CHELAN-DOUGLAS
HEALTH DISTRICT

Community Health Assessment

BEHAVIORAL HEALTH

2025

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ASSESSING OUR **BEHAVIORAL HEALTH**

Behavioral health is an important part of overall health and well-being, yet **many people in our region struggle to get the care they need**. Chelan and Douglas counties have been designated as healthcare professional shortage areas since 2017, meaning there are not enough providers to meet the demand for services. Staffing shortages across the region have made it even harder for people to access care, and many residents must travel outside their counties to find help.

To better understand these challenges and find ways to improve behavioral health, the Chelan-Douglas Health District partnered with local and regional organizations to conduct a comprehensive assessment. This assessment focused on gathering data to identify needs, service gaps, and opportunities for improvement.

Three key methods were used:

- **Surveying behavioral health agencies** to learn about gaps and challenges.
- **Analyzing existing data** to identify trends and areas of concern.
- **Mapping physical access to care** to highlight geographic barriers in Chelan, Douglas, Grant, and Okanogan counties.

KEY FINDINGS

We identified eight major challenges affecting behavioral health in our region:

Limited Services Adults & Youth

Provider Recruitment & Retention

Opioid Epidemic Response

Funding

Housing & Transportation

Culturally Responsive Care & Stigma

Access to Care

Insurance

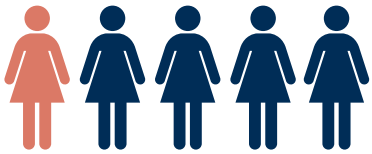
For a deeper look at the local and regional behavioral health data supporting these findings, we invite you to explore the full report.

COMMUNITY PROFILE

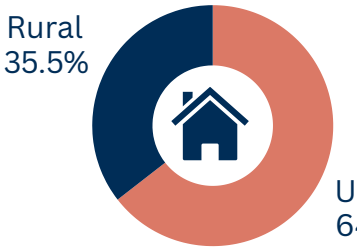
To put behavioral health findings in context, it's important to consider the people who live in Chelan and Douglas counties.

Chelan and Douglas counties encompass **7.1%** of the land in the state yet only contain **1.6%** of the total population.[1d,2d]

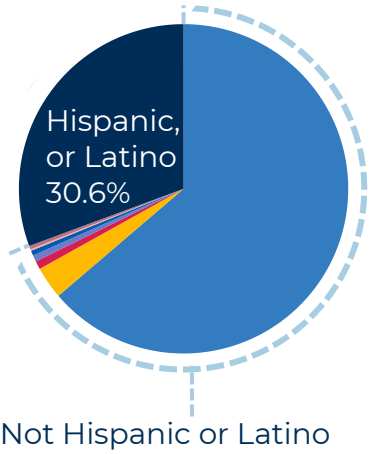
Indicators	Chelan	Douglas	WA State
Population[3d]	79,518	43,733	7,740,948
Median Age[6d,7d] White, not Hispanic Hispanic or Latino	49.1 25.0	47.9 25.1	43.3 25.8
Annual Household Income, Median[13d]	77K	72K	98K
Low-Income Population (<200% of Federal Poverty Level)[17d]	29%	27%	23%
No High School Diploma (Adults 25+)[23d]	15%	18%	8%



Nearly **one in five** people are disabled in our region[10d]



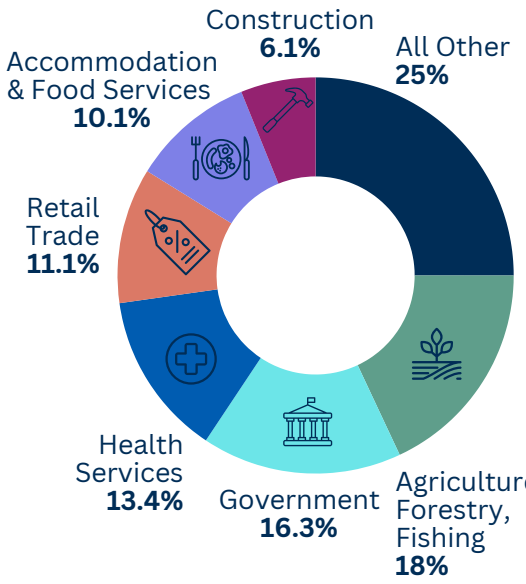
Spanish is spoken at home **2X** to **3X** more here compared to the state average.[9d]



Race for Non-Hispanic Population[3d]

- White, 63.7%
- Two+ Races, 3.2%
- Asian, 0.8%
- AIAN, 0.6% — American Indian & Alaska Native
- Black, 0.5%
- NHPI, 0.2% — Native Hawaiian & Pacific Islander
- Other Race, 0.3%

Top Industries[12d]



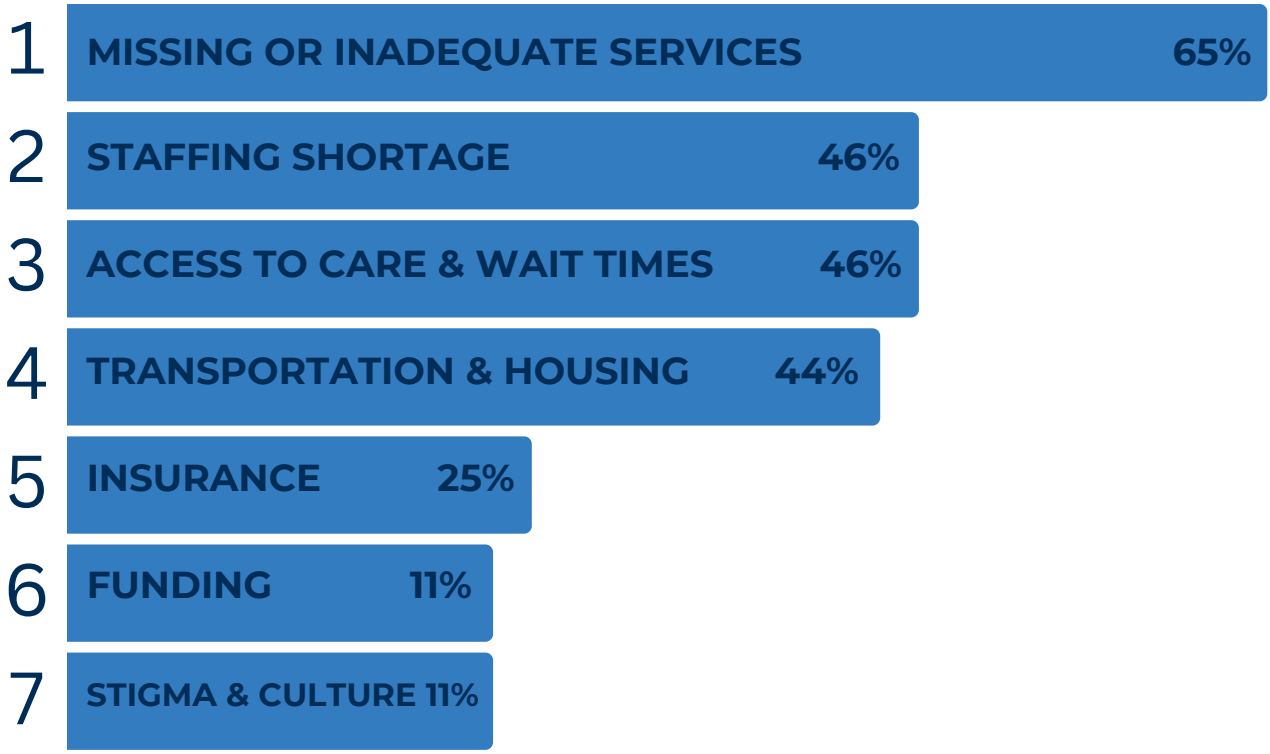
To see more community data, check out the demographics chapter.

SPECIAL ASSESSMENT: **BEHAVIORAL HEALTH**

Behavioral health encompasses mental health and behaviors, such as substance use, and remains a **top concern** in Chelan and Douglas counties and our region.

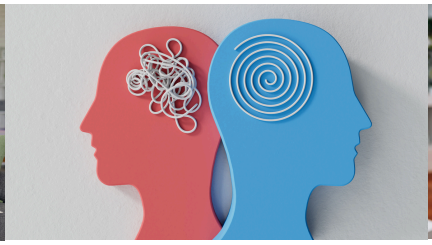
In 2023-2024, we conducted a **behavioral health assessment in North Central Washington**. We surveyed **52** behavioral health & adjacent organizations and interviewed **24** leaders. Here are the top challenges they identified and the % of people that mentioned each challenge:

SURVEY RESULTS: **TOP CHALLENGES**



This report highlights additional assessment findings, quotes from participants as well as health data & trends for our region.

SNAPSHOT
BEHAVIORAL HEALTH DATA

One in three adults in Chelan-Douglas feel socially isolated.[1]

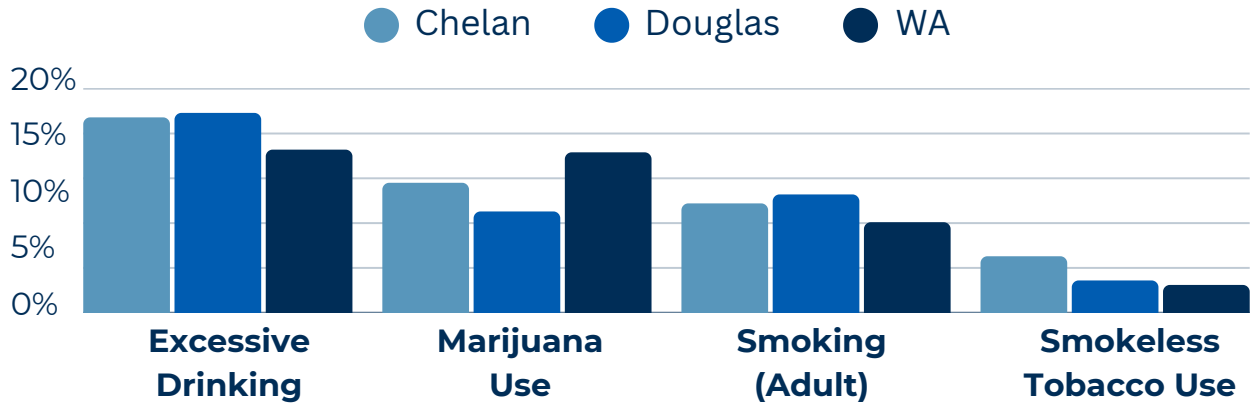
In 2023, the US Surgeon General reported on the **profound impact of loneliness** on our physical and mental health. He stressed the need to prioritize and address loneliness and isolation, just as we do with other public health issues like addiction.[2]

5 Number of **poor mental health** days per month, on average, for adults in our region [3]

18 % of adults experience **frequent mental distress** [4]

DRUG AND ALCOHOL USE

AGE-ADJUSTED, DATA FROM 2021 AND 2022 [5,6,7,8]



ACCESS TO CARE

Chelan and Douglas counties were designated as **Health Professional Shortage Areas** for Mental Health in **2017**. While provider ratios have since improved, gaps, shortages and access challenges remain.[9]

POPULATION TO MENTAL HEALTH PROVIDER RATIO[10]

Year	Chelan	Douglas*	WA State
2017	307:1	1824:1	310:1
2023	190:1	1580:1	200:1

*Residents from Douglas County (and those from Okanogan and Grant counties) access providers in Chelan County.

> "Recruiting and retaining providers is hard and it's hard on patients who rely on [our] organization for services." -Hospital Staff Member

% EMPLOYERS REPORTING EXCEPTIONALLY LONG VACANCIES FOR BEHAVIORAL HEALTH POSITIONS

NORTH CENTRAL WASHINGTON [11]

Position	2024 Spring	2023 Fall	2023 Spring	2022 Fall	2022 Spring
Mental Health Counselor	27%	8%	19%	29%	14%
Social Worker MH & SUD	27%	5%	7%	5%	9%
Peer Counselor	19%	3%	-	14%	2%
Psychologist, Clinical & Counseling	15%	3%	7%	5%	5%
Community Health Worker	19%	3%	-	5%	5%
Marriage and Family Therapist	15%	3%	7%	-	7%
SUD Professional	15%	8%	7%	-	-
Counselor (Bachelor's Prepared)	19%	3%	4%	-	-
Prevention Specialist, SUD	15%	-	-	-	-

ACCESS TO CARE (CONTINUED)

To fully understand access to care, you must consider factors such as distance, language, cost, insurance accepted, capacity for new patients and wait times. [12]

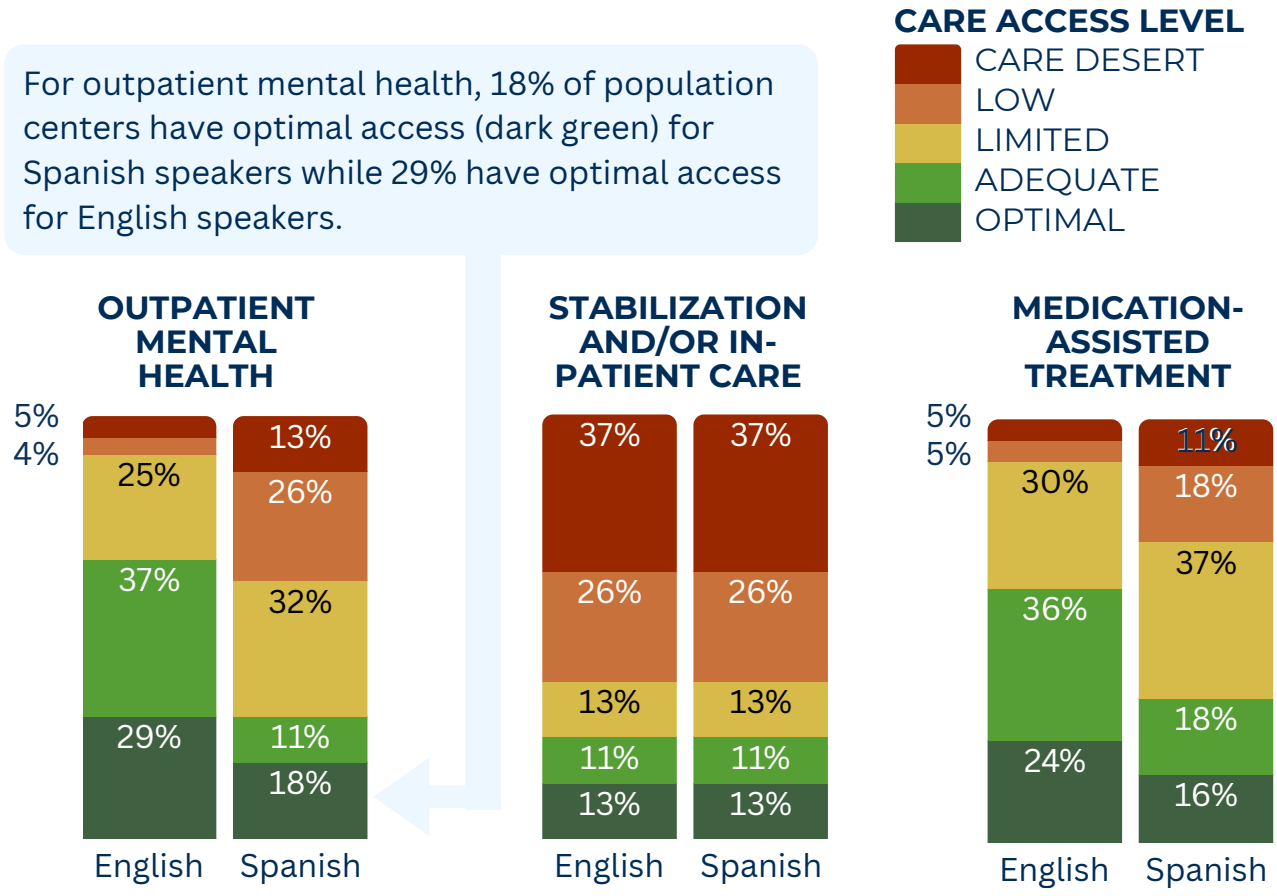
We used assessment data to map physical access to services throughout North Central Washington. **The findings:** many people lack physical access to in-person services for mental health and substance use disorders. The most impacted?

✓ **RURAL POPULATIONS**

✓ **NON-ENGLISH SPEAKERS**

ACCESS LEVELS, ALL POPULATION CENTERS
CHELAN-DOUGLAS

For outpatient mental health, 18% of population centers have optimal access (dark green) for Spanish speakers while 29% have optimal access for English speakers.



ACCESS TO CARE (CONTINUED)

Drive times vary by service. Our 23'-24' survey showed that stabilization was the least accessible.

AVERAGE DRIVE TIME TO ACCESS SERVICES

FROM ALL USGS POPULATION CENTERS IN CHELAN-DOUGLAS

	Outpatient Mental Health	Stabilization and/or In-Patient Care	Medication Assisted Treatment (MAT)
English	29 minutes	57 minutes	32 minutes
Spanish	44 minutes	57 minutes	41 minutes

OUTPATIENT MENTAL HEALTH

ACCESS TO OUTPATIENT SERVICES: THERAPY AND SUPPORT

Drive Time
(minutes)

- 0-15
- 16-30
- 31-45
- 46-60
- 61+

Drive times from remote Lake Chelan locations include ferry travel.

Each dot on the map represents a population center. Dots are color-coded by drive time to the nearest service provider. Drive times for remote Lake Chelan locations include ferry travel and drive time from Fields Point Landing.

ACCESS TO CARE (CONTINUED)

"There are far more individuals of all ages who are in need of behavioral health services than there are services available. Schools are particularly underserved, however there are other less visible populations that are in need."

STABILIZATION AND/OR IN-PATIENT

ACCESS TO CRISIS INTERVENTION SERVICES AND INTENSIVE TREATMENT

Drive Time (minutes)

- 0-15
- 16-30
- 31-45
- 46-60
- 61+

Drive times from remote Lake Chelan locations include ferry travel.

MEDICATION ASSISTED TREATMENT

ACCESS TO MEDICATION AND TREATMENT TO RECOVER FROM DRUG ADDICTION

Drive Time (minutes)

- 0-15
- 16-30
- 31-45
- 46-60
- 61+

Drive times from remote Lake Chelan locations include ferry travel.

DRUG & ALCOHOL USE

A drug is a chemical substance that changes a person's mental or physical state. Drugs include prescription and over-the-counter medicines, alcohol, tobacco and illegal drugs.

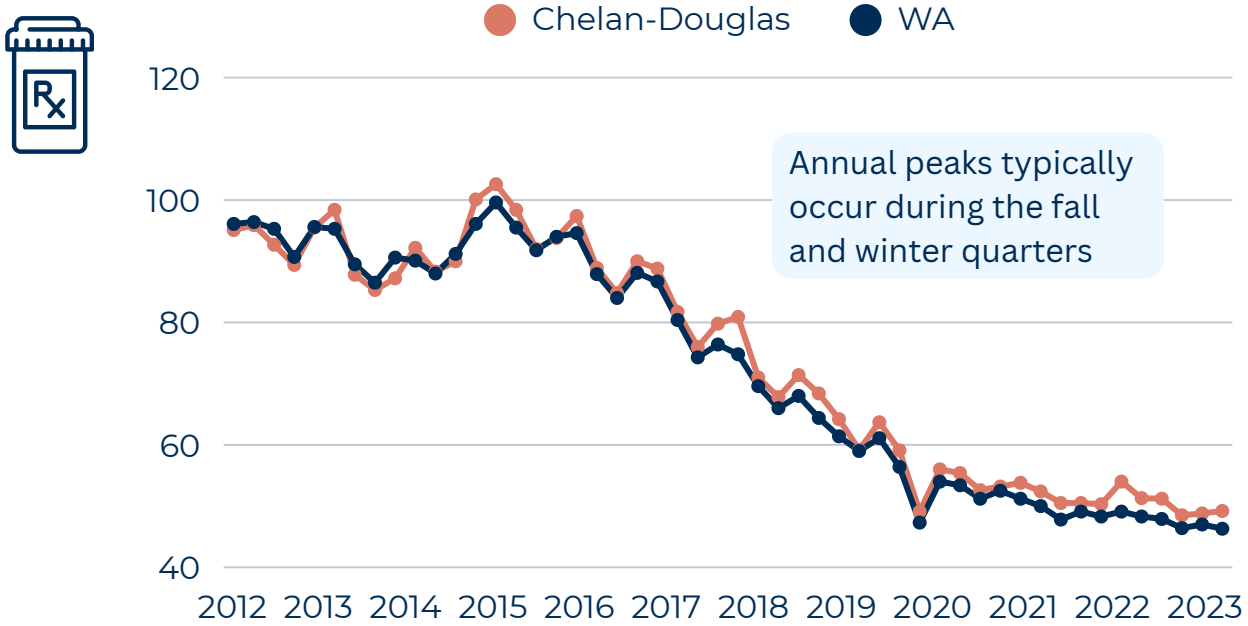
ALCOHOL, MARIJUANA & SMOKING

AGE-ADJUSTED, DATA FROM 2021 AND 2022 [5,6,7,8]

Location	Excessive Drinking	Marijuana Use	Adult Smoking	Smokeless Tobacco (Vaping)
Chelan	21.8%	14.5%	12.2%	6.3%
Douglas	22.3%	11.3%	13.2%	3.6%
WA State	18.2%	17.9%	10.1%	3.1%

OPIOID PRESCRIPTIONS

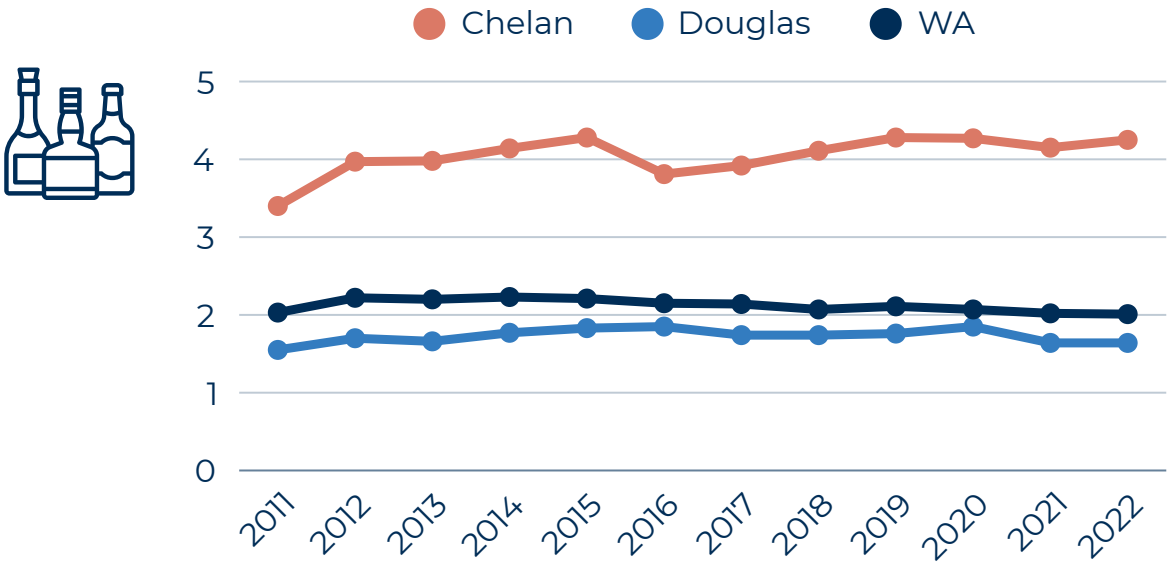
SEX-AGE ADJUSTED RATE PER 1,000 POPULATION [15]



DRUG & ALCOHOL USE (CONTINUED)

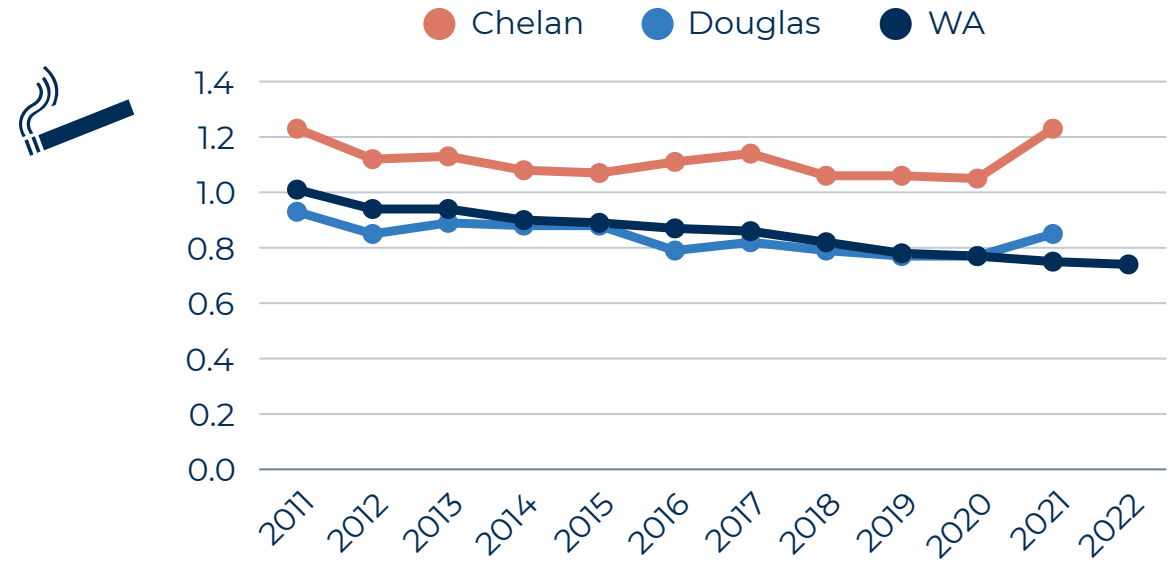
ALCOHOL RETAIL LICENSES PER 1,000 POPULATION[13,14]

INCLUDES ON-PREMISES CONSUMPTION AND OFF-PREMISES VENDORS



TOBACCO LICENSES PER 1,000 POPULATION[13,14]

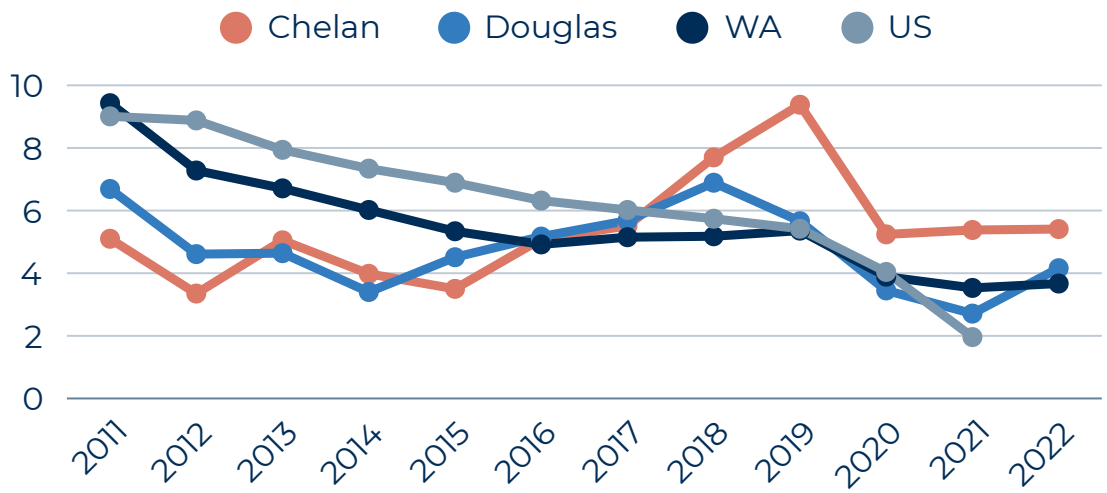
INCLUDES TOBACCO AND VAPOR RETAILERS AND VENDING MACHINES



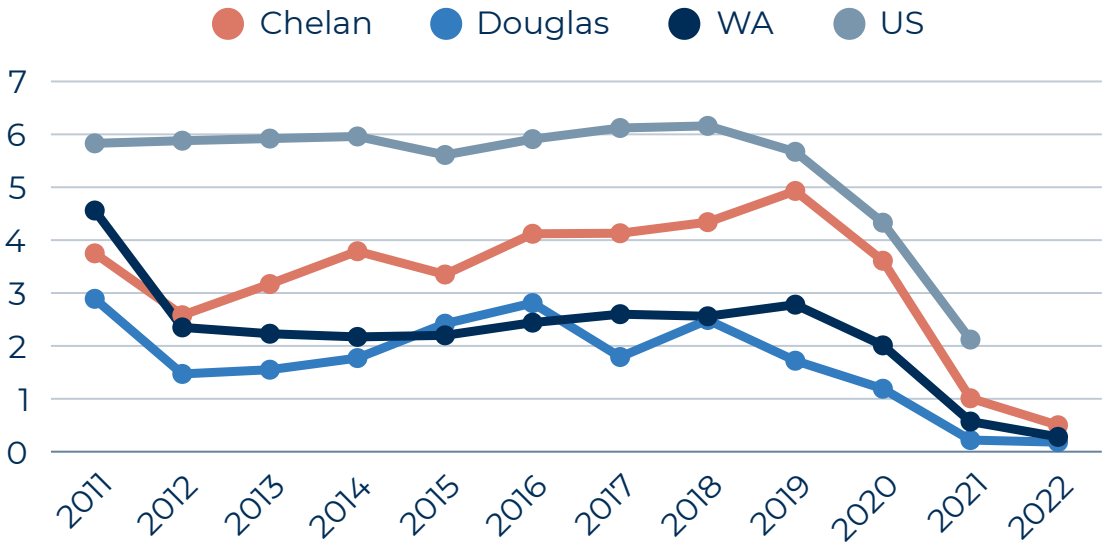
DRUG & ALCOHOL CRIME

Over the past five years, the number of **alcohol and drug arrests** in Chelan County was **higher** than the Washington State average. Douglas county was about average.

ARRESTS FOR ALCOHOL-RELATED CRIMES PER 1,000 ADULTS 18+ [13,14]



ARRESTS FOR DRUG LAW VIOLATIONS PER 1,000 ADULTS 18+ [13,14]

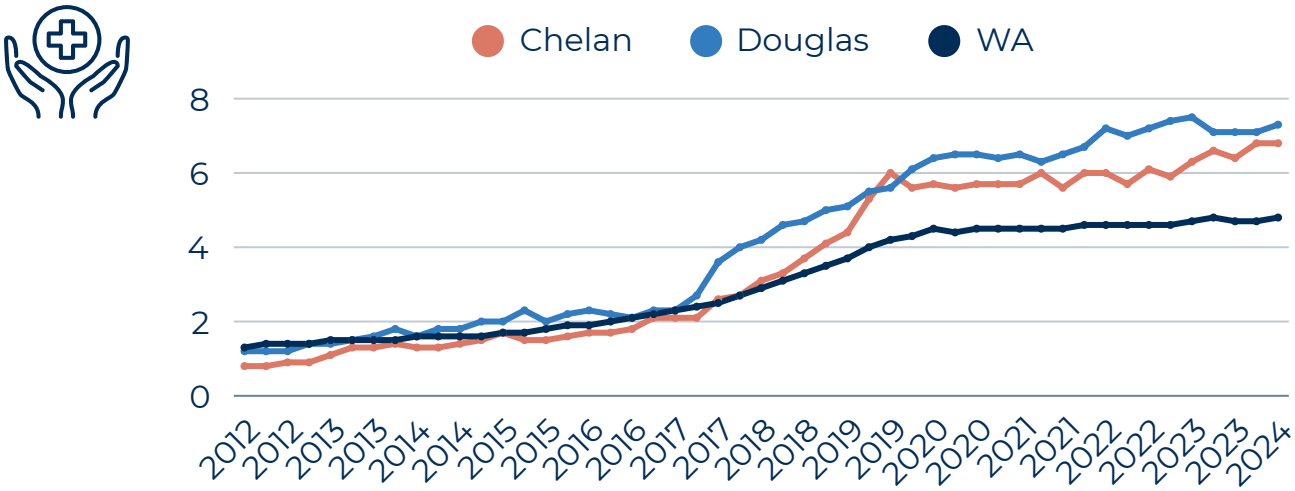


TREATMENT

The opioid crisis is happening in our communities. As of 2017, people in Chelan-Douglas have been **treated for opioid addiction** at a **higher rate** than in Washington State.[15,16]

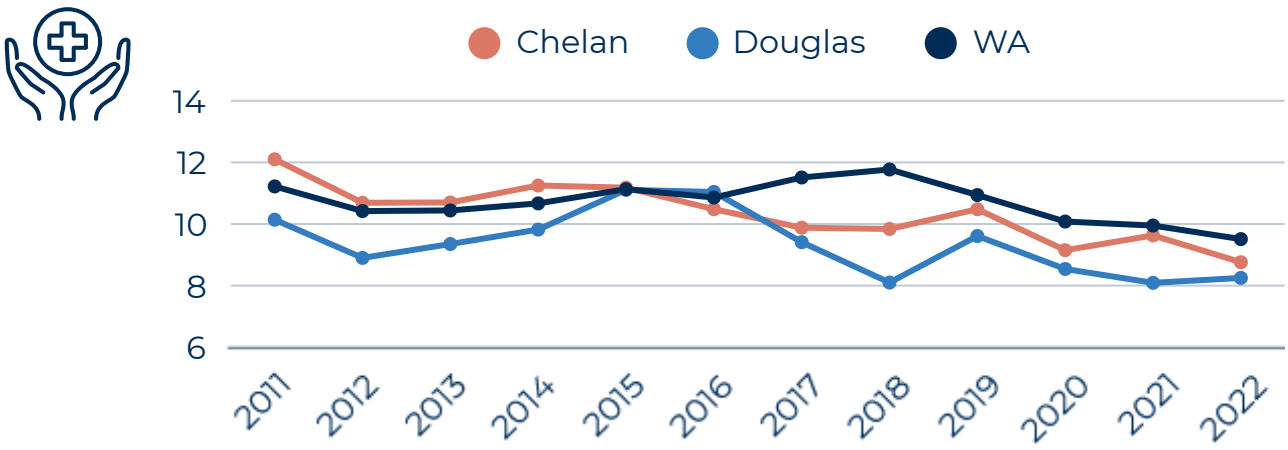
PATIENTS WITH BUPRENORPHINE RX (TO TREAT OPIOID ADDICTION)

SEX-AGE ADJUSTED RATE PER 1,000 POPULATION [16]



CLIENTS OF STATE-FUNDED ALCOHOL AND DRUG SERVICES

RATE PER 1,000 POPULATION OF ADULTS 18+ [13,14]

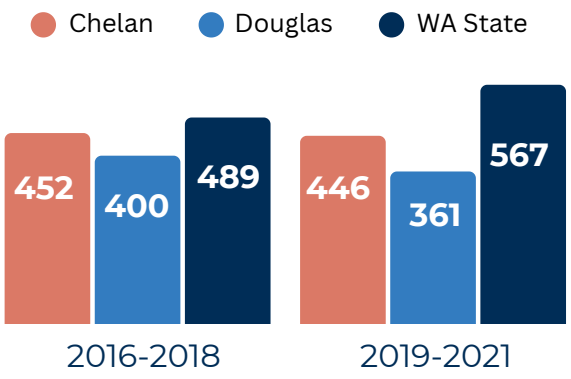


HOSPITALIZATIONS

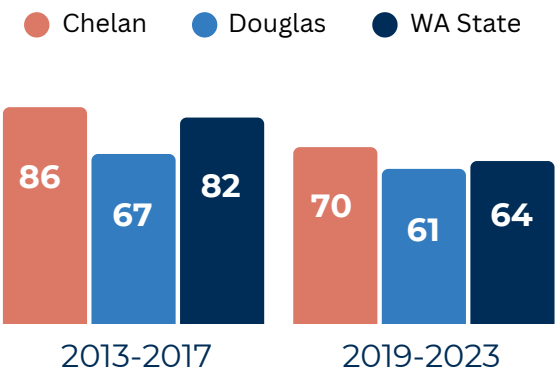
While some of our hospitalization rates are lower than Washington state, our **hospitalization rates only tell part of the story.**

Bed availability in Chelan-Douglas is limited and shared with people from neighboring counties. In 2024, Confluence Health closed their inpatient Behavioral Health unit. Hospital beds are now shared with people experiencing other illnesses and injuries.

MENTAL ILLNESS HOSPITALIZATION RATE PER 100,000 [17]



DRUG OVERDOSE HOSPITALIZATION RATE PER 100,000 [18]



"We're so lacking in inpatient psych beds that when I do have a patient in crisis, it's very hard to find them somewhere to go."

"**I spend an exorbitant amount of time calling around to different hospitals...they're not getting the services they need in a timely fashion, or they get so frustrated waiting they get up and walk out.**"

"It is important for mental health and substance use services to be available in a timely manner. If there is a delay in accessing services, like a waitlist, often it can be a significant barrier to community members staying engaged or feeling supported."

DEATHS

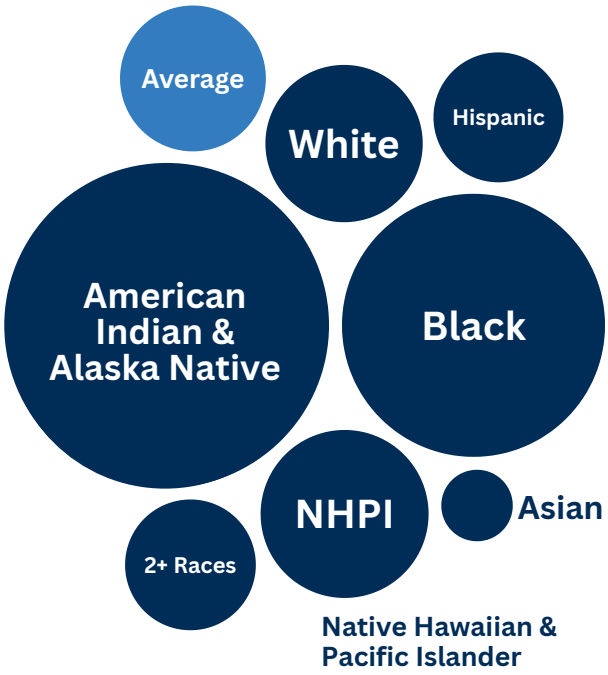
In Washington State, **drug overdose deaths occur at higher rates in certain groups of people**. The charts below show which groups are more impacted (large circles) and less impacted (small circles).

DRUG OVERDOSE DEATHS IN 2023

WASHINGTON STATE, PRELIMINARY ESTIMATES ON 7/30/24 [19,23]

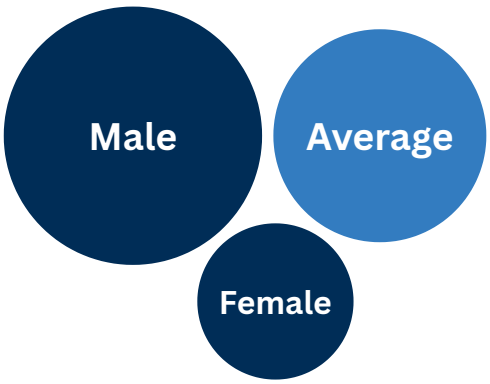
RACE AND ETHNICITY

RATE PER 100,000



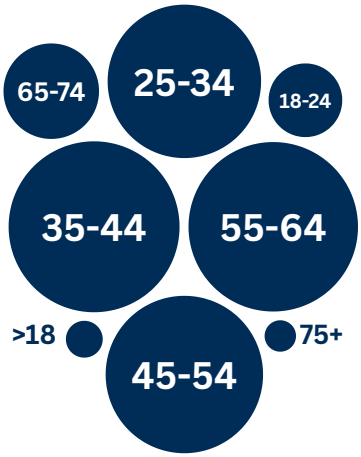
SEX AT BIRTH

RATE PER 100,000



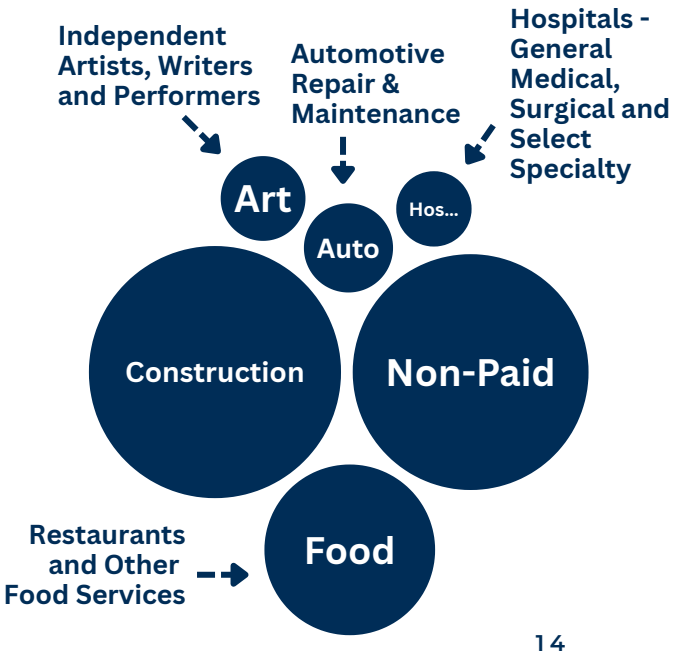
AGE GROUP

TOTAL DEATHS



INDUSTRIES WITH MOST DEATHS

TOTAL DEATHS

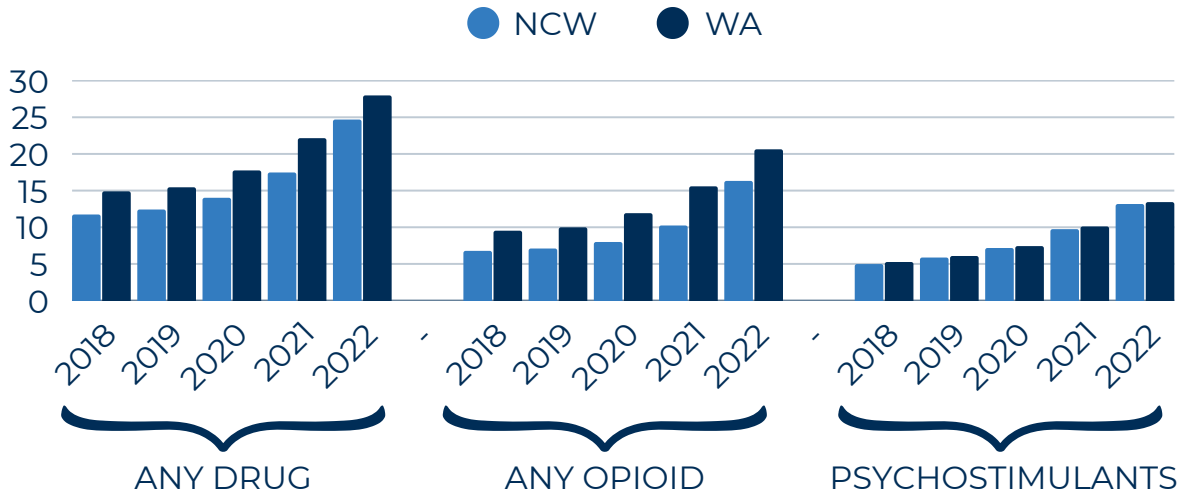


DEATHS (CONTINUED)

Drugs and alcohol are a significant cause of death in our area. In 2022, drugs and alcohol accounted for **16.4%** of all deaths in Chelan county and **12.3%** in Douglas county.[13,14]

DRUG OVERDOSE DEATHS

RATE PER 100,000 POPULATION, 3-YEAR ROLLING COUNTS [20]



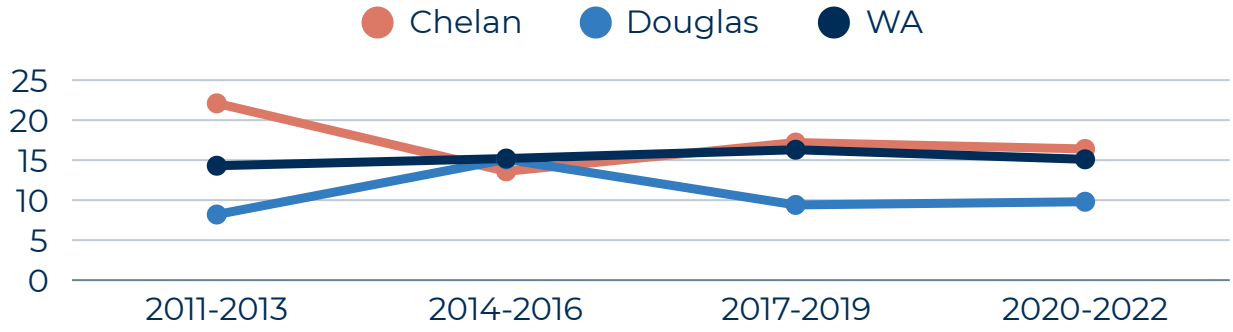
SUICIDE DEATHS

RATE PER 100,000 POPULATION, AGE-ADJUSTED [21]

In Chelan and Douglas counties, up to **26 lives** are tragically lost to **suicide** each year. Suicide is a top cause of death in our region. The most impacted?

✓ **MALES, AMERICAN INDIAN & ALASKAN NATIVE**

✓ **MALES, WHITE NON-HISPANIC**

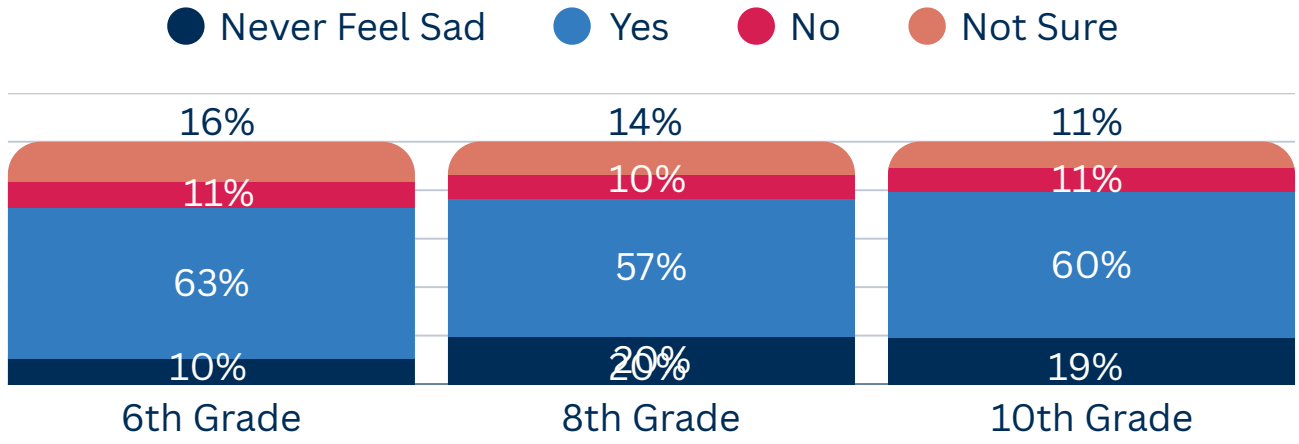


SNAPSHOT
OUR YOUTH

1 in 5 sixth graders in Chelan county have **"seriously thought about killing themselves"** [22]

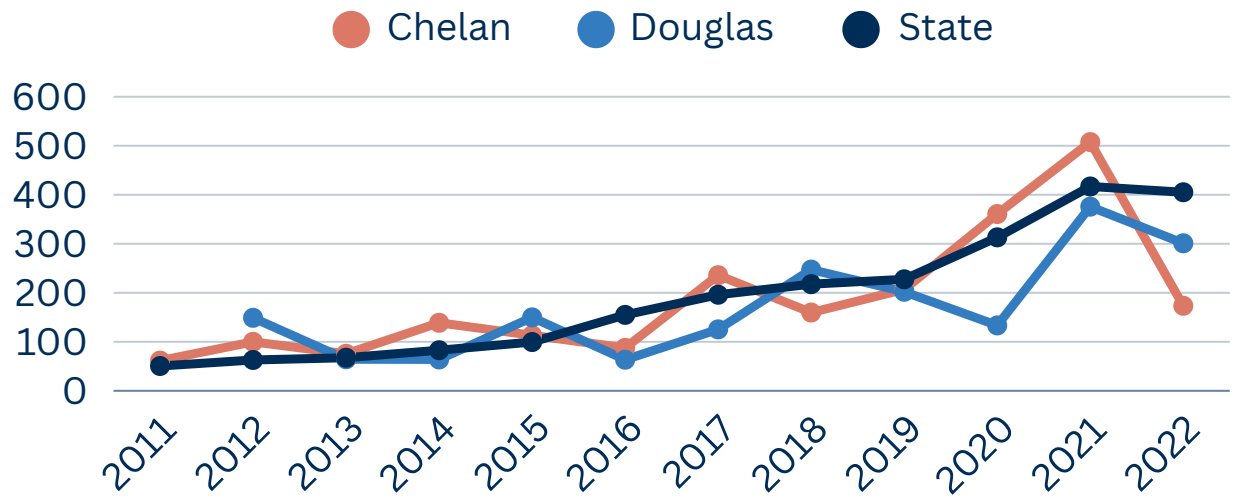
"WHEN YOU FEEL SAD OR HOPELESS, ARE THERE ADULTS THAT YOU CAN TURN TO FOR HELP?"

6TH, 8TH AND 10TH GRADE STUDENTS IN CHELAN COUNTY, 2023 [22]



SUICIDES AND SUICIDE ATTEMPTS

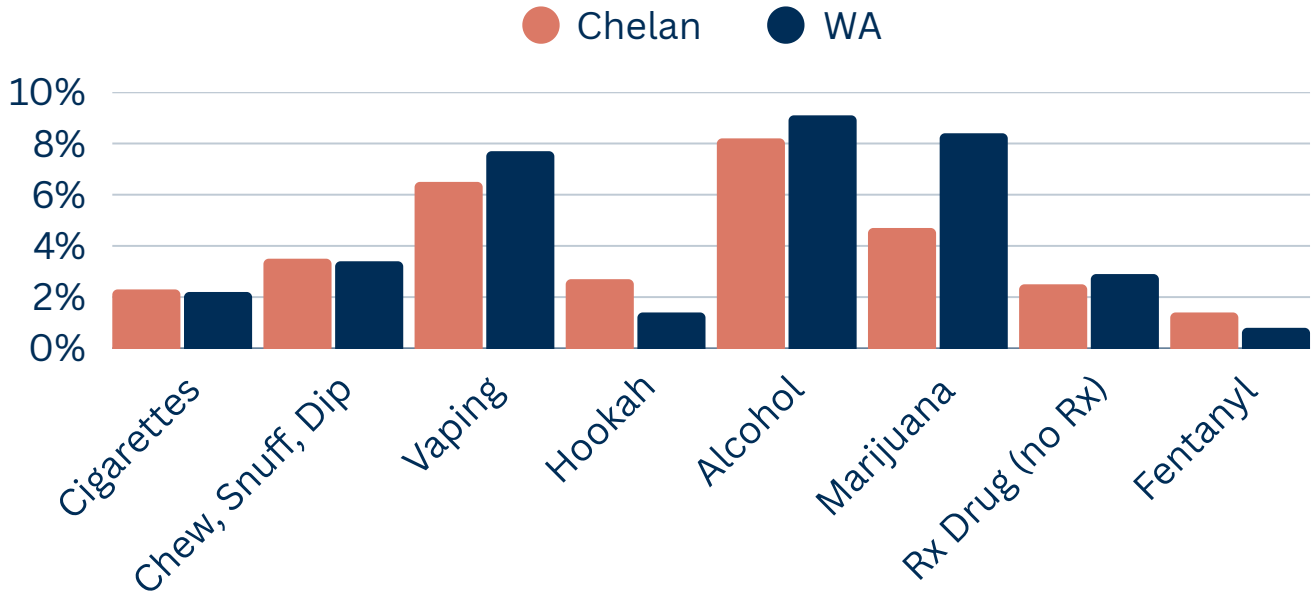
PER 100,000 ADOLESCENTS AGE 10 - 17 [13,14]



SNAPSHOT
OUR YOUTH (CONTINUED)

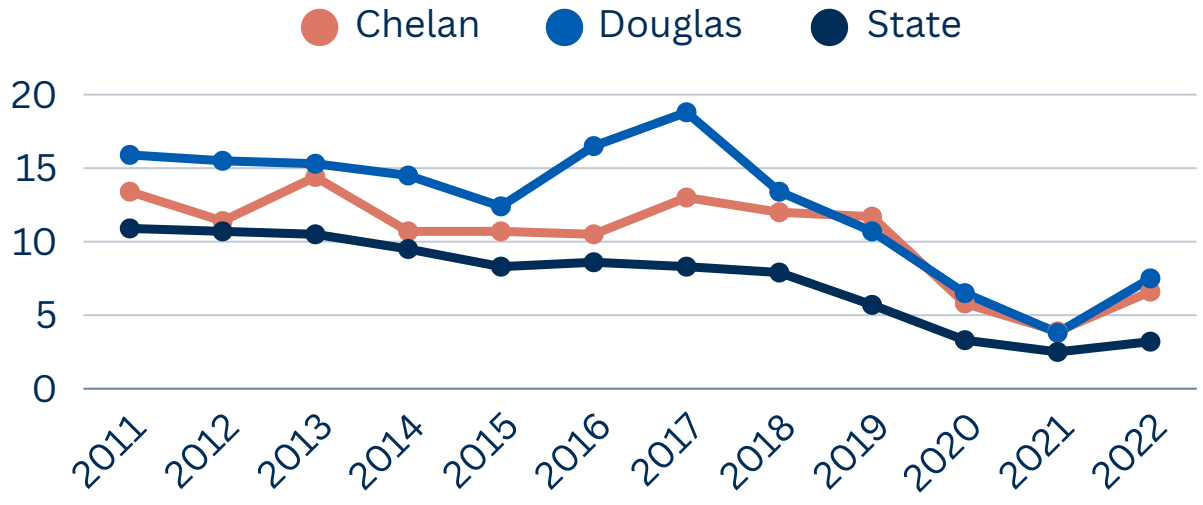
DRUG AND ALCOHOL USE (PAST 30-DAYS)

10TH GRADE STUDENTS IN CHELAN COUNTY, 2023 [22]



YOUTH ACCESSING STATE-FUNDED ALCOHOL OR DRUG SERVICES

PER 1,000 ADOLESCENTS AGE 10 - 17 [13,14]



SPECIAL ASSESSMENT **CONCLUSIONS**

Survey respondents recognized that among the many challenges, there were successes we could build on. Many of the successes they noted relate to our biggest ongoing challenges.

What is working well? What should we build on?

1 Care & Access

While access to care remains a top challenge, respondents noted some recent **improvements** to celebrate. Highlights included embedded recovery coaches, integrated care, telehealth options and services in Spanish.

"Our recovery coach network is robust"
"Patients have access to therapists and prescribers virtually"
"The number of bilingual professionals is increasing"

2 Collaborative Partnerships

Many respondents were proud of the new and sustained partnerships they were creating throughout the region and would like to build on this success.

"There is an uptick in interest in partnering again like we experienced years ago between agencies and providers"
"Together we ensure that all of our patients have BH access"

3 Youth Services

Respondents also recognized some growth in the services and support for youth, including through school-based programs. While many needs remain, they noted:

"Providers.. are very caring about the youth and their needs"
"We established a school-based program in one district and expanded to three. We are filling a need and have good feedback from parents and schools"

CONCLUSIONS

Through this assessment, we identified eight major challenges affecting behavioral health in our region:

1. **Provider Recruitment & Retention** – A shortage of behavioral health professionals makes it difficult to meet community needs.
2. **Housing & Transportation** – Lack of stable housing and reliable transportation creates barriers to care.
3. **Culturally Responsive Care & Stigma** – Many communities face stigma around mental health and substance use, and culturally appropriate care is not always available.
4. **More Services for Adults & Youth** – There is a need for expanded mental health and substance use services for all ages.
5. **Opioid Epidemic Response** – The opioid crisis continues to impact individuals and families, requiring stronger prevention and treatment efforts.
6. **Access to Care** – Long wait times, limited providers, and geographic barriers make it difficult to get timely care.
7. **Funding** – Behavioral health services are underfunded, making it hard to expand and improve programs.
8. **Insurance** – Insurance coverage and reimbursement issues limit access to necessary services.

NEXT STEPS

Improving behavioral health in our region requires ongoing collaboration among providers, policymakers, local public health, community partners, and residents. The findings from this assessment highlight key challenges and opportunities to strengthen services, expand access, and address barriers to care.

By working together across Chelan, Douglas, Grant, and Okanogan counties, we can develop solutions that better support individuals and families. This report serves as a foundation for future efforts, guiding strategies to create a healthier, more connected community.

It is time to convene, set goals and take action.

JOIN US!
FOR MORE INFORMATION CONTACT:

info@cdhd.wa.gov

REFERENCES DEMOGRAPHICS

1D **U.S. Census Bureau** (2020). QuickFacts [Land Area] Accessed February 20, 2025 at https://www.census.gov/quickfacts/fact/table/chelancountywashington,douglascountywashington,grantcountywashington,okanogancountywashington,WA/PST045224

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Moment by Moment Suicide Prevention
Moses Lake Community Health Center
NAMI North Central WA
NCW Libraries
New Start Clinics
North Central Educational Service District
North Central Washington Peer Connection
North Valley Hospital
NW Family Services Institute
Okanogan Behavioral HealthCare
Okanogan County Public Health
Omak Police Department/ CORE Team
Renew
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SkillSource
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