

Program Name	Target Population (MH, CD, Co-Occurring, Criminal Justice)	What are the target outcomes of this program (e.g., increased high school graduation, decreased substance use)?	Service delivery modality (e.g., clinic/facility-based, community based, prevention)	Systems and/or agencies involved (all areas include RSN and MHD involvement)	Documentation of evidence-based	Approximate # Served	Gaps in Capacity	Barriers to Enhancement or Expansion	Funding Source(s)	Slated for Reduction/Elimination?
Aggression Replacement Training (ART)	Ages 11-17; Adjudicated juvenile offenders determined eligible to receive ART based on crimingenic factors identified in the risk assessment	Multimodal intervention designed to alter the behavior of aggressive youth, decrease anti-social behaviors, and offer prosocial alternatives	This service is offered at Thurston Juvenile Court and other community locations	Thurston County Juvenile Court	Yes; this is a manualized program identified as a Model Program by the U.S. Dept of Justice, there have been numerous independent evaluations demonstrating effectiveness in decreasing rearrests, and improving community functioning; WSIPP found that when ART is delivered competently, the program reduces felony recidivism and is cost effective; Evaluation of WA State's Research-Based Programs for Juvenile Offenders <a href="http://www.wsipp.wa.gov/rptfiles/04-01-1201.pdf">www.wsipp.wa.gov/rptfiles/04-01-1201.pdf</a>	Approximately 60-80 youth per year in Thurston County	Current funding level prohibits participation in ART by civil juvenile probation caseload (truants and at-risk youth), which reduced capacity by 40 (previous capacity 120)	Lack of funding for expansion of program	Community Juvenile Accountability Act (CJAA)	Possible funding reduction with state CJAA allocation for 2009-2011 biennium
Functional Family Therapy (FFT)	Ages 11-17; Adjudicated juvenile offenders determined eligible to receive FFT based on crimingenic factors identified in the risk assessment	FFT is a structured family-based intervention that uses a multi-step approach to enhance protective factors and reduce risk factors in the family	Facility/community-based	Thurston Co Juvenile Court	Yes; 11 clinical trials demonstrating effectiveness; endorsed by Blueprints for Violence Prevention, WSIPP, President's New Freedom Commission on Mental Health, Office of Juvenile Justice and Delinquency Prevention, National Institute on Drug Abuse; Identified as one of four Evidence-Based Associates premiere "gold standard" evidence-based programs in the juvenile justice arena; WSIPP report <a href="http://wsipp.wa.gov/rptfiles/06-10-1201.pdf">wsipp.wa.gov/rptfiles/06-10-1201.pdf</a> ; University of Colorado Blueprints <a href="http://www.colorado.edu/cspv/blueprints/modelpro">www.colorado.edu/cspv/blueprints/modelpro</a> grams; <a href="http://www.evidencebasedassociates.com">www.evidencebasedassociates.com</a>	Approximately 25-30 youth per year through Thurston Juvenile Court	None currently, however, the program will terminate 3/1/09 resulting in a lost capacity of 30 clients per year	Expansion is not necessary	Consolidated Juvenile Services (CJS)	Possible elimination due to loss of state CJAA effective July 1, 2009 which will result in the loss of 1 County FTE and will result in increased cost to the County due to recidivism. The amount needed to restore FFT would be \$102,612 per year (this includes salary, benefits and support costs).
Mentally Ill Juvenile Offender Project	Ages 12-18; Medicaid youth with symptoms of mental illness; Suicidal and acutely mentally ill non-Medicaid youth	Crisis stabilization, linkage to mental health supports, coordination with current providers, family education & supports, court liaison	Facility-based	Thurston Co. Juvenile Detention and Court; Behavioral Health Resources	Partial; use some elements of the GAINS Center/TAPA Center for Jail Diversion model; TMRSN tracking outcomes on number served, services provided, etc.	100+	Coverage sometimes an issue given 1 FTE responsible for both Thurston and Mason Co. detention and court facilities; Non-Medicaid youth are lower priority and don't have same access to services; the entire number served at risk due to TMRSN state mental health funding reductions	Lack of funding for expansion of program; not an evidence-based program - may want to restructure to better align with an evidence-based or promising practice	TMRSN State mental health funding	State mental health funding cuts put this program at risk for reduction/elimination during this fiscal year or next

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Multisystemic Therapy (MST)	Ages 12-17.5; Chronically violent, substance abusing juvenile offenders at risk of out-of-home placement and high risk for contact with the juvenile justice system; specifically targets MH, CD, Co-Occurring, and Criminal Justice	Reduce youth criminal activity; reduce antisocial behavior, including substance abuse; achieve outcomes at a cost savings by decreasing incarceration and out-of-home placement rates -- Proven results (in comparison with control groups in 8 randomized research studies) include: decreased substance abuse, decrease psychiatric symptoms, reduced long-term rearrest rates 25%-70%, reduced out-of-home placements 47%-64%, improved family functioning, increased mainstream school attendance, and considerable cost savings (\$31,000 to \$131,918 per youth based on MST preventing a subsequent incident requiring social or judicial services)	Family-oriented, home-based program with intensive community and cross-system coordination	Behavioral Health Resources is the provider through contract with TMRSN	Yes, 11 clinical trials demonstrating effectiveness; endorsed by Blueprints for Violence Prevention, U.S. Surgeon General, WSIPP, Centers for Medicare and Medicaid Services, Coalition for Evidence-Based Policy, Substance Abuse and Mental Health Services Administration, President's New Freedom Commission on Mental Health, Office of Juvenile Justice and Delinquency Prevention, National Institute on Drug Abuse; identified as one of four Evidence-Based Associates premiere "gold standard" evidence-based programs in the juvenile justice arena; WSIPP Cost-benefit study www.wsipp.wa.gov; SAMHSA EBP registry nrepp.samhsa.gov; Evidence-based Associates www.evidencebasedassociates.com; University of Colorado Center for the Study and Prevention of Violence	39-56 Thurston Co. youth per year	Three full-time clinicians provide MST services to Thurston Co. currently with a capacity of 12-18 clients at any given time and an annual capacity of 39-56 clients; Because this project was partially funded through State Proviso funds we were able to serve 20% non-Medicaid; Non-Medicaid youth will not be accepted into the program after February 2009; because Medicaid alone cannot sustain this program, this program (the only Thurston Co MST program) is at risk of closure effective 7/1/09. ~ Note: the total program capacity for Thurston and Mason MST Program is 4.75 FTEs with the	Lack of funding for expansion/sustainability of program; loss of this program would impact 39-56 of Thurston County's deepest-end youth and their families per year	TMRSN Medicaid funding; State Proviso funding (ends 6/30/09)	TMRSN Medicaid dollars cover approximately 60% of cost for Medicaid clients ~ State Proviso funding ends 6/30/09 ~ The cost to operate the program with existing staffing patterns is \$51,267 per month (\$615,201 annually). If we serve only Medicaid youth, the amount needed to sustain this program is \$20,507 per month (\$246,082 annually). If we choose to serve non-Medicaid youth as well, the cost needed to sustain this program will increase, e.g., to serve 80% Medicaid and 20% non-Medicaid will cost \$26,659 per month (\$319,905 annually) in addition to Medicaid dollars to sustain the program ~ Note: If this program is terminated, it is improbable that we will ever find capital to restart the program due to the significant front-end costs which have already been invested
Nurse Family Partnership (NFP)	Prenatal women/girls under 21 years and their infants 0-2 years; Young, low-income first-time pregnant women (must enroll prior to week 28 of pregnancy). Served until baby is two years old.	Consistent effects across multiple trials demonstrate increased prenatal health, decreased child injury, decreased subsequent pregnancies, increased intervals between births, increased maternal employment, increased school readiness. Local results show reduction in experience of post delivery depression, reduction in experience of domestic violence, positive mother-infant interaction experience, achievement toward education goals.	Home-visitation program	Thurston County Public Health and Social Services	Yes, 11 clinical trials demonstrating effectiveness; endorsed by Blueprints for Violence Prevention, U.S. Surgeon General, WSIPP, Coalition for Evidence-Based Policy, Substance Abuse and Mental Health Services, President's New Freedom Commission on Mental Health, Office of Juvenile Justice and Delinquency Prevention; Identified as one of four Evidence-Based Associates premiere "gold standard" evidence-based programs in the juvenile justice arena; WSIPP cost-benefit study www.wsipp.wa.gov; Coalition for Evidence-based Policy www.wsipp.wa.gov; Evidence-Based Associates www.evidencebasedassociates.com	100 families per year	The TCPHSS NFP program maintains capacity and could not offer services to 54 referrals of young pregnant women/girls in 2008. Due to capacity limits TCPHSS NFP targets/enrolls those up to age 21. Local Need: In 2006, there were 1,078 births to first time mothers in Thurston County, their median age 25. About 18% or 195 mothers were under age 20. Approx. 31% or about 330 births were covered by Medicaid; 65% of births to young mothers under 20 were covered by Medicaid. Other local youth serving agencies (eg. Community Youth Services, County Juvenile Services) offer programs up to age 24 years.	Funding	Council for Children & Families Grant \$85,000. State Medicaid First Steps revenue budget \$145,000. Federal Medicaid Administrative Match budget \$224,000. Federal Maternal Child Health Block Grant \$112,750. Thurston County \$88,165.	The NFP program is at risk for elimination in the county. The NFP program is not designed for reduction in services. Two major funding sources are being reduced/ eliminated. A loss from any of the funding sources would eliminate the NFP program in the County. The funding from the Council for Children & Families is eliminated in the Governor's budget. State Medicaid First Steps reduction is anticipated to cut \$60,000/ 40% of the First Steps budgeted revenue/ the elimination of Infant Case Management program. Federal Medicaid Administrative Match unknown. Federal MCHBG probably stable. Thurston County possibly stable through 2009.