



**2021**

**Human Services Community Needs Assessment and  
Facilitated Program Development**



## ACKNOWLEDGEMENTS

The Executive Department of the City of Monroe, Washington would like to recognize the many service providers, the Community Human Services Advisory Board (CHSAB), and the Technical Advisory Committee (TAC) for their involvement and contributions to this report.

Also, thanks to the providers and residents who contributed important input to the primary research conducted by Kulik Strategic Advisers Inc. (KSA).

## CONTRIBUTORS

<b>Community Human Services Advisory Board (CHSAB)</b>	
The Board’s mission is to consider policies that affect community members who are experiencing homelessness, who are at risk of becoming homeless, who are experiencing poverty, or are adversely impacted by a crisis.	
<b>Voting Members</b>	Amber Mehta
	Bryan Lipsy
	Jim Bloss
	Sarah Lunstrum
	Jose Luis Nino De Guzman
	Lynsey Gagnon
	Tony Balk
	Aisha Sial
	Bridgette Tuttle
	James Harrigan
	Roger Evans
<b>Non-Voting Members</b>	Amy Plumb
	Todd Strickler

CHSAB would like to thank Mayor Geoffrey Thomas, City Administrator Deborah Knight and Rachel Adams, the Project Management Consultant for their leadership and guidance in supporting, advancing and overseeing this project.

### Technical Advisory Committee (TAC)

**TAC Mission:** Creating a community where individuals and families find access to meaningful realistically available services, shelter, and housing. Where all those who struggle to make ends meet can find affordable housing and help meet their basic needs.

**TAC Vision:** Monroe and Sky Valley communities are thriving and desirable locations for all individuals and businesses for generations to come, responding affectively to the needs of all residents ensuring stability and self-sufficiency.

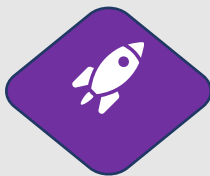
**TAC Values:** Monroe’s Technical Advisory Committee values a relational, collaborative, and action-oriented approach to championing equity, empowerment, and learning throughout Sky Valley.

KEY SERVICE PROVIDERS	AGENCY
Amy Chestine	St. Vincent de Paul
Kathy Berhnardt	Monroe School District, McKinney-Vento Liaison
Cindy Chessie	Sky Valley Food Bank
Chris Gary	Housing Hope
Dawnelle Carroll	Volunteers of America
Desiree Hobson	Evergreen Health
Holly McCallum	Mental Health Professional
Inga Paige	St. Vincent de Paul
Jacob McGee	Monroe Senior Center
James Harrigan	Mercy Watch
James Stayton	Rock Church Food Gleaning
Jeff Rasmussen	Boys & Girls Club,
Jeffrey Hager	Helping Hands
Sergeant Justin Springer	Monroe Police Department Outreach Team
Kimberly Clem	Cascade Community Church
Laron Olson	Take the Next Step
Linda M. Paz	Mathew House, Prison Family Hospitality
Lynsey Gagnon	Volunteers of America
Mary Wahl	Catholic Community Services
Michael Lorio	Take the Next Step
Pastor Mike Hanford	Christ Church
Joe Neigel	Monroe School District Prevention Services
Nicole Nagle	Forensic Social Worker embedded with Monroe Police Department
Commander Paul Ryan	Monroe Police Department - Administrative Commander
Philip Spirito	Snohomish Public Library
Roger Evans	Volunteers of America, New Hope Fellowship
Sue Skillen	Monroe School District
Tinna Pamanian	Miracles and Memories Academy
Whitney Frank	Former Compass Health

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## Project Phases



**Phase 1:**  
Project Launch  
June 2021



**Phase 2:**  
Secondary Research  
June - July



**Phase 3:**  
Primary Research  
July



**Phase 4:**  
Data Analysis  
August



**Phase 5:**  
Final Report  
August - September

## STUDY CHARGE

Based on community needs, the City of Monroe and their Community Human Services Advisory Board (CHSAB) commissioned a study to conduct a Community Needs Assessment and Facilitated Program Development for the Sky Valley area. This area includes the cities of Monroe, Snohomish, Sultan, Gold Bar, and unincorporated Snohomish County.

The goal of this study is to map the current assets for provision of human services and assess needed resources. This will take place by completing an objective review of resident services. This will occur through quantitative surveys of residents and human services providers. In addition, qualitative research will occur through conducting key informant interviews of community stakeholders and receiving focus group input from vulnerable subsets of residents.

The results of the study will be used to update and inform the Mayor, City Council, and community stakeholders. This needs assessment will aid elected officials, service providers, and subject matter experts in decision-making and infrastructure needs to respond to the growing demand for human services in the Sky Valley. It will also serve to gather accurate data to support people seeking housing and human services in the community.

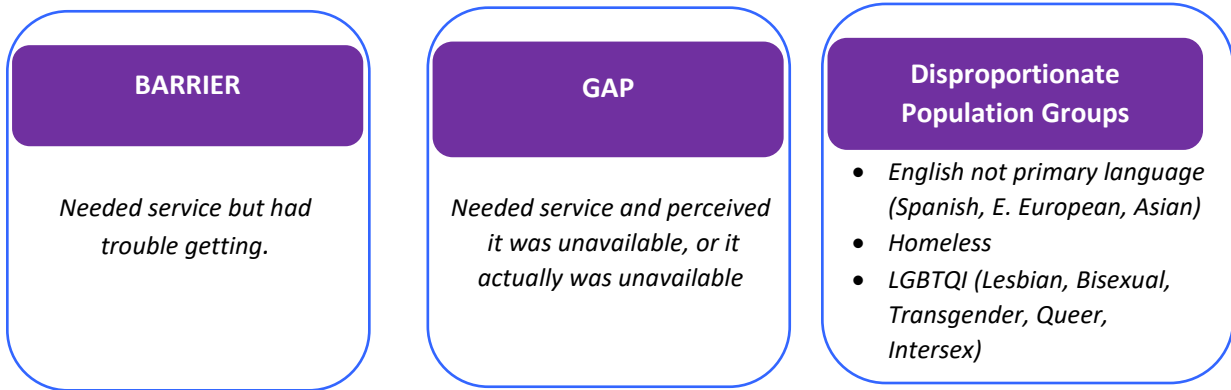
The sample frame reflecting the population was 220 total resident surveys. The result was completion of 226 resident surveys, 26 provider surveys, 45 key informant interviews and 5 focus groups. Of the resident survey that, statistically mirrors Sky Valley; 29% or 66 were from West Sky Valley, 52% or 118 from Central Sky Valley and 19% or 42 from East or Upper Sky Valley. *Details of the Sample Frame are in the Methodology section.*

Secondary Research included community profiles for Sky Valley presented in reference tables with a narrative supplied for grants of the three regions.

- *Demographic:* Summary of the population (by race/ ethnicity, gender, age)
- *Socioeconomics:* Summary of economic and social factors (housing, education, poverty levels)
- *Health:* Summary of health providers, workforce, prevention, risk/factors, chronic disease, and deaths for physical and mental health/substances use.

A resource inventory of current services includes a Services Asset Map and a listing by Agency and by Service. The goal of this document is to be a living, breathing document that is maintained and updated.

Primary research focused on identifying ‘NEED’. Need was categorized by:



The services were then ranked through resident survey responses to address barriers to services (‘need service and have trouble getting’) and gaps (‘need service and can’t get’) for the general population, low- and moderate-income residents, and for disproportionately impacted groups.

This ranking will be discussed, processed and reaffirmed by CHSAB members in September 2021 with further corroboration from the results of the Provider Survey, Key Informant Interviews, Focus Group Findings and through validation from Secondary Research (demographic, socioeconomic and health profiles of Sky Valley).

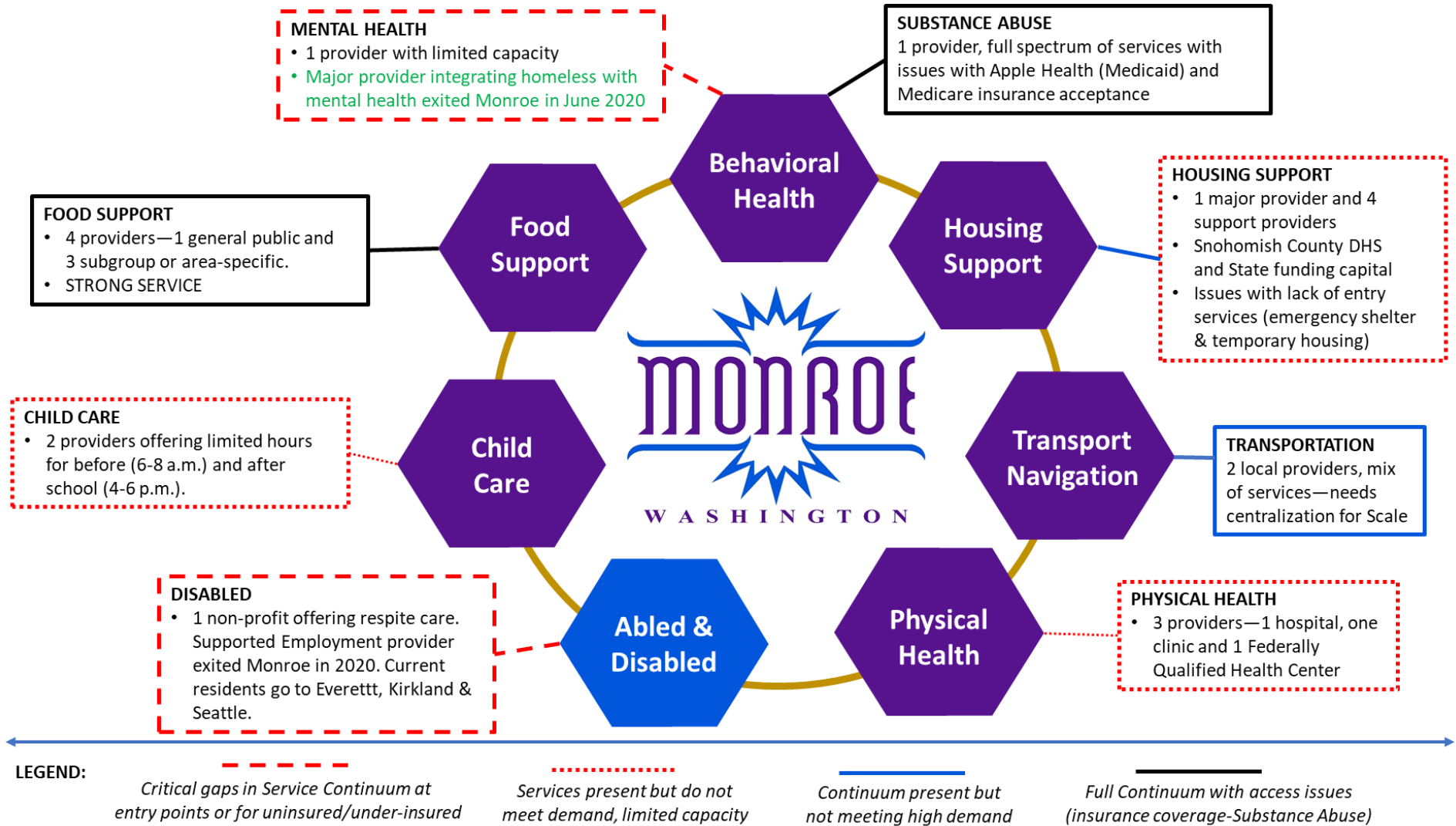
SUMMARY OF RANKINGS OF USE, NEED, BARRIER & GAP FOR HUMAN SERVICES SKY VALLEY REGION, WASHINGTON (August 2021)	
TOP 5 USES OF HUMAN SERVICES	TOP 5 BARRIERS TO HUMAN SERVICES (‘Need Service and have Trouble Getting’)
<ol style="list-style-type: none"> <li>1. Physical Health</li> <li>2. Information &amp; Referral</li> <li>3. Child Care</li> <li>4. Food Help</li> <li>5. Behavioral Health</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Housing Support</li> <li>3. Substance Use Treatment</li> <li>4. Transportation</li> <li>5. Physical Health</li> <li>6. Child Care</li> </ol>
TOP 5 NEEDS FOR HUMAN SERVICES	TOP 5 GAPS TO HUMAN SERVICES (‘Need Service and Can’t Get’)
<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Physical Health</li> <li>3. Information &amp; Referral</li> <li>4. Housing Support</li> <li>5. Transportation</li> <li>6. Substance Use Treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Housing Support</li> <li>3. Substance Use Treatment</li> <li>4. Transportation</li> <li>5. Child Care</li> <li>6. Legal Aid</li> </ol>

Reasons offered for barriers ('need service and had trouble getting') include:

- 1) **Mental Health.** There is a lack of treatment options at the entry level of the Continuum (counseling, case management) for low to moderate income residents.
- 2) **Housing Support.** There is a lack of housing options at entry level of the Housing Support Continuum (homeless shelter, transitional housing). There is low capacity (50-78% of homeless have no option due to low # of units) with priority on homeless with children or families, not single adults.
- 3) **Substance use treatment.** A full continuum of substance use services is available, but **not** accepting uninsured, under-insured and has issues accepting Apple Health (Medicaid) or Medicare.
- 4) **Transportation.** Cited as # 1 Gap in *Resident Survey* by rural clients in East or Upper Valley (Sultan, Gold Bar, Index). *Provider Survey* mentioned transportation as a critical issue given regular referrals to Everett, Kirkland, or even Seattle. Evening and weekend travel time can be over 2 hours one-way even if only 25-35 miles distant. "U.S. 2 and U.S. 522 are the two worst highways in Snohomish County." – Provider quote
- 5) **Physical Health.** There is a lack a full spectrum of services due to critical staffing shortages, lack of prenatal service after 7 months and perception that the local Federally Qualified Health Center doesn't want their business.
- 6) **Childcare.** The only options available to resident respondents are Before & After School services. Comments were made that these restricted hours are not helpful (6-8 a.m. and 4-6 p.m.) and were not affordable even with extensive discounts.

**An objective assessment of the current human services system was conducted as part of the 'Facilitated Program Development' portion of the Scope of Work. This supports the barriers and gaps identified by the Resident and Provider surveys.**

**ASSESSMENT OF CURRENT HUMAN SERVICES SYSTEM**





## REGION

The Skykomish Valley, nicknamed Sky Valley, is a region of Snohomish County, Washington, United States, that lies along the Skykomish River. It stretches from the City of Snohomish to the Cascade Mountains, terminating near Skykomish, Washington. The towns from west to east include Snohomish, Monroe, Sultan, Startup, Gold Bar, Index, and Skykomish. The major route through Sky Valley is Route 2.

The City of Monroe Community Human Services Advisory Board (CHSAB) recommended funding a regional needs assessment. A regional approach concluded that a regional approach to human service delivery would allow the involved cities and towns to address human services without owning the funding or delivery of these services as individual municipalities. Currently, services are offered in the:

- 1) **West Sky Valley:** City of Snohomish and the surrounding area comprises 31% of the population with 10,240 residents living in the City of Snohomish and 7,600 in the area surrounding Snohomish. This region accesses services from the City of Everett due to its proximity, with a robust profile of human services available.
- 2) **Central Sky Valley:** City of Monroe and surrounding area comprises 50% of Sky Valley with 19,800 residents living in the City of Monroe and 9,542 in areas surrounding Monroe. This area has a medium level of services with some gaps (Physical Health, Abled/Disabled, Behavioral Health, Continuum of Affordable Housing); and
- 3) **East Sky Valley:** 'Upper Sky Valley' comprised of Sultan, Startup, Gold Bar, Index, and Skykomish. This rural area has 19% of the population of Sky Valley with 9,029 residents in small towns and 1,943 living in unincorporated areas surrounding those towns. This region has access to basic, subsistence services such as food, clothing, and limited recreation.

### SKY VALLEY COMMUNITY NEEDS ASSESSMENT: RESIDENT SURVEYS CONDUCTED FROM JULY TO AUGUST 2021. COMPARISON OF SAMPLE FRAME-220 AS TARGET) TO ACTUAL RESIDENT SURVEY RESPONSE, N = 226

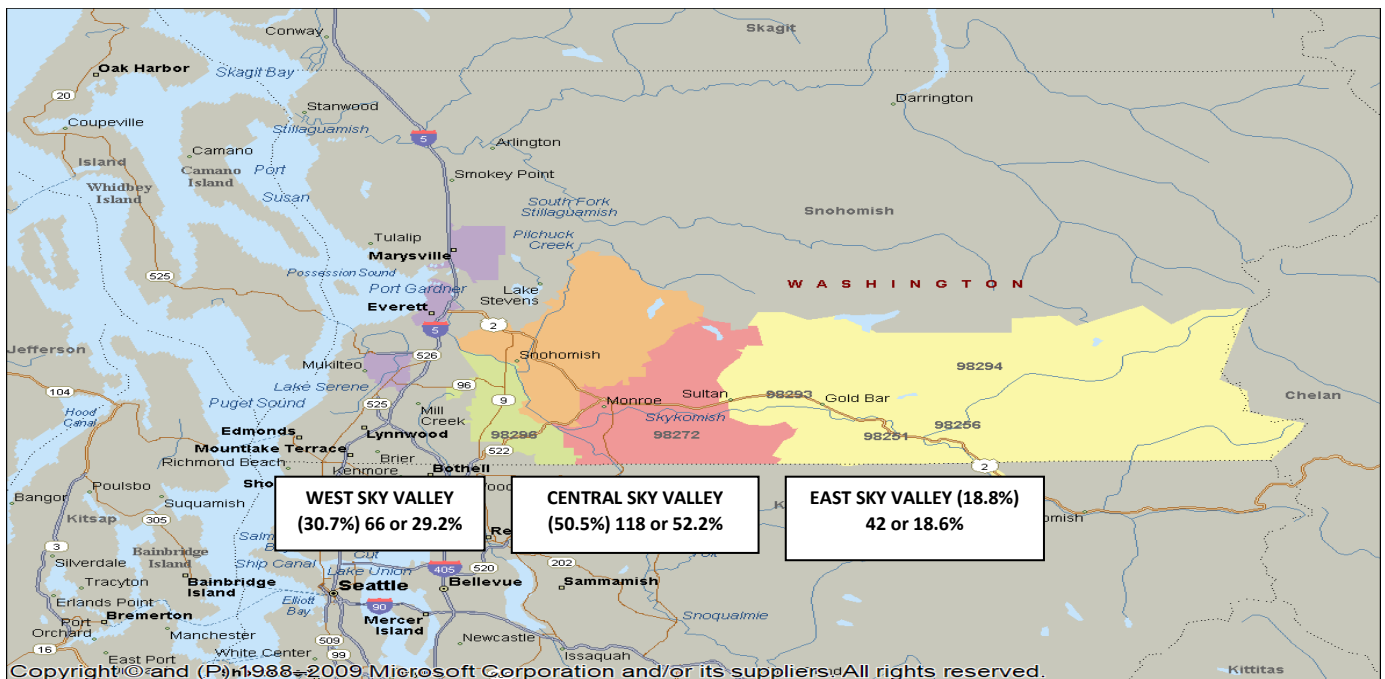


Figure 1. Area Map broken down by region

While services have historically been accessed in Everett with basic services available in the Central Region (City of Monroe and surrounding areas), the Eastern Region has access to subsistence services only and uses the Central Region to access human services. Drive times to Everett and the outlying Seattle region is historically about 1 hour or less, though Route 2 is increasingly congested as the Everett-Redmond-Seattle metropolitan area grows out to the Sky Valley. Drives of up to 2 hours are reported on evenings and weekends.

U.S. 2 begins in downtown Everett, with its eastbound lanes starting at as SR 529. The highway travels east, crossing the Snohomish River after an interchange with I-5.

The limited-access road travels around the city of Snohomish. US 2 turns south before its limited-access road ends. The two-lane road continues southeast to Monroe. The highway travels past the Evergreen State Fairgrounds and intersects SR 522 before entering downtown Monroe.

U.S. 2 continues through the city of Monroe and forms the northern terminus of SR 203. The highway leaves the city while parallel to the Skykomish River and travels through the cities of Sultan and Gold Bar.

## METHODOLOGY

Primary research is research conducted specifically for this study with input from the local population of residents, providers, and community leaders. It is quantitative (Resident and Provider Survey) and qualitative (Focus Groups and Key Informant Interviews). It is augmented and validated By Secondary Research, or corroboration by prior studies or through use of publicly available data.

**RESIDENT SURVEY:** A survey focused on identifying the needs of the Sky Valley area was created to reflect the overall population comprising 58,154 residents. This was further subdivided into three regions. The statistical representation of this population required 220 total surveys at a margin of error of 5% and a confidence level of 95%. The survey was administered to individuals utilizing an online platform and in collaboration with local service providers. In-person survey respondents received a \$10 gift card to a local grocery store. The collection approach partnered with organizations that had scheduled community events. Some of these events were:

- Feeding the Homeless with Take the Next Step
- Showers at Volunteers of America
- Coffee and Pastries with the senior population
- Food Bank at Snohomish Food Bank
- Alcoholics Anonymous Meeting with Volunteers of America
- Group meetings with Parents of Abled /Disabled Children with Miracles and Memories Academy

The aim of resident research was to hear the ‘Voice of the People’ in the Sky Valley with input provided on human services that they have trouble getting (Barriers) and perceived or actually could not get (Gaps).

The services were arrayed by 12 distinct categories and then displayed by four subsets of the population.

ALL respondents show the entire respondent pool with further subdivision for comparison purposes to:

- Region (West or Region 1, Central or Region 2, East or Region 3)
- Urban-Rural population
- Age Spectrum with the two most vulnerable ‘ends’ displayed of Seniors and Youth
- The four identified Disproportionate Impact Groups:
  - (1) LatinX
  - (2) Homeless
  - (3) LGBTQI (Lesbian, Gay, Bisexual, Transgender, Intersex)
  - (4) Abled/Disabled

These were then displayed in table format by Use, Need, Barrier and Gap.

Resident input then was compared in a 360-degree view to Provider Survey input, Focus Group clarification of ‘Why?’ barriers or gaps exist, with further input from Key Informant Interviews. Additional insight was provided from secondary research of the region’s population in demographic, socioeconomic and health profiles.

Rationale for service need may differ in definition for many human services. As an example, housing for the Homeless is availability of housing, for LatinX is primarily access to safe and affordable housing and for seniors it is the ability to maintain their current housing on a fixed income as the area grows.

**PROVIDER SURVEY:** Assessment of provider services along a Continuum of Care was determined through a Provider Survey and by Secondary Research. This resulted in development of an ideal Continuum for the key human services and comparison of ideal to current service offerings. The City of Monroe supports a ‘hub and spoke’ model of human service delivery and funding that will address barriers and gaps in human services as the Sky Valley experiences dramatic population growth and demand.

**FOCUS GROUPS:** Five focus groups were conducted with facilitation in English and Spanish by the selected consultant, KSA. The group size averaged eleven participants, all of whom were supplied a gift certificate to a local grocery store valued at \$10 in thanks for their participation. A summary of focus group themes is found in the full report. The goal of the focus groups was to provide insight into the reason that key human services experienced barriers and gaps to access. The findings further clarified the rationale for these deficits.

**KEY INFORMANT INTERVIEWS:** A total of 45 key informant interviews occurred from the start of the engagement in June 2021 through data analysis completed in August 2021. The goal of these interviews was to inform the study with an overview of the perspective of human services provision by community leaders. This is in light of the growing population of Sky Valley and related demand for human services, and as more people move to the region.

Summary results of the Rankings of the Use-Need-Barrier-Gap analysis from the Resident Survey are presented below.

<b>RANK OF SERVICES RESPONSE – RESIDENT SURVEY</b>				
<b>(n = 226)</b>				
	<b>USE</b>	<b>NEED</b>	<b>BARRIER</b>	<b>GAP</b>
<b>SERVICES</b>	<b>Ranking from Highest (#1 to #5)</b>			
Child Care	3	6	6	6
Education	11	13	13	
Employment Assistance	13	11	9	9
Food Help	4	9	12	
Housing Support	5	4	2	2
Information & Referral	2	3	7	
Legal Aid	12	8	8	5
Mental Health	8	1	1	1
Personal Household	6	12	10	
Physical Health	1	2	5	7
Recreation	7	10	9	
Transport	9	5	4	4
Other: Oral Health			11	8
Substance Use	10	7	3	3

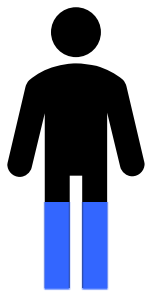
<b>Ranked 1 to 5 with 1 as Top Need</b>	
<b>LEGEND</b>	
	1
	2
	3
	4
	5

## DEMOGRAPHICS - COMMUNITY TOUCHPOINTS

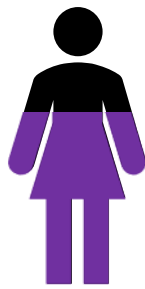
Sky Valley serves a total of 58,154 residents or 7% of Snohomish County. Sky Valley is divided into three distinct regions based on services available, population, and distance from the City of Everett. A total of 220 resident surveys were needed for a representative sample frame reflecting the Sky Valley population. A total of 226 (103%) resident surveys were collected, representing all regions and demographics. The following demonstrates the sample frame and percentages collected by population/region:

REGION	Sample Frame		Actual Response	
	#	%	#	%
West Sky Valley	67	30.7%	66	29.2%
Central Sky Valley	111	50.5%	118	52.2%
East Sky Valley	41	18.8%	42	18.6%
	<b>220</b>		<b>226</b>	

**GENDER:** Based on the Sky Valley population by gender, the sample size required was 50.2% identifying male and 49.8% identifying female. Nationally, surveys are often completed by females, a trend that was realized in this study.



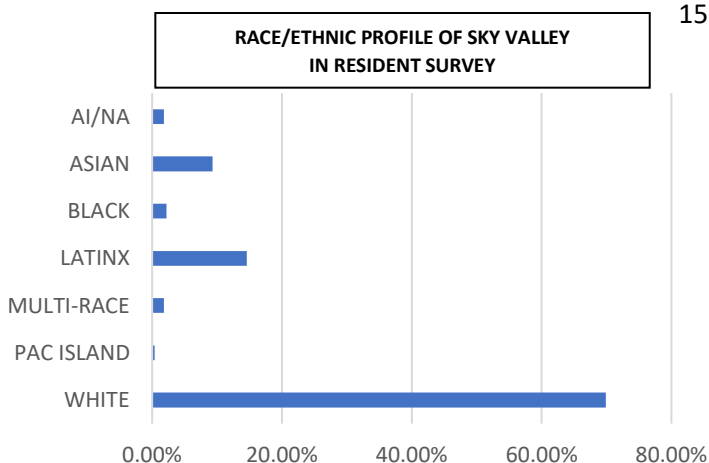
36%



64%

Survey Response by Gender comparing Actual Response to Sample Frame				
GENDER	FRAME	Actual Responses	% of Actual Responses	VARIANCE
Male	50.2%	82	36%	-28
Female	49.8%	144	64%	34
<b>TOTAL</b>		<b>226</b>	<b>100%</b>	

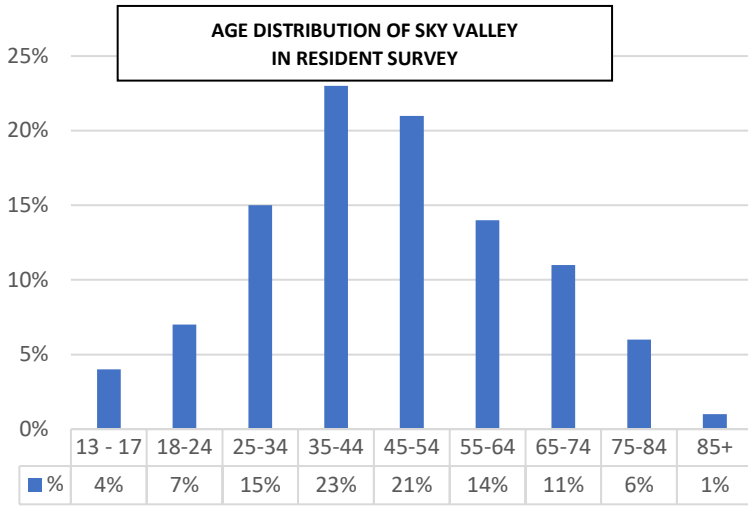
**RACE/ETHNICITY:** The Sky Valley area is predominantly comprised of White or Caucasians with roughly 15% of the population identifying as LatinX.



	WHITE	PAC ISLAND	MULTI-RACE	LATINX	BLACK	ASIAN	AI/NA
■ %	69.90%	0.40%	1.80%	14.60%	2.20%	9.30%	1.80%

Survey Response by Race/Ethnic Group comparing Actual Response to Sample Frame				
RACE/ETHNIC	FRAME	Actual Responses	% of Actual Responses	VARIANCE
AI/NA	1.6%	4	1.8%	
ASIAN	11.0%	21	9.3%	(1.7% or 4)
BLACK	3.2%	5	2.2%	(1% or 2)
LATINX	15.0%	33	14.6%	(.6% or 1)
PAC ISLAND	0.4%	1	0.4%	
MULTI-RACE	1.8%	4	1.8%	
WHITE	67.0%	158	69.9%	(2.9% or 7)
<b>TOTAL</b>	<b>100.0%</b>	<b>226</b>		

**AGE:**



AGE	FRAME	#	%	VARIANCE
13-17	23.9%	8	4%	-19.9%
18-24	7.7%	15	7%	-0.7%
25-34	27.2%	33	15%	10.8%
35-44		52	23%	
45-54	30.7%	48	21%	4.3%
55-64		31	14%	
65-74	10.5%	24	11%	7.5%
75-84		13	6%	
85+		2	1%	
<b>TOTAL</b>	<b>100.0%</b>	<b>226</b>	<b>100%</b>	

**DEVIATION FROM SAMPLE FRAME AND RESOLUTION:**

The younger age groups, 13-17 years of age and 18-24 years of age were under-represented compared to the Sample Frame. KSA conducted a Youth Focus Group to address the deficit in survey responses from 13 – 24 years old.

**COMMUNITY TOUCHES:**

Throughout this engagement, a total of 353+ individuals participated in this project by providing input and information.

- 45 Key Informant Interviews were conducted with input from:
  - City Leadership, members of the Community Human Services Advisory Board (CHSAB) and the Technical Advisory Committee (TAC) of human services providers in addition to numerous Community Based Organizations, Community Members, and Healthcare Providers.
- 226 Resident Surveys or 103% of the Target in a Sample Frame of 220 were completed;
- 26 Provider Surveys were completed by:
  - Community-Based Organizations, Healthcare Providers, Service Providers, etc.
- 5 Focus Groups were held with 56 total participants or an average of 11 participants per group.
  - 16 participants - Spanish Speaking group (Thursday, July 22)
  - 14 participants - Able/Disabled (6 participants on Monday, August 9 and 8 participants on Tuesday, August 10)
  - 7 participants - Seniors (Tuesday, August 10)
  - 12 participants - Homeless (Wednesday, August 11)
  - 7 participants - Youth (Friday, August 27)

### 360 – DEGREE VIEW

The focus of the Community Needs Assessment was to objectively determine Human Service ‘NEED’ as defined by a 360-degree perspective:

1. Residents of Sky Valley with 6 disproportionately impacted groups identified in Key Informant Interviews:

GROUP	Estimated # in Sky Valley	# from Resident Survey
<i>English not Primary Language:</i> a. Spanish speaking b. Eastern European c. Asian	20% in Monroe, 15% in Sky Valley	19% in Sky Valley (42 respondents)
<i>Seniors (65 years of age+)</i>	20%	18% in Sky Valley (49 respondents)
<i>Homeless</i>	0.3% or 175	29.2% of respondents (66 respondents) (46 homeless in last 30 days or 20%)
<i>Abled/Disabled</i>	15.1% of any disability (8,781)	25% (57 respondents)
<i>LBGTQI</i>	2.8% (1,628)	5.7% (13 respondents)
<i>Trauma Informed Care (MH/SA)</i>	28.4% Youth/ 30% Adults	29.6% (67 respondents)
<i>BIPOC (Black, Indigenous, People of Color)</i>	30.8% (17,912)	30.1% (68 respondents)

2. 360-degree view (Secondary Research of Demographic, Socioeconomic & Health Profiles; Key Informant Interviews, Resident Surveys, Provider Surveys, and Focus Groups or 5 different research inputs to define Barriers and Gaps to Service Access.

3. Resident Survey Respondents comparing Use-Met Need Barrier and Gap defined as:

- a. Need (‘need service and accessed’)
- b. Barriers (‘need service and have trouble getting’)
- c. Gaps (‘need service and can’t get’)

Comparing ALL RESPONDENTS to SUBGROUPS BY SERVICE for Use-Need-Met Need-Barrier and Gap:

ALL	WEST	CENTRAL	EAST	SENIORS (65+)	YOUTH (13-17)	URBAN	RURAL	LATINX	HOMELESS	LBGTQI	ABLED/ DISABLED
226	66	118	42	49	8	185	41	42	66	13	57
100%	29%	52%	19%	22%	4%	82%	18%	19%	29%	6%	25%

Arrayed against key services:

Child Care	Education	Employment	Food Support	Housing Support	Information & Referral	Legal	Mental Health	Personal Household	Physical Health	Recreation	Substance Use	Transportation
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A comprehensive, 360-degree perspective was used in the research to ensure that community input on human services was received from numerous sources. These included secondary research or prior studies and publicly available data on demographics, socioeconomics and health of Sky Valley residents.

Primary research was both qualitative (commentary in key informant interviews and focus groups) and quantitative (surveys). Sources for the qualitative research included key informant interviews of 45 different stakeholders including service providers locally and regionally, and community leaders and five focus groups. Focus groups included a total of 56 resident participants or an average of 11 participants per group. These sessions invited disproportionately impacted or vulnerable groups to explain their reasons for identified barriers in access to services or unavailable services. The groups included:

- 1) LatinX – session conducted in Spanish, 16 participants
- 2) Abled and Disabled – two sessions conducted to ensure participation of working residents with a total of 14 participants
- 3) Seniors – total of 7 participants
- 4) Homeless – total of 12 participants
- 5) Youth – total of 7 participants

Surveys were collected from both residents (target of 220 with 226 collected) and providers (26 total).

The findings showed that for key service categories, there was consensus on services that present access barriers or are not available or are perceived as unavailable (gaps in the Service Continuum).

- 1) Mental Health - with issues cited in the Health Profile about the low ranking of Washington State for suicidal ideation, major depression and high death rates from suicide, the ranking by Resident Surveys for Mental Health was #1 for barriers (access issues) and gaps. Providers ranked mental health as the #1 barrier with reference by the abled and disabled and homeless focus groups. Assessment of the service continuum shows recent erosion of an already critically fragmented array worsened by the exit of Compass Health, a provider that integrated mental health services with homeless support.
- 2) Housing Support – this service was referenced most frequently by key informants. It ranked #2 for barriers and gaps, with concern about the lack of services at the most vulnerable points –lack of homeless shelters and temporary or transitional housing. This was supported by the findings and recommendations of the Homeless Policy Advisory Committee that transitioned to the current Community Human Services Advisory Board or CHSAB.
- 3) Substance Abuse treatment – separate from Mental Health, the concerns were around the barrier in accessing services, particularly medication-assisted treatment for opioid use disorder. Health Insurance barriers were cited as the key barrier with mention of Apple Health and Medicare barriers despite a robust service array offered by the Recovery Center at EvergreenHealth-Monroe.
- 4) Transportation – this was the second most referenced issue by key informant interviews and the #4 barrier and gap service. The historic and current need to access services in the City of Everett or Kirkland makes the increasingly congested routes of US 2 and 522 an issue with long commutes in the evening and weekends. Specific concerns were raised by LatinX, seniors and the abled and disabled focus group participants. Providers referenced the need for centralized transportation navigation.
- 5) Physical Health – The lack of local labor and delivery and need to travel for chronic care to Everett. Abled and Disabled and LatinX cited this #5 barrier to care.
- 6) Child Care – the limited options of early childhood education and before and after school child care were referenced in key informant interviews, provider surveys and resident surveys. LatinX focus group participants also voiced issues about affordability of options and limited hours for working parents.



**FINDINGS/ RECOMMENDATIONS**

FINDINGS		RECOMMENDATIONS
<p>1. The 5 highest barriers reported in the Resident Survey ('need service and had trouble getting') are for:</p> <p>(1) <b>Mental Health</b>                      (2) Housing Support                      (3) <b>Substance Use treatment</b>                      (4) Transportation                      (5) Physical Health and Child Care (tied)</p>	<p>2. The 5 highest gaps reported in the Resident Survey ('need service and can't get') are for:</p> <p>(1) <b>Mental Health</b>                      (2) Housing Support                      (3) <b>Substance Use treatment</b>                      (4) Transportation                      (5) Legal aid (referenced by LatinX)                      (6) Affordable Child Care tied with Oral Health (referenced LatinX &amp; Homeless)</p>	<p>1. For Mental Health services, continue to integrate a regional referral system. Use the referral capacity to the recently opened 24-bed behavioral health inpatient unit in Everett (opened July 2021) and Behavioral Health Urgicare Center in Everett (opened November 2019).</p> <p>2. Discuss inviting a mental health organization to provide services in Monroe.</p> <p>3. Work with Apple Health (Medicaid) to accept Medicaid for substance use treatment, particularly opioid use disorder.</p>
<p>2. Transportation – critical human service need increasing as population congests US 2 and Route 522 with state and national infrastructure response budgeted, but it will take years to resolve.</p>		<p>Develop a Transportation Navigation program that coordinates all elements of different agencies providing, or wishing to provide, transport to Everett, Kirkland or Seattle (low to moderate income for prenatal care, behavioral health care and physical and emotional health for disabled). Elements could include:</p> <ul style="list-style-type: none"> <li>• Mobility Management</li> <li>• Wheels to Work program</li> <li>• Apple Health or Employer-sponsored vans.</li> </ul>
<p>3. Physical Health – distinct gaps in a) Prenatal Care with deliveries occurring in Everett and b) Adult medical care.</p> <p>Staffing is a critical gap for the 3 physical health providers. Inability to find qualified staff, at the Medical Assistant, front-line billing and reception and Clinician levels has resulted in closure or downsizing of services in the Sky Valley.</p>		<p>1. Further integrate the capabilities at the system-level for Physical Health. Current efforts for both systems are to transition Monroe facilities to the same Electronic Health Record, optimize Telehealth and for EvergreenHealth Monroe to re-evaluate Critical Access Hospital status.</p> <p>2. Address the critical barrier of availability of qualified staff by all 3 physical health providers by working with Everett Community College and PIMA Medical Institute to supply Medical Assistants and Licensed Practical Nurses.</p>

FINDINGS	RECOMMENDATIONS
<p>4. Disproportionately impacted groups are:</p> <ul style="list-style-type: none"> <li>(1) Homeless</li> <li><b>(2) Able/Disabled</b></li> <li>(3) LatinX</li> <li>(4) Seniors</li> <li>(5) LBGTQI (Lesbian, Bisexual, Gay, Transgender, Queer, Intersex)</li> </ul>	<p>Develop a system of care linking current respite service for the disabled to a Sky Valley supported employment program for the disabled (funded by Washington State Department of Social and Health Services, Division of Vocational Rehabilitation)</p>
<p>5. Fragmented information preventing system integration through data sharing</p>	<p>Develop a centralized eligibility system by using Case Managers to access Washington’s DSHS and avoid duplication of information input by clients and providers.</p>

## ACTION PLAN

RECOMMENDATIONS	TIMING
<ol style="list-style-type: none"> <li>1. For Mental Health services, continue to integrate a regional referral system. Use the referral capacity to the recently opened 24-bed behavioral health inpatient unit in Everett (opened July 2021) and Behavioral Health Urgicare Center in Everett (opened November 2019).</li> <li>2. Discuss inviting mental health programs to provide services in Monroe.</li> <li>3. Work with Washington Medicaid to accept Medicaid for substance use treatment, particularly for opioid use disorder.</li> </ol>	2021 – 2022
<ol style="list-style-type: none"> <li>1. Develop a Transportation Navigation program that coordinates all elements of different agencies providing, or wishing to provide, transport to Everett, Kirkland or Seattle (low to moderate income for prenatal care, behavioral health care and physical and emotional health for disabled). Elements could include: Mobility Management - Wheels to Work program – AppleHealth or Employer-sponsored vans.</li> </ol>	2022
<ol style="list-style-type: none"> <li>1. Further integrate the capabilities at the system-level for Physical Health while remaining aware of barriers presented by ‘Ethical Religious Exemptions or Directives at regional hubs. Current efforts for both systems are to transition Monroe facilities to the same Electronic Health Record, optimize Telehealth and re-evaluate Critical Access Hospital status.</li> <li>2. Address the critical barrier of availability of qualified staff by all 3 physical health providers by working with Everett Community College and PIMA Medical Institute to supply Medical Assistants and Licensed Practical Nurses.</li> </ol>	2022
<ol style="list-style-type: none"> <li>1. Develop a system of care linking the current respite service for the disabled to a Sky Valley supported employment program for the disabled (funded by Washington State Department of Social and Health Services, Division of Vocational Rehabilitation).</li> <li>2. Develop entire continuum of services for abled and disabled layering current respite into supported employment with transportation navigation to complex medical and behavioral health providers.</li> </ol>	2022
<p>Develop the capability within Sky Valley to have tiered provider roles (Lead Agency, Centers of Excellence by Continuum, Single Service Providers). This would initially address gaps through access to funding.</p> <p>Continue to address high use-need services and infill services experiencing unmet service need and unmet need by reducing or eliminating barriers and gaps to service access. This would address gaps in service delivery.</p>	<p>2022-2023: Lead Agency for Human Services funding/ grants</p> <p>2023-2025: Develop complex Continuum for major service categories and service delivery model for Hub &amp; Spoke.</p>