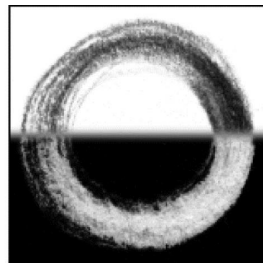


**Vashon-Maury Island  
Behavioral Health Needs Assessment  
SUMMARY May 27, 2021**



**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.

The full report can be found at: [www.vyfs.org/community-needs](http://www.vyfs.org/community-needs)

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

## INTRODUCTION

As part of a King County Mental Illness and Drug Dependency fund (MIDD) grant, VYFS received funds in January 2020 for the first phase of an assessment of needs, gaps and barriers around Behavioral Health (BH) in the Vashon-Maury community.

The study entailed interviews with key community members who interact directly with diverse, vulnerable communities. The interviews were conducted by Praxis Associates, an evaluation consulting firm operated by long-time Vashon Islander, Dr. Yve Susskind.

## Purpose of the interviews

The purpose of the initial 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

Group interviews conducted between June 2020 and January 2021 are listed below (including a small number conducted as individual interviews, 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+ youth 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 community<sup>1</sup>
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 experience with collaboration and coordination with other Island social service organizations:

1. Neighborcare Student Clinic
2. Vashon Alliance to Reduce Substance Abuse (VARSA)
3. Vashon Island School District
4. DOVE Project.

In all, 38 people were interviewed via 9 group and 8 individual interviews. With participants' permission, the interviews were recorded and transcribed, and transcriptions analyzed to identify distinct ideas or themes, summarized below. We did not seek to verify the claims made by interviewees, and for readability of this document, we simply report them as described to us by the interviewees.

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<sup>1</sup> 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.

While these initial interviewees can't speak for everyone, the interviews provide a broad understanding of the multi-faceted needs and opportunities in the community. VYFS intends to seek funding to continue the needs assessment, and invites partnership with other agencies, organizations and providers to do so. Future phases of the needs assessment can supplement the impressions of the interviewees with other data and input gathered from individuals themselves (rather than only people who work and/or advocate with them), as well as data related to population health, health conditions and indicators.

## **THE VASHON ISLAND CONTEXT**

Vashon Island is a beautiful, complicated place. Nature and outdoor recreation opportunities are abundant and accessible. Community care and cohesion are common descriptions of Vashon's distinct culture — people feel an impulse to help others, confident that when they need it, someone will help them as well. Some, though not all Islanders experience the community as welcoming, and many individuals and organizations are actively working to make Vashon Island an even more inclusive and equitable place where everyone thrives.

Many things that make Vashon Island wonderful also create challenges. In this small, rural, relatively homogenous community, some people feel invisible and isolated, while others feel a lack of privacy. The general hopefulness and imagination about how to solve existing problems and support humans and non-humans alike creates blind spots that leave vulnerable community members isolated and underserved. That same impulse to be part of positive change (as well as the high proportion of well-off and well-educated retirees) manifests in a plethora of services, volunteers, agencies, programs and groups in service to the community. However this abundance also creates duplication of effort's and lack of coordination.

## **COMMUNITY AND INDIVIDUAL RISK FACTORS**

Interviewees identified many risk factors for children, youth, and adults on the Island. 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 norm, but these were not included in the scope of this first

phase of the needs assessment. In 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. 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 mean people do not actually “see” or value the diversity that exists on the Island, and can also keep people from seeing the problems that exist in the community..

## Social isolation and exclusion

Many groups experience social isolation due to factors such as the rural nature of the Island, an expensive and decentralized social scene, and lack of awareness of community resources that facilitate social connection. Immigrants and refugees can especially relate to feelings of isolation from loved ones in their native country. Islanders of color, others with underrepresented identities, and those with ideologies different from the Island’s norm feel especially marginalized and sometimes experience bullying. When this happens in a community that purports to be loving, it can be especially isolating. Certain age groups, namely young children, teens and young adults, and the elderly are particularly prone to depression arising from social isolation.

## Feeling invisible

The educators, counselors, healthcare providers, leadership positions and sources of informal support on the Island are overwhelmingly female, white/non-Hispanic, English-speaking and heterosexual. This profile mirrors Vashon’s general homogeneity and results in large part to a cost of living that is prohibitive for many. The result is that people outside the mainstream do not see themselves reflected in the community. This is especially true for POC, LGBTQ+ folks, immigrants, practicing Muslims, and young men who are not college-bound.

## Dangers of a close-knit community

While some people feel invisible and isolated, others feel smothered and exposed by Vashon's size and insularity. The level of familiarity people have with each other can be stifling, especially for young people struggling to define themselves. The overfamiliarity among community members can interfere with privacy (such as when people are "outed"). Paradoxically, newcomers find it difficult to form solid friendships as many Islanders have already long established their close ties.

## Language barriers

Non-English language speakers report experiencing difficulty navigating this environment in their native tongues due to the lack of language diversity on the Island.

## High cost of living and housing crisis

Islanders across demographics described that their basic needs are not being met. Food and housing insecurity, inadequate mental health support, lack of health insurance, an absence of living wage jobs, and the high cost of living leave some facing impossible choices as they try to make ends meet. 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. Vashon is uniquely under-equipped to meet the needs of the low income and housing insecure population.

## Anxiety and depression/COVID-19

Providers have seen an increase in anxiety, depression and suicidal ideation among people of all ages on the Island, which they attribute to the social isolation of COVID-19. The pandemic has made it harder to administer social services and professional support. Families have had to cope with an unprecedented loss of income, and many parents are overwhelmed with the demands of having to facilitate their children's educational adaptation on top of their other responsibilities, resulting in decreased rates of class attendance amongst already at-risk students.



# **BARRIERS TO ACCESSING SERVICES AND PROGRAMS**

## **Obstacles to accessing on-Island services**

Many Vashon residents do not access services on the Island due to physical inaccessibility, lack of awareness of services, and cultural and social barriers.

### **Mobility**

Public transportation on the Island is infrequent and inconvenient for many. This problem has been exacerbated with the curtailed transportation infrastructure due to COVID-19, isolating people from their communities and support systems.

### **Lack of representation**

Mental health providers don't reflect communities who are likely to need help due to compounding structural factors. It is important that service providers more accurately represent the wide-ranging experiences of their clientele. Representation is important not only for visibility and self-recognition, but is also about the expertise that comes along with the lived experience of shared identity. This barrier is most acute for young people of color, LGBTQ+ folks, and males.

### **Lack of language support**

Lack of bilingual service providers precludes non-native English speakers from accessing the services they need to live healthy, functional, and productive lives.

### **Stigma and resistance**

The stigma of mental illness means some people forego treatment. Stigma exists among people of all ethnicities, cultures, ages, and sexual orientations. Senior citizens are more predisposed to not ask for help because it shows vulnerability and dependence.

### **Small town lack of privacy and lack of confidentiality**

The small tight-knit community discourages some people who need boundaries and healthy distance to comfortably access care, who want privacy, or who fear they may be served by a provider that is serving someone else they know. It can be difficult to

find providers who are completely unconnected from interpersonal conflicts. Breaches of confidentiality are common.

## Difficulties accessing off-Island services

Many services, specialists and opportunities are not available on Vashon Island. While services and opportunities Vashon lacks may be available in nearby Seattle, the Island's geographic isolation, lack of transportation and socioeconomic disparities put them out of reach for many, especially low income people, people with disabilities, those who work during the day and those who rely on public transportation.

## SYSTEMIC CHALLENGES

Meeting the BH needs of the Vashon community would require addressing and restructuring several overlapping, systemic barriers to care.

### On-Island services are overburdened and under-resourced

There are not enough providers – both generalists and specialists – to meet the level of demand on the Island. The likelihood of having a social connection to a provider further limits access to care. Some programs are perpetually underfunded. Therefore, the providers that do exist are overburdened and overwhelmed, resulting in providers often taking on responsibilities that are off mission or out of scope.

#### Specialists and services for specific needs and populations

Specialty behavioral and physical healthcare are especially in short supply on the Island. The private providers that do exist do not adequately address severe or chronic conditions because they do not take Medicaid or other forms of insurance.

##### *Domestic violence and sexual assault services*

The Island does not have a domestic violence shelter. Without transitional housing, it is very difficult for domestic violence survivors who are poor or have children to leave an abusive situation. There are also no treatment options for perpetrators of domestic violence, no Sexual Assault Nurse Examiner, and insufficient access to legal counsel.

### *Substance use disorders*

There are not enough substance use disorder (SUD) providers or options on the Island. There are 12-step programs, but few other outpatient options, and no residential treatment or transitional housing. The schools provide intervention services and some prevention programming, however these are insufficient to address the reported high rates of substance abuse especially among youths.

### *Medication management*

There is little in the way of medication management and coordination on the Island. With the increasing emergence of people receiving their medications by mail order due to COVID-19, there is not a centralized way to address complicated medication regimens, which can require communication among providers.

### *Children's educational and behavioral health services*

Services for children are insufficient, under-resourced, and inaccessible for many who need them. There are very few therapists who work with children under age 12 on the Island, and Seattle's Children Hospital, where families are typically referred for assessment and treatment for cognitive impairments, has a long waiting list. Because of volatile and insufficient funding, educational programs for vulnerable children often are threatened with cancellation, from early childhood education to socio-emotional learning programs. Some excellent programs lack capacity to serve all who would benefit from them. Examples are StudentLink, the School District's alternative option for high schoolers who thrive with an individualized approach to their education; and Vashon Kids, which provides after-school care for 5 to 12 year olds. These two essential education services also happen to rely heavily on local charity, always precarious. There is a near total absence of services for very young children and those experiencing special needs, a severe shortage of formal early childhood education and no system in place for early detection or prevention for BH issues for children younger than middle school age. The shortage of these services increases social isolation for parents and families.

### *Community-wide parent education*

Education on trauma and socio-emotional issues needs to be expanded to reach all parents and families. Some offerings that do exist are under-utilized.

### *Serious chronic mental illness*

People with serious and chronic mental illnesses have few treatment options on the Island. VYFS does not serve people with severe mental illnesses who need consistent and intensive case management, navigation support, and peer mentorship in order to successfully engage their treatment. Those with the greatest need for BH resources tend to have the least access.

### Small population makes finding an appropriate counselor difficult

The small pool of professionals who provide the types of services needed and who have availability is further reduced by the high likelihood of social connection between providers and clients. This situation is especially dire for consumers who qualify for services at VYFS because they are limited to the small number of VYFS providers. Those who can, go off Island and pay out of pocket for care, but many cannot.

## Challenges at VYFS

As the Island's community mental health provider, VYFS makes BH services available to poor and low-income residents, offers well-thought of programs such as Family Place and Vashon Kids, and has some highly talented, beloved clinicians. All the same, VYFS faces challenges 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.

### Use of pre-licensed providers and high turnover

As is typical of community mental health providers, VYFS uses supervised, pre-licensed counselors to stretch limited Medicaid dollars to more people. These counselors have less experience with different populations and issues, and less expertise in multiple modalities and trauma-informed care. Additionally, there is a high rate of turnover once specialists do obtain their license, a barrier to continuity of care.

## Providers are assigned, not chosen

Clients usually cannot choose a specific therapist and are assigned to the provider with the first available opening. This process is unable to guarantee that the specialist is a good fit for the client and for uninsured or low income consumers, VFYS is the only option.

## Insufficient case managers and no wraparound services

Case workers, who help people navigate relevant social services and coordinate among providers to get comprehensive support, are not readily available on the Island. VFYS 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 VFYS through the Medicaid-funded King County Integrated Care Network (KCICN) go without. Other than for KCICN clients, the limited hours that VFYS does have for case management through VFYS's Community Resource Program are constantly in jeopardy because the program is reliant on philanthropic giving.

There were conflicting views among the interviewees about whether or not Medicaid would pay for case management more generally, beyond the KCICN program. Because case management is such a significant need on the Island, resolving this discrepancy should be of paramount priority.

This social services gap has many consequences, ranging from overstressing providers to major impacts on people in the most need. Staff and volunteers of the Senior Center, Interfaith Council to Prevent Homelessness, DOVE, Comunidad Latina de Vashon (CLV) and others find themselves stepping in as informal case managers in ways that feel necessary, but for which those who do are often unprepared, untrained, unqualified and uncompensated.

Different populations experience the need for case management/wraparound services in different ways.

### Seniors

The lack of a go-to resource that helps clients identify and address their changing, growing needs as they age leads to elders remaining in isolated, dangerous or unhygienic home situations.

## Low income housing

Of renters housed by Vashon Household (VHH), the Island's nonprofit affordable housing developer, it is estimated that about 40% experience some level of mental illness (about double the national rate). Case management would help these Islanders navigate co-occurring BH, medical, and socioeconomic issues. Easily preventable crises can be preempted with a comprehensive, coordinated approach to check in with people regularly and provide support on issues that can jeopardize their housing, social security or other benefits they are entitled to.

## Domestic violence survivors

Victims and survivors of domestic violence need social workers or case managers to support them through major life changes. Without case workers, advocacy organizations are overburdened and often forced to compensate by filling that role for victims of domestic violence — for which they are neither designed nor equipped.

## Latinx community

Some Latinx families face complex and overlapping challenges and barriers to accessing care. Spanish speakers need bilingual caseworkers, and undocumented people need caseworkers they can trust since they are discouraged from seeking formal help for fear of deportation. While CLV has stepped in to provide support for these families, the organization also advocates for local institutions (e.g., schools, VYFS) to invest in relationships with the Latinx community, and support community-based research, planning, and program development.

## Children

Children experiencing special needs require a system of intensive family support, particularly someone to work intimately with families and strategize individualized approaches for their situation. Intervention at the earliest possible moment is essential. In the past, the County wraparound<sup>2</sup> program was staffed on Island by a local resident who understood the community's particular challenges and resources. However, families now must travel off-Island, which is a significant barrier to low/moderate income and working parents, or those in crisis or experiencing addiction or other mental health issues.

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<sup>2</sup> Wraparound programs provide comprehensive, holistic, youth and family-driven support when children or youths experience serious mental health or behavioral challenges.

## Silos, redundancies, lack of unified approach

There are too many organizations providing services siloed off from each other, making it difficult to navigate these decentralized and disconnected organizations, especially without case management. The lack of centralization amongst organizations results in redundancy, which is wasteful of resources that are already scarce for an overburdened but underfunded sector.

### Lack of coordination of care

Different providers do not coordinate their services, and lack of a community-wide collaborative process makes it difficult to coordinate and continue care across agencies. The creation of such infrastructure – for example, a confidential, HIPAA compliant system for sharing information – would maximize the effectiveness of each organization's work, reducing redundancy, fostering confidence amongst clients, and keeping people from falling through the cracks. One popular idea was shared case management that would provide on-site services (e.g., at low income housing, the Senior Center, and DOVE) and reach traditionally hard-to-reach community members, such as home-bound seniors, undocumented families, homeless Islanders, and over-burdened parents. The consolidation of services could also enable continuing education for providers on the most important needs of the community.

### Lack of trauma-informed, culturally responsive approach

There is no unified trauma-informed, culturally responsive approach, making it difficult to ensure clients are accessing services with the best practices for their unique situation. There are few healthcare providers who are trained in the medical and wellness needs of LGBTQ+ people or educated in issues surrounding barriers to racial equity in medical care. This risks re-traumatization or active harm to patients.

## **EQUITY CONCERNS**

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

Services covered by Medicaid are narrow and do not meet the wide-ranging needs of clients. For example, couples counseling, parenting classes and some case management are not covered under Medicaid. 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.

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

People who arguably have the most trauma and stress have the least adequate mental health care, because care covered by Medicaid (which has very low reimbursement rates) often involves unlicensed professionals to stretch limited dollars to reach more people. VYFS clients are often assigned counselors, which can exacerbate issues of underrepresentation.

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

Marginalized communities experience higher rates of trauma than other populations, but the care that would help them is often inaccessible because it is provided by specialists in private practice who are unlikely to take insurance at all.

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

Programs that aim to level the playing field for low income people are at perpetual risk of closure due to scarce financial allocation. For example, ECEAP and Vashon Kids, which provide high quality early learning opportunities for low income children, face the chopping block every year even though such early learning programs have been linked to wide-ranging benefits later in child and adulthood. The unreliable access of these opportunities on the Island disproportionately impacts those who already have the least



access. Because there is not guaranteed government funding for these programs, they are often in competition for philanthropic support with other initiatives that don't seem as essential for creating equity, such as pet care and the arts. 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 issue was brought to our attention informally in written comments on the draft report and in an email. There is no community-wide approach to engage those most impacted by decisions about the services meant to benefit them. Though not raised in the interviews, this problem exemplifies the systemic practice of leaving people with the most at stake out of solving community problems. 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.<sup>3</sup>

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<sup>3</sup> 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.