



Grays Harbor County Behavioral Health Gap Analysis

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Grays Harbor County Public Health

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Purpose



A behavioral health gap **analysis identifies existing gaps in mental health and substance abuse disorder treatment services** through data collected from providers, clients and community members, along with existing data.

This analysis provides short-, medium-, and long-term activities designed to fill in those gaps in services.

Not all the activities identified in the analysis will fit into Public Health's scope of responsibility. However, they may fall within the purview of one or more of our many community partners.



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Methodology

- Designed and deployed two community surveys, one in English one in Spanish
- Designed and deployed a provider survey for social service agencies, healthcare providers and community based behavioral health agencies
- Hosted two community – one in person with a virtual option, (approximately 60 participants), one entirely virtual with a Spanish speaking option for the virtual forum (approximately 16 participants)
- Conducted two provider focus groups,
- Conducted 15 key informant interviews with hospitals, law enforcement, first responders, the Health Care Authority of WA, Great Rivers Behavioral Health Administrative Organization, The Quinault Wellness Center, multiple behavioral health provider agencies, Grays Harbor Public Health staff, and community service agencies.
- Other existing data sources, including the 2022 CHIP and CHA.



Endowment/other foundation support
 Other, please specify _____

Q5 What age groups does your organization serve? Select all that apply.

Children 0 to 12
 Adolescents 13 to 18 years
 Young adults 19 to 24 years
 Adults 25 to 64 years
 Older adults 65 years or older

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Key Data Points



- Grays Harbor lags behind the state average in 11 of 19 measures
- Grays Harbor utilized more crisis services per capita than its much larger county neighbors; further, it was a small group of “familiar faces” to the system that cycled through these services with no resolution
- Grays Harbor uses more Emergency Department visits per capita than the state average
- The State of Washington does not collect/report “access to care” data, so we do not have a baseline for how long it takes clients seeking services to get connected to needed care.



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Findings

Themes Shared by Community Providers and Key Informants Include:

- **Lack of services for youth.**
- **Community lacks awareness of resources.**
- **Lack of transportation is a major barrier.**
- **Access - initial and emergency.**
- **Lack of available care in outlying areas.**
- **Workforce - Shortage of behavioral health staff.**
- **Stigma**
- **Transitions of Care - Follow-up treatment.**
- **Lack of culturally and linguistically appropriate services and services targeting vulnerable populations.**



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Options

Immediate/ Short-Term Options:

- Anti-stigma Campaign/ training for all levels of community
- Resource Directory
- Community marketing campaign and/or training on how to assess need and refer to resources
- Increase resource and marketing material availability in other languages
- Increase community fairs/ events to educate public about available resources
- Engage in conversations and partnerships re: building workforce pipeline
- Build on momentum from BH Gap Assessment to engage providers, MCO's, BHASO and others in developing collaborative solutions - convene stakeholders in a series of solution building forums
- Learn about current efforts in WA State re: workforce development and rural workforce initiatives
- Reach out to Office of Public Instruction to learn more about their plans for youth based mental health grant opportunities and potential collaborative efforts Grays Harbor can join.
- Map gaps in behavioral health care for justice involved/ incarcerated individuals
- Connect with Office of Public Instruction to learn about their plans for federal school based mental health support funding in the region



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Options

Mid-Term Options:

- Fund, support the development of a Peer Bridger/ Peers in ED/ ERSP program for care transitions
- Develop and implement initiatives such as a transportation program, community resource navigator or Peer Bridger Program
- Consider working with BHASO/ MCOs on value-based purchasing/ shared savings contracting to incentivize activities that reduce the use of ED and Crisis services
- Fund/support the development of outpatient intake/screening center(s) - CCBHC model or something similar with co-located services to greet, screen, and refer
- Add youth service capacity across the continuum
- Support and incentivize a diverse workforce in terms of language, cultural background, and specialty services for vulnerable populations



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Options

Long-Term Options:

- Crisis Stabilization/ Triage Unit
- Advocacy re: loan forgiveness programs in WA State similar to Massachusetts, Utah and Oregon
- Add behavioral health capacity to Oakville, Ocean Shores regions
- Advocacy to increase availability and accessibility to actionable data such as access to care standards
- Initiatives to increase workforce housing



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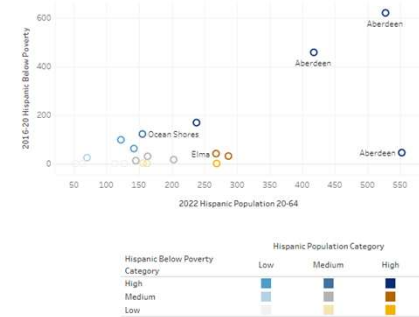
Database

The interactive database, among other things, shows the location of services, population by race/ethnicity and poverty level broken down by census tract.

Grays Harbor Tracts with High Hispanic and High Poverty are Dark Blue



Relationship by Tract



- Select Site Category
- Tract
 - Behavioral Health
 - Federally Qualified Health Center
 - Hospital
 - Indian Health Service
 - Rural Health Clinic

- Site Category
- Behavioral Health
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Resources

Full report:

https://static1.squarespace.com/static/53ee83de4b027cf34f1b520/t/633b1ad072392e488989a7d6/1664817876515/Grays+Harbor+Gap+Analysis+Report+Final+9_30_22.pdf

Data dashboard:

<https://public.tableau.com/app/profile/hma.data.visualizations/viz/GraysHarborBehavioralHealthGapAnalysis/AmericanIndian>

Grays Harbor Behavioral Health Gap Analysis by HMA Data Visualizations

American Indian | Black | Hispanic | White

Grays Harbor Tracts with High American Indian and High Poverty are Dark Blue



- Select Site Category
- Tract
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- Behavioral Health
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