving the Latinx community²
10. Refugees and their advocates
11. Affordable housing provider*
12. Vashon Medical Reserve Corps/Suicide prevention programming (split into 2 separate interviews)
13. Providers of services for senior citizens*

In addition, a separate set of interviews took place with leaders of the following organizations about their experiences of collaboration and coordination with other Island social service organizations:

14. Neighborcare Student Clinic
15. Vashon Alliance to Reduce Substance Abuse (VARSA)
16. Vashon Island School District
17. DOVE Project

In all, 38 people were interviewed via 9 group and 8 individual interviews.

The interview guide, including the background given to interviewees, the informed consent statement and the interview questions, is included in the Appendices. Dr. Yve Susskind conducted the interviews via Zoom, except for the leadership interviews, which were conducted by phone by Dr. Ellen Carruth, professor of counseling at University of Puget Sound and former VYFS board member and occasional contractor. Sophie Gagnaire and Celia Cugudda, VYFS administrative and program coordinators, scheduled the interviews.

With participants' permission, the interviews were recorded and transcribed. The transcriptions were analyzed by first assigning each segment of data — usually a sentence or a few sentences that convey one idea — to a category, such as Risk Factors, Services that Help, Gaps in Services, Barriers to Access and so on. The segments within each category were then clustered like-with-like to identify distinct ideas or themes.

² We reached out several times to two organizations that work with important populations – Comunidad Latina de Vashon and Student/FamilyLink (the school district's alternative learning programs) – but we were not able to schedule interviews with them. The absence of input from these programs is a significant gap and any follow-up to this needs assessment should again seek to include the people they work with – Vashon's alternative learners and the Latinx community.

The themes that emerged and the complex interactions among the themes are described in this report. We did not seek to verify the claims made by interviewees; for readability of this document, we simply report them as described to us by the interviewees. Future phases of needs assessment can supplement the impressions of the interviewees with other data, such as resident surveys and data related to population health, health conditions and indicators.

FINDINGS

We organized the themes from the interviews into sections related to the general context of the Island community, aspects of individual and community life that put people at risk for BH issues, initiative and efforts that support people's well-being in the face of these risk factors, barriers to accessing services and programs, systemic challenges that lead to gaps and problems in services and coordination. The final section examines these findings through an equity lens.

As mentioned previously, this interview-based study should be considered phase one. It should be supplemented with other data and input gathered from individuals themselves (rather than only people who work and/or advocate with them), via surveys and community-led outreach. Vashon Island is a talented, loving, creative community and its many strengths can be brought to bear in envisioning and strategizing to address the needs and challenges reported here.

Following are some questions to keep in mind as you read, in preparation for such future engagement,

- Which of the challenges presented here are systemic and need to be addressed across organizations, government entities and policies?
- Which challenges are simpler and reside within the responsibilities of individual organizations to address?
- Which problems arise through mis-perception and might be addressed through better outreach, communication and relationship building?
- Where do you see yourself or your organization fitting in to support the needed transformation, and what do you feel inspired to do?

THE VASHON ISLAND CONTEXT

Vashon Island is a beautiful, complicated place.

People on Vashon care about each other and want to foster a sense of belonging. Islanders often say they feel at most one step removed from each other, which can be both a blessing and an obstacle. Community care and cohesion are part of the unspoken social contract — people feel an impulse to help others, confident that when they need it, someone will help them as well. While the community has a ways to go before it is a truly inclusive and equitable place where everyone feels they belong and receives the support they need, many people are trying to meet that goal. And many Islanders experience the community as inclusive. We heard this especially from LGBTQ+ people and immigrants. For example, one immigrant we spoke with shared a story that represents the welcoming way she feels treated on the Island.

I saw a woman with her daughter, she was almost three years old. When the baby looked at me she was scared and she held her mom. But her mom said “Don’t be scared, she is a woman like me, she is just wearing different clothes.” She knew about Muslim women. And I had a sweet in my bag, and I asked her, “Can I give the girl a sweet?” And I spoke with the girl about my Hijab and that I am a woman like your mom. And after five to ten minutes, the baby was normal. When we left she said “bye.” After four or five weeks, I went to the library and I saw this same girl. She came and hugged me, and she spoke about the first time we met. She said “Sorry, my mom told me lots of stories about Muslim women. Thank you for the candy.” She didn’t forget the candy!

Current initiatives on Vashon are evidence of this culture of compassion and generosity. The Interfaith Council to Prevent Homelessness (IFCH), for example, is a volunteer effort to support people’s ability to live on the Island and has helped people avoid homelessness. Community support for the Vashon DOVE Project, which advocates for domestic abuse survivors, is another illustration. Comunidad Latina de Vashon (CLV) works to build connection and cohesion among Latinx residents and mobilize and activate their leadership in community decision making to advance greater health and well-being. The Neighborcare Health clinic based in Vashon Island High School comprises a team of psychologists, counselors and medical providers that serves students at no cost to families. Another initiative, the volunteer-run Vashon Villages program, is sponsored by the Senior Center and features activities for older adults to build rapport with their neighbors. And there are other examples of Vashon’s cultural cohesion, including a wide range of arts and education programs, an active chapter of Showing up for Racial Justice, the Vashon Resettlement Committee, Rotary and many more.

People on the Island are also resilient and resourceful. Many members of the community have undergone and overcome so much in their lives — migration, domestic violence, heartache, economic hardship, family conflicts, and loss. Immigrants on Vashon shared how friends and the greater community have lent their support as they grow their small businesses, look for jobs and navigate their children’s education. The community’s elders, whose long lives of such experiences make them especially insightful, are a strength the rest of Vashon can tap into. “These days they get dismissed as not being as knowledgeable, but their knowledge is so deep and vast,” said an interviewee who works with seniors. “Not tech, but life skills, dealing with people, being generous.” We also learned that Vashon youths are talented, interested in politics, social justice, inclusion, the environment and the arts. Some Vashon teens express gratitude for an adult community that generally cares about them and wants to be involved.

One aspect of the Island that fosters resilience and well-being is access to nature. Many on the Island regularly spend time in nature, hiking, running, cycling, beachcombing, even swimming in the frigid Puget Sound. Gardening and raising livestock are common activities.

As reported in the following sections, in addition to what makes Vashon a wonderful place for many, the community also has pervasive deficits, often hidden just below the surface, that may not be largely acknowledged.

COMMUNITY AND INDIVIDUAL RISK FACTORS

Interviewees told us about numerous risk factors for children, youths and adults on the Island. These include isolation, exclusion, feeling invisible, lack of healthy community boundaries, language barriers, economic disparity, homelessness and housing insecurity, COVID-19 and others. These concerns are overlapping, compounding and informed by one another. They also exacerbate or are exacerbated by other existing risk factors that members of the community may be experiencing on individual, familial and cultural levels, such as child and domestic abuse and other adverse childhood experiences, sexual violence and rape culture, loss, suicidality, substance abuse, poverty, migration and displacement and racism. This interview-based study did not seek to verify the existence, overall rates, rates by demographics or trends of these risk factors. There have been some highly publicized studies, such as the Healthy Youth Survey that shows alcohol and marijuana use rates consistently above the state norm³, but these were not included in the scope of this first phase of the needs assessment. In

³ [VARSA](#)

this section of the report, we highlight the risk factors that came up most frequently in the interviews.

The liberal myth of inclusion

The dominant cultural worldview on the Island is politically liberal and values higher education and knowledge economy jobs, as well as a local farm/DIY economy where the farmers/DIYers are typically white and highly educated, and their farming/DIYing is a second career. Most Vashon Islanders pride themselves on being culturally open and supportive of immigration. One sees these liberal, upper middle class values represented in store display windows, the editorials in the local weekly paper, in conversations in bars and restaurants, choices in the supermarkets, and so on.

But this initial perception of inclusivity can also keep people from seeing the problems that exist in the community. The liberal ethos can mean people do not actually “see” or value the diversity that exists on the Island (though the percentage of residents of most races is on the decline, with the exception of white and Latinx residents⁴). Despite the typical Islander’s desire to be inclusive, there are groups who feel excluded. People of color don’t feel represented in the community’s leaders, teachers and mentors, while many undocumented people fear that they risk deportation if they are highly visible or active in leadership in the community. Young men are often disillusioned with the community’s expectations and demands of education and upward economic mobility. Young people living in abusive or highly conflictual homes feel isolated from a community that generally regards itself as safe and loving. The same is true for young Islanders whose families are struggling to make ends meet in what is otherwise an increasingly affluent community. One Islander expanded on the caveat: “there’s so much to celebrate here on Vashon but in that celebration...if you’re not part of the glory of this place, and I know there’s a lot of young folks who don’t feel part of that celebration, when our fundamental need [for belonging] is not met...so many other mental and behavioral health things can stem from that.” People who struggle with substance abuse feel they have to hide because of the pressure, shame and stigma in a tight-knit community that often lacks boundaries and privacy. For some, the act of reaching out for support itself causes increased feelings of isolation. For example, an elementary school counselor recalled a student feeling as if something were wrong with

⁴ Between 2010 and 2019, the white population increased by more than 1%, the Black population declined by close to 2%, American Indian and Alaska Native, Asian, Native Hawaiian and Other Pacific Islander and other races declined by half a percent or less. The exception is amongst the Latinx population, which increased by 1%. (US Census, American Community Survey for [2019](#) and [2010](#) for Vashon CDP).

them for seeking one-on-one therapy and that this had a negative effect on their sense of belonging.

Sometimes, the erasure and exclusion are more explicit. We heard from parents about their Black children's experience with outright racism at school. All the parents of children of color we spoke with reported that their children had suffered racist name calling by classmates and been left out of friend groups. These parents reported failures by educators and administrators to protect children of color or hold wrongdoers accountable, and some noted school personnel's complicity in such harmful acts. An example is a 5th grade mentorship program where all the students selected were white. The erasure extends to adults as well; we heard about a vendor who would not sell a Syrian individual's artwork because she was uninterested in the colors representative of the culture.

Social isolation and exclusion

For some Island youths, the social cohesion felt by many adults is replaced by a sense of isolation, attributable in part to long distances from friends' homes and the center of town, and to the lack of a central place for teens to hang out. The same is true for young adults — people in their twenties and early thirties who do not have children, and especially those who are single. While there are bars, restaurants and coffee shops, there is no real central hub of socialization where one can count on finding friends. Additionally, many of these places are expensive. For adults who cannot drive, the rural nature of the Island makes it difficult to stay connected to people.

Certain age groups, namely young children, teens and young adults, and the elderly are particularly prone to depression arising from social isolation. And for LGBTQ+ youths, the small size of their population means that rifts among friends can spider out to fracture social circles, leaving them with fewer connections and supports. Sense of belonging, especially for teens, is important for healthy development and resilience. Barriers to socialization can impede young people's social-emotional growth and elders' access to opportunities to socialize. Immigrants and refugees can especially relate to feelings isolated from loved ones in their native countries.

The interviews also revealed the isolation and exclusion Island youths experience due to divergent ideologies. Teens who do not ascribe to the Island's dominant liberal worldview can feel ostracized, and some experience bullying (even in this community that purports to be very loving).

Some isolation experienced by Islanders can be attributed to lack of knowledge, either by the person feeling isolated, or by others who are supposed to support them but don't

have the information to do so. For instance, many elderly people whose networks of support have dwindled during COVID-19 may not be aware of community resources they could be utilizing. For LGBTQ+ youths, the energy it takes to call out microaggressions they experience and to educate teachers, counselors, friends and parents on queer-related issues is not just isolating, but also exhausting.

Feeling invisible

As is common in many places, most of the people who work as educators, counselors, healthcare providers and informal supporters are women, and on Vashon they are overwhelmingly white/non-Hispanic, English-speaking and heterosexual. Board, executive and other leadership positions are also dominated by white people. It is very difficult to attract non-white educators and providers to the Island, both because Vashon is so culturally homogeneous and because the expense and isolation from the urban area make it impossible for many people in these professions (which generally aren't high paying) to live and practice on the Island. There have been efforts to teach cultural awareness on Vashon. Nonetheless, many people outside the mainstream do not see their cultures or identities reflected in their surroundings, their teachers or mentors, medical and BH providers or religious institutions, which can lead to a sense of invisibility and "othering." We heard this especially in relation to the Island's people of color, LGBTQ+, immigrants and young men who are not college-bound. For example, with no mosque on the Island, for recently settled Syrian refugees, the lack of an accessible religious and cultural gathering place can make it difficult to feel one truly belongs. While the lack of a mosque is related to the small size of the Muslim population and not to inaction on the part of Islanders, other kinds of accommodations that are overlooked could support a greater sense of visibility. One interviewee suggested, for example, that Arabic translations could be added to school bathroom signs alongside existing Spanish, French and Japanese translations. Another recommended adding songs in multiple languages to the supermarkets' music programming.

Dangers of a close-knit community

While some people feel invisible and isolated, others feel smothered and exposed by Vashon's small size and insularity. In such a close-knit community, young people and adults alike expressed how difficult it is to change their reputation. Wrongdoings or mistakes committed earlier in life have a tendency to stick and shape how teachers talk about their students or how the community at large views certain individuals. Similarly, overfamiliarity among community members can nullify the rules of privacy. LGBTQ+ advocates, for example, related stories of parents and family members unintentionally

“outing” young people. This level of familiarity can feel especially suffocating, as teens struggle to define themselves. Assumptions made about people in the community can act as barriers to forming deeper, more meaningful relationships, and any amount of privacy desired by newcomers is quickly stripped away. At the same time, for newcomers to the Island, it is difficult to get a foothold in the community and form solid connections and friendships as many Islanders have already long established their close ties. One respondent shared, “As a new parent, I didn’t really develop strong relationships with families until two years in.”

Language barriers

The ability and opportunity to function in a language that is comfortable is one cornerstone of an inclusive community. There have been examples to prove this on Vashon. At Chautauqua Elementary School, an after-school program for students whose first language is Spanish, taught by interns who were from a variety of different Spanish speaking countries, was highly successful. “I would hear them every Thursday, making a ruckus out there, having a great time connecting, comparing and contrasting their different cultures because they were all from different countries, but they shared the language.” This program, however, has been paused during the COVID-19 pandemic.

One immigrant we spoke with shared how painful, sad and isolating it is not to be able to communicate, while another admitted to staying at home for months on end due to language barriers. On the other hand, recall the story mentioned earlier of the warm interaction experienced by one of our interviewees and a mother and daughter. We also heard from an interviewee how starting a small business centered around her culture created a sense of joy and connection. Vashon can be both an inclusive and welcoming place at times and also a place where people can feel isolated from their cultural communities.

High cost of living and housing crisis

Interviewees stated that basic needs are not being met for many Islanders across demographics. There is food insecurity, with many people relying on the local food bank. Immigrants and refugees explained a hierarchy of needs as they have to prioritize learning the language and finding employment and housing before they can turn their attention to their mental health. Senior citizens expressed needing help accessing medicines and adequate health services.

One of the more heavily referenced challenges to living and thriving on the Island is the high cost of living here. From buying groceries to paying rent, many individuals express the need to “hustle” in order to make a living on the Island.

I always call it the Vashon Hustle. What we've all got happening to make ends meet. My husband has three jobs, we tried owning our own business. That didn't work. It's such a hustle to live here.

There is a lack of employment opportunities generally and most available jobs are low wage and insufficient for supporting a family. As reflected in the quote above, many people work multiple jobs. Teens and adults from Latinx and other immigrant families are too busy supporting their families to take ESL classes. In addition to the shortage of good paying jobs, some businesses are struggling to hire employees because people can't live on the Island for what local businesses pay.

Another major economic precarity on Vashon is housing insecurity. Vashon Island is part of a larger metropolitan area that is undergoing a terrible housing crisis. People are being evicted or displaced from their homes on Vashon, priced out from the places where they have built their lives and support networks. Undocumented individuals and families are being taken advantage of by landlords who are aware of their citizenship status. What makes Vashon unique, moreover, is how few resources there are for low-income families or people experiencing housing insecurity. Some families live in cars or in the woods, for instance, because there is no homeless shelter on the Island.

Anxiety and depression

As mentioned earlier, social isolation is a contributing factor to depression, which numerous interviewees told us is on the rise on the Island. Depression is also a risk factor for those experiencing domestic violence, creating barriers to seeking help, support and safety. “I'm thinking about a lot of mental health situations, or domestic violence, those long driveways...things can fester down at the end and nobody knows about it.” We heard that rates of anxiety among Vashon students have been skyrocketing for years.

COVID-19

Depression is becoming especially prominent during the COVID-19 pandemic, as much of the community is separated from friends and loved ones who typically act as emotional supports. School counselors reported an increase in anxiety, depression and suicidal ideation among students of all ages. Counselors also reported difficulty in administering virtual therapy sessions, while others went so far

as to continue meeting clients in-person at the beach (for distancing). LGBTQ+ youths have had to cope with the absence of friends and confidants. The loss of connection with community members has negatively affected their mental and emotional health. Parents are also feeling the isolation, being cut off from those they would normally reach out to when feeling overburdened. Psychiatric services have inevitably been disrupted, forcing many residents to have to venture off-Island to receive these services, or to go without.

The COVID-19 pandemic has impacted life on the Island in other ways as well, with young people and communities of color among the hardest hit. Latinx families and other low-income families have had to cope with unprecedented loss of income, while students across the board struggle to remain engaged in online learning during shelter-in-place. Students who were deemed at-risk prior to COVID-19 have been largely absent from virtual classes and online discussions. Parents of students describe feeling overwhelmed by the demands of continuing their children's education and ensuring ongoing academic achievement on top of their other responsibilities. For those Latinx and immigrant parents who have received little formal education themselves, the demand of keeping up with their children's schooling is especially challenging. Loss of services typically provided by schools (e.g., hot lunch) has also put a financial strain on families. For seniors, the pandemic has effectively suspended all activity. Without weekly lunch groups and athletic activities such as swimming classes, many of the Island's older residents have little to do and nowhere to go.

WHAT WORKS

Vashon Islanders have come together over the years, through volunteer organizations, charities, philanthropic efforts, and by establishing formal agencies to serve the needs of Islanders and build a resilient, cohesive community. Though many challenges, gaps and barriers exist, there is much that works. An essential aspect of the Vashon culture came across in these interviews; people are generally hopeful and imaginative about how to not only solve existing problems, but also create a thriving community for everyone. The following are the commonly mentioned formal programs that people said are working well:

- Very good preschools connect parents and families with each other and have skilled and dedicated staff who collaborate with professionals who serve students with special needs.

- The Senior Center doubles as a volunteer center. The popular lunch delivery program averages 30-35 lunches per day, four days per week (and more during the COVID-19 pandemic). Senior Center social programs are multi-generationally popular; Rainbow Bingo brings seniors and youngers together for raucous fun.
- Community partnerships between social and emergency services on Island strive to support those experiencing hardship. For example, Island therapists will be working with Vashon Fire and Rescue on domestic violence training and protocols.
- Elementary and middle schools on the Island offer social-emotional coaching to parents in order to better support their children. Additionally, the Family Place division at VYFS offers early parent childhood education and VARSA offers classes supporting parents navigating the early teen years.
- Vashon Medical Reserve Corps/VashonBePrepared and VARSA provide Island-wide outreach and education around mental health. The former's information campaign for suicide prevention and awareness seeks to break down stigma around mental illnesses and provides materials such as educational postcards and webinars to Island residents and businesses. VARSA is providing (with funding from Granny's Attic grants) Mental Health First Aid trainings.
- Vashon Kids at Chautauqua offers comprehensive childcare for 5 to 12-year olds and prioritizes social emotional skill building and parent support.
- FamilyLink and StudentLink, the homeschool resource program and self-directed alternative high school, are helping nontraditional learners thrive and succeed academically.
- VYFS provides funding for a ferry pass so community members can access off-Island medical services. Additionally, VYFS distributes vouchers to families with students for back-to-school shopping.
- The Community Access to Therapy (CAT) voucher program run by DOVE provides those seeking mental health services ten free sessions with a therapist of their choice. The vouchers reduce barriers for those who lack insurance or who are not able to safely and confidentially use their insurance.
- The Vashon school-based health clinic is very involved in students' lives and aims to ensure their holistic needs are met. School nurses teach middle and high schoolers stress reduction and relaxation techniques and are developing a mental health plan for students. Through VARSA, substance use prevention and wellness education are provided in McMurray Middle School's Healthy Living classes.
- VYFS's Parents As Teachers program has been vital in connecting Latinx families with social services.
- Seeds for Success offers employment assistance and vocational options for people with disabilities.

- Latinx outreach through a variety of programs, like CLV and Alianza, bring both resources and engaging opportunities to the community and help to build trust.
- COVID-19 responses by Vashon Be Prepared and the Community Care Team, play on the strengths and closeness of the community. These include volunteer-run testing and vaccination sites, meal programs, food drop-offs and referrals to a fund for rental and utility assistance for those affected. Socially distanced services, like therapy through Zoom, a virtual Pride Month, meeting kids outside and telehealth, have adapted to continue to serve.
- Youth community-building programs like Journeymen and Sisterhood teach resilience and give kids ownership of their own learning. They also provide opportunities for young people to connect, especially vital throughout the isolation of COVID-19.
- Youth-led/adult-supported mental wellness and prevention efforts include Sources of Strength at the middle school and the Teens Leading Change club at the high school.

There are a lot of positive things happening on Vashon, all those we interviewed agreed. The list of examples given by interviewees is extensive and impressive. There may be so many services, volunteers, agencies, programs and groups all working on addressing problems because so many people want to give and be a part of positive change. However, the surrounding conversations about people's concerns revealed that the length of this list is part of the problem — that in spite of and because of these many fragmented and sometimes duplicate community efforts, there are issues with continuity, reliability, access and effectiveness. There are blind spots and opportunities for deeper collaboration and coordination, certainly, and the Island community's demonstrable collective investment in belonging can be a source for addressing the problems below.

BARRIERS TO ACCESSING SERVICES AND PROGRAMS

Obstacles to accessing on-Island services

There are several reasons that Vashon residents are not accessing services that exist on the Island. One primary concern is physical inaccessibility of these services. Rural isolation and a lack of accessible public transportation bar people — often low income people, disabled people and children — from being able to physically get to them. Another prominent concern involves knowledge-sharing barriers that often impact populations most in need of services. For instance, many seniors on the Island do not

have Internet capabilities to look up relevant programs and services like the Vashon Kids after school program are often overlooked by parents who are too busy accounting for young children or other family members with special needs. Alongside structural inaccessibility, many people reported cultural and social barriers to tapping into Vashon's existing resources. Such cultural and social barriers take many forms, including language barriers for immigrant and non-English speaking families, as well as generational barriers for youths seeking out providers with millennial-specific expertise. Furthermore, many people of color and other groups don't see themselves represented in available mentors and providers; cultural stigma against mental health pervades most communities; there is a lack of privacy when accessing services; and issues with trust in the confidentiality of existing organizations.

Mobility

The semi-rural arrangement of neighborhoods, where homes are far apart and separated by long driveways, makes people physically and spatially isolated from each other. People who are already more vulnerable to being isolated — children, seniors, people with disabilities — are effectively cut off when there aren't accessible options for getting out of the house and around the Island. The low density also means that domestic abuse can easily go undetected.

Public transportation on the Island is infrequent and inconvenient for many. For the many people who do not live directly on the bus line, it is all but useless. Many of those without cars or alternative means for getting around have a very difficult time getting to programs and services even when they are available on Vashon.⁵ More recently, the COVID-19 pandemic has shut down operations that would normally provide transportation services for those in need. The Bluebird program, for example, which provides transportation for seniors to their medical appointments has been suspended indefinitely.

These mobility issues do more than prohibit the most vulnerable and in-need people from reaching services on Vashon. It also further isolates them from their communities and systems of support.

⁵ Though it was not mentioned in the interviews, there is a County Community Van rideshare program that provides Vashon residents with a customized option for getting around when bus service can't meet their needs. Though the fee is nominal (same as bus fare), trips must be scheduled two weeks in advance, which is not convenient for many kinds of trips to social and health services.

Lack of representation

The lack of representation of certain cultures and identities referenced earlier as a factor leading to invisibility and alienation is also true of mental health providers. Most therapists and counselors, according to the interviews, are straight white women. There are few, if any, therapists of color that young Black and Brown people can identify with on Vashon. To not see themselves reflected in the people they seek help from is only isolating; but moreover, not being able to find an on-Island BH provider whom they know shares their lived experience prevents some people from seeking help. Representation is not only about seeing one's identity in the community, but it's also about the expertise that comes along with the lived experience of shared identity. Parents of children of color told us that they seek services for their children off-Island. White providers on the Island told us of the futility they feel because there is "so much that we can't do or understand for a young person who's going through something if we've never lived and can understand in that same way."

As these young people of color navigate struggles with depression or anxiety, learning disabilities, the COVID-19 pandemic, or other difficulties of child- and teenhood that their white peers are enduring as well, they are also burdened by the ignorance or outright racism they are subject to by other people on Vashon. This profoundly impacts their mental health — but they can't get help from providers they don't feel trust with at home.

There are only a handful LGBTQ+ therapists on the Island as well. For trans or non-binary people, people with same sex partners and other gender or sexually-marginalized people, seeing a provider who doesn't understand or share their sources of trauma is exhausting and sometimes retraumatizing. Very few if any want to spend their time trying to educate their provider. Indeed, many couldn't even if they wanted to, because what they are seeking is help understanding what's happening for them, all while discovering the language to talk about it.

With less than a handful of skilled male providers (who were practically idolized by the people we spoke with), many boys and young men on the Island also lack support they can identify with. Having male role models, mentors, and providers is vital for those who are already reluctant to share or acknowledge a problem.

Lack of language support

A lack of bilingual providers means that some communities are almost entirely shut out from accessing services. Lack of language support is very difficult for adult

immigrants who want to participate in their children's education, make friends, start businesses, or find gainful employment. Some have had very traumatic migration experiences and would like mental health support, but can't find it in their language on the Island. Inaccessibility of such supports is mirrored demographically on Vashon. For instance, VYFS has just one Latinx employee, barring many in the Latinx community from the initial step of setting up an appointment to meet with a mental health professional. The Island's affordable housing developer, Vashon Household, does not have a Spanish speaker among its staff, so families lacking English language proficiency have difficulty accessing its services. Additionally, we heard that there is currently not enough language support for students who are English Language Learners (ELL). Of the few bilingual resources offered on Vashon for Spanish-speaking people, most are relatively new and are not led by people from the communities they serve. Meanwhile, services for other groups, namely Arabic-speaking populations, are virtually nonexistent.

Stigma and resistance

Stigmatization of mental illness means that some people forego services and may not even consider the possibility that mental health may be an issue at all. This stigma pervades all ethnicities, cultures, ages, sexual orientations and other demographics on Vashon. Young people, school providers acknowledged, are reluctant to address their BH needs because of social pressure. In instances of substance abuse, the shame people might feel aggravates the reluctance to seek help, as does the fear of being "outed" by seeing an on-Island provider.

Beyond the threat of stigma, some Island citizens simply refuse to seek out help. Senior citizens, for example, may not ask for help because it shows vulnerability and dependence, or because they believe help is not necessary. For others, seeking help is an issue of trust. We heard about an instance in which residents at a low-income housing complex needed time to get to know and trust a new services coordinator before they would accept aid. Furthermore, those with more severe mental health conditions may be resistant to seeking help altogether.

Small town lack of privacy

Tied to cultural stigma is the reality that Vashon is a small community where everyone is at most one step removed from others. It's sometimes a strength people rely on; but it's often also discouraging to some people who need boundaries and healthy distance to comfortably access care, who want privacy, or who fear they may be served by an organization or provider that is serving someone else they know. Young people don't want to see a provider who knows their parents. Domestic

violence survivors don't want to interact with the same agency or provider as their perpetrators. Unfortunately, these and other violations of trust happen frequently, we were told. Interpersonal conflicts make people avoid services and programs from which they might otherwise gain valuable benefit.

Lack of confidentiality

Sometimes the small town interconnectedness translates into breaches in confidentiality, or the fear of that happening. People feel vulnerable or afraid to receive services because they are likely to bump into their provider at the grocery store, a bar or restaurant, or a social gathering. They worry not only about the discomfort of seeing a provider socially, but also about the possible breaches in confidentiality that a closely knit community might engender. Providers noted that it's not an unfounded fear — that confidential information about people does often spread throughout the community. Among interviewees, VYFS had a particular reputation for this problem. The spread of private information leaves many wary of disclosing personal issues where they would otherwise seek help. This can have dire consequences for Islanders who are experiencing trauma, depression, or other related difficulties. Lack of confidentiality and the release of sensitive information also feeds into concerns for personal safety.

Difficulties accessing off-Island services

Many services, specialists and opportunities are not available on Vashon at all. While the services and opportunities that Vashon lacks may be available in nearby Seattle, the Island's geographic isolation, lack of transportation and socioeconomic disparities put them out of reach of many. For most Vashonites, going off-Island is an inconvenient and timely affair. It is expensive and logistically complicated to use the ferries, and even a short appointment or event can require a day-long effort. For people who use public transportation, simply getting around Vashon or to the ferry itself via the Island's inadequate bus line is a challenging task and makes off-Island ordeals even more timely and disruptive. For many, especially people who work during the day or rely on public transportation, those with low incomes, people with disabilities and others with mobility issues, venturing off the Island to regularly access BH resources is nearly or completely impossible. For people who work during the day, even if they work on the mainland, accessing services for their children is difficult because most BH assessment and treatment for children is available only off-Island.⁶

⁶ For senior citizens, there is the Bluebird Medical Transportation Program, operated by the Senior Center, where volunteers drive seniors to off-Island medical appointments. This service is discontinued due to COVID-19.

SYSTEMIC CHALLENGES

Meeting the BH needs of the Vashon community would require addressing and restructuring several overlapping, systemic barriers to care. These include a shortage of providers and range of types of services available on-Island; VYFS-specific issues; a lack of case management to help people access and navigate services; too many siloed organizations to navigate in the first place; and the absence of a unified, trauma-informed, culturally responsive approach.

On-Island services are overburdened and under-resourced

The services and programs that are available on the Island don't have the capacity to handle the community's needs, either because of too little funding or too few providers. Many specialized services and supports are unavailable or very limited on-Island, and the high likelihood of having a social connection to any particular provider reduces availability even further. There aren't enough people in every role to respond to the demand for services. Some programs on the Island are in a state of perpetual precarity and are insecurely funded by local philanthropy, like VYFS's community-based case management or Latinx outreach.

The providers Vashon does have are therefore overtaxed. Several of the organizations represented in the interviews told us that they routinely stretch beyond their missions to fill gaps. While this may help in the short run, it is stressful for everyone and not sustainable, and sometimes means providers are operating at best off-mission and at worst out of scope as social workers, referral offices and crisis intervention personnel. For example, school counselors often function in the role of primary BH providers when they should just be assessing needs and referring out. In other situations, providers just can't offer what they know a client needs.

Specialists and services for specific needs and populations

Many referenced an absence or shortage of specialty behavioral and physical healthcare on the Island. Some of the missing specialties noted included psychiatrists in general, as well as therapists who use specialized techniques such as EMDR and other trauma therapy approaches; childhood neurodevelopmental specialists; and providers specializing in specific populations or issues such as LGBTQ+, BIPOC and young men's concerns.

There are a few private providers in some of these areas, but most do not take Medicaid or other forms of insurance. While the Community Access to Therapy

(CAT) program, operated by DOVE and funded by individual philanthropy, provides vouchers for ten therapy sessions, it is not appropriate for someone who has a severe or chronic mental illness or who needs an assessment and diagnosis. (On the other hand, the CAT program does make it possible for people to see a provider of their choosing regardless of their insurance situation.)

Some said that this is an inevitable consequence of Vashon's size and isolation, that Vashon can't possibly provide everything on its own. Regardless, the lack of specialists means that many people with no alternatives are forced to go without treatment. The following shortages are the ones we heard about most.

Domestic violence and sexual assault services

Though DOVE is a highly-regarded domestic violence prevention/intervention organization, there is no domestic violence shelter and no treatment for domestic violence perpetrators. For domestic violence survivors who are poor or who have children and therefore are unlikely or unable to seek help off-Island, the lack of a shelter makes it very difficult to leave an abusive situation.⁷ There is no transitional housing or other services that are often provided through such programs. There is also no Sexual Assault Nurse Examiner on the Island and going to the mainland for that service can be a barrier. There is also insufficient access to legal counsel. DOVE provides legal advocacy, assisting people to navigate hurdles and supporting them during court appearances. However, this service does not replace legal counsel and lawyers able to work for low fees or pro bono are in limited supply.

Substance use disorders

Interviewees shared that there are not enough substance use disorder (SUD) resources or services on the Island. There are 12-step programs, but few other outpatient options and no residential treatment or transitional housing. For youths, the school district has a full-time specialist who works with students through disciplinary and self-referrals. There is also some prevention such as the yearly week of substance use prevention instruction at the middle and high schools. Interviewees, while appreciative of these resources, found them insufficient to address the reported high rates of substance abuse especially among youths. Having a SUD in the first place creates impediments to accessing services, and when combined with the logistical and financial obstacles to

⁷ The shortage in shelter availability is a system-wide problem affecting many communities in the Seattle area, especially during the COVID-19 pandemic. This growing gap is likely due to both increasing need as domestic violence rises during the crisis, as well as fewer placements with the need to socially distance and limit capacity.

seeking care on the mainland, results in many Islanders not receiving SUD treatment.

Medication management

For elders, youths and people with complicated medical issues and/or serious mental illness, there is little in the way of medication coordination and management. The Vashon Pharmacy was lauded as generously helping people organize their medications, but this service is available only to its customers and many people receive their medications through mail order, especially during the COVID-19 pandemic. For people with complicated medication regimens, regular review and coordination is essential and requires close collaboration and communication among different providers, but that is exceedingly difficult on the Island because of the decentralization of care. A Psychiatric Nurse Practitioner on the Island could be part of a solution.

Children's educational and behavioral health services

Children face some of the worst effects of the specialist deficit. There are very few therapists who work with children under age 12 on the Island. Children's Hospital in Seattle is where Island providers refer children for assessment and treatment for cognitive impairments, mental illness and learning disabilities. However, Children's Hospital is continually backed-up with a considerable waiting list. This challenge for access, along with the hospital being off-Island, has proven insurmountable for many families, particularly those who have parents working multiple jobs with no insurance coverage or access to family leave, or who have other BH issues within the family.

Educational programs for the most vulnerable children that support healthy child development and prevent the need for future BH or special education, such as Early Childhood Education Assistance Program (ECEAP), are frequently threatened with cancellation. Parents shared that there used to be socio-emotional coaching in the schools, but with fewer supervisors of so many kids, that is no longer offered. StudentLink, the School District's alternative option for high schoolers who thrive with an individualized, self-directed learning approach, has a perpetual wait list. Scholarships for Vashon Kids, which provides before and after school care for 5 to 12-year-olds, are funded solely by charity and are never enough to meet the need. Screening, Brief Intervention and Referral to Treatment (SBIRT⁸), a screening tool used at the Middle School, has

⁸ "SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders." [SAMHSA](#).

been highly successful, but is ultimately limited by how many counselors there are available to work with the children once they are screened and flagged. These are some of the many examples of well-rounded youth development opportunities that are threatened, discontinued, under-resourced, or not available to everyone.

Providers noted the near total absence of services for very young children and those experiencing special needs. The Island has a severe shortage of formal early childhood education, with no Head Start program or childcare for kids under three years old. Relatedly, there is also no system in place for early detection or prevention for BH issues for children younger than middle school age. Children's education and health specialists we spoke with said that ideally early intervention and prevention should begin in preschool because "Mental health is our number one health issue at the school, and it starts in preschool...It's not just teenagers. Mental health extends to all ages." There is also little effective treatment for children with autism, such as Applied Behavior Analysis. Parents with children on the autism spectrum or other severe learning disabilities also have very little support.

The shortage of services for children and their parents increases social isolation because there is little to support their inclusion throughout the community. This social isolation makes mental health issues such as anxiety and depression more severe or more likely.

Community-wide parent education

Islanders also pointed to the need for broader community-wide initiatives to educate parents and families on trauma and related topics. We were told that, in order to supplement scarce resources for youths experiencing BH issues, parents and other adults should be equipped with the knowledge and resources to support children's mental health. While some such services do exist on the Island, notably through VYFS's parent education programs, one day there should be "so much parent education that [we're] just drowning in it." Examples mentioned include free educational opportunities on best approaches to supporting children's emotional wellbeing and development and building their social-emotional skills, or in-home parent coaching on reaching out for help and destigmatizing mental and emotional vulnerability. Some offerings that do exist are under-utilized, such as VARSA's Youth Mental Health First Aid classes.

Serious chronic mental illness

People with more serious and chronic mental illness have few, if any, services on the Island. VYFS provides limited case management to clients who are already enrolled in their services, but they do not serve people with severe mental illness who need consistent and intensive case management, navigation support and peer mentorship to be able to engage successfully in treatment. One interviewee suggested that if VYFS were serving this population, the agency may be eligible for additional funding to do so. From the interviews, it is not clear exactly what the financial, statutory, capacity, or programmatic barriers are to VYFS expanding to serve people with severe and chronic mental illness, but one likely reason is that these systemic factors intertwine, resulting in those with the greatest need for BH services having the least access. One interviewee who works closely with this population estimated that the majority are not receiving needed services.

Small population makes finding an appropriate counselor difficult

Even when there are openings in a counselor's schedule, Islanders can have a difficult time finding a counselor they don't know socially; the pool of professionals who provide the type of service needed and who have availability is further reduced by the high likelihood that a client's family member, intimate partner, abuser, or bully is being served by the same agency or provider. This situation is especially dire for consumers who qualify for services at VYFS because of the small pool of VYFS providers. For these reasons, those who have means often choose to go off Island and pay out of pocket for therapy.

Challenges at VYFS

VYFS is the community mental health provider on the Island. Through federal and state funding, VYFS makes BH services available to poor and low-income people with mental health disorders so that they can receive diagnosis and treatment. Numerous programs and services offered by VYFS are highly regarded by some of those we spoke with, such as Family Place, Vashon Kids and parent education programs, as well as a number of highly talented and beloved clinicians. However, there are also some concerns that deeply impact access and quality of care for Vashon's most vulnerable residents.

Delayed intake

Interviewees reported long delays in making intake appointments, and lags between intake and first counseling appointments. One school counselor described calling VYFS on behalf of a family and being told that they were at capacity and that no one will be turned away, then hearing weeks later that the family had still not been assigned to a counselor. For families on the verge of crisis, that is too long to wait for a first appointment.

Use of pre-licensed providers and high turnover

Some community members are concerned about the quality of care at VYFS, because most of the counselors are not yet licensed. However, they are well-trained, working toward licensure and under the supervision of fully-licensed experienced therapists. This model of community mental health agencies using supervised, pre-licensed providers is legal and sanctioned by the state of Washington as a way to stretch limited Medicaid dollars to reach more people. On the other hand, pre-licensed counselors have less experience with different populations and issues, and less training and expertise in different modalities of treatment and trauma-informed care.

As with many other community mental health agencies that operate on similar models, there is also a high turnover of counselors, because as people become fully licensed, they often move into higher paying agencies or private practice. This high rate of turnover means that advocates and consumers in the community don't get to know VYFS providers very well, or build trusting, long-term relationships with them. It also means that clients often lose a counselor with whom they have established a relationship and need to go through the process of telling their story and re-building trust with a new provider. This can be a barrier to continuity of care when clients choose instead to stop receiving treatment because of the stress or inconvenience of changing providers.

The high turnover also makes ongoing partnerships and collaboration across organizations challenging to sustain.

Providers are assigned, not chosen

Some people we spoke with said that it is tricky to refer clients to VYFS, because the client usually cannot choose a specific therapist and is assigned to a provider with the first available opening. Occasionally the referring party can successfully suggest a particular therapist who would be a good fit, but there is no guarantee.

Interviewees also said that because of high turnover, the use of counselors who are not licensed and bad experiences some clients have had in the past, there are few VYFS providers in whom they have confidence, and these may not have room in their schedules. Individuals seeking a private therapist have the opportunity to interview and try out different providers until they find one they like, but this is not an option for uninsured or low income consumers for whom VYFS is the only option. Moreover, it is very difficult for a client at VYFS to refuse a provider that is offered because of the tight-knit Vashon community.

Insufficient case managers and no wraparound services

Consumers on Vashon often have multiple, simultaneous, complicated needs; and those needs get more complicated and more difficult to address for the most vulnerable and marginalized people. In larger cities, there are case workers to help people navigate relevant social services and coordinate among providers to get comprehensive support and address several needs at the same time. But this service is not readily available on Vashon Island.

Interviewees representing multiple communities, providers and organizations reported that formal, professional case management is inaccessible, inadequate, incomprehensive and not wraparound. VYFS offers very limited part-time case management. Because capacity is so limited, most community members who need case management but are not receiving care at VYFS through the Medicaid-funded King County Integrated Care Network — those who experience a sudden or short term crisis, those without a diagnosed mental illness but in need of support and others who walk in the door (or call on the phone) requesting case management — go without.⁹ A few other organizations step in to try to fill some of the gap, but it is still not enough. IFCH provides informal volunteer-based case management-like support for people facing housing insecurity. Though we were not able to reach CLV for an interview, we

⁹ Though for the most part we did not fact check statements made by interviewees, we did ask VYFS about one idea that we heard in several interviews. It seems to be a common misconception that VYFS case management is available only to its existing clients who receive Medicaid and have a diagnosis. It is true Medicaid enrollees receiving services under King County Integrated Care Network receive case management as part of their care at VYFS. However, VYFS's separate, philanthropically-funded Community Resource Program (CRP) is open to all Islanders, though hours are extremely limited. CRP includes not just case management advice, but also vouchers and tangible resources such as money and goods. Additionally, there were conflicting views among the interviewees about whether or not Medicaid pays for case management more generally, beyond the KCICN program. One interviewee shared that many community mental health centers do have case management as part of their service delivery packages and that VYFS could choose to do so as well. Because case management is such a significant need on the Island, resolving this discrepancy should be of paramount priority.

have heard that they may also be providing some case management to the Latinx community. This scarcity of and desperate demand for case managers and social workers came up in almost every interview.

VYFS staff agreed that case management is severely limited and its expansion would require dedicated funding. The limited hours that VYFS does have for case management are constantly in jeopardy because the program is primarily reliant on philanthropic giving. Though VYFS continues to regularly seek dedicated grant support to expand the service, such funding is temporary because grants are typically for a fixed time period.

This social services gap has many consequences, ranging from headaches for providers to major impacts on people in the most need. Providers end up fulfilling what would be the responsibility of a caseworker. Agencies are forced to call on the sheriff in times when clients need physical, in-person support. Staff of organizations such as the Senior Center, IFCH, DOVE and others find themselves stepping in as informal case managers in ways that feel necessary, but for which they are often unprepared, untrained, unqualified and uncompensated.

Without case workers, people accessing one service aren't having their diverse needs addressed, are falling through the cracks, or don't even know about other services available to them. As described below, different populations experience the need for case management/wraparound services in different ways.

Seniors

Senior citizens, who represent 40% of the Island's population¹⁰, sometimes have nowhere to turn to address their changing, growing needs. One interviewee who works with the members of the senior community shared several stories about elders who are in dangerous or unhygienic home situations, who do not have access to the social or material resources they need to be safe let alone thrive. Trying to organize support for these community members – a role which is not her job, but which she often has to step into – typically requires:

...talking to four to five people, and everyone had a different piece. [But there was] no one to coordinate. That's the piece that's missing: A go-to source that knows the resources and can help walk people through it...I need a resource they can trust and unload their burdens to. Not necessarily a therapist, but a resource that can connect them to the right therapist, or how to find a therapist off-Island if that's what they need...or where to get different services.

¹⁰ Residents aged 60 and over represent 40% of the Vashon Island population, compared to 21% statewide (US Census, American Community Survey for [2019](#)).

Additionally, interviewees reported that Adult Protective Services has such a high bar for what they consider vulnerable, that they are rarely helpful.

Low income housing

Of renters housed by Vashon Household (VHH), the Island's nonprofit affordable housing developer, interviewees estimate that about 40 percent experience some level of mental illness (about double the national rate). Many also have chronic illness or disability. They are in particular need of case management as they navigate multiple BH, medical and socioeconomic issues at once. Despite the proportion of residents with BH issues, VHH does not have staff to check in regularly, intervene early in BH issues that jeopardize residents' housing or other public benefits or facilitate communication among providers. Because that isn't happening, they often find it is impossible to know whether residents are receiving the support they need. Easily preventable crises, such as evictions, can be preempted by having a more comprehensive, coordinated approach so that providers don't find out after the fact that someone has, for example, lost their housing or social security.

Domestic violence survivors

People in domestic violence situations particularly need a social worker or case manager to support them through major life changes. Some may need help finding emergency housing; others may be navigating food stamps or other social services for the first time. Without a caseworker available, advocacy organizations like DOVE are often forced to compensate by filling that role for victims of domestic violence — for which DOVE is neither designed nor equipped.

Survivors also need more mobile support from social services providers, rather than someone just behind a desk. Though outside their stated scope of services, DOVE does presently fill that role. DOVE advocates have gone into the field to help survivors deal with an adult son with substance abuse who is taking financial advantage of them, or divorce an abusive partner, or design a parenting plan.

Latinx community

Some Latinx families face complex and intertwined barriers to accessing care. For example, Spanish speakers need bilingual caseworkers; undocumented people need caseworkers they can trust as they are already vulnerable and discouraged from seeking formal help for fear of deportation. A provider told us that what is

needed is a full-time staff person dedicated to helping these families with all of their needs.

CLV has stepped in with a community-organizing approach that mobilizes Latinx residents to create and lead their own programs for health and well-being. CLV representatives frequently speak at school board meetings to advocate for greater partnership and involvement in community decision making and planning. There is a need for organizations on the Island to rebuild trust, invest in relationships with the Latinx community and support community-based research, planning and program development.

Children

The one thing elementary and middle school providers said they need most is wraparound services (comprehensive, holistic, youth and family-driven support when children or youths experience serious mental health or behavioral challenges) that would provide a system of intensive family support. Again, a case manager function was identified as a dire need — someone to work intimately with families, hear their stories and strategize approaches that are individualized to work for each situation.

What exists currently for children and families on Vashon is not wraparound case management and cannot address all their needs. The County wraparound program that existed on the Island for a brief time was very successful connecting with services because it was staffed by an Island resident who understood the local resources and challenges. When that staff person moved into another role, the position was initially filled by wraparound workers who came from off-Island and did not understand the logistics and barriers associated with living on a rural island. Now, the current agency designated for wraparound services, Sound Mental Health, requires clients to travel off-Island for service components that would make them eligible to receive King County Services, making services inaccessible for most families, including those with low or moderate income, working parents, or who are in crisis or experiencing addiction or other mental health issues.

These services are particularly important for children experiencing special needs. Without them, families receive support far later than they should, or not at all, with one provider noting that she secured regular medical care, specialty care, in-home respite care, social security benefits and others for a middle schooler, when that child should have begun receiving them in preschool.

Silos, redundancies, lack of unified approach

What at first glance would appear to be an abundance of social services resources, turns out in practice to be too many organizations working away in individual silos, inadvertently creating both redundancies and gaps. For the community, it's difficult to navigate these decentralized and disconnected organizations, especially without case management. For providers, the redundancy is wasteful of resources and money in an already overtaxed and underfunded sector.

In this vein, there was no consensus about the nature of the organizations' collaboration with each other. Some agency leaders said that they were impressed with how they work together. Others said that often their efforts run parallel to each other without any coordination. Some aren't clear on what other organizations do, so partnerships among them often aren't strong.

Some interviewees familiar with the way larger, full-service providers work in Seattle are astounded by the number of individual organizations. They are bemused by the lack of coordination amongst them, reporting that the services provided by one organization in Seattle are broken up across more than six different organizations in this small community. Some interviewees advocated for either a merging of Vashon organizations, or at least putting systems in place to optimize coordination and accountability.

Lack of coordination of care

Typically, different providers do not use releases of information that would allow for sharing of information and coordination of services. As a result, providers or community volunteers who have stepped in to fill the gaps have no way to find out if proper follow-up has occurred. There is little communication between organizations and providers about specific clients. Interviewees reported that in the rare instances when they do attempt to follow up, they find that nothing has occurred, that no organization claims "jurisdiction" for a particular client's need, with organizations claiming "we're not paid to do that."

Another issue is that staff time spent on partnership building and collaboration with other organizations and agencies is also not reimbursed by government funding. Because there is no real way to pay for the kind of community collaborative process necessary to creatively and innovatively solve problems and support a thriving community, it does not happen as much as it could. While sustained funding would need to be found, there seemed to be an eagerness among interviewees to work together toward this goal. One interviewee pointed out that a confidential, HIPAA

compliant system for sharing information could be created that would greatly aid in coordination and continuity of care across organizations.

Collaboration and continuity in services would limit redundancy, foster confidence among groups and help ensure people aren't falling through the cracks. Suggestions to make this happen included establishing a standard of culturally sensitive, trauma-informed care with a common vocabulary; sharing case managers; coordinating more joint projects; and combining duplicate agencies and offices. For example, a case manager employed by VYFS could provide on-site services at a variety of locations including low income housing, the Senior Center and DOVE. They could also reach out to traditionally hard-to-reach community members, such as home-bound seniors, undocumented families, homeless Islanders and over-burdened parents. Consolidating services could also enable continued education for providers on the most important issues for the community, like domestic violence, cultural responsiveness and trauma-sensitivity. This education could come from members of the community themselves.

An idea mentioned in numerous interviews was the creation of an actual physical campus where services could be centralized. The community would gain a lot from having a place where they can access multiple services at once, a central location where all these disparate efforts on the Island are combined and located. This could be a multi-service campus as well as a recreational community center — a vibrant, non-stigmatizing, multi-generational gathering place for the community that offers Islanders their own space for recreation and peer support, cooking and dance classes, sports events, as well as a library. The success of the Senior Center shows the importance of having gathering places where both services and entertainment are centralized. Given an opportunity to do so, the seniors of the community not only enthusiastically participate in the activities and opportunities at the Senior Center, but also pay it forward by helping to run the organization. That's how any center moving forward should be designed, people agreed: collaboratively, with those who it serves taking the lead. Additionally, such a center would be especially important for youths on the Island to help combat social isolation and boredom and the BH issues those are contributing to.

Lack of trauma-informed, culturally responsive approach

The Island's disparate organizations do not share a unified trauma-informed (TI), culturally responsive (CR) approach, which makes continuity difficult and providers often reluctant to refer to each other. Some interviewees shared that because of the way that VYFS assigns its therapists, it's very difficult to ensure a client whom they are referring is going to get a therapist that uses TI and/or CR best practices.

Because VYFS is the provider for low income and Medicaid consumers, this burden disproportionately impacts them. The lack of providers who use TI/CR approaches is of course most acutely experienced by the most marginalized and vulnerable in the community.

Similarly, some we spoke with said that they are reluctant to refer clients of color to services on the Island because they aren't confident that others are keeping up with continued education around cultural responsiveness, racial equity and social justice. LGBTQ+ Islanders face similar challenges to receiving respectful, knowledgeable, non-traumatizing care. There are few healthcare providers who are trained in the medical and wellness needs of people who are trans, non-binary or non-heterosexual. Sometimes clients end up feeling that they need to educate their provider, which can be exhausting, frustrating and often impossible when they don't know the words for what they are experiencing. Vashon Islanders deal with these uncertainties or lapses either by seeking care off-Island rather than wasting time finding a good match on the Island, or by not receiving care at all.

For high needs, vulnerable populations such as domestic abuse survivors, the absence of a unified approach risks not only discontinuity, but also active harm or re-traumatization. A provider's lack of training and knowledge can lead to serious consequences. BH providers on the Island have been known to recommend couples therapy for clients in domestic violence situations. The sheriff, whom agencies turn to in the absence of caseworkers, doesn't have the training, empathy, or understanding to sensitively deal with vulnerable communities. Interviewees shared stories of people who are struggling with a variety of socioeconomic and BH difficulties not receiving the warm, comforting, sensitive care they need. Some shared that because of this deficiency in TI care, people trying to get help for substance abuse or mental health, very low income families, or others have felt judged or unwelcome.

EQUITY CONCERNS

Medicaid policies mean low income people can't have the services they most need

VYFS, as a community mental health provider, only offers fundamental core modalities such as cognitive behavioral therapy, that operate on an individual medical model

basis.¹¹ Certain things that people need, such as couples counseling or parenting classes, are not covered under Medicaid, and so VYFS cannot be reimbursed by Medicaid for providing them. Other than the limited additional funds provided by the County through MIDD funding, there is no sustained funding source to allow VYFS to offer low-income people some of the services they urgently need.

Most case management that people need is also not reimbursed under VYFS's current arrangement with Medicaid, and so cannot be provided by VYFS. For example, if a client is being seen by a counselor at VYFS to deal with sexual assault or domestic violence, the therapy that the counselor does is paid for by Medicaid. However, on top of therapy, the counselor might also spend a significant amount of time doing case management (e.g., helping them find housing and accessing food stamps so they can move out, helping them access the courts or other legal advocacy). VYFS cannot bill Medicaid for that work, which the client needs. So very little, if any, case management and other needed services can actually be provided.¹²

The poorer you are, the worse the quality of your mental health care

VYFS, the primary free service provider on Vashon Island, charges primarily through Medicaid, which has very low reimbursement rates.¹³ The organization is perpetually underfunded and has to make do with counselors who are not yet fully licensed, because they cost less. As a cost-saving measure, Medicaid takes no issue with its clients, who are poor, being served by counselors who were trained in graduate school but are not fully licensed, as long as they are practicing under supervision. So, the people who arguably have the most trauma and stress, and therefore most need for high quality care, have the least access to it. This is a systemic inequity that is traced back all the way to the federal level that has real consequences for everyday people on Vashon.

Furthermore, VYFS clients have little choice in therapists. They are assigned to clinicians who have room in their schedules at that moment. People seeking care from VYFS have little say if it doesn't feel like a good match. Inevitably, more marginalized

¹¹ Interviewees defined the medical, or diagnostic, model as focused on treating individual people, not people as systems, or people in groups.

¹² As mentioned in footnote 9, there is discrepancy about whether Medicaid will pay for case management. According to one perspective, VYFS could choose to offer case management as part of its Medicaid funded services.

¹³ VYFS also provides services that are funded in ways other than Medicaid reimbursement. There are some people who don't qualify for Medicaid and they pay for services themselves, and MIDD covers some services that Medicaid doesn't.

communities are already less likely to find a good fit because of issues of representation discussed earlier.

Some people who qualify for free services feel like “beggars can’t be choosers,” that they don’t have the right to ask for a better fit. They either settle for less than what other people feel entitled to, or just stop coming for services. According to one provider:

It's hard for people to ask for a different therapist. So if you're getting therapy that the state is covering, and you say, "Yeah, this therapist isn't the best fit, I'd like to try another one," it's very awkward to do and you feel like a [jerk] going back there and being like, "No, I'm going to be picky. I'm getting something for free, but I'm going to be choosy." So, then they're not likely to try another therapist if they had a bad fit or, god forbid, a negative experience.

The poorer and more vulnerable you are, the worse your access

There is already limited access on the Island to specialized kinds of treatment that might be what one most needs. In particular, marginalized communities experience higher rates of trauma than other populations and can benefit from specific trauma therapy, such as neurofeedback or EMDR. But specialists who provide these services are usually in private practice and are unlikely to take insurance at all, let alone Medicaid. Even if they do take insurance, for domestic violence survivors or teenagers, using that insurance can put them in danger if perpetrators or parents were to find out.

Programs meant to level the playing field are subject to the vagaries of underfunded government programs and local charitable giving

Communities that rely on free public services cannot trust that they’ll continue to be able to access those services, since they are consistently put in precarious financial situations. The Island’s ECEAP program, which aims to level the playing field for low income students by providing early learning opportunities for families that cannot pay for preschool, is on the chopping block every year. For most low income families, that program is the only way they can get high quality early learning opportunities for their children. Similarly, VYFS’s Vashon Kids program, which provides learning enrichment before and after school for 5 to 12-year-olds, also is in high demand and turns no one away; yet there is never enough funding so the program is constantly under threat. Quality early learning programs have been shown to increase success in the first years of schooling and reduce the early achievement gap, and in the long-term to result in

higher earnings, better health, better focus and less criminal activity.¹⁴ The unreliable access of these opportunities on the Island disproportionately impact those who already have the least access.

Interviewees discussed how much money is raised for things that don't seem as essential for creating equity — such as the Furball (Vashon Island Pet Protector's annual fundraiser) and the Art Center's gala. Pets and art are essential for many people to thrive, but when these initiatives compete with programs like early childhood education, family and group therapy, case management and trauma-informed support for domestic violence survivors, many Vashon Islanders lose the right to the fundamental things that prevent and treat BH issues.

Those with the most at stake are left out of decisions that impact them

One possible reason that social and BH services on the Island do not serve marginalized communities as well as they could was brought to our attention informally in written comments on the draft report and in an email. There is no community-wide approach to engaging those who are most impacted by decisions about the services meant to benefit them. We are including this concept in the report even though it was raised informally and not in the interviewees; that the lack of pathways for participation in planning was not mentioned in interviews may be its own evidence. The practice of leaving people with the most at stake out of solving community problems is pervasive throughout our society. The result is decisions that not only fail to meet the real needs of communities, but that also leave in place the systems and structures that kept them from the table in the first place. This issue deserves much more attention by the Vashon community.

Though there is no community-wide approach to stakeholder engagement, certain organizations and programs do aim to engage their participants in leadership and community decision making. Possible examples include CLV, DOVE's Teen Council, Sources of Strength at the middle school, and Teens Leading Change and Queer Spectrum Alliance at the high school. Follow up to this study should investigate this issue more fully, and look to these individual organizations, and others, as possible models for replication.

¹⁴ [Child Trends](#).

APPENDICES

LIST OF PEOPLE INTERVIEWED AND THEIR AFFILIATIONS

- Alex Craighead, Journeymen, Co-Director
- Belinda Olvera-Jovanovich, VYFS, Director of Family Place
- Catherine Swearingen, Senior Center, ED
- Chelsie Irish, General community
- Chris Szala, Vashon Household, ED
- Dalinda Vivero, VYFS, Director of Vashon Kids
- Gregory Thompson, VYFS, Associate Clinical Director
- Heidi Jackson, DOVE, ED
- Jamila Al Dahir, General community
- Jenna Buffington, Chautauqua Elementary School, School psychologist
- Jill Dziko, General community
- Jinna Risdal, Community Care Team of Medical Reserve Corps
- Kailey Ketter, McMurray Middle School, School Counselor
- Kristina Miller, Chautauqua Elementary School, School Counselor
- Kyle Britz, DOVE, Client advocate
- Lisa Bruce, VARSA, Coalition Coordinator
- Lisa Loeffler, General community
- Margie Shilling Butcher, Sisterhood, CES Teacher/President of Sisterhood
- Mary Rose, Vashon Resettlement Committee, President
- Meagan Fitzgerald, VYFS, Hispanic/Latino Resource Specialist
- Molly Matter, immigration lawyer
- Nicky Wilks, Journeymen, Co-Director
- Nyn Grey, DOVE, Community Advocate
- Olivia Kogan, VYFS, counselor
- Rashaun Renggli, DOVE, Client Advocate
- Sally Adam, Chautauqua Elementary School, ECEAP
- Sarah Day, Vashon School District, School nurse
- Sarah Sullivan, VYFS, Counselor
- Slade McSheehy, Vashon School District, Superintendent
- Spring hecht, General community
- Stephanie Keller, Neighborcare student clinic, Coordinator
- Stephen Silha, General community
- Tami Joyce, Parent and educator, advocate
- Tom Craighead, Community Care Team of Medical Reserve Corps

- Tom Walsten, VYFS, SUD clinical supervisor
- Tracy McLaren, DOVE, Program Director
- Tyrone Cunningham, General community
- Yvette Butler, McMurray Middle School, School Counselor

PEOPLE ATTENDING THE APRIL 30, 2020 ADVISORY MEETING

- Kailey Ketter (McMurray counselor, representing the school district)
- Hilary Emmer (full time volunteer with Vashon Interfaith Council on Homelessness and other organizations)
- Stephen Silha (LGBTQ and youth advocate, historian/journalist, film maker)
- Carol Goertzel (VYFS retiring ED)
- Jeni Johnson (VYFS incoming ED)
- Sophie Gagnaire (VYFS Program manager/coordinator),
- Yve Susskind (evaluation consultant).

Also invited were:

- Thomas Elliott (Director VISD alternative learning programs FamilyLink and StudentLink)
- Ellen Carruth (professor of counseling at University of Puget Sounds and former VYFS board member and occasional contractor)
- Tom Walsten (VYFS SUD clinical supervisor)
- Mariela Franco (VYFS Latinx Outreach)
- Veronica Aristeo (OSpace4Teens, Youth program director)
- Greg Thompson (VYFS Associate Clinical Director)
- Chris Szala (Vashon Household, Executive Director)
- Joe McDermott or staff, King County Council
- Joe Nguyen or staff, State Senator

INTERVIEW GUIDE

VYFS Community Needs Assessment Interview Guide

With a focus on Behavioral Health (*mental/emotional wellness, thriving personal, family and community life; mental and emotional concerns such as anxiety, trauma, depression, suicidal ideation, other mental illnesses, substance use*)

Semi-Structured interviews using this interview protocol to help guide the interview process. It will be a guided conversation with some structure, but allowing the interviewees to set the direction and the interviewer to probe for additional details.

INTERVIEWS WITH PEOPLE WHO HAVE DIRECT CONTACT

Before we begin, thank you for sitting down with me to tell me what you know about how our community can best support everyone's mental and emotional health. I wanted to talk to you because you spend a lot of time talking with _____ [fill in population] __. You may also know about other groups of people, so feel free to tell me about them also.

If at any time you no longer wish to continue, or if you would like to take a break, please let me know. That is your right.

Unless you prefer not, your name will be included on the list of people that were interviewed, but other than the people in this Zoom Room, your input will be kept anonymous. So, after this discussion, please do not share what you heard with others. The report will be public, so you will be able to read and share what we learn that way if you wish. I will be aggregating the input from all of the interviews into a set of themes, and will do my best to remove any information that may identify you or other specific interviewees. If I wish to directly quote something you said, I will first request your permission.

Also, please be careful not to divulge the identity of any particular individual you know about. Speak in more general terms. If you are not sure whether something that you wish to share would be identifying, you can email me separately and I will ensure the input is generalized. Also, if there are things you want to tell me, but you aren't comfortable to say so in this group, you can email me or call me afterwards. So you may want to grab a piece of paper and a pen to jot down any notes.

Finally, I would like to ask your permission to record this conversation. I will be taking notes as we talk, but I will certainly miss things. I use the recordings to review my notes afterwards and fill in gaps. I then destroy the recordings. Do I have permission from each of you to record?

(if they say yes, then start the recording, and ask again, for the record, could you please state your name and that you have given me permission to record this conversation so that I can use it to fill in gaps in my notes)?

Does anyone have any questions before we begin?

ABOUT THE COMMUNITY/STRENGTHS:

Tell me about this community.

Prompts: Their life experiences, experience living on Vashon, their strengths, ways they are resilient, their gifts

CONCERNS/ISSUES:

What kinds of concerns have these folks been dealing with lately?

*Prompts: Not just since COVID19 pandemic, but in the past few years.
What challenges or difficulties do they face?*

Specifically, what mental health and issues are you aware of in this community?

NEW OPPORTUNITIES

What services are helping this population?

Prompts: Formal services and informal things people do to help and connect to each other.

What do you think this community needs in order to better thrive and support one another?

GAPS

What BH services do people need?

Prompts: What services are they now using, what services don't exist that they need, what services exist (on paper) but don't serve the population well (not adequate, appropriate, trauma informed, culturally responsive, confidential...)

BARRIERS

What do you think the biggest barriers are for this population to access support, resources, services?

COORDINATION

What successes and challenges have you experienced or observed related to coordination, collaboration and communication among Vashon orgs?

What do you see as barriers for effective collaboration and communication? What makes it hard?

What opportunities do you see for Vashon organizations to work together more effectively?

OTHER

What else do you think is important to note about the needs of the community on Vashon-Maury?

Who else do you think I might want to interview who is also in a position to really know this community deeply?

INTERVIEWS WITH LEADERSHIP OF PROGRAMMING/AGENCIES

Thank you for spending some time with me to share what you know about how organizations in our community collaborate and communicate to support behavioral health needs.

Before we begin, thank you for consenting to be interviewed. If at any time you no longer wish to continue, or if you would like to take a break, please let me know. That is your right.

Unless you prefer not, your name will be included on the list of people that were interviewed, but your input will be kept anonymous. The only other person who will see my notes from this interview is Yve Susskind, the project lead who is an independently contracted researcher hired by VYFS. Yve and I will be aggregating the input from all of the interviews into a set of themes, and will remove any information that may identify you. If we wish to directly quote something you said, we will request your permission. I also want to make sure that you are aware that I am currently contracted with VYFS to provide clinical supervision for the counseling team, and I used to serve on the board and as interim director. I will not share the notes of this conversation with anyone other than Yve, and as I mentioned we'll aggregate your input in with others, but I do want to make sure you are aware of my ongoing role with VYFS.

Finally, I would like to ask your permission to record this conversation. I will be taking notes as we talk, but I will certainly miss things. I use the recordings to review my notes afterwards and fill in gaps. I then destroy the recordings. Do I have your permission to record?

(if they say yes, then start the recording, and ask again, for the record, could you please state your name and that you have given me permission to record this conversation so that I can use it to fill in gaps in my notes)?

Do you have any questions before we begin?

What successes have you experienced or observed related to coordination, collaboration and communication among Vashon orgs?

Tell me about times when there have been problems from poor coordination and/or communication?

If you were a funder of programs and services on the Island, for example a foundation or the County, would you be impressed or disappointed with how Vashon organizations work together?

What do you see as barriers for effective collaboration and communication? What makes it hard?

Prompt: Barriers related to County, state or federal policies and budgets, Issues that arise/are addressed by being unincorporated

What opportunities do you see for Vashon organizations to work together more effectively?

What else do you think is important for us to know about behavioral health needs on Vashon Island?

Who else should I talk to about cooperation & collaboration among service providers on Vashon?