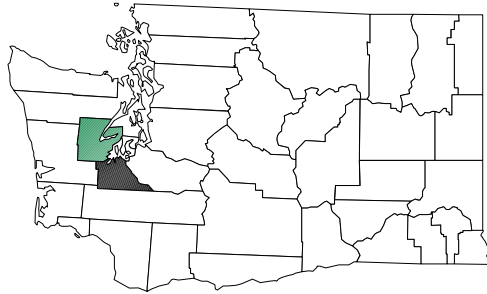


**PART E**  
**APPENDIX I**  
EVALUATION OF PROGRESS



**Mason and Thurston Counties**

# TREATMENT AND SUPPORT SERVICES

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During the 2003-2005 biennium there has been growth in a variety of program areas. However, since the system has been operating at the same level of funding received for 2001-2003, growth has resulted in more demand for services. Following is a brief narrative of our progress to date.

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## YOUTH SERVICES

True North, ESD 113, transitioned its main off-site branch from Mary M. Knight School District to CHOICE High School. Limited services are offered at Mary M. Knight with more services being offered from a centralized location. With funding from several sources including the County, True North is able to offer prevention, intervention, outpatient treatment and continuing care to youth and families.

Youth outpatient services are also provided in Mason County by Providence St. Peter Chemical Dependency Center. Services are offered in Shelton, Belfair, and Mason County Detention. Detention services have increased this biennium in the areas of alcohol/drug screenings, assessments, education, and case management.

In Thurston County, True North, ESD 113 provides youth outpatient treatment services for the Yelm School District. Demand for these services has increased beyond our ability to fund them. However, through various funding sources, they provide prevention, intervention, treatment, and continuing care services.

Providence St. Peter Chemical Dependency Center offers youth outpatient treatment services in Lacey, Shelton, Tenino, detention, and Haven House, a youth diversion program. They also provide services to youth in an outpatient setting who are funded through Chemical Dependency Disposition Alternative (CDDA), a special grant received through Thurston County Detention, funded by the Juvenile Rehabilitation Agency (JRA).

Alternatives Counseling provides youth outpatient treatment in the downtown Olympia core. Alternatives coordinates closely with Ryther Child Care Center in Seattle and Sundown M Ranch in Yakima for inpatient treatment. Outreach services include lectures, importance of family involvement and coordination with numerous community agencies.

Collectively the youth outpatient treatment providers are challenged with involving parents in the youth's treatment. Agencies are incorporating cognitive, behavioral therapies in their work such as Juvenile Moral Reconciliation Therapy (MRT), Dialectic Behavioral Therapy (DBT) and Multidimensional Family Therapy (MDFT). These are all promising youth intervention and treatment/therapeutic tools.

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## ADULT SERVICES

Adult Outpatient treatment providers (Providence St. Peter Chemical Dependency Center (PSPCDC), SeaMar, Recovery Services) continue to exceed contracted service goals. Demand for adult outpatient services is higher than can be met and result in waiting lists for treatment. Providers work together on referrals when they are full, but clients sometime choose to stay on a waiting list. Both Recovery Services and Providence St. Peter Chemical Dependency Center have branch facilities in Mason County which cover the Shelton and Belfair areas. PSPCDC also provides Temporary Assistance to Needy Families (TANF) outstation Chemical Dependency Professionals (CDP) in the Thurston and Mason County Community Services Offices (CSO). Counselors provide assessments, outreach, casework and training onsite.

Recovery Services offers pregnant, parenting, and postpartum women's (PPPW) outpatient treatment and child care in both counties. Demand for these specialized services keeps the outpatient treatment groups full. Recovery Services provides the Thurston County Family Treatment Court program and specializes in treating co-occurring disordered clients.

Recovery Services also provides Transitional Housing Support Services to PPPW clients in both counties. Examples of services provided include: home visits, office visits, phone calls, and referrals/coordination for a wide range of support services such as a clothing and food banks, emergency rental funding, employment, emergent needs, and referrals to Oxford Housing.

SeaMar provides outpatient specialized services to Spanish speaking clients at their office located in Tumwater. While transportation and distance may pose a challenge, many clients from Mason County also receive services through the Tumwater office. SeaMar is filling a much needed service in the community and continues to serve as many clients as funding allows. They have made concerted efforts this biennium to improve client access, and provide culturally appropriate services to monolingual, Spanish speaking clients.

Through August of 2004, PSPCDC provided the Thurston County Adult Drug Court services. They opted not to reapply for the second half of the biennium. Subsequently, Northwest Resources successfully competed through a Request for Proposal process to become the new Adult Drug Court Treatment provider.

In Mason County, the Adult Drug Court (provided by PSPCDC) has been steadily growing. The Criminal Justice Treatment Account (CJTA) provides funding for Drug Court clients as well as community based outpatient treatment for CJTA eligible clients. Mason County was successful in securing additional drug court funds through a federal Byrne Grant application, and the Mason County Commissioners budget, as well as contributions from tribes.

All agencies are striving to improve quality assurance, measurable outcomes, and client retention in treatment. The most common challenges facing treatment programs are increases in demand for services, specialized or otherwise, with limited resources and counseling (CDP) shortages.

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### **ADATSA SERVICES**

ADATSA includes assessment, case monitoring, outpatient treatment, living stipends, and an emphasis on employment for adult clients who are unable to work due to their addiction to alcohol and/or other drugs. During the biennium, site based assessments and treatment occur in Lacey, Tenino, Shelton, and Belfair. Referral to ADATSA inpatient occurs as indicated by the assessment. At the completion of treatment, approximately 93% of clients are employed or are actively seeking jobs, vocational training, and/or educational opportunities.

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### **DETOX SERVICES**

Demand for detox services continues to increase beyond what can be provided within available funds.

PSPCDC is challenged with balancing available County funding with demand or services increasing throughout the biennium. About 85-90% of clients served are Thurston and Mason County clients with the remainder coming from Grays Harbor, Pierce, and other counties. This biennium, Suboxone (Buprenorphine) has been available to clients who present for opiate detox. The drug is provided under the supervision of physicians who have been trained and approved to dispense this medication, which assists with opiate withdrawal sickness. This medical approach can effectively stabilize patients so they are able to participate in treatment activities sooner.

### **INVOLUNTARY COMMITMENT SERVICES**

Another area where demand has exceeded allocated capacity is in the Involuntary Commitment services. The County has been able to increase funding with PSCDC, which has allowed them to employ two .5 FTE's in order to meet demands. These services include one-on-one client intervention and referrals to Pioneer Center North for inpatient treatment. Most clients "stipulate" (or ultimately agree) to treatment at some point in the investigation process and agree to commitment at Pioneer Center North.

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### **OPIATE TREATMENT SERVICES**

Since South Sound Clinic opened in 2002, the demand for methadone treatment continues. Opiate dependent clients come from Thurston, Mason, Grays Harbor, Lewis, Pacific, Pierce, and Clallam Counties. Additional state funding was received from DASA this biennium which allowed for an increase in Medicaid slots. Current census is around 191+ private pay and County funded clients. There has been a steady increase in Medicaid eligible clients who now outnumber the private pay slots.

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### **INFORMATION/REFERRAL & CRISIS SERVICES**

The Crisis Clinic under the umbrella of BHR/Recovery Services, continues to receive approximately 250 calls a month related to alcohol and other drugs. They also require their volunteers and staff to participate in chemical dependency trainings throughout the biennium. They track alcohol/drug related calls through a new computerized log system.

# SUBSTANCE ABUSE PREVENTION SERVICES

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Prevention services continue to be contracted through TOGETHER! in Thurston and Mason County Drug Abuse Prevention (MCDAP) in Mason. These agencies serve as the two County-designated substance abuse prevention agencies.

Best-practice programs are utilized as are programs which meet the Center for Substance Abuse Prevention (CSAP) "Principles of Effective Practice" criteria. Selected programs are meant to address risk factors such as: family management problems and community laws and norms, which link to the county's prioritized areas which are determined through a collaborative needs assessment process.

With County prevention funds, TOGETHER! offers the following:

- (1) Parenting Adolescents Wisely (interactive computer/video based parenting education; designed for families with at risk children from early elementary to high school age)
- (2) Strengthening Families (involves youth ages 10-14 and their parents in a skills training and parenting program aimed at reducing substance abuse and behavior problems.)
- (3) Kid's Place, ROOF Community Center (after school and summer program which addresses academic, social, and emotional needs of at risk children in grades 1-5 in Rochester School District)
- (4) Evergreen Villages – Out of School Time Program (after school and summer programs for over 130 children and youth, including homework/tutoring help, computer lab, cultural activities, recreation, and skill building)

With County prevention funds, MCDAP offers the following:

- (1) Project Northland (incorporates multi-level, multi-year intensive programs which effectively reduce the risk factors contributing to substance abuse; and targets youth in grades 6-8<sup>th</sup> and their parents)
- (2) Strengthening Families (involves youth and families in skills building and provides a parenting program aimed at preventing substance abuse)

These two agencies also target underserved and ethnic minority groups in their service delivery. Both agencies are providing programs that include evaluation and outcome measures such as pre and post participant surveys. It should be noted that MCDAP and TOGETHER! provide an array of services that are funded outside the County system.

During the current biennium, both agencies along with County staff have struggled to input data into two web-based MIS systems implemented by DASA. Technical difficulties with data entry continue to be defined and addressed at the State level.

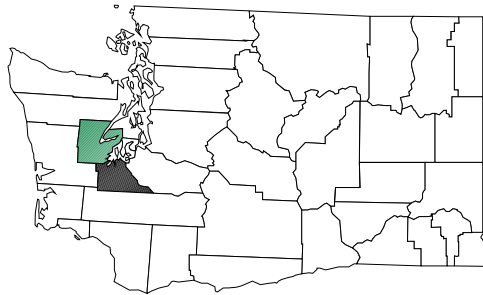
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## **PREVENTION COORDINATION**

County staff, specifically the County Prevention Specialist work closely with DASA and County providers. Additionally, county level activities are coordinated by the Prevention Specialist in areas such as the Hispanic Roundtable, Latino Youth Conference, Mentoring, and supervision/allocation of the County's Community Prevention Training System (CPTS) funds, and numerous other collaborative efforts.

# APPENDIX II

## CURRENT SERVICE LEVELS



### Mason and Thurston Counties

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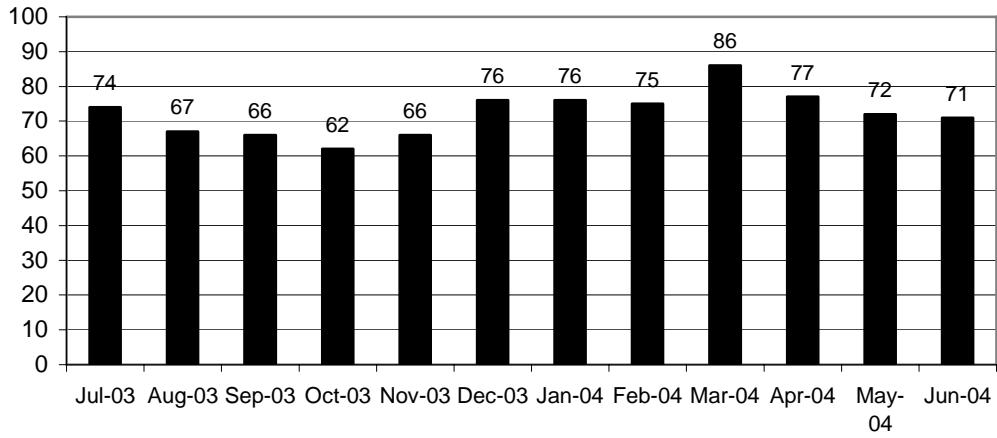
#### DATA SOURCES AND NOTES

- Washington State Division of Alcohol & Substance Abuse  
TARGET Management Information System, Treatment Analyzer

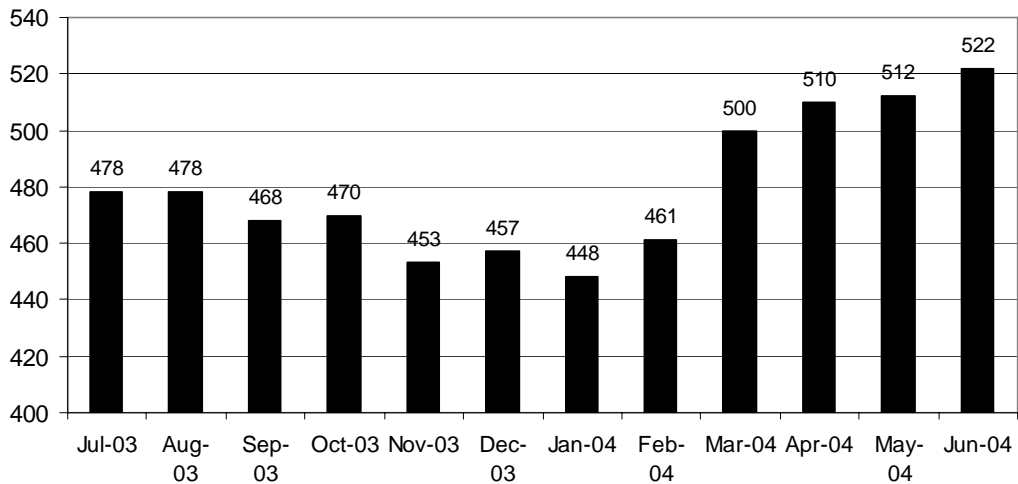
**Unless noted otherwise, service data is for July 1, 2003 – June 30, 2004**  
Data may not round to total due to method of calculation.

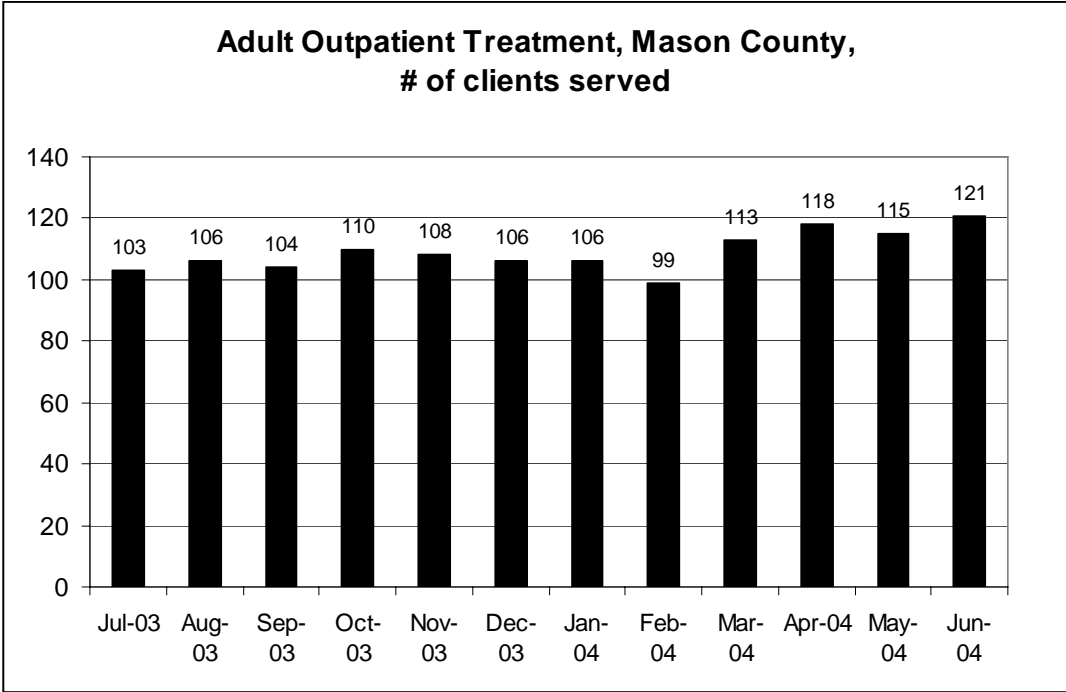
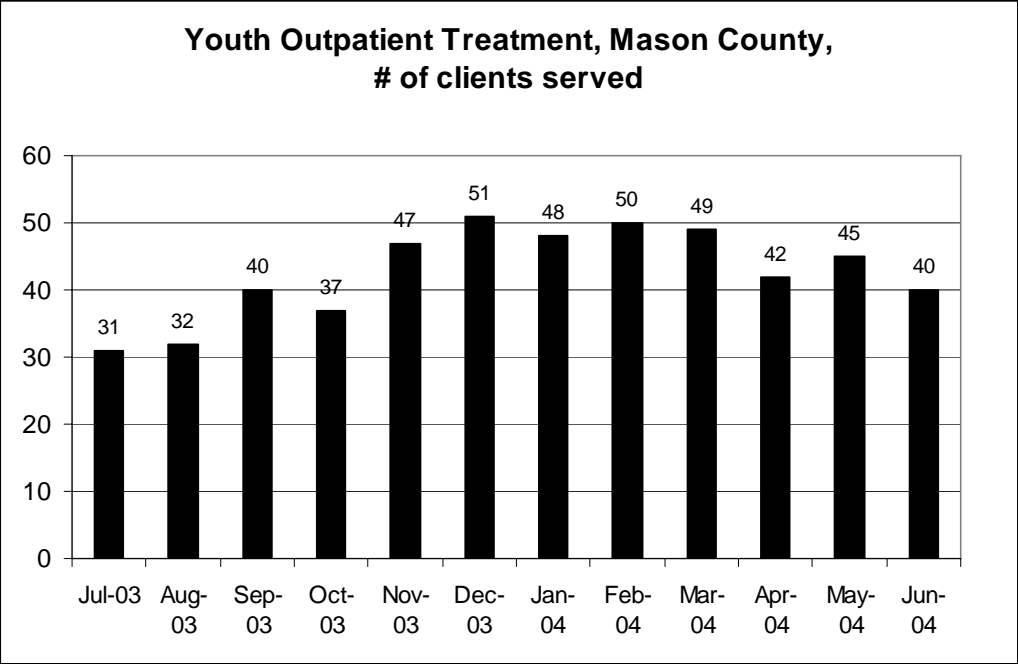
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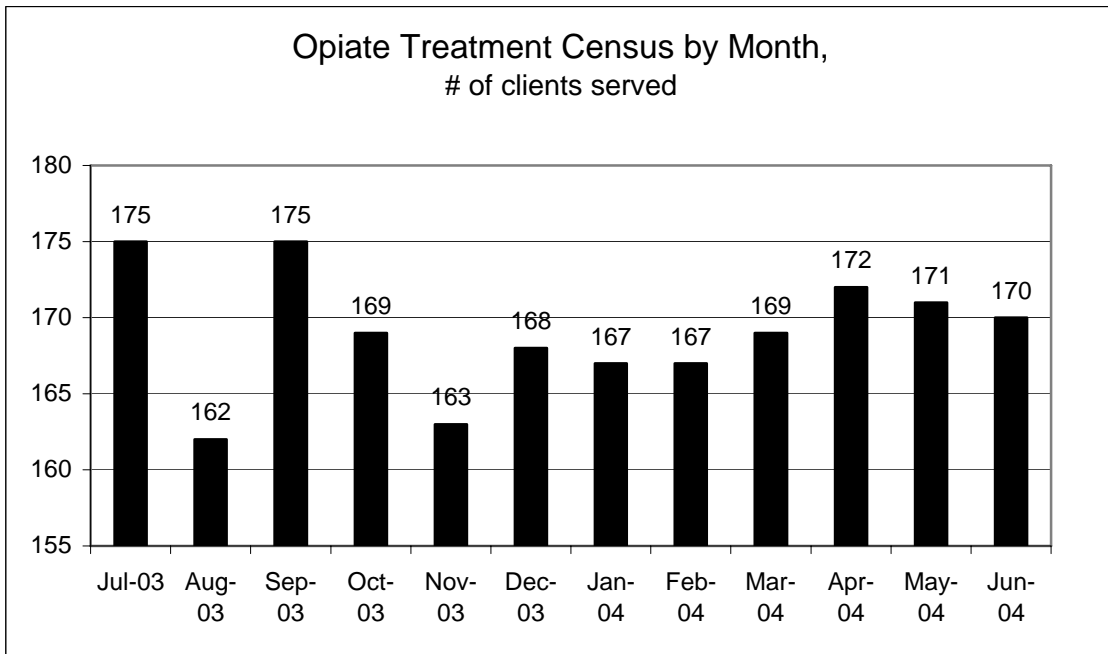
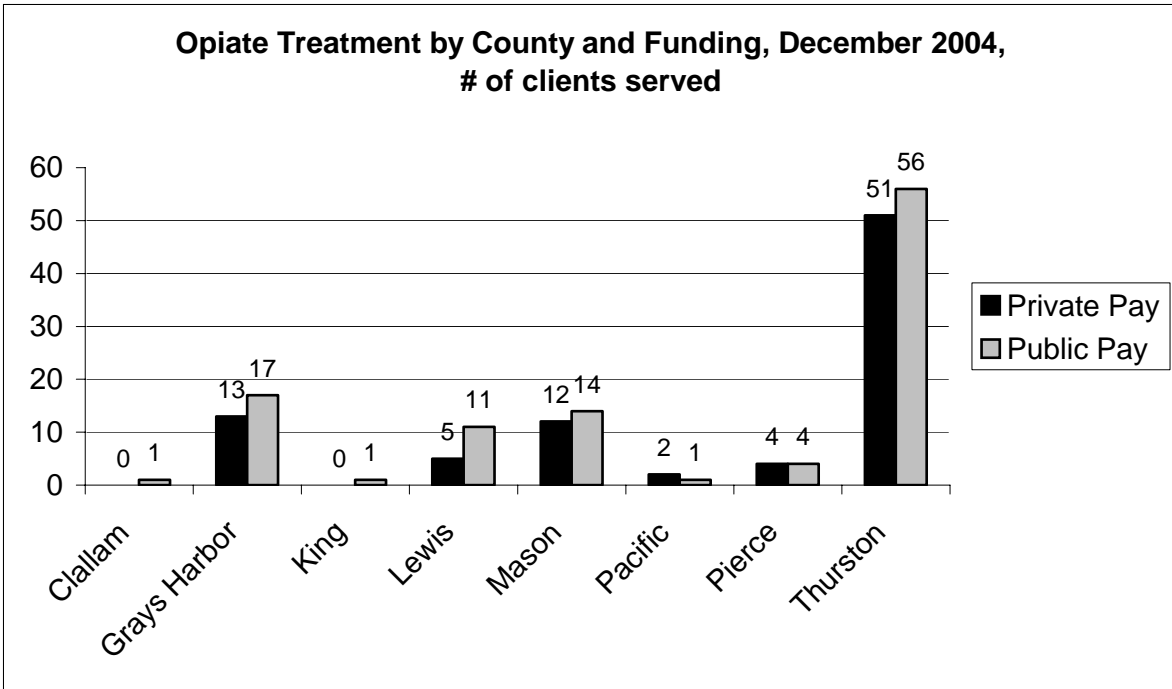
**Youth Outpatient Treatment, Thurston County,  
# of clients served**



**Adult Outpatient Treatment, Thurston County,  
# of clients served**







**CLIENT DEMOGRAPHICS – IN OUTPATIENT TREATMENT  
7/1/03 – 6/30/04**

CATEGORY		COUNTS	
ACTIVITY		QTY	PERCENT
<b>ADMISSIONS</b>			
	Unduplicated	1408	
	Duplicated	1530	
<b>GENDER</b>			
	Male	803	57.03
	Female	605	42.97
<b>AGE</b>			
	Under 14	6	0.43
	14-16	89	6.32
	17-18	101	7.17
	19-20	60	4.26
	21-30	413	29.33
	31-40	399	28.34
	41-50	258	18.32
	51-65	94	6.68
	Over 65	1	0.07
<b>RACE/ETHNICITY</b>			
	Other Asian/Pacific Islander	1	0.07
	Black/African American	37	2.63
	Chinese	0	0
	Eskimo/Alaskan Native	0	0
	Filipino	4	0.28
	Guamanian	2	0.14
	Hawaiian	6	0.43
	Asian Indian	1	0.07
	Japanese	2	0.14
	Korean	2	0.14
	Laotian	1	0.07
	Cambodian	2	0.14
	Native American	76	5.4
	Other Race	111	7.88
	Refused to Answer	8	0.57
	Samoan	3	0.21
	Thai	0	0
	Aleut	1	0.07
	Vietnamese	1	0.07
	White/European American	1183	84.02
	Unknown	1	0.07
	Other Pacific Islander	3	0.21
	Other Asian	3	0.21
	Middle Eastern	1	0.07
	Not collected	5	0.36
<b>SPANISH/HISPANIC ORIGIN</b>			
	Cuban	3	0.21
	Mexican, Mexican American, Chicano	78	5.54
	Not Spanish/Hispanic/Latino	1255	89.13
	Other Spanish/Hispanic/Latino	40	2.84
	Puerto Rican	7	0.5
	Refused to Answer	7	0.5
	Unknown	1	0.07
	Not Collected	17	1.21

TYPE OF SUBSTANCE IDENTIFIED BY CLIENT- 7/1/03 – 6/30/04						
Description	Primary		Secondary		Tertiary	
	Number	Percent	Number	Percent	Number	Percent
Alcohol	439	41.6%	259	24.6%	134	12.7%
Amphetamines	6	0.6%	5	0.5%	6	0.6%
Benzodiazepines	2	0.2%	6	0.6%	8	0.8%
Cocaine	33	3.1%	52	4.9%	50	4.7%
Hallucinogens	1	0.1%	5	0.5%	13	1.2%
Heroin	66	6.3%	14	1.3%	5	0.5%
Inhalants	0	0%	0	0%	1	0.1%
Major Tranquilizers	0	0%	2	0.2%	1	0.1%
Marijuana-Cannabis	260	24.6%	282	26.7%	84	8.0%
Methamphetamine	223	21.1%	119	11.3%	62	5.9%
No Substance Abuse	0	0%	168	15.9%	486	46.1%
Not collected	0	0%	1	0.1%	1	0.1%
Other	3	0.3%	4	0.4%	6	0.6%
Other Opiates and Synthetics	15	1.4%	13	1.2%	19	1.8%
Other Sedatives or Hypnotics	1	0.1%	2	0.2%	3	0.3%
Over the Counter	1	0.1%	4	0.4%	0	0%
Prescribed Opiate Substitute	5	0.5%	7	0.7%	18	1.7%
Substance Unknown	0	0%	0	0%	1	0.1%
Tobacco Products	0	0%	112	10.6%	157	14.9%
<b>Totals</b>	<b>1055</b>	<b>100%</b>	<b>1055</b>	<b>100%</b>	<b>1055</b>	<b>100%</b>
<b>Total Selected Milestone Records</b>						<b>1055</b>
<b>Total Unduplicated Clients</b>						<b>984</b>

DETOX ADMISSIONS – JULY, 2003 – JUNE, 2004												
	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b># Admits</b>	22	23	30	26	23	32	30	18	17	19	21	24
<b>Male</b>	8	16	19	16	16	25	18	14	10	10	15	16
<b>Female</b>	14	7	11	10	7	7	12	4	7	9	6	8
<b>Alcohol</b>	10	10	17	10	12	16	13	10	6	8	9	9
<b>Meth</b>	3	1	1	0	1	2	1	2	1	1	0	0
<b>Cocaine</b>	0	0	0	0	0	2	0	0	0	0	0	0
<b>Heroin</b>	5	10	10	11	7	10	11	5	9	10	10	13
<b>Poly</b>	0	0	0	0	0	0	0	0	0	0	1	0
<b>Pain Meds/ Opiates</b>	4	1	1	4	3	2	5	1	1	0	1	2
<b>Other</b>	0	1	1	1	0	0	0	0	0	0	0	0

**OUTPATIENT TREATMENT COMPLETION REPORT  
DISCHARGE BETWEEN JULY, 2003 AND JUNE, 2004  
ADULT – THURSTON COUNTY**

		Completed <sup>1</sup>		Non-Completed <sup>2</sup>	
		Number	Percent	Number	Percent
<b>Total</b>		304	42.8%	407	57.2%
<b>Race/Ethnicity</b>					
	White	235	43.1%	310	56.9%
	African American	8	40.0%	12	60.0%
	Native American	10	26.3%	28	73.7%
	Asian	8	57.1%	6	42.9%
	Hispanic	24	44.4%	30	55.6%
	Other	19	47.5%	21	52.5%
<b>Age at Admission</b>					
	18-29	118	37.9%	193	62.1%
	30-44	140	43.6%	181	56.4%
	45-54	38	57.6%	28	42.4%
	55+	8	61.5%	5	38.5%
<b>Gender</b>					
	Female	103	35.4%	188	64.6%
	Male	201	47.9%	219	52.1%
<b>Primary Substance</b>					
	Alcohol	178	51.3%	169	48.7%
	Marijuana	40	34.2%	77	65.8%
	Methamphetamine	57	32.9%	116	67.1%
	Cocaine	7	35.0%	13	65.0%
	Heroin	11	34.4%	21	65.6%
	Other	11	50.0%	11	50.0%

<sup>1</sup> Discharges where the value in the discharge type field is "completed"

<sup>2</sup> Discharges where the values in the discharge type field include 1) not amenable to treatment/lacks engagement, 2) no contact/abort, 3) rule violation, and 4) withdrew against program advice

**OUTPATIENT TREATMENT COMPLETION REPORT  
DISCHARGE BETWEEN JULY, 2003 AND JUNE, 2004  
ADULT – MASON COUNTY**

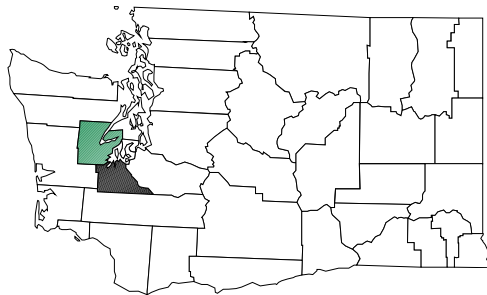
		Completed <sup>1</sup>		Non-Completed <sup>2</sup>	
		Number	Percent	Number	Percent
<b>Total</b>		77	53.5%	67	46.5%
<b>Race/Ethnicity</b>					
	White	60	54.1%	51	45.9%
	African American	0	0	1	100.0%
	Native American	6	40.0%	9	60.0%
	Asian	1	100.0%	0	0
	Hispanic	2	66.7%	1	33.3%
	Other	8	61.5%	5	38.5%
<b>Age at Admission</b>					
	18-29	18	36.0%	32	64.0%
	30-44	31	52.5%	28	47.5%
	45-54	22	75.9%	7	24.1%
	55+	6	100.0%	0	0
<b>Gender</b>					
	Female	30	44.1%	38	55.9%
	Male	47	61.8%	29	38.2%
<b>Primary Substance</b>					
	Alcohol	42	59.2%	29	40.8%
	Marijuana	10	37.0%	17	63.0%
	Methamphetamine	16	51.6%	15	48.4%
	Cocaine	4	66.7%	2	33.3%
	Heroin	1	33.3%	2	66.7%
	Other	4	66.7%	2	33.3%

<sup>1</sup> Discharges where the value in the discharge type field is "completed"

<sup>2</sup> Discharges where the values in the discharge type field include 1) not amenable to treatment/lacks engagement, 2) no contact/abort, 3) rule violation, and 4) withdrew against program advice

# **APPENDIX III**

## **OVERVIEW OF TRENDS, CHALLENGES, AND FUNDING**



### **Mason and Thurston Counties**

# OVERVIEW OF TRENDS, CHALLENGES, AND FUNDING

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County staff are apprised of local trends, system challenges and funding issues in a variety of ways:

- (1) County staff host a required Contractor "Partnership" meeting, the 2<sup>nd</sup> Wednesday of each month. Trends, systems issues and networking occur at this meeting.
- (2) Literature review, i.e., DASA Trend Report, Healthy Survey, Client Satisfaction Reports, and other federal, state, and local publications.
- (3) Participation in numerous County committees and workgroups such as: Meth Coalition, Domestic Violence Task Force, Drug Court Committees, CMASA Committee, Weed & Seed Committee, and others.
- (4) Review of contractor required quarterly progress reports.
- (5) Participation in State committees such as: Governor's Methamphetamine Coordinating Committee, Crisis Response Project Committee, Chemical Dependency Coordinators Statewide Association (ACHS), monthly State DASA & County Coordinator meetings.
- (6) Hearing directly from and responding to community members.

Some local emerging trends this biennium are as follow:

- (1) An increase in clients seeking detox services whose \*primary drug of choice is heroin and/or other opiate pain medications.
- (2) An increase in clients seeking opiate treatment whose primary drug of choice is opiate based pain medication (not heroin).
- (3) A decrease in the number of clients whose primary drug of choice is alcohol.
- (4) An increase in the number of clients who need co-occurring treatment for chemical dependency and mental health services.

(\*NOTE: primary drug of choice is determined by what the client discloses during the assessment process; most clients are polydrug addicted.)

- (5) A series of opiate and other drug overdose deaths have occurred in a relatively short time in both Thurston and Lewis Counties. These deaths have involved clients who have consumed multiple drugs which in combination resulted in overdoses.
- (6) Methamphetamine labs have decreased; however meth availability has increased primarily due to more importation.
- (7) One disturbing trend has been more youth who are reporting use of heroin and methamphetamines.

Challenges facing the chemical dependency treatment system continue to be lack of adequate funding to meet the need. As a general rule, about 1 in 5 clients who are eligible to receive County funded treatment receive services. Others remain on a waiting list, receive interim services, and/or are not served. These clients often continue to use, may periodically seek treatment, often they are transient, and some may go to another county for treatment services.

As we begin the legislative session in January, 2005, adequate funding for chemical dependency treatment will once again be requested. Unfortunately, chemical dependency is only one of numerous other social and human services that will be seeking additional revenue as we head into a budget shortfall of over \$1 billion in 2005-2007.

Given the uncertainties of what our 2005-2007 biennium allocation will be, it is our intention to try and maintain current funding and service levels. If new funds are allocated to our field system, it may provide us with an opportunity to expand our chemical dependency treatment and prevention services as well as other needed services in Thurston and Mason Counties.