CHELAN DOUGLAS COMMUNITY ACTION COUNCIL
COMMUNITY NEEDS ASSESSMENT REPORT

A Quantitative and Qualitative Analysis
Summarizing Results of the
• Statistical Indicators
• Community Survey
  • Focus Groups
• Interviews of Stakeholders

Chelan Douglas Community Action Council
Wenatchee, WA
June 2019

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OVERVIEW OF CHELAN-DOUGLAS COMMUNITY ACTION COUNCIL

The Chelan-Douglas Community Action Council (CDCAC) was created in 1965 as part of America’s War on Poverty. The Community Action Council is a private not-for-profit corporation serving the residents of Chelan and Douglas counties. It assists individuals and families to move out of poverty into a lifestyle that promotes a safer and healthier living environment, leading to self-sufficiency. The Community Action Council works with other social service agencies, public agencies, community organizations, businesses and churches to coordinate services.

The mission of Chelan-Douglas Community Action Council is to connect low- to moderate-income residents to resources which create opportunities to reach and maintain self-sufficiency. Its purpose is to facilitate federal, state, and local resources and engage local communities and businesses in meeting the needs and interests of the economically disadvantaged.

Its main goal is to make the entire community more responsive to the needs and interests of the low-income population by mobilizing resources and bringing about greater institutional sensitivity.

The Community Action Council’s programs include Energy Assistance, Weatherization, Intermountain AmeriCorps, the Retired and Senior Volunteer Program, the Literacy Council, an asset building program that offers tax preparation and financial education training and the Food Distribution Center that delivers food to area food banks in Chelan & Douglas counties. It also owns and operates 50 units of affordable housing.

The Community Action Council serves two counties (Chelan and Douglas) in North Central Washington. The service area encompasses 4,742 square miles and is split by the Columbia River. Approximately 2,600 square miles, or 55.9 percent of the total area, is federally or state owned, primarily national and state forests, land management areas, and parks. The two major industries in the area are tourism and agriculture, followed closely by health services.

The Wenatchee Metropolitan Statistical Area (MSA) includes both Chelan and Douglas counties. The Greater Wenatchee Area houses the largest concentration of population and most of the markets and service delivery centers. The Greater Wenatchee Area also has the largest concentration of low-income and minority individuals and families. The balance of the population lives in the more remote areas of the region, and are more isolated from markets and services.
INTRODUCTION TO COMMUNITY NEEDS ASSESSMENT

Between January and May 2019, the Chelan-Douglas Community Action Council (CDCAC) utilized several methods to collect information from residents and civic leaders for an assessment of community needs and of social services in Chelan and Douglas counties. These methods included:

- **Statistical indicators.** A total of 48 statistical indicators were obtained from the Chelan-Douglas Trends Website, a database operated by Eastern Washington University. These statistics cover poverty, population, income and economic opportunity, employment, housing, health, education, public assistance and transportation.

- **Community Survey.** The 33-question survey, delivered online and in print, in English and Spanish, gauged what kind of social and community services are needed by residents. Survey respondents were asked to identify barriers they and/or family members encounter in accessing services in the two-county area; ways to eliminate those barriers; the challenges the community faces in providing services; and the community resources they consider to be the highest priority. A total of 411 people completed the survey. Of that number, 65.7 percent are low-income and 28.2 percent are Hispanic. In 2017, 29.4 percent of the overall population was Hispanic in the two counties, according to state estimates.

Race/ethnicity of CDCAC survey respondents

<table>
<thead>
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<th>Race/Ethnicity</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>American Indian and Alaska Native</td>
<td>2%</td>
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<tr>
<td>Asian</td>
<td>0%</td>
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<tr>
<td>Black or African American</td>
<td>1%</td>
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<tr>
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<td>28%</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
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</tr>
<tr>
<td>Two or More Races</td>
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</tr>
<tr>
<td>White</td>
<td>64%</td>
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• **Focus Groups.** Five focus groups organized around Social Services, the Public Sector, Health and Health Care, Education, and the Private Sector were held in January and February 2019. In addition, a focus group made up of CDCAC staff was held in February 2019. The focus groups largely explored strengths and assets in programs and services, barriers that exist for people and families to access resources and services, and what is needed to overcome those barriers.

• **Interviews of Stakeholders.** A total of 10 community leaders were interviewed in January and February 2019. Questions during the interviews largely explored the status of their particular field, barriers and challenges encountered by people and families today in their field, and their big-picture thoughts on the state of social services in the region.

The statistical indicators provide a deep view of the needs and challenges faced by low-income residents as well as organizations and the overall community in accessing and providing resources. The survey provided another quantitative tool and helped put more of a human touch on the data.

Qualitative information was obtained during the focus group discussions and the interviews of stakeholders.

Ultimately, factoring in the survey respondents, focus group participants and interviews of stakeholders, the total number of data points from those sources topped 500 people.

All three of these methods reflected Chelan-Douglas Community Action Council’s strong commitment to engaging as many people as possible in order to learn about the needs of the community, the gaps that exist, and the solutions that CDCAC can potentially provide.
CDCAC would like to thank the hundreds of people who participated in one or more forms of community input during this outreach project. Their willingness to give of their time and opinions signals the depth of caring present in Chelan and Douglas counties.

CDCAC also would like to thank the Community Needs Assessment Steering Committee, which oversaw the project. The Steering Committee was made up of representatives of other social service and government agencies in the two-county area.

Steve Maher of Steve Maher New Media conducted this community input analysis and prepared this report with the support of CDCAC staff and the CDCAC Community Needs Assessment Steering Committee. Members of the Steering Committee included:

- Alan Walker
- Amanda Bobbitt
- Carli Ludlow
- Anwen Cartwright
- Claire Oatey
- Deb Miller
- Donna Pruitt
- Jerrilea Crawford
- Jessica Lara
- Kristi Hills
- Laurel Turner
- Lori Barnett
- Louise Johnson
- Paige Bartholomew
- Ron Criddlebaugh
- Thom Nees
- Tom Bonwell
- Cassie Rios
- Dan Sutton
- David Law
- Erika Schenkvonstauffenberg
- Kevin Overbay
- Lauren Kendall
- Mike Poirier
- Milt DeWitt
- Randy Agnew
- Rosalba (Rosa) Gonzalez
- Susan Adams
OVERALL FINDINGS: DEFICIENCIES AND IMPROVEMENTS

Chelan and Douglas counties continue to lag behind the state — as the two counties have for decades — when it comes to income and wage levels, poverty rates, educational attainments, and health indicators. The gap between the two counties and Washington state in these areas — including for youth — is either growing or remaining static.

All of this occurring at a time when the region is growing and attracting new residents and businesses thanks to quality-of-life considerations.

If this trend continues, the likelihood of having a region made up of economic have-haves and have-nots in the future is real.

Highest priority community resources

One of the key questions in the CDCAC survey was “Which three community resources do you consider the highest priority for yourself and/or your family members?” CDCAC survey respondents ranked housing, health care, education, employment, and mental health services (in that order) as their highest priorities. Each of these community resources, however, is dealing with their own deficiencies.

• **Housing:** The region’s housing crisis has impacted all socio-economic groups in one way or another. In many cases, people are paying significantly more for housing than they can afford. Low-income residents have faced skyrocketing housing costs (the median home sales price rose 69 percent from 2013-18), coupled with little available housing. The latter has been influenced by down-buying and down-renting, in which people snap up whatever is available even though they can afford more.

• **Health care:** Most health care services are concentrated in Wenatchee/East Wenatchee, forcing those who live outside the urban area to devote several hours of their day for an appointment. Some specialty medical services are not available or the wait list for those services is several months long. The health care system also can be difficult to understand and navigate. There is a lack of knowledge among some residents about how to live a healthy life.

• **Education:** There is a general lack of access to preschool, and early learning services are too expensive or not available for many. There also is a perception that local school districts are not meeting the needs of all students, including those who seek or need nontraditional educational offerings, such as the trades, apprenticeships, technical skills, and personalized learning. There is no four-year university or college in the region.

• **Employment:** Wages are lower than in other parts the state. The agriculture industry remains the top industry in the region but also pays lower wages than other industries. Many people lack basic (soft) skills. Many teenagers can’t be hired due to state laws and don’t pick up needed job skills as a result. The rate of those holding a higher-education degree is significantly lower than the statewide rate, creating a drag
for existing businesses needing a highly skilled labor pool and a deterrent for businesses considering moving to the region.

- **Mental health:** For those on Medicaid, the wait to get into counseling can be months due to a shortage of therapists who accept Medicaid clients. Some employers do not offer behavioral health services to employees. Behavioral health services are lacking at WVC's Wenatchee and Omak campuses.

Q: What is greatest challenge facing the community today?

**Identified improvements in the region**

The two-county region has witnessed improvements in some areas in recent years. While the information gathering and analysis for this report focused on identifying community deficiencies and gaps, it would be a mistake not to call attention to signs that community needs are being met in these areas:

- High school graduation rates rise
- Hispanics in higher education rates rise
- Unemployment rates decline amid strong job growth
- Internet coverage increases
- Public transit ridership grows
- The number of physicians increases
- Mortality rates decline
Barriers to services

The barriers people face in accessing the services and help they need are many in Chelan and Douglas counties:

- Some have been forced to live in places far away from employment, education and health care options.
- Some do not qualify for services or can't afford services. Others can't access services due to providers' hours of operation.
- The system is difficult to navigate, in part due to numerous jurisdictions and numerous providers. The lack of information about services and providers creates additional confusion.
- The language barrier is a real impediment for many. So is the fear of sharing information.

Q: How can barriers be eliminated or reduced?

Red flags

In addition to helping identify deficiencies in community resources, the analysis of quantitative data for this report found several warning signs for Chelan and Douglas counties:

- The gap between income levels in the two-county region vs. the state is growing.
- Despite the construction of hundreds of new homes and apartments in 2018 and 2019, the rental vacancy rate remains about 2 percent.
The youth population poverty rate in Chelan and Douglas counties is growing, with roughly one in every four people aged 0 to 17 years living in poverty.

One-third of all residents in Chelan and Douglas counties (about 40,000 people in all) are on Medicaid, compared with 22 percent statewide. The rate is even higher for youth (people aged 0 to 17 years).

Some Hispanic residents say the fear of sharing information and the fear of being punished stop them from seeking needed services.

Between 2012 and 2017, the percentage of residents saying they suffered from mental health issues for more than half of the previous month tripled (from 4.3 percent to 15 percent).

Obesity rates are on the rise for youth in Chelan and Douglas counties at a time when the statewide rate is decreasing. This is occurring in a place long noted for its outdoor recreational riches.

About 30 percent of low-income residents say they or a family member has skipped a meal due to finances.

About 50 percent of low-income residents say drug and alcohol use is a "very big problem" or "quite a bit of a problem" in their neighborhood or among family. According to a U.S. Drug Enforcement Administration 2006-2012 database, 22.2 million prescription pain pills were distributed by pharmacies in Chelan County and 7.8 million prescription pain pills were distributed by pharmacies in Douglas County during those years.

In 2006, 24 percent of households in Chelan and Douglas counties was headed by a single parent. In 2017, that figure had risen to 32 percent.
IDENTIFIED IMPROVEMENTS

Population gains

While the pace of population growth can be a point of contention, such growth is in most cases a positive development for communities, as it signals a good economy and/or a good quality of life for residents. As the saying goes, “you are either growing or you are dying.”

In Chelan and Douglas counties, which continues to exhibit steady population gains, the trend is particularly noteworthy given the region’s relatively high poverty rates. In other communities in the United States, out-migration often accompanies poverty and under-performing economies.

In Chelan and Douglas, population gains have largely been centered in three subgroups — Hispanics, people aged 35 to 64 years, and people aged 65 years and older. And while the Hispanic population has increased — from 23 percent of the overall population in 2007 to 29.4 percent in 2017 (12.7 percent of state residents were Hispanic in 2017) — the number of foreign-born and non-citizen residents has declined, indicating perhaps that some are no longer being counted or have moved away.

As of 2018, 119,920 people were living in Chelan and Douglas counties.

High school graduation rates

High school graduation rates in Chelan and Douglas counties are running slightly higher than the state average. In 2017-18, the on-time high school graduation rate in Chelan and Douglas was 82.3 percent, slightly higher than the statewide rate of 80.9 percent.

Hispanics and higher education

There has been an increase in local Hispanic students attending higher education institutions right after high school. The rate was about 70 percent in 2016, compared to about 54 percent statewide. Another indication of that trend: 54 percent of Hispanic respondents in the CDCAC needs assessment survey listed education and schools as a high priority for themselves and their family members.
Unemployment rate

At the end of 2017, the unemployment rate in Chelan and Douglas counties stood at 5.1 percent, about half of what it was in 2010 (9.3 percent), mirroring state and national trends. At the same time, a significant number of residents are working two jobs to make ends meet.

Internet coverage

In 2017, 82.8 percent of the households in Chelan and Douglas counties had an Internet connection vs. 89.4 percent statewide. In 2013, just 65.9 percent of households in Chelan and Douglas counties had access to the Internet.

Cost of living

The cost of living in Chelan and Douglas counties remains lower compared to two other metropolitan areas in the state — King and Pierce counties, and Benton and Franklin counties. Between 2008 and 2016, the cost of living actually decreased slightly in Chelan and Douglas counties. That despite rising housing costs since the Great Recession ended in 2011-12.

Public transit

Ridership in Link Transit, the public transit system operating in Chelan and Douglas counties, grew by about 200,000 riders between 2006 and 2017. Despite what the ridership jump might indicate, people in outlying communities in particular say service levels make it difficult to
quickly and efficiently reach workplaces, medical facilities and other sites in the region. A measure that would raise the sales tax to pay for expanded Link service is on the August 6, 2019, ballot.

Access to primary care

Although the number per capita remains below the state rate, the number of overall physicians has increased by 26.7 percent in Chelan and Douglas since 2011.

The uninsured

The number of uninsured residents in Chelan and Douglas counties dropped significantly between 2013 and 2017 due to the Affordable Care Act. The rate of uninsured in Chelan and Douglas counties, however, remains higher than the statewide rate. It also is likely to rise again as the federal government eliminates elements of the Affordable Care Act.

Infant mortality

The number of infant deaths per 1,000 live births in Chelan and Douglas counties was lower in 2015 compared to the state and national averages. The same is true for the share of births that are pre-term (gestation less than 37 weeks) and for the share of births with low birth weights.

Causes of death

Between 2000 and 2017, Chelan and Douglas counties saw a decrease in the rate of deaths due to stroke and/or heart disease, and a stable rate of death due to cancer. These trends largely mirror statewide trends.
IDENTIFIED DEFICIENCIES AND GAPS

Here is a look at gaps and deficiencies that exist in several sectors and services in Chelan and Douglas counties:

Low incomes and high poverty rates

The gap between income levels in the two-county region versus the state is growing. In 2017, the most recent reporting year, the median household income in Chelan and Douglas counties was $58,990, compared with a median household income in the state of $70,979.

![Chart showing total and share of youth population ages 0-17 living in poverty in Chelan and Douglas counties and state comparison.](chart.png)

About 33 percent of all residents in Chelan and Douglas counties (a total of 39,593 people) were on Medicaid in 2017, compared with 22 percent statewide. Compared to the state, Chelan and Douglas counties have a higher rate of young people (0 to 17 years of age) enrolled in Medicaid.

Likewise, the overall poverty rate rose in the two counties in 2017, with 16.4 percent of residents in Chelan and Douglas counties living in poverty vs. 11 percent statewide and 13.4 percent nationally. After declining since 2013, the poverty rate rose sharply in 2017, matching the 15-year high rate set in 2011.

This is compounded by the fact the local rate has been above the state and national rates for decades. In 2017, the youth population in poverty (0 to 17 years of age) in Chelan and Douglas counties rose to 22.5 percent (6,359 total individuals), inching closer to the 15-year high of 24.8 percent in 2011. Statewide, the youth poverty rate has been decreasing over the past several years, ending up at 14.3 percent in 2017.
Another sign of youth poverty can be found in the share of K-12 students in Chelan and Douglas counties enrolled in the free and reduced-price lunch program. That rate rose to 58.6 percent during the 2017-18 school year. Statewide, 42.3 percent of K-12 students received free or reduced-price lunches in 2017-18. The rate in Chelan and Douglas counties has remained high yet relatively stable since the 2008-09 school year.

“Poverty is very high here. We have a lot of working poor families. And it isn’t that they aren’t trying,” says Michelle Price, superintendent of the North Central Educational Service District.

**Education**

Overall education levels remain low in the community. In 2017, 45.7 percent of residents in Chelan and Douglas counties held just a high-school diploma or less. Statewide, the share of the population holding just a high-school diploma or less was 30.8 percent in 2017.

While current high school graduation rates are on par with the state average, drop-out rates are higher. The drop-out rates for ninth- and 10th-grade students in Chelan and Douglas counties was 2.6 percent in 2017-18, vs. a statewide rate of 1.5 percent. In 2010-11, the drop-out rate in Chelan and Douglas counties was 3.1 percent vs. a statewide rate of 2.8 percent.

“A skilled and educated work force is more than a high school diploma,” says Gene Sharratt, executive director of the Washington Association of Educational Service Districts. “You have to have something beyond high school.”

Another areas of concern can be found in the low numbers of young children who are kindergarten ready across all disciplines measured by the state.

“The lack of access to preschool (is a barrier). The early learning services today are not sufficient and not spread out,” says Michelle Price, superintendent of the North Central Educational Service District. “There also is not a good understanding of ways (for people) to access them. Transportation is an issue. Families can’t get kids there.”

Chelan and Douglas counties also lag behind the state in higher education. In 2017, 24.6 percent of residents held at least a bachelor’s degree, compared to 35.5 percent statewide.
Workforce Training

Education and poverty play roles in workforce readiness. So does the acquisition of basic skills.

“We are good at teaching that this is how you do something. The professional piece is much more difficult,” says Riva Morgan, workforce education director at Wenatchee Valley College. “A lot of that (soft skills) is learned in childhood. It’s tough to instill in adults. But soft skills can be taught.”

Another issue is the lack of workplace learning opportunities available for teen-agers, says Dave Peterson, executive director of SkillSource in Wenatchee.

Workforce training numbers have remained constant at Wenatchee Valley College since 2007, although the local enrollment rate is a few percentage points below the state rate.

During the CDCAC Private Sector Focus Group meeting, attendees bemoaned how some employers are unwilling to invest in continuing training for their employees.

Alternative modes of transportation

Link Transit ridership is up (see Page 11 under ‘Public Transit’) but other ways to commute, such as carpooling and walking, are down. The carpooling rate in Chelan and Douglas counties was below the statewide and national rates in 2017, and has fallen to half of what it was in 2005 when it was above the statewide and national pace. The same holds true for the rate of people utilizing walking as a mode of transportation. There was a slight uptick in those who bike as a form of transportation.

Child care

Several local officials cite the lack and cost of child care as one of the main reasons people decided not to move to the Greater Wenatchee Area, behind only housing availability and affordability. In recent years, the state has enacted new regulations for child care facilities, which has led to many shutting down in Chelan and Douglas counties. More may fall to the wayside later in 2019 as the final state regulations go into effect.

“The wage for day care is so low and requirements are so high. There are so many costs associated with it,” says Gene Sharratt, executive director of the Washington Association of Educational Service Districts. “You’ve got to get certified, get trained. The margins are very thin. What’s the answer? Raise wages and honor child care in this community. When they start behind, they will stay behind. And it’s costly to catch them up, the remediation.”

“There are so many requirements for day care that it is difficult for the providers to stay in business,” adds Michelle Price, superintendent of the North Central Educational Service District. “We are seeing more underground day care and no more preschool. It’s a statewide issue. There are a lot of families who say they can’t find day care.”
Housing

The region’s housing availability and affordability crunch has worsened over the past several years. In the CDCAC survey, housing was listed as the top barrier for people and greatest challenge facing the community as well as an area where services are lacking. Several statistics in particular capture the dilemma faced by many in Chelan and Douglas counties:

- The median home sales price increased by 69.3 percent between first quarter 2013 ($196,475) and fourth quarter 2018 ($332,674). It’s a situation exacerbated further by lagging wages and incomes.

- In 2017, the homeownership rate for households with annual incomes between 30 percent and 60 percent of the area’s median income (AMI) was 44 percent (a decline from the 53.1 percent recorded in 2006).

- A low vacancy rate and accompanying higher rents has been a major community issue in the Wenatchee area, where vacancy rates have been in the 1 to 3 percent range for the past several years.

- About 31 percent of renters were paying 30 percent or more of their household income on housing in 2017, including 12.5 percent paying more than 50 percent.

The lack of homes for sale and for rent has led to down-buying and down-renting, in which people snap up whatever is available even though they can afford more. This trend has created an even heavier burden for low-income people. The CDCAC survey conducted for this report found 28 percent of low-income respondents saying they utilize housing assistance services.

In late 2018, Our Valley Our Future’s Housing Solutions Group released a report with 18 recommendations to ease the housing crisis in the community. The recommendations are mainly focused on increasing the supply of middle-market housing, with the expectation that increase will ultimately lead to more low-income housing.

“There are not a lot of places we can send people who need housing,” says Lupe Sanchez, director of the Opportunities Industrialization Center in East Wenatchee. “Housing is too costly and is not available. If someone has no place to live and is single, there are no real places to refer them to.”

There are differing opinions in the community on whether homelessness is on the increase. The annual homeless count conducted in the community showed a big jump from 2017 to 2018.
(from 370 to 474 homeless), but it then dropped in the 2019 count (412). Some officials say the increase in 2018 may have been due to a new methodology used in tallying the homeless. During the CDCAC Education Focus Group meeting, attendees cited purported religious requirements by homeless shelters as an additional barrier.

**Health Care**

The number of physicians in Chelan and Douglas counties rose by 26.7 percent between 2011 and 2017, but the rate of doctors per 1,000 residents is still lower than statewide rate.

Most physicians are located in the Greater Wenatchee Area. That means residents who live in outlying rural towns, such as Leavenworth or Waterville, have to travel a ways to access services. If they are relying on Link Transit, it can take several hours out of their day to reach and get home from an appointment. For those who don’t have access to a car or to Link Transit — 18 percent of low-income respondents in the CDCAC survey they have no transportation options — the challenge is even more daunting. “Resources aren’t close for everyone,” said Ken Sterner of the Agency on Aging and Adult Care.

The Greater Wenatchee Area is limited when it comes to some specialty medical services, including ones for people with special needs, such as autism. The health care system also is cumbersome for consumers.

“Parents just want providers to talk to each other,” says Carol McCormick, nursing director and personal health associate administrator of the Chelan-Douglas Health District. “There is confusion over whose responsibility it is. You get referrals from one doctor to another. It’s a big issue for kids with special needs. People are discharged without really knowing what they are supposed to do and not really knowing which provider they are dealing with. At the same time, doctors and providers are hamstrung by time constraints. How are you really going to sit and get to know that person in 10 minutes? We don’t know each other.”

“Teen pregnancy is one of the biggest indicators of poverty,” adds McCormick. “The rate is dropping but Chelan County is No. 12 in the state among counties and Douglas County is No. 14, so we are still higher here than the state rate.

There is high demand for low-cost and free dental care in the region. That service was ranked as the most popular among Hispanic residents and the third most popular among low-income residents.
Behavioral health

Between 2012 and 2017, there was a dramatic increase in those reporting poor mental health over long stretches of days and weeks in the two county region. In 2012, 4.3 percent of Chelan and Douglas residents said they suffered from mental health issues for more than half of the previous month. By 2017, that rate had risen to 15 percent.

Slightly more than half of the survey respondents said they and/or their family members have utilized mental health services. About 75 percent described their lives as being stressful. About 64 percent said accessing those mental health services are not a problem or just a little bit of a problem.

For those on Medicaid, the wait for counseling can be months as there is a shortage of therapists in the region and even fewer who accept Medicaid clients. About 39,500 people are on Medicaid in the two-county region.

The CDCAC survey revealed that 34 percent of Hispanic respondents said they or their family members have utilized mental health services, compared to 51 percent of the low-income respondents and 52 percent of the overall respondents.

Some workers can’t access behavioral health services through their work place. In addition, Wenatchee Valley College representatives say both the Wenatchee and Omak campuses are lacking in mental health services for students.

Obesity

Even though Chelan and Douglas counties are viewed as a recreational paradise with many opportunities to get more fit, obesity rates are on the rise for youth at a time when the statewide rate is declining. “We are trending toward less physical activity,” says Carol McCormick, nursing director and personal health associate administrator of the Chelan-Douglas Health District, adding the community has many recreational assets but is not necessarily pedestrian and bike friendly.

“We’ve seen a movement toward the Complete Streets concept, but who is going to walk down North Wenatchee Avenue? It’s freaking scary,” she says “The bike trails here don’t meet up. There are a lot of opportunities in this valley but you have to have a car to get to them. It would be great if Link Transit would offer routes that go by trailheads.”
About 65 percent of low-income residents and 55 percent of Hispanics said in the CDCAC survey they exercise at least 2.5 hours a week. But 49 percent of those with low incomes said they never use an indoor recreation facility. About four months of the year are marked by cold and snowy conditions, making it difficult for many to get outside to exercise.

“We have trails that are five minutes away,” says David Olson, CEO of Columbia Valley Community Health. “As a rule people walking in the Foothills are already living a healthy life. It’s the people who don’t exercise. The community has the resources, but a significant number of people choose not to take advantage or are unable to take advantage.”

Food

While Chelan and Douglas counties is one of the premier fruit- and vegetable-producing areas in the United States, not everyone here has food readily available. Food assistance is the top service utilized by CDCAC survey respondents — including by 49 percent of survey respondents who are low-income residents. About 30 percent of the low-income residents who completed the CDCAC survey said they or a family member has skipped a meal due to finances.

Drug and alcohol abuse

Many in the region say opioids and other drug use is a problem within their own families and neighborhoods. About 51 percent of low-income residents said drug and alcohol use is a “very big problem” or “quite a bit of a problem” in their family or neighborhood, according to the CDCAC survey. During the CDCAC Health Care Focus Group meeting, attendees lamented the lack of treatment in the community for those with drug addictions.

According to a U.S. Drug Enforcement Administration, 22.2 million prescription pain pills were distributed by pharmacies in Chelan County from 2006-12 and 7.8 million prescription pain pills were distributed by pharmacies in Douglas County during those years.

“People are dying. They are overdosing,” says Deb Miller, executive director of Action Health Partners in Wenatchee. “Powerhouse Ministries collected 2,000 needles from along the Loop Trail. There are no needle exchange programs in Chelan and Douglas counties.”

Chelan County Superior Court Judge Kristin Ferrera, who has started a Drug Court in her jurisdiction, says some drug addicts are self-medicating for mental health reasons. “Some people need treatment and not jail,” she says.

Aging and Death

The median age of residents in Chelan and Douglas counties was 39.4 years in 2017, slightly older than the statewide median age of 37.7 years and the national median age of 38.1 years. People will face increasing health care costs as they age.

Between 2000 and 2017, among the four leading causes of death, Chelan and Douglas counties saw an increase in the rate of deaths due to Alzheimer’s Disease, a decrease in the rate of
deaths due to stroke and/or heart disease, and a stable rate of death due to cancer. These trends largely mirror statewide trends.

Navigating the system

About 22 percent of the low-income survey respondents and 25 percent of Hispanic respondents said they do not know where to go for help. According to focus groups held by CDCAC for this report, some of that confusion is due to services being duplicated on both sides of the Columbia River. At other times, people don’t know if their own jurisdiction offers a service or what is available.

Language barriers are a significant impediment, too. One-fourth of Hispanic residents who completed the survey listed language as a barrier. A big need exists for bilingual employees in nearly every sector, particularly in front-line positions, and for translation services.

CDCAC staff focus group cited the fear some people have of officials due to their immigration status. The survey bore that out — Hispanic respondents said the fear of sharing information and the fear of being punished are significant barriers to their accessing services.

Some organizations and entities also do not publicize a service for fear of having limited funds depleted.

The 211 system offers a navigating tool, but users say the system is not easy to figure out.

The dissemination of information about social services, healthy living, and other community resources is fragmented. Those with the greatest need often don’t have the time, resources,
language proficiency or cultural understanding to access information the way others in the community do. Some are hesitant to advocate for themselves.

Community leaders interviewed for this report, as well as CDCAC focus group attendees, said there also is a lack of knowledge among some residents about how to live a healthy life.

“Not everyone knows they should eat veggies and that’s because parents didn’t tell them,” says David Olson, CEO of Columbia Valley Community Health. “It’s the responsibility of schools, churches, advocates, hospitals and others to get the word out. It’s leadership’s responsibility.”

At times, the best way to reach those in need is by going door-to-door or through word-of-mouth, officials say. The CDCAC Health Focus Group recommended providers increasingly go where people live rather than always requiring people to come to them, particularly with so many services centralized in the Wenatchee area.
KEY FINDINGS FROM STATISTICAL INDICATORS

In addition to the statistical indicators mentioned in the overall findings above, here are other stats that struck this report’s writer as worthy of special attention:

• Due in part to high demand and little inventory, the housing prices in the Greater Wenatchee Area are the highest among metro areas in all of Eastern Washington. The median home sales price increased by 69.3 percent between first quarter 2013 ($196,475) and fourth quarter 2018 ($332,674). Even though home construction has picked up, the vacancy rates for rentals remains in the 1 to 2 percent range, pointing perhaps to the effects of people doubling up in homes. And in many cases, people are paying more for housing than they can afford.

• While the share of those aged 35 years and older has risen in the two-county area, those aged 17 and younger decreased from 27.6 in 1990 to 24.1 percent in 2017, and those aged 18 to 34 decreased from 23.4 percent in 1990 to 19 percent in 2017.

• In 2017, 12.9 percent of Chelan and Douglas residents were born in a different country than the United States, with an estimated 9.1 percent not being U.S. citizens. That is down from 2007 when 15.2 percent were foreign born and 12.6 percent were not U.S. citizens. In Washington state, 14.4 percent of residents were foreign born in 2017 and 7.5 percent were not U.S. citizens. Nationally, 13.6 percent of residents were foreign born in 2017 and 6.9 percent were not U.S. citizens.

• The share of entering kindergarteners demonstrating all six domains of readiness (WaKids State Standards) in Chelan and Douglas stood at 39.8 percent in 2017-18, compared with 24.8 percent in 2013-14. Statewide, the rate was 46.7 percent for all six domains in 2017-18 and 40.8 percent in 2013-14. The percentage of entering kindergarteners demonstrating four or five domains has fallen over the past several years, as have the percentages of kids demonstrating two or three domains and zero and one domains.

• The percentage of teens who are obese or overweight increased between 2006 and 2018 in Chelan and Douglas. In 2006, the shares of eighth-graders, 10th-graders and 12th-graders who were obese or overweight were 27.1 percent, 28.5 percent and 23.1 percent, respectively. In 2018, those shares had risen to 30.8 percent, 33.6 percent and 36.5 percent, respectively. All three figures from 2018 are higher than the statewide averages.
• The percentage of 8th, 10th and 12th-Graders feeling sad and hopeless has been on a steady increase since 2006.

• In 2017, 24.6 percent of Chelan and Douglas residents held at least a bachelor’s degree, compared with 23.8 percent in 2005. Statewide, the rate of those holding at least a bachelor’s degree has been on the steady rise, from 30.1 percent in 2005 to 35.5 percent in 2017. Nationally, 27.2 percent held a bachelor’s degree or more in 2005 vs. 32 percent in 2017.

• In 2017, 5.1 percent of Chelan and Douglas residents aged 18 years and above were enrolled in higher education, compared with 7.9 percent statewide and 8.8 percent nationally.

• The rate of people utilizing public transportation in Chelan and Douglas to commute was about one-fifth of the state rate in 2017.
KEY FINDINGS FROM THE CDCAC COMMUNITY SURVEY

Two forms of delivery for the survey were chosen — an online version powered by SurveyMonkey and a print version. Both were made available in English and Spanish. While many people today are well versed in using the web to fill out and submit a survey electronically, not everyone is comfortable with that option. The print survey provided a more traditional form of input for those individuals.

The total number of online and print survey respondents — a total of 411 from Chelan and Douglas counties — adds validity to the findings in this report.

Most survey respondents live in the Greater Wenatchee Area, where many services are located. About 28 percent self-identified as Hispanic and 58 percent indicated their annual household incomes are $35,000 or less. About 34 percent hold a high school degree or less. About 39 percent live in a home they own or hold a mortgage on. And about 18 percent have moved two times or more over the past couple years.

Of the 411 overall respondents, 65.7 percent are low-income based on federal standards and 28.2 percent self-identified as Hispanic.

Services

One of the survey questions asked respondents to list all the social and community services they and/or family members utilize in the two-county region. Respondents could select more than one service. The top 10 choices, in order, are:

1. Food assistance: 33.1 percent
2. Medical care services: 32.1 percent
3. Mental health services: 20.2 percent
4. Low-cost/free dental care: 19.5 percent
5. Public transportation: 17.8 percent
6. Housing assistance: 14.8 percent
6. Volunteering: 14.8 percent
8. Utilities assistance: 8.0 percent
9. Drug/alcohol services: 7.5 percent
10. Legal help: 7.3 percent
10. Child care: 7.3 percent

Here is how low-income residents (for example, a household of four earning less than $45,000 a year is considered low income) responded to that same question:

1. Food assistance: 49.3 percent
2. Medical care services: 35.2 percent
3. Low-cost/free dental care: 27.8 percent
3. Housing assistance: 27.8 percent
5. Mental health services: 22.6 percent
6. Public transportation: 20.4 percent
7. Utilities assistance: 11.5 percent
8. Volunteering: 9.6 percent
8. Drug/alcohol services: 9.6 percent
10. Legal help: 9.3 percent
10. Clothing banks: 9.3 percent

And here is how Hispanics responded to that same question:

1. Low-cost/free dental care: 29.3 percent
2. Food assistance: 28.4 percent
3. Medical care services: 26.7 percent
4. Mental health services: 14.7 percent
4. Public transportation: 14.7 percent
6. Child care: 11.2 percent
7. Adult education: 9.5 percent
8. Housing assistance: 7.8 percent
8. Legal help: 7.8 percent
10. Volunteering: 6.9 percent

Of the 411 survey respondents, 21.2 percent said they and/or their family members sometimes skip meals because of financial concerns. That figure grew to 30 percent among low-income residents.

Respondents generally give high marks to service providers with about 63 percent rating services as excellent, very good or good, and just 14 percent rating them fair or poor. (About 23 percent of respondents indicated they don’t utilize those services.)

**Barriers to accessing services**

Another question in the survey asked respondents to select from a list of barriers they and/or their family members face in accessing services. Respondents could select more than one barrier. The top 10 choices by overall respondents, in order, are:

1. Not eligible or don’t qualify for help: 31.9 percent
2. Can’t afford fees and payments: 20.9 percent
3. Put on a long waiting list: 17.5 percent
3. Credit score: 17.5 percent
5. Don’t know where to go for help: 17.3 percent
6. Have anxiety about seeking help: 12.7 percent
7. No transportation: 11.9 percent
8. Have to work during service hours: 10.5 percent
9. Lack of trust: 9.5 percent
10. Social stigma: 8.3 percent

Here is how low-income residents responded to that same question:

1. Not eligible or don’t qualify for help: 35.2 percent
2. Can’t afford fees and payments: 28.6 percent
3. Credit score: 24.4 percent
4. Put on a long waiting list: 22.6 percent
5. Don’t know where to go for help: 21.9 percent
6. No transportation: 17.8 percent
7. Have anxiety about seeking help: 16.7 percent
8. Lack of trust: 13.7 percent
9. Have to work during service hours: 11.9 percent
10. Language barrier: 11.1 percent

And here is how Hispanics responded to that same question:

1. Not eligible or don’t qualify for help: 36.2 percent
2. Language barrier: 25.0 percent
2. Don’t know where to go for help: 25.0 percent
4. Can’t afford fees and payments: 18.1 percent
4. Credit score: 18.1 percent
6. Put on a long waiting list: 15.5 percent
7. No transportation: 12.9 percent
8. Fear of sharing information: 12.9 percent
9. Have to work during service hours: 12.1 percent
10. Don’t want to ask for help: 10.3 percent

**Top community resources**

As asked to name the three community resources they consider the highest priorities for themselves, overall survey respondents ranked them this way:

1. Housing: 66.2 percent
2. Health care: 63.3 percent
3. Education and schools: 39.2 percent
4. Mental health services: 36.0 percent
5. Employment: 32.1 percent
6. Access to food/nutrition: 20.2 percent
7. Substance abuse services: 16.1 percent
8. Public safety: 13.9 percent
9. Environmental protections (water and air quality): 11.4 percent
10. Public transportation: 10.0 percent

Here is how low-income residents responded to that same question:

1. Housing: 71.9 percent
2. Health care: 67.0 percent
3. Employment: 38.1 percent
4. Education and schools: 33.0 percent
5. Mental health services: 28.5 percent
6. Access to food/nutrition: 22.2 percent
7. Substance abuse services: 15.6 percent
8. Public safety: 14.4 percent
9. Public transportation: 12.9 percent
10. Environmental protections (water and air quality): 11.1 percent

And here is how Hispanics responded to that same question:

1. Health care: 69.0 percent
2. Housing: 56.0 percent
3. Education and schools: 54.3 percent
4. Employment: 44.0 percent
5. Mental health services: 25.0 percent
6. Access to food/nutrition: 17.2 percent
6. Public safety: 17.2 percent
8. Environmental protections (water and air quality): 13.8 percent
8. Public transportation: 13.8 percent
10. Substance abuse services: 7.0 percent
KEY FINDINGS FROM FOCUS GROUPS

Social Services Focus Group

The top issues for this focus group largely centered around the lack of affordable and available housing, people suffering from mental health problems, and the lack of work skills that make some people unemployable even during a low unemployment cycle.

Focus group attendees cited limited health care options for the uninsured or underinsured, dental coverage, transportation to medical services, people taking ownership of their own health, high drop-out rates, and the cost and availability of child care as other major barriers.

Some focus group attendees pointed toward a large number of programs meant to open up housing and other help for individuals and families as a community strength, but admitted many low-income people continue to fall through the cracks.

Public Sector Focus Group

This focus group’s overall concerns included the difficulty people have in navigating a social services system that includes numerous jurisdictions and agencies, the lack of affordable and available housing, the lack of treatment for drug addicts, and the difficulty some people have in accessing health care.

Other barriers cited by this group included the lack of education and information about how to live a healthier life, difficulty for some in accessing technology, and how expensive child care has become.

“We have the whole broken person,” said Jeni Latimer, director of the Chelan County Regional Justice Center. “The barriers to overcome are overwhelming.”

Health Focus Group

Housing, again, was cited as a major concern, joined by homelessness, an aging population and the cost of long-term health care, opioid epidemic, language and literacy, and mental illness and the stigma associated with that.

Focus group attendees said there are many resources but believe providers could do a better job of going where people live rather than always requiring people to come to them, particularly with so many services centralized in the Wenatchee area. They also called for whole-person centered, wrap-around services.

For the Hispanic community, there is often a lack of understanding about what services are available.

“We live in a conservative area, but these things (mental health and homelessness issues) are prevalent and changing them won’t happen overnight,” said Ken Sterner of the Agency on Aging and Adult Care. “And resources aren’t close for everyone.”
Education Focus Group

The difficulty students and families have in accessing mental health services was cited by this focus group as a major community concern. Some said the situation is due to people not having the transportation to get to appointments. Others attributed the problem to young people not having insurance. Wenatchee Valley College representatives said both the Wenatchee and Omak campuses lack mental health services.

Migrant students are particularly at risk. They also are at risk of dropping out of school.

“We have staggering statistics that our valley has failed our English learning language student population the most,” said Sara Rolfs of the Pinnacles Prep charter school.

“Based on research, school stability is a key to success,” said Suzanne Stanton of the Wenatchee School District.

That starts when kids are young. At least one focus group attendee called on universal preschool in the region.

The number of homeless students is another complex problem. In the Eastmont School District alone, there are an estimated 300 homeless students. Some focus group attendees cited religious requirements by homeless shelters as an additional barrier.

Private Sector Focus Group

This focus group cited lack of work skills, especially soft skills, language barriers, the cost of doing business, access to housing, and affording health care as major issues negatively impacting employment and economic development.

One attendee said employers are unwilling to invest in ongoing training for their employees.

Another said the community has failed people who are capable and have the capacity to hold a job of some sort.

For low-wage earners, there is the risk of getting caught up in an underemployment cycle.

Mental health services is another big area of concern. Some people may not be able to get help through their employer.

CDCAC Staff Focus Group

More than 15 Chelan Douglas Community Action Council employees participated in this internal focus group. Among the top barriers identified by the group were the lack of housing, lack and cost of childcare and early learning, language difficulties, lack of support systems, lack of transportation, confusion in navigating the system, and the difficulty some people have in advocating for themselves.
In addition, many clients lack the resources and finances needed to correct problems. These can include not having the money to spend on health needs or home repairs. Others are deterred by the social stigma they associate with seeking help.

As far as challenges they encounter in providing resources to clients, CDCAC staff members cited funding restrictions and funding availability, cumbersome reporting requirements, fear that some people have of officials due to their immigration status, and the lack of transportation for clients from outlying areas to the Greater Wenatchee Area and back.
KEY COMMENTS FROM INTERVIEWS OF STAKEHOLDERS

Carol McCormick,
Chelan-Douglas Health District nursing director and associate administrator

On the lack of easily accessible exercise opportunities:

We’ve seen a movement toward the Complete Streets concept but who is going to walk down North Wenatchee Avenue? It’s freaking scary. The bike trails here don’t meet up. There are a lot of opportunities in this valley but you have to have a car to get to them. It would be great if Link Transit would offer routes that go by trailheads.

Our obesity rates are going up for adults especially. We are trending toward less physical activity. We are trending up while the state rate is trending down.

On the gap in specialty health care services:

There also is a big gap for kids who have special health care needs, including autism. There are few providers who know how to work with special needs. There are long waiting lists. Another example is the lack of pediatric support for kids with diabetes.

On a health care system that is confusing:

Parents just want providers to talk to each other. There is confusion over whose responsibility it is. You get referrals from one doctor to another. It’s a big issue for kids with special needs. People are discharged without really knowing what they are supposed to do and not really knowing which provider they are dealing with. At the same time, doctors and providers are hamstrung by time constraints. How are you really going to sit and get to know that person in 10 minutes? We don’t know each other.

On teen pregnancy:

Teen pregnancy is one of the biggest indicators of poverty. And poverty is an issue here. Home visits can decrease the risk of teen pregnancy. Teen pregnancy is a big deal. The rate is dropping but Chelan County is No. 12 in the state among counties and Douglas County is No. 14, so we are still higher here than the state rate.

On gaps in the behavioral health:

Overall, we have fewer mental health providers than the state average. And it makes it even harder for some people when many therapists here do not take on Medicaid patients.

David Olson,
Columbia Valley Community Health chief executive officer
On the number of physicians in the region:

We do OK regarding per capita doctors but it’s clustered around the Wenatchee/East Wenatchee area. In outlying communities, the per capita rate is way lower. So for some residents, there is a long drive to access a doctor. This is big city medicine in a small city. If I was a retiree, I’d certainly think of Wenatchee. We have the resources and they are high quality. But accessing can be difficult.

On the biggest barriers to wellness as he sees it:

The biggest one is themselves, based on individual decisions and lifestyles. People who eat meat will always have higher health care costs. At the same time, we have trails that are five minutes away. As a rule people walking in the Foothills are already living a healthy life. It’s the people who don’t exercise. The community has the resources but a significant number of people choose not to take advantage or are unable to take advantage.

Number two is education. Not everyone knows they should eat veggies and that’s because parents didn’t tell them. It’s the responsibility of schools, churches, advocates, hospitals and others to get the word out. It’s leadership’s responsibility.

On the need to improve behavioral health:

With behavioral health, we have an access issue. We could use more providers and more services. The hardest (employees) to recruit are behavioral health nurse practitioners. We have found they are harder to hire than a doctor.

Dave Peterson,
SkillSource executive director

On young people trying to enter the work force:

For teens under 21 there are tremendous offerings and they are increasing each year. We have the new charter school, Westside High School, other high schools, Home Link, Downtown Learning Center, Wenatchee Valley Technical Skills Center, Running Start. Forty years ago, you didn’t have any other alternatives.

The flip side is that we learn in a number of environments today — the work room, the living room, the school room. There are many places we become the person we will be in the work force.

In conclusion, a lot of educational opportunities today but not a lot of workplace learning opportunities.

Young people are less savvy when it comes to the workplace. They are less inclined. When they hit 21, the life line is cut and they are left on their own and they are unprepared. They are less work mature, they haven’t obtained the work habits.
On the most-sought after job skills by employers today:

Every workplace wants computer literate employees, people to operate spread sheets, etc. Truck drivers are a good example. All their record keeping today is electronic. Those skills are in demand.

Companies want to teach people — they have training rooms — but they want people with soft skills. They don’t want to teach you how to show up on time, how to smile. It all goes back to family and upbringing. It can be learned later. If we didn’t think so, you just give up on those people.

On whether duplicate services are being offered by multiple agencies in the region:

I’ll use third grade classes as an example. Even though there are multiple third-grade classes in the community, you need the capacity of all the classes. The same is true for social service agencies here.

Lupe Sanchez,
Opportunities Industrialization Center director

On the impacts from the housing crisis in the region:

We can help with rent for one month, we can refer others for rent assistance. We struggle the most when people need housing. There are not a lot of places we can send them. Housing is too costly and is not available. If someone has no place to live and is single, there are no real places to refer them to.

On challenges she sees her clients facing:

One of the big ones is people not having driver’s licenses, including people who are in their 20s or older. Employers see that as not being dependable. We provide them assistance, paying for driver’s tests or providing them bus passes. It can be due to procrastination, their license being suspended, money woes, youth who are sheltered.

When they come here, they have a lack of job history. They’ve kind of ruled themselves out. I see people with problems with the law. They can’t pass a background check. Employers can’t ask that question anymore initially at first, but it can come up later in the interview process.

On the impact from language and cultural barriers:

When people receive unemployment insurance, there is a big push today to do it online. With people in their 50s, or with a sixth-grade education, they need an email address, and they end up saying it’s too much (to comply). So they don’t receive money when they are unemployed.
Gene Sharratt,
Washington Association of Educational Service Districts executive director

On accessing post-secondary education being a top barrier in the region today:

Most of our parents don’t know how to navigate the financial aid part. We don’t do a good job of helping people, including returning adults. When was the last time we saw that marketed in town?

With College Bound Scholarship Program, you have to sign up by the eighth grade and ultimately you can receive $11,500 a year for post-secondary (four-year college, two-year college, trades schools). To qualify, you have to be part of the free and reduced-price lunch program. In school districts like Brewster and Bridgeport, probably close to 100 percent of the kids qualify. In Wenatchee, it’s more like 50 percent. If middle school principals pushed it, it would be way higher. We are denying these kids. It’s been proven it works. It’s a way to incentivize.

A skilled and educated work force is more than a high school diploma. You have to have something beyond high school. You need a credential, a certificate, trades, at least.

On impediments to early learning and child care today:

The wage for day care is so low and requirements are so high. There are so many costs associated with it. You’ve got to get certified, get trained. The margins are very thin.

What’s the answer? Raise wages and honor child care in this community. When they start behind, they will stay behind. And it’s costly to catch them up, the remediation. I’m a big supporter of early learning and the funding of it.

I tell people, ‘So many kids are beat, beaten and broken.’ What is the one resiliency factor that causes kids in bad situations to turn out pretty well? Attaching themselves to adults who authentically care about them. It’s critical that they have one. Kids who are detached, don’t connect. Their behavior later can be bad. They’ve had no bonding, relationship building. The key to happiness is relationship building.

We want people to stay here, to prosper here. When we do, everything is better, every sector will do better.

Michelle Price,
North Central Educational Service District in Wenatchee superintendent

On the top education barriers for families today:

The lack of access to preschool (is a barrier). The early learning services today are not sufficient and not spread out. There also is not a good understanding of ways (for people) to access. Transportation is an issue. Families can’t get kids there.
We have parents today who don’t engage their kids in conversations. It comes down to one-on-one engagement, listening, it’s definitely two-way.

Poverty is very high here. We have a lot of working poor families. And it isn’t they aren’t trying.

There are so many requirements for day care that it is difficult for the providers to stay in business. We are seeing more underground day care and no more preschool. It’s a statewide issue. There is some benefit from the new requirements in that it improves early learning at day cares but it’s also having the opposite effect by driving people out of business. There are a lot of families who say they can’t find day care.

**On other trends are having an impact on education today:**

STEM (education) is having an impact. Computer science and environmental science are becoming requirements. Within the last three years, we have started to see that change. Nationwide, Washington state is probably stronger in environmental and climate science.

Another trend is not losing sight of the trades, such as plumbers, electricians, auto mechanics. Kids have been told for so long that you need this many credits, and then it’s off to college. We don’t tell our own story well, even in our own fields. We don’t tell our kids good stories about possibilities.

**Riva Morgan,**  
**Wenatchee Valley College’s Workforce Education director**

**On the needs of employers:**

Employers say they want job skills and soft skills. What they really want is work ethic.

We are good at teaching that this is how you do something. The professional piece is much more difficult. A lot of that is learned in childhood. It’s tough to instill in adults. But soft skills can be taught. That could be developed by the Chelan Douglas Community Action Council, and on a more personal level than we can do in a classroom.

**On robotics and automation and changes that are coming:**

In fruit packing and storage, we (WVC) are teaching people how to work on those machines. Robotic picking is just around the corner.

Maintenance skills and robotic skills will be much more important (in the future). Programmers, controllers, sensors. We (WVC) are getting more into robotics. We have a robotic arm. And we have ordered two more so we can teach the programming of the robot.
Deb Miller,
Action Health Partners executive director

On the state of health care today in Chelan and Douglas counties:

Social determinants of health accesses the needs of individuals and identifies their barriers to ensure people are getting the care they need more efficiently.

Health systems are starting to come around to community based work. But they are still reacting to chronic conditions and don’t know how to look upstream yet. To do that, they need community partners and to strengthen linkages. They need data proving how services are benefitting the health system. Our new Pathways Hub has an electronic database that can provide that data.

The system is confusing. The directional signs point in every direction and aren’t clear. The system is too busy and is driven by production fees for services. And our resources are not sufficient because they are overwhelmed.

On the key to wellness:

People only relate health care to wellness. But wellness has many facets — physical, emotional, social, financial, spiritual, environmental. And if we don’t have balance in all, we don’t have wellness.

On the use of opioids in Chelan and Douglas counties:

People are dying. They are overdosing. A recovery coalition has started in the community in the last five months. Powerhouse Ministries collected 2,000 needles from along the Loop Trail. There are no needle exchange programs in Chelan and Douglas counties.

On the health care jobs in the highest demand:

Nurses and primary care providers. Quincy is no longer doing surgeries because they don’t have the surgeons due to not having nurses. Confluence Health at times was not able to do surgeries in 2018 due to not having nurses.

Kristin Ferrera,
Chelan County Superior Court judge

On drug offenders in the court system:

There are more men than women when it comes to drug offenders. It’s really all ages. They are chronically unemployed. And a lot of times it involves meth and heroin. We also have a decent number who are homeless who can’t make minimum bail. The vast majority are repeat offenders.
When it gets to felony court, they are recently addicted or recently were out of control. With drug addiction, some are self-medicating for mental health reasons.

The state Department of Corrections sometimes determine people are not eligible for treatment due to being a low risk. They are treated more like a number than a person. That is frustrating to me. Some people need treatment and not jail.

**On the Drug Court started in Chelan County:**

The intent is to get people into an active recovery, hopefully for life.

Drug Court is working well but we have only eight people in it so far. Some of those eight have been in recovery before. We hope they don’t (relapse) but expect it will happen. Most of the time it occurs right after they finish rehab. They are under DOC supervision, it’s a very critical time, they need someone to keep an eye out for them. And one relapse shouldn’t mean it’s back in jail.

We focus on honesty and showing up. We need to know if you’ve relapsed. It’s different for many because they have lived a life of not being honest to the court. We hope when they graduate they have stable housing and hopefully if they can work, they are working.

The prosecutor’s office screens people. They need to have not committed a violent crime. The regional jail has helped four of them find transitional housing.

**On the potential of Drug Court:**

If we had unlimited funding and resources, we could do more. Right now, we are utilizing existing resources. We could easily have 100 in Drug Court.

**Heidi Myers,**
**Washington Trust Bank vice president in East Wenatchee**

**On employment barriers for people today in this region:**

There is a mismatch today between the skills acquired and skills needed. There has been such a change on what the marketplace needs. I’ve recently seen people applying who have degrees but no experience, no internships. I want people to know accounting and not just Wall Street information.

**On desired education levels:**

A four-year degree is not necessary. Students should first determine what they want to do before enrolling in a college. There are resources available to help them with that, including Wenatchee Learns, career counseling, Career Connected Learning. There are other options out there for job training. The problem is that things are evolving so quickly.

**On the future of the agriculture industry:**
If we go to automation in the agriculture industry, that will be huge. It’s a big if (that the agriculture industry will fully automate with robots, etc.). But we have orchardists today who are planting their orchards to accommodate that.
In 2017, 16.4 percent of residents in Chelan and Douglas counties were living in poverty vs. 11 percent statewide and 13.4 percent nationally. After declining since 2013, the poverty rate rose sharply in 2017, matching the 15-year high rate set in 2011.

**Source:** Chelan-Douglas Trends website, Eastern Washington University
Youth population in poverty (0 to 17 years of age) in Chelan and Douglas counties rose to 22.5 percent in 2017 (6,359 total), inching closer to the 15-year high of 24.8 percent set in 2011. Statewide, the rate has been decreasing in recent years, ending up at 14.3 percent in 2017.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Free and Reduced-Priced Lunch Program**

Youth population living in poverty
The share of K-12 students in Chelan and Douglas counties enrolled in the free and reduced-price lunch program rose to 58.6 percent during the 2017-18 school year. Statewide, 42.3 percent of K-12 students received free or reduced-price lunches in 2017-18. The rate in Chelan and Douglas counties has remained high yet relatively stable over the past decade.

Source: Chelan-Douglas Trends website, Eastern Washington University

**POPULATION**

Total population and percent change

In 2018, 119,920 people were living in Chelan and Douglas counties. Since 2001, the two-county region has witnessed a remarkable consistency in annual population growth, ranging from a low of 0.2 percent in 2003 to a high of 1.4 percent in 2005-06, 2008, 2016-18. This also largely mirrors recent statewide population change rates.

Source: Chelan-Douglas Trends website, Eastern Washington University
Non-White Population as a Share of Total

The Hispanic population as a share of the overall population has been increasing for decades in Chelan and Douglas counties. In 2017, 29.4 percent of the overall population was Hispanic, compared with 23 percent in 2007.

12.7 percent of Washington state residents were Hispanic in 2017 while 18.1 of U.S. residents were Hispanic that same year.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Median age**

The median age of residents in Chelan and Douglas counties was 39.4 years in 2017, slightly older than the statewide median age of 37.7 years and the national median age of 38.1 years.

**Source:** Chelan-Douglas Trends website, Eastern Washington University
The population of Chelan and Douglas counties is getting older and not just within the 65 years+ age cohort. In 1990, 14.4 percent of residents were 65 years and older and 34.7 percent were between the ages of 35 and 64. By 2017, those figures had risen to 19 percent and 38 percent, respectively. Meanwhile, those aged 17 and younger decreased from 27.6 in 1990 to 24.1 percent in 2017, and those aged 18 to 34 fell from 23.4 percent in 1990 to 19 percent in 2017.

In Washington state, similar changes in age groups have been recorded since 1990. However, the percentage of 65 years and older statewide has consistently remained lower than the rate in Chelan and Douglas counties, with 15.3 percent statewide in that age group in 2017, vs. the 19 percent in Chelan and Douglas counties.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

### Foreign-birth population

In 2017, 12.9 percent of residents in Chelan and Douglas counties were born in a different country than the United States, with an estimated 9.1 percent not being U.S. citizens. That is down from 2007 when 15.2 percent were foreign born and 12.6 percent were not U.S. citizens.

In Washington state, 14.4 percent of residents were foreign born in 2017 and 7.5 percent were not U.S. citizens. Nationally, 13.6 percent of residents were foreign born in 2017 and 6.9 percent were not U.S. citizens.
Veteran population

There were 6,401 veterans living in Chelan and Douglas counties in 2017. That represents 7.2 percent of the overall population, a decrease of nearly 5 percentage points since 2012 when 12.1 percent of residents identified as being veterans. In Washington state, 9.4 percent of residents were veterans in 2017. Nationally, 7.2 percent were veterans that same year.

Source: Chelan-Douglas Trends website, Eastern Washington University

Single-Parent Families with Children as a Share of Total Families with Children

About 32 percent of all families with children in Chelan and Douglas counties were headed by a single parent in 2017. In 2011, that figure stood at 34.6 percent. In 2006, it was at 23.8 percent.

Statewide, 27.5 percent of families with children were headed by a single parent in 2017.

Source: Chelan-Douglas Trends website, Eastern Washington University
INCOME & ECONOMIC OPPORTUNITY

Median Household Income

In 2017, the median household income in Chelan and Douglas counties was $58,990, compared with a median household income statewide of $70,979 (and a national median household income of $60,336).

Source: Chelan-Douglas Trends website, Eastern Washington University

Per Capita Income

In 2017, the per capital income in Chelan and Douglas counties was $47,045, lagging behind the statewide per capita income of $57,896 (and the national per capita income of $51,640).

More significantly, the growth in per-capita income statewide between 1987 and 2017 was 351.3 percent, compared with a growth of 305 percent in Chelan and Douglas counties during that same time period.

Source: Chelan-Douglas Trends website, Eastern Washington University
Cost of Living Index

The cost of living in Chelan and Douglas counties remains lower compared to other metropolitan areas in Washington state — King and Pierce counties, and Benton and Franklin counties. Between 2008 and 2016, the cost of living actually decreased slightly in Chelan and Douglas counties.

Source: Chelan-Douglas Trends website, Eastern Washington University

Share of Households with Internet

In 2017, 82.8 percent of the households in Chelan and Douglas counties had an Internet connection vs. 89.4 percent statewide. In 2013, just 65.9 percent of households in Chelan and Douglas counties had the Internet.

Source: Chelan-Douglas Trends website, Eastern Washington University

Workforce Training at WVC

The rate of adults aged 18 to 64 years enrolled in workforce training at Wenatchee Valley College has remained relatively constant between the 2007-08 school year and the 2016-17 school year. The local enrollment rate, however, is several a few percentage points below the
statewide rate for the same training.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**EMPLOYMENT**

**Number of People in Labor Force**

The total labor force (65,356 people) in Chelan and Douglas counties continues to rise since the region emerged from the Great Recession in 2012. The region’s participation rate remains higher than the statewide rate as well.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Unemployment rate**

Mirroring state and national trends, the unemployment rate in Chelan and Douglas counties dropped to 5.1 percent in 2017, since peaking at 9.3 percent in 2010. In 2016, the rate was 6.3 percent.

**Source:** Chelan-Douglas Trends website, Eastern Washington University
HOUSING

Number of Homeless / Point In Time Count

There has been a growing number of unsheltered homeless people, including students, living in Chelan and Douglas counties since 2012.

Source: Chelan-Douglas Trends website, Eastern Washington University

Homeownership Rate

For several years now, the homeownership rate in Chelan and Douglas counties has been declining but it has remained higher than the state and national averages. In 2017, the national average (63.9 percent) moved past the rate in Chelan and Douglas counties (63.1 percent), with the state rate (62.5 percent) just behind.

If you have an annual household income of less than $35,000, though, you have a better chance of owning a home than those elsewhere in the state.

Source: Chelan-Douglas Trends website, Eastern Washington University
Median Home Resale Value

The median home sales price increased by 69.3 percent between first quarter 2013 ($196,475) and fourth quarter 2018 ($332,674).

Source: Chelan-Douglas Trends website, Eastern Washington University

Homeowners paying 30 percent+ of income on housing
During the Great Recession years, an increasing number of homeowners in Chelan and Douglas counties found themselves paying more than 30 percent of their household income on housing. That figure declined slightly between 2013 and 2017 but it is believed to be on the rise again due to skyrocketing home prices in the Greater Wenatchee Area.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Homeownership Rate: Incomes 30 to 60 percent of AMI**

In 2017, the homeownership rate for households with annual incomes between 30 percent and 60 percent of the area’s median income (AMI) was 44 percent in Chelan and Douglas counties (a decline from the 53.1 percent recorded in 2006).

Households earning between 30 percent and 60 percent AMI are likely to face more barriers to purchasing a home than those who are not, including a lack of funds for down payments and closing costs, low or no credit, lack of affordable housing options and possible discrimination.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Multi-Family Vacancy Rate for One-Bedroom and Two-Bedroom Units**

A low vacancy rate and accompanying higher rents has been a major community concern in the Wenatchee area, where vacancy rates have been in the 1 to 3 percent range for the past several years.

**Source:** Chelan-Douglas Trends website, Eastern Washington University
Renters Paying 30 percent+ of income on housing

About 31 percent of renters were paying 30 percent or more of their household income on housing in 2017, including 12.5 percent paying more than 50 percent.

Source: Chelan-Douglas Trends website, Eastern Washington University

HEALTH

Uninsured Population
The total number of uninsured residents in Chelan and Douglas counties dropped significantly between 2013 and 2017 due to the Affordable Care Act. The rate of uninsured in Chelan and Douglas counties, however, remains higher than the statewide rate.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Access to Primary Care — Primary Care Physician Rate**

The number of overall physicians has increased by 26.7 percent in Chelan and Douglas counties since 2011, while the rate of doctors per 1,000 residents continues to remain lower than the statewide average.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Medicaid Recipients**

Medicaid recipients in 2017:

- Chelan County: 33.8 percent (25,960 total recipients)
- Douglas County: 32.9 percent (13,633 total recipients)
- Statewide: 22 percent (1,606,000 recipients)

Age breakdown of Medicaid recipients in 2017:

- Chelan County: 0 to 17 years of age — 48 percent; 18 to 64 years of age — 52 percent
- Douglas County: 0 to 17 years of age — 53 percent; 18 to 64 years of age — 47 percent
- Statewide: 0 to 17 years of age — 43 percent; 18 to 64 years of age — 56 percent

**Source:** State of Washington

**Child Abuse and Neglect**

The rate of child abuse and neglect is below the statewide rate.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Number of Good Air Quality Days**

Air quality has become an increasing concern in Chelan and Douglas counties due to smoke from wildfires burning inside and outside the region.

**Source:** Chelan-Douglas Trends website, Eastern Washington University
Deaths by Leading Causes

Between 2000 and 2017, among the four leading causes of death, Chelan and Douglas counties saw an increase in the rate of deaths due to Alzheimer’s Disease, a decrease in the rates of deaths due to stroke and heart disease, and a relatively stable rate of death due to cancer. These trends largely mirror statewide trends.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

Infant Mortality Rate

The number of infant deaths per 1,000 live births in Chelan and Douglas counties was lower in 2015 compared to the state and national averages. The same is true for the share of births that are pre-term (gestation less than 37 weeks) and for the share of births with low birth weights.

The overall birth rate for females aged 15 to 19 years is higher than the statewide and national rates.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

Share of Population Who Are Obese

There has been a decline since 2014 in the percentage of people in Chelan and Douglas counties who are obese. The same is true for the percentage of people diagnosed with diabetes.

However, the percentage of teens who are obese or overweight increased between 2006 and 2018 in Chelan and Douglas. In 2006, the shares of eighth-graders, 10th-graders and 12th-graders who were obese or overweight were 27.1 percent, 28.5 percent and 23.1 percent, respectively. In 2018, those shares had risen to 30.8 percent, 33.6 percent and 36.5 percent, respectively. All three figures from 2018 are higher than the statewide averages.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

Share of 8th, 10th and 12th Graders Reporting Feeling Sad or Hopeless

The percentage of 8th, 10th and 12th-Graders feeling sad and hopeless has been on a steady increase since 2006.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

Share of Students Who Have Used Alcohol in the Past Month

While the use of alcohol by teens in middle school, junior high and high school in Chelan and Douglas has been declining in recent years, the rate is still higher than the statewide rate.
In 2018, 32.1 percent of 12th-graders in Chelan and Douglas counties reported drinking alcohol in the past month, compared with 21.7 percent of 10th graders and 12.5 percent of eighth-graders. That same year, 28 percent of 12th-graders in Washington state reported drinking alcohol, along with 18 percent of 10th graders and 8 percent of eighth-graders.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Share of Adults Reporting Poor Mental Health for More than Half of the Previous Month**

Between 2012 and 2017, there was a dramatic increase in those reporting poor mental health over long stretches of days and weeks. In 2012, 4.3 percent of residents in Chelan and Douglas counties said they suffered from mental health issues for more than half of the previous month. By 2017, that rate had risen to 15 percent.

Statewide, the rate has fluctuated between 11.7 and 13.7 percent during that six-year period.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**EDUCATION**

**On-Time High School Graduation Rate**

In 2017-18, the on-time high school graduation rate in Chelan and Douglas counties was 82.3 percent, slightly higher than the statewide rate of 80.9 percent. The regional rate has been rising
slightly since 2011-12 when it was at 75.7 percent.

Source: Chelan-Douglas Trends website, Eastern Washington University

Drop-Out Rates — 9th and 10th grades

The drop-out rates for ninth- and 10th-grade students in Chelan and Douglas counties was 2.6 percent in 2017-18, vs. a statewide rate of 1.5 percent. In 2010-11, the drop-out rate in Chelan and Douglas counties was 3.1 percent vs. a statewide rate then of 2.8 percent.

Source: Chelan-Douglas Trends website, Eastern Washington University

Drop-Out Rates — 11th and 12th grades

In 2017-18, the drop-out rate for 11th and 12th graders, including fifth-year seniors, was 13.6 percent in Chelan and Douglas counties, vs. 12.3 statewide. The drop-out rate in Chelan and Douglas counties has been declining since hitting a high of 17.9 percent in 2014-15.

Source: Chelan-Douglas Trends website, Eastern Washington University

Share of Population Ages 25+ With Only a High School Diploma or GED, or less

In 2017, 45.7 percent of residents in Chelan and Douglas counties held just a high-school diploma or less. That figure has remained relatively static since 2005, with the occasional up or down, when 43.5 percent of the population held just a high-school diploma or less.
Statewide, the share of the population holding just a high-school diploma or less was 30.8 percent in 2017, vs. 37.3 percent in 2005.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Share of Population Ages 25+ With At Least Some College or an Associate’s Degree**
The share of those in Chelan and Douglas counties with at least some college or an associate’s degree remained relatively unchanged between 2005 and 2017, with 30.7 percent holding that educational attainment locally in 2017. Statewide, the rate has been just slightly higher — in the mid- to low-30s — since 2005.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Share of Population Ages 25+ With At Least a Bachelor’s Degree**

<table>
<thead>
<tr>
<th>Year</th>
<th>Chelan &amp; Douglas Counties - Bachelors Degree</th>
<th>Chelan &amp; Douglas Counties - Graduate or Professional Degree</th>
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In 2017, 24.6 percent of residents in Chelan and Douglas counties held at least a bachelor’s degree, compared with 23.8 percent in 2005.

Statewide, the rate of those holding at least a bachelor’s degree has been on the steady rise, from 30.1 percent in 2005 to 35.5 percent in 2017. Nationally, 27.2 percent held a bachelor’s degree or more in 2005 vs. 32 percent in 2017.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Kindergartener Readiness**

The share of entering kindergarteners demonstrating all six domains of readiness (WaKids State Standards) in Chelan and Douglas counties stood at 39.8 percent in 2017-18, compared with 24.8 percent in 2013-14. Statewide, the rate was 46.7 percent for all six domains in 2017-18 and 40.8 percent in 2013-14.

The percentage of entering kindergarteners demonstrating four or five domains has fallen over
the past several years, as have the percentages of kids demonstrating two or three domains and zero and one domains.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Children Feeling Safe at School**

In 2017, the shares of eighth-graders, 10th-graders and 12-graders who reported feeling safe at school in Chelan and Douglas counties were 81.6 percent, 84.1 percent and 84.3 percent, respectively. That marks little change from 2006 when 82.2 percent, 80.6 percent and 82.9 percent, respectively, answered affirmatively to the same question.

A similar overall response and trend has been the case for the state as a whole as well.

**Source:** Chelan-Douglas Trends website, Eastern Washington University

**Share of Youth Carrying a Weapon to School**

In 2018, the shares of eighth-graders, 10th-graders and 12-graders who carried a weapon to school in Chelan County were 4 percent, 7 percent and 8 percent, respectively.
Statewide, 3 percent of eighth-graders, 5 percent of 10th-graders and 6 percent of 12th-graders, respectively, carried a weapon to school.

Source: Chelan-Douglas Trends website, Eastern Washington University

Share of Residents 18+ Currently Enrolled in Higher Education

In 2017, 5.1 percent of residents in Chelan and Douglas counties aged 18 years and above were enrolled in higher education, compared with 7.9 percent statewide and 8.8 percent nationally.

Source: Chelan-Douglas Trends website, Eastern Washington University

Share of High School Hispanic Students Who Attend Higher Education Institution Within the First Year After High School Graduation

The number of local Hispanic high school students who attend a higher education institution right after high school continues to increase — about 70 percent in 2016 — outdistancing the state average in the process.

Source: Chelan-Douglas Trends website, Eastern Washington University
TRANSPORTATION

Link Transit Ridership

Ridership in Link Transit, the public transit system operating in Chelan and Douglas counties, grew by about 200,000 riders between 2006 and 2017.

Source: Chelan-Douglas Trends website, Eastern Washington University

Alternative Modes of Commuter Transportation

The rate of people utilizing public transportation in Chelan and Douglas counties to commute was about one-fifth of the state rate in 2017.

The carpooling rate in Chelan and Douglas counties was below the statewide and national rates in 2017, and has fallen to half of what it was in 2005 when it was above the statewide and national pace. The same holds true for the rate of people utilizing walking as a mode of transportation. There was a slight uptick in those who bike as a form of transportation.

Source: Chelan-Douglas Trends website, Eastern Washington University
Quantitative Data
Community Survey
March through May 2019

Total number of survey responses: 411

Q1: What community do you live in?
Wenatchee: 50.1 percent
East Wenatchee: 27.5 percent
Chelan: 5.0 percent
Cashmere: 3.9 percent
Manson: 3.6 percent
Leavenworth: 2.7 percent
Rock Island: 1.4 percent
Malaga: 1.4 percent
Rural Chelan County: 1.0 percent
Dryden 0.7 percent
Lake Wenatchee: 0.5 percent
Monitor 0.5 percent
Waterville: 0.5 percent
Ardenvoir: 0.2 percent
Chelan Falls 0.2 percent
Peshastin: 0.2 percent
Rural Douglas County: 0.2 percent
Bridgeport: 0.2 percent
Entiat: 0.2 percent
Mansfield: None
Orondo: None
Palisades: None
Plain: None
Stehekin: None

Q2: What is your gender?
Male: 28.0 percent
Female: 72.0 percent
Other (please specify): None

Q3: What year were you born?
Ave year: 1974.2 (44 to 45 years of age today)

Q4: What is your race/ethnicity?
White: 64.0 percent
Hispanic or Latino: 28.0 percent
Two or More Races: 4.9 percent
American Indian and Alaska Native: 2.0 percent
Black or African American: 0.7 percent
Asian: 0.2 percent
Native Hawaiian and Other Pacific Islander: 0.2 percent

Q5: Approximately what is your yearly household income from all sources? (earned income, unearned income, government benefits)
Less than $6,000: 14.1 percent
$6,001 to $15,000: 19.0 percent
$15,001 to $25,000: 13.1 percent
$25,001 to $35,000: 11.7 percent
$35,001 to $45,000: 7.8 percent
$45,001 to $60,000: 8.3 percent
$60,001 to $75,000: 7.5 percent
$75,001 and above: 18.5 percent

Q6: What is the highest level of education you have completed?
Less than high school: 11.4 percent
Some high school: 5.8 percent
High school graduate: 10.4 percent
GED/high school equivalency: 6.6 percent
Some college or technical school: 21.4 percent
Completed two-year college or technical school: 14.4 percent
Completed four-year college degree: 17.3 percent
Completed masters/doctorate degree: 12.7 percent

Q7: Which of the following best describes your housing?
Rent apartment: 21.2 percent
Rent single-family home: 17.5 percent
Rent room: 2.4 percent
Home with mortgage: 30.5 percent
Home you own (no mortgage): 8.5 percent
Staying with family/friends: 8.5 percent
Emergency shelter: 2.4 percent
Safe haven: 0.2 percent
Living in car: 0.5 percent
Living outside: 1.2 percent
Other (please specify): 7.1 percent (The responses: live with parents, YWCA, Oxford, transitional housing, HUD, motor home, live in a shed at friend’s home, homeless housing, couch surfing, RV, assisted living facility)

Q8: How many adults live in your household?
1: 28.7 percent
2: 46.2 percent
3: 13.2 percent
4: 6.1 percent
More than 4: 5.8 percent

Q9: How many people under the age of 18 live in your household?
None: 50.6 percent
1: 20.5 percent
2: 16.8 percent  
3: 9.0 percent  
4: 2.4 percent  
More than 4: 0.7 percent  

**Q10: How many times have you moved in the past two years?**  
None: 58.6 percent  
1: 23.9 percent  
2: 9.5 percent  
3: 3.7 percent  
4: 1.9 percent  
More than 4: 2.4 percent  

**Q11: What is your employment status?**  
Full-time, one job, with benefits: 34.3 percent  
Full-time, multiple jobs, with benefits: 3.4 percent  
Full-time, one job, no benefits: 6.8 percent  
Full-time, multiple jobs, no benefits: 1.7 percent  
Part-time, one job, with benefits: 3.2 percent  
Part-time, multiple jobs, with benefits: 0.5 percent  
Part-time, one job, no benefits: 6.3 percent  
Part-time, multiple jobs, no benefits: 1.5 percent  
Temporary position: 0.7 percent  
Entry position: 0 percent  
Seasonal: 1.2 percent  
Retired: 10.7 percent  
Unemployed searching: 12.2 percent  
Unemployed not searching: 4.6 percent  
Other (please specify): 12.9 percent  
(The responses: Retired, part-time job, with benefits; retired, part-time job, with no benefits; self-employed; sole proprietor; disabled; in mental health program; applying for SSI; student; AmeriCorps with in-service benefits; full-time caregiver for disabled husband with no pay)  

**Q12: Please select all the social and community services you and/or your family members utilize in Chelan and Douglas counties? (select all that apply)**  
Food assistance: 33.1 percent  
Medical care services: 32.1 percent  
None: 25.3 percent  
Mental health services: 20.2 percent  
Low-cost/free dental care: 19.5 percent  
Public transportation: 17.8 percent  
Housing assistance: 14.8 percent  
Volunteering: 14.8 percent  
Utilities assistance: 8.0 percent  
Drug/alcohol services: 7.5 percent  
Legal help: 7.3 percent  
Child care: 7.3 percent  
Adult education: 6.3 percent
Clothing banks: 6.1 percent
Job search assistance: 5.8 percent
Job training: 5.1 percent
Early childhood learning: 4.6 percent
Domestic violence services: 4.6 percent
Special needs disability services: 4.4 percent
Budgeting and financial education: 3.9 percent
Prenatal health care: 3.2 percent
In-home care/special medical needs: 2.9 percent
Parenting classes: 2.4 percent
Elder care: 1.9 percent
Nutrition education: 1.7 percent
Sexual assault services: 1.7 percent
Other (please specify): 4.9 percent (The responses: Parque Padrinos, WIC, Mended Hearts, DVR, emergency housing, Catholic Charities, Apple Care, foster care)

Q13: How well served have you and/or your family members been by these social and community services?
Excellent: 16.5 percent
Very good: 23.8 percent
Good: 22.9 percent
Fair: 10.0 percent
Poor: 3.9 percent
Not applicable: 22.9 percent

Q14: If you answered either “fair” or “poor” in the above question, why is that?

Q: Why haven't you been well served by social service agencies?

INDIVIDUAL ANSWERS:
• They do not help me.
• Because when I have a need, I do not qualify. I do not understand the process for that.
• Just isn't enough help
• A lot of the time my husband and I don't qualify. We are right at the border between making too much money for help and not enough to quite make it on our own.
• I made $25 too much when my heater went out
• I have received minimal help in some areas because most bills weren't taken in consideration (car, insurance, gas), when indeed they were taking most my income.
• WIC is a program that should be available to all new families.
• There are not a lot of options at reasonable prices.
• Not to look at you like money bags and just like a patient. Treat you like human beings.
• No funding for single women with no children.
• High turnover in facilities lead to poor care and/or neglect of basic needs.
• No housing
• Tired of being put back at the end of the line.
• No help with housing.
• Not enough resources
• I'm still homeless with shelter due to my income. Some of the medical/dental is in dire need of improvement.
• Some have been good but housing has been so bad it's not funny. There is no low-cost housing.
• Dental services did not care when handling my health. I experienced pain.
• It cost too much money to see and have care from these services if you don't have good insurance.
• No transportation
• No enough resources for everyone.
• Because I am alone and I need help with reading and writing, and I'm embarrassed. (I had help right now writing this.)
• I answered fairly to all my questions. Hard working people need to get aid more.
• Transportation is great, but drug programs aren't very available.
• I can't ever seem to fit any programs.
• Not enough time
• Because once I needed help with my rent and I went to community action for help, but they said they couldn't help me unless I was being evicted. I wasn't working at the time so I went somewhere else were they did help me.
• Disqualified due to income, race, or not having any children.
• Don't qualify, yet still struggling.
• Dental services are backed up or limited
• Outreach
• Didn’t know about them
• Difficult to get appointments in timely manner. Gatekeeping at the clinics.
• Our Special Education was pulled quarter, leaving us without preschool and scrambling to find child care with zero notice.
• Slow to help
Because service are not equal distributed
The lack of resources for children with disabilities in this valley.

Q15: Please select all the barriers you and/or your family members face in accessing social and community services in Chelan and Douglas counties? (select all that apply)

None: 36.0 percent
Not eligible or don’t qualify for help: 31.9 percent
Can’t afford fees and payments: 20.9 percent
Put on a long waiting list: 17.5 percent
Credit score: 17.5 percent
Don’t know where to go for help: 17.3 percent
Have anxiety about seeking help: 12.7 percent
No transportation: 11.9 percent
Have to work during service hours: 10.5 percent
Lack of trust: 9.5 percent
Social stigma: 8.3 percent
Don’t want to ask for help: 8.0 percent
Services are not available in my area: 7.3 percent
Social stigma: 8.3 percent
Language barrier: 7.8 percent
Have a criminal background: 7.3 percent
Fear of sharing information: 6.6 percent
Prior bad experience with service program: 4.9 percent
No child care while finding/getting help: 3.2 percent
Fear of being punished: 3.2 percent
Other (please specify): 2.4 percent (The responses: Mental health services in Wenatchee are overwhelmed; I’m poor and have to ride my bike, which makes things difficult; fear of reprisals from landlord)

Q16: What is one way the barriers you’ve identified could be eliminated or reduced?
INDIVIDUAL ANSWERS:

- Clarity when announcing services.
- Bring social services to the home.
- More information about services so everyone knows.
- Get more information within reach and have staff that speak Spanish at places of assistance.
- Provide transit, swings, covered electric charger at Methow Park
- Have the bus go by Methow Park
- More informative events so the information reaches all
- That people have trust when asking for help. That people in social services understand and are sensitive.
- Make the programs more accessible for more people
- English classes
- More English classes
- More accessible schedules to learn English for employees of the fruit industry and other jobs that do not have regular schedule.
- Economic housing opportunities.
- More opportunities to qualify for discount services for people who work hard and do not have dependents.
- More understanding and respect for the low income Hispanic community that needs to use CVCH or discounted health services.
- More mental health, drug services
- Hire additional, high quality mental health therapists.
- Extended hours
- We need to realize that two adults working full time, paying rent, utilities, and working 3 jobs between them, still cannot afford everything to survive in this county.
- Serve legal citizens
- Hire more mental health providers
- Later access hours to services
- More affordable housing for low income folks.
- Child care is very hard to find and it’s expensive
- Greater community help in providing some services for free
- Chelan and Douglas counties need more housing. Also, the counties need autism resources.
- Rent assistance as well as childcare while working/searching for jobs
- By helping in some sort of way even if they can’t help completely
- Doing this survey electronically is a barrier for some of our low-income families.
- Providing services to everyone regardless of qualifications
- Finding child care is hard. I had to call 32 people on the state's list, before finding someone that didn’t have a wait list or could provide the care I needed. Pricing is a factor, but just finding the state list was a task on its own.
- Reduced application fees
- Criminal backgrounds don’t determine who a person is.
- I could really benefit by being on the Section 8 program. It would get me off the food program
at Garden Terrace.

- Having a get together for the community to talk about these problems
- Have people who are bilingual
- Credit impacts a lot.
- A job that bonds or hires felons from years ago
- Waivers to help with court of filing fees. More bus transportation.
- More better public transportation. Better availability/longer hours for buses.
- Adjustments of gross income qualifications
- Longer service hours
- Housing needs for people that don’t have kids. For people that are honest and hard working, there is no help.
- Help your own country people first
- Hours outside of normal work time (8 a.m. to 5 p.m.), as well as inviting and friendly environments
- Not factoring in a credit score
- Permanent housing
- Extreme anxiety about filling out forms. Too many questions about things I should know but don’t recall!
- People telling me I don't qualify for this program. I am not old enough or not disabled enough. I have a hard time in trusting men the most. You get on a list and then it takes years to get to the top.
- If I could find housing, I could get my little girl back from CPS. I have no more time at the shelter. There is no low cost shelter in Wenatchee.
- More adult opportunities to learn English at different hours
- Speaking Spanish
- Need to push harder
- Stuff being cheaper
- Things being cheaper
- Have longer hours, affordable services
- Win the lottery
- Credit
- Dental, eyes
- No transportation
- More free things without having to jump through a bunch of hoops. Example: you can have this free item if you do all eight things.
- Application fees, credit limitations, and criminal history make it difficult to obtain housing. There needs to be ways to take those things in account, without denying someone housing.
- Be aware of what programs are offered for individuals with criminal history.
- Sometimes there is a social stigma, which causes me to feel insecure
- Community outreach
- More programs
- Criminal backgrounds should be ignored.
• I need a car, more money, good credit score.
• The place (offering the services) just accepting you.
• More services for people to access
• The past always gets me.
• Older people who don’t know how to use a computer find it difficult to access resources.
• Information
• A shorter waiting list for housing
• More programs for people that need to work, more help and understanding
• Don’t use them to disqualify, use them to qualify
• Less of a waiting list
• Provide more information about the services
• Affordable prices
• Widen the qualifying acceptance
• Audit/investigate
• Don’t charge
• I don’t personally experience barriers, but one I’ve heard from those who do need longer service hours or alternates to 9 to 5 service. Additionally, lack of bilingual travel trainers at Link Transit has also been a word of mouth barrier.
• All of them in their own way. One that is and can/should be easily eliminated is language barrier. With such a high percentage of Latinos, Hispanics, Spanish-only speakers, bilingual and bicultural should be implemented within the organizations/places that serve community residents.
• Getting put on a waiting list for housing. They should put a move on that because if someone applies for housing it's because they really need it or they should give priority to the ones that are being evicted or homeless.
• Better marketing
• Give help to those who help themselves. It’s not fair that people who refuse to work get rewarded with free stuff.
• Well if my husband didn't have the great career he has that would change our financial circumstances drastically at this time.
• Let people know what services are available.
• Changing culture is a huge task. I just hope for the day when everyone is guaranteed a living wage.
• Cheaper rent
• One household member has a felony and can’t find affordable rent and often not accepted due to felony even though it's seven years old.
• Behavioral health options for teens that are easy to access
• Better information control. Confidentiality
• Offer service sites in rural places. Services are offered throughout the county, but the actual agency that you have to go to get help is 1-plus hours away.
• Increase spending budget for low income aid. Expand HUD program to more people.
• Hours
• Make more low income dental services available locally
• Make eligible for middle class
• Reopen the state employment office. A resource and computer lab for job seekers would be good, with someone expert in resume writing available.
• Allow Chelan county courthouse to handle some legal cases for East Wenatchee residents such as Step-parent adoption rather than having to file in Waterville
• Need more diverse availability of medical & mental services in this area. We are captives of the clinic.
• Change the policy, children should not loose special education in the middle of the quarter or even the middle of the year for that matter.
• More help to access through online portals for more easier access. Would create more time availability and also more privacy.
• Medical costs for serious medical issues are financially out of reach even with medical insurance, my daughter needs to have more breast tests but owes too large of a bill for first tests to continue her care and screening. I cannot afford dental care I am disabled and on Medicaid and Medicare. But they do not pay for dental care. I have a huge cavity but have no way financially to fix it.
• How you qualify people for services
• Reduced fees for seniors, free senior center
• Background checks
• Taking into consideration cost of living expenses
• Need low cost respite care. I have been working 24/7 for a year without a day off. We can't afford to hire the help needed for a quadriplegic
• Wider range of services.
• Change in free and reduced price lunches requirements. I make too much but because of other responsibilities have a hard time affording lunch
• Have available hours after work

Q17: What social and community services not being offered now in Chelan and Douglas counties would be beneficial for people living here?

Q: What services not being offered now would be beneficial?
INDIVIDUAL ANSWERS:
- Assistance in the home for the vulnerable elderly who cannot pay
- Education about health and exercise
- Make changes, listen to people and the community
- Sell Mexican products
- People need to want to go out and look
- Education for young parents
- More help with food
- Economic and accessible rent
- Housing and training to gain skills that will help to get a job
- More houses and apartments for rent
- Training for people who are already serving in social services so that they treat all clients with the same respect, regardless of social status.
- Visiting nurse or CNA
- Mental health services, especially for school-aged children
- Mental health services in Manson
- Good paying year-round jobs
- Mental health services in Lake Chelan Valley. Quite lacking.
- More low-income housing
- Health care
- More housing
- Legal help and more substance-abuse facilities
- Drug and alcohol services for teens, resources for hurting teens
- More affordable living and resources
- In Moses Lake, they have doctors that specifically work with addicts and help them get and stay off drugs. I have watched two family members be successful with this program.
- Mental and drug rehabilitation, and how to deal with and be educated about people with mental illness
- After-hour services
- Veteran assistance
- Greater access to affordable housing
- More transitional housing or programs like that. Also more relevant job training.
- Community housing
- People need more shelters and food for the homeless
- Transportation resources (such as bike-share programs)
- Affordable childcare
- I like the YMCA, but many of their programs are during the time I work. I work from 8 a.m. to 5 p.m., so I wish they had more activities for families after those time frames, or on weekends.
- Increased/improved mental health and drug rehabilitation services
- More affordable housing
• More drug addiction services
  The programs we now have are meeting my needs now I'm active at 74 but worry about my future
• Low or no cost kid programs, outside of school programs
• Programs for felons or more homeless shelters that work you into a regular home or to be productive
• More affordable housing, more mental health services, more activities for teens, children and families that are affordable
• Programs for homeless youth, teen parents
  Teen shelter, teen DV classes, homeless outreach shelter, nutrition, transportation, budgeting, classes on how to write checks, address envelopes, English/Spanish classes at schools
• More housing
• Low-income housing
• Childcare options
• Housing assistance, mental health programs
• More mental health help
• More opiate addiction services
• Low-income apartments
• Low rent
• Improve waiting list
• Housing
  We have a lot of services, just need services to coordinate with one another to avoid overlapping services
• More subsidized/low income homes, help for very low income more than just porch programs through Catholic Charities, Section 8, and rapid rehousing and more places that will work with people who have poor credit.
• I'm not certain, but a nice haircut would be beneficial occasionally.
• Housing, mental health, shelters for homeless people
• Low-cost housing. I only make a certain amount of money right now and there is nothing out there in my price range.
• More resources for families with children who have autism.
• After-school programs, recreation center
• Affordable housing
• Low-income housing
• Boys and Girls clubs, Big Brother or Big Sister programs, more mental health help for children
• Free Spanish and English classes, free translations services
• More food resources, bus tokens needed
• More housing opportunities, help with application fees, rental prices too high
• More transportation help
• Homeless programs, alcohol and drugs classes
• Help with homelessness
• Drug treatment instead of jail/prison and for mental health reasons
• Dental
• Everything is expensive
• Maybe a better place for homeless to go.
• Have a recreation center that is free
• Housing
• Mental health services
• More drug treatment
• If I knew that, I most likely wouldn't be in the situation I am.
• Drug treatment instead of prison
• More shelters
• Low-income housing
• Mental health services for parents and children, parenting classes
• Respite care
• How to live/get out of poverty, affordable housing
• Need more help with housing
• Housing
• More food banks
• College financial help
• More collaboration among similar agencies and the work they do
• Cultural events
• A local volunteer bank of bilingual people willing to interpret during events hosted by organizations unable to pay for interpreters.
• Services needed are housing help, especially in helping tenants know what is legal. Services that help tenants work/rent to become homeowners. Services that provide and help to improve environmental equality, justice, access.
• Need more interpreters or Latinos/Latinas working in the office space.
• Landlord-tenant finding forum
• Rent regulation
• Homeless huts
• Foster care support
• More homeless shelters and more mental health help
• Free child care for people looking for work or needing assistance that requires focused attention.
• Volunteer driver
• Anything to do with affordable housing
• Regional case management. Single point of entry for social services, case manager/navigator who supports folks in a holistic way. Essentially coordinated entry for help.
• Youth housing assistance, housing for people with pets, wider reaching transportation services
• More low income housing. More case managers for people to go to help navigate all the paperwork, to find out what assistance is available, and to help people find where to go to get
assistance

- Help homeless - teen activity center
- More low income dental service
- More child care options, parenting and financial education classes, comprehensive mental health services, and a housing first model to tackle homelessness
- More career and job training services for young adults
- A public place with resources for job seekers.
- Outreach more about affordable housing. So many people need homes
- More sidewalks in residential areas around schools and businesses,
- There are better services for Medicaid recipients than working poor
- Sidewalks for kids required to walk to school.
- How to be a good tenant!
- Mental health issues need to be addressed with a unit at the hospitals for psychiatric care inpatient and outpatient care available for no cost for those with low income.
- Insulating my home
- More mindfulness, meditation classes/ongoing groups
- More places for teen-agers to go
- Assistance for rental application fees.
- Free, low cost dental - local, accessible
- Help with kids diagnosed with Autism.
- Free comprehensive mental health in schools. Chemical dependency treatment free and available in schools.
- More prescribers and therapists that see people after 5pm
- More housing options. I cannot stress this enough. There needs to be more affordable housing options.
- Expanded housing and mental health services
- Places for the homeless
- Senior services
- More low income housing options, housing for homeless teens
- Classes about understanding health insurance
- Food delivery (in particular for the elderly)
- Expanded mental wellness services
- An emergent fund for all income levels.
- We need more places to meet and find services or social events
- Youth Homeless Shelter
- More youth (i.e. middle school and high school) entertainment opportunities
- Low Barrier Shelter
- Accessible and Empowering Parenting Classes
- Non Traditional Education, High Quality Early Learning funding
- Housing Assistance for people making below the median income
- An increase in mental health services
Q18: From a community wide standpoint, what do you think is the greatest challenge the community faces today when it comes to social and community services?

Q: What is greatest challenge facing the community today?

INDIVIDUAL ANSWERS:
- Opposition to progress
- Health education for children
- Access
- The waiting time, transportation, the schedule available.
- People don't know where to go for help.
- Spanish speakers
- Bilingual information distributed to all
- The language barrier creates misunderstandings between the needy and the service providers.
- When the work seasons are over it is hard for us to find another job. What I earned goes away and we do not know what to do or where to go.
- Single mothers and abused women
- Legal reasons
- Lack of options for undocumented families
- Transportation
- Lack of understanding and respect for the diversity of people, which makes people avoid seeking help before it is too late.
- Law enforcement should take mental health/drug users to service locations and require they get help.
- Cost of housing in Chelan. High real estate taxes.
- Fragmentation of service providers
• Knowing they exist and being able to easily access them
• Mental health support for students, affordable housing for adults
• Mental health, affordable housing
• Multiculturalism
• Too many able bodied or illegal people collecting free benefits from our tax money rather than working
• In Lake Chelan Valley, it is transportation and distance from services.
• Affordable healthcare
• Affordable housing
• Crime and lack of affordable housing
• Lack of services available during non-working hours
• Affordable housing
• Housing, addiction
• Affordable housing
• People who don't really need benefits make it hard for those who really do need it; also a person's income bracket prevents them from receiving benefits.
• More indoor activities and activity center for all ages
• Appropriate/available mental health services
• fafsa/immigration/HUD openings
• They need better pay jobs to sustain with current living standards.
• Lack of knowledge of available services. Social stigma of needing help.
• Homelessness and high rent
• Drug rehab access
• Housing
• Affordable housing
• More communication
• Finding or getting approved for low income housing
• Not enough housing or long waiting list
• Reaching out for help to the community
• Rent and housing costs. Accessibility of services (mental health/medical).
• Drug use and its impact on our children — foster care, parents in and out of their lives, grandparents raising their grandkids.
• It seems services are limited and needs are great (jobs, housing, drug/alcohol services)
• How hard life can be when multiple factors come into play.
• You must be dirt poor to qualify for services
• Access to mental health services
• Concerned about the homeless situation, which is basically a drug situation. Plus, gang activity is on the rise.
• Knowing where your resources are. We have a Business Journal, but it would be great to have a "Resources Journal" in English/Spanish to assist people in the community to know who to go to, or where to go to for different services. More community event exposure helps - using Facebook, the newspaper, or public awareness at schools etc. to bring awareness to people in
the community of things that different organizations are putting on.

- Limited choices, limited outreach/connection to Hispanic/Latino communities
- Finding affordable housing and child care to match up with their work schedules
- Not enough awareness about services
- Information about emergency needs due to accident or illness
- I work/volunteer at Hospitality Ministries. I see a need of getting men, women, and families back on their feet and being productive members of our community. More case managers.

- Giving food to people in need
- They are closed or take a long time
- They take a long time
- Need vouchers for homeless or at least laundry vouchers for parents that have children going to school still/high school.

- Affordable housing
- Poverty level and racial minorities are not respected or valued
- Addressing the issues of our homeless population and taking away the social stigma that our homeless population has chosen to be unhomeless because of their choices by not allowing the people to learn new behaviors. get support to help give resources to people in need

- More housing
- Housing
- Low-income housing
- Transportation
- Lack of affordable housing
- Transportation, language barriers, lack of awareness of available services.
- Cost of living
- Housing
- Crime
- Low-income housing
- Need more resources funding
- Low-income housing
- Not enough housing help for the homeless without kids in home
- Overpopulation. Everyone comes to the Valley expecting certain things and they aren't available or already to capacity.

- Mental health, low-income housing food services
- Mental health and low-income housing, they both intertwine together. Mental health people are being judged and can't find housing just like me because I'm homeless. I'm being judged, too. We need homes now to. We need help now. We are people.

- Transportation
- High quality early education
- Drug use
- Language
- Affordable housing
- Need to be more biased
• Dental for adults
• Homelessness
• Homelessness, not enough shelters
• Homeless problems, treatment center, education for new jobs because of mental and physical limitations
• Maybe some language barriers
• Alcohol and drugs
• Lack of services
• Race and gender
• Language barrier, stranger danger
• Drug and alcohol addiction
• The youth are crazy.
• Availability
• Drugs and people asking for help when they don't need it.
• Help with addictions
• Homelessness
• Waiting list
• Opioid use, plus dependency
• Fear of speaking up
• Getting in touch with those that could benefit from it
• Language barrier
• Distribute the information to the most vulnerable and those who don't know how to read
• Lack of mental health, services in young children, parenting classes
• Need more housing for poor people with families
• Homelessness
• Too expensive
• Getting the word out
• Too much growth too quickly for construction of homes for newcomers and nowhere for the homeless to go, which makes no sense when Stemilt can build several apartments for immigrated employees but Chelan county can't even refurbish an old empty building into something like a youth hostel for a shelter. All you need are bunkbeds and bathrooms. Not a permanent home, but a dry start.
• The escalating needs of more residents
• Translators
• Lack of a formally-connected system of care linking community-based services and programs to clinical care
• Having people who cannot relate to people they are trying to serve. Services do not often times have a system that allows full/continuous success outside them.
• Would benefit from all services having language support/translation into Spanish
• They don't hear our needs. A lot of streets need to be fixed, they are dangerous. We need more recreational places for are kids to go..
• The people that need the services are of a wide spectrum of types and situations. Many seem
to need it the most, but don't want the service. And the rest of the individuals that need the service and want it, can't obtain it.

- Dealing with drug addicted homeless
- People not knowing what is available or how to utilize the resources that are available
- How to reach people who need help
- Racism
- Homeless people
- Housing
- Housing
- Community leaders involvement
- Drug and alcohol. It is everywhere.
- Behavioral health for all ages and incomes
- Affordable housing
- Not knowing how to access all the services- overwhelming to "apply" for all of them.
- The geographical size of the areas organizations try to serve. It makes for inaccessibility to services for edge communities. Along with that, each community has different needs, a Wenatchee based organization not efficient in serving Leavenworth or Pateros due to different needs in community.
- If money is not going to the right places. It seems we are more concerned about trying to make her area beautiful, or train to fill every niche need, as opposed to just taking care of basic services for the community.
- Rent prices are too high, rent increases every year imposed by landlords are out of control, and there is a lack of housing in general.
- Not enough affordable housing
- Teen activity center / offer counseling to cope with bullying
- Mental health issues with veterans and homeless
- Apathy and an anti-tax mindset
- Racism and a wide range in classes
- Providing equity so people who need services can access services without barriers.
- Not enough love for our neighbors
- Funding for mental health services
- Funding
- Affordable homes.
- Affordable housing for individuals that do not qualify for assistance.
- Homelessness, addiction lack of mental health treatment and providers available.
- Need to reduce crime kids need to be safe out in their neighborhoods.
- Lots take advantage of services and limit resources for others.
- Drugs, minor crime to support habit, mental health for school age children
- Not sure where to find it
- Homelessness
- Cost
- Funding
• Compassion and empathy for those needing assistance.
• if you’re trying to make a life for yourself, you’re less of a priority than those not appreciative of the help.
• Help for caregivers
• More resources for children who have developmental delays.
• Funding
• Not enough mental health and chemical dependency options available to all.
• Stigma and income requirement being too low
• Homeless
• Skyrocketing Housing/Apt market
• Housing
• Awareness of existing programs and services
• We need more addiction/recovery options
• Not enough education
• Older people not getting the care they need
• Mental health and drug addiction help
• Diversity inclusion
• Lack of knowledge about the available services
• Lack of accountability for recipients (some people taking advantage of benefits they do not need)
• Addressing housing, food insecurity, transportation, and mental health needs
• Lack of shared/coordinated resources
• We have diverse community and need more opportunities to bring people together - we duplicate many services between the two counties and jurisdictions
• Affordable housing/homelessness
• Affordable housing and shelters
• Educating people on what's available
• Housing, transportation, and poverty
• Affordable housing
• Misunderstanding about people and their situations
• Not enough financial assistance for services
• Housing
• Knowing who to contact and service qualification requirements
• Assistance with finding housing
• Affordable safe housing
• Affordable housing and child care
Q19: What is the greatest challenge you face today when it comes to social and community services?

Q: What is the greatest challenge you face today?

INDIVIDUAL ANSWERS:

- Expensive rent
- Knowing where to seek help
- It's hard to find a job.
- Lack of options for undocumented people
- Transportation
- Not speaking English. I can be easily misunderstand.
- Health education for children
- Access
- I do not speak English
- Not having a set schedule
- Not knowing where to go and lack of transportation
- Need more volunteers
- Knowing what's available, getting our son to use them.
- Not always sure where to go.
- Don't always know who does what.
- Making sure I know about them and how to connect others to them.
- The mayor of Chelan is not listening to the community.
- I don't use the services.
- Being taxed to death for people who don't work.
- Access to mental health services for the students I work with.
- Only open during hours I work
- It's expensive!
• Tired of the red tape
• I'm white.
• Motivation to participate
• Senior services before age 65
• Affordable housing options
• Criminal background and affordable housing
• Resources for teens
• CPS harassment when cases are closed
• Time
• too crowded and not very affordable
• Limited (quality) providers, therefore limited appointment availability
• Child care and affordable housing
• No jobs for educated Mexicans
• Lack of knowledge of available services. Lack of providers of needed services.
• High rent
• Getting help with childcare and housing
• Racism
• Being able to find resources or not being well-informed
• Clients/individuals I encounter getting to appointments
• Our only current need is child care. If our provider was not available, it would be very difficult for us to find someone else. Everyone we have called in the past is full. I believe that with all the regulations put on daycare providers, it is not a sought out profession anymore and we have a greater need than providers available. Without 2 incomes, our family would really struggle financially.
• Sometimes the hours things are open.
• I make too much money, so I don't qualify.
• Access to mental health services
• Time
• I dislike seeing people struggling, i.e. homeless and poor.
• Knowing what is going on, and where it will be. I subscribe to the Wenatchee events page through Facebook, but I didn't know that even existed until a couple years ago, and I've lived in Wenatchee most of my life. With daycare - the prices are high and even if you have the money to pay - it's hard to find someone who has availability. I currently have my 2 kids in separate daycares because of this issue.
• Stigma
• Don't qualify
• The effect it has on the children in our community.
• Criminal background
• Criminal background, awareness of services, language barrier
• Government rules and restrictions on faith-based organizations
• Need to have Spanish classes for English-speaking people to become bilingual
• To meet new people and be active
• Homeless shelter for high school boys and girls
• I work with low-income families and I've found we are lacking in community resources to refer them to.
• Stigma
• Finding a way to connect the non-profit organization with the for-profit organization. School support/medical and mental health service are needed.
• More housing
• Long wait time for services, and transportation
• Knowledge of the services
• Trying to educate people about services I provide/where to put resources/info that will reach the people who need it.
• Making more than enough to qualify for assistance, but not making enough to afford services myself
• No housing
• No transportation and not having money for deposits
• No housing
• No real help
• Managing rent costs
• Child care
• Not enough help for everyone
• Housing
• My priorities are health/health, shelter, family, mental, then self.
• Try to get the help when you need it, not years later for those that have handicaps. Not being told, 'I am sorry, I cant help you.'
• Trying to get them to call me back. It seems to take days and me calling several times (my CPS worker)
• Transportation
• Finding a quality behavioral health therapist
• Affordability
• Public speaking
• Mental health services and expenses
• Language
• House that is affordable
• Being judged
• Food
• Criminal background
• Dental
• Transportation
• Felony on my record, the only mistake I ever made
• Transportation and housing
• Attempting to be free of the need for services
• Coming in here
• They don't extend your benefits.
• Waiting list
• Being homeless and drugs. I do good for two to four years, then I mess up.
• Drug addiction/not knowing about programs
• Criminal background
• Economic stigma
• Sobriety, a job
• Access
• The past bad record, false judgement
• As I grow older seeing what services I could use.
• Not many options out there due to small community
• Drug treatment / no understanding with probation
• I'm not sure who to ask or where I should go.
• Waiting list for housing
• Language barrier
• English
• Have a busy schedule so times conflict with services, not many places to go for help
• Food
• Qualifying
• Can't find anyone, including housing authority, to push this landlord into getting my hot water valves fixed so that I can shower. It's been months.
• I don't know where to find help.
• Services are not offered/fully offered to me. I am unaware of the services/how to receive their/how to navigate the systems/protocols systems have set up.
• There no work. Sometimes there is rude staff working in the offices where they help. They ask for too many things, like credit, pay stubs.
• Overpriced real estate and rental properties, exploiting all income levels.
• Rent is very expensive and my credit score is not good enough to buy a home.
• I make too much money to get help but my rent keeps going up and I can't afford to move even if I could find a place.
• How to find out about services available
• The social part is challenging
• Social stigma
• Navigating them
• Housing
• Helping clients find housing that is available and under $1,000/month rent.
• Exposure
• Some programs are closing but not sure of the names.
• Providers lack of education of what other services are available in our area
• Housing in the valley does not match the average wage.
• Healthcare options
• Affordable healthcare. Dental
• So many choices, not sure what is best, who is available, who will answer the call....etc.
• We are fortunate enough to not need many services, thus we have not had much in the way of barriers.
• My choice
• I make too much money to access them
• Rent prices are too high and my father's, who I live with, HUD voucher allowance cannot keep up with the yearly increase of rent on our lease. It's usually at least $100-$200 above what HUD will factor in for assistance.
• Medical bills
• Not having enough low income dental services available
• Knowing what is available
• Some are high class service and some aren’t
• Income qualification
• Knowing where to look for resources
• Finding a job that will allow me to pay off my student loans and live as independently as I did before I went to college.
• Help
• Access to affordable housing
• Access to legal filing options that don't require travel to Waterville.
• Not being able to see medical providers in timely manner. Gatekeepers are clinic don't accept primary referrals and make you go through consults with PA's
• Need for summer school.
• Accessing or qualifying
• Maybe isn't what you mean - but barking dogs and speeders through neighborhoods - no help to stop either one
• In my opinion, the cost of living raise we’re supposed to receive on our Social Security checks are always taken away. How? You ask, I been on SS disability since 1989, the checks get the raise; however the rent goes up and they cut my food stamps every time so I receive less money each time the cost of living in applied to the SS check. So each year I lose the cost of living raise ... for 30 years. Yes, so I'm living really without a cost of living raise for 3 DECADES.
• Finding time and a place to volunteer
• How to get them
• Cost
• Having to wait for weeks or months to see a medical specialist
• Always a waiting list
• When I tell people to apply for assistance, they don’t want to because they are afraid of being judged. Especially my friends who look differently with tattoos and facial piercings because most service providers do not look like them or show up to work in business casual when they are not able to dress that well.
• Not being informed of when/where events are held.
• Affordability
• Access to parking is a problem. People often park in handicap spots without permission
• Pride prevents me from asking for help.
• Not enough resources for kids.
• Lack of structure within partnering organizations
• My child won’t consistently access the MH and CD services she needs because of stigma. If it was in schools, she would be more likely to do it.
• I make too much money as a single parent with 1 dependent, meaning I can't access services that are available for lower income but that would help supplement my household
• Working during service hours
• Skyrocketing housing market with no equal pay raises
• Embarrassment
• Support groups for children and teens with behavior issues
• Knowing what is offered
• Not knowing what is available to me and others i deal with
• No benefits available for my income and employment levels, despite not making enough to get by
• Time
• I'm blessed with good health and a good job. I haven't faced any challenges accessing social/community services because I've haven't needed to do so. But I am so very glad that we have a social/community services network to help our neighbors who do have needs.
• Silos.
• Having the space to provide more services for my community
• Lack of education
• Affordable and good child care
• Service hours are not convenient for my working schedule
• Finding the service and getting an appointment in a timely manner
• Knowing who to contact
• Finding the right resource

Q20: Do you exercise on average two-and-a-half hours a week?
Yes: 65.7 percent
No: 34.3 percent

Q21: If you do exercise, what types of exercise do you participate in?

INDIVIDUAL ANSWERS:
• Gardening, walking
• Stretching, calisthenics, weights, walking
• Walking, tai chi
• Running, biking, climbing
• Work
• Cycling, walking, elliptical and weights
• Crossfit, running
• Walk, treadmill
Q: If you exercise, how do you do so?

• Walking
• Crossfit
• Walking
• Walking, swimming
• Walking
• Horseback riding
• Swim
• Outdoor activities
• Hiking, walking, lifting weights
• Walking
• Walk, run, sports
• Push-ups, dips, running
• I hike Saddle Rock
• Walking and running after toddler
• Variety, yoga, cardio, rock climbing, HIIT, etc.
• Walk/run
• Biking, hiking, scuba diving, rock climbing
• Walking
• Softball and walking
• Climbing stairs
• Sports
• House work
• At-home exercise
• Weight lifting, sports, hiking, biking, running
• Walking
• Skateboarding, mountain biking, hiking, snowboarding, paddle boarding and rafting
• Outdoor walking, hiking, park playtime
• Walking
• Walking
• Walking
• Bike, walk, hike
• I go to RunWenatchee, or go to Mountain View Fitness and do classes, or my own routine.
• Weightlifting
• Walking, sports with children
• Outdoor activities
• Walking
• Outdoor activities
• I walk but not in the winter
• Outside activities, tennis, walking, pickleball, volleyball
• Bike riding
• Playing, push-ups, crunches, jumping jacks
• Walk
• Walking, community helping neighbors clean yards, homes, etc.
• Walking
• Walking
• Walk, hike, kayak when I do exercise
• Walking, elliptical
• Walking, running, hiking
• Physical therapy for hip surgery
• Walking, weights
• Run, hike, walk
• Running, weight lifting
• Walking/hiking outside
• Walking 20+ miles a week
• Walking
• Basketball
• Walk
• Walking
• Walk
• Walking
• Walking, roller blading, going up and down stairs, exercise band to strengthen muscles and keep stiffness away
• Walking
• Walk to appointments, catch the bus, to shop for various things, to library to return or check out materials.
• Walk in park daily
• I walk to every appointment I have because it's faster than taking the bus.
• Walk
• Running, mostly
• Run, walk
• Ride exercise, bike 5 miles a day, 1 hour body exercise a day
• Weights
• Dance three times a week, and cheer six a week. Thursday and Saturday community service.
• Walking
• Walking a lot
• Walking
• Yard work
• Yoga
• Walk
• Yard work
• Walking
• Walking mostly
• Walking, would like to swim this year or take a bike ride
• Walking. I have diabetes.
• Weights, push up, dips, pull up
• Bike, hike, swim, run
• A lot of walking around or riding a bike
• Gym
• Walking
• Push-ups, crunches, squats
• Jog, cardio
• Physical and water therapy
• Weight lifting, crossport
• Walk, run, push-ups, sit ups, lunges, skateboarding
• Push-ups, burpees, cardio, pull ups, sits ups
• Housework
• Walking
• Walking
• Zumba
• Walking
• Walk, run, bike
• Walking, gardening
• Tennis, volleyball, walk, swim
• Walking
• Basic simple exercise
• Walking, sit-ups, push-ups
• Walk
• Cardio
• I dig, I plant, I weed and water. I walk fast from morning until night. If not in gardens, cleaning something somewhere.
• Walking, tai chi, yoga
• Anything
• Jogging, sit-ups, push-ups
• Walking, yard work (intensive)
• Walking, jogging, hiking
• Biking, gym, hiking
• We go to Saddle Rock, me and my family. We also walk or take bike rides to the park.
• Hiking, biking, disc golf, and snow sports
• Volleyball, snowboarding, paddling, hiking
• WRAC
• Walking or hiking, or I use my elliptical I have at home.
• Walking
• Walking, hiking, lifting weights, crossfit
• Walking, lifting, yoga
• Work outside
• Walking
• HITI work outs, walking
• Weight training & running
• Gym, JIU jitsu
• Walks
• Walking
• Mow my lawn
• Walking
• Walking
• Yoga, walk, biking
• Kickboxing
• Gym, outdoor recreation, playing on a sports league
• walking
• Walking
• Walking, light strength training
• At work cleaning
• Sail class 3 times a week, plus walking 5 days a week
• Weight training and hiking
• walking, bike riding
• Swimming and karate
• Weight lifting and various cardio apparatus.
• Walking, yardwork, hiking
• Home workouts
• Walking/running
• Yoga and walking
• Pilates, walking/running
• Gym & walking
• Job related
• Functional training and kickboxing
• I run.
• Walking, yoga, 7 minute workout
• Walking and hiking and yard work
• Outdoor/group classes
• walks
• Elliptical and walking
• Hike/walk/swim
• YMCA weight room/ classes
• Walking
• I have a gym membership - All types
• Walk, hike
• bike, run, climb, walk, hike, yoga, etc.
• streaming internet workouts
• Treadmill, stairs, yoga
• Walking
• walking
• walking
• at home stationary bike, weights
• Running, walking, weight lifting, and sports
• Cycling, walking, Gym
• At home, total body and cardio exercises
• Walking, moderate aerobic activity
• go to the gym, run, hike
• I lift weights and do aerobic exercises
• walk
• yoga, hiking, walking, skiing
• Hiking, Biking, Paddle Boarding, horseback riding, cross country skiing
• Walking
• Walking
• Walking
• Walk, gym,
• Walking and bike riding
• Walking, lifting, hiking
• Walking
• Hiking, skiing, biking, walking, barre, yoga
• Walking for 45 minutes outside the house in the morning
• Walk
• Walking
• Walk
• Working in the orchards is physical labor
• Walk
• Walking and warming up the muscles
• Walk, ride bicycles
• Walk
• Walk

Q22: How often do you use nearby outdoor recreations sites?
Few times a week: 38.9 percent
Once a week: 19.5 percent
Once a month: 17.3 percent
Once every six months: 7.1 percent
Once a year: 4.1 percent
Never: 13.1 percent

Q23: If you have trouble accessing outdoor recreation sites, why is that?

Q: If you have trouble accessing outdoor rec sites, why is that?
INDIVIDUAL ANSWERS:

- Sometimes there is no time
- Transportation
- No shelters outside
- Transportation and physical health
- Because work, appointments, school and work at home are more important
- That they won't fix the park
- Weather and access
- Transportation, time
- Transportation
- Lack of interest
- There are no bathrooms.
- I have C.I.D.P., a nerve disease, my feet and hands don't work as well as they should.
- Sometimes it is parking, sometimes it is just crowded
- Don't drive
- Too far away from home
- Too many people
- Difficulty for access for my son who is in a wheelchair
- My family does not go out a lot other than the park
- Parking/driving issues (lack of/poorly maintained U.S. Forest Service road)
- Many trails are closed during the winter, i.e. Asamera Mine area, loop trail up to Lincoln Rock, Sage Hills
- Mostly due to time. I work Monday through Friday, so most of my time is on the weekends and I normally look for activities I can do with my kids, which is normally to go to a park.
- I'm 95 and bed bound.
- Cost to park at the state parks
- Don't drive
- Whenever I get out fishing is the only time.
- Parking problems
- No transportation
- No car
- I am sick a lot.
- I need to purchase equipment and licenses in order to access good spots legally for fishing. I have low motivation, and there is limited access to good spots, etc.
- I will when I don't have so many appointments trying and working hard to get my little girl back.
- Limited to parks
- The weather and work hours are too long
- Transportation
- Transportation
• Transportation
• Lack of funds as I am homeless
• Transportation
• My teeth. I don’t have a nice smile so that is stopping me.
• Transportation/time
• No vehicle
• Cost of state park passes
• No transportation
• Sometimes I’m just not interested.
• I don’t feel welcome.
• Places I want to go to are difficult to walk to or bike to.
• Outside of parks, many things require equipment/knowledge that I cannot acquire on my own.
• Because there are not a lot of places to choose from. A lot of our recreation areas need fixing, lighting, bathrooms
• Because it has been closed due to misuse.
• Cost of gas and permits
• Affordability
• Weather
• Only issue is lack of free time! Visiting many outdoor rec sites requires a considerable amount of time to travel and do the activity (unless heading to a park in town)
• No time
• Can’t walk very far without back spasms
• The routes are too busy
• Private property in the way of public land.
• Dirty from people living in public places
• Geese poop EVERYWHERE. Disgusting
• Little time for it
• Dogs off leash, not picking up poop, I don’t like too many people
• Cost money to go to the parks
• The cost
• Some of the parks charge money to getting they used to be free
• Wheelchair access
• Very few trail work for wheelchairs except the loop trail.
• I have young children.
• Parking
• Busy with life
• better bike and walk access, bike parking would be helpful
• Too much trouble
• Sometimes wrong permit.
• do not know where they are located
• Not putting this task as a priority.
• Winter is less often accessible.
• I have reliable transportation and access, no problem

Q24: How often do you use nearby indoor recreation sites?
Few times a week: 15.6 percent
Once a week: 9.0 percent
Once a month: 11.7 percent
Once every six months: 8.5 percent
Once a year: 6.3 percent
Never: 48.9 percent

Q25: If you have trouble accessing indoor recreation sites, why is that?

INDIVIDUAL ANSWERS:
• There is not enough space inside my home
• I cannot pay for the cost.
• Long work hours
• They are not available.
• I do not like enclosed places.
• I don't have money.
• Weather
• Cost
• I don't have time.
• Little interest in exercise
• No local swimming pool
• Price
• I have C.I.D.P., a nerve disease, my feet and hands don't work as well as they should.
• Cost prohibitive
• We don't have any.
• Lack of indoor sites
• Don't know about any
• Too many people
• Difficulty in access for my son in a wheelchair
• Cost
• Money
• I don't go out a lot.
• Time
• Money/cost
• Financial reasons
• Seasonal use only
• I don’t know what is being held at indoor recreation sites. I don't know when sports seasons start and/or end to have it draw my interest.
• Too expensive. Don’t know where to go.
• Limited options
• Cost
• Cost of membership
• The cost
• Don't have anyone to take me
• No time and too expensive
• No money
• Link Transit needs to be available on Sundays. More services available on Sunday.
• No car
• Not knowing the locations
• Not enough indoor recreation sites in town
• I prefer to breath fresh air while recreating. Plus membership costs too much to join. Not motivated enough.
• Don't have the time.
• My physical health is not good.
• Not free to public, only events are at the community center
• Transportation
• No trouble just haven't gone
• Money
• Transportation, also don't know where they are at
• Fees
• Could use a bus sometimes
• I have no teeth; all this cost money
• Cost
• I don't have the money.
• Transportation/time
• I don't go.
• Don't know of any indoor recreation sites
• Need more time
• I can't afford them, outside is better anyway, less sickness.
• Fees. Haven't heard of any that are free or low cost
• Cost
• Roads are bad
• Cost is too high
• Because there are not many to choose from
• No reason to. The Wenatchee Valley has enough facilities to entertain all levels of physical recreation.
• What indoor recreation sites? We need a roller skating rink. Gyms are too expensive.
• Usually there is a cost and currently we have to streamline our budget.
• Cost
• Affordability
• Cost and open hours of facility
• No time
• Too expensive
• Gym membership is too expensive
• Too expensive
• No problem, big fan of the Y although it is due for expansion.
• We would rather be outside
• Don't know where they are located.
• No time
• Like movie house ..the Liberty theatre has step stairs to access some movies.
• Cost
• All of them cost money that I don't have
• Cost and it's hard with four kids
• Don't know of any that have equipment for a quadriplegic
• I have young children.
• There aren't many to access
• The swimming pool is all I can think of, we don't swim often
• Busy with life
• I don't know of any indoor rec sites
• Better bike/walk/transit access
• I don't
• Too expensive
• Don't know what is available
• Cost
• There are very few options available
Q26: How do you and/or your family members obtain your food? (select all that apply)
Grocery stores: 93.9 percent
Restaurants: 44.3 percent
Farmers Market: 34.5 percent
Own garden: 26.0 percent
Food pantry: 20.2 percent
Family/friends: 12.2 percent
Churches: 11.9 percent
School programs: 11.2 percent
Mini-mart: 7.8 percent
Meal program/soup kitchen: 5.4 percent
Mobile meals: 1.7 percent
Other (please specify): 6.1 percent (The responses: Dumpsters, EBT, assisted living facility, fruit stands, subscription program)

Q27: Do you and/or your family members ever skip meals because of financial concerns?
Yes: 21.2 percent
No: 78.8 percent

Q28: Please review the following list of community resources and choose the three (3) that you consider the highest priorities.
Housing: 66.2 percent
Health care: 63.3 percent
Education and schools: 39.2 percent
Mental health services: 36.0 percent
Employment: 32.1 percent
Access to food/nutrition: 20.2 percent
Substance abuse services: 16.1 percent
Public safety: 13.9 percent
Environmental protections (water and air quality): 11.4 percent
Public transportation: 10.0 percent

Q29: Thinking about the amount of stress in your life, would you say that most days are:
Not at all stressful: 5.8 percent
Not very stressful: 19.0 percent
A bit stressful: 43.1 percent
Quite a bit stressful: 24.1 percent
Extremely stressful: 8.0 percent

Q30: Have you and/or your family members ever utilized mental health services?
Yes: 51.8 percent
No: 48.2 percent
Q31: If you answered yes to the above question, how would you describe accessing mental health services?
Not a problem at all: 39.7 percent
A little bit of a problem: 24.2 percent
Somewhat of a problem: 20.2 percent
Quite a bit of a problem: 10.8 percent
A very big problem: 5.1 percent

Q32: How much of a problem do you think alcohol and drugs, including prescription drugs, are in your neighborhood or community?
Not a problem at all: 10.7 percent
A little bit of a problem: 12.6 percent
Somewhat of a problem: 25.6 percent
Quite a bit of a problem: 24.6 percent
A very big problem: 26.5 percent

Q33: Please read the following statements regarding your community. And then indicate whether you strongly agree, agree, are undecided, disagree or strongly disagree with each statement.

Parents possess the skills and resources to raise children.
Strongly agree: 12.7 percent
Agree: 35.6 percent
Undecided: 25.4 percent
Disagree: 22.9 percent
Strongly disagree: 3.4 percent

Families enjoy quality time together.
Strongly agree: 18.3 percent
Agree: 44.9 percent
Undecided: 16.8 percent
Disagree: 17.8 percent
Strongly disagree: 2.2 percent

Housing is available.
Strongly agree: 4.4 percent
Agree: 15.3 percent
Undecided: 15.3 percent
Disagree: 36.0 percent
Strongly disagree: 29.0 percent

Housing is affordable.
Strongly agree: 2.0 percent
Agree: 6.8 percent
Undecided: 7.8 percent
Disagree: 36.4 percent
Strongly disagree: 47.0 percent
Housing is of good quality.
Strongly agree: 4.1 percent
Agree: 26.0 percent
Undecided: 29.0 percent
Disagree: 29.7 percent
Strongly disagree: 11.2 percent

Child care is available.
Strongly agree: 3.2 percent
Agree: 32.5 percent
Undecided: 38.4 percent
Disagree: 21.3 percent
Strongly disagree: 4.6 percent

Child care is affordable.
Strongly agree: 2.2 percent
Agree: 10.2 percent
Undecided: 36.3 percent
Disagree: 31.5 percent
Strongly disagree: 19.8 percent

Child care is of good quality.
Strongly agree: 3.2 percent
Agree: 27.4 percent
Undecided: 53.8 percent
Disagree: 13.2 percent
Strongly disagree: 2.4 percent

Living-wage jobs are available.
Strongly agree: 4.2 percent
Agree: 30.7 percent
Undecided: 20.2 percent
Disagree: 34.2 percent
Strongly disagree: 10.7 percent

Economic security is obtainable.
Strongly agree: 1.7 percent
Agree: 33.9 percent
Undecided: 29.8 percent
Disagree: 25.6 percent
Strongly disagree: 9.0 percent

Health insurance is reasonably priced.
Strongly agree: 2.2 percent
Agree: 19.5 percent
Undecided: 19.5 percent
Disagree: 35.9 percent
Strongly disagree: 22.9 percent
Buying or leasing a car is inexpensive.
Strongly agree: 2.7 percent
Agree: 12.5 percent
Undecided: 20.0 percent
Disagree: 37.2 percent
Strongly disagree: 27.6 percent

Public transit meet people’s needs.
Strongly agree: 8.3 percent
Agree: 47.2 percent
Undecided: 20.4 percent
Disagree: 19.0 percent
Strongly disagree: 5.1 percent

I can afford to live here.
Strongly agree: 8.6 percent
Agree: 40.7 percent
Undecided: 19.5 percent
Disagree: 21.2 percent
Strongly disagree: 10.0 percent

The social services system is easy to navigate.
Strongly agree: 2.7 percent
Agree: 23.7 percent
Undecided: 38.6 percent
Disagree: 25.0 percent
Strongly disagree: 10.0 percent
Qualitative Data
Focus Groups
January-February 2019

Social Services Focus Group
Jan. 30, 2019

Present: Lee Hendrickson, SkillSource; Kathy Blauman, YWCA; Angie Garces, state Department of Social and Health Services; Bob Mark, Upper Valley MEND; Amanda Bobbitt, SkillSource; May Segle, Entiat Valley Community Services; Kathy Montgomery, Entiat Valley Community Services; Kristi Hills, CDCAC; Alan Walker, CDCAC; Susan Adams, SkillSource and facilitator; Steve Maher, facilitator

Q1: What general concerns for the community do you have in the area of social services?

Bob Mark: Dealing with mental health and substance abuse. How do we find resources to help those who fall into previous categories. Lack of shelter and affordable housing options. Upper Valley Mend serves all of Cascade School Districts
Angie Garces: Housing. TANF can assist with eviction notice and emergency funding (outlines required). DSHS and other clients who aren’t on cash assistance programs and receive utility notices to shut off water cannot receive DSHS help for this. The people who can normally afford their bills but need help with a one-time emergent need (shut off, eviction notice), but are over income to receive assistance have a hard time getting help at times of need. Lack of housing and affordable housing. Took a member we tried to help at the college 6 months to find housing, was a preferred tenant as well (good credit, sustainable income).
Kathy Blauman: Need for housing. People in shelter on fixed income like SSI or SSD do not receive enough to sustain a life. Lack of self-worth and purpose with individuals. People get stuck in a cycle due to bad choices and being income limited.
Lee Hendrickson: People who can’t find a job that fits their skillset, regardless of unemployment rates being so low. Very limited workforce left to choose from. Skill barriers in workforce causes them to be nearly unemployable. Employers talk about creating low skilled jobs to assist this population, but it has never come to fruition.
Bob Mark: Shelters for families and children. Need more options like the Bruce
Susan Adams: People trying to find housing who have pets.

Q2: What resources/services are currently available in your area of expertise that address the problems identified above?

Bob Mark: Assumed that SkillSource can meet the needs of low skilled individuals, but is only true to an extent.
Susan Adams: SkillSource is a training and education for employment for workforce, but we can’t always assist individual that need a low skilled on-the-job training rather than a classroom setting. Unemployment rate only includes job seekers that they can count, but much of those who aren’t actively seeking work have dropped off of that number.
Bob Mark: Individuals come to UV Mend’s food bank to seek skills, gain sense of purpose, etc.
every once in a while.

**Angie Garces:** We can refer clients to the housing network for housing. They must call the network and get on the list. They also must understand that there is a point system to get housing and that the list runs in order of need. Because of this small families staying with other family get overlooked because they aren’t technically homeless. Couch surfing and unstable housing isn’t technically homeless.

**Bob Mark:** Housing network is designed to prioritize the list based on need, but it is always challenging. We are working towards making one master housing list so people don’t have to navigate multiple.

**Kathy Blauman:** Because of list prioritization, individuals improve their lives but then fall further on the list because they got a job and are not eligible to receive housing, regardless of whether the job will sustain housing.

**Bob Mark:** WRC, YWCA, CDCAC landlord liaison program helps to advocate for less than optimal tenants to help them overcome their barriers to receiving housing.

**Bob Mark:** American Behavioral Health Center addresses mental health as a new services, but overall we lack mental health resources.

**Kathy Blauman:** Catholic Charities is doing a one-stop type setting, so clients can walk in the door and receive anything that they need

**Angie Garces:** Serve Wenatchee and other organizations can pool together and help with gaps in services but there is a limit to how much they can help

**Bob Mark:** Upper Valley Mend does this but has a 300 dollar limit, so they can only meet so much need. Community Housing Network was designed to help create a one-stop idea so once people got into the system they are taken care of. City of Wenatchee is helping with grants and funding to make the coordinated entry system better. Catholic Charities is the lead agency on this effort.

**May Segle:** Entiat valley services does over 30 programs and has been around for 33 years. Located in Entiat between the city hall and forest service building.

**Q3: What barriers exist for people in accessing these resources/services? What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?**

**Angie Garces:** Our barriers are the amount of rules that make people fall through the cracks. They have to fit inside a certain box. We currently have 4 program managers with about 25 cases each; the average was 50-60 a few years back. This reduction is due to increase of employment which causes them to be eligible for other services and therefore DSHS cannot assist with cash assistance. People are avoiding TANF because of all of the requirements such as 38 hours of week of job search.

**Kathy Blauman:** It is challenging when their emergency shelter is full and then they find out some are not clean and sober and must leave. People will be doing really well and make a mistake or accidently consume marijuana (pot brownies for example) that cause them to get kicked out of the shelter. Would then need to go to a drug house even though they were doing really well.

**Lee Hendrickson:** Regarding youth housing and assistance, Solomon’s porch is not in existence anymore, but opening a youth shelter for youth that don’t have signed consent from their parents is very difficult. The expense, insurance, liability, staff has caused it to not work out in the past. Monroe WA has the cocoon house, but don’t know all of the details to have made it work. Youth are either couch surfing, literally homeless, or turning themselves into juvie.
Q4: Which services do you see being duplicated by multiple entities in the region? Which services are not being provided?

**May Segle:** Food banks are being duplicated.  
**Angie Garces:** Housing network and housing efforts are being duplicated. These problems are getting better but issues still occur.  
**Bob Mark:** There are multiple shelters but that’s not a bad thing because we still need more.  
**May Segle:** Housing for single men not provided  
**Angie Garces:** Housing for boys not provided  
**May Segle:** Housing for veterans not provided. One shelter takes incarcerated men but they have to be out in 90 days. Housing for mentally ill.  
**Kathy Blauman:** Need more resources for assisted living. Moses lake is the closest for affordable assisted living. Only two options and both are usually full.  
**Amanda Bobbitt:** Housing for youth not provided  
**Angie Garces:** Those youth can apply for food stamps even without adult consent. Under 18 is allowed, but have to show that they are independent.

Q5: What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

**Lee Hendrickson:** Ownership of health. We have massive health problems and costs associated with the american lifestyle choice.  
**Kathy Blauman:** ACES: Adverse Childhood Experience causing issues with health across all age groups. It’s hard to get people to buy into health services.  
**Angie Garces:** Dental coverage for medicare age people. DSHS refers to lighthouse and CVCH but it’s the out of pocket cost that causes problems.  
**Kathy Montgomery:** Transportation to medical services. Some programs are available, but people aren’t always aware of what is available.  
**Bob Mark:** Access to health care for those who are uninsured or underinsured. There are few free clinics, but that information isn’t always known about. Knowledge of services for free health care. All ages. UV MEND has a free clinic, but numbers are always low due to lack of awareness.  
**May Segle:** Health education awareness. Not enough available, especially in rural areas. Getting organizations to come to rural areas to speak on health issues such as diabetes and heart problems. Children and vaccinations. Hispanic culture when it come to medical resources.

Q6: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

**Lee Hendrickson:** Awareness isn’t there but the good news is that those who know about it have a ton of services available. A lot of resources available even if the knowledge is low.  
**Kathy Blauman:** How many services that are available through the clinics and the hospital.  
**Angie Garces:** We make sure that everyone is offered medical insurance regardless of what they are coming into DSHS for. DSHS makes sure that everyone that they come into contact with has or is working on getting insurance.  
**Kathy Montgomery:** People at the food bank leave with information about health to try and educate those using services. Many different focuses such as diabetes, nutrition, etc. This method is not reaching enough people though.
Alan Walker: Would be helpful to provide menu option based on the type of food they receive.
Bob Mark: The number of resources that people can access is tremendous. Food bank, free clinic, gleaning program (fresh produce, push for healthy eating, open 6 days a week because there’s so much food. Veggie vouchers for farmers market, SNAP at farmers markets. Gleaning program picking up popularity.
May Segle: We started out as a food pantry, but expanded rapidly from there. Now Entiat Valley Community Services provides a free dental bus for Chelan and Douglas counties. Provided one for the stand-down and goes to Brewster 2 times a year, for 4 days total. Working on getting denture services as well. Our greatest resource is the medical transportation that we provide. we were also just approved for a WDOT grant to put into effect another transportation program. The plan for the grant is to enlist two volunteers who would be willing to provide drives to rural areas. This will help fill Link and Transcare gaps. Volunteers will receive gas stipends to cover expenses.

Q7: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

Lee Hendrickson: Students dropping out or being ill prepared to graduate.
Kathy Blauman: Not continuing their education during and after high school.
Angie Garces: Childcare for those trying to go to school.
Kathy Montgomery: Students not reaching potential. Students that need to be challenged. Lack of gifted and SPED programs.
Bob Mark: Job and skills training for adults who can't find work.
May Segle: Lack of childcare for students and afterschool programs. Teaching job readiness skills to youth leaving high school.

Q8: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

Lee Hendrickson: Awareness and care. The education system is more aware and cares more to meet students’ needs. Willing to change status quo.
Kathy Blauman: Alternative schooling options rather than sending them to what didn’t work before.
Angie Garces: Partnerships and support services like gas, bus passes, clothing etc
Kathy Montgomery: Pushing kids to do running start in Entiat.
Bob Mark: High School alternatives to help kids that don’t make it in normal school system.
May Segle: Greatest strength is being able to work with the school to help that child. Became a child advocate for him. Library provides after school programs.

Q9: What are the most significant problems — barriers, gaps — affecting families and individuals in your area of expertise (e.g., families able to provide parenting, housing, child care, employment, economic security and a healthy environment)? What ages are affected by the issue?

Lee Hendrickson: Lack of information and awareness. Resources regarding how to parent and how to get kids through school. People are not turning to resources. Need a life 101 course
Kathy Blauman: Not understanding or thinking of consequences to choices that could affect
future life.

Angie Garces: Clients making poor choices where CPS has to get involved. Getting children taken or not knowing consequences to life choices.

Kathy Montgomery: Parents can’t provide basic needs for children which affects children throughout life. Families that could be doing better but are not utilizing resources. Entiat people don’t know what is available because they don’t have transportation.

Bob Mark: Emergency and transitional housing

May Segle: Affordable housing in Entiat. Forcing families to relocate to cheaper places. Lack of resources in education, we need to have parenting classes and sex ed classes to provide services for young girls who are pregnant. Lack of employment in Entiat. No childcare in Entiat. These are all needs in smaller communities. Drug issue in area using specifically meth, heroine, cocaine. Believe these problems are worse than they were 5 years ago.

Q10: What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

Lee Hendrickson: The community as a whole is a strength. People want to live here because the community is a worthwhile place to live.

Kathy Blauman: When moms are ready and willing to get her kids back they do it. People eventually have enough of a desire to do the right thing and our system makes it possible for that to happen.

Angie Garces: The resources available to assist above situations. Tons of resources for those who want to help themselves.

Kathy Montgomery: Strengths are the amount of resources available. Downside is that people are unaware or can’t get connected.

Bob Mark: Sheer number of resources, Latino accessibility.

May Segle: Families have strength in number and are more connected. Smaller populations more effectively use word of mouth and thus resources get discovered.

Q11: What other problems or concerns significantly affect members in your area of expertise? What ages are affected?

Bob Mark: Help with vehicle repairs.

Angie Garces: Clients who have a hard time juggling everything. Donna Hendrickson does a life skills class and so does WorkSource. Lack of life skills in area.

Bob Mark: Problems with client advocacy. It is hard to have the time and resources to walk individuals through the system.

Bob Mark: Public transportation.

Q12: What other strengths and assets benefit members in your area of expertise? What ages are affected?

Angie Garces: Transportation Pilot through TANF that allows them to fix cars, transfer titles, relicense fee, and pay tickets, new tires at the Wenatchee office. We provide bus passes for rural TANF clients.

Lee Hendrickson: Each genre of services is getting an idea of collaboration rather than continuing siloed efforts. Those collaborative groups still need to work on collaboration within themselves.
May Sege: Greatest asset is being able to get to the people to sign them up for insurance, disability, SNAP, etc. We also have a free health clinic.

Public Sector Focus Group
Feb. 6, 2019

Present: Jennifer Groos, City of East Wenatchee; Maggie Kaminoff, Link Transit; Bob Ashford, Vets Serving Vets; Margaret Viebrock, WSU Cooperative Extension; Brian Burnett, Chelan County Sheriff; Jeni Latimer, Chelan County Regional Justice Center; Brooklyn Holton, City of Wenatchee; Randy Agnew, City of Rock Island; Tony Sandoval, Chelan County Vets Service Office; Alan Walker, CDCAC; Kristi Hills, CDCAC; Kevin Overbay, facilitator; Steve Maher, facilitator

Q1: What general concerns for the community do you have in the area of social services? What resources/services are currently available in your area of expertise? What barriers exist for people in accessing these resources/services? What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?

Brian Burnett: Opioid addiction. Person and property crimes. Mental health and how it relates to homelessness. Additional comments: It is hard to help people who don’t want help.

Jeni Latimer: Finding housing when people are released [from the criminal justice system]. There are not enough resources available for everyone leaving jail. There is only one male shelter- Hospitality House. Additional comments: The new Recovery House program structure is working really well because there is so much support, but space is limited.

Randy Agnew: Echo what B. Burnett said. Meth and Heroin are a big problem in Rock Island, and this problem leads to a lot of other problems.

Margaret Viebrock: Washington State University (WSU) has a lot of programs, one for families with limited income and resources, called Food Sents. This program focuses on cooking and shopping skills. The problem is that there is difficulty attracting committed participants. It is challenging for people to simply get out of bed to attend class. The program does better at Head Start where it is built in as a requirement.

Tony Sandoval: The number one thing is accessibility of healthcare. Currently really trying to take care of the health of Korean and Vietnam era vets.

Bob Ashford: The wait time for veterans to get medical help.

Maggie Kaminoff: Transportation. Door-to-door is effective. There is a need for same-day discharges and emergency services. Some sort of “clearing house” is needed to bring service providers together. Potential partners in that might be Cities, Counties, Housing Authority, and other service providers.

Jennifer Groos: Housing is a top issue. Allowances for more density are helping. There is room for incentives in the private sector. Since investors are usually interested in higher dollar value, collaboration to incentivize lower housing process would be helpful.

Randy Agnew: Mini RV parks with campers, tents, etc. are being set up in Rock Island. We need something like a big field for tiny homes. People are dying from inadequate housing- someone froze to death in someone’s trailer last year.

Brian Burnett: There seems to be more personal property RV parking in compounds than in street parking areas. Sanitation issues continue to be of concern.

All: WalMart no longer allows for overnight parking in their lot. We need to look at a much
bigger picture. We are in it together, so let’s figure out how to work together to solve this. Jeni Latimer and T. Sandoval- There are more resources here than other areas, and people continue to come here from out of the area for that reason. Jennifer Groos: Figuring out who to go to for help is challenging. The lists are overwhelming. For people without assets like computers, printed material is relied on, which is often out of date. Brooklyn Holton: The City of Wenatchee creates and distributes a community resource brochure for Chelan and Douglas Counties. Margaret Viebrock: The clinic provides an advocate only upon diagnosis... Jeni Latimer: Molina offers advocates too... Brooklyn Holton: Help from an advocate is available, but for specific populations. Systems do exist, but there are silos with limited eligibility criteria. Our own policies and politics cause problems.

Q2: Which services do you see being duplicated by multiple entities in the region? Which services are not being provided?

Brooklyn Holton: A challenge is that they aren’t being coordinated when they are duplicated. Can there be a one-stop? If not, can services be better coordinated? Margaret Viebrock: There needs to be plenty of opportunities to access resources. Randy Agnew: There is only so much money for everyone. Brooklyn Holton: A one-stop would be more efficient. We seem to be resistant to what the community wants because it isn’t convenient for the workers providing the services. For example, people who are released [from the criminal justice system] at 3am cannot receive services until maybe 3pm. Maggie Kaminoff: There are gaps in transportation, especially county to county. Transportation is definitely not being duplicated. Randy Agnew: There isn’t much help until you lose your house or go bankrupt, etc. Brooklyn Holton: We have reactive services. Alan Walker: We have reactive funding streams. Margaret Viebrock: Have we asked people what they need? What do they say that they need?? It seems like we are good at assuming what people need, but maybe we aren’t right. Bob Ashford: The majority of vets who are homeless choose to be homeless because they don’t want people watching them. There are too many limitations to accessing homes, such as no smoking, no drinking, and no pets. Each person’s needs are different.

Q3: What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

Q4: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

**Randy Agnew:** Food banks, Birth-71+
**Brooklyn Holton:** Community involvement, Birth-71+
**Tony Sandoval:** Strong VA healthcare facility, 31-70
**Margaret Viebrock:** People that care, K-71+
**Maggie Kaminoff:** Healthcare: Columbia Valley Community Health, Confluence, and transportation to those hubs, Birth-71+
**Jennifer Groos:** Environmental aesthetics which are good for health, Birth-71+
**Jeni Latimer:** Obamacare helped a lot of people in jail. Columbia Valley Community Health gives great care to them. Catholic Charities also started programs in jail that are going well. 19-50
**Brian Burnett:** Advocacy through SAGE, Birth-71+

**Bob Ashford:** Healthcare, both physical and mental and a willingness by providers to lend a hand, 30-71+

Q5: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

**Brooklyn Holton:** Programs don’t exist locally for the workforce that is needed. 19-70.
**Tony Sandoval:** The VA is consistently changing and the changes are not easily translated outward. 31-70.
**Margaret Viebrock:** One size does not fit all. Difficulty adapting. K-71+
**Maggie Kaminoff:** Access to technology and understanding it. 51-71+.
**Jennifer Groos:** Paid training opportunities. 19-71+.
**Jeni Latimer:** Self-esteem, self-worth issues. 19-50.
**Brian Burnett:** Parenting, which goes with early child learning. We are also lacking mentors in the community. K-30.
**Bob Ashford:** Technology and fear of it. 30-51.
**Randy Agnew:** Lack of high-tech education in the area. K-50.

Q6: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

**Bob Ashford:** Tutors available. 19-50.
**Brian Burnett:** Involvement in schools, like the school officer program which builds relationships with staff and students. Birth-71+.
**Jeni Latimer:** WorkSource, Wenatchee Valley College, 9-1-1 Driving School. 19-31.
**Jennifer Groos:** North Central Regional Library is an impressive system. Birth-71+.
**Maggie Kaminoff:** LINK Transit programs, like “Learn to Ride the Bus.” Birth-71+.
**Margaret Viebrock:** Educational assets, if you know where to find them. 19-71+.
**Tony Sandoval:** Chelan County office that veterans can work from. 31-71+.
**Brooklyn Holton:** Early childhood learning. Birth-5.
**Randy Agnew:** Montessori School. Birth-71+.

Q7: What are the most significant problems — barriers, gaps — affecting families and
individuals in your area of expertise (e.g., families able to provide parenting, housing, child care, employment, economic security and a healthy environment)? What ages are affected by the issue?

**Bob Ashford:** Lack of family time. 19-50.
**Randy Agnew:** Childcare and daycare expenses. 19-71+.
**Brian Burnett:** Addiction, including all impulse behaviors such as electronics, pornography, drugs, alcohol, gambling, etc. Birth-71+.
**Brooklyn Holton:** Cost of living compared to income. 19-71+.
**Tony Sandoval:** Reintegration. 19-71+.
**Margaret Viebrock:** People willing to live within their means. 19-71+.
**Maggie Kaminoff:** Housing. 19-70.
**Jennifer Groos:** Rising rates of real estate value. 19-71+.
**Jeni Latimer:** “The whole broken person.” Barriers to overcome are overwhelming. 19-50.

**Q8:** What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

**Randy Agnew:** There are some good, solid families in need of help. There are also a lot of people that really do care. Birth-71+.
**Brooklyn Holton:** Resiliency. Birth-71+.
**Tony Sandoval:** Compassion. 19-71+.
**Margaret Viebrock:** Role modeling. Birth-71+.
**Maggie Kaminoff:** Transportation available from outlying areas to the Wenatchee area. 19-70.
**Jennifer Groos:** Help goes “beyond blood.” There is support from many directions. Birth-71+.
**Jeni Latimer:** Survival skills. Also caring chaplain services. 19-50.
**Brian Burnett:** Chaplaincy programs such as death notifications, etc. Birth-71+.
**Bob Ashford:** Role models. Birth-71+.

**Q9:** What other problems or concerns significantly affect members in your area of expertise? What ages are affected?

**Bob Ashford:** There are still a lot of people who haven’t heard that there’s help available. Birth-71+.
**Brian Burnett:** Keeping people licensed to drive. Maybe more warnings could be given instead. Birth-71+.
**Jeni Latimer:** Almost impossible to rent. Birth-71+.
**Brooklyn Holton:** Low levels of civic engagement on a regular basis. K-71+.
**Jennifer Groos:** Transit between work and home. 19-71+.
**Margaret Viebrock:** Vulnerability of vulnerable populations. Birth-71+.
**Tony Sandoval:** Hope and belief. Birth-71+.
**Maggie Kaminoff:** Feeling hopeless. 19-71+.
**Randy Agnew:** Consistently increased cost of living. Birth-71+.

**Q10:** What other strengths and assets benefit members in your area of expertise? What ages are affected?

**Randy Agnew:** The improving economy is helping people. 19-71+.
Brooklyn Holton: Culture of finding solutions. 71+.  
Margaret Viebrock: Kids are modeling behaviors. 19-71+.  
Maggie Kaminoff: Gatekeepers like bus drivers, law enforcement, etc. are protecting our community. Birth-71+.  
Bob Ashford: Someone available to listen helps a lot. 19-71+.

Health Focus Group  
Jan. 28, 2019

Present: Donny Guerrero, community engagement specialist with Molina Healthcare; Amanda Polley, Health Care Authority; Dawn Miller, Health Care Authority; Ken Sterner, Aging & Adult Care; Lauren Kendall, physician at Columbia Valley Community Health; Kristi Hills, CDCAC; Alan Walker, CDCAC; Steve Maher, facilitator; Paige Bartholomew, facilitator

Q1: What general concerns for the community do you have in the area of health care?

Donny Guerrero: Education. Also, each minority community interacts with providers/clinics in different manners. How do we connect the communities and be inclusive of them all?
Dawn Miller: Not enough housing stock. Individuals with disabilities need to be able to work to be out of poverty, and need to be housed to be effective in working.
Ken Sterner: The senior population is growing due to aging boomers. How do we deal with that by providing resources needed? The younger generation used to be bigger than the senior population and provided for Medicare, etc., but now it’s switched. Other issues include housing and the opioid epidemic.
Amanda Polley: Serious mental illness, homelessness discrimination. There is a big difference of opinion in ways to help people with these challenges on this side of the state vs. in Western Washington — there’s more of a lack of empathy on this side, which makes social work difficult. Opinion in this area on when it comes to these topics is a lot more negative and it is difficult to create low barrier services as a result. High barrier standards for housing, etc., lead to spikes in opioid epidemics, people dying in the streets, etc. We aren’t embracing ways to change.

Q2: What resources/services are currently available in your area of expertise that address the problems identified above?

Donny Guerrero: There is the potential for services to be there that connect communities. Other communities are going out and engaging with smaller groups but it’s not happening here. It’s unclear why not. Moses Lake is doing a lot more out in the community, but here we bring people in for services vs go out to meet them where they are. Families may also be more likely to bring in homeless family members in the Moses Lake/Quincy area, which may decrease the numbers counted as homeless in those communities at the You Count event.
Dawn Miller: For the Point In Time count, they talk with a lot of other agencies to get names of people who may be considered homeless even if they don’t come forward. So, they may be counted.
**Dawn Miller:** There is a new resource: Medicaid billable services through Foundational Community Supports (FCS). An agency has to apply through Amerigroup to become contracted. There is not enough supportive housing or employment right now. FCS has been in existence since Jan 2017. The service will go for another 3 years, with the promise of extension if data looks good.

**Amanda Polley:** Good current resources include CDCAC, FCS, maps online to find services in the area—such as Catholic Charities and Women’s Resource Center. Chelan Valley Hope has contracted with FCS, and the Entiat Valley Community Services may join as well. It is hard to earn your way in as a program in small towns, and Wenatchee is just a big version of that, so it’s not always easy to find places who will contract with FCS. There are lots of services for those in need in the area if you haven’t blown through them, been blacklisted, have shame about getting services or needing services. We need to make sure resources are renewable—not just ones that can be used just one time per year, for example.

**Ken Sterner:** There are lots of resources. How they’re applied or utilized is the challenge. Lots of services are centralized in Wenatchee, not in Brewster, Bridgeport, etc. Stigma surrounding mental health, behavioral health, and homelessness are challenges. We live in a conservative area, but these things [mental health, behavioral health, and homelessness] are prevalent and changing them won’t happen overnight. Resources aren’t close for everyone.

**Amanda Polley:** Some resources require IDs and driver licenses, and some have no way to get IDs if they’ve moved states a whole lot. It’s incredibly difficult to get one from the DOL in those cases. These are huge barriers for case managers, let alone clients.

**Q3: What barriers exist for people in accessing these resources/services?**

**Ken Sterner:** Stigma, both from those seeking services and those on other side. And those seeking services may not be aware they fit in a category such as “homeless,” for example.

**Amanda Polley:** Sometimes it’s necessary to go in to appointments with clients because they don’t present well and stigma arises from those serving them.

**Dawn Miller:** Self stigma, ‘I can’t’ is internalized. Bus service is also a barrier for those who live afar.

**Amanda Polley:** Some people are terrified of buses or taking a taxi from afar may be out of the question.

**Lauren Kendall:** Language and literacy are barriers.

**Q4: What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?**

**Ken Sterner:** Money solves all problems.

**Dawn Miller:** FCS hasn’t found agencies interested in providing services, especially in smaller towns, or agencies may not provide those services. Towns may have more of a “take care of their own” approach.

**Kristi Hills:** Are strings attached to services?

**Ken Sterner, Amanda Polley:** Yes.

**Amanda Polley:** We try to cut as many strings as possible, but understand we need outcomes.

**Ken Sterner:** It’s a shame we need to prove the sky is blue when it really is. Outcomes have become very important and it’s unfortunate. But I’m seeing it swing the other way because programs were paralyzed and inefficient by needing to prove so many outcomes.

**Amanda Polley:** Life circumstances stack up, so we need wrap-around services. Providing
stabilizing services in physical health, mental health, housing, etc. could help a substance abuse user get to the point where they would be able to think about and seek recovery. It needs to be whole person centered.

Q5: Which services do you see being duplicated by multiple entities in the region? Which services are not being provided?

**Donny Guerrero:** A lot of them are duplicated. It’s getting better in healthcare, MCOs, but not quite there yet. A lot of programs are coming together to merge and not duplicate.

**Dawn Miller:** Duplicative services exist but may serve different groups or have different strings. Duplication provides more options for people to choose from. It’s not necessarily a negative thing. Whole person care does a lot more towards collaborating and that makes a difference in the long run.

**Ken Sterner:** There’s a lot of duplication in the healthcare system. Some is confused with expansion, some is good. There’s a lot of confusion as to what the outcomes should be.

**Lauren Kendall:** Duplication is good. It gives people choice and focuses needs for certain people. There are different cultures in different groups, for example. And, it gives an option for a second opinion, such as a second opinion from a different surgeon.

**Donny Guerrero:** At the Employment and Transportation Forum put on by the Chelan-Douglas Coalition for Health Improvement, transportation was identified as something to improve. Instead of duplicating qualifying for transportation again, those who are on SNAP could automatically qualify for Link or other transportation.

**Amanda Polley:** Children’s services: **mental/behavioral health, and ASD (autism) services** (bolded and starred at her request). The rate of help is not adequate. Most help is TeleMed, and rarely is a doctor or psychiatrist available. Children grow up really fast and they need help fast. There are definitely not enough ASD providers.

**Lauren Kendall:** Kids go almost a year waiting for developmental services, because resources aren’t available. It’s not for lack of trying; there just aren’t not enough services there.

Q6: What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

**Amanda Polley:** Housing, 18-65

**Ken Sterner:** Long term care, 30-71+

**Donny Guerrero:** Transportation, 19+

**Dawn Miller:** Employment (long term unemployment causes death 25 years early, according to studies), 16+

**Lauren Kendall:** Mental health follow up. People fall through the cracks after leaving the hospital. Not enough groups help with that. 19-70

Q7: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

**Donny Guerrero:** People’s willingness to come together, e.g. in managed care: 31-50

**Amanda Polley:** The empathy surrounding homelessness, and decriminalization of it, and the building of supportive housing. Empathy is a huge sword and shield. Kindergarten +, since even kids collect food for the homeless.

**Lauren Kendall:** Women’s health, 40-64
Ken Sterner: Churches. They get overwhelmed, but what they do they do for free.
Dawn Miller: FCS. Because it’s a Medicaid billable service, it’s gaining momentum. All ages are impacted.

Q8: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

Amanda Polley: Homelessness. Children are living in shelters, cars, or bouncing from house to house. Birth through 30 to cover pre-k through college.
Ken Sterner: Grandparents raising grandkids. An 85-year-old raising a two-year-old doesn’t have the physical ability to cope. Birth-18.
Dawn Miller: Multigenerational poverty. Survival mode happens, and homework or attending school becomes secondary. Birth-K-12, and adults because they need to learn how to portray a work ethic to their kids so they can succeed in school.
Donny Guerrero: Lack of resources for developmental difficulties leads to kids not being prepared to go into school with their peers. Ages 3-30.
Lauren Kendall: Mental health resources for teenagers. They are a very unique group. K-12, but also a bit older.
Ken Sterner: Geriatric mental health too. Once people reach that age, mental health issues often become labeled as medical instead of psychiatric.

Q9: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

Lauren Kendall: Achieve center, B-5, K-12
Amanda Polley: We’re building housing, and we have housing vouchers. Those help kids with readiness because they feel safe and have a place to shower and sleep. Housing is foundational for all children and for all adults. Catholic Charities already broke ground on their new housing, which will open in December. HUD will have some 8-11s. But people living outside of Wenatchee buy property and rental agencies manage them, don’t accept those in a lot of need, and drive prices up. Also, the population of homeless individuals fluctuates because this is a migratory area. People stay 6 months of the year, so it’s hard to get the actual count of homeless individuals to justify housing. Assets include housing, vouchers, Medicaid reimbursable services, and any age can benefit.
Lauren Kendall: Libraries are underappreciated and protective of the homeless population. You can even check out a blood pressure cuff there. All ages, but focus on B-30
Donny Guerrero: There are great benefits and incentives, but healthcare is sometimes not a priority for people. K-12
Dawn Miller: Worksource, the Workforce Development Council, and SkillSource have youth programs that are great. Those organizations have influence on schools for career pathways, and also help students figure out their future from a young age. K-30.

Q10: What are the most significant problems — barriers, gaps — affecting families and individuals in your area of expertise (e.g., families able to provide parenting, housing, child care, employment, economic security and a healthy environment)? What ages are affected by the issue?
Ken Sterner: The cost of long term care, which can be $5,000 to $10,000 per month. A hundred years ago, nine out of ten people died at home, now it’s nine out of ten in hospital or in a long term care facility. Our culture has changed in that respect. Long term care is sometimes the last thing you think of in life, and then you sell everything to live in a small room or the state needs to come to your rescue. This problem starts at age 19, because are we really trying to save for this expense in the future, and can we afford it? Taxes, etc. will go up because of boomers retiring. Hopefully they won’t bankrupt us before the bubble passes.

Dawn Miller: Stigma and self stigma. Employers are not willing to give a chance because don’t see the value in a population. People believe they themselves can’t work, but anyone can work with the right supports.

Steve Maher: That’s due to cultural belief that we can pull ourselves up by our bootstraps.

Dawn Miller: Fear goes both ways. People ask, “What do we do when ‘they’ become aggressive?” People don’t know that the mentally ill don’t become aggressive more than anyone else. This affects all ages.

Kristi Hills: How about lack of higher education resources in our area? Is that a barrier?

Ken Sterner: We are challenged to try to find nurses, and have to poach them from somewhere else. We are fortunate to have WVC’s nursing program. We also need case managers.

Lauren Kendall: We hire the same people over and over again.

[Unsure who said this]: It’s also hard to honor bad decisions people make. To honor choice.

Donny Guerrero: For the Hispanic community, there’s a lack of knowledge for what they have access to. This affects ages birth-50. They need people available to translate. When there are sightings of ICE, I’ve heard they’ll cancel appointments and kids won’t attend class. The feedback from community health centers is that people won’t go to work when that happens.

Amanda Polley: We heard announcements from schools about a year ago that they won’t release student information to ICE.

Donny Guerrero: Parents may be actively pulling kids out of Medicaid services due to fear, so not getting vaccinations, etc.

Steve Maher: Is there a lack of knowledge due to language issues?

Donny Guerrero: Yes, and their children are brought in as translators but they don’t have the vocabulary to do it.

Amanda Polley: People with felonies, or mental illness, and their children can’t get into housing. This affects all ages.

Lauren Kendall: Health literacy, especially in the Hispanic community because of language, and also because nutrition is boring. It’s not realistic, culturally, to tell people to eat foods outside of their cultural norms, to replace beans and rice and tortillas with something else. This affects all ages, more K-71.

Q11: What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

Ken Sterner: The strength of every family is family itself. If that remains strong you can usually overcome everything. All ages.

Donny Guerrero: Homeless people being sheltered by families/friends, and people willingly sharing information about resources they know of to help others. Adults, 19-50.

Amanda Polley: People’s abilities to create family units to remain safe and feel supported and an ability to overcome traumatic events—resiliency to move on with their lives. 19-50.

Dawn Miller: There are a lot of good people out there who help others. Even if things are getting worse, we aren’t a lost cause yet because there are a lot of good people out there.
**Donny Guerrero:** There’s been a big movement, recently, to support LGBT community nationwide. We also had the 2nd year of the Wenatchee pride festival with major sponsors and no big protests. Ages 14-15+

**Q12: What other problems or concerns significantly affect members in your area of expertise? What ages are affected?**

**Ken Sterner:** Lack of volunteerism. We can never have enough volunteers, and we burn them out because we’re all using the same ones. 31-71.

**Amanda Polley:** People coming out of hospitals and crisis services and going back into a homelessness setting. 19-70.

**Alan Walker:** What about adults with disabilities whose families still care for them, and parents not able to provide that support?

**Ken Sterner:** There are big issues surrounding guardianship—what happens when parents are gone? The legal system struggles with it. There are professional guardians, who have ten at a time. The rule of thumb is to find a boarding house, a group home. Help that comes—like it or not—is the state.

**Amanda Polley:** FCS services does cover the aging & adult group [side note].

**Dawn Miller:** Criminal history and education make a big difference in finding a living wage job. Ages: 16-71+. Lots of people of retirement age need to keep on working because they didn’t save or didn’t have decent jobs before.

**Lauren Kendall:** There’s a lack of clarity in health insurance. It’s actually easier for those who don’t have insurance. Even doctors are confused about it. I can tell a patient how much everything costs without insurance but have no clue with insurance. People give up getting care because they don’t have time to go to every pharmacy to check prices, or apply for health insurance. Ages 19+

**Q13: What other strengths and assets benefit members in your area of expertise? What ages are affected?**

**Dawn Miller:** In recent legislation, employers can’t ask criminal background questions. It’s in the Seattle area, maybe others, but may not be statewide.

**Kristi Hills:** It may have gone statewide in June. You can’t ask about criminal background until you’ve determined whether or not you’d offer the job to the applicant in the first place— it’s the “Fair Chance Act”

**Dawn Miller:** Affects 19+

**Amanda Polley:** Benefits management—assistors, navigators, and case managers are there to help people sign up for insurance, etc.

**Donny Guerrero:** I would second that.

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**Education Focus Group**  
**Jan. 29, 2019**

**Present:** Lisa Dodgen, Eastmont School District; Spencer Taylor, Eastmont School District; Brent Carter, Wenatchee Valley College; Bertha Sanchez; Erika Schenkvonstauffenberg, Wenatchee Valley College; Suzanne Stanton, Wenatchee School District; Sara Rolfs, Pinnacles Prep; Janelle Bersch, North Central Educational Service District; Alan Walker, CDCAC; Kristi Hills, CDCAC;
Q1: What general concerns for the community do you have in the area of social services?

Brent Carter: The biggest concern is connecting with all students who do not have a high school diploma and attract them to our programs, so that we can help them be interested in learning again.

Spencer Taylor: As soon as kids enter our school district, we identify quickly the needs of children and their families to receive services and especially mental help.

Lisa Dodgen: We try to offer side services through the different mental health programs in our valley, but we have transportation problems for families to access the mental health. We deal with the summer gap where families are not interested to continue the services for different reasons and needs, and then we need to restart the reevaluation process when they come back after summer break.

Bertha Sanchez: We have similar mental health problems but for our population of 18+ who do not have insurance. We lack enough mental health services for our two campuses (Wenatchee and Omak). Besides the mental health problem, our students face financial barriers, homelessness situations, food scarcity which is increasing, and we are only two counselors for the two Wenatchee Valley College.

Erika Schenkwonstauffenberg: Our students are going to school, working 8-5. When they get off work, public transportation is not available, and even if it was, mental health and resource offices are closed.

Suzanne Stanton: Families have many issues. Especially migrant families. We also have many homeless students. It takes so much to help. They do not have transportation. Our programs have transportation tokens that we give to out students, but they are not enough. Families come from different places and bad situations. Transportation is the key to help families identify themselves. We have parents wanting to stay in the same school even if they must change their address. Based on research, school stability is a key to success. Districts can’t fix all desperate situations. We also have desperate situations with the unaccompanied youth who can’t receive financial aid because they do not have access to their parent’s income information, and this becomes an obstacle for them to keep trying to continue with their education.

Sara Rolfs: Charter Schools possibility for our valley. We have staggering statistics that our valley has failed our English learning Language student population the most.

Q2: What resources/services are currently available in your area of expertise that address the problems identified above?

Spencer Taylor: CVCH, Catholic Charities
Janelle Berch: WISE-is an intensive Support program from Children’s Home Society serving Chelan, Douglas, and Okanogan counties
Bertha Sanchez: WVC Food Bank, CVCH on our Wenatchee campus, Knights Care fund for personal needs, funds for undocumented students as WASFA.
Erika Schenkwonstauffenberg: At WVC, we also have other additional monies to support our students.

Brent Carter: We need to continually move the information of all services available.

Lisa Dodgen: Our police department has done such a great job intervening to support families when their needs are way out of our mental health help.

Sara Rolfs: We have our Literacy Council and Parque Padrinos work
**Suzanne Stanton:** School Districts, Women’s Resource Center, Youth League

**Spencer Taylor:** We have about 300 homeless students in Eastmont High School confirmed but the homeless definition is broad.

**Steve Maher:** How does it compare from five years ago?

**Spencer Taylor:** Homeless has increased.

**Q3: What barriers exist for people in accessing these resources/services?**

**Suzanne Stanton:** Housing is a problem. We only have so much capacity. The only way districts know about the homelessness situation of students is if they self-report. Big grants like - Department of Commerce is a problem

**Erika Schenkvonstauffenberg:** Criminal background affects housing. Also, the culture and language barriers prevent people from accessing resources.

**Bertha Sanchez:** We just got reviewed. We are a migrant community at WVC, and we do not have all documents translated.

**Steve Maher:** How do we compare to 7 or 8 years ago?

**Bertha Sanchez:** I can’t speak for past instances-but lack of services, cultural differences, not understanding referrals and people’s own cultural beliefs.

**Brent Carter:** Yakima is more mature

**Lisa Dodgen:** Moses Lake has cheaper rent

**Bertha Sanchez:** We continue to see migration

**Q4: What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?**

**Lisa Dodgen:** We have a student population which before the break comes, they are missing school-for helping siblings at home- a lot of barriers

**Sara Rolfs:** First translate documents but also address cultural barriers, accommodate our culture-twic

**Janelle Berch:** Political Climate-people see it as too risky

**Lisa Dodgen:** Meet with parents facilitated help with paperwork in order to support families with mental health services.

**Janelle Berch:** Logistics for services are so much for families- one medical appointment can take up to two bus routes

**Brent Carter:** Sometimes it may not be worth to try for the loss of services from (Malaga to Wenatchee trip).

**Spencer Taylor:** Some families have a hard time getting to school and attend other paperwork to receive mental health service- I do not know about food on the table plus other problems may be drugs, illnesses or even laundry.

**Lisa Dodgen:** I have worked on our processes to reduce unnecessary paperwork that used to take one hour to 20 minutes.

**Suzanne Stanton:** WSD-Family Advocates Migrant staff help parents with all kind of paperwork-also credit checks are barriers for families who do not have where to live.

**Lisa Dodgen:** We have families moving from school to school trying to find section 8 apartments

**Suzanne Stanton:** Shelters-how many? Teenagers, youth-no place

**Spencer Taylor:** Buses back and forth for school transportation

**Steve Maher:** How are we compared to the situation from five years ago?

**Spencer Taylor:** We know more; we are doing more.
Q5: Which services do you see being duplicated by multiple entities in the region? Which services are not being provided?

Erika Schenk von Stauffenberg: We are encouraging collaboration—we can work together
Janelle Berch: We collaborate more—increase number of severe autism cases—people aware of our services—two years ago 7 cases—now 20. The faces of the families look different—we are connecting—families are working harder.

Q6: What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

Lisa Dodgen: A lot of barrier, different work shifts—single parenting—siblings helping
Erika Schenk von Stauffenberg and Janelle Berch: Supported Lisa’s statement above
Lisa Dodgen: Students move from house to house and sometimes they can’t take showers as needed.
Janelle Berch: just the logistics of everyday life are hard
Bertha Sanchez: We have more services—Adults are finding themselves and recognizing that they have mental problems, but it takes three months to get an appointment
Lisa Dodgen: Not enough male health programs—social workers. We need more males. In Oregon is less expensive to complete a degree in Social Work.
Brent Carter: We brought a Social Work program to Moses Lake at one time and it closed for no attendance.
Bertha Sanchez: Accessibility mental health
Erika Schenk von Stauffenberg: Lack of access to mental health for families
Bertha Sanchez: Access, financial
Lisa Dodgen: Mental health, preschool, children—repeating home behavior patterns
Spencer Taylor: Supports Lisa
Janelle Berch: Lack of professional related to specific needs
Suzanne Stanton: Where can they get medical coupons
Janelle Berch: Nurse Care Case Manager with Molina. It began in Confluence—help families navigate health services
Sara Rolfs: Language, cultural, transportation

Q7: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

Brent Carter: A little more information about health-related assets—about dif. Resources—skill source-grant
Erika Schenk von Stauffenberg: Mental health 101 training—NAMI—trying to branch and redevelop in our community
Bertha Sanchez: A lot of support from administration—very supportive—invest in my department—awareness and support
Erika Schenk von Stauffenberg: CVCH on our WVC campus
Lisa Dodgen: Dental Model works—long open hours—dentists that come to school— a lot of dentist do not change for preventive care—mental health should follow this model—staffing better
Bertha Sanchez: CVCH—some schools contracted Lee and Rock Island
Spencer Taylor: willingness from Confluence and CVCH and more awareness
Janelle Berch: ACH—Accountable Community of Health—Whole person being around for 2 years.
Deb at Action Health-HUB-started at Moses Lake.
Lisa Dodgen: Most are model navigators-text-rural areas-identify
Erika Schenkvonstauffenberg: Grants coming-will need a sustainable plan
Suzanne Stanton: School nurses, counselors, mental health-form where students can share confidential stuff-linking clinic CVCH-they also work with parents
Sara Rolfs: Collision for Youth and Families

Q8: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

Sara Rolfs: 6 to 12-Language and Cultural
Suzanne Stanton: Poverty, lack of knowing that is ok to ask for support. It takes courage to ask for help. Parents are busy and depend on other to get children to school. They care but it is niet the same as parents.
Janelle Berch: We need quality care from birth to five.
Spencer Taylor: The gaps when children enter kindergarten are huge-later-they can also add the families with other. We have State Lab Money-to identify and help students who are about to drop
Lisa Dodgen: Talking to other parents-Educators trying to understand children who are not coming from true bilingual households-children are not learning their native language-going back to how the brain works.
Bertha Sanchez: Literacy on behalf of the parents, so that they can understand the education system. Some must even learn social skills-some students try to skip needed classes to save money this is setting them for failure since they do need those missed classes.
Erika Schenkvonstauffenberg: College systems are barriers
Brent Carter: Low level in our literacy. We have a lot of students who have less time to accommodate to our hours.
Jessica Lara: Gap from birth to three programs and 3 to five where children need to wait until kindergarten.

Q9: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

Sara Rolfs: Health Centers in school campuses-willingness in the community to have open arms
Suzanne Stanton: Supportive family system-stable housing, parents believe in education-because they have seen success
Janelle Berch: Grassroots efforts, TEAMS Early Learning Centers, WAKids-what is developmentally appropriate
Spencer Taylor: We need preschool for all kids-more inclusive w/students w/special needs- WE are going strong in the academics-have added BH-We have received support to help those students who need extra help. Lee Elementary and RE have free breakfast-c get it and go directly to their classroom. Some schools offer free breakfast to everybody.
Lisa Dodgen: I have been allocated extra time to research curriculum-self management-empathy-MH coordinator-understanding why students are feeling
Erika Schenkvonstauffenberg: Peer review-connecting students’ w/programs because of family members referrals-Intrusive help why are you not showing to school? Workforce Grants and Worklist.
**Brent Carter**: I got a lot of staff w/empathy, AmeriCorps volunteer-Empathy and soft skills

**Q10**: What are the most significant problems — barriers, gaps — affecting families and individuals in your area of expertise (e.g., families able to provide parenting, housing, child care, employment, economic security and a healthy environment)? What ages are affected by the issue?

**Suzanne Stanton**: Attendance, chronic absences, if they are not in school, we can’t help them

**Janelle Berch**: lack of childcare for kids’ w/disabilities affects families

**Suzanne Stanton**: Support for students plus transportation

**Sara Rolfs**: Engagement w/kids, attendance, families once you get them through the door

**Lisa Dodgen**: Many children don’t see their parents face to face


**Brent Carter**: time, literacy

**Q11**: What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

**Lisa Dodgen**: Multigenerational support

**Janelle Berch**: Some strong parents that they know how to get what they need

**Erika Schenkvonstauffenberg**: resilience, people helping each other

**Suzanne Stanton**: Community Resource Guide-Posted in all buildings-give them to families-so many families are trying hard and housing problems may come their way.

**Sara Rolfs**: Wenatchee is getting there- like Yakima-the grater community is now listening to what equity really means

**Erika Schenkvonstauffenberg**: Community Actions

**Brent Carter**: Transitional Studies and Literacy Council working together

**Suzanne Stanton**: Wenatchee cares, people contributes $1000.00 to fund scholarships

**Q12**: What other problems or concerns significantly affect members in your area of expertise? What ages are affected?

**Janelle Berch**: try to convince people that we are not immigration law. Bertha Sanchez: Undocumented students not eligible for FAFSA. The help available to them runs out faster-students daily immigration concerns

**Jessica Lara**: Large number of students ready for college-no help available-fear

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**Private Sector Focus Group**

**Feb. 5, 2019**

**Present**: Ron Cridlebaugh, Port of Douglas County; Wilma Cartagena, NCW Hispanic Chamber of Commerce; Shiloh Burgess, Wenatchee Valley Chamber of Commerce; Stacy Luckensmeyer, Wenatchee Valley College; Alan Walker, CDCAC; Kristi Hills, CDCAC; Steve Maher, facilitator

**Q1**: What general concerns for the community do you have in the area of social services?
Ron Cridlebaugh: Lack of skills, especially soft skills, drug issues, cost of doing business, upcoming legislation burdening small businesses (reporting, regulation)

Shiloh Burgess: Access to housing

Q2: What resources/services are currently available in your area of expertise that address the problems identified above?

Ron Cridlebaugh: The Wenatchee Valley College working on soft skills (Professional Development Summit), Department of Commerce (work start grants - for job training), SkillSource

Wilma Cartagena: Worksource

Ron Cridlebaugh: The Chamber, an advocate for business

Shiloh Burgess: An education campaign around marijuana is needed (does not currently exist).

Wilma Cartagena: The commission can offer technical assistance around questions such as marijuana issues (HR policies, support)

Alan Walker and Kristi Hills, CDCAC: Literacy Council provides free small group or 1 on 1 sessions for language tutoring, very tailored and flexible timing.

Shiloh Burgess: It can be tailored to employer needs, such as safety issues in the warehouse. When employers are involved with bringing language classes that can be really effective.

Alan Walker and Kristi Hills, CDCAC: There is a need for unrestricted funds from employers, though, rather than employers thinking they “know” what their employees need in terms of language skills.

Ron Cridlebaugh: What about training employers to learn Spanish? Such as teaching managers? I always wanted that for myself instead of having to find translators.

Wilma Cartagena: I did something like that in Spokane with training social service workers how to speak Spanish, really basic Spanish.

Stacy Luckensmeyer: We have Spanish curriculum that’s ready to go. We have a contract with Confluence Health.

Q3: What barriers exist for people in accessing these resources/services?

Shiloh Burgess: There are programs happening with K-12 kids but not ongoing training for underemployed individuals for gaining further skills.

Wilma Cartagena: Gap exists for folks who get hurt and can’t continue to do that job (no retraining program, no safety net), especially in the Latino community in agriculture (warehouse, orchards).

Shiloh Burgess: Yes, and they may have a great degree in Mexico but it doesn’t apply here.

Wilma Cartagena: Lack of access and lack of education, language barriers and fear for seeking assistance — mostly go through family and friends for support.

Wilma Cartagena: Language, of course.

Shiloh Burgess: Literacy Council is not understood enough by the community but also can’t meet all the needs out there.

Ron Cridlebaugh: Transportation

Q4: What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?

Stacy Luckensmeyer: Employers are unwilling to invest in continuing training for their
employees. These are companies who have a lot of training dollars allocated but training is the first thing to go when resources are tight.

**Wilma Cartagena:** And people in this market are often replaceable, so why invest?

**Shiloh Burgess:** There is an administration pinch on small to medium businesses (such as minimum wage, paid sick leave, paid family leave program). All these require additional administration and time, which can be burdensome. Uncertainty and nervousness based on the labor environment and costs.

**Shiloh Burgess:** The chamber can’t provide certainty. I’m an easy one to cut if the economy goes down or confidence of the economy decreases.

**Ron Cridlebaugh:** Paperwork and regulation (such as for the environment) is an additional layer of challenge for many small to medium businesses (on top of the human resources administrative tasks that Shiloh mentioned).

**Ron Cridlebaugh:** Gifting of public funds, having a healthy tax base.

**Wilma Cartagena:** Programs not being funded at the level they need. Plus, government dollars often have lots of strings attached which is a challenge.

**Q5:** Which services do you see being duplicated by multiple entities in the region? Which services are not being provided?

**Ron Cridlebaugh:** Occasionally if Chelan and Douglas are working separately, but most of that has been eliminated.

**Wilma Cartagena:** Some duplication in serving the homeless. We sometimes work in silos and don’t realize there could be more collaboration.

**Shiloh Burgess:** Licensing and permit requirements differ from city to city. A lot of our services are not co-located like they are in other places. Zoning issues.

**Services not being provided:**

**Stacy Luckensmeyer:** Religious requirements for homeless adds barriers

**Shiloh Burgess:** The community has failed people who are capable and have capacity to hold a job of some sort. We need support for homeless/unemployed individuals and support for the employers.

**Stacy Luckensmeyer:** Yes, supportive employment is needed (both employees and employer receive support for success), supportive volunteerism

**Stacy Luckensmeyer:** Lack of business funding and microloans for under $30,000 for small growth and small expansion. Quest Loan Fund is really the only one doing microloans. That’s not enough.

**Shiloh Burgess:** Latino businesses work differently. Don’t always have the same connections and sometimes knowledge.

**Wilma Cartagena:** Yes, a good example is of a Quincy business woman who didn’t realize she could rent equipment rather than buy. Didn’t know where to go to ask. Then ended up losing personal equity.

**Q6:** What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

**Stacy Luckensmeyer:** Self-employed health care coverage

**Ron Cridlebaugh:** Affording and finding health care, access to doctors (getting appointments quickly - not as much of an issue in Wenatchee, though, as other communities)
Shiloh Burgess: Access to insurance, especially early retirees. Also from the business standpoint, premiums are way higher for older employees. Employees get overwhelmed with how to navigate the health care system (how to get pre-approved, etc.). Mental health services is another big area. Lots of anxiety in young kids. Untreated depression in older generation due to isolation.

Wilma Cartagena: May not get mental health help through their employer or qualify for it under Affordable Care Act. How do we care for those who cannot care of themselves who’ve reached 18?

Shiloh Burgess: We, as employers (front line customer service), don’t know how to assess mental health issues when someone walks in the door. Are you a danger? Or just a nuisance? How do we actually help them?

Wilma Cartagena: And how do you de-escalate? Employer training is so important and needed. Also, self-care for employees on the “front line.”

Shiloh Burgess: With new domestic violence laws, SAGE is overwhelmed.

Q7: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

Shiloh Burgess: Columbia Valley Community Health patients are prescribed outdoor access/activity, and told about free trail systems. We have good parks and the Loop Trail.

Ron Cridlebaugh: High quality of health care professionals and breadth (specialists).

Stacy Luckensmeyer and Wilma Cartagena: Quality fresh fruit and vegetables grown here

Q8: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

Shiloh Burgess: Department of Early Learning and the standards around square footage for kids (space standards are too high)

Ron Cridlebaugh: Lack of adequate, quality and affordable Pre-K options for families

Stacy Luckensmeyer: Lack of soft skills being taught in schools but also need to be handled and supported at home

Shiloh Burgess: Nutritional needs are not always being met for kids. How do you learn when you are starving? WIC is great but what about for those that don’t qualify or don’t access due to stigma or lack of knowledge?

Wilma Cartagena: Language barriers again for Latino community. English skills of parents vary and they might work long hours

Q9: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

Ron Cridlebaugh: Technical skills programs at both high schools and the Technical Skills Center, especially its focus on robotics and STEM

Shiloh Burgess: Columbia Valley Community Health clinics in schools, partnership with Wenatchee Learns, robotics programs, lots of innovation, Lewis & Clark Elementary’s bilingual program

Stacy Luckensmeyer: A few (not many) exceptional pre-K programs
Q10: What are the most significant problems — barriers, gaps — affecting families and individuals in your area of expertise (e.g., families able to provide parenting, housing, child care, employment, economic security and a healthy environment)? What ages are affected by the issue?

Ron Criddlebaugh: Housing, childcare
Stacy Luckensmeyer: Symptom of underemployment, not enough time for parenting.
Stacy Luckensmeyer: Access to trouble (drugs, alcohol, internet, bullying)
Shiloh Burgess: Underemployment cycle for lower wage earners
Wilma Cartagena: Housing affects everything. It adds so many barriers, and if you add mental health, or addiction or chronic illness, that’s a bomb.
Wilma Cartagena: Lack of education about what services are available and being able to access those services safely (or feeling safe to go out to access them)

Q11: What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

Wilma Cartagena: Caring, engaged community that wants to improve and find solutions
Shiloh Burgess: Philanthropic, giving spirit. School system has become a hub for family services (food pantry, Janice Franz talent show, family support groups)
Ron Criddlebaugh: Small community feel, caring nature.

Q12: What other problems or concerns significantly affect members in your area of expertise? What ages are affected?

Shiloh Burgess: When you have to run for an elected position, people do not want to run. If they are appointed to a position, they’ll do it. If they have to run a campaign, people do not want to do that anymore. Running a campaign and public officials are under a microscope and often vilified. Civics needs to be taught.
Wilma Cartagena: Finding someone to run in District 1 in South Wenatchee for City Council. No one wants to run for office. People are afraid of running for office — the cost, the toll it takes on you, the time.

Q13: What other strengths and assets benefit members in your area of expertise? What ages are affected?

Shiloh Burgess: Our Valley Our Future — it’s been incredible — great ideas and great work accomplished. We have a mechanism to tackle problems in the future. We are so unique to have something like that.
Wilma Cartagena: A growing and strong Latino community that is bilingual and multicultural. Huge asset if we can figure out how to use it. Relationship oriented community. Huge potential here.
Wilma Cartagena: Our community is not too big, not too small
Shiloh Burgess: Social service organizations - work hard at trying to communicate.
Wilma Cartagena: Strong nonprofit sector
Ron Criddlebaugh: Our Valley Our Future spirit, that understanding of we’re better together. People are willing to work across jurisdictional lines. That is special and unique to this place.
Chelan Douglas Community Action Council Staff Focus Group
Feb. 27, 2019

Present: Alan Walker, Kristi Hills, Louise Johnson, Margarita Sanchez, Tom Bonwell, Sara Brito, Chyvonna Torres, Rachel West, Rob Mosher, Jim Mattson, Brian Moore, Adrian Amezcua-Arias, Anwen Cartwright, Jessica Lara, Crystal Estrada, Carli Ludlow, Louise Walls, Gene Filbeck, Courtney Clifton, Cathleen Fagerstedt, and Molly Draben

Q1: What resources/services are currently available in your area of expertise?

- Chelan Douglas Community Action Council
- Catholic Charities
- YMCA
- Community Choice
- WIC
- Columbia Valley Community Health
- Housing Authority
- SkillSource
- WorkSource
- Wenatchee Valley College
- Aging and Adult Care
- Department of Social and Health Services
- Dental Fairs
- Mobile Mental Health Unit
- Mobile Clinics
- Mobile Food Stamp Unit
- Lighthouse Ministries
- Serve Wenatchee/churches
- Head Start
- Westside High School
- Caring and supportive people, organizations and businesses

Q2: What barriers exist for people in accessing these resources/services?

- Self-advocacy is a barrier. People are not sure how to advocate for themselves.
- Childcare not available
- Language barriers
- Feeling uncomfortable seeking help
- Lack of support systems, whether those are family, church, school, etc.
- Age can be a barrier to access resources
- Resources don’t serve everyone, just a certain population.
- Transportation. For example, not all community events and jobs are available via public transit.
- Many services require a visit during the workday, but it is challenging for people to take time off of work.
- The way things are marketed prevent the general public from knowing what is available.
• Application process are confusing and time consuming.
• Mixed messaging about resources/services.

Q3: What challenges do you encounter in providing resources that make a difference? What do you need to overcome those challenges?

• Funding restrictions are so narrow that it is almost impossible to deliver services.
• Time limits on funding.
• Lack of funding availability that is the same across the area.
• Reaching people. There’s no voicemail option, the phone is not set up, contact information changes and we do not get updated, etc.
• People feel like others need the help more, and that they are not deserving of the help.
• The stigma of receiving help.
• The stigma of receiving help is the most visible problem.
• Fear around immigration status, and fear of judgment.
• Transportation from outer areas of Chelan and Douglas Counties. Bridgeport, Waterville, etc.
• Lack of support to help people through application processes.
• Reporting is cumbersome.

Q4: What are the most significant problems — barriers, gaps — related to health in your area of expertise? What ages are affected by the issue?

• Quality of life. There aren’t enough resources to keep homes healthy. Many homes are inadequately insulated, the air quality is poor, and dead animals are sometimes found.
• Not enough resources to see a doctor and to get medication. Some choose to spend their resources on other basic needs before their health needs.
• Lack of finances needed to repair mold and air quality problems. Not enough resources for people to utilize their homes well.
• Lack of will power and self-destructive behaviors.
• Prioritization. Healthcare is not always made a priority because of access difficulty.
• Empowerment (seeking out healthcare).
• Mental health issues and how to navigate systems to access healthcare.
• Transportation and mobility.
• Unawareness regarding location of food.
• Access to information.
• Mental health goes hand in hand with self-destructive behaviors. People don’t always seek professional help in that state.
• The stigma continues to be a major problem.
• Engagement in services is a challenge. Options are limited, especially for mental health services. People often have had bad experiences with their limited choices, and then are left with nowhere else to go.
• Large numbers of people are screened out.
• People who need and want to undergo surgeries and other healthcare services cannot do so because they do not have a safe, stable place to be discharged to.
• Understanding what “clean” really is.
• Unhealthy generational abuse and behaviors. Generational poverty is being normalized.
• Health issues prevent people from getting to the office to get the help they need.
• Stigma, and feeling that they won’t get the help needed.
• Lack of awareness regarding alternatives to pain management.
• Illiteracy in native language and inability to communicate in English.
• Inability for caregivers and doctors to communicate with patients, and for patients to communicate with their caregivers and doctors.
• Lack of understanding and trust in workers.
• Communication. Children are being relied on to translate, which is problematic when children don’t understand the content.
• People wait too long to get help because of finances, fear, wait time, etc.
• Gaps in education around opioid usage.
• Obesity. People are not eating healthy enough, and not exercising enough.

Q5: What are the most significant strengths and assets related to health in your area of expertise? What ages are affected by the issue?

• For youth, it is different now. Conversations are encouraged, and they are happening.
• Schools are addressing difficult issues.
• At a national level, addressing the opioid epidemic through national service is being encouraged.
• There is more opportunity to educate clients now, even about the condition of their homes. It is helpful to make homeowners aware of the importance of cleaning up their homes.
• Principles that guide us and the character of people serving make us successful in our efforts.
• We get to provide basis food to people, especially important for kids and the elderly.
• Awareness and connectivity of volunteers regarding resources, new practices, shared information, etc.
• Apple Health and SNAP benefits. They are easy to access and use.
• Volunteers. The more you volunteer to help with critical needs, the better it is for mental health, especially in seniors.
• We are able to get food to people.
• The Wenatchee School District goes out of the way to make sure that all kids get food.
• Columbia Valley Community Health does great outreach.
• Aging and Adult Care gets caregivers into homes for people.
• There are many assets we’re unaware of. People just don’t always know about the resources.
• Training such as Trauma Informed Care, Adverse Childhood Experiences (ACES), Mental Health 101.
• Coordination with partners.
• Resources available such as Knights of Columbus for medical equipment, and all of the veterans offices that offer support and supplies.
• Great emergency response teams: fire districts, ambulance services, law enforcement, Rivercom, etc.
• We are able to provide appropriate referrals for services.
Molina Healthcare and AmeriGroup are getting better at informing people of resources available.

Stakeholder groups are uniting partners.

There is a trend in the community to accept people as they are.

Access to information through fairs, the internet, etc.

There are some solutions for the opioid problem we are facing.

Health related services are available in Spanish.

When there is a gap, Skype is a resource available to help make needed connections.

Services, especially those offered at the Literacy Council, help to increase confidence to access resources.

More leeway to pay for medical needs when basic needs can be partially paid by services, such as Energy Assistance. *It is hard for families to have to decide between staying warm or being health.

Fairs, location of services.

Computer programs that can call and translate for people.

Client education regarding keeping homes healthy.

Community partnerships that help to support and promote services. Chelan County P.U.D. is a great example.

Q6: What are the most significant problems — barriers, gaps — related to education, learning and school readiness (e.g. individuals reaching their developmental potential and ready for school/learning) in your area of expertise? What ages are affected by the issue?

Children see parents stressed out by having to juggle a lot. This stress and related behavior gets projected onto children.

Guilt for parents. Parents feel shame for not knowing.

Generational expectations, or lack thereof around school attendance, etc.

There is a challenge in fostering an enriching environment encourages parents to engage more with their children.

Head Start is just for low-income people, and high-earners can provide for pre-school, but many families are caught in-between and get neither option. There is a gap here.

Getting parents involved with children’s’ education. Showing value and placing importance on education, showing sincere interest in children’s work and learning, and parents being involved in school are all too limited.

Language and poverty barriers.

Grandparents and seniors are raising grandchildren, and they are tired. They are not always able to adequately address critical needs of their own because they are busy with grandchildren.

Cost of early learning and higher education.

Affordability is not just around tuition expenses. We need to also factor in the time to attend, meals costs while away from the home, childcare, transportation costs, etc.

Parents don’t realize how much a nourished meal can do for a child. The more we can do around this the better we all will be.

K-12 is amazing and somewhat unique, but the system/structure is not conducive to all.

Financial hardships families face make it hard to focus on education.

People not living in a clean, healthy environment might not be getting proper rest needed to get an education.
• Parents don’t get involved enough with their education. Parents need to be informed about the importance of this.
• The basics of life must be dealt with first.
• Parent engagement is not being encouraged properly. The time offered to engage, and the approach used to engage is not effective.
• Parent involvement at home is not adequate. Parents are not available and are not engaging in conversation around education.
• Parents focus on work, not education.
• Parents don’t get more involved due to language barriers.
• Transportation is an issue.
• The value of education itself. There is not much support for Hispanic women to get more than a high school education.
• Illiteracy in primary language makes it hard to learn English. Parents cannot help their kids because of this.
• Having enough time and energy to get something meaningful out of the class. Work schedules change frequently, so people cannot attend class consistently.
• Lack of emotional readiness. Some are too nervous and fearful. There is a lack of courage and confidence to learn.
• Support networks not supportive of learning. Some students actually lie about going to class, saying that they have to work.
• Cultural barriers, language barriers and lack of flexibility to be involved.
• Outdated/inadequate buildings, equipment and resources.

Q7: What are the most significant strengths and assets related to education, learning and school readiness in your area of expertise? What ages are affected by the issue?

• After school programs.
• High School 21 programs at SkillSource and Wenatchee Valley College.
• Improved collaboration with school districts regarding working with families.
• Westside High School.
• Backpack program that provides food for the weekend.
• Well trained educators.
• Talented members in national service. There are members serving in school classrooms.
• The public library, and the interlibrary loan system.
• Food Pantries.
• There are lots of resources.
• Internet, and high speed internet for this region.
• Client education.
• Information like brochures and pamphlets are available at many locations.
• English classes are available. There are four adult English literacy programs that work together and refer to each other.
• Head Start/ECAP.
• Parents/guardians/caregivers who value education and create opportunities for learning.
Q8: What are the most significant problems — barriers, gaps — affecting families and individuals in your area of expertise (e.g., families able to provide parenting, housing, childcare, employment, economic security and a healthy environment)? What ages are affected by the issue?

- Inability to get a job because of not being bilingual. People continue to ask about free Spanish classes.
- Lack of support systems.
- Lack of affordable housing.
- Lack of economic security - the opportunity to get a good job to pay bills.
- People living from Social Security check to Social Security check, and paycheck to paycheck.
- Getting to food pantries is hard.
- People are too proud.
- Access to healthy family planning is limited.
- Lack of available, affordable, quality childcare.
- Economic opportunity and empowerment.
- Hungry families are not happy families.
- Seeing it as a trap, not using it as motivation to get out of a temporary situation.
- Cost of childcare.
- Economic opportunity.
- Security in a healthy home.
- Lack of basic needs.
- Available, healthy, affordable housing.
- Housing and childcare.
- Housing and low-skilled jobs.
- Lack of support systems and mentors.
- Not enough quality time with others.
- Lack of education and language skills to help their children.
- Decline in the trades.
- Workers/helpers/funding streams fail to adequately trust families and individuals with their resources, and fail to let families and individuals explore their way toward a better life with resources.

Q9: What are the most significant strengths and assets related to families in your area of expertise? What ages are affected by the issue?

- Housing programs.
- Educated people.
- The public transit available is better than no public transit at all.
- Temporary economic support like unemployment.
- Agency staff is a strength!
- Our agency and its programs.
- The non-profit network is strong.
- Many families and individuals do desire something better, they just don’t know what that looks like exactly.
Qualitative Data
Interviews of stakeholders
January-February 2019

Carol McCormick,
Chelan-Douglas Health District nursing director and personal health associate administrator

Q1: What are your thoughts on the state of health today in Chelan and Douglas counties? What is working? What is not working? Major concerns? What is falling through the cracks?

Community networking is working well. A good example is the Ebola scare of a few years ago. The Health District started the conversation and Confluence Health, EMS, etc., jumped in right away.

We had excellent immunization rates. If you don’t have a lot of money, immunization is the way you want to go.

ACH is working well. They have done a lot of work to really identify gaps and needs.

What is not working very well is we lack services for Alzheimer’s and dementia patients. The infrastructure here for senior citizens and others is lacking. You have to have a car. Transit doesn’t even run on Sundays. People can’t even go to church.

We’ve seen a movement toward the Complete Streets concept but who is going to walk down North Wenatchee Avenue? It’s freaking scary. The bike trails here don’t meet up. There are a lot of opportunities in this valley but you have to have a car to get to them. It would be great if Link Transit would offer routes that go by trailheads.

There also is a big gap for kids who have special health care needs, including autism. There are few providers who know how to work with special needs. There are long waiting lists. Another example is the lack of pediatric support for kids with diabetes.

There are misconceptions among providers here about infectious diseases and around lead (coming from lead arsenic in soils). A lot of doctors are not testing for lead. Any kind of lead is a problem. The doctors have the perception that lead isn’t an issue.

Q2: What barriers to wellness are people encountering today in this region? Are resources/services sufficient right now to help overcome those barriers? If not, what is needed?

Parents just want providers to talk to each other. There is confusion over whose responsibility it is. You get referrals from one doctor to another. It’s a big issue for kids with special needs. There are care coordinators now but no one is being trained on that. People are discharged without really knowing what they are supposed to do and not really knowing which provider they are dealing with.
At the same time, doctors and providers are hamstrung by time constraints. How are you really going to sit and get to know that person in 10 minutes? We don’t know each other.

Our obesity rates are going up for adults especially. We are trending toward less physical activity. We are trending up while the state rate is trending down.

Teen pregnancy is one of the biggest indicators of poverty. And poverty is an issue here. Home visits can decrease the risk of teen pregnancy.

Overall, we have fewer mental health providers than the state average. And it makes it even harder for some people when many therapists here do not take on Medicaid patients.

The rate of sexually transmitted diseases here is less than the state rate. But the state rate is four times the national rate.

Several years ago, we had a higher suicide rate than we do now.

Teen pregnancy is a big deal. The rate is dropping but Chelan County is No. 12 in the state among counties and Douglas County is No. 14, so we are still higher here than the state rate.

**Q3: To what level is the opioid crisis having in Chelan and Douglas counties? Are the current resources/services sufficient to take on that challenge? If not, what is needed?**

We don’t know. Getting those numbers would help us determine if a needle exchange is needed. It’s hard to get really good numbers.

**Q4: To what level are wildfires and air quality having in Chelan and Douglas counties? Are the current resources/services sufficient to take on that challenge? If not, what is needed?**

Air quality goes to heart health and asthma. I would anticipate we will soon be seeing the impact from the smoke. We already see an increase in people going to the ER during smoke events. People are getting more savvy and are using masks. We used to get push back from coaches complaining about the need to curtail games due to smoke. But that is no longer the case.

**Q5: What (rural) health care jobs are in the highest demand by employers in Chelan and Douglas counties today? Why isn’t that need being met?**

It is difficult to get nurses here. They are being cherry picked by higher populated communities. And in Western Washington they can earn way, way more. And housing here is not just available.

David Olson,
*chief executive officer of Columbia Valley Community Health*

**Q1: What are your thoughts on the state of health care today in Chelan and Douglas counties?**
What is working? What is not working? Major concerns? What is falling through the cracks?

There is a growing collaboration among health care providers and among ACH. In Chelan and Douglas counties, we do OK regarding per capita doctors but it’s clustered around the Wenatchee/East Wenatchee area. In outlying communities, the per capita rate is way lower. So for some residents, there is a long drive to access a doctor.

Health is bigger than health care. Other issues come into play, such as basic literacy (English and Spanish) and health literacy.

On a scale of 1 to 10, I’d say the overall health here is a 7, not overall health care but overall community health.

The issues we are dealing with include poverty and the fact health care is clustered around the Wenatchee Metro Area. This is big city medicine in a small city. If I was a retiree, I’d certainly think of Wenatchee. We have the resources and they are high quality. But accessing can be difficult.

Q2: What barriers to wellness are people encountering today in this region? Are resources/services sufficient right now to help overcome those barriers? If not, what is needed?

The biggest one is themselves, based on individual decisions and lifestyles. People who eat meat will always have higher health care costs. At the same time, we have trails that are five minutes away. As a rule people walking in the foothills are already living a healthy life. It’s the people who don’t exercise. The community has the resources but a significant number of people choose not to take advantage or are unable to take advantage.

Number two is education. Not everyone knows they should eat veggies and that’s because parents didn’t tell them. It’s the responsibility of schools, churches, advocates, hospitals to get the word out. It’s leadership’s responsibility.

Access also is an issue. We have trails but this is not a very bikeable community.

And again many things are Wenatchee-centric. We believe CVCH’s portable clinic will help. We will be launching that this year. It will go to migrant camps and to outlying communities.

Q3: What barriers to health care are people encountering today in this region? Are resources/services sufficient right now to help overcome those barriers? If not, what is needed?

Lack of education. We need to do a better job of educating residents. We have more than a thousand individuals here who’ve qualified for Medicaid who haven’t signed up. We also know that people who don’t quality fall through the cracks. There are people, for instance, who don’t know about CVCH.

Another barrier is just economics. There are not enough dentists here who will take Medicaid or no-insurance adults. For some services, economics is a huge barrier.
So overall, I’d say lack of (consumer) education, transportation issues, costs, and lack of some services are barriers.

With behavioral health, we have an access issue. We could use more providers and more services.

**Q4: To what level is the opioid crisis having in Chelan and Douglas counties? Are the current resources/services sufficient to take on that challenge? If not, what is needed?**

It’s worse than it should be but relatively speaking not as bad as some other places. We do need a real partnership between providers and jails and the community. There needs to be a multi-disciplinary approach.

**Q5: What (rural) health care jobs are in the highest demand by employers in Chelan and Douglas counties today? Why isn’t that need being met?**

We don’t use as many nurses as Confluence Health does. The hardest to recruit are behavioral health nurse practitioners. We have found they are harder to hire than a doctor.

**Dave Peterson,**
**executive director of SkillSource in Wenatchee**

**Q1: What are your big-picture thoughts on the state of social services in Chelan and Douglas counties? What is working? What is not working?**

For teens, under 21, tremendous offerings and increasing each year. With new charter school, Westside, Home Link, downtown learning center, high schools, tech skills center, Running Start. 40 years ago. You didn’t have any other alternatives.

Good collaboration between those places, so it’s not just helter-skelter.

Flip side is that we learn in a number of environments today, the work room, living room, school room. There are many places we become the person we will be in the work force.

When I was young, I had to work to get a car. But upper class plays soccer. Lower class not telling them to do anything.

Wenatchee Learns is trying to counter that (the work experience thing).

In conclusion, a lot of educational opportunities today but not a lot of work place learning opportunities.

Highly unusual economy today. In large part due to teenagers not working, which puts downward pressure on work place experience.

**Q2: What employment barriers for people do you see today in this region? Are**
resources/services sufficient to help overcome those barriers? If not, what is needed to overcome those challenges?

Young people are less savvy when it comes to the workplace. They are less inclined. When they hit 21, the life line is cut and they are left on their own and they are unprepared. They are less work mature, they haven’t obtained work habits.

Soft skills, common sense is learned. Bottom line is they are less prepared to be cut loose.

Q3: What are the most sought after job skills by employers in the region today?

They all talk about soft skills, the hard lessons of soft skills, typically learned by doing.

Some companies mistake skills for effort. A lot of times poor work habits are result of low effort. Effort is not consistent across work environments.

Every work place wants computer literate, people to operate spread sheets, etc. Truck drivers are a good example. All their record keeping today is electronic. Those skills are in demand. Is it being met? You’d think so as there is no shortage of computer labs, etc. If we are getting it here, you can be assured it is happening in the high schools.

Q4: Are those desired job skills different today than they were 5, 10 or 20 years ago? If so, why? What trends (regional and worldwide) are having an impact?

Probably no difference from 5 or 10 years ago. Twenty years ago you didn’t need computer skills to be a truck driver.

Social skills, probably a reflection of your family life and upbringing. Susan Adams has a robust leadership class, a lot of applied communication.

Q5: What about desired education levels by employers? Have those changed compared to the recent past?

At the very least, they want high school diploma. When market is tight, they will lower expectations. There are so many opportunities to finish high school (can go to 21). If you don’t, says something about your drive. As a teenager, you need external motivation.

Is a four year degree not as important as it used to be? I wouldn’t say that.

Q6: What do you make of Gov. Inslee’s Career Connected Washington?

It’s trying to counter decline of teenager workers. Work rules and policy have made it so that 18-year-olds are now filling jobs that 14-year-olds used to do.

Q7: It’s been said that 40 percent of the country’s current jobs will not be needed in 25 years. How do you see that playing out in this region?

Does that mean we can have a 30-your work week? That’s not a bad thing. How does it impact
Q8: Is collaboration between the agencies and nonprofits better or worse today?

It’s pretty solid today. We received a grant and there was an external focus effort, with the idea of increasing collaboration. Congress wants us to collaborate so clients can benefit from partner services. Resulted in interagency meetings. Never done that before. Tours of social service work places, culminating in a summit and sharing of info.

Q9: Are duplicate services being offered by multiple agencies?

I’ll use third grade classes as an example. Even though there are multiple third-grade classes in the community, you need the capacity of all the classes. The same is true for social service agencies here.

Q9: Any services we don’t have here?

While we have a lot of education opportunities, once you hit 21 you have one choice: Work or not work. Unless you are adept at online learning.

Companies want to teach people, they have training rooms, but they want people with soft skills. They don’t want to teach you how to show up on time, how to smile.

But it’s a chicken and egg thing. Where do I learn to work without work?

It all goes back to family and upbringing. It can be learned later. If we didn’t think so, you just give up on those people.

Is there more of that going on here? Don’t have data to opine on that.

Lupe Sanchez,
Opportunities Industrialization Center director in East Wenatchee

Q1: What are your big-picture thoughts on the state of social services in Chelan and Douglas counties? What is working? What is not working?

Here we help people from 17 years on up, as long as they can work full time. We do a lot of referrals to outside agencies. We can help with rent for one month, we can refer others for rent assistance. We struggle the most when people need housing. Not a lot of places we can send them. Too costly and not available. IF someone has no place to live and is single, no real places to refer them to.

Food and emergency support — we can address their immediate needs. If not, refer them to CDCAC or DSHS.

Migrant workers — cherry season maxed out at migrant camps.
Labor shortage — people not working. H2A program: foreign workers program pays $15 an hour. Big increase in that number. The scare factor, I think, has died down some. Some growers can’t afford to bring in foreign workers, and be tied down, so fruit is rotting in the orchards.

What is working? Our focus is on training. We collaborate a lot with SkillSource. Collaboration is good today. Van tours. Booklet. I feel we are much more closer. We share more. We have gotten to know what each person does.

College bound scholarships, 15 students, $1,000 each.

Q2: What employment barriers for people do you see today in this region? Are resources/services sufficient to help overcome those barriers? If not, what is needed to overcome those challenges?

Not having drivers licenses, including people in their 20s or older. Employers see it as not being dependable. We provide them assistance, paying for drivers tests or providing bus passes. Could be due to procrastination, license suspended, money woes, youth are sheltered.

When they come here, they have a lack of job history. They’ve kind of ruled themselves out. I see people with problems with the law. They can’t pass a background check. Employers can’t ask that question anymore initially at first, but it can come up later in the interview process.

Q3: When it comes to services, do people know where to go? Is collaboration between the agencies and nonprofits better or worse today?

We do have services to help people overcome the barriers. We refer people also.

What about cultural and language barriers? That is true. When people receive unemployment insurance, there is a big push to do it online. People in their 50s or with a sixth grade education, they need an email address, etc., they just say it’s too much. So they don’t receive money when they are unemployed.

First and second-generation play a role here? More pronounced issue here, yes. Things are changing, I’ve noticed more Latinos employed in customer service in businesses here.

Are there enough services to overcome that? Not everyone has bilingual staff on board.

Q4: What are the most sought after job skills by employers in the region today?

Soft skills, dependability. The newer generation — it’s about me. Most employers I talk to say they can teach the skills.

Marijuana is another issue. Legal but many larger companies do drug testing. Conditional on employment.

How do you overcome lack of soft skills? We offer job readiness training. It can be a struggle, doesn’t always click in.
Q5: Are those desired job skills different today than they were 5, 10 or 20 years ago? If so, why? What trends (regional and worldwide) are having an impact?

Want more computer tech skills. Everything is more online, data entry. I see that more in college grads than high school grads. Also, people in their 40s need to upgrade their skills, maybe even be Microsoft certified.

What trends worldwide are having an impact? Computer savvy. Need to repair machines. Less jobs in lower skilled jobs, as they are being replaced by machines. Yes, people will be needed to repair machines.

Behind the curve here? Yes. Not enough focus on those skills in high school. There seems to be an effort to push people into four-year universities. You can get a four-year degree, but if you don’t have work experience or real life experiences, it is going to be tough to get a job.

Profit-driven employers are going to do more with automation. So those jobs will not be here. What will be here? Probably computer and machine repair, travel, hospitality

Gene Sharratt, executive director of the Washington Association of Educational Service Districts

Q1: What are the top education barriers for children and families in this region today? What approaches are best to overcome those barriers? Are resources/services sufficient to help? If not, what is needed to overcome those challenges?

It’s post-secondary education. Most of our parents don’t know how to navigate the financial aid part. We don’t do a good job of helping people, including returning adults. When was the last time we saw that marketed in town?

With College Bound Scholarship Program, you have to sign up by the eighth grade and ultimately you can receive $11,500 a year for post-secondary (four-year, two-year, trades school, etc). To qualify, you have to be part of the free and reduced-price lunch program. In school districts like Brewster and Bridgeport, probably close to 100 percent of the kids qualify. In Wenatchee, it’s more like 50 percent. If middle school principals pushed it, it would be way higher. They don’t take it seriously because they are not high-income kids. It’s inexcusable if you are a superintendent and you are not pushing your principals. We are denying these kids. It’s been proven it works. It’s a way to incentivize.

Another barrier is getting the business community engaged. They need more workers. How can we help them out? Here, the PUDs, agriculture industry, medical facilities, they all need workers. We need them to step up.

Q2: What are the top employment barriers for people in this region today? What approaches are best to overcome those barriers? Are resources/services sufficient to help? If not, what is needed to overcome those challenges?

A skilled and educated work force is more than a high school diploma. You have to have
something beyond high school. You need a credential, a certificate, trades, at least.

How do you overcome those challenges? That is one reason I like The Bridge Research & Innovation District in the Wenatchee area. We are trying to create a culture — a skilled educated workforce — that believes in education, innovation. We value that culture and come join us. If we don’t do that, we’ll die. We will be a retirement community with no prosperity. A prosperous economy leads to a prosperous community.

Q3: What other employment and industry trends are having an impact today on workforce development?

Health care is huge across the country. Skilled trades. Service jobs, particularly the one related to health care and an aging population.

Middle class is shrinking. We are increasingly seeing extreme wealth and extreme poverty. The cost of housing is squeezing people out. 40,000 K-12 students in the state are homeless. Mental illness is growing.

Agriculture in our area needs a skilled, educated workforce as well.

Transportation here, I would like to see more routes, more often, and later routes, too.

Q4: Why are children and teens not learning soft skills? What are the root causes? What can be done about that?

I’m big on incentivizing people. If you don’t talk or correct, things will persist.

Mentorships, internships are really important. Getting kids out into the community is really important. That’s one reason why 4-H is so good. Give me a C student with an A attitude any day.

Q5: We’ve been told upwards of 75 percent of kids today are not ready for kindergarten in Wenatchee and Eastmont school districts. What about the other districts? What is the state average? What are the root causes? What resources and services are being devoted to that today? Are those sufficient?

The wage for day care is so low and requirements are so high. So many costs associated with it. You’ve got to get certified, get trained. The margins are very thin.

What’s the answer? Raise wages and honor child care in this community. When they start behind, they will stay behind. And it’s costly to catch them up, the remediation. I’m a big supporter of early learning and the funding of it.

I tell people, ‘So many kids are beat, beaten and broken.’ What is the one resiliency factor that causes kids in bad situations to turn out pretty well? Attaching themselves to adults who authentically care about them. It’s critical that they have one. Kids who are detached, don’t connect. Their behavior later can be bad. They’ve had no bonding, relationship building. The key to happiness is relationship building.
We want people to stay here, to prosper here. When we do, everything is better, every sector will do better.

Q6: What other trends are having an impact on education today?

The highest poverty school districts today are Quincy, Orondo, Bridgeport, Brewster, Mattawa, but there is poverty in all communities.

Michelle Price, superintendent of the North Central Educational Service District in Wenatchee

Q1: What are the top education barriers for children and families in this region today? What approaches are best to overcome those barriers? Are resources/services sufficient to help? If not, what is needed to overcome those challenges?

Access to preschool, and quality day care are two barriers today. So many requirements for day care that it is difficult for the providers to stay in business. We are seeing more underground day care and no more preschool. It’s a statewide issue. There is some benefit from the new requirements in that it improves early learning at day cares but it’s also having the opposite effect by driving people out of business. There are a lot of families who say they can’t find day care.

For older kids, access to programs that fit their needs. For example, a 17-year-old who has to work, night school might be a better option. If not, he or she may not graduate.

Teachers are making a big impact with kids and families as they are more flexible with strategies and materials to meet the needs of students. Example: If a kid is not making it, they can pull in another strategy, including special needs resources. Compared to where we were 20 years ago, it is outstanding. The challenge is how to give kids hope again.

Q2: Why are children and teens not learning soft skills? What are the root causes? What can be done about that?

You can counter that by focusing kids on their attendance, being on time for school, etc., and also offering them incentives. My sense is that kids don’t have a place to practice soft skills. Kids can’t even get a job in a fast-food restaurant. We have to get kids in real life experiences before they head out on their own.

Q3: We’ve been told that upwards of 75 percent of kids today are not ready for kindergarten in Wenatchee and Eastmont school districts. What about the other districts? What is the state average? What are the root causes? What resources and services are being devoted to that today? Are those sufficient?

There is a similar percentage across all the schools in the district as well as statewide. Root causes? The lack of access to preschool. Families also are plugging kids into TV screens and
videos. We have parents today who don’t engage their kids in conversations. It comes down to one-on-one engagement, listening, it’s definitely two-way.

Poverty is very high here. We have a lot of working poor families. And it isn’t they aren’t trying. You also get at it with parent education. You connect with families when they visit a hospital, for instance.

But the services today are not sufficient and not spread out. There also is not a good understanding of ways (for people) to access. Transportation is an issue. Families can’t get kids there.

Anytime we can help parents understand what they need is beneficial.

**Q4: What other trends are having an impact on education today?**

Technology is a big one. Things are changing so fast. The text book today is just part of it. The focus today are standards. Testing is a big driver.

STEM is having an impact. Computer science and environmental science are becoming requirements. Within the last three years, we have started to see that change. Nationwide, Washington state is probably stronger in environmental and climate science pieces.

Another trend is not losing sight of the trades, such as plumbers, electricians, auto mechanics. Kids have been told for so long that you need this many credits and then it’s off to college. But it’s a cultural thing as families tell their kids they need to pursue technology or a four-year degree. We don’t tell our own story well, even in our own fields. We don’t tell our kids good stories about possibilities.

**Riva Morgan,**
**Wenatchee Valley College’s Workforce Education director**

**Q1: What are the top employment barriers for people in this region today? What approaches are best to overcome those barriers? Are resources/services sufficient to help? If not, what is needed to overcome those challenges?**

Employers say they want job skills and soft skills. What they really want is work ethic.

Biggest employers are agriculture industry, food processing, cooling, ventilation, automation. Construction is a growing industry here right now. Health care, too.

We are good at teaching that this is how you do something. The professional piece is much more difficult. A lot of that is learned in childhood. It’s tough to instill in adults. But soft skills can be taught. That could be developed by CDCAC. And on a more personal level than we can do in a classroom.

We are required to teach human relations skills (social skills) but it just skims the surface.
Old CCC: They were desperate because there was no other way to get work.

Youth Conservation Corps. AmeriCorps is made up of college grads.

**Q2: What are the most sought after job skills by employers in the region today?**

Soft skills. And we need more trades skills and trades people. We need more people with trades skills. So let’s jump on it. Creating a trades program at WVC is still in its infancy stages. I’m not sure I have buy-in yet.

**Q3: Are those desired job skills different today than they were 5, 10 or 20 years ago? Why? What trends (regional and worldwide) are having an impact?**

Things have changed with tech. So obviously more tech focused jobs.

20 years ago there was a national movement called SCANS to improve soft skills. So I know it’s not a new thing. It’s different generations.

I used to run Tech Prep (high school/college connections around career tech education). It’s been renamed CTE Dual Credit. SCANS skills were the buzz word.

Employees today need to be at least well-versed in Excel, Word today.

**Q4: What about desired education levels by employers? Have those changed compared to the recent past? Four year degree still needed?**

They skew it when talking about income level for grads. They say you are going to make more, but there are a smaller number of positions available.

50 to 70 percent of jobs require less than a four-year degree. If they make a career out of it, they’ll make more.

Master auto mechanic for BMWs 10 years ago paid $100,000. Yet not viewed as good jobs. Same with trades jobs.

**Q5: What other employment and industry trends are having an impact today on workforce development?**

Agriculture-based economy is scared about what is going on with global markets.

Robotics and automation? In fruit packing and storage, we teach how to work on those machines. Robotic picking is just around the corner.

Maintenance skills, robotic skills will be much more important. Programmers, controllers, sensors

Food processing robotics, skills needed we are teaching now.
Van Doren Sales.

We are getting more into robotics. We have a robotic arm. And we have ordered two more so we can teach the programming of the robot. Controlled Devices in Robotics. Industrial Tech & Electronics.

**Q6: Do we have a more diversified economy today here?**

There’s more tech here today, more health care, probably less manufacturing.

**Deb Miller, Action Health Partners executive director**

**Q1: What are your thoughts on the state of health care today in Chelan and Douglas counties? What is working? What is not working? Major concerns? What is falling through the cracks?**

Health system work vs. community work is still too siloed. Health systems have always been based on output (and not outcomes). No one has outcomes to say here’s what we’ve got. Health systems are starting to come around to community based work. But they are still reacting to chronic conditions and don’t know how to look upstream yet. To do that, they need community partners and strengthen linkages. They need data proving how services are benefitting the health system. Our new Pathways Hub has an electronic database that can provide that data. Right now, Pathways is just in Moses Lake. We plan to bring it to Chelan, Douglas and Okanogan counties later this year.

Social determinants of health accesses the needs of individuals and identifies their barriers to ensure people are getting the care they need more efficiently.

If Chelan Douglas Community Action Council connects to the Pathways Hub, it will more efficiently get referrals and self-referrals.

**Q2: What barriers to wellness are people encountering today in this region? Are resources/services sufficient right now to help overcome those barriers? If not, what is needed?**

People only relate health care to wellness. Wellness has many facets — physical, emotional, social, financial, spiritual, environmental. And if we don’t have balance in all, we don’t have wellness. We serve the most fragile. Barriers I see include social isolation, lack of money, lack of walker friendly neighborhoods, lack of hope.

**Q3: What barriers to health care are people encountering today in this region? Are resources/services sufficient right now to help overcome those barriers? If not, what is needed?**

The system is confusing. The directional signs point in every direction and aren’t clear. The system is too busy and is driven by production fees for services. And our resources are not sufficient because they are overwhelmed. The solution is the whole concept of ACH. What’s
missing is that everyone sees it as a health care thing and not a community wide thing.

We need health care systems to utilize their partners to attack the upstream work. It will allow health systems to do less emergent health care and more preventive-minded care.

Q4: To what level is the opioid crisis having in Chelan and Douglas counties? Are the current resources/services sufficient to take on that challenge? If not, what is needed?

It’s exponentially higher than it was five years ago. People are dying. They are overdosing. A recovery coalition has started here in the last five months. Powerhouse Ministries collected 2,000 needles from along the Loop Trail. Powerhouse is a low-barrier day shelter. Other shelters here are high barrier and you have to agree to Christian studies and be drug free.

Attitude and stigma also a barrier.

Finally, there are no needle exchange programs in Chelan and Douglas counties.

Q5: What is the state of mental health services today in the region, both from the standpoint of the provider and of the patient?

It’s complicated to get into the system and to utilize. The system is overwhelmed and intake process is confusing. Not many therapists will see Medicaid patients. On the other hand, there are a fair number of therapists who will see non-Medicaid patients.

Q6: What (rural) health care jobs are in the highest demand by employers in Chelan and Douglas counties today? Why isn’t that need being met?

Nurses and primary care providers. Quincy is no longer doing surgeries because they don’t have the surgeons due to not having nurses. Confluence Health at times was not able to do surgeries in 2018 due to not having nurses.

Q7: What about the level of collaboration in the region between those involved in providing health care in some capacity?

It’s high and it’s centered around the whole person effort.

Kristin Ferrera,
Chelan County Superior Court Judge

Q1: What are your big-picture thoughts on the state of justice system in Chelan County? What is working? What is not working? Biggest needs?

We have different kinds of crimes — violent ones, mental health-related ones, drug crimes. With mental health crimes, you look at how you are treating that, from start to finish, and then afterwards. With drug-related crimes, those can be theft, forgery, trespassing, domestic violence. People can end up in prison.
There are more men than women when it comes to drug offenders. It’s really all ages. They are chronically unemployed. And a lot of times it involves meth and heroin. We also have a decent number who are homeless who can’t make minimum bail. The vast majority are repeat offenders.

When it gets to felony court, they are recently addicted or recently got out of control. With drug addiction, some are self-medicating for mental health reasons.

Department of Corrections sometimes determine people are not eligible for treatment due to being a low risk. They are treated more like a number than a person. That is frustrating to me. Some people need treatment and not jail.

If there is no bail, they won’t show up for court. If there is bail, they often sit in jail.


Dysfunctional families are a big reason why, along with poor mental health, didn’t do well in school. They then turn to drugs to self-medicate. A lot of people I’ve seen are not necessarily bad-ass people.

**Q3: Tell me about Drug Court and what the intent is and what the results have been so far.**

The intent is to get people into an active recovery, hopefully for life.

Drug Court is working well but we have only eight people in it so far. Some of those eight have been in recovery before. We hope they don’t (relapse) but expect it will happen. Most of the time it occurs right after they finish rehab. They are under DOC supervision, it’s a very critical time, they need someone to keep an eye out for them. And one relapse shouldn’t mean it’s back in jail.

We focus on honesty and showing up. We need to know if you’ve relapsed. It’s different for many because they have lived a life of not being honest to the court. We hope when they graduate they have stable housing and hopefully if they can work, they are working.

The prosecutor’s office screens people. They need to have not committed a violent crime. The regional jail has helped four of them find transitional housing.

**Q: Why is there only eight in the Drug Court right now when the need is so much greater?**

If we had unlimited funding and resources, we could do more. Right now, we are utilizing existing resources. We could easily have 100 in Drug Court. Everyone has to be on board, too — prosecutors, judges, defense attorneys, treatment providers, case managers.

**Q4: Do people know where to go and how to navigate the system after they’ve been through the court system? What needs to be done to improve that?**

We need to expand Drug Court and add case managers, and solidify the system so everyone is
on board.

We are doing a better job of collaborating than in the past. For example, courts and the jail weren’t talking much before last year.

Heidi Myers,
Washington Trust Bank vice president in East Wenatchee

Q1: What are your thoughts on the economy of Chelan and Douglas counties? Bright spots? Concerns?

I anticipate a slowdown in 2019. Construction may pull back some. We are running out of land to build. With commercial real estate, we have a lot of vacancies, particularly in office and retail. With agriculture, definitely as the industry is not getting the pricing it needs.

There is continued population growth. I wish more were entrepreneurs. The Opportunity Zone designation may bring something.

We do have a generous community that gives to the nonprofit sector.

Q2: What economic and employment barriers for people do you see today in this region? Are resources/services sufficient to help overcome those barriers? If not, what is needed to overcome those challenges?

I’m on the Workforce Development Council. There is a mismatch today between the skills acquired and skills needed. There has been such a change on what the marketplace needs. I’ve recently seen people applying who have degrees but no experience, no internships. I want people to know accounting and not just Wall Street information.

Q3: What barriers do small business owners face today? Are resources/services sufficient to help overcome those barriers? If not, what is needed to overcome those challenges?

The increase in the minimum wage, government regulations, online retail sales, and finding and retaining employees.

Q4: What about desired education levels by employers? Have those changed compared to the recent past?

A four-year degree is not necessary. Students should first determine what they want to do before enrolling in a college. There are resources available to help them with that, including Wenatchee Learns, career counseling, Career Connected Learning. There are other options out there for job training. The problem is that things are evolving so quickly.

Q5: It’s been said that 40 percent of the country’s current jobs will not be needed in 25 years. How do you see that playing out in this region?

If we go to automation in the agriculture industry, that will be huge. It’s a big if (that the
agriculture industry will fully automate with robots, etc.). But we have orchardists today who are planting their orchards to accommodate that.

In banking, we still want to bank with relationships. Social skills and life experience will be key.