



**Salish Behavioral Health
Administrative Services Organization**

2022

Community Needs Survey Results

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12/27/2022

Overview

The Salish Behavioral Health Administrative Services Organization (SBH-ASO) developed and distributed a community needs survey to solicit information from the communities served by the behavioral health system, including the identification of strengths, needs, and service gaps within the community.

The survey was released on May 25, 2022 and remained open to the community through June 24, 2022. A survey link was shared across SBH-ASO Boards (Advisory and Executive), treatment providers, community-based organizations, and community groups. Partners were encouraged to further post and share the survey link, and the survey link was posted on the SBH-ASO public website. The survey was made available in printable form, and SBH-ASO staff announced during Advisory Board and other public community meetings that SBH-ASO staff were available to assist with completion of the survey via the SBH-ASO Customer Service Line.

Respondents were informed that their responses were anonymous, and all questions provided a response option of “prefer not to answer”.

Survey Respondents

A total of 144 survey responses were returned across the 3-county region (Clallam, Jefferson, and Kitsap County). The majority of survey responses (49.3%) were from respondents identifying as Clallam County residents. Specific county submissions are reflected below in Table 1.

County	Responses		Population
	<i>Number</i>	<i>% Of Total</i>	<i>Compared to % of Regional Population</i>
Clallam	70	49.3%	20.0%
Jefferson	10	7.0%	8.5%
Kitsap	62	43.7%	71.5%
Prefer not to Answer	2		

Table 1

Demographics

Demographic information solicited from respondents included gender identification, age group, racial and/or ethnic group identification, highest level of education and family category/composition.

Gender

The majority of survey respondents across all three counties, identified as female. Regional and specific county responses are reflected below in Table 2.

Gender	All	Clallam	Jefferson	Kitsap
Female	75.2%	81.2%	60%	70.5%
Male	22%	17.4%	40%	24.6%
Gender Variant/Nonconforming/Nonbinary	1.4%	0%	0%	3.3%
Transgender Female	0.7%	1.4%	0%	0%
Transgender Male	0.7%	0%	0%	1.6%

Table 2

Age

Respondents were provided the option of eight age range categories. Two of those categories, “under 13” and “13-17” were not selected by any respondent. Regional and specific county submissions are reflected below in Table 3.

Age Group	All	Clallam	Jefferson	Kitsap
18-24 years	0.7%	0%	0%	1.6%
25-34 years	22.4%	12.9%	10%	33.9%
35-44 years	15.4%	11.4%	20%	19.4%
45-54 years	27.3%	25.7%	50%	25.8%
55-64 years	19.6%	22.9%	10%	17.7%
65 + years	14.7%	27.1%	10%	1.6%

Table 3

Group Identification

Respondents were provided the following list of population groups and asked which group best described them (White, Asian, American Indian/Alaskan Native, Black, Native Hawai’ian/Pacific Islander, Other). The selection of “other” provided the respondent with a write-in option. Examples of write-in responses include: “Asian/White”, “White/Black” and “American Indian/Alaskan Native and White”. Regional and specific county submissions are reflected below in Table 4.

	All	Clallam	Jefferson	Kitsap
American Indian/Alaska Native	3.5%	5.7%	0%	1.6%
Asian	0.7%	1.4%	0%	0%
Black	2.8%	1.4%	0%	4.9%
Native Hawai'ian/Pacific Islander	0%	0%	0%	0%
White	86.5%	88.7%	100%	83.6%
Other	6.5%	2.8%	0%	9.9%

Table 4

Education

Respondents' highest level of education was collected. Survey results indicate that the majority of respondents in each county have a bachelor's degree or higher, with Clallam County at 68.1%, Jefferson County at 80% and Kitsap County at 68.2%. Regional and specific county submissions are reflected below in Table 5.

Highest Level of Education	All	Clallam	Jefferson	Kitsap
Less than High School Completion	0.7%	0.0%	0.0%	1.6%
High School/GED/High School Completion	7.7%	7.2%	0.0%	9.7%
Some College	2.1%	2.9%	0.0%	1.6%
Associate Degree	18.3%	20.3%	20.0%	14.5%
Trade School	2.8%	1.4%	0.0%	4.8%
Bachelor's Degree	40.1%	36.2%	70.0%	40.3%
Master's Degree	23.9%	26.1%	10.0%	24.2%
Ph.D. or Other Advanced Degree	4.2%	5.8%	0.0%	3.2%

Table 5

Family Category/Composition

Respondents were asked which family category/categories they identified with from the list provided. Responses to this survey question were used to identify a subset of survey responses and evaluate the needs of youth and families within the SBH-ASO Community. Regional and specific county responses are reflected below in Table 6.

	All	Clallam	Jefferson	Kitsap
Families of School Age Youth	24.6%	18.9%	42.9%	28.1%
Families of Children with Special Needs	7.5%	7.4%	14.3%	6.7%
Families of Individuals Accessing Behavioral Health Services	20.1%	22.1%	21.4%	18.0%
Pregnant and Parenting Women (PPW)	3.5%	4.2%	0.0%	3.4%
Single Parent Families	11.6%	8.4%	14.3%	14.6%
None of the Above	31.2%	37.9%	7.1%	27.0%
Other	1.5%	1.1%	0.0%	2.2%

Table 6

Information and Utilization

In addition to demographic information, respondents were asked to identify where they have gained information about available behavioral health services in their community and if they have utilized or attempted to utilize behavioral health services in the past 3 years.

Information about Behavioral Health Services

Respondents were asked where they obtain information about behavioral health services in their community. A list of 15 options were provided, in addition to a write-in box. Survey responses indicate that Clallam and Kitsap County respondents are accessing information about behavioral health services through similar means. Jefferson County respondents reported similar themes, however, the percentage of responses that indicated gaining information about behavioral health services through the "Recovery Community" was significantly higher than in both Clallam and Kitsap Counties. Additionally, Jefferson County respondents affirmed a much lower percentage of "The Internet" as the means of gaining this information. Regional and specific county responses are reflected below in Table 7.

Information about Behavioral Health Services	All	Clallam	Jefferson	Kitsap
The Internet	15.6%	17.3%	9.8%	14.9%
Family and Friends	13.6%	13.5%	11.8%	14%
Behavioral Health Provider	11.4%	11.3%	11.8%	11.5%
Social Media (Facebook/Instagram etc.)	9.6%	12%	5.9%	7.7%
Primary Care Provider	9.2%	10.2%	7.8%	8.5%
Community Outreach Providers	9.2%	8.3%	7.8%	10.6%
Recovery Community	7.4%	6%	15.7%	7.2%

Table 7

Services Utilized or Attempted by Respondents in Past 3 Years

Respondents were asked what services, if any, they had utilized or attempted to utilize in the past 3 years. Survey results indicate that the majority of respondents have utilized or attempted to utilize behavioral health services in the past 3 years. Regional and specific county submissions are reflected below in Table 8.

Services Utilized in the Past 3 Years	All	Clallam	Jefferson	Kitsap
Mental Health Treatment Services	36.1%	39.8%	35.7%	32.5%
Substance Use Disorder Services	7.2%	6.0%	7.1%	8.4%
Crisis Line and/or Crisis Outreach Services	6.6%	4.8%	7.1%	8.4%
Opioid Use Disorder Treatment	3.3%	2.4%	7.1%	3.6%
Emergency Department for Behavioral Health Needs	2.7%	1.2%	7.1%	3.6%
School-based Behavioral Health Services	2.2%	2.4%	0%	2.4%
Family Youth System Partner Roundtable (FYSPRT)	1.6%	0%	0%	3.6%
Therapeutic Treatment Court Participation	2.2%	1.2%	0%	3.6%
Other	1.6%	1%	0%	2.4%
None	36.1%	41%	35.7%	31.3%

Table 8

Areas of Identified Unmet Behavioral Health Need

Respondents were asked “How are Behavioral Health (mental health/substance use) treatment and recovery support needs being met in your community?” A list of 26 types of behavioral health treatment services and recovery support services were provided. Respondents were provided with a 5-point scale related to level of perceived unmet or met need: Need Unmet (1), Need Somewhat Unmet (2), Neutral/Unsure (3), Need Somewhat Met (4), Need Met (5).

When aggregating survey responses of “Need Unmet” and “Need Somewhat Unmet”, the top 5 areas of unmet behavioral health needs were identified as: withdrawal management, inpatient mental health treatment, childcare to support treatment, housing support services and residential substance use disorder treatment. Table 9 reflects the percent of responses of either Need Unmet or Need Somewhat Unmet.

Top 5 Areas of Unmet Behavioral Health Needs Identified	
Withdrawal Management	70.7%
Inpatient Mental Health Treatment	68.8%
Childcare to Support Treatment	65.5%
Housing Support Services (Rents and/or Deposits)	65.2%
Residential Substance Use Disorder Treatment	64.7%

Table 9

Respondents were asked to identify what role(s) they had related to the behavioral health system. Examples of answer options included: “an individual with past/current mental health needs”, “parent, family, significant other of someone with substance use needs”, “community member”, “social services provider”, and “behavioral health system administrator/provider”. Survey responses related to perceived community behavioral health needs were organized into two groups: 1) Community Members and Individuals/families with behavioral health needs and 2) Professionals (health care providers/EMS/Legal System). Survey results indicate both groups identified similar unmet needs, with only slight variability. Table 9.a reflects the Top 10 Unmet Needs identified by Individuals, Families and Community Members, while Table 9.b, reflects the Top 10 Unmet Needs identified by Professionals.

Unmet Needs- Identified by Individuals, Families, Other Community Members
Withdrawal Management (“detox”)
Inpatient Mental Health Treatment
Childcare to Support Treatment
Residential (Inpatient) Substance Use Disorder Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Crisis Stabilization
Youth Substance Use Disorder Services
Transportation
Case Management

Table 9.a

Unmet Needs – Identified by Professionals/Legal
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)
Life Skills (Budgeting, Self-care, Housekeeping, etc.)
Transportation
Residential (Inpatient) Substance Use Disorder Treatment
Youth Substance Use Disorder Services
Crisis Stabilization
Relapse Prevention / Wellness

Table 9.b

When reviewing responses by county, there is slight variability in the ranking of unmet need. For example, as reflected in Table 10, Kitsap County respondents did not identify “Residential Substance Use Disorder Treatment” in the list of Top 5 Unmet Needs. Additionally, Kitsap County respondents identified “Life Skills” as a Top 5 Unmet Need, which is not identified as a Top 5 Unmet Need in either Clallam or Jefferson Counties.

Top 5 Unmet Behavioral Health Needs by County		
Clallam	Jefferson	Kitsap
Inpatient Mental Health Treatment	Withdrawal Management (“detox”)	Withdrawal Management (“detox”)
Residential (Inpatient) Substance Use Disorder Treatment	Inpatient Mental Health Treatment	Inpatient Mental Health Treatment
Housing Support Services (Rent and/or Deposits)	Childcare to Support Treatment	Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)	Residential (Inpatient) Substance Use Disorder Treatment	Childcare to Support Treatment
Childcare to Support Treatment	Crisis Stabilization	Life Skills (Budgeting, Self-care, Housekeeping, etc.)

Table 10

Unmet Needs Identified by Specialized Populations

Twenty-six percent (26%) of respondents identified as being a member of a rural and/or frontier community. When reviewing survey responses completed by respondents who identified as being a member of a rural and/or frontier community, the identified top 5 unmet behavioral health needs are similar. Notable differences are the exclusion of Residential Substance Use Disorder Treatment, and the inclusion of both “Youth Substance Use Disorder Services” and “Outpatient Mental Health Treatment”, which tied for the fifth greatest unmet need. Table 11 below reflects the top 5 unmet behavioral health needs identified by rural/frontier community members.

Rural and Frontier Community – Top 5 Unmet Behavioral Health Needs
Inpatient Mental Health Treatment
Childcare to Support Treatment
Housing Support Services (Rent and/or Deposits)
Withdrawal Management (“detox”)
TIED: Youth Substance Use Disorder Services
TIED: Outpatient Mental Health Treatment

Table 11

When reviewing survey responses completed by respondents who identified as being part of a family category that included children, the Top 5 unmet behavioral health needs remain similar to top 5 Unmet Needs Identified in Table 9. The main difference noted is the inclusion of “Crisis Stabilization” services. Table 12 below reflects the Top 5 Unmet Behavioral Health Needs identified by families with children.

Families with Children – Top 5 Unmet Behavioral Health Needs
Withdrawal Management (“detox”)
Childcare to Support Treatment
Inpatient Mental Health Treatment
Crisis Stabilization
Residential (Inpatient) Substance Use Disorder Treatment

Table 12

Substances of Concern

Respondents were asked “How concerned are you about the following substances in your community?” A list of 15 substances were provided. Respondents were provided with a 5-point scale related to level of concern: Not Concerned (1), Somewhat Concerned (2), Neutral/Unsure (3), Somewhat Concerned (4), Very Concerned (5). When reviewing responses of “very concerned”, both Opioids and Methamphetamine ranked either number one or number two for all three counties. Alcohol, benzodiazepines and vaping complete the list for the top 5 substances that respondents were “very concerned” about in their community. Regional and specific county submissions are reflected below in Table 13.

Top 5 Substances: Very Concerned				
	All	Clallam	Jefferson	Kitsap
Opioids (Heroin, Fentanyl, Prescription, etc.)	86.7%	88.2%	77.8%	87.5%
Methamphetamine	83.9%	84.3%	60.0%	88.5%
Alcohol	46.2%	45.7%	50.0%	45.9%
Benzodiazepines (i.e.: Valium, Xanax, Klonopin, Diazepam, Clonazepam, Halcion, Triazolam)	35.7%	32.9%	30.0%	41.0%
Vaping	35.0%	40.0%	30.0%	31.1%

Table 13

Survey Summary and Observations

- I. Observation: There is a disproportionate over-representation of survey responses from Clallam County, with a similar under-representation from Kitsap County (Table 1).

Follow-up: Discuss with Advisory Board and Provider system. Are these differences due to distribution or a need to seek additional forms of communication (such as community press, public service announcements, etc.)?

- II. Observation: There is an under-representation of Jefferson County respondents who identified themselves as being a Person of Color (Table 4). While the percentages are already low in this County, the absence of individuals self-identifying and other than Caucasian is notable.

Follow-up: Similar to Observation I, this finding should be discussed with the Advisory Board and Provider Network. Is there a gap in how Salish BH-ASO is communicating with People of Color? Is this a data gathering issue or reflective of a greater healthcare inequity? Solutions may be found by reaching out to organizations (such as Faith Communities or non-English speaking broadcasting stations) to assess the access to the behavioral health system for People of Color?

- III. Observation: Within Jefferson County, it is noted that in Table 7, a lower-than-average number of respondents indicated the use of the Internet as a way of obtaining information about Behavioral Health. Also, in Jefferson County more people obtained information about Behavioral Health from their "Recovery Community" than from any other sources.

Follow-up: As noted above this observation should be discussed with the Advisory Board and the Provider Network. When taken as a group, do Observation II and Observation III reflect a communication gap or inequity in Jefferson County? Given the impact of Social Determinants of Health, it is important to assure that members of the community are not being inadvertently marginalized.

Also, given the higher use of Recovery Communities to disseminate information in Jefferson County, there may be an opportunity to leverage this by targeting these groups as key partners in communicating issues of interest/concern around Behavioral health issues (especially if communicated in audience appropriate messaging). This also may be considered throughout the 3 Counties.

- IV. Observation: There was a relative consistency across regions, backgrounds (professionals versus community members) related to unmet needs. Withdrawal Management and Inpatient Mental Health Treatment were generally within the highest tier of identified needs. Within the cohort of Rural Respondents, Child Care Assistance and Housing Support Services rose slightly above Withdrawal management as a concern.

Follow-up: Given the relatively different prioritization within the Rural respondents, Salish BH-ASO should look to identify programming that might address the needs of more isolated areas. Additionally, SBH-ASO can ensure a robust housing programs informational campaign to ensure all communities are aware of the support services and behavioral health housing subsidies available.

- V. Observation: Opioids and methamphetamines received the highest number of “very concerned” responses in all 3-counties, rating as the top two (2) substances of concern. Table 13 did not break out Fentanyl as a discrete choice. Hence, Opiates as a group may not reflect the current concern about this high-risk agent.

Follow-up: Consider amending the table in 2023 to break out Fentanyl as a substance of concern.