

Evaluation Summary Report, Calendar Year 2010

Thurston County Treatment Sales Tax (TST)

Background

During the 2010 calendar year, Thurston County Treatment Sales Tax dollars were used to fund nineteen direct service contracts. Each contract provided a prioritized service that scientific evidence suggests reduces involvement in the justice system for residents who are mentally ill and/or chemically dependent. See **Attachment A** for a description of evidence-based services selected for 2010 TST funding.

TST funding was provided to address one or more of the following:

- ▶ Increase levels of interagency collaboration, cross-system coordination and planning between courts, mental health, chemical dependency and housing services.
- ▶ Reduce the number of people who have a high recidivism rate and/or who have lengthy jail stays as a result of their mental illness or chemical dependency.
- ▶ Improve the quality of life for Thurston County residents with mental illness and/or chemical dependency by reducing their involvement with the criminal justice system.
- ▶ Reduce the negative impacts of mental illness and substance abuse on children and families.

TST contracts fund county therapeutic courts, treatment services and early intervention. For more information about the Thurston County Treatment Sales Tax visit www.co.thurston.wa.us/treatment-tax/index.htm

Emphasis

In 2009, TST evaluation efforts focused on establishing a system for performance based contracting and standardized reporting. At that point-in-time emphasis was on retaining therapeutic court and treatment services jeopardized by funding reductions.

In 2010, evaluation efforts focused on expanding performance measures reported by contractors. TST-funded services vary in capacity and capability to conduct program evaluation. Evidence-based services differ greatly in how participant progress is measured and type of resources available to enhance local evaluation (e.g. national pre/post tools, university data analysis, pre-existing program databases).

To-date, TST evaluation efforts have emphasized expanding access to data that describe:

- a) Quantity of service purchased with TST funding (outputs)
- b) Level of change occurring among participants (outcomes)

Service Targets

TST contracts included targets for how many individuals would be served between January 1-December 31, 2010. Overall, the number of individuals receiving a TST-funded services exceeded expectations. Services below target were primarily those transitioning to TST-funding mid-year due to lost revenue.

- ▶ TST Target (all nineteen contracts) = 1,358 individuals
- ▶ Actual Served = **3,371** individuals

See **Attachment B** for 2010 targets and numbers served by contract.

Completion

TST-funded services reach individuals currently involved in the justice system or at high risk for involvement. An unmet need for chemical dependency and/or mental health treatment underlies justice involvement. Due to need for treatment and access to other services, many TST-funded programs are longer term - taking months, if not years to complete. Efforts to adhere to the scientific model and best practices used within each service is essential to achieving predicted outcomes among participants.

Completion rates vary by type of therapeutic court (e.g. adult mental health, youth substance abuse) and level of care needed (e.g. inpatient vs. outpatient treatment). In 2010, five county therapeutic courts were directly funded by TST to serve local youth and adults. Of the five, four were drug courts meaning they serve individuals whose justice involvement is associated with chemical dependency. One therapeutic court is a mental health court.

- ▶ 56 individuals graduated from a therapeutic court during the calendar year.
- ▶ National research shows that 75% of drug court graduates remain arrest-free two years after program completion.

The definition of completion for TST-funded treatment services is unique to each service. See **Attachment C** for a completion rates by contract for the 2010 calendar year.

In 2011, evaluation efforts include standardizing how completion is defined and reported to TST. Additionally, treatment related services will be reporting a wider range of participant progress measures (e.g. reduced substance use, improved school attendance, improved functioning).

Justice Involvement

The county TST ordinance focuses on reducing justice involvement among youth and adults. Though scientific evidence exists to support the presumption that a TST-funded service will positively impact engagement in criminal behaviors, when possible, data will be collected to assure that is true locally.

In 2010, a portion of TST-funded services provided data on new justice involvement of program participants.

- ▶ Few individuals being served by TST had new arrests.
- ▶ Of services that measure pre-service justice involvement compared to post (after program completion), local results were favorable.

See **Attachment D** for measures of justice involvement by contract.

In 2011, new arrests will be reported by the majority of TST contractors. Options for low cost approaches to track recidivism (justice involvement after leaving a program) are being explored.

Funding

TST evaluation efforts are exploring options for determining return-on-investment. Obtaining information about total service cost will be needed for this. In 2010, TST-funded services provided a glimpse in to the amount of non-TST funds used to operate each service.

See **Attachment E** for a table that shows sources of non-TST funding by contract.

Performance Measures

Each TST contract requires that performance measures be reported on a regular basis. Though performance measures vary by type of direct service, an attempt was made to cross-cut services when possible to obtain the following:

- ▶ Demand for services (e.g. referrals). Changes in demand can occur for many reasons including revisions in policy, however, monitoring demand can help identify unmet needs and illustrate collaboration among agencies.
- ▶ Capacity (e.g. acceptance into program). Changes in capacity can occur for many reasons including receipt of additional funding, however, tracking capacity can be help calculate the reach of a service into the target population over time.
- ▶ Participant progress (e.g. completion or linkage to critical services). Short term indicators of participant progress can take many forms including change in attitude, knowledge, skills or intent to behave differently. Progress can also be seen in the willingness of individuals to follow-through with applications or requirements for enrollment in supportive services. Measures of progress typically demonstrate whether expected outcomes are being achieved.
- ▶ Criminal justice-related behavior (e.g. arrests). The TST ordinance focuses on reducing justice involvement among children and adults. Though scientific evidence exists to support the presumption that a funded service will positively impact engagement in criminal behaviors, when possible, data will be collected to assure that is true locally.

See **Attachment F** for performance measures by contract.

Service Descriptions, Calendar Year 2010 Thurston County Treatment Sales Tax (TST)

During calendar year 2010, nineteen separate direct service contracts were funded by Thurston County using Treatment Sales Tax (TST) funds. These contracts supported therapeutic court operation, provision of chemical dependency and/or mental health treatment and early intervention services. Contracts served youth and adults living in incorporated and unincorporated areas of the county.

The following descriptions provide more information about services funded through 2010 TST contracts.

Therapeutic Court Related

1. Mental Health/Veterans Court (District Court)
2. Drug/DUI Court (Superior Court)
3. Family Dependency Treatment Court and Juvenile Drug Court Coordination (Superior Court)
4. Juvenile Drug Court Treatment and Accountability (Family and Juvenile Court)
5. Prosecution (Prosecuting Attorney's Office)
6. Defense (Office of Assigned Council)
7. Pre-Trial Needs Assessment (Superior Court)

Chemical Dependency and/or Mental Health Treatment Related

8. Jail and Detention Mentally Ill Offender Services (Public Health and Social Services)
9. Jail Mental Health Services (Sheriff's Office)
10. Jail Mentally Ill Offender Medication and Case Management (Sheriff's Office)
11. Jail Chemical Dependency Program and Recovery Support Services (Sheriff's Office)
12. Jail Offender Re-Entry Services (Sheriff's Office)
13. Chemical Dependency Detoxification Services (Public Health and Social Services)
14. Co-Occurring Disorders Intensive Case Management (Public Health and Social Services)
15. Co-Occurring Disorders Case Management and Brief Treatment (Public Health and Social Services)
16. Youth Outpatient Chemical Dependency Treatment (Public Health and Social Services)
17. Multisystemic Therapy (Public Health and Social Services)
18. Thurston Wraparound Initiative (Public Health and Social Services)

Early Intervention

19. Nurse Family Partnership (Public Health and Social Services)

Mental Health/Veterans Court

Mental Health/Veterans Court (MHC) is a therapeutic court program that monitors mentally ill offenders while, at the same time, working to support access to treatment and accountability among participants. MHC is a voluntary program for adults who have been diagnosed as mentally ill and whose mental illness is linked to their criminal charge. MHC staff screen each referral to the program for appropriateness, including risk to the community. MHC is a diversion program, meaning it is an alternative to incarceration, that focuses on improving public safety and reducing costs associated with criminal justice system involvement.

MHC is a two year program. Successful completion is based on meeting goals which range from obtaining employment to testing negative for substance use and complying with mental health treatment including

taking medication as prescribed. Participants work with the MHC Judge, program staff and treatment providers to set goals that guide their progress. The process of goal setting takes into account the unique needs of each participant and factors that may impact progress, such as having co-occurring disorders (e.g. substance abuse). MHC participants typically appear before the MHC Judge each week and program staff monitor compliance with recommended treatment. MHC uses a systematic approach of incentives and sanctions to promote changes in participant beliefs, attitudes and behaviors that increase acceptance of responsibility and reduction of negative outcomes associated with participant behaviors.

Drug/DUI Court

Drug Court (DC) and DUI Court (DUI) are diversion programs that provide court-supervised comprehensive treatment services for non-violent, adult felony drug and property offenders and DUI misdemeanor offenders, whose crime is related to alcohol or drug addiction (chemical dependency). The mission of the DUI/Drug Court Program is to enhance public safety by breaking the “revolving-door” cycle of drugs/alcohol and crime by providing evidence-based treatment services, strict judicial supervision and close monitoring of chemically addicted offenders. The goals of the program are to: reduce the number of traffic accidents, injuries, and deaths related to DUI/Drug offenses in the community; require strict accountability through frequent in-person court hearings and intensive monitoring; provide cost effective treatment services that will improve program completion (retention) rates and reduce recidivism; require total abstinence from alcohol and drug use; reduce thinking errors and impaired driving behaviors; reduce emergency room costs and the use of public assistance; reduce court, jail and prison costs and overcrowding and other associated costs in the criminal justice system.

Drug Court and DUI Court are voluntary programs. Participants are referred to the program through the county Prosecuting Attorney’s Office. The Program Administrator, with input from the other members of the DUI/Drug Court team, screens each referral made for program suitability, including risk to the community. DUI/Drug Court takes between 1-2 years to complete. Successful completion, referred to as graduation, is based on meeting requirements including those outlined in each phase of the program, verifiable abstinence from alcohol/drugs, obtaining employment, obtaining a GED/High School Diploma and paying all restitution costs, if applicable. Program staff and certified Chemical Dependency professionals set goals that guide participant progress. Participants meet with their counselor who develops a detailed individualized treatment plan that addresses specific problems areas, needs, and behaviors. Treatment plans are time-linked with outcomes that are realistic and measurable. DUI/Drug Court incorporates a systematic approach of using graduated incentives and sanctions to keep participants engaged in treatment and to change behavior. Using both incentives and sanctions promotes changes in participant beliefs, attitudes and behaviors that reduce negative outcomes associated with drug/alcohol use and crime.

Family Dependency Treatment Court

Family Dependency Treatment Court (FDTC) is a therapeutic court program for substance abusing parents whose children are in the dependency system due to a substantiated child abuse or neglect investigation. Dependency means that the children have been removed from the care of their parents (e.g. placed in foster care or with other family) for their safety by Child Protective Services (DSHS/DCFS). Parents voluntarily enter FDTC and agree to increased court participation, chemical dependency treatment and intense case management in order to reunite with their children. Sobriety of the parent and family reunification, if appropriate, is the primary focus of FDTC.

Completing the FDTC program, also referred to as graduating, typically takes more than one year. The unique needs of the family are taken into account through the use of a FDTC team that reviews parent progress and recommends services. The FDTC team typically includes: the FDTC judge, attorney representing the parents, DSHS social worker, substance abuse treatment providers, and child advocate such as a CASA (Court Appointed Special Advocate) or child's attorney (i.e. guardian ad litem). FDTC uses a systematic

approach of incentives and sanctions to promote changes in parent beliefs, attitudes and behaviors that increase acceptance of responsibility and reduction of negative outcomes associated with parental decisions.

Juvenile Drug Court

Juvenile Drug Court (JDC) is a therapeutic court program for non-violent substance abusing offenders age 13-17. The intent of the program is to immediately intervene in the lives of eligible, criminal justice involved youth. Participating youth are provided chemical dependency treatment and other developmentally appropriate support services to address problems that contributed to becoming involved in the justice system. The mission of the Thurston County JDC is to strengthen the mental, emotional and social well-being of substance abusing offenders while promoting community safety and reducing recidivism.

JDC takes between 9-15 months to complete. Participants are monitored using intensive and continuous community supervision, substance abuse testing and frequent court appearances. JDC uses a combination of incentives and sanctions to promote positive changes in beliefs, attitudes and behaviors while assuring accountability for actions. JDC participants move through program phases which lead to the opportunity to graduate from the program. For suitable youth, JDC is an alternative to full criminal prosecution.

Prosecution

The Prosecuting Attorney's Office provides legal prosecution for all criminal cases referred to Thurston County District and Superior Courts. Services include: reviewing all arrest reports, determining whether there is adequate evidence to file charges, determining the appropriate crime to charge and deciding whether or not to refer cases to Thurston County therapeutic courts such as Drug Court, DUI Court or Mental Health Court (which includes Veterans Court). Therapeutic courts are diversion programs, providing an alternative from the traditional criminal justice process. Therapeutic courts use a multi-disciplinary collaborative approach to identify and address underlying problems or conditions, including untreated substance abuse and/or mental illness, that directly connect to the likelihood of an individual engaging in future criminal behavior.

When an individual is referred to a county therapeutic court, a Deputy Prosecutor is responsible for screening cases for eligibility, attending court hearings, attending case consultation meetings, assuring that the defendant is referred to appropriate services, and assuring that each defendant is meeting the conditions of participation established by the judge. Therapeutic courts use a systematic approach of incentives and sanctions to promote changes in participant beliefs, attitudes and behaviors that increase acceptance of responsibility and reduction of negative outcomes associated with participant behaviors. Prosecuting Attorney involvement is required for the use of this approach, which has been found to be a more effective than traditional sentencing in both a) holding individuals accountable and b) promoting positive behavior change.

Defense

The Office of Assigned Counsel (OAC) provides criminal defense representation for individuals appearing in Thurston County District and Superior Courts who cannot afford to hire an attorney. OAC attorneys consult with potential therapeutic court participants. These individuals are involved in the criminal justice system because they have been charged with crimes that may connect to substance abuse and mental illness. Therapeutic courts are diversion programs, providing an alternative from the traditional criminal justice process. Therapeutic courts use a multi-disciplinary collaborative approach to identify and address underlying problems or conditions, including untreated substance abuse and/or mental illness, that directly connect to the likelihood of an individual engaging in future criminal behavior.

When an individual is referred to a Thurston County therapeutic court, OAC attorneys explore all legal options with the individual and if they choose to enter the program a contract is reviewed, signed and

presented to the court. Once the individual is accepted into a county therapeutic court, such as Drug Court or Mental Health Court, OAC legal representation is provided at meetings and in court. Therapeutic courts use a systematic approach of incentives and sanctions to promote changes in participant beliefs, attitudes and behaviors that increase acceptance of responsibility and reduction of negative outcomes associated with participant behaviors. Defense Attorney involvement is required for the use of this approach, which has been found to be a more effective than traditional sentencing in both a) holding individuals accountable and b) promoting positive behavior change.

Pre-Trial Needs Assessment

Pretrial Services (PTS) is responsible for providing information that allows critical determinations to be made about newly arrested or convicted adults, including what type of services are most appropriate to reduce the likelihood of future arrest. Pretrial decisions have considerable impact on public safety and criminal justice resources. These decisions affect when and under what conditions individuals are released back into the community, how limited jail space is used and which defendants are suitable candidates for diversion programs (alternatives to incarceration) such as therapeutic courts.

To enhance the knowledge-base available about offenders, PTS will implement the STRONG Offender Needs Assessment in conjunction with the Static Risk Assessment (i.e. tool used to determine low, moderate or high danger to the community). The Offender Needs Assessment provides information on a range of factors that connect to future criminal behavior. This comprehensive evidence-based assessment addresses: substance abuse, mental health, aggression, coping skills, social support; as well as education and employment needs. Results from the needs assessment will be used to identify appropriate candidates for diversion programs available in Thurston County. The addition of a needs assessment component is expected to increase access to therapeutic courts and other diversion programs.

Jail and Detention Mentally Ill Offender Services/Jail Mental Health Services

The Mentally Ill Offender Program (MIO) provides mental health and crisis services to incarcerated juveniles and adults in the Thurston County jail and detention facility. Individuals who meet the criteria of a “priority population”, due to acute or chronic mental illness as defined by WAC 388-865-0215, are eligible for program services. MIO services include: 1) identifying incarcerated individuals who are mentally ill and in need of mental health services, 2) on-site crisis services, 3) referrals to other key services such as outpatient mental health treatment, 4) enrollment in publicly funded benefits (e.g. Medicaid or SSI) which may help participants access needed services when released from jail and 5) when appropriate, diversion alternatives to incarceration including Thurston County Mental Health Court.

Jail Mentally Ill Offender Medication and Case Management

The Medication Management component of the Mentally Ill Offender (MIO) program provides prescription medication and oversight for management of psychiatric medications. This service is for Thurston County Corrections Facility inmates who have no means to pay for medications used to treat mental illness. The Case Management component of MIO provides support for assessment and referral to community resources for offenders transitioning out of Thurston County Correctional Options Programs into the community. Correctional Options programs include electronic home monitoring and work release. Medication and case management services are intended to improve the continuity of care for mentally ill offenders.

Jail Chemical Dependency Program and Recovery Support Services

The Inmate Chemical Dependency Program (CDP) is a state certified outpatient program conducted in three phases that decrease in intensity. Phase I provides intensive alcohol and drug education, group therapy using

Moral Recognition Therapy and individual counseling sessions to incarcerated adults within the Thurston County Corrections Facility (TCCF). (10 weeks)

The CDP program is offered (or court ordered) for incarcerated adults in the county jail (TCCF) who are amenable and willing to participate in substance abuse treatment. Treatment services are offered in combination with opportunities to participate in other services that support recovery. These services, referred to as Recovery Support Services (RSS), have been shown to help chemically dependent individuals achieve and maintain recovery. RSS supports the notion that addiction is more effectively treated when viewed as a chronic condition (i.e. long term) and not a one-shot acute event. TCCF recovery support services include:

- Gender-specific domestic violence and anger management counseling (problem solving, healthy relationships)
- Turning Point behavior change program for women (life skills, healthy relationships)
- Education and employment services

Jail Offender Re-Entry Services

The Offender Re-Entry Program (ORP) supports transition planning for jail inmates with mental illness and/or chemical dependency disorders who are returning to the community. Inadequate release planning has been found to result in: re-arrest, substance abuse relapse, increased psychiatric symptoms, homelessness and compromised public safety. A multi-disciplinary team, following a corrections-behavioral health approach, is used to provide re-entry services.

The ORP provides assessment, referral and identification of community-based service needs for post-release. ORP activities emphasize access to mental health and/or chemical dependency treatment and connects individuals to services that support recovery. The GAINS Re-Entry Checklist, a best-practice tool, is used to support a transition planning process that addresses issues (e.g. treatment, health care, income, housing) shown to be essential to successful re-entry of mentally ill and chemically dependent offenders.

Chemical Dependency Detoxification Services

Chemical dependency detoxification services (detox) are provided on a voluntary basis to individuals who are experiencing a medical crisis that necessitates inpatient monitoring of alcohol and/or drug withdrawal symptoms. Substance use disorders affect the brain and body, therefore symptoms of withdrawal can manifest as safety concerns and be potentially life-threatening (e.g. seizures, increased heart rate, depression, panic, suicide, aggression). Detox services are short-term, occurring over a few days not weeks, and provide: 1) screening and assessment - to address what substances are present and what other medical/mental health conditions are present, 2) stabilization - the individual having a physically drug-free body, and 3) preparation for treatment - which can include providing information about how treatment works, fostering willingness to enter treatment through science-based motivational techniques, and referrals to community resources that aid in access to treatment services.

Detox provides a window of opportunity for individuals to acknowledge their substance abuse problem and consider seeking treatment. Detox is a first step in the continuum of care services required for treatment of substance-related disorders. Detoxification services are provided in Thurston County according to Washington State law and associated standards of care by a team of professionals including physicians, nurses, psychologists and counselors. The target for this service is low income county adults, not covered by publicly funded health insurance, who are more likely to come into contact with the criminal justice system due to behaviors connected to substance use and possibly co-occurring disorders (mental illness and substance use).

Co-Occurring Disorders Intensive Case Management

Co-Occurring Disorders Intensive Case Management (ICM) provides services to support stabilization and recovery of individuals with a mental health and chemical dependency diagnoses. Clients typically are multi-system users who may come to the attention of law enforcement due to behaviors connected to their mental illness or substance use. Case management services increase client access to services that improve their level of functioning which can prevent or reduce future psychiatric hospitalizations, emergency room visits and level of criminal justice system involvement.

Case managers provide a single point of contact for clients and utilize the nationally recognized *4-Quadrant Model* to classify severity of disorder and level of care coordination needed. Case managers conduct outreach to identify eligible clients, identify needed treatment services, utilize *Motivational Interviewing* techniques to maintain client engagement while awaiting access to treatment, and act as liaison with other providers to link clients with needed support services. ICM serves individuals in crisis and focuses on providing access to treatment in the least restrictive setting possible.

Co-Occurring Disorders Case Management and Brief Treatment

Co-Occurring Disorders (COD) Case Management and Brief Treatment provides services to individuals with a mental health and chemical dependency diagnoses who are experiencing a health crisis requiring inpatient care. A COD treatment specialist provides support to clients being released from inpatient mental health care while they await access to chemical dependency and/or mental health treatment. COD clients are screened for co-occurring disorders, assessed to develop treatment recommendations, referred for the level of care needed, linked with support services and provided with individual and/or group brief treatment as appropriate. COD staff utilize *Motivational Interviewing* techniques to build client confidence that they can make behavior changes, in addition to, maintaining client engagement while awaiting access to treatment.

COD clients typically are multi-system users who come to the attention of law enforcement and local hospital emergency departments due to behaviors and health issues connected to their mental illness or substance use. Services provided to COD clients most often occur among those with severe symptoms/disorders that seriously impairment in social, occupational and/or school functioning. COD clients often face challenges to engaging in treatment ranging from lack of health insurance coverage to waiting lists for residential treatment beds.

Youth Outpatient Chemical Dependency Treatment

Youth Outpatient Chemical Dependency Treatment (YOT) provides services to substance abusing youth who voluntarily agree to engage in treatment. Treatment is provided on-site at participating local Thurston County schools. An assessment and individualized treatment plan is completed for each participating youth. Depending on the treatment plan, intensive outpatient treatment (more than once per week), individual family sessions and regular urinalysis (UA) testing may occur.

YOT incorporates research-based principles for adolescent substance abuse treatment, which include: being evidence-based, developmentally appropriate, considering gender and culture in delivery, planning for after treatment care and being family focused. Though youth age 13 or older can by state law consent to treatment without parental permission, notification is encouraged. Families of youth served by YOT are provided with education through family nights where topics including behavior management and options for other supportive services are discussed. YOT services are not based on income/ability to pay and are provided at no charge to students who are not covered by the state Medicaid program.

Multisystemic Therapy

Multisystemic Therapy (MST) is a program used with severely behaviorally challenged and substance-abusing juvenile offenders and at-risk youth age 11-17. Therapy focuses on promoting positive social behavior while

decreasing antisocial behavior and can occur in a home, school or other community setting. MST is family-oriented, based on the philosophy that the most effective and ethical route to help youth includes helping their families.

MST typically takes 3-5 months to complete with therapist-family contacts occurring weekly. The primary goals of MST are to: 1) reduce youth criminal activity, 2) reduce antisocial and substance abusing behaviors and 3) achieve these outcomes at a cost savings by decreasing incarceration, out-of-home placements (e.g. detention center, foster care) and inpatient care (e.g. psychiatric, hospital).

Thurston Wraparound Initiative

The Thurston Wraparound Initiative (TWI) provides services to support families with children who are at high risk for justice involvement due to complex problem behaviors and/or mental illness. School age children who are currently involved in the mental health or chemical dependency system and who have been juvenile justice involved or are at risk for justice system involvement are eligible for the service. TWI services are typically provided to families for a maximum duration of 12-18 months.

TWI is not a treatment program, rather it is a community-based treatment planning process that shows promise in reducing the number of children placed in a more restrictive settings (e.g. therapeutic foster care, residential treatment center) due to improvements in behavior and functioning. The wraparound process is accomplished by progressing through four main phases: Engagement/team preparation (e.g. orienting family, crisis stabilization, establishing the planning team), care plan development (e.g. prioritizing goals, selecting strategies), implementation and transition (e.g. planning for cessation of service). TWI is voluntary, however the approach is highly participatory as the family or caregiver of the child must be committed to engage in team development, care planning and implementing the strategies or services identified by the team.

Nurse Family Partnership

Nurse Family Partnership (NFP) is a voluntary evidence-based home visitation program that serves young, low income, first time mothers. Home visits are conducted by specially trained registered nurses. The purpose of NFP is to improve the quality of parent-child interactions, enhance parenting skills, improve pregnancy outcomes, improve child health outcomes and promote self-sufficiency for at-risk families.

NFP participants enter the program during pregnancy and typically complete the program when their child turns 2 years old. A range of activities occur during each home visit including: teaching parents skills that promote safe forms of child discipline, providing educational materials about child development; referrals to other services including substance abuse treatment or mental health services; and building parental skills that promote nurturing and attachment. On average each NFP participant receives 38 total home visits, each visit 60-90 minutes in length. NFP nurses offer weekly home visits during the first six weeks of program enrollment and during the first six weeks after the infant's birth. Home visits are otherwise offered every other week until the infant turns 21 months old. During the last 3 months of program participation home visit occur monthly.

Service Targets Table for Calendar Year 2010 – Thurston County Treatment Sales Tax (TST)
January 1, 2010 through December 31, 2010

With the exception of crisis mental health services, all 2010 TST contracts included a target for number of individuals to serve.

- ▶ Of the TST contracts in place during calendar year 2010, 71% of those with a specified target met or exceeded it (12/17).
- ▶ The majority of contractors below target were transitioning to TST funding due to funding losses in the second half of the calendar year.

	Therapeutic Court Related List of Contracts	2010 TST CONTRACT TARGETS	1st Quarter (Jan-March)	2nd Quarter (April-June)	3rd Quarter (July-Sept)	4th Quarter (Oct-Dec)	2010 Service TOTALS
1	Mental Health/Veterans Court (District Court)	65 adults	54	55	52	54	– 74 (above target)
2	Drug/DUI Court (Superior Court)	100 adults	98	94	93	76	– 152 (above target)
3	Family Dependency Treatment Court and Juvenile Drug Court Coordination (Superior Court)	15 adults (FDTC)	10	8	8	8	– 16 (above target)
		15 youth (JDC)	^	16	13	18	– 33 (above target)
4	Juvenile Drug Court Treatment and Accountability (Family and Juvenile Court)	12 youth (case management)	^	^	13	18	– 18 (above target)
		5 youth (treatment)	3	6	9	4	– 9 (above target)
5	Prosecution (Prosecuting Attorney's Office)	200 adults	152	149	145	147	– 226 (above target)
6	Defense (Office of Assigned Council)	200 adults	152	149	145	147	– 226 (above target)
7	Pre-Trial Needs Assessment (Superior Court)	200 adults	40	42	26	42	– 150 (below target) Responds to referrals

Information Source: Contractor 2010 Year-End Reports and TST Contracts

^ = TST funding not received for this activity during the quarter
 Counts may be duplicated

	Chemical Dependency and/or Mental Health Treatment Related List of Contracts	2010 TST CONTRACT TARGETS	1st Quarter (Jan-March)	2nd Quarter (April-June)	3rd Quarter (July-Sept)	4th Quarter (Oct-Dec)	2010 Service TOTALS
8	Jail and Detention Mentally Ill Offender Services (Public Health and Social Services)	Crisis Services	409 jail ^ detention	442 jail ^ detention	495 jail 89 detention	314 jail 58 detention	- 1,324 jail - 156 detention (calendar year total)
9	Jail Mental Health Services (Sheriff's Office)	Weekend Crisis Services	76	120	109	101	- 406
10	Jail Mentally Ill Offender Medication and Case Management (Sheriff's Office)	20 adults (medication management)	3	18	22	16	- 39 (above target)
11	Jail Chemical Dependency Program and Recovery Support Services (Sheriff's Office)	75 adults	40	58	49	23	- 109 (above target)
12	Jail Offender Re-Entry Services (Sheriff's Office)	100 adults	43	26	27	24	- 113 (above target)
13	Chemical Dependency Detoxification Services (Public Health and Social Services)	28 adults	^	^	11	14	- 25 (below target) Modifying protocols
14	Co-Occurring Disorders Intensive Case Management (Public Health and Social Services)	60 adults	^	^	24	21	- 45 (below target) Expanding referral network
15	Co-Occurring Disorders Case Management and Brief Treatment (Public Health and Social Services)	30 adults (brief treatment)	^	^	26	22	- 48 (above target)

^ = TST funding not received for this activity during the quarter
Counts may be duplicated

	Youth Chemical Dependency and/or Mental Health Treatment Related List of Contracts	2010 TST CONTRACT TARGETS	1st Quarter (Jan-March)	2nd Quarter (April-June)	3rd Quarter (July-Sept)	4th Quarter (Oct-Dec)	2010 Service TOTALS
16	Youth Outpatient Chemical Dependency Treatment (Public Health and Social Services)	100 youth	^	^	19	26	- 45 (below target) Delay in staff hiring
17	Multisystemic Therapy (Public Health and Social Services)	75 youth	27	24	16	15	- 82 (above target)
18	Thurston Wraparound Initiative (Public Health and Social Services)	18 youth	^	^	0	12	- 12 (below target) Service in start-up phase

	Early Intervention List of Contracts	2010 TST CONTRACT TARGETS	1st Quarter (Jan-March)	2nd Quarter (April-June)	3rd Quarter (July-Sept)	4th Quarter (Oct-Dec)	2010 Service TOTALS
19	Nurse Family Partnership (Public Health and Social Services)	40 women	52	55	50	39	- 63 (above target)

2010 TST Services Counts

- ▶ Any TST- Funded Service = **3,371**
- ▶ Therapeutic Court Participants Only (excludes participation in support services) = **275**
- ▶ Non-Medicaid Treatment (including associated services such as detoxification and case management) = **2,413**

^ = TST funding not received for this activity during the quarter
Counts may be duplicated

Completion Table for Calendar Year 2010 – Thurston County Treatment Sales Tax (TST)
January 1, 2010 through December 31, 2010

Graduation from a therapeutic court program typically takes between 1-2 years. Courts have requirements that must be met in order to graduate.

- ▶ Research on therapeutic courts shows that graduation, which involves completing recommended mental health and/or chemical dependency treatment, reduces future involvement in the justice system.
- ▶ Therapeutic courts increase the length of time participants stay in treatment, which produces benefits even if graduation is not achieved.

	Therapeutic Court Related List of Contracts	Completion	Total # Graduated in 2010	Graduation Rate on 12/31/2010	NOTES
1	Mental Health/Veterans Court (District Court)	Graduation	– 17 MH Court (including Veterans)	– 71% MH Court (including Veterans)	– Mental Health Court began in 2005. The total eligible to graduate was listed as 24. – The program takes 2 years to complete.
2	Drug/DUI Court (Superior Court)	Graduation	– 25 Drug Court – 10 DUI Court	– 49% Drug Court – 21% DUI Court	– Drug Court began in 1998. Percentage based on graduation rate since program inception. – DUI Court began in 2008. The total eligible to graduate was listed as 48 since 2008. – The program takes 1-2 years to complete.
3	Family Dependency Treatment Court and Juvenile Drug Court Coordination (Superior Court)	Graduation	– 3 FDT Court – 4 JD Court	– 18% FDT Court – 12% JD Court	– Family Dependency Treatment Court began in 2000. The total eligible to graduate would be 16. The program takes 12 months to complete. – Juvenile Drug Court began in 2006. The total eligible to graduate would be 33. The program takes 9-15 months to complete.
4	Juvenile Drug Court Treatment and Accountability (Family and Juvenile Court)	See above for JD Court			
5	Prosecution (Prosecuting Attorney's Office)	N/A			– Supports therapeutic court operation.
6	Defense (Office of Assigned Council)	N/A			– Supports therapeutic court operation.
7	Pre-Trial Needs Assessment (Superior Court)	N/A			– Supports therapeutic court operation.

Information Source: Contractor 2010 Year-End Reports and TST Contracts
 Courts collaborate, but operate individually and at times differ in data collection and reporting methods

	Chemical Dependency and/or Mental Health Treatment Related List of Contracts	Completion	Total # Completed in 2010	Completion Rate in 2010	NOTES
8	Jail and Detention Mentally Ill Offender Services (Public Health and Social Services)	N/A			– In part mental health crisis intervention. Mental illness is a chronic, cyclic health condition.
9	Jail Mental Health Services (Sheriff's Office)	N/A			– In part mental health crisis intervention and develops transition plans for release of mentally ill individuals. Mental illness is a chronic, cyclic health condition.
10	Jail Mentally Ill Offender Medication and Case Management (Sheriff's Office)	N/A			– Provides screening for mental illness, treatment and other support services for mentally ill individuals. Mental illness is a chronic, cyclic health condition.
11	Jail Chemical Dependency Program and Recovery Support Services (Sheriff's Office)	Will be reported to TST in 2011			– This program occurs in three phases of decreasing intensity. TST funding is used for phase I.
12	Jail Offender Re-Entry Services (Sheriff's Office)	N/A			– Identifies chemically dependent and/or mentally ill individuals in need of treatment and develops transition plans for release.
13	Chemical Dependency Detoxification Services ^ (Public Health and Social Services)	Detox Completion	24	96%	– The total accepted for the service during the 2010 contract period was listed as 25.
14	Co-Occurring Disorders Intensive Case Management ^ (Public Health and Social Services)	Placement in treatment	41	91%	– The total accepted to the service during the 2010 contract period was listed as 45.
15	Co-Occurring Disorders Case Management and Brief Treatment ^ (Public Health and Social Services)	Placement in treatment	30	63%	– The total accepted to the service during the 2010 contract period was listed as 48.

^ = TST funding began in the second half of the calendar year

	Youth Chemical Dependency and/or Mental Health Treatment Related List of Contracts	Completion	Total # Completed in 2010	Completion Rate in 2010	NOTES
16	Youth Outpatient Chemical Dependency Treatment ^ (Public Health and Social Services)	Treatment Completion	4	40%	– The total eligible to complete treatment was listed as 10.
17	Multisystemic Therapy (Public Health and Social Services)	Treatment Completion	36	60%	– The total eligible to complete treatment was listed as 60. – Service takes 3-5 months to complete.
18	Thurston Wraparound Initiative ^ (Public Health and Social Services)	Will be reported to TST in 2011			– Participants began enrolling in second half of 2010. – Service takes 12-18 months to complete.

	Early Intervention List of Contracts	Completion	Total # Completed in 2010	Completion Rate in 2010	NOTES
19	Nurse Family Partnership (Public Health and Social Services)	Graduation	10	38%	– The total eligible to graduate was listed as 26. – The program takes 30 months to complete.

^ = TST funding began in the second half of the calendar year

Justice Involvement Table for Calendar Year 2010 – Thurston County Treatment Sales Tax (TST)
January 1, 2010 through December 31, 2010

Several funded services are able to provide data for ‘new’ justice involvement during program participation, though what is measured currently varies. Examining options for collecting recidivism, justice involvement after service completion, among individuals participating in TST funded services is in progress.

	Therapeutic Court Related List of Contracts	Justice Involvement	As of June 2010	As of December 2010	NOTES
1	Mental Health/Veterans Court (District Court)	New Criminal Law Violations	– 3 MH Court participants (5%)	– 4 MH Court participants (7%)	– While participating in program. – Includes Veterans Court participants.
2	Drug/DUI Court (Superior Court)	New Arrest			– A recent independent local evaluation showed low recidivism among county drug court graduates (27%). – Will be reported to TST in 2011.
3	Family Dependency Treatment Court and Juvenile Drug Court Coordination (Superior Court)	New Substantiated Child Abuse or Neglect Referral	– 0 FDT Court participants	– 0 FDT Court participants	– While participating in program.
4	Juvenile Drug Court Treatment and Accountability (Family and Juvenile Court)	New Arrest	– 1 JD Court participant (6%)	– 1 JD Court participant (6%)	– While participating in program.
5	Prosecution (Prosecuting Attorney’s Office)	N/A			
6	Defense (Office of Assigned Council)	N/A			
7	Pre-Trial Needs Assessment (Superior Court)	N/A			

Information Source: Contractor 2010 Year-End Reports and TST Contracts
N/A = Not applicable, supports therapeutic court operation

	Chemical Dependency and/or Mental Health Treatment Related List of Contracts	Justice Involvement	As of June 2010	As of December 2010	NOTES
8	Jail and Detention Mentally Ill Offender Services (Public Health and Social Services)				– Those served are incarcerated.
9	Jail Mental Health Services (Sheriff's Office)				– Those served are incarcerated.
10	Jail Mentally Ill Offender Medication and Case Management (Sheriff's Office)				– Those served are incarcerated.
11	Jail Chemical Dependency Program and Recovery Support Services (Sheriff's Office)				– Those served are incarcerated.
12	Jail Offender Re-Entry Services (Sheriff's Office)				– Those served are incarcerated.
13	Chemical Dependency Detoxification Services ^ (Public Health and Social Services)				– Those served are in a medical facility due to severity of substance abuse withdrawal symptoms.
14	Co-Occurring Disorders Intensive Case Management ^ (Public Health and Social Services)	New Arrest	^	– 4 ICM participants (8%)	– While participating in program.
15	Co-Occurring Disorders Case Management and Brief Treatment ^ (Public Health and Social Services)	New Arrest	^	– 1 COD participant (2%)	– While participating in program.

^ = TST funding began in the second half of the calendar year

	Youth Chemical Dependency and/or Mental Health Treatment Related List of Contracts	Justice Involvement	As of June 2010	As of December 2010	NOTES
16	Youth Outpatient Chemical Dependency Treatment ^ (Public Health and Social Services)	Arrest pre-treatment compared to post-treatment			– About half of youth participating had at least one previous arrest.
17	Multisystemic Therapy (Public Health and Social Services)	Arrest pre-treatment compared to post-treatment	– 51% pre – 27% post	– 48% pre – 25% post	– Service takes 3-5 months to complete.
18	Thurston Wraparound Initiative ^ (Public Health and Social Services)	Arrest pre-service compared to post-service			– Will be reported to TST in 2011. – Program in start-up phase. – Service takes 12-18 months to complete.

	Early Intervention List of Contracts	Justice Involvement	As of June 2010	As of December 2010	NOTES
19	Nurse Family Partnership (Public Health and Social Services)	New Child Abuse or Neglect Referral			– Will be reported to TST in 2011.

^ = TST funding began in the second half of the calendar year

Funding Table for Calendar Year 2010 – Thurston County Treatment Sales Tax (TST)
January 1, 2010 through December 31, 2010

The majority of direct services funded by county Treatment Sales Tax operate using multiple financial resources. TST-funded services are not required to provide in-kind match.

- ▶ Half of all operating funds for TST-funded services came from a non-TST resource.

	Therapeutic Court Related List of Contracts	2010 TST CONTRACT VALUE	Internal/County non-TST Funding	State or Federal Funding	Private or Foundation Funding ♦	Other External Funding ♦♦	TOTAL
1	Mental Health/Veterans Court (District Court)	\$218,000	\$51,855	\$0	\$0	\$0	\$269,855
2	Drug/DUI Court (Superior Court)	\$217,389	\$122,956	\$389,311	\$500	\$0	\$730,156
3	Family Dependency Treatment Court and Juvenile Drug Court Coordination (Superior Court)	\$53,357	\$94,184	\$143,792	\$1,000	\$0	\$292,333
4	Juvenile Drug Court Treatment and Accountability (Family and Juvenile Court)	\$57,500	\$42,626	\$0	\$500	\$0	\$100,626
5	Prosecution (Prosecuting Attorney's Office)	\$217,389	\$0	\$0	\$0	\$0	\$217,389
6	Defense (Office of Assigned Council)	\$195,231	\$0	\$0	\$0	\$0	\$195,231
7	Pre-Trial Needs Assessment (Superior Court)	\$154,569	\$0	\$0	\$0	\$0	\$154,569
	Total (THERAPEUTIC COURT related)	\$1,113,435	\$311,621	\$533,103	\$2,000	\$0	\$1,960,159

Information Source: Contractor 2010 Year-End Reports and TST Contracts

♦ An example would be drug court foundation

♦♦ An example would be cash value of donated items (e.g. textbooks)

	Chemical Dependency and/or Mental Health Treatment Related List of Contracts	2010 TST CONTRACT VALUE	Internal/County non-TST Funding	State or Federal Funding	Private or Foundation Funding ♦	Other External Funding ♦♦	TOTAL
8	Jail and Detention Mentally Ill Offender Services (Public Health and Social Services)	\$87,840	\$0	\$201,229	\$0	\$0	\$289,069
9	Jail Mental Health Services (Sheriff's Office)	\$90,440	\$0	\$0	\$0	\$0	\$90,440
10	Jail Mentally Ill Offender Medication and Case Management (Sheriff's Office)	\$60,000	*	*	*	\$0	\$60,000
11	Jail Chemical Dependency Program and Recovery Support Services (Sheriff's Office)	\$580,968	\$55,000	\$193,384	\$1,000	\$5,015	\$835,367
12	Jail Offender Re-Entry Services (Sheriff's Office)	\$126,244	*	*	*	*	\$126,244
13	Chemical Dependency Detoxification Services ^ (Public Health and Social Services)	\$70,000	\$0	\$70,000	\$0	\$0	\$140,000
14	Co-Occurring Disorders Intensive Case Management ^ (Public Health and Social Services)	\$39,486	\$0	\$0	\$0	\$0	\$39,486
15	Co-Occurring Disorders Case Management and Brief Treatment ^ (Public Health and Social Services)	\$45,002	\$0	\$0	\$0	\$0	\$45,002
	Total (TREATMENT related)	\$1,099,980	\$55,000	\$464,613	\$1,000	\$5,015	\$1,625,608

* Non-TST funding supported this service and is accounted for under Jail Chemical Dependency

^ = TST funding began in the second half of the calendar year

	Youth Chemical Dependency and/or Mental Health Treatment Related List of Contracts	2010 TST CONTRACT VALUE	Internal/County non-TST Funding	State or Federal Funding	Private or Foundation Funding ♦	Other External Funding ♦♦	TOTAL
16	Youth Outpatient Chemical Dependency Treatment ^ (Public Health and Social Services)	\$75,000	\$0	\$550,000	\$0	\$0	\$625,000
17	Multisystemic Therapy (Public Health and Social Services)	\$373,408	\$0	\$560,112	\$0	\$0	\$933,520
18	Thurston Wraparound Initiative ^ (Public Health and Social Services)	\$130,000	\$0	\$0	\$0	\$0	\$130,000
	Total (YOUTH TREATMENT related)	\$578,408	\$0	\$1,110,112	\$0	\$0	\$1,688,520

	Early Intervention List of Contracts	2010 TST CONTRACT VALUE	Internal/County non-TST Funding	State or Federal Funding	Private or Foundation Funding ♦	Other External Funding ♦♦	TOTAL
19	Nurse Family Partnership (Public Health and Social Services)	\$191,294	\$116,930	\$291,036	\$0	\$0	\$599,260
	Total (EARLY INTERVENTION)	\$191,294	\$116,930	\$291,036	\$0	\$0	\$599,260

All 2010 TST-Funded Direct Services

- ▶ TST Contract Value = \$2,983,117 (51%)
- ▶ Internal/County non-TST Funding = \$483,551 (8%)
- ▶ State or Federal Funding = \$2,398,864 (41%)
- ▶ Private/Foundation and Other Funding = \$8,015 (0%)

^ = TST funding began in the second half of the calendar year
Expenditures for administration (not direct services) are excluded

2010 Thurston County TST Performance Measures Matrix by Reporting Period

ND = Not due this quarter

Counts may be duplicated, adding quarters together does not necessarily produce totals

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
Mental Health/Veterans Court (MHC)	Therapeutic Court	1	Number of adults referred to the MHC program	Quarter	Output	Referrals	1/10	77	60	66	73
		2	Number of adults screened for the MHC program	Quarter	Output	Eligibility	1/10	79	65	79	55
		3	Number of participants accepted into the MHC program	Quarter	Output	Capacity	1/10	15	12	10	6
		4	Total number of MHC participants by age and sex	Quarter	Output	Counts	1/10	54	55	52	54
		5	Number and percentage of MHC participants with new criminal law violations while in the program (every 6 months)	Bi-Annual	Outcome	Justice Involvement	1/10	ND	5%	ND	7%
		6	Number of participants who complete or graduate MHC (every 6 months)	Bi-Annual	Outcome	Completion	1/10	ND	10	ND	7
Drug/DUI Court (DC)	Therapeutic Court	1	Number of adults referred to the Drug Court Program	Quarter	Output	Referrals	1/10	47	22	16	30
		2	Number of adults, referred to the Drug Court Program, who are screened for program suitability	Quarter	Output	Eligibility	1/10	19	13	10	17
		3	Number of adults admitted into the Drug Court Program	Quarter	Output	Capacity	1/10	16	8	8	16
		4	Total number of Drug Court participants by age and sex	Quarter	Output	Counts	1/10	98 (combined DC/DUI)	63	62	50
		5	Number of participants who graduate Drug Court (every 6 months)	Bi-Annual	Outcome	Completion	1/10	ND	12	ND	13
		6	Number of adults referred to the DUI Court Program	Quarter	Output	Referrals	1/10	7	6	12	6
		7	Number of adults, referred to the DUI Court Program, who are screened for program suitability	Quarter	Output	Eligibility	1/10	3	4	5	3
		8	Number of adults admitted into the DUI Court Program	Quarter	Output	Capacity	1/10	3	4	4	3
		9	Total number of DUI Court participants by age and sex	Quarter	Output	Counts	1/10	See measure 4	31	31	26
		10	Number of participants who graduate DUI Court (every 6 months)	Bi-Annual	Outcome	Completion	1/10	ND	5	ND	5
Family Dependency Treatment Court (FDTC)	Therapeutic Court	1	Number of referrals to FDTC from community-based agencies	Quarter	Output	Referrals	1/10	9	4	4	7
		2	Number of participants accepted into FDTC	Quarter	Output	Eligibility	1/10	5	1	1	2
		3	Total number of FDTC participants by age and sex	Quarter	Output	Counts	1/10	10	8	8	8
		4	Number of days from the case identification to the date the FDTC participant entered chemical dependency treatment (every 6 months)	Bi-Annual	Output	Progress	1/10	ND	0	ND	1
		5	Number and percent of FDTC participants with a subsequent substantiated (founded) child abuse or neglect referral/report while in FDTC (every 6 months)	Bi-Annual	Outcome	Justice Involvement	1/10	ND	0	ND	0
		6	Number of participants who graduate from FDTC (every 6 months)	Bi-Annual	Outcome	Completion	1/10	ND	3	ND	2

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
Juvenile Drug Court (JDC)	Therapeutic Court	1	Number of referrals to JDC	Quarter	Output	Referrals	4/10		7	7	6
		2	Number of youth screened for the JDC program	Quarter	Output	Eligibility	4/10		7	7	6
		3	Number of participants admitted to JDC	Quarter	Output	Capacity	4/10		7	7	6
		4	Total number of JDC participants by age and sex	Quarter	Output	Counts	4/10		16	13	18
		5	Number and percent of JDC participants with a subsequent arrest while in JDC (every 6 months)	Bi-Annual	Outcome	Justice Involvement	4/10		1	ND	1
		6	Number of participants who graduate from JDC (every 6 months)	Bi-Annual	Outcome	Completion	4/10		5	ND	0
Juvenile Drug Court Treatment & Case Management	Treatment, Therapeutic Court	1	Total number of JDC participants entering treatment by age and sex	Quarter	Output	Counts	1/10	3	6	9	4
		2	Total number of JDC participants receiving case management services by age and sex	Quarter	Output	Counts	7/10			13	18
Prosecution Therapeutic Courts	Therapeutic Court Related	1	Number of Drug Court participants served	Quarter	Output	Referrals/Counts	1/10	See counts served by each therapeutic court.			
		2	Number of DUI court participants served	Quarter	Output	Referrals/Counts	1/10				
		3	Number of Mental Health Court participants served	Quarter	Output	Referrals/Counts	1/10				
Defense Therapeutic Courts	Therapeutic Court Related	1	Number of participants represented by an Office of Assigned Counsel attorney in Drug Court	Quarter	Output	Capacity/Counts	1/10	See counts served by each therapeutic court.			
		2	Number of participants represented by an Office of Assigned Counsel attorney in DUI Court	Quarter	Output	Capacity/Counts	1/10				
		3	Number of participants represented by an Office of Assigned Counsel attorney in Mental Health Court	Quarter	Output	Capacity/Counts	1/10				
Pretrial Needs Assessments	Therapeutic Court Related	1	Number of adults referred for a needs assessment	Quarter	Output	Referrals	1/10	Not provided	42	32	51
		2	Total number of adults with a completed needs assessments by age and sex	Quarter	Output	Counts	1/10	40	42	26	42
		3	Number of adults with a completed needs assessments for Drug Court	Quarter	Output	Capacity	1/10	8	14	5	19
		4	Number of adults with a completed needs assessments for DUI Court	Quarter	Output	Capacity	1/10	1	7	0	2
		5	Number of adults with a completed needs assessments for Mental Health Court	Quarter	Output	Capacity	1/10	10	11	5	8

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
TCPHSS - Jail and Detention Mentally Ill Offender	Treatment	1	Number of incarcerated adults served by MIO program by age and sex	Quarter	Output	Counts	1/10	409	442	495	314
		2	Number of MIO program participants that have completed a Medicaid/CSO application	Quarter	Output	Linkage	1/10	27	46	18	110
		3	Number of MIO program participants, eligible for outpatient mental health treatment, that have an outpatient provider by date of discharge	Quarter	Output	Linkage	1/10	30	35	33	63
		4	Total number of incarcerated juveniles served by the MIJOP program by age and sex	Quarter	Output	Counts	7/10			89	58
TCSO - Jail Mentally Ill Offender	Treatment	1	Number of incarcerated adults served by weekend MIO program by age and sex	Quarter	Output	Counts	1/10	76	120	109	101
		2	Number of mentally ill adults with a completed re-entry checklist	Quarter	Output	Screening	1/10	54	55	73	42
		3	Number of mentally ill adults referred to Mental Health Court	Quarter	Output	Linkage	1/10	1	19	12	26
		4	Number of mentally ill adults with a completed release plan	Quarter	Output	Capacity	1/10	41	59	53	57
		5	Number of MIO program participants that have completed a Medicaid/CSO application	Quarter	Output	Linkage	1/10	16	13	10	3
		6	Number of MIO program participants that have completed a Social Security (including SSI Disability) application	Quarter	Output	Linkage	1/10	5	3	2	1
TCSO - Jail Medication and Case Management (Mentally Ill Offender)	Treatment	1	Number of incarcerated and Correctional Options Programs adults provided with Medication Management services	Quarter	Output	Counts	1/10	3	18	22	16
		2	Number of incarcerated and Correctional Options Programs adults provided with Case Management services	Quarter	Output	Counts	1/10	4	15	22	16
		3	Number of incarcerated and Correctional Options Programs adults provided with case management services who have an outpatient mental health treatment provider by date of discharge	Quarter	Output	Linkage	1/10	1	2	6	6
		4	Number of incarcerated and Correctional Options Programs adults provided case management services that have completed a Medicaid/CSO application	Quarter	Output	Linkage	1/10	1	2	1	2
		5	Number of incarcerated and Correctional Options Programs adults provided case management services that have completed a Social Security (including SSI Disability) application	Quarter	Output	Linkage	1/10	1	1	2	3

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
TCSO - Jail Chemical Dependency Program and Recovery Support Services	Treatment	1	Number of incarcerated adults served in CDP by age and sex	Quarter	Output	Counts	1/10	40	58	49	23
		2	Number of incarcerated adults provided with domestic violence counseling	Quarter	Output	Counts	1/10	5	5	10	6
		3	Number of incarcerated adults provided with anger management counseling	Quarter	Output	Counts	1/10	14	16	7	9
		4	Number of incarcerated adults served by the Turning Point program	Quarter	Output	Counts	1/10	14	16	7	10
		5	Number of incarcerated adults provided with educational services	Quarter	Output	Counts	1/10	5	7	7	4
		6	Number of incarcerated adults obtaining a GED	Quarter	Output	Completion	1/10	2	2	1	0
		7	Number of incarcerated adults provided with employment services	Quarter	Output	Capacity	1/10	4	0	0	0
TCSO - Jail Offender Re-entry Program	Treatment Related	1	Total number of adults provided any ORP service	Quarter	Output	Capacity	1/10	43	65	24	24
		2	Total number of ORP participants by age and sex	Quarter	Output	Counts	1/10	43	26	27	24
		3	Number of ORP adults completing a GAINS Re-Entry Checklist	Quarter	Output	Screening	1/10	40	26	27	24
		4	Number of ORP adults referred for mental health services	Quarter	Output	Linkage	1/10	14	17	13	6
		5	Number of ORP adults referred for chemical dependency services	Quarter	Output	Linkage	1/10	40	18	21	23
		6	6. Number of ORP adults referred for domestic violence services, including DVOP assessments	Quarter	Output	Linkage	1/10	13	18	2	4
		7	Number of ORP adults referred for anger management services	Quarter	Output	Linkage	1/10	33	24	8	4
		8	Number of ORP adults referred for educational/GED services	Quarter	Output	Linkage	1/10	6	12	8	4
		9	Number of ORP adults referred for employment services	Quarter	Output	Linkage	1/10	4	0	0	0

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
TCPHSS - Chemical Dependency Detoxification (Detox)	Treatment	1	Total number of detoxification clients by age and sex	Quarter	Output	Counts	9/10			11	14
TCPHSS - COD Intensive Case Management (ICM)	Treatment	1	Total number of individuals referred to the ICM program by referral source	Quarter	Output	Referrals	7/10			24	21
		2	Total number of ICM clients by age and sex	Quarter	Output	Counts	7/10			24	21
		3	Number of ICM clients that are placed in inpatient chemical dependency treatment	Quarter	Output	Linkage	7/10			16	13
		4	Number of ICM clients that are placed in outpatient chemical dependency treatment	Quarter	Output	Linkage	7/10			4	5
		5	Number of ICM clients that are placed in inpatient mental health treatment	Quarter	Output	Linkage	7/10			0	0
		6	Number of ICM clients that are placed in outpatient mental health treatment	Quarter	Output	Linkage	7/10			2	1
TCPHSS - Co-Occurring Disorders Case Management and Brief Treatment (COD)	Treatment	1	Total number of COD case management and brief treatment clients by age and sex	Quarter	Output	Counts	7/10			26	22
		2	Number of COD clients that are placed in inpatient chemical dependency treatment	Quarter	Output	Linkage	7/10			4	6
		3	Number of COD clients that are placed in outpatient chemical dependency treatment	Quarter	Output	Linkage	7/10			4	4
		4	Number of COD clients that are placed in non-Thurston County Evaluation & Treatment Center inpatient mental health treatment	Quarter	Output	Linkage	7/10			0	3
		5	Number of COD clients that are placed in outpatient mental health treatment	Quarter	Output	Linkage	7/10			6	3
TCPHSS - Chemical Dependency Youth Outpatient	Treatment	1	Number of non-Medicaid eligible referrals to school-based youth outpatient chemical dependency treatment by school district	Quarter	Output	Referrals	7/10			9	21
		2	Number of non-Medicaid youth entering with at least one previous arrest	Quarter	Output	Justice Involvement	7/10			16	15
		3	Total number of non-Medicaid eligible youth provided with school-based outpatient chemical dependency treatment by age and sex	Quarter	Output	Counts	7/10			19	26
		4	Number and percent of youth discharged from school-based outpatient chemical dependency treatment due to program completion (every 6 months)	Bi-Annual	Outcome	Completion	7/10			ND	40%

Contract	Type	#	Measure	Frequency	Type	Focus	Start	1st Quarter Jan 1 - Mar 31	2nd Quarter Apr 1 - Jun 30	3rd Quarter Jul 1 - Sept 30	4th Quarter Oct 1- Dec 31
TCPHSS - Multisystemic Therapy (MST)	Early Intervention, Treatment	1	Number of referrals to MST from community-based agencies	Quarter	Output	Referrals	1/10	17	24	16	15
		2	Number of youth accepted for MST	Quarter	Output	Capacity	1/10	17	24	16	15
		3	Total number of MST participants by age and sex	Quarter	Output	Counts	1/10	27	24	16	15
		4	Percent of participants arrested pre-intervention compared to post-intervention	Quarter	Outcome	Justice Involvement	1/10	44% pre, 32% post	51% pre, 27% post	53% pre, 26% post	48% pre, 25% post
		5	Percent of participants with problems related to substance abuse (alcohol or drugs) pre-intervention compared to post-intervention	Quarter	Outcome	Substance Use	1/10	40% pre, 16% post	46% pre, 19% post	48% pre, 19% post	46% pre, 21% post
		6	Score showing adherence to MST treatment model to assure activities produce expected outcomes and return-on-investment	Quarter	Other	Fidelity	1/10	.74 (met)	0.72 (met)	0.70 (met)	0.685 (met)
TCPHSS - High Fidelity Wraparound Initiative (TWI)	Early Intervention, Treatment	1	Total number of families referred to the Wraparound Initiative by referral source	Quarter	Output	Referrals	8/10			ND	13
		2	Total number of families accepted for the Wraparound Initiative	Quarter	Output	Capacity	8/10			ND	12
		3	Total number of Wraparound participants by age and sex	Quarter	Output	Counts	8/10			ND	12
		4	Wraparound Fidelity Index showing adherence to the model to assure activities produce expected outcomes	Quarter	Other	Fidelity	8/10			ND	(numbers too small to calculate)
Nurse Family Partnership (NFP)	Early Intervention	1	Number of women referred to Nurse Family Partnership	Quarter	Output	Referrals	1/10	46	28	46	15
		2	Total number of women provided with NFP services by age	Quarter	Output	Counts	1/10	52	55	50	39
		3	Number of NFP women referred for mental health services	Quarter	Output	Linkage	1/10	26	33	41	47
		4	Number of NFP women referred for chemical dependency services	Quarter	Output	Linkage	1/10	3	10	26	18
		5	Percentage of NFP women that demonstrate nurturing behaviors (every 6 months)	Bi-Annual	Outcome	Abuse	1/10	ND	100%	ND	88%
		6	Percentage of NFP women that do not experience postpartum depression (every 6 months)	Bi-Annual	Outcome	Mental Health	1/10	ND	47%	ND	59%
		7	Percentage of NFP women that demonstrate healthy stress management knowledge, behavior or status (every 6 months)	Bi-Annual	Outcome	Abuse	1/10	ND	75% pregnancy, 100% infant, 100% toddler	ND	63% pregnancy, 82% infancy, 100% toddler