

Clark County Substance Abuse Advisory Board Annual Briefing to the Board of Clark County Commissioners

December 10, 2014



proud past, promising future

CLARK COUNTY
WASHINGTON

Introductions

- ▶ Karen Kaiser, *Chair*
- ▶ Lt. Kathy McNicholas, *Vice Chair*
- ▶ Joey Smith, *Executive Committee Designee*
- ▶ Tom Breitenbauch
- ▶ Jessica DeFrees
- ▶ Julie DeWitt-Kamada (*Past-Chair*)
- ▶ Lisa Elsasser
- ▶ Sgt. Shane Gardner (*Past Chair*)
- ▶ Armando Herrera (*Past-Chair*)
- ▶ Ronee Hunter
- ▶ Roy Pulver (*Past-Chair*)
- ▶ Dr. Marcia Roi
- ▶ April Weyer

Legal Mandate

Authority and Mandates RCW 70.96A-300 & WAC 388-805

Duties and Responsibilities of the Substance Abuse Advisory Board:

- ▶ Review and assess community needs, services, plans and budgets for publicly funded treatment and prevention programs
- ▶ Make recommendations to the County Commissioners regarding program needs and priorities
- ▶ The advisory board is made up of individuals in recovery, members from diverse populations, and those representing geographic areas of the county
- ▶ All members of the advisory board have a working knowledge of and interest in issues related to alcoholism, drug addiction, substance abuse and prevention

Clark County

- ▶ Addiction is NOT a choice, it's a chronic brain disease
 - ▶ Detox/Inpatient
 - ▶ Primary and Secondary Drug Use - Youth & Adults
 - ▶ Cost Benefit Overview
 - ▶ Budget
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Detox

LIFELINE CONNECTIONS DETOXIFICATION ADMISSIONS FY 2012-2013 ANALYSIS

In Fiscal Year 2012-2013 there were 1975 admissions to the Detoxification unit by 1696 clients.

GENDER	
Male	Female
1063	633
63%	37%

NUMBER OF ADMISSIONS PAID BY		
Private Pay	County	Medicaid
510	1160	305
26%	59%	15%

NUMBER OF ADMISSIONS PER CLIENT			
ONE	TWO	THREE	FOUR+
1229	232	105	130
76%	12%	5%	7%

TYPE OF SUBSTANCE IDENTIFIED AT INTAKE						
ALCOHOL	HEROIN	OPIATES	METH	COCAINE	THC	OTHER
553	1020	129	220	11	12	30
28%	52%	6%	11%	1%	1%	1%

Detox

LIFELINE CONNECTIONS DETOXIFICATION ADMISSIONS FY 2012-2013 ANALYSIS

NUMBER OF SUBSTANCES REPORTED		
ONE	TWO	THREE
898	689	388
45%	35%	20%

DISCHARGE OUTCOMES		
Satisfactory Completion	Against Staff Advice	Other
1287	606	82
65%	31%	4%

Half of clients present with addictions to multiple substances. This can complicate both the detoxification process and their ability to successfully navigate additional treatment. This chart reflects report the highest usage across the range of substances, regardless of which was reported as the primary, secondary, or tertiary substance of choice at intake.

DISCHARGED TO						
Lifeline Inpatient	Lifeline Pre-Bed	Lifeline Outpatient	Self Help Groups	Not amendable to treatment	DSHS Application	Other Providers
411	344	119	422	399	94	186
21%	17%	6%	21%	20%	5%	9%

Discharge: Lifeline Connections detox staff refer clients for follow-up services at the time of discharge. Referrals are made in dialogue with the client based on the client's stated wish or intent. "Lifeline Pre-Bed" refers to clients who wish to access inpatient treatment, but who must wait until a bed opens; they participate in weekly outpatient services while waiting. "Not Amendable" is usually associated with clients who left Against Staff Advice, where no discharge plan was in place. "DSHS Application" refers clients to apply for state insurance so they can pursue further treatment.

Inpatient Residential

LIFELINE CONNECTIONS RESIDENTIAL ADMISSIONS FY 2012-2013 ANALYSIS

In Fiscal Year 2012-2013 there were 822 admissions to the residential unit by 780 clients.

GENDER	
Male	Female
460	320
59%	41%

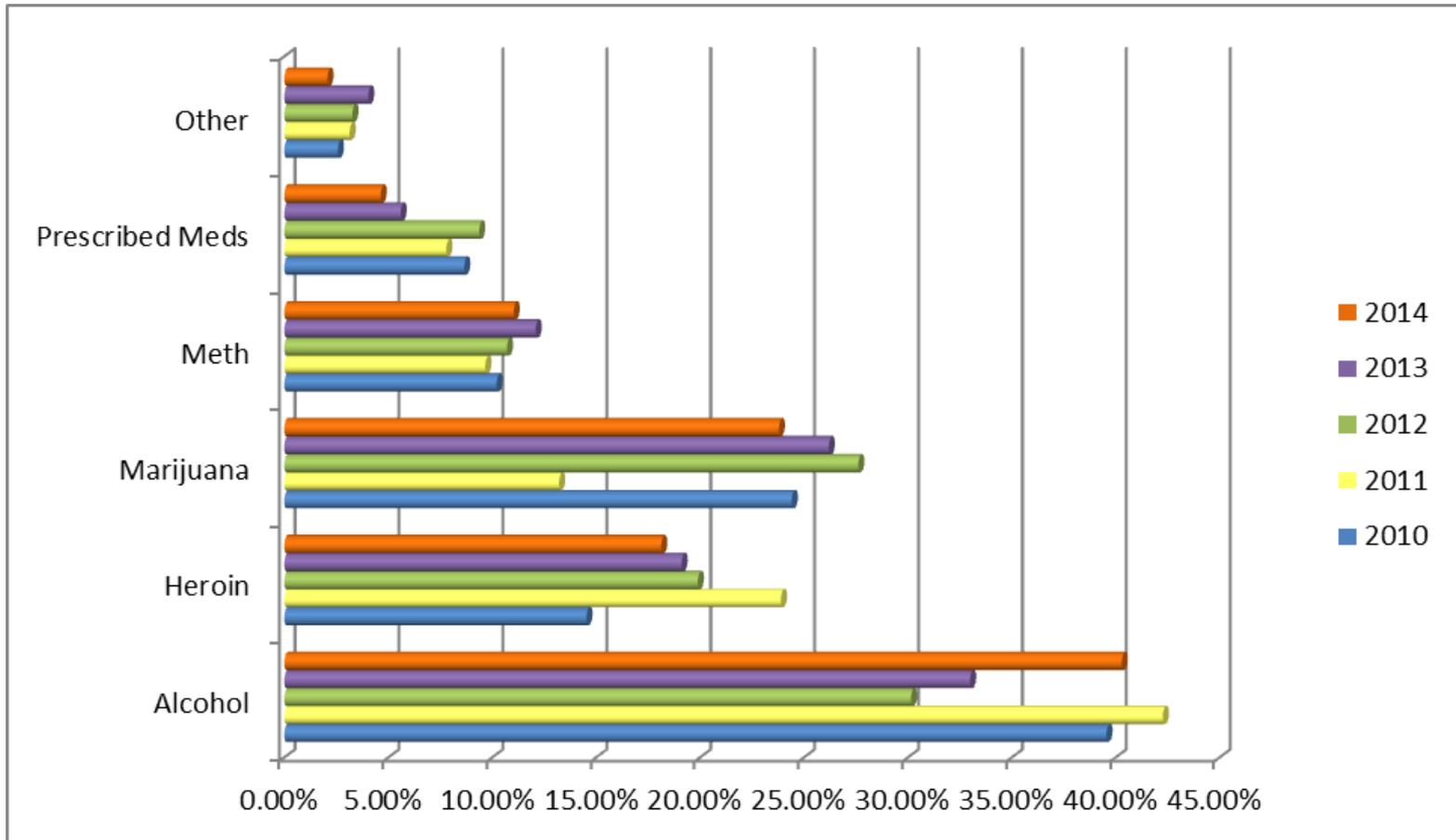
DISCHARGE OUTCOMES			
Completed or Transferred	Against Staff Advice	With Staff Advice	Other
536	120	42	82
69%	15%	5%	11%

NUMBER OF ADMISSIONS PER CLIENT			
ONE	TWO	THREE	FOUR+
712	59	9	0
91%	8%	1%	0%

TYPE OF SUBSTANCE IDENTIFIED AT INTAKE						
ALCOHOL	HEROIN	OPIATES	METH	COCAINE	THC	OTHER
218	316	59	132	11	26	18
28%	41%	8%	17%	1%	3%	2%

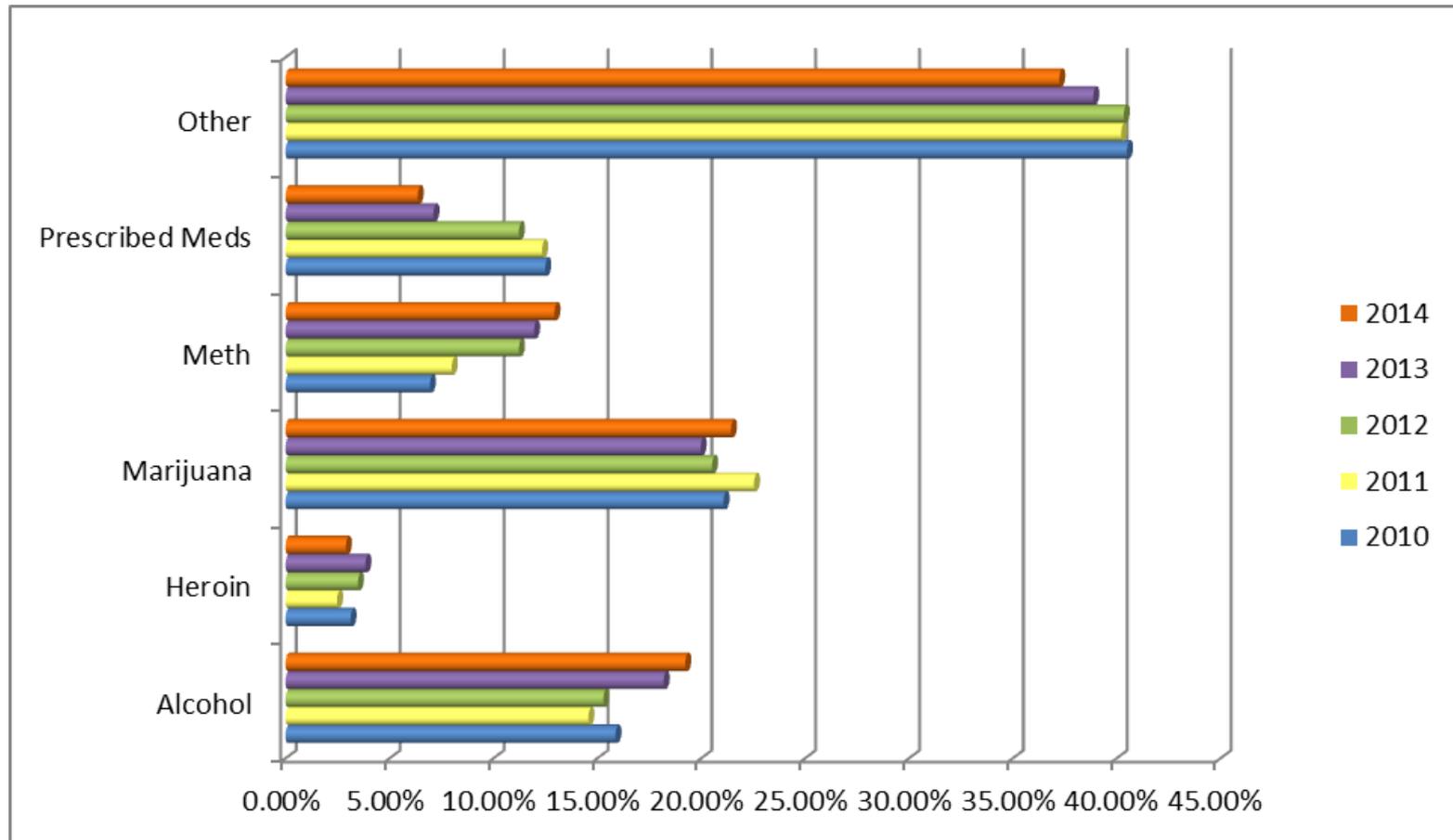
NUMBER OF ADMISSIONS PAID BY				
SELF PAY	ADATSA	INSURANCE	STATE	COUNTY
14	109	370	84	203
2%	14%	47%	11%	26%

Primary Drug Use *Outpatient Services*



*2014 is inclusive of January-September

Secondary Drug Use *Outpatient Services*



Other includes: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Hallucinogens, Inhalants, Major Tranquilizers, No Substance Abuse, Other, Other Sedatives or Hypnotics, Over the Counter, Substance Unknown, and Tobacco Products.

Cost Benefit Overview

Every \$1 spent on addiction treatment produces \$12 in savings related to health care, crime and criminal justice costs (www.samhsa.gov).

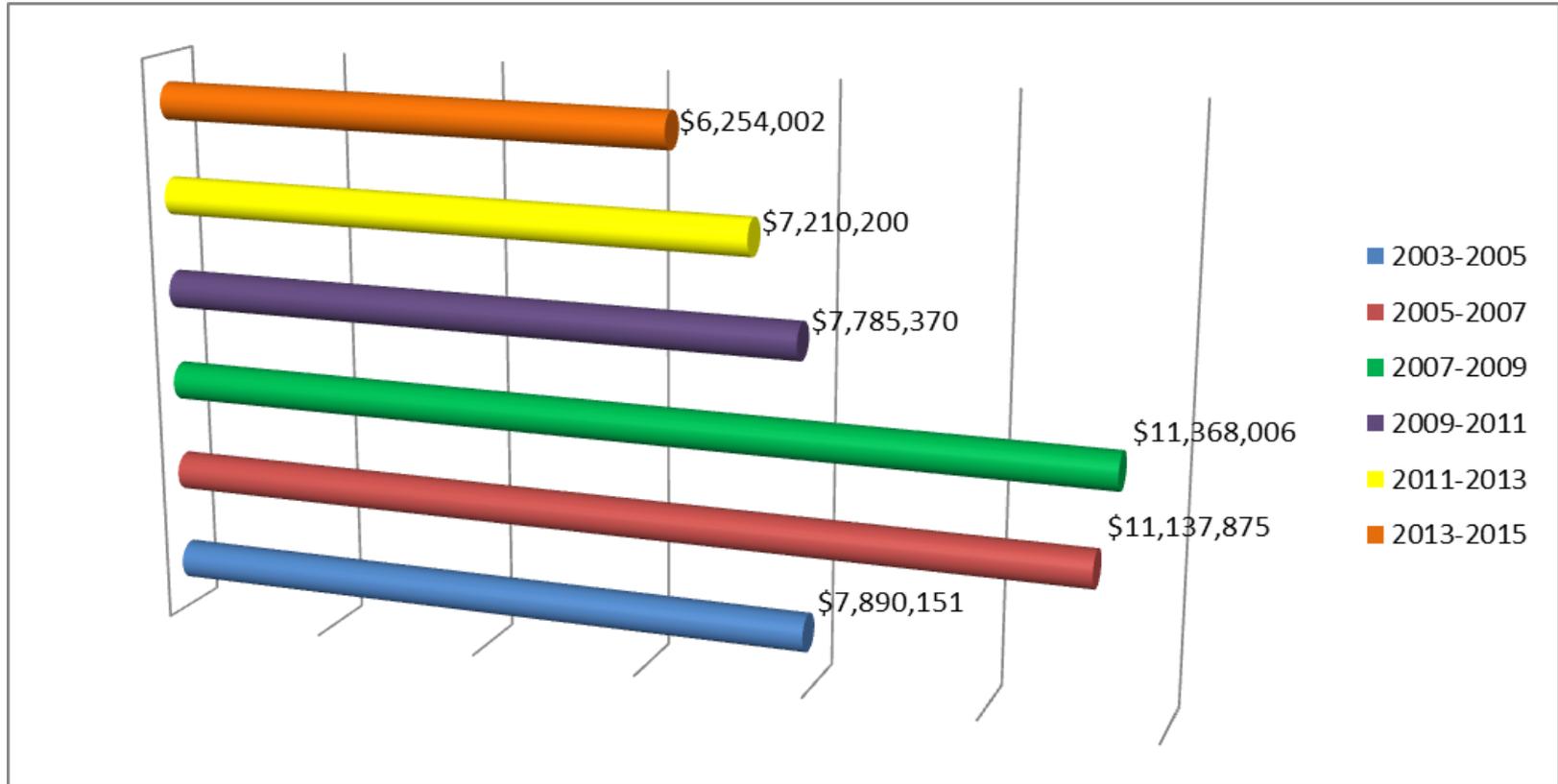
2003-2014	\$48,730,578	Federal/State
2008-2014	<u>\$16,184,548</u>	Local
Total	\$64,915,126 X \$12 =	

\$778,981,512 in SAVINGS



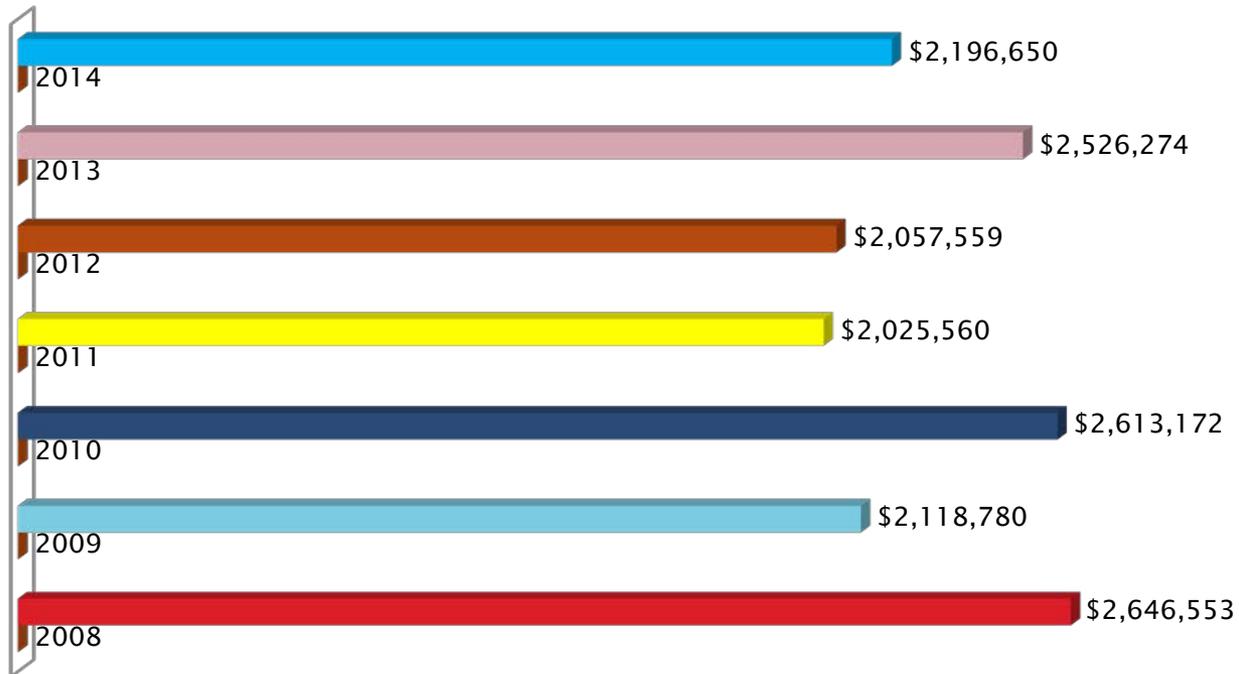
Budget

Federal/State (Fiscal Year)



Budget

Local Revenue (Calendar Year)



Treatment funds included: Law and Justice, DCS Community based (Non-Mental Health), COACHES, New Options Youth and Meth Action Team.

Drug Trends

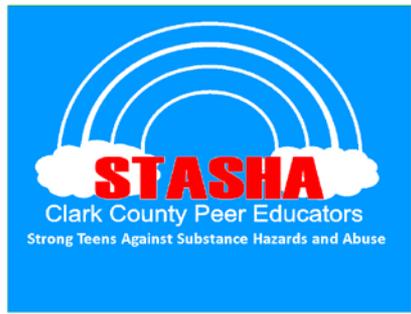
- ▶ Prescription Drug Abuse, Heroin, Spice & Bath Salts
 - ▶ Prescription Take Back Events
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Marijuana

- ▶ Youth, Education & Edibles
 - ▶ Impact of I-502
 - ▶ Tax Revenue
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Prevention Updates

- ▶ Strong Teens Against Substance Hazards & Abuse (STASHA) Peer Education Program
 - ▶ West Van for Youth
 - ▶ Unite! Washougal Community Coalition
 - ▶ PREVENT! Coalition
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STASHA: Peer Education Program

▶ History

- Established in 2008
- Clark County citizen request

▶ Mission

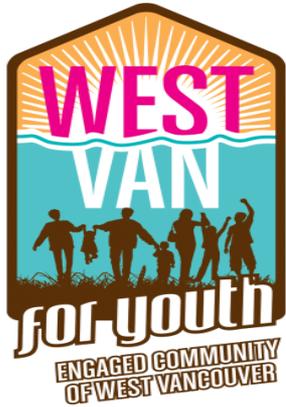
- Our mission is to help prevent substance use and encourage Clark County youth to make healthy decisions through nonjudgmental, youth-to-youth advice and/or suggestions.

▶ Demographics

- 7th grade – Freshmen in college
- Clark County school districts

▶ Youth Driven Projects

- Policy Makers Education Day
- Advise and support local coalitions (PREVENT'S D.P.O., STASHA Liaisons)
- Provide education to other youth organizations
- PREVENTION IS A PARTY!



West Van for Youth

- ▶ **Established:** 2011 – Community Prevention Wellness Initiative
- ▶ **Community:** West Vancouver
- ▶ **Mission:** West Van for Youth builds community to promote healthy choices and reduce substance abuse among youth so that our young people can grow into thriving and productive adults.
- ▶ **Substances:** Alcohol and marijuana
- ▶ **Strategies:** Direct Services & Environmental
- ▶ **Current Effort:** Point of Purchase Campaign



- ▶ **Established:** 2012
- ▶ **Focused:** Washougal
- ▶ **Mission:** Building a community that is connected and involved, empowered by healthy choices and strong family units
- ▶ **Substances:** Underage drinking, marijuana use and prescription drug abuse
- ▶ **Coordinator:** Margaret McCarthy



The Substance Abuse Prevention
Coalition of Clark County

- ▶ **Established:** 2005 to prevent and reduce substance abuse in Clark County
- ▶ **Vision:** Working Together for a Healthy, Thriving Clark County Free of the Effects of Substance Abuse.
- ▶ Received the Drug Free Communities Support Program Grant from the Office of National Drug Control Policy (ONDCP) in 2007 and again in 2012
- ▶ Has grown to over 250 volunteers and community partners
- ▶ A total of \$ 1.12 Million in funding over ten years plus a dollar for dollar “In-Kind Match”
- ▶ Increase community collaboration and awareness to prevent youth substance abuse in Clark County ESD 112 –Educational District 112



The Substance Abuse Prevention
Coalition of Clark County

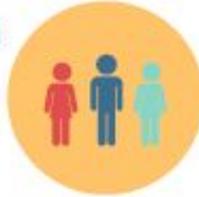
- ▶ Display of Drug Paraphernalia ordinance passes in August 2014 in the City of Vancouver
- ▶ 300 community members and organizations throughout Clark County
- ▶ Teens Care Too:
 - Youth Leadership and Prevention Summit
 - 300 Participants at Clark College
 - Conversation Café
- ▶ RX Drug Take Back
 - 2014 Collected 2032 lbs. of pills
 - Over 1200 Households
 - 124 Volunteers

Coordinator: Joy Lyons

Drug-Free Communities

Local Problems
Require Local Solutions

Youth



Parents



Substance Abuse
Organizations



Business



State/
Local/Tribal
Government



Media



Healthcare
Professionals



Schools



Religious/
Fraternal
Organizations



Youth Serving
Organizations



Civic/
Volunteer
Organizations



Law
Enforcement



Coalition Strategies



Providing Information



Enhancing Skills



Changing Physical Design



Providing Support



Enhancing Access/
Reducing Barriers



Changing Consequences



Modifying/
Changing Policies

DFC Works!

Youth substance use has decreased among all grantees since program inception



Sources:

SAMHSA-
NSDUH 2013

Monitoring the
Future 2012

2012 DFC
National
Evaluation
Report

YRBS 2013

Treatment Grants

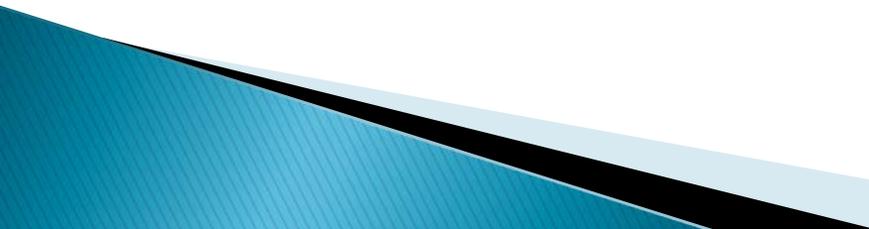
- ▶ Access to Recovery (ATR) Grant
 - ▶ Children Affected by Methamphetamines (CAM) Grant
 - ▶ Drug Court Enhancement Grant
 - ▶ Juvenile Recovery Court Enhancement Grant
 - ▶ Project REACH Too Grant
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Access to Recovery (ATR) Grant

Clark County has served over 4,042 individuals since 2004

- ▶ ATR I - 2004 - 2007
- ▶ ATR II - 2007 - 2010
- ▶ ATR III - 2010 – 2014
 - ATR III:
 - Priority population includes Veterans & Parenting/Pregnant Women
 - Since 2004, ATR has served 180 Veterans
- ▶ For the past 10 years, Clark County Department of Community Services has worked in close collaboration with Washington State's Division of Behavioral Health and Recovery (DBHR) to develop ATR into its current, ***nationally acclaimed*** program model
- ▶ We have established linkages with faith-based organizations, Veterans Administration, Department of Corrections, drug courts, veteran courts, Oxford Houses, and other local non-profit agencies to provide client-directed treatment and recovery support service options

Access to Recovery (ATR) Grant

- ▶ The Access to Recovery (ATR) program started 10 years ago with a federal grant through the State of Washington from the Substance Abuse and Mental Health Services Administration. The focus of the grant was to remove the common barriers that prevent individuals from succeeding in recovery.
 - ▶ A review of the existing data from October 2011 through July 2014 indicates exceptional rates of positive change in the primary areas that have the greatest impact on people continuing to be clean and sober. The data looks at 1,177 individuals who have received Access to Recovery support services since 2011.
 - ▶ Each of those individuals has a baseline established at intake and a review of the access to recovery supports at a 6-month follow up point.
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Access to Recovery (ATR) Grant

- ▶ The rate of change specific to individuals being employed or enrolled in school or a job training program at the 6-month point is an increase of 419.7%.
- ▶ The rate of homelessness decreased by 71.7% and the overall rate of change for individuals living in semi-permanent (ex. Oxford Housing, Faith-Based Housing and/or transitional housing) and permanent housing (owning or renting - also includes living in a dorm or college residence) increased by 44.6%.
- ▶ Grant ended September 30, 2014
- ▶ Local funds are being utilized to support October, November and December 2014 services.
- ▶ Thank you for approving the decision packet to sustain ATR in 2015.

Children Affected by Methamphetamines (CAM)

Grant 2010-2014

- ▶ The CAM grant was focused on treating children affected by methamphetamine and their parents or primary care givers using evidenced-based neuropsychological testing & subsequent individualized parent coaching services
- ▶ The CAM team is made up of a comprehensive group of community stakeholders, including DSHS-Children's Administration, Court Appointed Special Advocates (CASA), judicial member, coordinator, substance abuse treatment provider, Attorney General, Public Defender, and Parent Partner peer to peer mentor
- ▶ This grant served **94** adults and **132** children, totaling **60** families
- ▶ Nine drug free babies were born during the grant cycle which is an average savings of over **\$9.6 million**.
 - According to a report released by the OJP Drug Court Clearinghouse and Technical Assistance project – March 2002 – the total lifetime costs for caring for children who are prenatally exposed to drugs or alcohol is between \$750,000 - \$1.4 million.

Drug Court Enhancement Grant

- ▶ Three year, Joint Enhancement Grant = BJA/SAMHSA
- ▶ BJA = \$300,000 - SAMHSA = \$325,000 per year
- ▶ The Clark County, WA Drug Court Enhancement Grant programs aim to fill critical criminal justice (community policing and supervision) and substance abuse (Opiate Medication and co-occurring trauma informed) treatment needs in the adult criminal substance abuse Therapeutic Specialty Courts (TSC) programs.
- ▶ Three programs are joining together to efficiently collaborate on resources to address previous system expansions. The proposal aims to serve adult felony and misdemeanor substance abusers in the TSC programs; Felony Drug Court, Misdemeanor Substance Abuse Court and Veteran's Treatment Court.
- ▶ The interventions and proposed service goals/objectives: include 200 participants per year (600 over three years) receiving sheriff home checks and automated curfew calls, 10 people per year (30 over three years) receiving Suboxone Opiate Medication Therapy, and 75 participants (225 over three years) receiving co-occurring treatment services, along with a process, cost-benefit, and outcome evaluation.
- ▶ This program follows all Key Components of Drug Courts and the seven evidence-based design features.

Juvenile Recovery Court Enhancement Grant

- ▶ Three year SAMHSA Grant - \$325,000 Per year
- ▶ The Clark County Juvenile Recovery Court (JRC) Enhancement Grant serves youth with substance abuse and dependence diagnosis in the Clark County Juvenile Court aged 15 and 17.
- ▶ The proposal enriches the JRC program through data driven enhancements. Enhancements include adding 1) Co-occurring treatment 2) Recovery Support Services; job readiness skills and training 3) Community based mentoring.
- ▶ Program goals and objectives include A) assess 90% of youth in JRC with the Global Appraisal of Individual Need (GAIN), B) enhance services by providing 20 youth per year (60 over life of grant) co-occurring treatment B) expand existing mentoring by matching 35 youth per year (105 over life of grant) in community-based Project COMBINE, C) enhance job training and life skills by having 20 youth per year participate the YouthFirst program D) conduct comprehensive program evaluation by Dr. Clay Mosher, Washington State University Vancouver. Based on individual need, youth may participate in multiple activities. Therefore, it is expected the JRC enhancement grant will serve 50 youth per year, 150 over the life of the grant.

Juvenile Recovery Court Enhancement Grant

- ▶ Anticipated outcomes include an increase in program retention, decrease in recidivism and expedience in matching clients to appropriate treatment and services.
 - ▶ Co-occurring treatment will be provided by hiring a full time psychologist for Juvenile Court to implement evidence-based services.
 - ▶ Community mentoring will build upon an expiring pilot mentoring program, Project COMBINE. Project COMBINE uses two evidence-based programs, A-CRA treatment and Aftercare for Indiana Mentoring (AIM).
 - ▶ Job readiness training and life skills will be provided by Partners in Careers (PIC), through their promising practice YouthFirst job readiness program.
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Project REACH Too Grant

Peer to Peer Mentoring Program:

- ▶ A collaboration of Consumer Voices Are Born (CVAB) and Clark County Therapeutic Courts
- ▶ All of our mentors are Therapeutic Court Graduates
- ▶ Have 21 trained Alumni/Mentors that continue to have a positive impact on the community and give back to a program that saved their lives

Year one of the grant:

- ▶ 153 incoming participants of Clark County Therapeutic courts have been assigned a mentor.
- ▶ 73 participants engaged in initial contact with their mentor
- ▶ 45 participants engaged with their mentor past the initial contact period and have built positive prosocial relationships with their mentor and are active in the recovery community



Project REACH Too Grant

- ▶ In addition to peer mentoring REACH Too provides support through CVAB's other programs
 - CVAB's REACH Center
 - Computer access and classes
 - Wellness support groups
 - WRAP classes (Wellness Recovery Action Plan)
 - All-recovery (Peer Support Group)
 - Benefits support and community resources
 - CVAB's Val Ogden Center
 - Employment support
 - Building resumes
 - Cover letter
 - Interviewing techniques
 - Job search



New Services

- ▶ Sobering Unit – Lifeline Connections
- ▶ Re-Entry Program – Clark County Jail

Sobering Unit – Lifeline Connections

What is the purpose of the sobering unit?

- Engage people to encourage continued treatment and other supports
- Coordinated care
- Overflow for detox
- Relieve emergency departments and jails
- Provide a safe environment for individuals while intoxicated
- Reduce public intoxication crimes

What does the program design look like?

- Similar to Portland, Seattle and Spokane sobering units
- 24 hour medical and support staff
- Case management provided
- 12 hour maximum stay
- Substance use, mental health and community resources offered

Who qualifies for the service and how do people get a bed?

- Must be currently under the influence of alcohol or drugs
- 18 years and older
- No cost to WA State residents
- Funded by WA State/Division of Behavioral Health and Recovery

Re-Entry Program - Clark County Jail

- ▶ In-Custody Substance Abuse Programming
 - Alcoholics Anonymous
 - Narcotics Anonymous
 - Xchange Recovery Group (Faith-based 12-step)
 - Xchange Recovery Faces of Hope (Mentoring)
 - Xchange Recovery Relapse Prevention Group
 - Celebrate Recovery Inside (Faith-based 12-step)
 - Moral Reconciliation Therapy (MRT) Cognitive Behavioral Therapy
 - Drug Court Alumni (Mentoring)

Re-Entry Program - Clark County Jail

- ▶ Treatment related statistics
 - 234 Chemical Dependency Assessments performed since program inception (October 2013)
 - 33 Involuntary Treatment Act (ITA) Placements into PCE (Pioneer Center East)/PCN (Pioneer Center North) in-patient treatment since February 2014
 - Six Placements into Lifeline Residential treatment
- ▶ Post-release engagement remains a challenge
 - Based on preliminary data, participation in MRT appears to be improving engagement rates

Recommendations

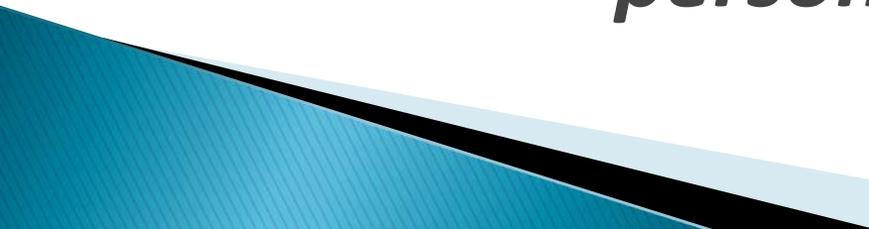
- ▶ Continue to protect funding
 - ▶ Continue to support the Clark County marijuana dispensary moratorium (includes operating producers, processors/manufacturing and retailers)
 - ▶ Support the drug paraphernalia ordinance
 - ▶ Continued support in the areas of prevention, treatment, support and recovery
 - ▶ Continuum of services; Planning and implementing the “Early Adopter” model
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Collaborative Relationships in Clark County

▶ Outreach

- Battleground High School Resource Fair
- Community Wellness Resource Fair
- Covington Middle School Resource Fair
- Drug Court Celebration
- EOCF Wellness Fair
- Hands Across the Bridge/Oxfest
- Latino Resource Fair
- Project Homeless Connect
- Recovery Forum
- Recovery NW Project

***Clark County - A great place to be a
person in recovery***



QUESTIONS & ANSWERS

*Thank you Commissioners Tom Mielke,
David Madore & Jeannie Stewart
for your time!*