

Resource Assessment Questionnaire		Adult Work Group Questionnaire								
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 or Elimination?
In Custody Chemical Dependency Program	CD 3 phase	Decreased Substance Abuse	Facility (Jail) and Community Based	In Jail - Alternatives Counseling/DUI/Drug Court, District & Superior Court	MRT-WSIPP 2006 and SAMHSA May 2008		No Treatment Matching/COD services, No Intensive Case Management services, limited ability to handle medical/mentally disabled and sex offenders, counselors not trained in Motivational Interviewing (MI)/Trauma Treatment/Communication between providers creates service gaps	Limited Space, Generally Treatment is Court Ordered, other agency holds restrict phasing, lack of staff trained to do COD assessments	Treatment Tax/Grant Residential Substance Abuse Grant/Criminal Justice Treatment Account	Reduced Funding- Federal Funding for CD Outpatient Low income, ADATSA and GAU slated to be reduced
CD O.P. Tx	Comm based phase 1- IOP	Decreased Substance Abuse	Community based	BHR, PSPH and Northwest	Motivational Interviewing	54% arrested previous year	Low income SGIA grant and GAU population. 15% of GAU or Co-Occurring. Significant case management needs and no access to MH services.	Clinic base tx.	SGIA + Medicaid (25%)	High Risk for non-Federal
CD-O.P. Tx.	Phase 2 CD-CJ, MRT	Decreased Substance Abuse	Community based	BHR, PSPH,	MRT is an EBP	60% DUI referred/Probation		Expensive training.	SGIA	High Risk for non-Federal
COD Co-disordered services	CD-MH	Decreased Substance Abuse	Community based	BHR	Integrated Dual Diagnosis Tx. (IDDT) Some DBT		Limited funding and silos between program services, funding and clinical records. Some may be Methodone Gap in MH tx. Provider for Meds. Lack of Dual trained staff for assessments.	Federal/state funding, regulations and system confidentiality. Expensive Training.	RSN Medicaid- 25% Non-Medicaid, 75% also in RSN	
Opiate Treatment	CD-CJ	Decreased Substance Abuse and use of Heroin	Community based tx. Provider	Evergreen Clinic			No Methodone in Jail.No court ordered treatment from Drug court for Methodone. No Jail based service for Methodone.		SGIA	Priority to hold stable

Drug Court Program	CD-CJ, Trauma Tx	Enhance public safety; Break revolving door cycle of drugs and crime; Provide evidence-based treatment services; Hold participants accountable; Provide integrated CD and Trauma treatment; Provide close supervision and monitoring; Achieve total abstinence from alcohol/drugs; Reduce emergency room and other medical costs; Reduce domestic violence; Reduce property crimes; Obtain H.S. Diploma/GED; Obtain W-2 tax-paying job; Decrease use of public assistance; Reduce court, jail, prison costs; Pay restitution/fines, if applicable.	Community-based	Pierce Co. Alliance, Superior Court	WSIPP March 2003, Glacier Consulting Feb 2005, "EMDR in the Treatment of Addiction" Zweben & Yeary-Cognitive Behavioral Treatment Review, CCI Vol. 16 #2 2007, "Seeking Safety" US Dept of HHS, SAMHSA NREEP March 2007, " An Integrated Trauma Treatment Program (ITTP) in the TCDCP, Lifeforce Trauma Solutions Oct 2007, "Evaluation of the TCDCP-Part II" Glacier Consulting Aug 2007, "Evaluation of the TCDCP-Part I" Glacier Consulting Nov 2007, "Final Outcomes Report" Lifeforce Trauma Solutions Dec 2007, "Process Eval Report" Glacier Consulting Mar 2008, "Executive Summary" Susan Brown & Sara Gilman Jun 2008, "Moral Reconation Therapy" US Dept of HHS, SAMHSA, NREEP Aug 2008	Average of 84	No access to mental health services. No case manager positions. Access to medical, dental, housing, child care and transportation is very limited. No co-occurring disorder services. Limited program capacity--have waiting list.	Limited space. Seriously limited funds. Very limited staff.	CJTA-State, PSEA-State, County-General Fund, NW HIDTA-Federal, Participant Fees	CD funds are at risk from DASA.
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DUI/Drug Court Program	CJ, CD, Trauma Tx	Similar to those cited for Drug Court plus: Reduce the number of traffic accidents, injuries, deaths in the community; Require strict accountability and intensive monitoring; Provide cost effective treatment that will improve completion rates and recidivism; Change thinking errors, abstain from alcohol/drug use and impaired driving behaviors; Reduce ER, other medical costs and the use of public assistance; Develop partnerships with public agencies and community organizations.	Community-based	Pierce Co. Alliance, Superior Court	None	12 but capacity is 23	No access to mental health services. No case manager positions. Access to medical, dental, housing, child care and transportation is very limited. No co-occurring disorder services.	Limited space. Seriously limited funds. Very limited staff.	WTSC-Grant Funds, Participant Fees	Grant Funds for only one more year
Pretrial Services - Needs Assessment	Pretrial Felons	Brodge Funding/Therapeutic Sales Tax	Jail (Incarcerated Felon) and Community-Based - Pretrial released felons awaiting Disposition	Pretrial Services, Pros Atty, Superior Court, Office of Assigned Counsel, Dept of Corrections, Thurston County Jail Staff, Drug Court, Mental Health Court, etc.	National Institute of Justice Studies; Lane County, Oregon Study	750	Does not exist currently; slated for implementation 3/15/09	limitations in current facility	Currently funding 3 positions with bridge funding	funded with TST bridge funding - will need to be reapproved

Mentally Ill Offender Program	MH	Decreased Substance Abuse/Health/MH	Facility-Based	Mental Health Court/District and Superior Court, BHR-service provider		645 Referred 596 Follow ups 830 Referrals made	No needs assessment at intake, No COD Services, limited communication between agencies, limited prebook diversion, limited Training for Officers(CIT,MI, DBT, CBT), need to train and appoint Correction Deputies who assist them in adjusting to incarceration, monitor and advocate, No peer services, No case managed transitional services, BHR Case management services not available for 6 wks after release for 1290 eligibles, lack of continuum of care, lack of ability for MIO to acquire medication and monitoring during and after rels, lack of prebook diversion, need CIT for probation/parole staff, little to no engagement by case manager while in custody/release/or to engage in diversion/court hearings, need standardized data collection, limited beds WSH, jail housing not suitable can cause decomp, limited transitional housing, PTSD, Trauma Treatment	Inability to handle COD treatment, housing options at jail and the community unsuitable, space limitations, Medicaid funding does not start up at point of discharge.	RSN	Reduced State Funding
MIO Diversion Service	MH	Diversion, Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/Crisis Intervention/Connection to Services	Facility-Based	Mental Health Court/District and Superior Court/RSN/OAC/DSHS		318 Actual	See MIO section		RSN	
Mental Health Court	MH and Co-Dis.	Diversion, Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/crisis Intervention/Connection to Services	Facility and Community Based	Mental Health Court/District and Superior Court/RSN/OAC/DSHS	WSIPP 2006-CBT and Intensive Supervision	236 Actual	Limited ability to provide treatment to non-Medicaid population.	Lack of funding.	General Fund for coordinator and screen function, RSN funding for Medicaid client tx.	Not at this time for Treatment component. Screening and coordination through Co. GF may be at risk.

MIO Transitional Coordinator	MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/Crisis Intervention/Connection to Services	Facility and Community Based	Mental Health Court/District and Superior Court/RSN/OAC/DSHS		**New**	None	Limited Transitional services provided by diversion-no outreach	RSN	Reduced Federal Funding
Domestic Violence Offender Program (Men)	CD/MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/	Facility and Community Based	Alternatives/District & Superior Court	MRT-WSIPP 2006	595 Attended Classes (contains duplicates)	Treatment for inmates housed in Max units, sex offenders	Space, DVOP is court ordered, assessments costly, disparity between CDP and DVOP Phases	General Fund	N/A
Adult Basic Education	CD	Acquire GED, reduce recidivism, employment, education, college credits	Facility and Community Based	SPSCC, CDP	WSIPP 2006	224 Actual			Treatment Tax	Reduced Federal Funding
GET	CD	Employment/Training	Facility and Community Based	Worksource	WSIPP 2006		Case Managed Services	Space, lack of internet ability, ALS causes huge turnover, unemployment rate	Treatment Tax	Reduced Federal Funding
Incarcerated Veterans Program	CD/MH	Diversion, MH, SA, Housing, Vocational, Employment, COD	Facility and Community Based	WDVA, MH,CDP,District & Superior Court	SAMHSA October 2006	**New**	Housing	Unknown	WDVA	Unknown
Seeking Safety EMDR	CD/MH	Increase outcomes of SA/MH Therapy	Facility and Community Based	Drug Court, DUI Court	SAMHSA October 2006	95	Need for CDP/MH and Vets	Training Funds	HIDTA	Unknown
Effective Relationships (Women Only)	CD/MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/	Facility-Based	District,Superior Courts, Alternatives,MH	MRT-WSIPP 2006	**new program offered with anger management"	Trauma Treatment		General Fund	N/A
Turning Point	CD/MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/	Facility-Based	District and Superior Courts, Alternatives,MH		406	Need Living skills classes for men, parenting classes	Limited space, ALS affects participation,	Treatment Tax	Reduced Federal Funding
AA & NA	CD/MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/	Facility and Community Based	CDP & Drug Court, DUI Court	2001 ASAM Public Policy Statement 2004 Hazelden Butler Center for Research	Jail - 1170 DUI/dg - 95	Volunteer Coordinator needed	Limited program space, limited NA resource groups available. Jail- CDP Only	Not funded	N/A
Jail Ministries	CD/MH	Reduce Involvement with Criminal Justice System and Incarceration Rehabilitation/Decrease SA/Some housing available	Facility and Community Based	TCCF & DOC		5713	Same as above	Same as above	Not funded	N/A

CD Intensive Case Management Outreach Pilot	CD	Decreased Substance Abuse, Connection to services, Case Management	Community Based	TCCF, St. Peters CD, Evergreen Treatment	WSIPP 2006	unknown	Needs outweigh staffing availability, Need COD services, educate consumers on program	Unknown	Don't Know	Program is to be eliminated July 09
BHR CAST Program	MH	Case Management-Connection to Services	Community Based	BHR, Mental Health Court	Team Model similar to PACT	unknown	Case Managed Services for those incarcerated	Focus on Thought disorder population	RSN Nmedicaid	Overall Outpatient funding will be reduced.
St Peters Chemical Dependency ITA-CD	CD	Decreased Substance Abuse, Connection to services	Clinic/Facility Based-Intervention	District and Superior Court	State regulation	12	On site ITA services	Funding restriction by contract with DASA	PHSS-CD	Reduced Federal Funding
Truly Motivational Transitional Living	CD/MH	Provide Housing Services	Community Based	Mental Health-TCCF		unknown	Expand partnership	Interview space availability	Don't Know	Unknown
CYS	MH	Food, education, parenting, advocacy	Community Based	Mental Health-TCCF		unknown	Expand partnership	Same as above	Don't Know	Unknown
Jail Crisis Services	MH	Diversion-Mental Health	Clinic/Facility Based/Community Based-Intervention	BHR/RSN/TCCF Mental Health/District and Superior Courts,TCSO		25 DMHP Evals	Legislative review of ITA Laws	ITA Laws need review by Legislature, lack of secure housing, lack of security protection for staff	RSN	Unknown
Evaluation and Treatment Facility for Jail pop	MH	Diversion-Mental Health	Clinic Based-Intervention	BHR/RSN/TCCF Mental Health/District and Superior Courts/TCSO		8 DMHP Commits	Ability to house felons, assaultive and high risk clients	Same as above	RSN-Medicaid and State Only	No
Evaluation and Treatment Unit	Involuntary Comm	Inpatient LOC for involuntary clients first then voluntary.	Sited at the E&T facility.	BHR, PSPH, pharmacy,	State Plan	15 bed capacity # vol admits @16/mo, Invol admits @ 20/mo	Multi system service, includes DD, CJ, CD and MH. Mixing DD clients with MH creates staff compliations. Limited ability to handle aggressive clients.	Facility can not be more than 16 beds. Extensive cost per bed	RSN state/Medicaid	Beds are required by contract. No other local source
M.H. Triage Serices and Crisis Services	MH/CJ-non felon	Increase Jail diversion by allowing for police drop off.	Sited at the E&T facility.	RSN, Jail, E&T, PSPH, BHR	Service model based on Gains Center and prior state wide meetings to establish Triage as a promising practice.	Avg.# 216/mo Police drop offs avg 24/mo	Several. 1. Limited ability to manage aggressive clients. 2. Can only handle one difficult client at a time. Is a voluntary program. Resource limited for staffing. No ability to prescribe Meds or to fill an existing script.	Expensive service due to needing medical staff, Service to both criminal justice and mental health has different goals. Funding restrictions	RSN-State	High potential for budget cut
Crisis Stabilization	MH - No Meds	Allows for acute care non inpatient alternative e.g. WSH step down.	Sited at the E&T facility.	RSN, WSH, BHR	Established in State Plan via CMS	10 bed capacity. Avg census 60%	Multi system service, includes DD, CJ, CD and MH. Questions level of care e.g. medications.	No funding for medication during and post service. Cannot mix all populations	RSN-State, Medicaid	Source for Medicaid funding cut

MH-ITA Services	MH-Invol.	Target is to evaluate those who require Inpatient commitment	DMHPs provide evaluation for commitment. In the community and at facilities	BHR, PSPH,	Statutory requirement	Avg 66 investigations/mo	Commitment based on laws that require evidence of danger to self or others. Limited number of beds effect interpretation of gravely disabled.	Issue of expansion is available involuntary beds locally and state.	RSN-State	No plan for reduction
Emergency Room	Crisis population	Stabilization	Crisis intervention	PSPH, Police			Community and police utilize ER for mental health and CD population when there is no alternative treatment or funding. Hospital is limited for charity care but becomes obligated if individual is not medically stable.	Lack of funding, other forms of crisis health care. Limited space	Insurrance, charity	Hospital could choose to close unit
Medical Detox	CD	Decreased Substance Abuse	Clinic Based-Intervention	St Petes CD, TCSO	WSIPP 2006 2001 ASAM Public Policy Statement	unknown	Need immediate on site service availability	Unknown	Co.- CD	Reduced Federal/State Funding
HIV Testing	CD/MH	Decreased Substance Abuse	Clinic Based-Intervention	Health Department/TCC F		unknown	testing needs increasing	Space/HIPPA-agency communication	Don't know	Unknown
Cold Weather Shelter	CD/MH	Prevention	Community Based	City of Oly, Lacey, Tumwater, TCCF, Salvation Army	N/A	unknown	need female and additional male/family housing	space, community perception	Don't know	Unknown
Correctional Options Programs	CD/MH	Decreased Substance Abuse, increase job skills, employment,education& treatment	Facility and Community Based	Superior, DUI/Drug and District Court, Alternatives	WSIPP 2006	133 ADP	Transition and case management service, CDP/CIT Officer, Mental Health Service availability, Transition plans for inmates to CDP Treatment, transition services for mentally ill going to Options	Space	General Fund	N/A
Mental Health Vol. Inpatient	MH Acute	Stabilize MH patients to return to community living	Hospital base	PSPH and other community hospitals	CMS	Avg. 1886 per month. New clients avg. 210/mo	Voluntary clients with coverage. Limited capacity for charity service. Beds used as a default for other systems e.g. detox and DD crisis.	Hospitals have reduced the number of beds available state wide	RSN Med/State, Medicare, Insurrance	Non- Medicaid funding e.g. GAU may be at risk. Limited charity capacity
Western State Hospital	Long term invol.	acute stabilization	State Hospital	DSHS, RSN		27 bed census	Legislatvie motive to reduce number of beds. RSNs penalized for over utilization. Census not based on a needs analysis	Legislative funding	DSHS and RSN	Legs. Plan to reduce the number of wards.

Mental Health Outpatient	MH Vol	Maintain individuals living in the community at least restricted level of care.	Clinic and outreach based. Provides case management, ICM, PACT, crisis, therapy, psychiatric eval and Med monitoring	Thurston and Mason Co. - BHR, PSPH, SeaMar	CMS-State Plan. PACT is an EBP with fidelity measures per SAMSHA		Predominantly Medicaid population. Lack of available housing or residential treatment. Services are voluntary, not court ordered. Limited ability to serve resistant client. If individual loses Medicaid or is not on Medicaid then they may lose their MH benefit. No capacity for psychiatric care for non Medicaid including funding for medication. Cannot force Medication. Lack of primary care physicians in the community to manage physical health needs or to follow up with stable clients.	Funding is limited to Medicaid with some state only funds for crisis services. Due to funding cuts, case load size is prohibitive.	RSN-Medicaid. Limited State Only	State is cutting level of Medicaid and State only funds for fy09 and next biannium
Residential - MH CD Prevention	High Risk - MH	Target is to provide level of supervision and treatment where independent living is not sufficient to manage. Target is to provide the correct level of care for the individual to be stable.	Facility based residential			New	There is no residential program where all services are provided on site. There is no secure residential treatment in this state.	Funding and licensing	RSN-Medic/State	Program is needed.
"Free" MH Clinic	Non RSN-MH	Target is to provide brief counseling for those who have no funding, with emphasis on those being discharge from the jail.	Clinic based service use of volunteers.	Public Health, Choice, volunteers	Promising Practice		Limited capacity and ability for follow up. No medication capacity.	Free clinic has an administrative cost. Limit for numbere of volunteers. Does not have case management follow up	RSN-FBG	Under consideration
Supervised half way house for CJ	Jail pop.	reduction in recidivism	supervised housing			New	No transitional capacity for in-custody to community.	Citing, oversight and funding.	No funding source	
Psychiatric Eval/Meds for non-Medicaid Hospital and Jail discharge	MH-CJ	reduction in number of individuals with MH being jailed.	Service not available in the community for Psychiatric Evaluation and Mediation monitoring	Service agencies hospitals, ER, Jail,	Primary intervtenion		Limited number of primary physicians, psychiatrist and funding for mediations and serices. Agencies no longer funded for non-insurred population. Results in flooding ER and Jail	Limited amount of charity service in the community. No funding for mediation without Medicaid. If perscribed in Jail or hospital, no community follow up	No funding source	What little funding from the RSN or other sources there is, will be reduced with the budget.