



Human Services
Research Institute

Walla Walla County

Behavioral Health Needs Assessment

August 2022

Study Aims

1

Understand
behavioral
health needs
and assets in
Walla Walla
County

2

Examine
available
behavioral
health system
resources

3

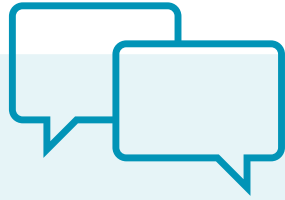
Identify
gaps between
existing and
needed
behavioral
health services

4

Recommend
ways to close
gaps and
maximize
community
resources

Methodology

Qualitative



- 98 interviews with 158 people
- 32 service users and/or family members
- 120 by phone or videoconference
- 38 interviewed in-person
- 2 Community Listening Sessions
 - English
 - Spanish

Quantitative



- Demographic characteristics
- Social determinants of health
- Prevalence of behavioral health conditions
- Utilization data from provider organizations
- Crisis contacts
- MCO performance data
- Budget allocations of 1/10th of 1%

Key Takeaways



Strong Existing Infrastructure

Walla Walla boasts a deeply committed network of community-led and government-backed organizations.



Need for Crisis Supports

Crisis services are used at rates higher than the state average, and users of those services report uncertainty, delays, and complications accessing crisis intervention.



Need for Local Leadership

There is a need for greater County-level coordination to foster transparency and collaboration.

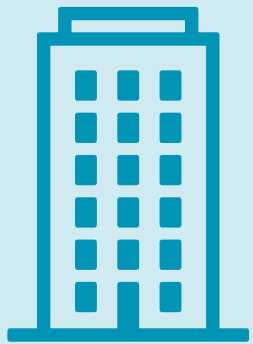


Need for Reduced Barriers

Language barriers, lack of coordinated information, workforce and capacity shortages, and social determinants of health contribute to inaccessibility.

Recommendations: Leadership, Collaboration, and Transparency

DCH Level



1. Behavioral health leadership position at the DCH
2. Robust, strategic, and transparent 1/10th of 1% funding review and allocation process
3. Community behavioral health advisory group with people who use the system and other historically underrepresented groups
4. Central, comprehensive, up-to-date, and accessible source of service information for the public
5. Community conversation followed by readily available informational materials about the role of CRT in the crisis continuum
6. Assessment of how County, providers, and schools work together to support student behavioral health
7. Behavioral health prevention strategy

Recommendations: Access, Immediacy, and Inclusion

Community Level



8. Voluntary, low-barrier, accessible service options for people in urgent distress
9. Formal and informal policies for access to outpatient services
10. Availability of CHWs and promotores
11. Expanded Community Paramedicine program
12. Service coordination and navigation services for those with the most complex needs
13. Best practice in data collection and reporting to promote more equitable access and improve quality of services
14. Increased participation in the Healthy Youth Survey
15. Strengthened behavioral health workforce
16. Expanded peer support
17. Behavioral health advocacy organizations centered on lived experience