

Executive Summary for the Walla Walla County Behavioral Health Needs Assessment

Human Services Research Institute | August 2022

Beginning in the summer of 2021, the Human Services Research Institute engaged in comprehensive, mixed methods research to understand the Walla Walla County behavioral health system. Funded by the Walla Walla County Board of County Commissioners and in partnership with the Walla Walla County Department of Community Health (DCH), the project team gathered insights from the widest array of health and human services data available, complemented by listening sessions and stakeholder interviews, to identify strengths of the community and shed light on gaps between existing and needed services.

FACTS AT A GLANCE

Average Number of Crisis Contacts per 10,000 People

Walla Walla County: 39
Surrounding Counties: 25 or fewer

Percentage of People with 3+ Crisis Contacts per Month

Walla Walla County: 20%
Regional Average: 13%

Prevalence of Binge Drinking Among 12th Grade Students

Walla Walla County: 21%
Statewide Average: 12%

The scope was broad, examining intersections between the behavioral health system and other health and social service systems used by members of the Walla Walla County community, including health, education, justice, and housing.

The County has a long-standing commitment to population-level health, as demonstrated by passage of the 1/10th of 1% tax to strengthen behavioral health services and an extensive infrastructure of well-established non-profit organizations led by people dedicated to community wellbeing. This commitment to whole-person health and the large number of stakeholders who eagerly participated in interviews and listening sessions made our work possible.

And yet, despite a clear commitment to behavioral health, there remain areas of deep need. Many of the challenges uncovered in this research are not uncommon to regions of similar size, demographics, and resources, and data reveals critical areas for improvement. There are more Crisis Response Team (CRT)

contacts per capita and more high utilizers of crisis services in Walla Walla County than in other counties in the region, while at the same time broad dissatisfaction with the CRT due to negative experiences and misunderstanding of the CRT's mandate. People who have interacted with the County's service infrastructure cite confusing points of entry to health systems and crisis support. Young people in Walla Walla County report higher rates of binge drinking than the state average, and one in four high school seniors reported seriously considering suicide in 2021. Walla Walla County is a health professional shortage area for mental health providers, with particularly acute unmet needs for bilingual and bicultural providers and those who serve children and youth. Individuals and families are experiencing these access challenges as they grapple with the social determinants of health that exacerbate behavioral health conditions, including unstable housing, income inequality, education and language barriers, and the persistent impacts of racism and anti-immigrant discrimination.

The COVID-19 pandemic was an accelerant of the combined health and social crisis for many across Walla Walla County. People and families already experiencing instability found themselves in severe need of resources, with little clarity on availability and access. Meanwhile, a shortage of clinical providers is among factors leading to untenably long wait times and avoidable emergency intervention. These hardships were particularly evident in data on the use of crisis services, provider-initiated appointment cancellations, as well as prevalence of depression, suicidal feelings and actions, and drug and alcohol use in youth populations in Walla Walla County.

Against these substantial challenges, stakeholders nevertheless expressed appreciation for and satisfaction with resources available in Walla Walla – particularly those organized by community and civic groups whose missions are grounded in equitable, whole-person care across the lifespan. Our recommendations take these insights into account and urge the expansion of community-led initiatives, informed by the wisdom of people who have engaged with behavioral health systems, providers, and community groups.

We recommend the creation of a behavioral health leadership position at the Walla Walla County DCH. Our research underscored both the need – and interest – in furthering an inclusive, comprehensive behavioral health strategic plan. This is important momentum that the County can leverage now. With behavioral health leadership at the municipal level, there is an opportunity for greater transparency and accountability in the 1/10th of 1% funding, further investments in wellness promotion and prevention, and open channels for more community engagement in the behavioral health system.

At the community level, we offer a series of recommendations that require collaboration and resources from local, regional, and state healthcare stakeholders. These focus on lowering barriers to access for people experiencing need – from voluntary options for people experiencing urgent distress, to the use of more community health workers and promotores, expansion of peer support and community paramedicine, strengthening of the behavioral health workforce, and improvements in data collection practices and data sharing.

There has never been a more important time to elevate behavioral health in our communities. With the tireless dedication of Walla Walla County stakeholders and the continued commitment of County leadership, areas of need identified in this research come with meaningful paths to progress. As one interviewee challenged aloud, “How can we as a community say, ‘yes,’ as soon as a person steps forward with courage to change the situation?” These data-driven recommendations support a behavioral health system that can more effectively, sustainably say yes.

The primary audience for this report is the Walla Walla County Department of Community Health. We welcome its broad distribution to those across the community whose participation in this research and continued promotion and use of community health is invaluable.



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