



STATE OF WASHINGTON  
DEPARTMENT OF COMMERCE

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March 8, 2023

Dear Gov. Inslee and Washington State Legislators,

Please find attached the second phase of the master planning report authorized by the 2022 supplemental operating budget ([SSB 5651 Sec. 1031](#)) subject to the following conditions and limitations:

- (1) The appropriation in this section is provided solely for an agreement with Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family centered drug treatment and housing program in western Washington that supports families staying together while they recover from addiction and rebuild their lives. Housing developers, service providers, and other stakeholders must be included in this master planning process.
- (2) The master planning process under this section must model the project to be developed after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder and that are involved in the child welfare system. The site must include living quarters for families, space for services, play areas for children, and space for child care. The program services located at the site must include, but are not limited to, case management, counseling, substance use disorder treatment, and parenting skills classes. The site must be located in King County, or located near King County, to provide services to families in the western area of the state.
- (3) Phase two of the planning process must: Further define the community needs; work with the department, the health care authority, and the department of children, youth, and families in identifying a sponsoring agency or organization and service partners; make preferred site recommendations; determine the project budget and establish the model and sources for funding the program located in the facility, including the conditions for sustainable funding; and include additional components identified by Catholic Community Services/Catholic Housing Services or its consultants needed to prepare for a 2023-2025 biennium capital budget request.
- (4) The master plan developed under this section must be submitted to the appropriate committees of the legislature by December 31, 2022.

Commerce contracted with Catholic Community Services/Catholic Housing Services of Western Washington to satisfy the proviso requirements. The attached report is Catholic Community Services/Catholic Housing Services' sole work product. It reflects the Rising Strong program in Spokane. Commerce will consider the findings and recommendations herein for future programmatic and community funding investments.

Signed,

*Oliver Crain*

Oliver Crain  
Policy Contracts Manager, Housing Division  
Washington State Department of Commerce

# Rising Strong West Master Plan Phase 2



Authorized by 2021-2022 capital budget (Chapter 296, Laws of 2022)

**HOUSING DIVISION**

March 8, 2023

Report to the Legislature

**Interim Director Kendrick Stewart**

# Acknowledgments

An acknowledgment to Tasha Irvine, Milena Stott and Elizabeth Perry of Principle Allies for their hard work and dedication to the development of this report.

A special acknowledgment to Catholic Charities Eastern Washington and the committed team at Rising Strong Spokane. Thank you also to the staff of Catholic Community Services and Catholic Housing Services of Western Washington for their active engagement in the planning process.

An additional special acknowledgment to the state agencies and members of the Stakeholder Workgroup, whose support was crucial to the creation of this report.

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**Washington State Department of Commerce**  
Oliver Crain, policy contracts manager

HOUSING DIVISION

1011 Plum St. SE  
P.O. Box 42525  
Olympia, WA 98504-2525

[www.commerce.wa.gov](http://www.commerce.wa.gov)

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# Executive summary

## Overview

### Purpose and authorization

Starting in 2021, a series of legislative provisos were included in the capital budget that provided funding to Catholic Community Services/Capital Housing Services for a master planning process to develop a family-centered drug treatment and housing program in Western Washington that supports families staying together while they recover from addiction and rebuild their lives ([Chapter 332, Laws of 2021](#), Sec. 1082, and most recently [Chapter 296, Laws of 2022](#), Sec. 1031).

The legislation required the program be modeled after Rising Strong in Spokane, a Catholic Charities Eastern Washington program, and include units for families experiencing homelessness, substance use disorder (SUD) and that are involved in the child welfare system.

### Legislative mandate

This report was authorized by Sec. 1031 of [Chapter 296, Laws of 2022](#) (the 2022 capital budget), which states:

Substance Use Disorder Recovery Housing (91001675)

The appropriation in this section is subject to the following conditions and limitations:

- (1) The appropriation in this section is provided solely for an agreement with Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family-centered drug treatment and housing program in western Washington that supports families staying together while they recover from addiction and rebuild their lives. Housing developers, service providers, and other stakeholders must be included in this master planning process.
- (2) The master planning process under this section must model the project to be developed after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder and that are involved in the child welfare system. The site must include living quarters for families, space for services, play areas for children, and space for child care. The program services located at the site must include, but are not limited to, case management, counseling, substance use disorder treatment, and parenting skills classes. The site must be located in King County, or located near King County, to provide services to families in the western area of the state.
- (3) Phase two of the planning process must:  
  
Further define the community needs; work with the department, the health care authority, and the department of children, youth, and families in identifying a sponsoring agency or organization and service partners, make preferred site recommendations; determine the project budget and establish the model and sources for funding the program located in the facility, including the conditions for sustainable funding; and include additional components identified by Catholic Community Services/Catholic Housing Services or its consultants needed to prepare for a 2023-2025 biennium capital budget request.
- (4) The master plan developed under this section must be submitted to the appropriate committees of the legislature by December 31, 2022.

### What is Rising Strong?

Rising Strong is a holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

## Key findings

This master planning process included interviews with stakeholders from various state and county agencies, managed care organizations (MCOs), and potential partners, as well as in-depth site visits and analysis of the Spokane program. Strong interest in this model stems from the potential for cross-sector cost savings and client outcomes, which are necessary for overall community health.

- **The need for the Rising Strong program is great.** The Department of Children, Youth, and Families (DCYF) sees neglect and parental substance abuse as top contributing factors for child removal. Statewide, more than 43% of children entering out-of-home care (OOHC) experienced parental substance abuse in 2021. The youngest are more impacted by SUD. In 2020, 68% of infants entering OOHC had parental SUD as a contributing factor; of newborns placed, 47% were in King, Pierce, and Spokane counties.
- **Western Washington lacks facilities to provide family-centered SUD treatment.** The region does not have programs where families can stay together while recovering from SUD. There is not enough care for this vulnerable pregnant, postpartum, and/or parenting women (PPW) population in Western Washington, and available options are generally located on the other side of the state, a major barrier to treatment.
- **The Rising Strong approach aligns with many shared goals.** These goals include cross-system collaboration, reducing barriers to services, aligning with Coordinated Entry's focus on permanent supportive housing, and Health Care Authority (HCA) integrated care objectives.

Highlights of strengths, weaknesses, opportunities, and threats (SWOT) for both the clinical and financial model of the program are summarized below:

**Figure 1: SWOT Analysis**

<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Keeps families together per the Family First Prevention Services Act (FFPSA)</li> <li>• Culturally centered approach</li> <li>• Health and housing partnership addressing the service and housing needs of families</li> <li>• Social and medical model for comprehensive family services</li> <li>• Considers the entire treatment, housing, and services continuum, including employment and transportation</li> <li>• MCOs have a strong interest in value-based programs that align these components</li> <li>• Cross-system collaboration addresses barriers between systems to ensure outcomes</li> <li>• Aligns with Coordinated Entry goals to secure permanent housing</li> <li>• Aligns with HCA goals of integrated care</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Challenging to find and blend funds that pay for the holistic nature of the model</li> <li>• Access is high barrier, as a pending out-of-home placement is required for program entry</li> <li>• Limited capacity to serve all families in need</li> <li>• Development and startup funding provided by local philanthropy was foundational to the program and expensive to replicate</li> <li>• Requires high medical service thresholds to finance the program due to lack of other operations fund sources</li> <li>• Dependency on the availability of permanent supportive housing upon program exit for some families and access to affordable housing for the rest</li> <li>• Challenging to coordinate the five MCOs</li> </ul>
<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Foster Care Enhancement Payments</li> <li>• PPW provider need in King County</li> <li>• Potential funds for new perinatal SUD initiatives</li> <li>• Blended funding</li> <li>• Fund stack for services and operations</li> <li>• MCOs are considering milieu management benefit</li> <li>• Involves HCA in coordinating MCO benefits</li> <li>• Capital development grants for rehabilitation and new construction</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Sustainable funding: Reunification results in loss of foster care payments while the family's need for services continues</li> <li>• Gaps in funding for care navigation to ensure continuity across settings</li> <li>• Competition across vulnerable populations (housing first versus recovery housing)</li> <li>• "Not in my backyard" (NIMBY) concerns</li> <li>• Limited behavioral health workforce</li> <li>• Western Washington construction costs are high</li> <li>• The pipeline for training behavioral health workers is slow, given the high demand</li> <li>• Operator capacity, knowledge, and resources</li> </ul>

## Recommendations and conclusions

- The Rising Strong model is a unique solution to an ongoing challenge of creating positive outcomes for families at risk of child removal due to parental SUD. This report builds on the [2021 Master Plan Phase 1](#) by validating the community need, documenting the results of cross-agency collaboration, updating the financial model, and making a preferred site and operator recommendation.
- As a result of this process, DCYF included a \$13.4 million capital funding request for Rising Strong West in the 2023-25 capital budget. Following the analysis of facility and operator criteria, this report recommends that Evergreen Recovery Centers in Everett be named the inaugural developer and operator of the program in Western Washington, with a capacity of serving 24 families.
- In addition to filling a vital need in the state, this program also aligns with the focus on maternal and infant health priorities of the governor's office, HCA and DCYF.
- Evergreen Recovery Centers is recommended as the inaugural operator in Western Washington. Not only does the organization have appropriate land, but the agency is also an experienced facility developer and respected provider of family mental and behavioral health services.
- The stakeholder workgroup process identified/finalized the facility type and related funding sources for the program. More work must be done to codify these sources so that additional Rising Strong programs can be opened in other parts of the state.

## Next steps

To successfully launch Rising Strong in Western Washington, key system partners must continue collaborating on implementation, particularly sustainable operating funds. The following steps are recommended to ensure the ongoing development of a coordinated and successful model:

1. Garner support for the DCYF capital request in the 2023-25 legislative session, including engaging legislators and staff that expressed interest during the 2022 workshops.
2. Pending approval of the capital request, convene an advisory committee consisting of the named operator, relevant state agencies, MCOs, and community members to support the program's implementation. State agencies should include, but not be limited to, DCYF, HCA, Commerce, and the Office of Public Defense. The work of this committee would consist of an ongoing study of the program impact, including a review of the results of the Washington State University-Regional Partnership Grant (WSU-RPG) study of the Spokane program and a collaborative design of outcomes and fiscal savings metrics with HCA and DCYF.
3. Pending approval of the capital request, engage the private sector and philanthropic organizations for startup technical assistance funding.

The following additional steps will support the ongoing operation of Rising Strong Spokane and Rising Strong West and will pave the way for organizations to launch multiple Rising Strong programs in other regions of the state where the need is high:

4. Pursue operational funding for services not covered by Medicaid or Foster Care Enhancement by leveraging the Family First Preservation Services Act (FFPSA), Title IV-E funds, or other DCYF sources.



5. Develop a facility definition for Rising Strong in the Washington Administrative Code (WAC) that maintains program fidelity while clarifying available capital funding sources in the future.
6. Create a “Rising Strong Trust Fund” to encourage operators in other parts of the state to develop regional programs.
7. Continue to examine the possibility of pursuing additional sites (such as Red Barn Ranch in King County and Amara in Pierce County) to meet the high demand for the program.

# Introduction

## Background

Starting in 2021, a series of legislative provisos were included in the capital budget ([Chapter 332, Laws of 2021](#), Sec. 1082) that provided funding to Catholic Community Services/Capital Housing Services for a master planning process to develop a family-centered drug treatment and housing program in Western Washington that supports families staying together while they recover from addiction and rebuild their lives. The legislation required the program to be modeled after Rising Strong in Spokane, a Catholic Charities Eastern Washington program, and include units for families experiencing homelessness, SUD and involved in the child welfare system.

The December 2021 [Master Plan Phase 1](#) analyzed the feasibility of siting a Rising Strong program in the Historic Nurses Quarters Buildings at the Pacific Tower Campus on the north end of Beacon Hill in Seattle. This project compared this rehabilitation option with a new construction option. The 2021 Master Plan Phase 1 concluded that while the need for the program was high, the Pacific Tower location was not a cost-effective solution because it would serve fewer families at a higher cost. However, the new construction option was promising.

In 2022, the proviso was amended to include further analysis of the options for opening a Rising Strong program, keeping in mind the conclusions of the 2021 report around new construction and specific operator requirements to ensure program fidelity and sustainability ([Chapter 296, Laws of 2022](#), Sec. 1031). In addition, this proviso required the second phase to:

- Further define the community's needs
- Work with the Department of Commerce, the Health Care Authority (HCA), and the Department of Children, Youth and Families (DCYF) in identifying a sponsoring agency or organization and service partners
- Make preferred site recommendations
- Determine the project budget and establish the model and sources for funding the program located in the facility, including the conditions for sustainable funding
- Include additional components identified by Catholic Community Services/Catholic Housing Services or its consultants needed to prepare for a 2023-25 biennium capital budget request.

This Master Plan Phase 2 is the conclusion of this project's second phase and must be submitted to the appropriate committees of the legislature by December 31, 2022. A glossary of terms and acronyms is in [Appendix A](#).

## Project team and stakeholder workgroup

Catholic Community Services/Catholic Housing Services contracted with Principle Allies to lead the project. Principle Allies convened a State Stakeholder Workgroup that met bimonthly starting in June 2022. This Workgroup included representatives from state agencies, legislative members and their staff, the criminal justice system, regional service operators, MCOs and community advocates. See [Appendix B](#) for a complete list of the State Stakeholder Workgroup.

This Workgroup worked on identifying and addressing barriers to implementation, aligning a coordinated system of care, determining sustainable funding, sourcing capital funding, and evaluating potential facility locations and operators.

## What is Rising Strong West?

In 2017, Catholic Charities Eastern Washington developed and launched the Rising Strong program in Spokane with the support of a Children’s Bureau Regional Partnership Grant to positively change outcomes for families at risk of child removal due to parental SUD. As an alternative to removing children from their parent’s care, and revolving door crisis care, Rising Strong is a holistic family-centered treatment and housing program for at-risk families that enables children and parents to stay together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

The program goals include:

- Improve the well-being, permanency, and safety of children impacted by family substance use
- Decrease the number of children in out-of-home placements
- Significantly reduce or eliminate family separation by serving the entire family
- Reduce trauma exposure and impacts on children and enhance parent treatment success
- Timely and enduring family reunification

Because of the program's positive impact in the Spokane location, the legislature is exploring how to duplicate and bring this program to Western Washington. This program has thus been named “Rising Strong West.”

## Goals

The purposes of this report are:

- Validate the need for family-centered treatment in Western Washington
- Document the key elements of the Rising Strong program that are required to duplicate the positive outcomes
- Determine the points of interagency collaboration to ensure successful program implementation
- Recommend a preferred site and operator
- Outline the project budget, source capital for site construction, and determine sustainable operational funding.

Because of its connection to Rising Strong Spokane, the legislative proviso named Catholic Community Services/Catholic Housing Services (CCS/CHS) to lead the development of this Phase 2 Master Plan. However, CCS/CHS intends for this report and the [2021 Master Plan Phase 1](#) to serve as a blueprint for other organizations interested in operating the Rising Strong West model in other parts of the state.

# Master Plan Phase 2

## Community and population need

### Population profile and eligibility

SUD during pregnancy and/or after birth increases the risk of adverse social and health outcomes for mothers, their children, and other family members. The intersection of maternal health, trauma, homelessness, SUDs, family violence, child neglect, and out-of-home placement contributes greatly to Adverse Child Experiences (ACEs). This challenge's expensive and complex nature requires cross-sector collaboration across state agencies to ensure programs within those agencies work together to ensure positive and desired outcomes. The Rising Strong model and this work is a blueprint for this important collaboration.

The state of Washington's DCYF has embraced the vision of the Families First Prevention Services Act (FFPSA), which allows states to use federal Title IV-E funds to deliver prevention services to families with children at risk of entering foster care. Similarly, the Health Care Authority (HCA) has a Pregnant and Postpartum Women (PPW) benefit design that supports the family unit. Together they work to respond to the needs of families challenged by substance use and other health challenges.

### SUD among child welfare-involved caregivers

The Washington State Department of Social and Human Services (DSHS) Research and Data Analysis (RDA) Division conducted several analyses focused on SUD. In one report, they looked at caregivers involved in child welfare, including patterns of SUD, out-of-home placement, and access to treatment. The report found that 58% of caregivers with out-of-home placements had a SUD in the year before the child's removal, and only 39% had any SUD treatment in the 12 months following CPS intake or removal.

DCYF sees Neglect and Parent Substance Abuse as top contributing factors for child removal. Statewide, more than 1,664 (43%) children entering Out-of-Home Care (OOHC) experienced parental substance abuse in 2021. The youngest are more impacted by SUD. In 2020 68% of infants entering OOHC had Parental SUD as a contributing factor. That year 585 newborns were placed in their first 30 days due to parental substance abuse, 47% of which were in King, Pierce, and Spokane Counties.

### Behavioral health treatment needs and outcomes among Medicaid-enrolled children

The state also looks at comparative data of all children on Medicaid and those in foster care. Current reports indicate that of all children on Medicaid, 22% have a documented case of abuse or neglect. The data shows a significantly higher prevalence of behavioral health (BH) conditions for youth in foster care. The full report and detailed tables are found on the [Children's BH Dashboard](#). Of the children enrolled in Wraparound with Intensive Services (WISe), a specialty BH program, 71% are in Foster Care (576/807). Just under 5% of all foster care children enroll in WISe.

The current system is designed to provide services for each individual rather than the family unit, and even when services are available, access and coordination remain challenging and result in gaps in care and poor outcomes. In the case of child-welfare-involved mothers, a relapse, or recurrent substance abuse, has negative outcomes and implications for the health, education, child welfare systems, and housing settings. Rising Strong works to combine services for the family unit across those systems. There is not enough care for this

vulnerable pregnant, postpartum, and/or parenting women population in Western Washington, and available options are generally located on the other side of the state, which is a major barrier to treatment.

## Program structure and licensing

### Program structure

Rising Strong is designated as a homeless emergency shelter and congregate-living program staffed by Family Skills Coaches. The Coaches, who are often peers, provide supervision and conflict management and support the daily structure of the milieu by ensuring and modeling activities of daily living. While the program is staffed 24/7, the clinical staff provides outpatient services during regular business hours. The “shelter” is a stand-alone facility run and operated by the service provider. This provider is also the program entity and is licensed as a Behavioral Health Agency (BHA) by the state of Washington. Because the program allows entry for all family members, Medical Necessity Criteria are not required to be met for program entry, and it is therefore not considered a Residential Treatment Facility (RTF).

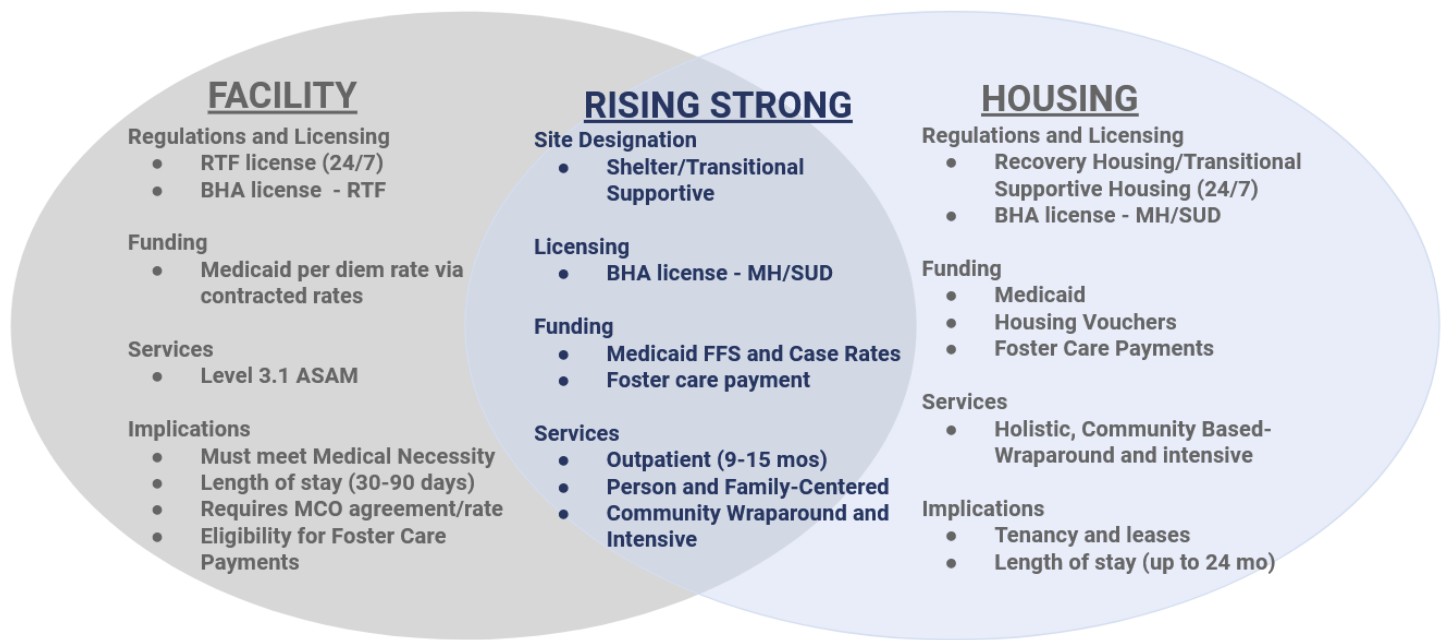
### Referral and access

Like all others who seek sober living environments, families entering the Rising Strong program are seeking an environment where their choice is to participate together in an abstinence-focused and peer-supported community. As safety is a concern in the dependency process, families opt into the program and depend on the program structure to support their recovery goals and the safety needs of the children. The program blends the philosophies of permanent supportive housing, harm-reduction, low-barrier, strengths-based, and trauma-informed programming with elements of structure and facilitation around relapse to ensure the safety of all family members.

### Licensing

Program design and populations served have implications for program funding and licensing. Rising Strong has intentionally not pursued a residential treatment facility (RTF) license. Instead, it operates as a shelter that does not require a license. The primary reason for this is that residents need to keep their status of being “homeless” or “at risk of homelessness” to qualify for permanent supportive housing at program exit. The Rising Strong model is a unique hybrid of health and housing services that allows for blending fund sources across three state agencies. Finally, on-site child care is offered on a time-limited, drop-in basis, so a child care license is not required. This also has implications for funding as some payers (Pregnant and Postpartum Women program (PPW), for example) require licensed providers for reimbursement.

**Figure 2: Rising Strong West program setting - facility versus housing**



## Program description

The Rising Strong West project seeks to replicate aspects of the Rising Strong Spokane program that have been identified as effective in delivering services and promoting resident recovery. The proposed mission, program philosophy, entry requirements, and services are modeled directly from the Rising Strong Spokane program.

## Program mission

Rising Strong is a holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

## Entry criteria and eligibility

To be eligible for the program, residents must be involved in the dependency process and experiencing homelessness or housing instability. Residents must also be willing and able to participate in treatment. Admission to the program is determined solely by Rising Strong in collaboration with the Family Dependency Treatment Court team and the DCYF caseworker. If all parties are in agreement, a referral is made to the program at the initial shelter care hearing.

## Core program elements and philosophy

- Safe housing** - The program provides safe, out-of-home placement to facilitate family reunification. Housing is based on a shelter/transitional housing model with the long-term goal of residents transitioning into permanent housing upon graduation from the program, on average 12 months.
- Substance abuse recovery** - The abstinence-focused program supports access to medication-assisted treatment (MAT). Residents are supported in avoiding and responding to relapse to ensure child and family safety. Substance abuse services are provided on-site for adults and teens, including non-medically assisted withdrawal support and recovery coaching.

- **Clinical support** - Mental health assessments and services are provided on-site for adults and are designed based on the identified need, including medication and clinician-led services (i.e., cognitive behavioral therapy and contingency management).
- **Child assessment, treatment, and services** - All children receive comprehensive age-appropriate assessment, treatment, and services, including mental health services, educational support, high-quality child care, and recreational activities. Many children enroll in WISE to support cross-system navigation, mental, behavioral, and developmental conditions, school success, and minimizing the impact of ACEs. More information about the [WISE program is available online](#).
- **Integrated family treatment** - Services are provided to parents and children together to promote family healing and functioning. Parents are engaged and develop skills through evidence-based parenting programs. Family coaches support supervision and skills development for daily living skills.
- **Education and employment** - Education support for adults and children based on the identified need. The program includes a structured employment program and often includes specific volunteer and paid employment opportunities as part of the program.
- **After-care and long-term housing** - Residents receive assistance transitioning to long-term, affordable housing with ongoing support and services provided to program graduates.

For a complete description of program phases and key partnerships, please see [2021 Master Plan Phase 1](#) (pages 26 and 28).

## Staffing model

Rising Strong utilizes a robust, person-centered staffing model focusing on recovery, healing, and skill-building. The staffing model is built on the unique needs of the residents across the family unit and leverages the role and inclusion of peers in promoting a healthy recovery environment.

Staff positions are broken down by program area for program fidelity and billing purposes. The multi-disciplinary, wraparound team includes the following roles:

## Rising Strong

- **Rising Strong program director** - Provides director-level leadership of Rising Strong specific aspects of the program, including planning, developing, and implementing programs, budget management and grant and funding oversight.
- **Program manager** - Oversees implementation and day-to-day management of the Rising Strong program, including staff onboarding, training, and supervision, and acts as a conduit between clinical and operational teams to ensure cohesive partnerships. Directly oversees the implementation of grants and other contracted and operational funding sources.
- **Administrative triage specialist** - Provides support and coordination to Rising Strong leadership and staff, supervises all transportation logistics, monitors and tracks all individuals entering the building, oversees all supplies and supports random urinalysis processes.

- **Partnership/operations coordinator** - Screens all potential families for enrollment in direct partnership with the contracted referral coordinator and conducts all program intakes. Throughout a family's enrollment, monitors and supports families with ongoing compliance with operational and clinical programming requirements; supervises the coordination of transportation, appointments, and other resources; acts as a conduit for information sharing between DCYF/courts and other partnership agencies supporting families.
- **Family skills coaches** - Provide program milieu monitoring and management and engage with residents in practical skill-building activities such as cooking, child care, and other activities. Provide daily life skills and problem-solving coaching; conduct room searches/night bed checks, support urinalyses and help to facilitate transportation to and from appointments with families.

## Wraparound with Intensive Services (WISe)

- **Clinical director** - Provides administrative leadership for clinical aspects of the program as well as clinical oversight and supervision of the behavioral health providers.
- **WISe program director** - Oversees implementation and day-to-day management and integration of the WISe program and services, provides oversight and supervision for child-focused supports and monitors the fidelity of WISe services for the Team.
- **Masters-level mental health therapist** - Leads therapeutic groups and voluntary individual and family mental health therapy.
- **Peer supports** - Individuals with lived experience who lead groups and engage in individual peer support with residents. Peers have a recovery focus and support parents with recovery-based services and Narcotics Anonymous meetings. Due to the mission of Rising Strong, recovery peers are an integral part of the WISe teams.
- **Family peers: early risers** - Individuals with lived experience who work with families and children in the Early Risers program and provide day-to-day family support, including facilitating transportation to appointments with families.
- **Care coordinators** - Manage program referrals and facilitate program entry, provide ongoing coordination with partner agencies involved with families and support care and planning for child-focused services. Provide support for families in adhering to court-ordered services. They also facilitate weekly and monthly reporting to external partners, attend all court proceedings, and implement all state-required WISe services.

## Foundational Community Support services (FCS)

- **FCS employment case manager** - Assists residents with finding and maintaining employment.
- **FCS housing case manager** - Assists residents with their housing search and provides stabilization services in preparation for discharge from the program.



## Behavioral health services

- **Clinical director** - Provides administrative leadership for clinical aspects of the program as well as clinical oversight and supervision of the behavioral health providers.
- **Masters-level mental health therapist** - Leads therapeutic groups and voluntary individual and family mental health therapy.
- **SUD providers** - Lead recovery-focused groups and offer individual SUD counseling; provide independent reporting to the courts for dependency case SUD compliance; monitor all UA's conducted and facilitate SUD reassessments as needed.

**Table 1: Staffing model and expense**

Staff position	Program	Planned FTE	Est. salary	Total expense
Rising Strong program director	Rising Strong	1	\$95,000	\$95,000
Program manager	Rising Strong	0.5	\$75,000	\$37,500
Administrative triage specialist	Rising Strong	0.5	\$50,000	\$25,000
Partnership/operations coordinator	Rising Strong	0.5	\$55,000	\$27,500
Family skills coaches (day, swing and overnight)	Rising Strong	14	\$50,000	\$700,000
<b>Rising Strong subtotal</b>		<b>16.5</b>		<b>\$885,000</b>
FCS employment program coordinator	FCS	0.5	\$55,000	\$27,500
FCS housing program coordinator	FCS	0.5	\$55,000	\$27,500
<b>FCS subtotal</b>		<b>1.0</b>		<b>\$55,000</b>
Clinical director	WISe	0.25	\$115,000	\$28,750
Master-level mental health therapist	WISe	0.75	\$85,000	\$63,750
WISe program director	WISe	0.5	\$75,000	\$37,500
Peer supports	WISe	2	\$55,000	\$110,000
Family peers: early risers	WISe	2	\$55,000	\$110,000
Care coordinators	WISe	2	\$55,000	\$110,000
<b>WISe subtotal</b>		<b>7.5</b>		<b>\$460,000</b>
Clinical director	BH Services	0.25	\$115,000	\$28,750
Master-level mental health therapist	BH Services	0.25	\$85,000	\$21,250
SUD provider	BH Services	1.5	\$75,000	\$112,500
<b>BH services subtotal</b>		<b>2.0</b>		<b>\$162,500</b>
<b>Total staff</b>		<b>27</b>		<b>\$1,562,500</b>

# Facility criteria

## Facility and program interdependence

In Phase I of this project, extensive interviews and an in-person visit to the Rising Strong Spokane facility demonstrated the interdependence between the facility and program design. The facility is configured as a group living, dormitory-style environment with communal kitchens, bathrooms and living spaces, allowing the Family Skills Coaches to work hand-in-hand with the families on their homebuilding and parenting skills, as well as for residents to benefit from peer support in their recovery. In addition, spaces on-site for child care, individual treatment and group meetings are essential. To support community-building and recovery, ideally, the environment would be welcoming and cozy in contrast to typical institutional settings.

## Facility characteristics

Full residential facility requirements are outlined in the [2021 Master Plan Phase 1](#) (pages 13-15). Highlights include rooms large enough for at least two occupants (for example, parent and child), one communal kitchen per six families, communal laundry, commercial laundry for program needs, meeting spaces, staff offices, staff break and overnight shift space, residential storage (particularly for large items such as strollers and car seats), clear lines of sight, and controlled entry and exit to ensure safety.

## Facility design and construction costs

The [2021 Master Plan Phase 1](#) included construction cost estimates based on a conceptual new construction design of a 12,600-square-foot facility that meets these facility specifications (pages 77-89). This facility will serve 24 households, including 36 total children. These estimates were used to develop a capital request by DCYF for the 2023-24 biennium. The capital budget is outlined further in the [Financial pro forma and budget section](#).

# Operator selection criteria

## Operator selection

Potential program operators must be able to offer a specific suite of services required in the Rising Strong program, either directly or by partnering with other service providers. The following checklist outlines the desired qualifications that can be used as components of a future RFP process if needed.

**Table 2: Operator qualification checklist**

Desired qualification	Rationale
Facility development experience	The program is being created with new construction and requires development oversight from the service provider.
Behavioral health service provider with SUD expertise	SUD and related behavioral health services are required to participate in the Rising Strong program. Furthermore, individuals with SUD need specific support in creating a living environment that supports their recovery. Medically assisted treatment (MAT) and coordination with pharmacotherapy providers are offered.
Mental health service provider	Residents typically require mental health care to support their SUD recovery, as earlier trauma might have contributed to initial substance use.
Infant and child mental health expertise	Families frequently include infants that require mental health support to stabilize their situation.

Desired qualification	Rationale
WISe service experience	Wraparound services for children are a core component of the service package.
Shelter or residential experience	Safe and secure residential facilities are key to program outcomes.
Child care experience	Parents rely on on-site, drop-in child care to pursue their treatment.
Community partnerships and referral network	Established partnerships with community service providers and local government agencies ensure any specialized support (i.e., culturally specific care) can be contracted.
Staff management	Track record of hiring, developing, supervising, training, and retaining staff to ensure stable service offerings.
Complex billing experience	Because revenue for the program comes from a variety of sources, the provider needs to be able to manage this complexity.
Relationships with MCOs	Most, if not all, residents rely on Medicaid for health care.
Organizational infrastructure	The use of electronic medical records, outcome measurement, strong policies and procedures, and adequate licensing and regulatory qualifications underpin the provision of services.
Financial stability	Indicators of financial stability - a balanced budget, fiscal reserves and financial oversight ensure the program's longevity.

## Environmental scan

### Process

As part of the process of identifying a location for the RSW facility that promotes an optimal environment for resident healing and recovery, we conducted site visits and environmental scans of three potential locations. Phase 1 focused solely on King County; based on feedback from the advisory group, we added sites in Snohomish and Pierce County. The purpose of the site visits was to gain first-hand knowledge of the strengths and limitations of each site and surrounding area. In the first phase, the Technical and Advisory Support Team and other stakeholders identified services and environmental factors critical to creating a successful program. A sample of the desired environmental factors and components and the strengths of each site are below. The full Environmental Scan can be found in [Appendix C](#).

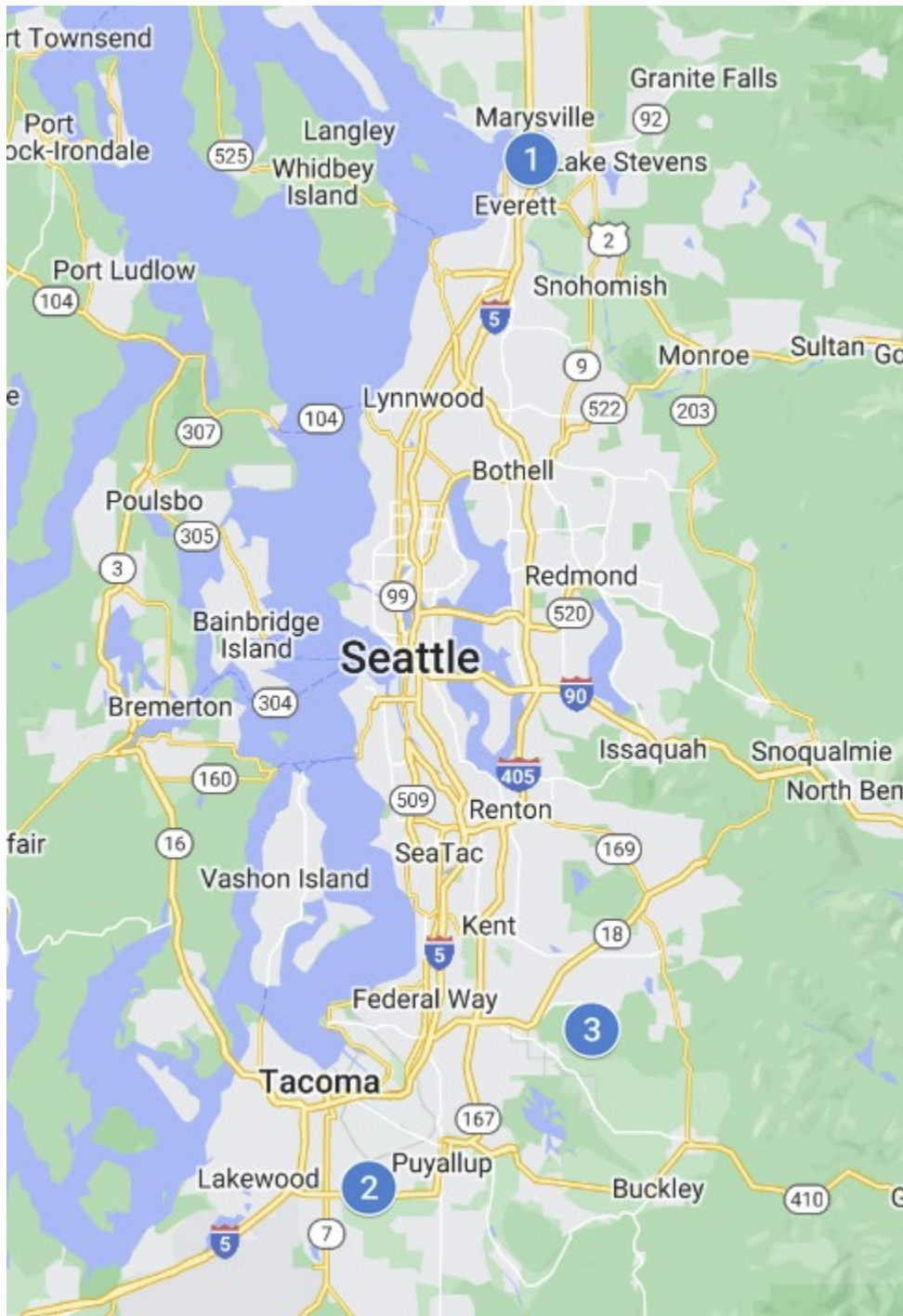
**Table 3: Environmental scan**

Desired environmental components	Amara Pierce County	Evergreen Recovery Snohomish County	Red Barn Ranch South King County
Property that can accommodate a 13,000-square-foot building	Unknown - Feasibility Study and Cultural Assessment are in progress	Yes	Unknown - Planned use of the property is unknown
Facility developer	No	Strong interest	No
Operator	No Catholic Community Services of Western Washington has shown interest as a potential provider of WISE services	Strong interest	No
Access to public transportation	Limited	Yes	No
Access to social services and other community resources	Yes	Yes	Limited
Access to nature and greenspace for nature-based recovery activities and play areas	Yes	Limited	Yes

**Table 4: Site risks and potential mitigation**

Site	Risk	Mitigation
Amara, Pierce County	The outcome of the Feasibility Study and Cultural Assessment is currently unknown	Dependent on the results of the Feasibility Study and Cultural Assessment
	No identified operator or developer	Continue searching for an operator and developer if a site is selected
	Siting facility outside of King County could limit program access for King County residents	Designate priority beds for King County residents
Evergreen Recovery Center, Snohomish County	Siting facility outside of King County could limit program access for King County residents	Develop a process for fair distribution of capacity among Snohomish, King and Pierce Counties
Red Barn Ranch, King County	Planned use is unknown at this time - unable to obtain information	Continue trying to obtain information
	No identified operator or developer	Continue searching for an operator and developer if a site is selected
	Isolated location with no access to public transportation	Collaboration with King County transit for increased transportation options

**Figure 3: Map of sites under consideration**



- 1 Evergreen Recovery Centers
- 2 Amara
- 3 Red Barn Ranch

## Site and operator recommendation

Based on the preceding sections, which outline the facility criteria, operator selection criteria and environmental scan, this report recommends that [Evergreen Recovery Centers](#) in Everett is the preferred inaugural service provider in Western Washington.

### Facility

Not only does Evergreen Recovery Centers have available, commercially zoned, shovel-ready land, but the available site is also located across the street from the organization's existing PPW program, which includes a major new capital project. The new development houses treatment spaces, licensed child care, and a neonatal intensive care unit, which are highly compatible with the Rising Strong program. These additional facilities will augment the services already planned for Rising Strong.

### Operator criteria

Evergreen Recovery Centers has not just the service experience, it is also an experienced developer of capital projects. The management team maintains excellent and close relationships with the community, elected officials, county agencies and other regional service providers. Long-term relationships with the MCOs and experience handling complex billing arrangements will also serve in the launch of a new Rising Strong program. While Evergreen Recovery Centers does not have direct WISE service experience, it provides similar infant and child mental health services and is familiar with the WISE model. Furthermore, Catholic Community Services in Snohomish County is an experienced WISE service provider and has offered support to Evergreen Recovery Centers in the program's startup.

### Environmental factors

This location in urban Snohomish County is very convenient to the interstate and public transportation, allowing clients to commute, when necessary, to appointments in King and Pierce counties.

### Coordinated entry challenges

The primary challenge of siting the program at Evergreen Recovery Centers relates to access to coordinated entry in other counties. If a homeless household originally from outside Snohomish County is residing at the facility, it may complicate their ability to access the coordinated entry process of their county of origin if they are not actively residing in that county. For example, if a household from Pierce or King resides at the program in Snohomish, Pierce or King County may exclude them from coordinated entry enrollment and assessment since they do not actively reside in Pierce or King County. This may also impact access to homeless crisis response resources in the county of origin during and/or after their stay in the program.

## Expected program outcomes and impact

Preliminary Rising Strong Spokane program data from its staff indicates positive program outcomes. For example, two-thirds of families successfully exit the program, and more than 80% complete their treatment requirements. For those who don't complete the program, exit reasons include: a higher level of care needed, dependency case successfully closed, program violations involving safety concerns, or the family no longer feels the program meets their needs. It is anticipated that the Rising Strong model will also have a positive impact on the following program goals:

- Improve the well-being, permanency and safety of children impacted by family substance use
- Decrease the number of children in out-of-home placements
- Significantly reduce or eliminate family separation by serving the entire family



- Reduce trauma exposure and impacts on children and enhance parental treatment success
- Timely and enduring family reunification

To measure the impact of the Rising Strong Program, Catholic Charities Eastern Washington in Spokane is partnering with Washington State University (WSU) in a five-year Regional Partnership Grant (RPG). The RPG in 2017, and WSU began studying the program's impact immediately upon the launch of the Rising Strong program. The study is structured as a quasi-experimental outcome study. The study group of 150 families will receive the entire scope of services for twelve to eighteen months, and the comparison group of 150 families will receive typical services. Currently, longitudinal data is being collected, and the outcome of the study, and program impact, are unknown. Rising Strong Spokane will receive the data in the fall of 2023, delayed a year due to the pandemic.

Measuring program success could be an ongoing challenge due to the complexity of measuring the impact and data not consistently being available to align across agencies and intended measures. One of the recommendations moving forward is to create discussion among the various partners to ensure alignment in measurement across several levels and state agencies.

## Fiscal savings

In addition to the direct impact on the client population, a variety of anticipated system impacts will create fiscal savings. These include a reduction in the cost of out-of-home placements, a decrease in utilization of public legal resources and criminal justice facilities, a reduction in the cost of medical and behavioral health services, a reduction in higher cost emergency- and crisis-health services, and longer term social benefits of children with lower ACEs, such as educational achievement and economic self-sufficiency.

## Financial pro forma and budget

Financial projections during this phase have been fine-tuned based on an additional year of lived experience by participants in the Spokane program and validation from funding agencies and MCOs. The expenses for this project are divided into two categories: capital investment/startup and operational expenses. The facility under consideration would be new construction at a commercially zoned, shovel-ready site in Everett, Washington, with a capacity for 24 households.

## Capital investment

The capital investment of \$13.4 million for this project includes architectural design services, permitting, building rehabilitation construction and project management. This estimate is based on the work of Deacon Construction outlined in the [2021 Master Plan Phase 1](#) (pages 77-89). This budget formed the basis for the DCYF capital request for the 2023-24 budget.

An allowance of \$250,000 for technical assistance covers the startup and implementation for the service provider. This model assumes the land is donated. A one-time grant will support planned startup costs. Initial conversations with potential philanthropic funding partners confirmed their interest should the legislature fund the capital project.

The Department of Commerce will oversee the capital project as a pass-through from DCYF. The project will fall within the affordable housing umbrella of the Housing Trust Fund as transitional housing or shelter.



**Table 5: Rising Strong West capital budget**

Rising Strong West	Startup
<b>INCOME</b>	
Grants	
Public (federal, state, county)	\$13,356,000
Private (foundation, corporate, nonprofit)	\$250,000
<b>TOTAL INCOME</b>	<b>\$13,606,000</b>
<b>EXPENSE</b>	
Facilities and occupancy	
Land cost	\$75,000
Consultant services (predesign, design, etc.)	\$1,037,068
Building rehab construction	\$10,992,988
Artwork	\$66,448
Furnishings and equipment	\$406,983
Agency project administration	\$724,507
Other	\$53,000
Program costs	
Technical assistance - implementation	\$250,000
<b>TOTAL EXPENSE</b>	<b>\$13,605,994</b>
<b>NET INCOME</b>	<b>\$6</b>
Factors	
Lease rate- \$/RSF	0.00
Square footage	12,600
Annual cost escalation	4.9%
Number of adults served	24
Number of children served	36
Cost ratios	
Cost per square foot	\$1,080
Capital cost per household	\$566,916

## Operating budget

The ongoing operation of Rising Strong West consists of staffing, program expenses, administrative expenses, and ongoing maintenance and totals \$2.6 million in the first year. While program services revenue covers approximately 60% of the operating budget, a gap needs to be addressed.

## Expense assumptions

These projections include the following assumptions:

- The facility will accommodate 24 households with 24 to 36 children.
- The program will operate at 75% capacity during the first year and 100% capacity in subsequent years.
- Salaries are based on [U.S. Bureau of Labor Statistics data](#), regional comparative wages, and the HCA's July 2022 Milliman [Report on Behavioral Health Comparison Rate](#) Development Phase 1.
- Staff benefits are calculated based on 25% of the base salary.
- No land or facility lease expense due to donated land and state capital investment.
- Annual cost escalation factor of 4.9% cost increase and rent escalation.
- Program staffing can be phased in during Year 1 as capacity ramps up, which may result in some cost savings, although the projections include full staffing for the entire first year.

## Income assumptions

Funding for Rising Strong comes from a variety of program fees for services. For these estimates, it is assumed that all adults are eligible for behavioral health, mental health and FCS services. Our operating revenue is based on 75% capacity during the first year, growing to 100% in year two and going forward. Families stay in the program for 12 months on average.

Several factors impact the utilization rate of the services and, thus, impact the overall revenue for the program:

- **Program enrollment time:** Not all services start from day one because families need time to enroll and have insurance coverage verified.
- **Eligibility:** Not all families are eligible for all services for the entire length of the program. For example, the FCS is only appropriate for parents in their final months of participation.
- **Compliance and billing complexity:** Because of the complex range of services offered, service providers tend to be conservative to ensure fidelity. For example, while most, if not all, of the children in the program, are eligible for WISE, only one child is enrolled per family to avoid duplication of services in the family, which would be difficult to bill appropriately.

**Table 6: Program fees for services**

Fee type	Estimate	Utilization rate	Source	Type
Behavioral health treatment services	\$12,801.92 per adult/year	90%	Health Care Authority and MCO	Health care
Mental health treatment services	\$3,559.00 per adult/year	70%	Health Care Authority and MCO	Health care
Foundational Community Supports (FCS) - employment	\$3,240.00 per adult/6 months	75%	Health Care Authority and MCO	Health care
Foundational Community Supports (FCS) – housing	\$3,360.00 per adult/6 months	75%	Health Care Authority and MCO	Health care
WiSe program services	\$3,490.27 per child/month	60%	Health Care Authority and MCO	Health care
Foster Care maintenance payments	\$672.00 per child/month	60%	DCYF	Child Welfare

While this model assumes billing for individual services, bundling service codes to establish a weekly or monthly case rate has advantages for planning and providing long-term care. MCOs have all expressed a willingness to engage in these conversations.

### Limitations in funding sources

The structural design of the program limits some of its funding sources. These gaps include:

- Services provided outside of a Residential Treatment Facility license limit reimbursement rate, as previously explained in [Program structure and licensing](#).
- Housing Vouchers cannot be applied to this program because families need to keep their status as unhoused or at risk of homelessness to qualify for permanent supportive housing upon exit. Programs typically used to assist this population, such as Housing and Essential Needs (HENS), Housing and Recovery through Peer Services (HARPS), and Consolidated Homeless Grants (CHG), cannot be applied.
- Although Foster Care Enhancement payments are available to families when entering the program, eligibility goes away after reunification. However, families still need more time in the program to stabilize before transitioning to permanent housing.

### Funding gap solutions

The workgroup began to explore ways to close the funding gap of approximately \$125 per household per day in the operational model. These funds will not be required until the facility opens in 2026, so they remain under consideration and can be included in a request during the 2025-26 operating budget. The ideas under consideration include the following:

- Leveraging Family First Preservation Services Act (FFPSA) and Title IV-E federal funds to cover the cost of the Family Skills Coaches
- Funds from the DCYF program budgets
- Exploring the availability of Housing Trust Fund shelter operating funds
- Partnering with county human services agencies to use regional homeless crisis response funds

**Table 7: Rising Strong West operation budget projections**

Program budgets	Year 1	Year 2	Year 3
Program service fees			
<b>Clinical services</b>			
Behavioral health treatment services	\$207,391	\$290,071	\$304,285
Mental health treatment services	\$44,843	\$62,721	\$65,794
<b>Subtotal – Income</b>	<b>\$252,235</b>	<b>\$352,792</b>	<b>\$370,079</b>
Clinical staff salaries	\$162,500	\$170,463	\$178,815
Clinical staff benefits	\$40,625	\$42,616	\$44,704
<b>Subtotal - Staff expense</b>	<b>\$203,125</b>	<b>\$213,078</b>	<b>\$223,519</b>
<b>Net - Clinical services</b>	<b>\$49,110</b>	<b>\$139,714</b>	<b>\$146,560</b>
<b>WISe services</b>			
WISe	\$678,508	\$949,007	\$995,509
<b>Subtotal – Income</b>	<b>\$678,508</b>	<b>\$949,007</b>	<b>\$995,509</b>
WISe staff salaries	\$460,000	\$482,540	\$506,184
WISe staff benefits	\$115,000	\$120,635	\$126,546
<b>Subtotal - Staff expense</b>	<b>\$575,000</b>	<b>\$603,175</b>	<b>\$632,731</b>
<b>Net – WISe</b>	<b>\$103,508</b>	<b>\$345,832</b>	<b>\$362,778</b>
<b>Foundational Community Supports services</b>			

Program budgets	Year 1	Year 2	Year 3
FCS - supported employment	\$43,740	61,178	\$64,175
FCS - Supportive housing	\$45,360	\$63,444	\$66,552
<b>Subtotal – Income</b>	<b>\$89,100</b>	<b>\$124,621</b>	<b>\$130,728</b>
FCS staff salaries	\$55,000	\$57,695	\$60,522
FCS staff benefits	\$13,750	\$14,424	\$15,131
<b>Subtotal - Staff expense</b>	<b>\$68,750</b>	<b>\$72,119</b>	<b>\$75,653</b>
<b>Net – FCS</b>	<b>\$20,350</b>	<b>\$52,502</b>	<b>\$55,075</b>
<b>Rising Strong Services</b>			
Foster Care maintenance payments	\$130,637	\$182,717	\$191,670
<b>Subtotal – Income</b>	<b>\$130,637</b>	<b>\$182,717</b>	<b>\$191,670</b>
RS staff salaries	\$885,000	\$928,365	\$973,855
RS staff benefits	\$221,250	\$232,091	\$243,464
<b>Subtotal - Staff expense</b>	<b>\$1,106,250</b>	<b>\$1,160,456</b>	<b>\$1,217,319</b>
<b>Net - Rising Strong</b>	<b>\$(975,613)</b>	<b>\$(977,739)</b>	<b>\$(1,025,648)</b>
<b>Total services income</b>	<b>\$1,150,480</b>	<b>\$1,609,138</b>	<b>\$1,687,985</b>
<b>Total staff expense</b>	<b>\$1,953,125</b>	<b>\$2,048,828</b>	<b>\$2,149,221</b>
<b>Net service income</b>	<b>\$(802,645)</b>	<b>\$(439,690)</b>	<b>\$(461,235)</b>
<b>Non-staff expense</b>			
<b>Facilities and occupancy</b>			
Lease	0	0	0
Insurance and property taxes	\$50,000	\$52,450	\$55,020

Program budgets	Year 1	Year 2	Year 3
Maintenance	\$150,000	\$157,350	\$165,060
Utilities	\$10,000	\$10,490	\$11,004
<b>Program support costs</b>			
Professional services (contracted court referrals)	\$15,000	\$15,735	\$16,506
Client workshops and trainings	\$15,000	\$15,735	\$16,506
Medical supplies (UAs)	\$10,000	\$10,490	\$11,004
Program equipment, furnishings and maintenance	\$30,000	\$31,470	\$33,012
Program supplies	\$10,000	\$10,490	\$11,004
Program meetings and events	\$10,000	\$10,490	\$11,004
Client supports (i.e., baby formula, food, clothing)	\$15,000	\$15,735	\$16,506
Transportation for clients	\$40,000	\$41,960	\$44,016
Staff training and development	\$24,000	\$25,176	\$26,410
Technical assistance - implementation	\$75,000	0	0
<b>Administrative costs</b>			
Admin support services (HR, payroll, tech, security)	\$150,000	\$157,350	\$165,060
Computer equipment and software	\$35,000	\$25,000	\$26,225
Insurance	\$10,000	\$10,490	\$11,004
Licenses, dues and fees	\$4,000	\$4,196	\$4,402
Office equipment and furnishings	\$30,000	\$31,470	\$33,012
Office supplies	\$10,000	\$10,490	\$11,004
Phone, internet, postage and shipping	\$30,000	\$16,000	\$16,784

Program budgets	Year 1	Year 2	Year 3
Total non-staff expense	\$723,000	\$652,567	\$684,543
Net income	\$(1,525,645)	\$1,092,257)	\$(1,145,778)
Funding gap/month/household	\$(5,297)	\$(3,793)	\$(3,978)
Funding gap/day/household	\$(174)	\$(125)	\$(131)

Note: Year 1 is 75% capacity

### Table 8: Factors

Factors	
Lease rate- \$/RSF	0.00
Square footage	12,600
Annual rent escalation	0%
Annual cost increase	4.9%
Year 1 target capacity	75%
Staffing benefits	25%
Number of adults served (households)	24
Number of children served	36

### Table 9: Cost ratios

Cost ratios	
Operating cost per household/year	\$111,505
Cost per household/month	\$9,292
Cost per household/day	\$305

# Recommendations and conclusions

- The Rising Strong model is a unique solution to an ongoing challenge of creating positive outcomes for families at risk of child removal due to parental SUD. This report builds on the 2021 Master Plan Phase 1 by validating the community need, documenting the results of cross-agency collaboration, updating the financial model, and making a preferred site and operator recommendation.
- As a result of this process, DCYF has included a \$13.4 million capital funding request for Rising Strong West in the 2023-25 capital budget. Following the analysis of facility and operator criteria, this report recommends the development of a facility in Western Washington with a capacity of serving 24 families.
- In addition to filling a vital need in the state, this program also aligns with the focus on maternal and infant health priorities of the governor's office, HCA and DCYF.
- Evergreen Recovery Centers in Everett is recommended as the inaugural developer and operator in Western Washington. Not only does the organization have appropriate land, but the agency is also an experienced facility developer and respected provider of family mental and behavioral health services.
- The stakeholder workgroup process also finalized the facility type and related funding sources for the program. More work must be done to codify these sources so that additional Rising Strong programs can be opened in other parts of the state.

## Next steps

To successfully launch Rising Strong in Western Washington, key system partners must continue collaborating on implementation, particularly sustainable operating funds. We recommend the following steps to ensure the ongoing development of a coordinated and successful model:

1. Garner support for the DCYF capital request in the 2023-25 legislative session, including engaging legislators and staff that expressed interest during the 2022 workshops.
2. Pending approval of the capital request, convene an Advisory Committee consisting of the named operator, relevant state agencies, MCOs and community members to support the program's implementation. State agencies should include, but not be limited to, DCYF, HCA, Commerce, and the Office of Public Defense. The work of this committee would include the ongoing study of the program impact, including a review of the results of the Washington State University-Regional Partnership Grant (WSU-RPG) study of the Spokane program and a collaborative design of outcomes and fiscal savings metrics with HCA and DCYF.
3. Pending approval of the capital request, engage the private sector and philanthropic organizations for startup technical assistance funding.

The following additional steps will support the ongoing operation of Rising Strong Spokane and Rising Strong West and will pave the way for organizations to launch multiple Rising Strong programs in other regions of the state where the need is high:

4. Pursue operational funding for services not covered by Medicaid or Foster Care Enhancement by leveraging the Family First Preservation Services Act (FFPSA), Title IV-E funds, or other DCYF sources.



5. Develop a facility definition for Rising Strong in the Washington Administrative Code (WAC) that maintains program fidelity while clarifying available capital funding sources in the future.
6. Create a “Rising Strong Trust Fund” to encourage operators in other parts of the state to develop regional programs.
7. Continue to examine the possibility of pursuing additional sites (e.g., Red Barn Ranch in King County and Amara in Pierce County) to meet the large demand for the program.

# Appendix A: Glossary of terms, abbreviations and acronyms

ACES - Adverse Child Experiences

BH - Behavioral Health

BHA - Behavioral Health Agency

BHASO - Behavioral Health Administrative Services Organization

CBT - Cognitive Behavioral Therapy

CEA - Coordinated Entry for All

DCYF - Department of Children, Youth and Families

DOH - Department of Health

DSHS - Department of Social and Human Services

FCS - Foundational Community Supports

FFPSA - Family First Preservation Services Act

HCA - Health Care Authority

HEN - Housing and Essential Needs

HMIS - Homeless Management Information System

IOP - Intensive Outpatient Program

MCO - Managed Care Organization

MH - Mental Health

MI - Motivational Interviewing

OOHC - Out-of-Home Care

OP - Outpatient Program

PCIT - Parent-Child Interaction Therapy

PPW - Pregnant and Parenting Women

RDA - Research and Data Analysis

RFP - Request for Proposal

RPG - Regional Partnership Grant

RTF - Residential Treatment Facility

SUD - Substance Use Disorder

WAC - Washington Administrative Codes

WISe - Wraparound with Intensive Services

WSU - Washington State University

# Appendix B: List of key stakeholder organizations and references

## Legislative stakeholders

- 5th Legislative District
- 37th Legislative District
- 41st Legislative District
- 45th Legislative District

## Programmatic stakeholders

- Catholic Charities Eastern Washington
- Catholic Community Services of Western Washington
- King County Superior Court, Family Treatment Court Program
- Washington State Department of Children, Youth and Families
  - Continuum of Behavioral Health Services
  - Government Affairs and Community Engagement
  - Office of Innovation, Alignment and Accountability
  - Substance Use Prevention, Treatment, and Recovery Services
- Washington State Department of Community and Health Services, Behavioral Health and Recovery Division
- Washington State Department of Social and Health Services, Economic Services Administration

## Facility stakeholders

- Washington State Department of Health
  - Opioid Treatment Program
  - Pregnant and Parenting Program
  - Residential Treatment Facility Program

## Financial stakeholders

- Amerigroup
- Community Health Plan of Washington
- Coordinated Care
- Molina Healthcare
- United Healthcare
- Washington State Health Care Authority
  - Children, Youth and Family Behavioral Health
  - Foundational Community Supports
  - Infant and Early Childhood Mental Health
  - Prenatal to 25 Lifespan Mental Health and Substance Use Services
  - Rates and Finance
  - Recovery Supports

- Washington State Department of Commerce
  - Apple Health and Homes/Permanent Supportive Housing
  - Behavioral Health Facilities
  - Housing Trust Fund
  - Recovery Housing
  - Supportive Housing

## Partnership stakeholders

- Amara
- Evergreen Recovery Centers
- Sound Mental Health

## List of Department of Social and Health Services Research and Data Analysis reports reviewed:

- [Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries](#)
- [Variations in Behavioral Health Treatment Penetration Rates](#)
- [Variations in Utilization of Substance Use Disorder Treatment Modalities](#)
- [Physical Health and Social Outcomes among Medicaid Beneficiaries with and without Behavioral Health Diagnoses](#)
- [Substance Use Disorder Treatment Penetration Rates Among Child Welfare Involved](#)
- [Behavioral Health Treatment Needs and Outcomes among Medicaid Enrolled Children in WA](#)
- [WISe Dashboards and Reports](#)
- [WISe King County Trends and Data](#)

# Appendix C: Detailed environmental scan

Table 10: County-level environmental scan			
	King	Pierce	Snohomish
Substance use involved child welfare cases <a href="#">2021 DCYF Data</a>	50% of cases of a child entering OOHC involved parental substance abuse	41% of cases of a child entering OOHC involved parental substance abuse	55% of cases of a child entering OOHC involved parental substance abuse
SUD treatment penetration - all Medicaid Beneficiaries <a href="#">2019 DSHS Data</a>	25,762 people in King County needed SUD treatment, and 36% (9,274) received treatment	15,968 people in Pierce County needed SUD treatment, and 33% (5,269) received treatment	12,073 people in Snohomish County needed SUD treatment, and 42% (5,070) received treatment
Opioid Use Disorder (OUD) treatment penetration - general population <a href="#">2019 DSHS Data</a>	10,796 people in King County needed OUD treatment, and 55% (5,938) received treatment	6,128 people in Pierce County needed OUD treatment, and 50% (3,064) received treatment	5,960 people in Snohomish County needed OUD treatment, and 60% (3,576) received treatment
Public transportation system Source: <a href="#">WSDOT Summary of Public Transportation (2020)</a>	<b>King County Metro</b> provides service to nearly every major school, business, and place of interest in King County. The agency provides connections with Sound Transit, Community Transit, Pierce Transit, Amtrak, the City of Seattle, Monorail and Washington State Ferries at various regional transit centers and other locations.	<b>Pierce Transit</b> service area includes the incorporated cities and towns of Auburn, Edgewood, Fife, Fircrest, Gig Harbor, Lakewood, Milton, Pacific, Puyallup, Ruston, Steilacoom, Tacoma, University Place, and portions of unincorporated Pierce County. The agency provides connections with Greyhound, King County Metro, Sound Transit, Amtrak and Intercity Transit within its service area.	<b>Community Transit</b> connects to many local and regional providers, such as Everett Transit, Island Transit, King County Metro, Kitsap Transit, Sauk-Suiattle DC-Direct Shuttle Public Transit, Skagit Transit, Sound Transit, Tulalip Transit and Washington State Ferries. The agency also connects to national providers like Amtrak and Greyhound. Connections are provided at transit centers, park and ride facilities, ferry terminals, and regional employment centers in Snohomish and King counties. The agency service in Snohomish County includes nearly all cities, major employment centers, many public schools, and two college campuses.
Unemployment rate <a href="#">2022 Employment Security Department Data</a>	2.9%	3.3%	4.3%
Adult education opportunities	64 colleges; 1 college for every 33,096 residents	18 colleges; 1 college for every 46,955 residents	22 colleges; 1 college for every 35,086 residents

**Table 11a: Site environmental scan**

Desired environmental components	Site: Amara Address: 3501 104th Street East, Tacoma, WA 98446 County: Pierce
Space for approximately 13,000 square foot building to house communal living spaces and program offices	<ul style="list-style-type: none"> <li>○ Amara’s current buildings use a small portion of the 29-acre property; however, a large portion has been identified as wetlands. Amara is completing a feasibility study to determine what parts of the land can be developed.</li> <li>○ Amara was requested to conduct a cultural relevance analysis and is in the process of contracting with a provider to conduct this analysis. Findings may inform the use of some portions of the property.</li> <li>○ The site would need to be connected to the city sewer system, as the current septic tanks would not be able to support the facility.</li> </ul>
Access to public transportation	<ul style="list-style-type: none"> <li>○ <a href="#">Walk score 7</a>: car-dependent; almost all errands require a car</li> <li>○ Current transportation access is limited; additional public transportation options would need to be requested from the county. Amara supports increasing access to the existing services on the site.</li> <li>○ The closest public bus line is 0.7 miles away along a road without sidewalks</li> <li>○ A bus line provides access to downtown Seattle; a one-way trip is approximately 2 hours and 15 minutes.</li> </ul>
Education and employment services for adults	<ul style="list-style-type: none"> <li>○ 5.5 miles to Pierce College Puyallup</li> <li>○ 6.8 miles to Clover Park Technical College</li> <li>○ 8.8 miles to the University of Washington - Tacoma Campus</li> </ul>
Educational services for children and youth	<ul style="list-style-type: none"> <li>○ 1.5 miles to Midlands Kiddy Korral - Head Start Program</li> <li>○ 1.2 miles to A Step Ahead Pierce County - Head Start Program</li> <li>○ 4.0 miles to Fernhill Elementary School</li> <li>○ 4.6 miles to Baker Middle School</li> <li>○ 1.6 miles to Franklin Pierce High School</li> </ul>
Primary care and other medical services	<ul style="list-style-type: none"> <li>○ 3.1 miles to Community Health Care - Parkland Family</li> <li>○ 4.0 miles to Lakewood Healthcare Center</li> <li>○ 10.8 miles to Hilltop Regional Health Center</li> <li>○ 11.1 miles to Multicare Tacoma Central Primary Care</li> </ul>
Adult, child, and youth behavioral health and SUD counseling	<ul style="list-style-type: none"> <li>○ 4.7 miles to Greater Lakes Mental Healthcare (SUD and mental health services serving the Medicaid population)</li> <li>○ 5.8 miles to Sea Mar Puyallup Behavioral Health</li> <li>○ 6.2 miles to RI International Outpatient Services (SUD and behavioral health outpatient services serving the Medicaid population)</li> </ul>

**Table 11a: Site environmental scan**

Desired environmental components	Site: Amara Address: 3501 104th Street East, Tacoma, WA 98446 County: Pierce
Social services and other community resources	<ul style="list-style-type: none"> <li>○ Family Resource Center on-site operated by Amara</li> <li>○ 3.5 miles to the Social and Health Services Department</li> <li>○ 4.8 miles to Catholic Community Services</li> </ul>
Ability to access court obligations	<ul style="list-style-type: none"> <li>○ The King County Courthouse is approximately two hours by public transportation or 45 minutes driving.</li> </ul>
Outdoor and greenspace	<ul style="list-style-type: none"> <li>○ The site offers extensive outdoor and greenspace with opportunities for gardening and play space for children.</li> <li>○ A significant portion of the property will likely remain undeveloped as it is federally protected wetlands.</li> </ul>
Entertainment, community and culture	Downtown Tacoma and Puyallup are accessible by bus; both areas offer opportunities for shopping, entertainment, and community activities.
Transitional and/or permanent housing	16 miles to <a href="#">Fusion</a> (Transitional housing for families)
Private location to support recovery and security	The site is ideal for creating a sense of tranquility and privacy while still being located near Puyallup and Tacoma.
Isolation from known criminal or substance use hotspots	The site presents as likely to be removed from criminal activity and SUD hotspots.
Predicted support from the local community	Amara predicts that the operating entity will need to conduct community engagement work to build local support.
Site control	<ul style="list-style-type: none"> <li>○ Amara owns the property and is open to entertaining offers such as a long-term lease agreement.</li> <li>○ Amara has not identified itself as an operator of either the facility or services.</li> </ul>

**Table 11b: Site environmental scan**

Desired environmental components	Site: Evergreen Recovery Centers Address: 2601 Summit Avenue, Everett, 98201 County: Snohomish
Space for approximately 13,000 square foot building to house communal living spaces and program offices	<ul style="list-style-type: none"> <li>○ The site has a one-block lot currently available for development that could potentially accommodate a 13,000-square-foot building.</li> <li>○ The lot is currently zoned for commercial use.</li> </ul>
Access to public transportation	<ul style="list-style-type: none"> <li>○ Walk score: 54; somewhat walkable; some errands can be accomplished on foot</li> <li>○ Transit score: 45; some transit; a few nearby public transportation options</li> <li>○ The closest bus stop is approximately 0.3 miles from the complex</li> <li>○ The walk from the site to the bus stop is primarily on quiet, residential streets that are safe for walking.</li> </ul>
Education and employment services for adults	<ul style="list-style-type: none"> <li>○ 1.9 miles to Service Alternatives</li> <li>○ 2.4 miles to Columbia College - NS Everett</li> <li>○ 2.8 miles to Everett Community College</li> <li>○ 2.8 miles to Western Washington University Extended Education</li> </ul>
Educational services for children and youth	<ul style="list-style-type: none"> <li>○ 2.1 miles to Head Start North County</li> <li>○ 2.8 miles to Early Learning Center (Head Start)</li> <li>○ 0.7 miles to Garfield Elementary School</li> <li>○ 0.9 miles to North Middle School</li> <li>○ 1.4 miles to Everett High School</li> <li>○ 2.1 miles to Port Gardner K-12</li> </ul>
Primary care and other medical services	<ul style="list-style-type: none"> <li>○ 2.0 miles to Community Health Center of Snohomish County - Everett North Clinic</li> <li>○ 2.3 miles to Providence Regional Medical Center - Colby</li> <li>○ 2.3 miles to The Everett Clinic Primary Care</li> </ul>
Adult, child, and youth behavioral health and SUD counseling	<ul style="list-style-type: none"> <li>○ Evergreen offers on-site behavioral health and other social services that could be a resource for RSW residents.</li> <li>○ 1.4 miles to Compass Health</li> <li>○ 1.8 miles to Sunrise Services Community Behavioral Health</li> <li>○ 2.3 miles to Providence Behavioral Health Urgent Care</li> </ul>



**Table 11b: Site environmental scan**

Desired environmental components	Site: Evergreen Recovery Centers Address: 2601 Summit Avenue, Everett, 98201 County: Snohomish
Social services and other community resources	<p>Services within an approximate two-mile radius include the following:</p> <ul style="list-style-type: none"> <li>○ Catholic Community Services</li> <li>○ YWCA Everett</li> <li>○ Salvation Army</li> <li>○ Service Alternatives</li> <li>○ Cocoon House Central (Youth Services)</li> </ul>
Ability to access court obligations	The King County Courthouse is approximately 30 minutes by car or 1.5 hours by bus.
Outdoor and greenspace	<ul style="list-style-type: none"> <li>○ Located in an Urban/suburban part of Everett near I-5</li> <li>○ Once finished, the Evergreen complex will have protected outdoor space conducive to therapeutic activities and space for children to play.</li> </ul>
Entertainment, community, and culture	The site is within walking distance of downtown Everett with access to entertainment, community, and culture.
Transitional and/or permanent housing	Evergreen has two houses they currently use for transitional housing and may consider adding additional housing in the future.
Private location to support recovery and security	Evergreen is developing a campus spanning approximately 4-6 blocks which will create a sense of privacy and community within the site.
Isolation from known criminal or substance use hotspots	Evergreen reports minimal criminal and SUD activity in the area – typical of what would be expected around a SUD treatment program.
Predicted support from the local community	Evergreen has put effort into communication and engagement with the surrounding community and reports having support from the community.

**Table 11b: Site environmental scan**

Desired environmental components	Site: Evergreen Recovery Centers Address: 2601 Summit Avenue, Everett, 98201 County: Snohomish
Site control	The site is owned and controlled by Evergreen

**Table 11c: Site environmental scan**

Desired environmental components	Site: Red Barn Ranch Address: 17601 SE Lake Moneysmith Rd, Auburn, WA 98092 County: South King County
Space for approximately 13,000 square foot building to house communal living spaces and program offices	<ul style="list-style-type: none"> <li>○ There is adequate space for a 13,000-square-foot building</li> <li>○ The intended use of the property is currently unknown. The City of Seattle is conducting a <a href="#">Place Assessment</a> to determine any history or ties with local Tribes. It is assumed that the Place Assessment outcome will inform the property's future use.</li> <li>○ The Muckleshoot Reservation is located approximately 10 miles from the Red Barn Ranch and could offer a potential opportunity for partnership and shared resources for members of the Tribal community.</li> </ul>
Access to public transportation	<ul style="list-style-type: none"> <li>○ Walk score 7: Car dependent; almost all errands require a car</li> <li>○ Currently, there is essentially no access to public transportation and creating additional public transportation options would need to be addressed with the county.</li> <li>○ The closest bus stop is approximately 9 miles away.</li> </ul>
Education and employment services for adults	<ul style="list-style-type: none"> <li>○ 8.4 miles to Green River College</li> <li>○ 9.1 miles to Pioneer Human Services (Job training)</li> <li>○ 10.1 miles to Muckleshoot Tribal College</li> </ul>
Educational services for children and youth	<ul style="list-style-type: none"> <li>○ The site appears to be on a school bus route</li> <li>○ 7.4 miles to Head Start Springwood</li> <li>○ 8.3 miles to Muckleshoot Tribal Development Center (Head Start)</li> <li>○ 3.0 miles to Lake View Elementary School</li> <li>○ 8.3 miles to Rainier Middle School</li> <li>○ 6.6 miles to Auburn High School</li> <li>○ 10.3 miles to Muckleshoot Tribal School</li> </ul>

**Table 11c: Site environmental scan**

Desired environmental components	Site: Red Barn Ranch Address: 17601 SE Lake Moneysmith Rd, Auburn, WA 98092 County: South King County
Primary care and other medical services	<ul style="list-style-type: none"> <li>○ 7.7 miles to South King County Healthcare Services (Focused on providing comprehensive health care for the Medicaid-eligible population)</li> <li>○ 7.9 miles to Multicare Auburn Family Medicine</li> <li>○ 9.1 miles to Muckleshoot Health and Wellness Center</li> </ul>
Adult, child, and youth behavioral health and SUD counseling	<ul style="list-style-type: none"> <li>○ 8.0 miles to HealthPoint Valley Cities Auburn</li> <li>○ 9.0 miles to Muckleshoot Behavioral Health Services</li> </ul>
Social services and other community resources	<ul style="list-style-type: none"> <li>○ 8.1 miles to the Social and Health Services Department</li> <li>○ 9.1 miles to Pioneer Human Services,</li> <li>○ 8.3 miles to Muckleshoot Child and Family Center</li> </ul>
Ability to access court obligations	Currently, residents would not be able to access the King County Courts using public transportation. It is approximately a 45-minute drive by car.
Outdoor and greenspace	<ul style="list-style-type: none"> <li>○ The site is in a beautiful, rural setting ideal for healing and recovery.</li> <li>○ The property has ample outdoor space, including areas for gardening and many outdoor activities.</li> </ul>
Entertainment, community and culture	<ul style="list-style-type: none"> <li>○ There are limited options for culture and entertainment as it is a rural area.</li> <li>○ The City of Auburn has some entertainment and community options and is located approximately seven miles from the site.</li> </ul>
Transitional and/or permanent housing	<ul style="list-style-type: none"> <li>○ 8.0 miles to Valley Cities Phoenix Rising (Transitional Housing ages 18-25)</li> <li>○ 9.1 miles to KCHA Meadows on Lea Hill</li> <li>○ 11.8 miles to KCHA Evergreen Court</li> </ul>
Private location to support recovery and security	It is a peaceful and secluded location ideal for privacy and security.

**Table 11c: Site environmental scan**

Desired environmental components	Site: Red Barn Ranch Address: 17601 SE Lake Moneysmith Rd, Auburn, WA 98092 County: South King County
Isolation from known criminal or substance use hotspots	Isolated from criminal and substance use
Predicted support from the local community	Unknown at this time
Site Control	<ul style="list-style-type: none"> <li>○ Unknown at this time</li> <li>○ The property is owned by the City of Seattle and is undergoing a Place Assessment to determine the history and potential ties to the Tribal Community.</li> <li>○ It is assumed that the availability and potential site usage will remain unknown until the Place Assessment is complete.</li> </ul>

## Appendix D: Letters of support

The following letters of support for Rising Strong West were received:

- **Amara** - Nicole Mazon, LMFT, Chief Program and Policy Officer
- **Catholic Charities Eastern Washington** - Robert McCann, Ph.D., President and Chief Executive Officer
- **Catholic Community Services of Western Washington** - Nolita Reynolds, MA, LMHC, CMHS, Clinical Director, Pierce, Family Behavioral Health
- **Community Health Plan of Washington** - Erin Hafer, Vice President, Delivery and Health System Innovation and Community Partnerships
- **Evergreen Recovery Centers** - Linda Grant, MS, SUDP, Chief Executive Officer
- **King County Family Treatment Court** - Jill Murphy, LICSW, Family Supervisor
- **Molina Healthcare** - Tory Gildred, LICSW, SUDP, Associate Vice President, Behavioral Health
- **Snohomish County Human Services Department** - Mary Jane Brell Vujovic, Director