

2025 COMMUNITY NEEDS ASSESSMENT



TABLE OF CONTENTS

Introduction	3
Background	4
Client CNA Survey Questions	9
Stakeholder CNA Survey Questions	12
Methodology	17
Needs Assessment Findings	19
Economic Factors and Social Drivers of Health	24
Culture and Language	26
Current Strengths and Challenges	28
Action Plan to Address Findings	31
Staffing and Implementation Plan	35
The Needs Assessment Cycle and Updates	37
Information Sources	39



INTRODUCTION

Peninsula Behavioral Health (PBH) is the largest behavioral health provider in Clallam County, Washington. Since 1971, PBH has been a trusted resource for individuals and families seeking mental health and substance use disorder treatment. Today, PBH serves approximately 3,400 clients annually through offices in Port Angeles and Sequim, as well as through mobile and community-embedded services.

Mission and Vision

PBH's mission is "to provide comprehensive behavioral health services to the residents of our community." We believe that Hope Starts Here—and we work to ensure every individual has access to compassionate, high-quality care regardless of insurance status or ability to pay.

Services and Programs

PBH offers a full continuum of behavioral health services, including:

- **Outpatient Mental Health Treatment:** Individual, family, and group therapy.
- **Substance Use Disorder Services:** Assessments, outpatient and intensive treatment, and recovery support.
- **Crisis Services:** 24/7 crisis outreach and intervention to reduce reliance on emergency departments and law enforcement.
- **Psychiatric Services:** Medication management provided by psychiatric nurse practitioners, and nursing staff.
- **Peer Support and Case Management:** Recovery coaching, care navigation, and resource connection.
- **Specialized Programs:** School-based services, partnerships with tribal communities, programs for veterans, and services for youth with complex needs.

Commitment to Community

PBH is deeply rooted in the communities of Port Angeles, Sequim, and surrounding rural areas. We maintain strong partnerships with local healthcare providers, schools, housing agencies, and tribal nations. These collaborations allow PBH to address both behavioral health and the social drivers of health—including housing, transportation, and food insecurity—that impact well-being.

Workforce

With more than 140 dedicated staff, PBH is committed to building a workforce that is skilled, diverse, and community-responsive. Staff are trained in evidence-based practices such as EMDR, CBT, DBT and Motivational Interviewing. Ongoing professional development ensures PBH remains at the forefront of behavioral health care while retaining a compassionate, client-centered approach.



BACKGROUND

Service Area Description and CCBHC Sites

A. Geographic Description of Service Area

PBH serves the communities of Port Angeles, Sequim, and surrounding rural communities within Clallam County, Washington. The county's estimated 2025 population is 77,480 residents, with 29,980 workers in the labor force as of June 2025. The median household income is \$67,999. The not seasonally adjusted unemployment rate remains low at 3.7%, improving from 4.5% a month earlier.

Total nonfarm employment in June 2025 was 25,460 jobs. Government employment is the largest sector in Clallam County at 8,800 jobs, followed by the trade, transportation, and utilities sector with 4,030 jobs. The retail trade industry has been affected by trade conditions with Canada, losing 70 jobs over the month and 180 over the year. In contrast, the leisure and hospitality industry grew by 210 jobs month-over-month and added 40 jobs year-over-year, reflecting the region's ongoing tourism strength.

Clallam County is located in the northwestern corner of Washington state, occupying a long and narrow area of the Olympic Peninsula. It encompasses 1,738 square miles of primarily forested and mountainous land. The county is a destination for outdoor recreation, with Olympic National Park drawing 2.7 million visitors in 2021, and features nearly 200 miles of coastline supporting maritime and fishing industries. Historically, forestry, wood products, and fisheries dominated the economy. As those industries declined, the service sector—including tourism and healthcare—expanded to meet changing needs.

Source 1: (<https://www.census.gov>)



Clallam County occupies a long and narrow area in the most northwestern corner of Washington state.



B. Description of CCBHC Sites

PBH was first certified as a Certified Community Behavioral Health Clinic (CCBHC) in 2020 until 2023. PBH continues to provide integrated, comprehensive services throughout Clallam County.

PBH Service Delivery Sites:

- **Main Campus in Port Angeles:** PBH's central hub, providing outpatient therapy for adults and youth, psychiatry, crisis services, and case management. Founded in 1971 with seven employees, PBH has grown to 140+ staff. The 26,000+ sq. ft. facility includes more than 60 offices, multiple conference rooms, and a multipurpose room with a kitchen.
- **Youth Services Center:** Opened in 2019, this center provides a dedicated healing space for children, youth, and families. It includes 11 offices, a conference room, and a resource room for play therapy.
- **Horizon Center:** An intensive Day Support Program offering life skills training and meals for clients.
- **Clallam County Respite Center:** Provides short-term respite care for individuals experiencing behavioral health crises.
- **Sequim Office:** A growing outpatient hub meeting the needs of residents in eastern Clallam County.
- **Housing Sites & Outreach Teams:**
 - Four (4) transitional supportive housing sites (three in Port Angeles, one in Sequim).
 - Dawn View Court: 26-unit supportive housing in Port Angeles.
 - North View: 36-unit supportive housing under construction, with completion anticipated in Spring 2026.
 - Outreach and peer support teams providing community-based care.
- **Telehealth Services:** Expanding access for rural residents and those with transportation barriers.

Designated Collaborating Organizations (DCOs):

- Olympic Medical Center
- North Olympic Healthcare Network
- Clallam County Sheriff's Office
- Port Angeles Police Department
- Sequim Police Department
- Jamestown Healing Clinic
- Lower Elwha Health Clinic



C. Demographics of Service Area

PBH serves the communities of Port Angeles, Sequim, and surrounding rural communities within Clallam County with an estimated population of 77,480 in 2025.

Demographics for Clallam County				
Measure	Local Service Area: Clallam County	Comparative Data		Data Sources
		STATE: WA	U.S.	
Breakdown of population by race/ethnicity by percentage				
White	80.80%	66.60%	61.60%	data.census.gov
Black or African American	0.70%	4.00%	12.40%	
American Indian	5.60%	1.60%	1.10%	
Asian	1.60%	9.50%	6.00%	
Native Hawaiian and Other Pacific Islander	0.10%	0.80%	20.00%	
Two or More Races	8.60%	10.90%	10.20%	
Hispanic or Latino	6.10%	13.70%	18.70%	
Breakdown of population by age by percentage				
Children (Under 5)	3.50%	5.30%	6.50%	data.census.gov
Children (5-17)	12.30%	15.70%	17.50%	
Adults (18 and Over)	51.70%	61.90%	58.30%	
Older Adults (65 and Over)	32.50%	17.10%	17.70%	
Breakdown of population by sex by percentage				
Female	50.60%	49.40%	50.90%	data.census.gov
Male	49.40%	50.60%	49.10%	
Breakdown of Veterans and poverty by percentage				
Veterans	10.90%	7.60%	6.10%	data.census.gov
Individuals Living in Poverty	11.60%	10.30%	12.50%	

D. Special Populations In Our Service Area

Clallam County residents face unique challenges linked to behavioral health, social determinants of health, and geographic isolation.

- **People experiencing homelessness:** Strongly associated with co-occurring behavioral health conditions.
- **Individuals with co-occurring needs:** High prevalence of clients with both mental health and substance use disorders.
- **Residents with disabilities:** 6,819 individuals in Clallam County report a disability.

Behavioral Health Trends:

- **Suicide rate:** ~25.7 per 100,000, above state and national averages.
- **Depression diagnoses:** 22.8% of adults.
- **Substance use concerns:**
 - Opioids - 77.5% identified as major concern
 - Methamphetamine – 71.9%
 - Alcohol – 61.9%
- **Co-occurring conditions:** Trauma/PTSD, depression, and substance use disorders are frequently linked.

Key Access Barriers:

- **Poverty:** 14.5% overall; 23.2% of children.
- **Housing:** 10% vacancy rate but persistent affordability crisis, contributing to homelessness.
- **Transportation:** Clallam County is a rural area, many residents travel 50+ miles for care.
- **Food insecurity:** 10% of households.
- **Veterans:** 10.8% of the population, with elevated behavioral health needs.

Cultural and Special Considerations:

- Tribal communities emphasize holistic and culturally grounded care.
- LGBTQ+ residents face a lack of affirming services.
- Neurodiverse clients (autism, ADHD, developmental differences) require specialized care.
- Youth & young adults lack sufficient school-based supports.
- Veterans show higher rates of trauma, suicide, and substance use.
- Rural residents face transportation and access barriers.
- Older adults experience unmet needs around dementia, depression, and isolation.

Source 3: <https://esd.wa.gov/jobs-and-training/labor-market-information/reports-and-research/labor-market-county-profiles/clallam-county-profile>



E. Summary

PBH's CCBHC service model responds to some of the highest behavioral health needs in Washington, including elevated suicide rates, high rates of depression, and widespread substance use concerns. Populations with disproportionate needs include people experiencing homelessness, individuals with co-occurring conditions, veterans, tribal members, youth, LGBTQ+ individuals, neurodiverse clients, and rural residents.

These findings underscore the importance of PBH's comprehensive, collaborative, and community-based approach, which leverages strong partnerships with designated collaborating organizations to address behavioral health challenges across the continuum of care.



PBH Main Office, Port Angeles, WA



Youth Services Center, Port Angeles, WA



Sequim Office, Sequim, WA



Horizon Day Center, Port Angeles, WA



Methodology

A. Guiding Questions

PBH developed two surveys as part of the Community Needs Assessment (CNA)—one designed for clients and one for stakeholders. This dual approach was intentional, as it allowed for comparison between the perspectives of those receiving services and those involved in providing or supporting them. Our goal was to determine whether the findings aligned or diverged. As anticipated, the results showed notable differences between the two groups.

Client CNA Survey Questions:

Section 1 – Your Experience with PBH:

1. Have you ever gotten help or treatment from PBH?
2. If you answered "No" above, had you ever heard of PBH before today?
3. What have you heard about PBH?

Section 2 – Your Needs and Community Concerns:

4. When you need help with mental health or substance use, where do you usually go first?
 - Church or spiritual leader
 - Doctor or clinic
 - Family or friends
 - Hospital or emergency room
 - I don't know where to go
 - PBH
 - Tribal community supports
 - Other (please specify)
5. Have you been able to get the help you need in Clallam County?
6. If not, what's been missing or hard to get?
7. Which of these behavioral health issues do you think are the big problems in Clallam County? (Choose all that apply)
 - Access to primary care
 - Health equity and disparities in care
 - Homelessness and housing instability
 - Mental health and emotional well-being
 - Substance use and addiction
 - Suicide prevention
 - Youth behavioral health
 - Other (please specify)



Client CNA Survey Questions Continued:

8. What mental health or substance use issues do you think need more attention? (Choose all that apply)

- Alcohol use
- Anxiety
- Depression
- Methamphetamine use
- Opioid use
- Suicide risk
- Trauma / PTSD
- Other (please specify)

9. What do you think PBH could do to help with these issues? (Choose all that apply)

- Bring services to schools and communities
- Help youth and families more
- Make services more welcoming to all cultures
- Offer more mental health counseling
- Offer more substance use treatment
- Partner with housing and other local programs
- Provide medical services
- Provide mental health care for Veterans
- Provide peer support and support groups
- Provide psychiatric medications
- Reduce stigma through education
- Use mobile clinics or telehealth
- Other (please specify)

Section 3 – Access to Services:

10. Have you or someone you know had trouble getting help from PBH?

11. What would make it easier to get help from PBH? (Choose all that apply)

- Expand telehealth or virtual options
- Improve communication and follow-up
- Increase outreach and awareness about available services
- Make services more youth- or family-friendly
- Offer more appointment times, including evenings and weekends
- Offer more culturally responsive care
- Provide services in multiple languages
- Provide services in schools or community locations
- Provide transportation assistance or mobile services
- Reduce wait times for services
- Simplify the intake process
- Other (please specify)



Client CNA Survey Questions Continued:

Section 4 – Services You Use or Need:

12. Which PBH services are most important to you? (Choose all that apply)

- Case management and care coordination
- Community education and prevention programs
- Crisis intervention and 24/7 crisis response
- Housing and employment support
- Individual Outpatient therapy
- Jail and re-entry behavioral health services
- Peer support and recovery coaching
- Psychiatric care and medication management
- Substance use disorder treatment and recovery services
- Supportive housing
- Youth and family therapy
- Other (please specify)

13. What services are missing in our community that you wish we had?

Section 5 – Your Experience with PBH Staff:

14. How has your experience been with PBH staff?

15. Did anything stand out, good or bad, that you'd like to share?

16. How do you feel when you come to PBH?

- Safe and welcome
- Nervous or uncomfortable
- It depends on the day or staff
- Other (please specify)

17. Is there anything PBH could do to make it more welcoming and comfortable?

Section 6 - Working Together in the Community:

18. Are there other programs or organizations in the community that help you?

19. How could PBH work better with these groups to support you and others?

20. Have you ever had trouble getting help because services from different places didn't work together?

21. If yes, would you be willing to share what happened and how it affected you?

22. Any additional comments or suggestions?



Stakeholder CNA Survey Questions:

Section 1 - Community Needs:

1. Are there any specific behavioral health issues or concerns that you think are especially prevalent and worthy of attention in Clallam County? (Check all that apply)

- Access to primary care
- Health equity and disparities in care
- Homelessness and housing instability
- Mental health and emotional well-being
- Substance use and addiction
- Suicide prevention
- Youth behavioral health
- Other (please specify)

2. What do you think are the biggest challenges facing the community in Clallam County? (Check all that apply)

- Access to healthcare
- Access to mental health services
- Access to mental health services for Veterans
- Affordable housing
- Childcare availability and affordability
- Crime and public safety
- Domestic violence and family safety
- Education quality and access
- Environmental concerns (e.g., climate change, water quality)
- Food insecurity
- Homelessness
- Job opportunities and economic development
- Services for older adults
- Substance use and addiction
- Support for people with disabilities
- Transportation and access to services
- Youth mental health and well-being
- Other (please specify)



Stakeholder CNA Survey Questions Continued:

3. In your opinion, what types of behavioral health (mental health and/or substance use) issues are most common in Clallam County? (Check all that apply)

- Alcohol use
- Anxiety
- Autism Spectrum Disorders
- Bipolar Disorder
- Depression
- Marijuana use
- Methamphetamine use
- Opioid use
- Schizophrenia
- Suicide risk
- Trauma / PTSD
- Other (please specify)

4. How could Peninsula Behavioral Health help address these issues? (Check all that apply)

- Collaborate with housing and homelessness service providers
- Expand access to affordable mental health counseling
- Expand Autism Spectrum Disorder services
- Expand jail transition support services
- Expand support for individuals with co-occurring disorders
- Expand Telehealth and virtual services
- Help reduce stigma through community events and advocacy
- Improve access to crisis response and urgent care for mental health
- Increase services for youth and families
- Offer mobile or community-based behavioral health outreach
- Partner with schools to support student mental health
- Provide education and awareness around mental health and addiction
- Provide more substance use treatment and recovery services
- Provide support groups and peer-led recovery programs
- Other (please specify)



Stakeholder CNA Survey Questions Continued:

Section 2 - Access and Barriers to Care:

5. What do you think are some of the major barriers to accessing behavioral health and substance use care in our community? (Check all that apply)

- Difficulty navigating the healthcare system
- Lack of childcare or family support during appointments
- Lack of insurance or inability to pay
- Lack of Veterans mental health services
- Language or cultural barriers
- Limited hours or inflexible scheduling
- Long wait times for appointments
- Not enough providers or specialists
- Not knowing where to go or how to get help
- Privacy concerns in a small community
- Services not tailored to youth or older adults
- Stigma around mental health or addiction
- Transportation or distance to services
- Other (please specify)

6. Has your organization referred clients to Peninsula Behavioral Health in the past?

7. If “yes,” how was the intake process? (Check all that apply)

- The client couldn’t get an appointment or was placed on a long waitlist
- The client received timely follow-up and communication
- The client was satisfied with the support I received
- The client wasn’t sure what to expect or what the next steps were
- It was smooth and easy to navigate
- Other (please specify)



Stakeholder CNA Survey Questions Continued:

8. How could Peninsula Behavioral Health make services more accessible and convenient for the clients your organization serves?

- Expand telehealth or virtual options
- Improve communication and follow-up
- Increase outreach and awareness about available services
- Increase services in rural areas
- Make services more youth- or family-friendly
- No improvements, the process is seamless
- Offer more appointment times, including evenings and weekends
- Offer more culturally responsive care
- Provide services in multiple languages
- Provide services in schools or community locations
- Provide transportation assistance or mobile services
- Reduce wait times for services
- Simplify the intake and referral process
- Other (please specify)

Section 3 - Certified Community Behavioral Health Clinic (CCBHC) Services:

9. Among the behavioral health services provided in Clallam County, which are most important to the clients your organization serves?

- Case management and care coordination
- Community education and prevention programs
- Crisis intervention and 24/7 crisis response
- Housing support and outreach
- Jail transition and reentry behavioral health services
- Outpatient mental health counseling
- Peer support and recovery coaching
- Psychiatric care and medication management
- School-based mental health services
- Services for individuals with co-occurring disorders
- Substance use disorder treatment and recovery services
- Youth and family therapy
- Other (please specify)

10. In your opinion, what age groups need more support in Clallam County? (Check all that apply)

- Children (0–12)
- Teens (13–17)
- Adults (18–64)
- Seniors (65+)



Stakeholder CNA Survey Questions Continued:

Section 4 - Staffing and Workforce:

11. Which of the suggested partnership approaches do you believe would best support collaboration between Peninsula Behavioral Health and other organizations to benefit Clallam County residents?

- Co-hosting community events or outreach activities
- Collaborating on grant or funding opportunities
- Creating joint educational or support programs
- Cross-training staff to better understand each other's services
- Developing shared referral protocols or warm handoffs
- Embedding PBH staff within our organization (or vice versa)
- Holding regular coordination or check-in meetings
- Offering on-site services at each other's locations
- Sharing data or outcomes to improve care coordination
- Streamlining communication between our teams
- Other (please specify)

12. Any additional comments or suggestions?



B. Methodology

PBH conducted a Community Needs Assessment (CNA) from May 19–June 13, 2025, gathering input from clients and stakeholders across Clallam County. To capture a broad range of perspectives, PBH designed two versions of the survey: a Client survey and a Stakeholder survey.

Guiding Team and Roles

The CNA was developed and implemented by a multidisciplinary guiding team, whose members served in the following roles:

- Wendy Sisk – Steering Group Member; Executive, Program Director
- Tracy Sheldon – Steering Group Member; Data Steward, Communications, Survey Author
- Sydney Upham Soelter – Quality; Steering Group Member; Survey Author
- Dawn Brown – Fiscal
- Angie Berglund – Peer/Recovery Support
- Kelly Cook – Clinical

Gathering Stakeholder Input and Qualitative Data

PBH utilized multiple strategies to share information about the CNA and to encourage participation in the survey, including:

- Posting on the PBH website and in the monthly newsletter
- Sharing through social media platforms (Facebook, Instagram, LinkedIn, Nextdoor)
- Distributing the survey link via email to all PBH staff and previewing it at the All Staff meeting on April 22, 2025
- Sharing with Sequim and Port Angeles School Districts
- Sharing with the Port Angeles Police Department, Sequim Police Department, and Clallam County Sheriff's Office
- Sharing with the City of Port Angeles and City of Sequim
- Sharing with the Jamestown S'Klallam Tribe and Lower Elwha Klallam Tribe
- Presenting to PBH Leadership staff on May 20, 2025
- Attending community events and meetings, including:
 - Resource Fair at Port Angeles Senior Center (May 21, 2025)
 - Sequim Chamber of Commerce meeting (May 27, 2025)
 - Port Angeles Chamber of Commerce meeting (June 11, 2025)



Collection Strategy

To reach clients directly, PBH:

- Issued the client survey via SurveyMonkey, texted to clients who had appointments within the 90 days prior to survey launch
- Distributed hard copies of the survey at three PBH office locations
- Offered a \$5 coffee card incentive for survey completion
- Advertised the survey in the local newspaper
- Shared the survey on Facebook, Instagram, and Nextdoor
- Partnered with local agencies to share the survey within their organizations, email lists and local tribes

Strategy for Compiling and Analyzing Quantitative Data

PBH incorporated both external and internal data sources to inform the CNA.

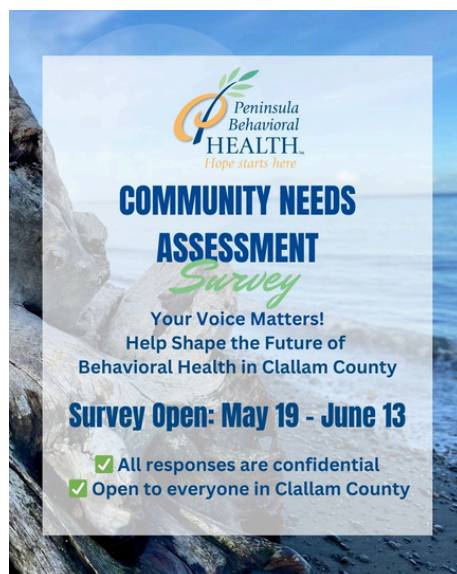
External Data Sources Reviewed:

- 2022 Clallam County Community Health Assessment
- 2022 Olympic Medical Center Community Needs Assessment
- 2023 North Olympic Healthcare Network Community Health Needs Assessment
- 2023 Olympic Community of Health Assessment
- 2017 Clallam County Behavioral Health Treatment Needs and Outcomes Report

Internal Data Sources Reviewed:

- Demographic data
- Insurance coverage data
- Appointment reason data

Analysis was completed in collaboration with PBH's Director of Quality and Compliance and Data Engineer of Quality and Compliance, ensuring accuracy and consistency in data reporting.



NEEDS ASSESSMENT FINDINGS

Mental Health and Substance Use Conditions and Related Needs in Our Service Area

A. Description of Mental Health and Substance Use Conditions in Our Community

PBH's 2025 CNA references national, state, and local indicators. Below is a concise picture of mental health, substance use, and physical health in Washington State and Clallam County—with comparisons to national benchmarks and selected qualitative insights.

Mental health: National vs. Washington vs. Clallam County

National benchmarks (adults 18+)

- **Any Mental Illness:** 23.5%. Serious Mental Illness (SMI): 5.8%.
- **Past-year major depressive episode (all ages 12+):** 8.6%; adolescents much higher than adults.
- **National Institute for Mental Health estimate for adults with a major depressive episode (2021):** 8.3%.

Washington State (adults 18+)

- **Any Mental Illness:** 28.0% (above U.S. average 23.5%).
- Serious **Mental Illness:** 7.4% (above U.S. 5.8%).

Clallam County (adult survey data)

- **Diagnosed depression:** 22.8% of adults report a depressive disorder (higher in Greater Port Angeles; higher among women and young adults).
- **Unmet mental health need:** 3.8% reported needing MH care in the past year but not getting it.

Substance use: National vs. Washington vs. Clallam County

National and Washington (NSDUH 2022–2023)

- **Drug use disorder (past year, age 12+):** U.S. 9.6%; Washington 5.6% (state variation reflects methodology and inclusion of cannabis use disorder).
- **Co-occurring MH & SUD (adults 18+):** U.S. 8.2%. (State tables detail co-occurrence; Washington benchmarks track above U.S. on AMI/SMI.)

Clallam County (community/Key Informant signals)

- **Substances viewed as most problematic locally:** Alcohol (41.7%), heroin/other opioids (37.5%), meth/other amphetamines (20.8%) (key informant panel).

Sources:

4. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>

5. <https://www.nimh.nih.gov/health/statistics/major-depression?>

6. <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>



Physical health needs & drivers of mortality (with local context)

Washington State leading causes of death:

- **Top causes:** Cancer, heart disease, unintentional injuries, followed by Alzheimer's and cerebrovascular disease.

Source 7: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

Clallam County mortality signals (local coroner report, 2024):

- Among jurisdictional cases investigated by the coroner (subset of total deaths):
 - Accidents: 56
 - Suicides: 24
 - Homicides: 3
 - Natural: 99

Selected chronic disease & access indicators (Clallam County):

- **Diabetes prevalence (self-report):** 12.4% (higher than WA).
- **High blood pressure (ever told):** 39.4% of adults.
- **Food access:** 38.2% of residents live far from a supermarket/large grocery store (much higher than WA/US), a barrier tied to chronic disease risk.

Source 8: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

Geography inside Clallam County (Port Angeles, Sequim, rural areas):

- The county is older than WA/US on average, with health burden differences across Greater Port Angeles, Greater Sequim, and Other Clallam County zones (e.g., higher diagnosed depression in Greater Port Angeles; higher ER use in “Other Clallam County”).

Source 9: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

Emergency department (ED) use: what the community reports

- 8.8% of adults used a hospital ED more than once in the past year, higher in “Other Clallam County.”
- Reported reasons for ED use: Emergency situation (62.6%), weekend/after-hours (24.8%), access problems (10.6%).
- Access problems include inability to get timely appointments or services in outpatient settings.

Source 10: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

Qualitative insights on community needs (themes from local assessments):

- Co-occurring needs are common among people experiencing homelessness: mental health challenges, trauma, substance use, and untreated medical conditions, with higher difficulty maintaining services in the county's western/rural areas. Provider turnover and limited post-housing supports impede stability.

Source 11: <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>



- Access and coordination gaps: Providers cite inconsistent assessment/prioritization, limited shelter capacity (especially in the West End), and transport/after-hours access barriers—all of which can push people to use EDs for urgent care.

Source 12: <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>

Takeaways for PBH planning

- Higher mental health burden in WA (AMI/SMI) relative to U.S., with local depression burden notable in Greater Port Angeles—supporting continued emphasis on timely outpatient mental health access and crisis alternatives.

Source 13: <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>

- Substance use priorities locally include alcohol, opioids, and meth, aligning with prevention, MAT, and recovery-support investments.

Source 14: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

- Chronic disease & mortality drivers (cardiovascular disease, cancer, injuries) plus food access constraints suggest integrated behavioral health—primary care models, chronic disease management, and social-needs referrals.

Source 15: <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>

- ED utilization reflects both true emergencies and after-hours/access gaps—opportunities for same-day access, extended hours, mobile services, and west-county outreach.

Source 16: <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

B. Mental Health and Substance Use Needs Among the People We Serve

Client survey results:

- **Strong Awareness of PBH:** 90% of respondents reported receiving services at PBH; of those who had not, 91% had still heard of PBH. 42% of respondents said they go to PBH first when seeking help for mental health or substance use needs.
- **Access Gaps Remain:** 21% reported not being able to get the help they need in Clallam County, citing barriers such as provider shortages, turnover, long wait times, lack of inpatient care, and gaps in specialized services (e.g., autism evaluations, LGBTQ+ affirming therapy, trauma care, and consistent psychiatry).
- **Community Priorities:** Housing instability, substance use, and mental health were identified as the top community issues. Trauma/PTSD, depression, anxiety, and substance use (opioids, methamphetamine, alcohol) were highlighted as conditions needing more attention.
- **Service Experience:** Most respondents described PBH staff as caring, supportive, and welcoming, though concerns were raised about high staff turnover, inconsistent follow-up, and access barriers.



- **Desired Improvements:** Respondents emphasized the need for more accessible counseling and psychiatric care, evening/weekend appointments, expanded telehealth, stronger partnerships with housing and other providers, culturally responsive services, and local inpatient options.
- **Top community problems:**
 - Homelessness & housing instability 77.31%
 - Substance use & addiction 73.95%
 - Mental health & emotional well-being 72.27%
 - Access to primary care 42.86%; Youth behavioral health 41.18%; Suicide prevention 29.41%
- **Conditions needing more attention:**
 - Trauma/PTSD 68.33%, Depression 60%, Anxiety 54.17%
 - Opioid use 51.67%, Methamphetamine use 50%, Suicide risk 45%, Alcohol use 41.67%
 - Additional needs frequently named: autism/neurodiversity (adult & youth), ADHD in women, psychosis, eating disorders, nicotine/vaping, LGBTQ+-affirming care, veteran-specific supports.
- **Care experience & environment:**
 - Many praise PBH's front desk, crisis team, care advocates, and youth services; 55.65% feel safe and welcome (26.09% "it depends").
 - Recurrent stressors: staff turnover, inconsistent follow-up, limited counseling frequency, difficulties with psychiatry/medication management.

C. Unmet Mental Health and Substance Use Needs

- **Access gaps:** 20.83% report they have not been able to get needed help in Clallam County.
- **Insufficient capacity:** long waitlists; difficulty getting timely therapy (weekly sessions often unavailable); limited same-day/urgent options for non-emergent crises.
- **Workforce instability:** frequent therapist turnover and abrupt departures disrupting continuity and trust.
- **Psychiatry/med management constraints:** trouble accessing/retaining prescribers; mixed experiences with communication and medication planning.
- **Geographic inequities:** notable requests to match Sequim services with Port Angeles (e.g., prescribers, pharmacy access).
- **Transportation & scheduling:** need for telehealth, mobile services, and evening/weekend appointments.
- **Care coordination:** fragmentation between partner agencies; 28.85% report difficulties when services don't work together.



Specific service gaps named by clients:

- No local inpatient mental health/3.7 withdrawal management; desire for medicated detox and step-up/step-down options.
- Neurodiversity services: adult autism evaluations, ABA, supports for autistic adults; broader non-talk-therapy modalities.
- Youth & family: expanded youth groups, family-based services, childcare supports, school-based access.
- LGBTQ+-affirming therapy (youth and adults).
- Veterans' mental health, including female-veteran PTSD groups.
- Trauma-focused care and diagnosis-specific groups (e.g., Bipolar I, CPTSD, grief).
- Housing supports: more supportive housing, shelter options, and coordinated housing navigation.

• What would make access easier named by clients:

- More appointment times including evenings/weekends (51.35%)
- Expand telehealth/virtual (45.95%) and mobile/transportation supports (38.74%)
- Reduce wait times (31.53%); simplify intake (26.13%); improve communication & follow-up (36.04%); increase outreach/awareness (43.24%)
- Provide services in schools/community (32.43%); peer support & groups prioritized elsewhere in survey (51.72%).
- Culturally responsive, multilingual care (11.71%–12.61%) and neurodivergent-friendly processes (clear signage, expectations, accommodations).

D. Summary of Findings

- PBH is the community's primary behavioral-health access point, with strong brand recognition and trust—especially for crisis access, reception, and youth services.
- Most urgent needs (as named by clients): housing instability, substance use (opioids & meth), and mental health conditions (trauma/PTSD, depression, anxiety), with youth behavioral health and suicide prevention also prominent.
- Access and continuity are the pain points. Clients report waitlists, limited frequency of therapy, psychiatry bottlenecks, and turnover—all of which impede progress and erode therapeutic alliance.
- Service gaps for underserved clients include local inpatient/withdrawal management, neurodiversity services (especially adult autism evaluations/ABA), LGBTQ+-affirming care, veteran-focused services, and diagnosis-specific support groups.
- Structural barriers—transportation, scheduling (need for evenings/weekends), coordination across providers, and geographic inequities between Sequim and Port Angeles—compound unmet needs.
- Client-driven solutions are clear: expand telehealth/mobile, add evening/weekend hours, reduce wait times, stabilize the workforce, strengthen care coordination with partner agencies, increase peer/support groups, and enhance culturally responsive and neurodivergent-friendly practices.



Economic Factors and Social Drivers of Health

Port Angeles, Sequim and surrounding rural communities within Clallam County, face significant challenges driven by economic and social determinants of health. Nearly one-third of residents are age 65 or older—almost double the state average—and 10.8% identify as veterans. As a rural area, healthcare and service access is limited. Disability rates among individuals under 65 are also higher in Clallam County (14%) compared to Washington State (9%), underscoring the disproportionate health vulnerabilities in the region.

Priority Community Issues

Respondents reported:

- Housing instability & homelessness – 77%
- Substance use & addiction – 74%
- Mental health & emotional well-being – 72%
- Access to primary care – 43%
- Youth behavioral health – 41%
- Suicide prevention – 29%

Survey comments reinforced these priorities, noting that “transportation and housing instability interfere with treatment.” Trauma/PTSD, depression, anxiety, and substance use (particularly opioids, methamphetamine, and alcohol) were identified as conditions needing greater attention.

Housing Instability and Poverty

Housing instability remains one of the most pressing challenges. Clallam County poverty rates are significantly higher than state and national averages, with 14.5% of the total population and 23.2% of children living below the federal poverty level. These conditions contribute to high rates of homelessness and increase barriers to consistent healthcare access. Poverty drives food insecurity, unstable housing, and financial trade-offs that often lead to skipped medications or delayed care.

Employment, Income, and Education

Economic stability is limited by an uneven job market and relatively low wages compared to cost of living. Many working families experience housing and food insecurity despite employment. Education levels trail state averages, and limited access to affordable higher education and vocational training constrains opportunities for upward mobility. These structural inequities perpetuate intergenerational cycles of poverty and poor health outcomes.



Transportation and Rural Barriers

Geography plays a central role in shaping health access. Nearly half of Clallam County residents travel more than 50 miles to receive healthcare, a challenge compounded by limited public transportation. Approximately 8% of residents miss appointments due to transportation barriers. Internet and broadband gaps further limit telehealth accessibility, especially in rural areas. These access challenges disproportionately affect low-income residents, older adults, and individuals with disabilities.

Food Insecurity

Food insecurity affects roughly one in ten residents. Rising food costs combined with transportation barriers and rural isolation exacerbate this problem. Families often must choose between food, medications, or rent. Access to affordable, nutritious food remains a critical driver of health outcomes, particularly for children and older adults.

Mental Health and Substance Use

Mental health conditions and substance use are urgent community concerns. According to the Olympic Medical Center 2022 CNA, nearly one in four adults (22.8%) has been diagnosed with depression, with rates especially high among women, young adults, and residents of Greater Port Angeles. Suicide rates in Clallam County average 25.7 per 100,000, well above the state and national averages.

The 2023 North Olympic Healthcare Network (NOHN) CNA reinforces the urgent need to expand integrated behavioral health services. Provider shortages, an aging population, high poverty rates, and rural service gaps all contribute to inadequate care access. These shortages drive long waitlists and unmet treatment needs, placing additional strain on families and community safety nets.

Social and Health Inequities

Community surveys and assessments consistently highlight that equitable access to healthcare and affordable housing remain the most pressing needs. Financial barriers, lack of insurance, provider shortages, and stigma prevent many from receiving timely mental health and substance use treatment. Younger and lower-income residents report higher levels of distress, with 13% of survey respondents reporting eight or more poor mental health days in the past month.

Summary

Economic and social drivers—housing instability, poverty, limited employment opportunities, transportation barriers, food insecurity, and inequities in healthcare access are deeply interconnected in Clallam County. These structural challenges create conditions where mental health and substance use disorders thrive, while limited local provider capacity exacerbates unmet needs. Addressing these drivers holistically is essential to improving population health outcomes.



Culture and Language

A. Culture and Language in Our Service Area

PBH's service area includes Port Angeles, Sequim, and the surrounding rural communities within Clallam County, with a diverse cultural profile that reflects both its Native heritage and growing demographic shifts. According to U.S. Census and American Community Survey estimates (2023–2024), the county's population of approximately 77,480 residents is predominantly non-Hispanic White (around 82%). Key subpopulations include:

- **Tribal Communities:** The area is home to several sovereign tribes, including the Lower Elwha Klallam Tribe, the Jamestown S'Klallam Tribe, the Makah Tribe, and the Quileute Tribe. Tribal communities, 5.60%, have deep cultural and historical ties to the region and maintain unique health, linguistic, and cultural need.
- **Hispanic/Latino Population:** Roughly 6.10% of residents identify as Hispanic or Latino, a group that continues to grow, especially among younger generations. Spanish is the most commonly spoken non-English language in the region.
- **Asian and Pacific Islander Populations:** Representing about 1.6% of residents, this group is concentrated in Port Angeles and Sequim. Languages such as Tagalog, Korean, and Vietnamese are spoken in small but notable numbers.
- **Multiracial Residents:** Approximately 8.60% of the population identifies as two or more races, reflecting increasing diversity in family backgrounds.
- **Aging Population:** Nearly one-third of the county's residents are over the age of 65, shaping cultural needs around accessibility, generational perspectives, and healthcare preferences.

In terms of language, about 6% of households report speaking a language other than English at home. Spanish is the most common, followed by Indigenous languages and smaller pockets of Asian languages. While English remains the primary language at 94%.

B. Culture and Language Among People We Serve

PBH serves a client base that mirrors this community profile, with notable concentrations among underserved groups:

- **Tribal Members:** PBH provides services to individuals from the Lower Elwha Klallam and Jamestown S'Klallam Tribes, with growing collaboration to support culturally relevant care that honors tribal traditions and healing practices.
- **Spanish-Speaking Clients:** PBH also serves Spanish-speaking clients and has access to bilingual interpreters to ensure equity in behavioral health care.

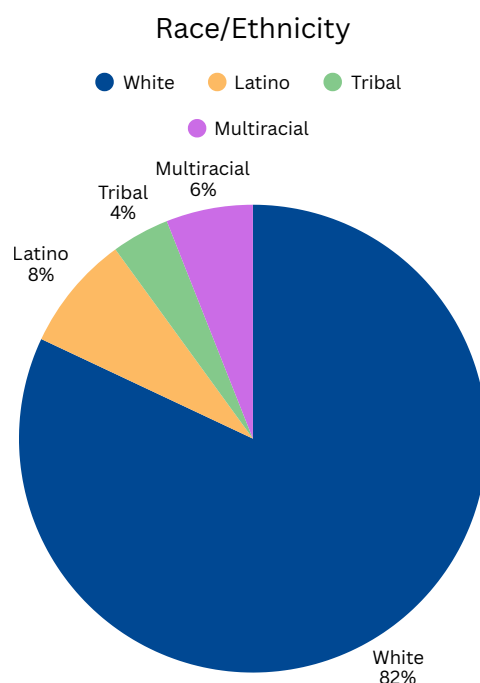
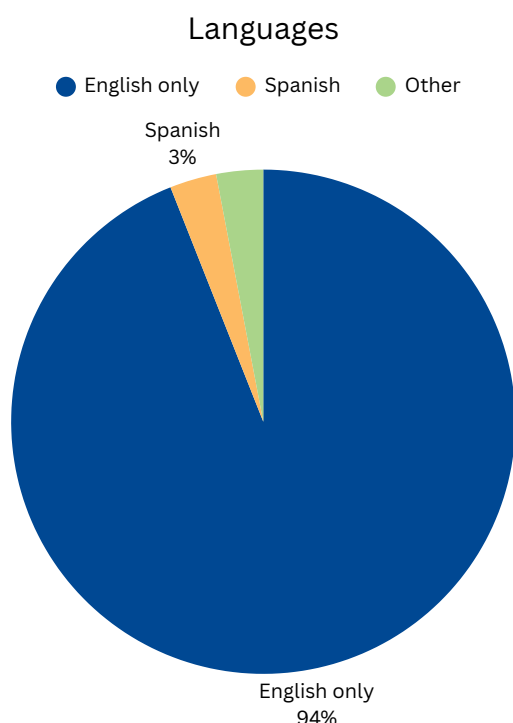


- **Older Adults and Veterans:** Given Clallam County’s high proportion of seniors and veterans, PBH’s client base includes many older adults and individuals with military backgrounds who bring unique cultural perspectives and healthcare needs, particularly related to trauma, PTSD, and chronic health conditions.

PBH’s commitment to culturally responsive care includes staff training in cultural humility, partnerships with tribal health programs, and expanded access to interpretation services for non-English-speaking clients.

Summary of Findings:

- **Cultural Diversity Rooted in Tribal Heritage:** Tribal nations remain central to the cultural identity of Clallam County, and collaboration with these sovereign governments is essential to addressing behavioral health needs.
- **Hispanic/Latino Community:** Spanish is the most frequently spoken non-English language representing 8% of the community.
- **Aging Population:** Nearly one in three residents is over age 65, making aging-related cultural needs, accessibility, and veteran-specific care significant priorities.
- **Multilingual Needs:** While the majority of residents speak English, clients reflect linguistic diversity, requiring occasional interpreter services and culturally tailored approaches.
- **Equity in Access:** Culturally and linguistically appropriate care is vital to ensure that PBH services reach all populations equitably, particularly tribal members, Latino families, veterans, and low-income rural residents.



Current Strengths and Challenges at Our CCBHC

A. CCBHC Strengths

Community Needs and Barriers to Care - Strengths

PBH has made strong progress in addressing the most pressing community needs and barriers to care identified in the Community Needs Assessment:

Culturally Sensitive and Linguistically Appropriate Care

PBH upholds policies that foster inclusivity and equity in care, including a Developmental, Linguistic, and Cultural Competence Policy aligned with CLAS standards and a Gender Affirming Care Policy to ensure welcoming experiences for all clients. These are reinforced through Clinical Bulletin services that guide care delivery and workforce development, with future plans to integrate them into a single plan and our 2026 Quality Management Plan. An internal stakeholder committee leads inclusion, diversity, and accessibility initiatives, with 2025 priorities including a Cultural Heritage staff potluck, accessibility review, Implicit Bias Training, and a Lunch & Learn on “Working with Trans People.” PBH also partners with tribal health programs (Lower Elwha Klallam Tribe and Jamestown S’Klallam Tribe), provides interpreter services for Spanish-speaking and limited English proficiency clients, and ensures staff are trained in cultural humility and trauma-informed practices so that services reflect the cultural and linguistic diversity of Clallam County.

Mental Health and Substance Use Services

PBH aligns its programs directly with community-identified priorities, including treatment for trauma, PTSD, depression, anxiety, and substance use (opioids, methamphetamine, and alcohol). Crisis services, outpatient therapy, medication-assisted treatment, and peer support services are in place to address the highest-need conditions reported in the CNA.

Addressing Social Drivers of Health

PBH integrates case management and care coordination to help clients overcome barriers such as transportation, housing instability, and food insecurity. Staff work with clients to connect them to community resources, navigate benefits, and access housing supports. By addressing both behavioral health and social drivers, PBH reduces barriers that interfere with treatment.



Community-Responsive Staffing and Services - Strengths

PBH maintains a staffing structure designed to meet the unique needs of the Clallam County community, as reflected in the CNA:

Evidence-Based Practices

PBH delivers evidence-based treatments, including EMDR for trauma, Motivational Interviewing, Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT). These align with the community's expressed needs for trauma and substance use treatment.

Timely Access to Care

PBH ensures access through extended hours, Open Access offering same day intake and appointments and 24/7 crisis teams. The Mobile Crisis Outreach Team responds countywide, reducing reliance on emergency departments and law enforcement during behavioral health crises.

Qualified and Appropriately Credentialed Staff

PBH is staffed with licensed clinicians, psychiatrists, psychiatric nurse practitioners, substance use disorder professionals, peer support specialists, and case managers, ensuring a full continuum of care. Ongoing training ensures staff expertise is aligned with evolving community needs.

Diverse Workforce Reflective of Community

PBH employs staff with lived experience and peer recovery specialists, reflecting the demographics and cultural profile of the community. The inclusion of peers and cultural navigators ensures services are accessible, relatable, and reduce stigma for clients.

Effective Partnerships and Care Coordination - Strengths

PBH's success as a CCBHC is strengthened by its deep partnerships and care coordination:

Outreach to Populations of Focus

PBH actively engages populations at higher risk of negative outcomes, including people experiencing homelessness, uninsured/underinsured residents, and veterans. Outreach includes community events, embedded staff, and collaborations with local government, schools and shelters.

Partnerships with Community Organizations

PBH partners with housing providers, food banks, and social service agencies to address the drivers of health beyond clinical treatment. Collaborative efforts with housing providers directly address the top CNA-identified issue of housing instability and homelessness.



Care Coordination with Health Providers

PBH maintains strong relationships with Olympic Medical Center, North Olympic Healthcare Network (FQHC), Jamestown HealthCARE and other healthcare providers. Shared care coordination ensures that clients with complex needs receive integrated behavioral and physical healthcare. This collaboration helps reduce duplication of services, improves health outcomes, and ensures continuity of care.

B. CCBHC Challenges and Gaps

Community Needs and Barriers to Care - Challenges & Gaps

Addressing Social Drivers of Health:

PBH case managers work to connect clients with housing, food, and transportation support, but the demand far outweighs available resources. Lack of affordable housing stock and limited transportation infrastructure remain community-wide challenges beyond PBH's control.

Community-Responsive Staffing and Services - Challenges & Gaps

Staffing Levels and Credentials:

Recruitment and retention of licensed clinicians, psychiatric prescribers, and substance use professionals remain persistent challenges, particularly in a rural county with high cost of living and limited workforce pipeline. The demand for services continues to outpace staffing capacity, resulting in waitlists.

Effective Partnerships and Care Coordination - Challenges & Gaps

Care Coordination with Health Providers:

Coordination with hospitals and FQHCs exists but could be improved. Differences in electronic health record systems, confidentiality barriers, and workforce shortages hinder seamless care transitions.

Summary of Findings

PBH's role as a CCBHC has positioned the organization as the backbone of behavioral health care in Clallam County. By providing culturally responsive services, evidence-based practices, timely access, and integrated partnerships, PBH effectively addresses the community's highest-priority needs: housing instability, substance use, and mental health. These strengths demonstrate PBH's capacity to reduce barriers, respond to social drivers of health, and deliver equitable, whole-person care.



ACTION PLAN TO ADDRESS FINDINGS

Prioritization of Findings

A. Priorities for Implementation

Community Needs and Barriers to Care

- Extended Hours
- Expand Services for Autism Spectrum Disorders
- Provide Children's Mental Health Services in Schools
- Improve Cultural Accessibility

Community-Responsive Staffing and Services

- Staff Retention
- Evidence-Based Practice Implementation
- Update Electronic Health Record Functionality

Effective Partnerships and Care Coordination

- Expand/Improve Care Coordination with Partners
- Community Outreach and Education
- Expand Veterans' Services



Secondary Priorities

Community Needs and Barriers to Care

Secondary priorities under this domain focus on enhancing access and responsiveness to specialized populations and underserved groups. While extended hours and school-based services were identified as primary needs, other priorities play a supporting role in reducing barriers. The development of autism spectrum disorder (ASD) services, for example, will not only expand access for a currently underserved population but also reduce family stress and crisis utilization. Improvements in electronic health record (EHR) functionality—such as client portals and data exchange with partner agencies—are also considered secondary priorities, as they indirectly support access by empowering clients with health information and facilitating seamless referrals. Finally, cultural accessibility initiatives, including ADA upgrades and website enhancements, strengthen community inclusion and reduce stigma, ensuring that services are accessible to individuals with physical disabilities and culturally diverse populations.

Community-Responsive Staffing and Services

Secondary priorities in staffing and services reflect PBH's efforts to integrate workforce development with broader access goals. Evidence-based practice implementation, such as Motivational Interviewing and Parent-Child Interaction Therapy, was categorized as a primary staffing initiative, but it also serves as a secondary driver of access and quality. Staff retention efforts, including onboarding improvements and enhanced supervision, are similarly cross-cutting; while primarily a workforce strategy, retention directly impacts continuity of care for clients. Expanding ASD services and cultural accessibility measures are also secondary priorities in this domain, as they require specialized training, cultural humility, and trauma-informed practices to be fully effective.

Effective Partnerships and Care Coordination

Several priorities identified by PBH span beyond direct service delivery to strengthen collaborative systems of care. Community outreach and education was identified as a primary partnership priority but also serves as a secondary barrier-reduction strategy, ensuring that community members and providers are aware of how to access PBH services. Expansion of veterans' services, while primarily a care coordination effort with the VA and Coast Guard, also addresses access barriers specific to this population. Likewise, the EHR upgrade is a secondary care coordination priority, supporting interoperability and data sharing with hospitals, specialty medical providers, and criminal justice partners. These projects highlight PBH's recognition that effective care depends on both strong community partnerships and integrated information systems.



Prioritization Process and Considerations Driving Decision-Making

PBH used a multi-layered, collaborative approach to identify and prioritize needs for its CCBHC planning. The process was guided by both quantitative data from surveys and assessments, and qualitative input from clients, staff, and community partners.

Data-Driven Foundations

1. Client and Stakeholder Surveys

- PBH's Community Needs Assessment (CNA) included both a client version and a stakeholder version, which identified the top issues impacting individuals and families in Clallam County.
- Clients emphasized the barriers of transportation and housing instability, along with the need for accessible, timely mental health and substance use treatment.
- Stakeholders highlighted systemic issues such as homelessness, youth behavioral health, health equity, and the lack of services for specialized populations (e.g., neurodivergent youth).

2. Partner Agency and Community Assessments

- PBH reviewed and integrated findings from other community CNAs, including those conducted by Olympic Medical Center (2022), North Olympic Healthcare Network (2023), and the Clallam County Community Health Assessment (2022).
- These reports reinforced the urgent community-wide needs around housing instability, high rates of depression and suicide, provider shortages, poverty, and gaps in integrated behavioral health services.

Collaborative Input and Staff Engagement

3. Internal Staff Meetings and Workgroups

- Staff across departments—including clinicians, peer specialists, case managers, and leadership—participated in structured discussions to identify emerging needs and service gaps.
- These meetings allowed PBH to weigh operational realities, workforce challenges, and the feasibility of expanding or adapting services. Staff also provided input on strategies to address social drivers of health, such as housing and food insecurity.

4. Cross-Sector Collaboration

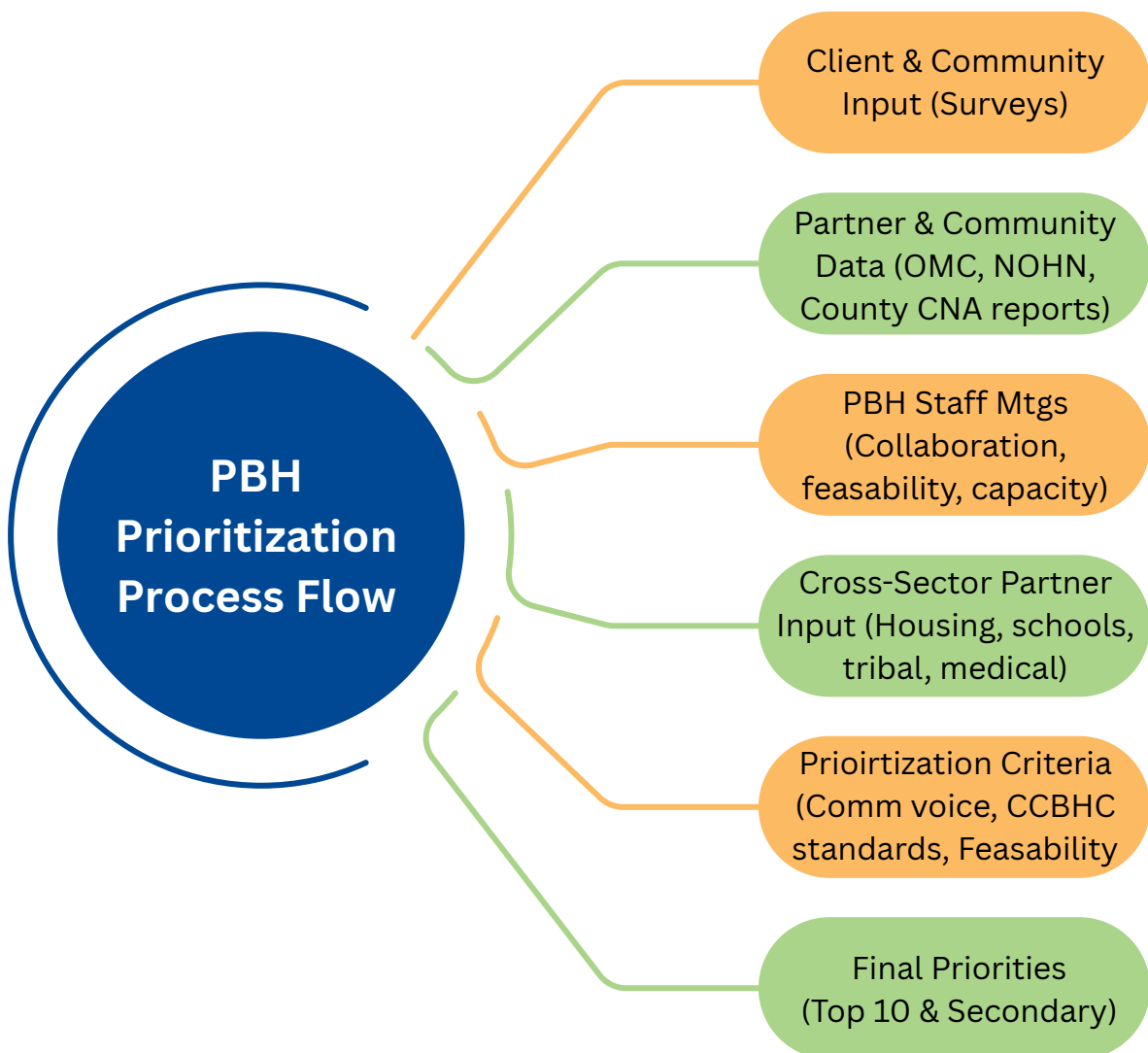
- Partner agencies, including housing providers, schools, tribal health programs, and medical providers, were consulted to ensure that PBH's priorities aligned with broader community needs.
- These partnerships helped PBH identify where its services could complement or fill gaps left by other organizations, especially in crisis response, youth services, and care coordination.



Prioritization Criteria

Decisions were guided by a set of criteria to ensure that selected priorities were both responsive and realistic:

- **Community Voice:** Emphasis was placed on the needs most frequently and urgently identified by clients and stakeholders.
- **Alignment with CCBHC Standards:** Priorities were evaluated against the CCBHC model requirements for access, quality, and integrated care.
- **Feasibility and Capacity:** PBH considered staffing, funding, and infrastructure needed to sustain initiatives.
- **Equity and Vulnerable Populations:** Special consideration was given to populations disproportionately impacted by health inequities, including tribal members, veterans, youth, and people experiencing homelessness.
- **Impact on Outcomes:** Services likely to reduce hospitalizations, prevent crises, and improve recovery outcomes were given higher priority.



Staffing and Implementation Plan

A. Staffing Plan

PBH integrates findings from the CNA directly into its staffing and training strategies to ensure services remain responsive to community priorities.

- **Staff Retention and Development:** CNA findings identified staff retention as a top priority. PBH is enhancing recruitment strategies, creating career development pathways, and expanding clinical supervision to support long-term retention. The addition of a Clinical Development Director will expand training capacity, supervise interns, and strengthen evidence-based practice fidelity.
- **Specialty Services:** To address identified needs such as autism services, eating disorders, and suicide prevention, PBH is planning to add a licensed dietician and expand provider training in Applied Behavioral Analysis (ABA), PCIT, and play therapy.
- **Cultural and Linguistic Capacity:** CNA findings highlighted the need for increased cultural accessibility. PBH will prioritize recruitment of bilingual/bicultural staff, ADA compliance training, and workforce diversity efforts to better reflect the demographics of Clallam County.
- **Cross-Sector Training:** PBH will expand training opportunities for staff and community partners in collaborative problem-solving, trauma-informed care, and care coordination, supporting more integrated service delivery across agencies.

This staffing plan ensures PBH maintains a workforce that is both clinically skilled and culturally responsive, directly aligned with the highest-need areas identified by clients, stakeholders, and community partners.



B. Implementation Plan

The following three-year implementation matrix outlines PBH's SMART objectives, timelines, and responsible parties.

Implementation Plan			
Priority Area	SMART Objective	Timeline	Responsible Staff
Staff Retention & Development	Reduce annual staff turnover by 10% through enhanced supervision, career development, and training.	Year 1-3	HR Dept.
Extended Hours	Launch expanded evening/weekend services at two sites based on client survey input.	Year 1-2	COO, Dept. Directors; Supervisors
Care Coordination	Formalize MOUs with 5 partner agencies (VA, DD, hospitals, justice, dental) to improve referral	Year 1-3	CEO, Partnerships Lead
Evidence-Based Practice	Continue clinical staff trainings	Year 1-3	Dir. Outpatient
Autism Spectrum Services	Establish ABA service line; launch ASD awareness workshops.	Year 2-3	Medical Dir., Dir. Outpatient, CFS Sup.
Outreach & Education	Host 4 quarterly provider meetings and publish 12 newsletters annually to promote service access.	Year 1-3	Dev. Director
School-Based Services	Expand school-based services	Year 2-3	Dir. Outpatient, CFS Sup.
Veterans' Services	Increase veteran/active-duty caseload by 20% through targeted outreach with VA/Coast Guard.	Year 1-3	Dir. Outpatient
Cultural Accessibility	Upgrade ADA restrooms at 2 sites, enhance website accessibility, and host 2 tribal partner meetings/year.	Year 2-3	CEO, Facilities Sup.
EHR Functionality	Implement patient portal by 2026 for 90% client access and connect EHR with 3 partner systems.	Year 2-3	IT Dir., Dir. of Quality and Compliance

The Needs Assessment Cycle and Updates

A. Plan to Update Needs Assessment

PBH is committed to maintaining an ongoing process of community engagement and data-driven planning. The CNA will be updated at least every three years in alignment with CCBHC requirements and best practices. This cycle ensures that emerging needs, changing demographics, and evolving community priorities are regularly identified and addressed. Updates will incorporate:

- Client and stakeholder survey data
- Partner and community assessment findings (e.g., county, hospital, and FQHC CNAs)
- Service utilization and outcome data collected internally
- Input from staff, community partners, and advisory boards

B. Communication Plan

PBH recognizes the importance of transparency and shared ownership of CNA findings. The communication strategy will include:

- **Internal Communication:** CNA findings will be shared with staff through all-staff meetings, department huddles, and internal newsletters. Leadership will also integrate CNA results into organizational training and planning sessions.
- **Board of Directors and Advisory Boards:** PBH will present CNA results and identified priorities during board meetings, providing opportunities for input and governance oversight.
- **External Stakeholders:** PBH will communicate CNA findings to community partners, funders, and collaborating organizations through formal presentations, community forums, and shared reports.
- **Public Communication:** A summary of CNA findings and PBH's priority areas will be made available to the public via PBH's website, annual reports, and community outreach events to foster transparency and community trust.



C. Integration of Needs Assessment Action Plan with CQI Process

The CNA is directly tied to PBH's Continuous Quality Improvement (CQI) process to ensure identified priorities translate into action and measurable outcomes. Integration includes:

- **Alignment of Priorities:** CNA findings shape PBH's annual CQI plan, ensuring that identified community needs and service gaps are prioritized in program development and quality initiatives.
- **Data-Driven Monitoring:** Metrics from CNA priorities (e.g., access to care, wait times, housing stability, client outcomes) are incorporated into PBH's CQI dashboards to monitor progress.
- **Ongoing Feedback Loops:** Staff, clients, and partners provide continuous feedback on CNA action items, which are reviewed in CQI committee meetings and adjusted as needed.
- **Quality and Equity Focus:** CNA findings are used to identify disparities and guide PBH's quality improvement projects, ensuring services are equitable, culturally responsive, and aligned with community priorities.



INFORMATION SOURCES

1. **United States Census Bureau** <https://www.census.gov>
2. **United States Census Bureau** <https://data.census.gov/>
3. **Employment Security Department** <https://esd.wa.gov/jobs-and-training/labor-market-information/reports-and-research/labor-market-county-profiles/clallam-county-profile>
4. **2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates** <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>
5. **National Institute of Mental Health** <https://www.nimh.nih.gov/health/statistics/major-depression?>
6. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
7. **Washington State Department of Health, Washington State Vital Statistics** <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>
8. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
9. **Washington State Department of Health, Washington State Vital Statistics** <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>
10. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
11. **Clallam County Homeless System: Needs and Gaps Analysis** <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>
12. **Clallam County Homeless System: Needs and Gaps Analysis** <https://clallamcountywa.gov/DocumentCenter/View/10878/Clallam-County-Homeless-System-Needs-and-Gaps-Report-2021>
13. **2022-2023 National Surveys on Drug Use and Health: Model-Based Prevalence Estimates** <https://www.samhsa.gov/data/sites/default/files/reports/rpt56185/2023-nsduh-sae-tables-percents/2023-nsduh-sae-tables-percent.pdf>
14. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>
15. **Washington State Department of Health, Washington State Vital Statistics** <https://doh.wa.gov/sites/default/files/2023-12/422-099-2022-2010-VitalStatHighlights.pdf>
16. **Olympic Medical Center 2022 Community Health Needs Assessment, Clallam County Washington** <https://doh.wa.gov/sites/default/files/2023-06/CHNA-038.pdf?uid=647a97458fe15>

External Data Sources Reviewed:

- 2022 Clallam County Community Health Assessment
- 2022 Olympic Medical Center Community Needs Assessment
- 2023 North Olympic Healthcare Network Community Health Needs Assessment
- 2023 Olympic Community of Health Assessment
- 2017 Clallam County Behavioral Health Treatment Needs and Outcomes Report



PENINSULA BEHAVIORAL HEALTH
118 E. 8TH STREET
PORT ANGELES, WA 98362

☎ 360-457-0431

✉ dev@peninsulabehavioral.org

🌐 www.PeninsulaBehavioral.org

📘 www.facebook.com/PeninsulaBehavioralHealthWA

📷 www.instagram.com/PeninsulaBehavioralHealth

