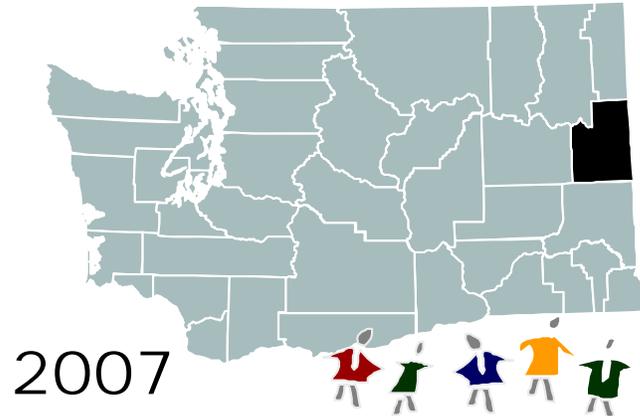


Spokane County

Strategic Plan for

Substance Abuse

Prevention | Intervention | Treatment | Aftercare Services



Spokane County Community Services
312 W. Eighth St,
Spokane, WA 99204

and

Greater Spokane Substance Abuse Coalition
8104 E. Sprague
Spokane Valley, WA 99212

In collaboration with

Washington State Department of Social and Health Services
Division of Alcohol and Substance Abuse

and

Washington State Department of Community, Trade and Economic Development
Community Mobilization Against Substance Abuse and Violence

Spokane County



PART I

Initial Networking & Community Assessment

Description of Recruitment Efforts

The Spokane County coalition spent a considerable amount of time and effort in the initial networking and community assessment. This effort began with the identification and recruitment of key stakeholders to the coalition. Members were selected based on their community representation and relevance to key coalition needs. After being identified, each person and/or agency received a personal invitation.

From this, two groups were formulated to guide the process. A primary steering committee was developed, including the following representation:

- Spokane County Community Services provided representation from both their prevention and treatment units.
- The Greater Spokane Substance Abuse Council (GSSAC) was also involved in the entire process and brought representation from the prevention field as well as Community Mobilization.
- Spokane Regional Health District (SRHD) brought several resources and perspectives to the process including data sources. SRHD also provided support from their statistical assessment center during the design, implementation, and analysis of the community survey.

Along with the above core group, the process included recruitment of other groups to help with assistance as needed. This support included:

- Educational Services District 101 provided support as needed. This support included guidance with analysis of the Healthy Youth Survey as well as insights into assessment of county schools.
- Spokane Public Schools also supported the effort by providing assistance as needed. This partnership was beneficial in assessing the condition and needs of schools and students in Spokane. These insights helped guide the prevention and intervention sections.
- Bob Brisbois is with the DSHS Indian Policy and Support Services and has worked closely with the Spokane Tribe of Indians. Bob presented to the steering committee on issues of concern and was available for support. Issues included the 701 Accord.
- The Family Council Network was contacted to become involved in the process also. Though the representative was not able to join the planning meetings,

support was offered and connections were made throughout the process. The recruitment effort for this project seemed to go well and suggested that community support exists. All groups approached for recruitment responded favorably.

In November 2006, we designed a Community Needs Assessment Survey using an internet company “Survey Monkey” to make it available to our community at large. The link to the survey was emailed widely in the community and also posted on the Spokane County Substance Abuse and Treatment website. Treatment providers also offered the survey in a paper format to clients in their treatment agencies. These surveys were collected and entered to the database by support staff at Spokane County Community Services. A sample copy of the survey results and a list of Community Groups invited to respond is in Appendix D.

Once all data had been collected, a final strategy was conducted to assure full representation. This final strategy was to conduct focus group discussions with selected groups. Each focus group analyzed findings from the data sources, prioritized community needs from their perspective and provided insights into implementation. In total, five focus groups were conducted. These included the following:

- The Policy Board of the Greater Spokane Substance Abuse Council participated in a focus group specifically on the prevention aspects of the plan; including substance abuse and violence prevention.
- The Prevention Roundtable Group of Spokane County Community Services also participated in a prevention focus group.
- The Substance Abuse Advisory Board participated in two separate focus groups. One session addressed prevention while the other addressed treatment and aftercare needs.
- The Substance Abuse Advisory Committee through Educational Services District 101 and Spokane Public Schools provided insights into the intervention elements of the plan. This group consisted of several Student Assistance Specialists and others that work directly with local and county wide schools.

These focus groups provided extensive input from the community and helped to analyze the results of the survey data that will be discussed later. Also, input helped provide potential strategies for the strategic plan and implementation. Details on the composition of each group is provided in Appendix A.

Baseline Community Program and Resource Inventory

Prevention Resources

A community meeting was held to conduct a resource assessment. Representatives from several local agencies attended this meeting to share what resources exist and to identify potential gaps. (See list of participants, Appendix A.)

Many resources focused on prevention were found to be active in Spokane County. From this assessment, a picture was formed that included gaps in resources. These findings included:

- Availability of Drugs – Few programs were identified that deal specifically with reducing the availability of drugs. Also, of those identified, half were projects not recognized as Best Practices or Promising Approaches.
- Family Management Problems – Limited programs were identified for addressing family management. Though there were not many available, most of the current programs discussed were Best Practices. Along with a need for increased services, a deeper need was found from this process. Participants stated that while effective parenting programs exist, getting parents to the programs is challenging. This challenge was seen as being due to lack of marketing and barriers to participation.
- Community Norms – While several programs claimed to address this Risk Factor, most were not Best Practices or Promising Approaches. Also, discussions suggested that many projects were too limited in size and/or duration to effectively change community norms.
- Early Initiation of Problem Behavior – Several projects were found to be working on this Risk Factor. Further, many of the projects were Best Practices, Promising Approaches, or included principles of effective prevention.
- Lack of Commitment to School – Several projects were also found that promote commitment to school. These included some Best Practice/Promising Approaches as well as many long term collaborative efforts.

Intervention

Several prevention projects were also identified as working on intervention strategies. These included a wide range of approaches, such as community and school based projects, emergency intervention, tobacco cessation, violence and Alcohol, Tobacco, and Other Drug intervention, and more. Among the school based approaches, Student Assistance Specialists and other resources through Spokane Public Schools and Educational Services District 101 were addressed.

Other intervention programs were identified by Spokane County Community Services. Examples of such strategies that Spokane County Community Services is actively involved in include:

- Outreach and referral projects funded by Spokane County Substance Abuse & Treatment. These services (depending on the site) may focus on screening, assessment, referral, follow-up and are currently available at:
 - All three DSHS Community Service Offices
 - Eastern State Hospital
 - Geiger Correctional Center
 - Franklin Hills and The Gardens Extended Care Facilities
 - CHAS Clinics
 - Division of Children and Family Services (aka CPS)
 - Community Detox of Spokane
- START Project. An Assertive Community Treatment Team that intervenes with homeless people suffering from mental health and substance abuse funded by a Federal grant administered through Spokane County Regional Support Network.

Treatment

Spokane County Community Services Substance Abuse & Treatment provides funding that supports a coordinated system of care for low income people who are addicted. Outpatient treatment is offered on a sliding fee scale, free to eligible unemployed and addicted, or by Medicaid reimbursement and is available for both adults and youth. This system of care provides services that identify clients, refer them to appropriate treatment, and supports their participation in treatment. Our system includes the following providers:

- CAMAS Institute – Adult outpatient treatment. Also offers youth treatment services.
- Community Detox of Spokane – Assessment, Access to Recovery (social service supports), Detoxification Services, DEP beds, transitional housing, Interim Services, Sobering Services, Involuntary Treatment Services, Emergency Service Patrol.
- Community Health Intervention and Prevention (CHIPS) – Assessment, Outreach, Methadone Treatment. Is a division of Spokane Regional Health District.
- Daybreak Youth Services – Outpatient treatment for youth. Also offers an inpatient facility for youth and group care enhancement services.
- Family Care Resources – Child care information and referral, placement and funding for childcare services, monitoring childcare usage and parent attendance in treatment, facilitating transition to other childcare resources upon employment, etc
- Juvenile Court Services – Screening, referral to assessment, motivational counseling for youth in detention.
- NATIVE Project – Outpatient treatment for youth. Also offers transportation, health care, and an aftercare support group for youth.
- New Horizon Care Centers – Outpatient treatment for adults, outreach to elderly populations, HASAP Group Care Enhancement. Also offers inpatient treatment, transitional housing, Meth Family Treatment, and P-CAP services.

- Partners with Families and Children – Adult outpatient treatment co-located with child abuse prevention and counseling services.
- Spokane Addiction and Recovery Centers – Outpatient treatment for adults. Also offers inpatient treatment, transitional housing, and collaborates on the START Project.
- YFA Connections – Outpatient treatment for adults that also includes mental health services. Also offers inpatient treatment for youth.

Aftercare

Resources identified for aftercare were very limited. These included some faith based projects and a program for Native Americans. The Aftercare Community in Spokane is loosely organized and is limited in its ability to advertise services due to lack of funding and access to resources. Currently, services are advertised primarily by flyers available at treatment centers and phone hotlines that direct interested participants to meeting groups. Some of the faith-based groups are beginning to organize and become more recognized in the community.

Treatment Data Report

Spokane County admissions data developed by Looking Glass Analytics (see Appendix C) is proving to be quite useful for purposes of reviewing both specific agency trends and county-wide trends.

Specific agency data is providing a new way of analyzing treatment admission trends as well as helping us understand related trends during the treatment episode. This data is also helping us identify specific gaps that may be impacting client services or, if there are trends that are being under-reported. It should be noted that we are utilizing data from several sources, including Looking Glass as well as county and agency specific Treatment Analyzer reports. The following admission data, January through June 2006, is particularly noteworthy:

Large increases in specific client populations during this time frame are expected and seem to be related largely to the new treatment expansion funding and related emphasis this biennium on admitting significantly more clients from the expansion categories. For example, we have experienced a 61.47% increase of admissions of parents with children who are likely TANF recipients; a 121% increase in opiate substitution treatment admissions all of whom are expansion clients, and a 121% admission increase in GAU clients.

We believe a great deal of this increase in expansion admissions is as a result of an extensive array of outreach services newly implemented this biennium. This outreach was designed specifically to target treatment expansion clients to reduce barriers and facilitate rapid and smooth access to services.

In the Criminal Justice area, we saw an increase in admissions of 91%. Much of this increase was due to a new Innovative Project that has been quite successful in connecting jail released prisoners to chemical dependency treatment. Additional data run internally however, show this population is completing treatment at an extremely low rate (21%). This data tells us one component (assessment and referral) of this project is very successful while the treatment needs to be evaluated for modification. Another trend we are seeing is the declining number of clients being admitted who are Pregnant and Parenting Women. We think this trend is merely an anomaly resulting from the multiple contract type and fund sources available and doesn't really reflect a population decline.

Youth admission data indicates we are exceeding Spokane County target client goals and are well ahead of the rest of the state. We are closely reviewing this data for accuracy and have not yet arrived at any final conclusion.

The increasing number of admissions showing the primary drug of choice is methamphetamine is slightly ahead of the state increase. Spokane County has been long identified as being one of the more heavily involved counties with meth use – accordingly this data is not unexpected. We are now averaging about one quarter of all admissions with primary meth use. Follow up data show the treatment completion rate for this population is below other drugs of choice.

Prevention Data Report

The three main data sources for the prevention element include the Community Needs Assessment Survey, the Healthy Youth Survey, and materials provided by Looking Glass Analytics.

The Community Needs Assessment was designed to maximize the input from key stakeholders. This survey was created in cooperation with Spokane Regional Health District and was distributed through Survey Monkey. The survey included questions based on the assessment needs for each category: Prevention, Intervention, Treatment, and Aftercare. The invitations to participate in this survey included broad as well as specific strategies. In order to gain broad participation, the survey invitation was sent out through several contact lists by partnering agencies. Further, in order to assure representation of key stakeholders, personal invitations were extended to those groups identified in this planning process. See Appendix B for the specific representation and list of personal invitations. In total, 611 people completed the survey.

The Healthy Youth Survey has been used for years as a solid source of data. The results of the 2004 survey were analyzed originally in this process as described previously. In order to assure the accuracy of our conclusions, the 2006 survey results were also analyzed when they were released in March. Through this updated analysis, our conclusions and prioritizations were confirmed. Also, due to the ongoing implementation of the Healthy Youth Survey, this data source may be useful for future comparisons and evaluations of progress. Further, the data provided by Looking Glass

provided insights into the Healthy Youth Survey results. These findings were used to support and confirm our own analysis of the Healthy Youth Survey. This analysis is discussed in more detail below.

After data was collected from each of the sources, they were analyzed to find consistent connections that pointed to areas of concern. From this analysis, a list of seven Risk Factors was prioritized. These included: Family Management Problems, Early Initiation of the Problem Behavior, Availability of Drugs, Lack of Commitment to School, Community Laws and Norms Favorable Toward Drug Use, Friends Who Engage in the Problem Behavior, and Extreme Economic Deprivation.

Once this list was developed, it was brought to the focus groups discussed previously. These groups reviewed and analyzed the findings. Along with providing their perspectives, they also prioritized the Risk Factors. The prioritized lists from each group were then compared to make the final list of Risk Factors that will be prioritized for Spokane County in this strategic plan. They include: Family Management Problems, Lack of Commitment to School, Availability of Drugs, Community Laws and Norms Favorable Toward Drug Use, Early Initiation of the Problem Behavior, and Extreme Economic Deprivation.

Along with the above overview, two other data sources were used in more limited ways. Results of the 2000 Census were used to analyze economic levels in Spokane. Also, the Washington State Liquor Control Board provided data on compliance rates for local retailers providing alcohol to minors. Results from these sources are also addressed later.

Analysis of Data Sources

Analysis of the community needs assessment survey and the Healthy Youth Survey provided a broad and comprehensive picture of the community. The community needs assessment survey focused on people's perceptions of whether a Risk Factor was a concern while the Healthy Youth Survey provided estimates on how many youth actually have each Risk Factor as a personal issue. Therefore, the percentages in the community needs assessment survey were consistently higher. This should not be seen as invalidating the results. It merely reflects the difference between measuring perceptions of concern and actual rates of involvement. For example, 95% of people in the community needs assessment survey felt that access to alcohol and other drugs is a problem in Spokane County while the HYS results found that 30% of youth have this risk factor. This does not mean that participants in the community needs assessment survey believe that 95% of Spokane youth have easy access to drugs, only that 95% feel this is a problem in the area for youth in general.

Below is a breakdown of how the Community Needs Assessment Survey (CS) and the Healthy Youth Survey (HYS) correlated:

Availability of Drugs

- CS: 95%

- HYS: 30%

Family Management Problems

- CS: 85%
- HYS: 35%

Lack of Commitment to School

- CS: 91%
- HYS: 40%

Extreme Economic Deprivation

- CS: 81%
- HYS: Not Available

Friends Who Engage in Problem Behavior

- CS: 96%
- HYS: Not Available

Early Initiation of Problem Behavior (Current priority. Should we keep it?)

- CS: 83%
- HYS: 28%

Community Laws and Norms (Current priority. Should we keep it?)

- CS: Permissive attitudes/norms 67%
- HYS: 35%

Further, input from Looking Glass Analytics provided valuable analysis of the Healthy Youth Survey data. This data was primarily useful in the Community Laws and Norms Risk Factor. Input from some focus groups stated a need to create a community norm that providing alcohol to minors is not acceptable. Also, this need was seen as being targeted at parents that provide to minors. The Looking Glass results support this conclusion. (See Appendix E.) They state that about 20% of high school seniors feel their parents think alcohol use by youth is "a little bit wrong" or "not wrong at all." Further, the analysis found that over 20% of teens who drank got their alcohol from the home; over half of these got the alcohol with their parent's permission. While confirming this need to focus on the norms of parents, the analysis also suggested the need for a broader approach. While over 20% got their alcohol from home, around 30% got it from a friend and around 18% from someone who they gave money to. Therefore, this shows a need for a community norms campaign to change the perception that providing alcohol to minors is acceptable.

An analysis of prevalence of use was also conducted based on the Healthy Youth Survey. This analysis included a comparison of 30-Day Use and provided insights for future plans and directions. A main finding was that alcohol is still the top drug of use for youth. A total of 46% of students taking the survey reported having consumed alcohol in the past 30 days. Further, 34% reported being intoxicated at least once

during the past 30 days. This conclusion supports a continued focus on alcohol prevention throughout the upcoming funding cycle. A new finding from this analysis was the prevalence of prescription drug use. Such use has been a growing concern within Spokane and has been expressed through comments from community partners as well as local youth deaths from prescription drug overdoses. The Healthy Youth Survey results seemed to support this concern. A total of 12% of students reported that they had used a prescription drug specifically to get high during the past 30 days. Further, another 4% reported using Ritalin without a prescription. This finding shows a need to include prescription drug abuse in the upcoming strategy.

Assessment of Needs for Selected Populations

Our Community Needs Assessment Survey was able to identify respondents within selected populations in order to determine what that specific population of people thought about prevention/intervention issues as well as substance abuse treatment services available in Spokane County. Their responses are summarized as follows:

Persons with Disabilities

Our survey included 113 responses from disabled individuals and caseworkers who served disabled individuals. In the Intervention arena, respondents felt services largely were not available to persons with disabilities. Services that minimally met the level of need included screening for addiction, formal intervention services, and referral to treatment.

Every service offered in the Treatment section of the survey was seen as not meeting the level of need for disabled individuals except for outpatient services for youth. That service was seen as minimally meeting the need for disabled youth.

Aftercare services that moderately met the level of need included 12 Step Programs. Those that minimally met the need included recovery groups, mentoring programs, and family support groups. Services for housing, employment, and social services were seen as not meeting the level of need for disabled individuals.

Disabled individuals indicated they did not have access to services for non-English speaking people, for the deaf and hard of hearing, for the visually impaired, and services in general focused on people with disabilities.

Services for Pregnant and Parenting Women

Our survey included 55 responses from pregnant and parenting women and caseworkers who serve this specialized population. Even though Spokane County providers prioritize pregnant women for immediate services, the perceived level of access to intervention services for this population is limited. Respondents said the County minimally meets the needs of this population in screening and referral to

treatment. However, all other intervention services were seen as not meeting the level of need.

A similar dynamic is seen in responses related to access to treatment. Respondents said Spokane County minimally meets the need for assessment and referral and for outpatient treatment services for youth. All other treatment services were seen as not meeting the level of need.

Aftercare services were more accessible for this population. Twelve step programs moderately meet the level of need. Housing, support groups, mentoring, and family support services are seen as minimally meeting the need.

Services for Parents

The survey included 181 respondents who identified themselves as parents. A total of 53% were college educated and 70% of them exceeded the income eligibility levels of parents who are funded through our treatment system. These results are more reflective of parents in the general community than our actual clients. Thirty percent (30%) of the respondents felt that intervention services minimally met the need of the community. Access to assessment and referral and youth treatment service (both inpatient and outpatient) were seen as minimally meeting the needs of the community. Access to adult treatment services, mental health services, childcare and criminal justice treatment services were seen as not meeting the level of need in the community. Aftercare services were seen as available and at least minimally meeting the need of the community in all cases except for social services such as housing, employment, childcare, and medical care.

Also, the focus groups and community meetings included several parent representatives. A main gap in services discussed in this area, along with the lack of effective parent education programs, was the inability to recruit parents to the events. This issue was seen as showing a lack of resources to effectively market the programs. An inability for many parents to acquire childcare and transportation was also addressed.

Services for GLBT (Gay, Lesbian, Bisexual, and Transgender) Persons

Forty nine (49) respondents identified themselves as representing the GLBT community. Most intervention services were seen as not meeting the level of community need for this population. The exceptions were formal intervention services, Involuntary Treatment Act services and referral to treatment. All treatment services were seen as not meeting the level of need except for youth outpatient services. Aftercare services were seen as available except for employment and social services. Forty-two (42%) of the respondents said that treatment services were at least minimally available for this special population.

Intravenous Drug Users (IVDU)

Fifty two people identified themselves as representing this population. For intervention services, referral to treatment is seen as minimally meeting the needs of this population. All other intervention services were seen as inadequate. For treatment services, adult inpatient and youth outpatient services were considered as minimally meeting the needs of the IVDU population. All others were seen as inadequate. Most aftercare services were seen as available with the exception of employment, support groups, and social services.

Youth in Treatment

Thirteen youth under the age of 18 responded to our survey. These youth indicated intervention, treatment, and aftercare services were available for youth. This is a very different result than what we got in any other area. However, it likely reflects that these youth were involved with the treatment system and very aware of what was available.

Students and School Dropouts

This group was represented in the community needs assessment survey, the Healthy Youth Survey and the focus groups discussed above. Specifically, focus groups included students as well as local and regional education employees. Further, representatives from Volunteers of America's (VOA) Crosswalk, YFA Connections and Excelsior Youth Center were recruited to provide feedback concerning their involvement with youth both in and out of school. An analysis of the results is discussed at the bottom of this section.

Youth in Juvenile Detention Facilities

The needs of youth in juvenile detention facilities were represented throughout this process. Many of the other sections demonstrate this involvement. A local representative from probation was also present in the Task Force meeting. Further, the Community Juvenile Justice Coordination program coordinator for Spokane County was interviewed to provide insights. This analysis found a disproportional concern regarding racial representation of youth in the system. Also, a concern was found about the validity of incarcerating status offenders such as truant youth since it can be counterproductive.

Runaway and Homeless Youth

VOA's Crosswalk is a homeless shelter for youth. They were contacted individually and provided insights from their staff and youth. Also, Excelsior Youth Center is a secure residential program for teens and provided individualized input. Finally, a representative from YFA Connections was interviewed and provided direction. An analysis of the results is discussed at the bottom of this section.

Pregnant and Parenting Youth

Both Crosswalk and Excelsior Youth Center were also able to provide input into pregnant and parenting youth. Further, YFA Connections includes services with pregnant and parenting youth. An analysis of the results is discussed at the bottom of this section.

Children and Youth Not Normally Served by State or Local Education Agencies

Again, Crosswalk and Excelsior Youth Center serve youth that have been underserved. Input from other partners such as NATIVE Project and Martin Luther King Jr. Family Outreach Center also provided some insights for this population. A main finding was the lack of opportunities for youth among this population. This finding seems relevant due to Opportunities/Skills/Recognition being an identified protective factor and may provide direction for future plans such as the selection of potential subcontractors.

Issues Identified by Service Providers Who Work with Youth

A main finding was the perceptions and norms of youth fitting many of the categories above (in or out of school, in juvenile detention, pregnant or parenting, school dropout, and runaway/homeless). The main norm that was expressed was an acceptance of drug use as a normal part of adolescents. Youth in these categories seem to have a strong sense that most youth use drugs and that it is acceptable.

Another concern expressed was the increase in prescription drug use among these populations of youth. One informant stated that prescription drugs are the most used during school because they are easy to hide and use without detection. Also, the availability of prescription drugs was seen as a contributing factor with the main source being unused prescription drugs left in someone's medicine cabinet. This finding supports a need to include prescription drugs in the upcoming plan and provides direction on how to address the availability of such drugs.

Finally, a main gap found through this assessment was that many youth not already in the system do not know where or how to access assessment and treatment services. Further, one professional informant stated that she did not know how to access services either, and therefore has difficulty guiding youth through the system. A suggestion was made to provide professionals that work with youth a guide on available treatment services as well as how to access and work with the system.

Seniors

Thirty-two respondents identified themselves as seniors (over 62 years of age). Seniors responded that intervention services were available. Treatment services for assessment and referral, outpatient treatment (youth and adults), and criminal justice services were available. Inpatient services, services for adults in jail, childcare and services for people with mental health and chemical dependency were seen as not

available. The only aftercare service that was seen as not meeting the level of community need was for social services.

Community Members

This category was also tracked in the community survey and discussed above. Further, the focus groups included community representation. Along with the above conclusions, a lack of awareness seemed to be a common finding for community members not associated with PITA in any professional manner. Many informants expressed pleasure in the amount of resources but stated that they were not aware of the vast majority of them previously.

Those Needing Mental Health Services Related to Drug and Violence Prevention

The community survey included representation from 80 people in the mental health field. In addition, Excelsior Youth Center discussed issues around the need to identify and understand dual diagnosis. Finally, YFA Connections provided insights. A point made by this group was the need for teachers and other school staff to be trained on the signs of both substance abuse and mental health needs. Along with this need for teachers to recognize the signs, a need for clear referral protocols was also addressed. An analysis of the results is discussed at the bottom of this section.

Treatment Expansion Assessment of Expanded Services and Service Needs

In July 1005, Spokane County began tracking services to the “Treatment Expansion Population.” DASA (Division of Alcohol and Substance Abuse) set goals for each county in serving this population of clients, who generally have Medicaid eligibility to pay for treatment services. The following chart shows Spokane’s progress in meeting goals for Fiscal Year 2006-2007¹:

Population Served	Percent of Expected Goal Met by 2/07
All Adults	95.6%
TANF clients	98.3%
GAU clients	146.1%
Aged (over 62)	66.2%
Blind, Disabled, GAX	78.3%
Youth (ages 13-21)	123.2%

Beginning in 2005, Spokane County redesigned our points of access to treatment by creating several outreach and assessment projects located in places most likely to reach the population we serve. Over the past 18 months, we have designed projects and placed Chemical Dependency Counselors in the DSHS Community Service Offices

¹ Based on Treatment Analyzer; 7/1/05-2/28/07

(North CSO, Southwest CSO, and Valley CSO); Community Detox of Spokane; Geiger Correction Facility; Eastern State Hospital; Division of Children and Family Services; Community Health Association of Spokane Medical Clinics; and Franklin Hills Extended Care Facility. Off-site services at these locations may include Chemical Dependency assessment, intervention and referral, and/or Chemical Dependency treatment.

Also in this biennium, Spokane County and its partner treatment providers have marketed the new services available by conducting community education on several levels. We have participated in community events, distributed information through the County's Prevention Display Booth, educated social service providers by attending and speaking at their meetings, participating in the Q6 Helpline, etc.

In spite of all these efforts, there is still a huge unmet need for treatment among people who are below 200% of the Federal Poverty Level in Spokane. Indications of the need for additional funding for the low income population include the following:

- In 2005, DASA estimated there were over 9,000 adults in need of treatment who met the financial eligibility requirements for free or low cost services.²
- We have admitted 4,278 adults to treatment in the current biennium. The rest still wait for treatment.
- Currently, 47% of adults who enter treatment are completing treatment successfully. The rest will likely need to re-enter treatment at some future date.

According to our Community Needs Survey and our treatment providers, there are many people who desperately need and want treatment who are not being served.

During this biennium, Spokane County has also implemented an Access to Recovery (ATR) Program which provided wrap-around recovery support services for indigent clients enrolled in treatment programs. Examples of services offered include counseling, goal setting, and recovery planning; housing assistance; payment for childcare while in treatment or aftercare meetings; medical, dental, and mental health treatment; transportation; etc. Since July 1, 2005, the treatment completion rate for clients who were involved in the ATR program is 58% (based on 308 discharges). This program ends on June 30 2007. However, it may return sometime later in the year if funding is available.

The Spokane County Substance Abuse Advisory Board, in conjunction with our treatment providers, reviewed the outcomes from our online survey and prioritized the following themes that were evident in the responses from the survey.

- The Spokane community lacks awareness of treatment options and perceives that services are not available.
- Spokane lacks services for clients with co-occurring disorder (both substance abuse and mental health issues).

² Abuse Trends in Washington State, DASA, 2005

- The community would like to see priority placed on people who want treatment but can't afford it.
- The community needs more recovery services and to be aware that they are available and accessible for everyone who needs them.

Our Board of Directors is charged with oversight of the services Spokane County Community Services provides. Members will be reviewing implementation of this plan, participating in work groups, and monitoring the effectiveness of our services.

Based on all the data we have reviewed, we have identified the following as service needs for our community:

- Continue educating community members, especially providers of services to indigent populations, on the availability of treatment and how to help people access the system.
- Continue to design and build outreach and assessment projects that reach specific populations of adults and youth to help them access appropriate treatment.
- Continue to design and build services that meet the needs of clients with co-occurring disorders.
- Review the priorities set for specific populations and adjust as necessary.
- Continue our focus on quality improvement through data review, ensuring data fidelity, onsite monitoring, and client satisfaction questionnaires.
- Support the efforts of the Recovery Community in becoming more visible and accessible.

Assessment of Service Needs for Persons in the Criminal Justice System

The Criminal Justice System service needs are identified in the following two sections:

Assessment of Need for the Criminal Justice Treatment Act (CJTA) Funded Plan

At inception, Spokane's Adult Felony Drug Court's mission was to "divert felony drug possessors, aged 18 to 35 years, from confinement into a highly structured and cost effective pre-trial release program which combines treatment, education, and intensive supervision to reduce drug use and associated criminality." Adult Drug Court is currently administered by Superior Court with North East Washington Treatment Alternatives (NEWTA) providing treatment, case management, and drug testing.

From January 1996 through December 2006, a total of 1,848 felony drug offenders were eligible to participate in Adult Drug Court. Annual summary report data show that of these 1,229 (66.5%) opted out of the program (chose to not participate) and 726 or 39.2% opted in. Of those who opted in, 325 (44.76%) have been terminated, 308 (42.43%) have graduated, and 93 (12.81%) are still active or in warrant status.

Drug Court Number Eligible and Number Served, 1996 - 2006					
Year	# Eligible	# Opt Out	# Opt In	# Terminate	# Graduate
1996	221	78	50	8	0 (12 mo. program)
1997	182	126	48	25	21
1998	199	123	48	26	21
1999	166	129	35	15	24
2000	181	133	34	18	26
2001	119**	107	40	19	13
2002	168	51	41	18	22
2003	160	135	80	37	21
2004	146	121	142	48	34
2005	122	142	108	58	70
2006	184**	84	100	53	56
Totals	1848	1229	726	325	308

*Number of 1996 eligible clients reflects a backlog. Contact was not made until Adult Drug Court start-up.

**On 10/1/01 and 7/1/06 a moratorium on Adult Drug Court enrollments was imposed for the remainder of 2001 and 2006 since there were no treatment slots available for new participants due to lack of funding for sufficient treatment slots.

Presently, Felony Drug Court is functioning at 40% of capacity due to lack of funding to enroll eligible clients. In 2006, the Prosecutor's Office received 1,643 felony drug arrests from Law Enforcement. The Prosecutor's Office filed on 1,563 cases. These statistics clearly show that many more offenders are eligible to participate in Adult Drug Court than have enrolled. This has been due to primarily lack of treatment slots (insufficient treatment availability) due to lack of funding.

Assessment of Need for CJTA Innovative Funded Plan

With the mandate to develop a specific plan for an "innovative" carve out portion of the 2005-07 Criminal Justice funding, the Criminal Justice Workgroup then commissioned a subcommittee specifically for the purpose of developing this plan.

The first step in this plan development was to identify the most at-risk, non-drug court population who are in need of drug/alcohol treatment services. The consensus of the workgroup was that there are a significant number of incarcerated offenders who do not, for a variety of reasons, enter drug court but are motivated for and are in need of drug/alcohol treatment. This group is considered to be the most viable source of candidates to target for a correctional based on-site chemical dependency assessment service and, upon release, to be referred and linked into the public funded community based chemical dependency treatment system.

Spokane County



PART II

Mobilization & Capacity Building

Persons and Organizations Involved in the Planning Process

The Spokane County Coalition also put a large amount of effort into assuring that the proper groups and individuals were involved in the planning process. As mentioned in the previous section, this involvement included each focus group providing input into the planning process. Focus groups provided insights into general strategies as well as specific needs. For example, one focus group commented extensively on the need for an environmental prevention approach in the plan.

Further, the required representation for this process was obtained. Appendixes A, B and D provide demographic information that confirms this representation. Spokane is not a very diverse county in regards to race. According to Census 2000 data, Spokane is only 8.8% diverse, compared to the 18.3% diversity represented by Washington State.³ However, even with low rates of diversity, Spokane County has a higher percentage of every race and ethnic category living in extreme poverty (at or below 100% of poverty level) than Washington State or the nation (except for “other single race” which is lower than Washington State but higher than the nation).⁴ Therefore, although the participation in the survey may seem to show low rates of minority participation, it is actually comparable to our county’s population profile.

The following provides a description of which representatives fulfilled DASA (Division of Alcohol and Substance Abuse) and CM (Community Mobilization) requirements:

- Ethnic Minorities: NATIVE Project, Martin Luther King Jr. Family Outreach Center, East Central Community Center.
- Racial Groups and Organizations: NATIVE Project, Martin Luther King Jr. Family Outreach Center.
- Tribes and Tribal Organizations: NATIVE Project, Bob Brisbois.
- Urban Native Americans: NATIVE Project.
- Faith-based Organizations: Catholic Schools, Substance Abuse Advisory Board members, CAMAS.
- Gay, Lesbian, Bisexual and Transgender Persons/Organizations: Odyssey Youth Center received a personal invitation to join in the community survey and

³ Data Source: 2000 US Census

⁴ 2003 Spokane Counts – A Summary of Selected Public Health Indicators, Spokane Regional Health District, p. 22

one of the group discussions. Though they were not able to attend the discussion, they provided input in the survey. In fact, 49 respondents stated that they were either a member of or worked with the gay/lesbian/bisexual, and transgender population.

- Education: ESD 101, Spokane Public Schools, Riverside School District.
- Treatment: Northeast Washington Treatment Alternatives, Spokane County Community Services, Daybreak Youth Treatment Center.
- Local Government: GSSAC Policy Board Members, Spokane County Community Services, Substance Abuse Advisory Board members.
- Law Enforcement: GSSAC Policy Board Members, Spokane Community Oriented Policing Effort, Criminal Justice Task Force.
- Parents: Represented throughout the survey and groups. Each group had parent involvement.
- Substance Abuse Prevention: GSSAC Policy Board, SCCS, SRHD, NATIVE Project, Educational Services District 101, other prevention providers. (See Appendix A.)
- Violence Prevention: GSSAC Policy Board, Spokane Public Schools, Educational Services District 101, other prevention providers. (See Appendix A.)
- Other Appropriate Community Members: All other representatives such as: colleges, students, health district, and more.

With input from the above participants, the foundation for a strategic plan was developed. From this foundation, collaborative efforts from Spokane County Community Services, the Greater Spokane Substance Abuse Council (GSSAC), and GSSAC's Policy Board were conducted to develop the plan addressed in Part III – Planning and Goal Formation.

Mobilizing for the Criminal Justice Population

The Spokane County Criminal Justice Workgroup, originally composed and based upon a 2001 legislative proviso, has been meeting on a regular basis since its inception. As part of its mission, this workgroup subsequently generated the 2003-05 and 2005-07 Criminal Justice funding biennial plans that were approved by DASA.

For the 2007 Spokane County 6-Year Plan, this workgroup appointed a subcommittee to draft both the regular Criminal Justice plan and the Criminal Justice Innovative Plan. Both of these plans have been subsequently approved by the Workgroup and are included in this 6-Year Plan.

The Spokane County Criminal Justice Workgroup, will continue to oversee these two plans throughout the 2007-2009 biennium, making any needed modifications as appropriate.

Capacity and Community Readiness

The current level of community readiness seems strong for Spokane County. Several partnerships and projects are currently well established that include collaboration among prevention, intervention, treatment, and aftercare. The extensive support and participation from community agencies throughout this strategic planning process can be seen as evidence of community readiness. Further, several community agencies and groups have informally and formally expressed their commitment to work with Spokane County Community Services (SCCS) and Greater Spokane Substance Abuse Council (GSSAC) throughout the upcoming funding cycles. This support will be a continuation of past successful collaborations.

Of course, there is always room for improvement. A key need expressed by area schools, ESD 101, and other organizations is to continually train employees in effective prevention strategies. Due to this need, SCCS and GSSAC will include prevention training and technical assistance in the plan to help build capacity for all prevention efforts.

Spokane County



PART III

Planning & Goal Formation

Planning and Goals: Expanded Services for Substance Abuse Treatment and Treatment Expansion Population

The Spokane County Substance Abuse Advisory Board, in conjunction with our treatment providers reviewed the outcomes from our online survey and prioritized the following themes that were evident in the responses from the survey.

- The Spokane community lacks awareness of treatment options and perceives that services are not available.
- Spokane lacks services for clients with co-occurring disorder (both substance abuse and mental health issues).
- The community would like to see priority placed on people who want treatment but can't afford it.
- The community needs more recovery services and to be aware that they are available and accessible for everyone who needs them.

Two additional goals were identified by staff currently working in this area:

- Improve the link between assessment/referral and entry into treatment.
- Implement an ongoing quality improvement plan for our System of Care Providers.

The following work plan was developed for substance abuse treatment services in Spokane County:

Goal: Increase community recognition that substance abuse treatment is available.

Objective:

By 2011, County survey responses will show that the Spokane community (nonprofit, government, medical and business) is aware that substance abuse treatment is available for indigent populations and knowledgeable of how to access services.

Timeline:

Starting July 2007 and ongoing.

Responsibility:

Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board.

Action Steps:

- Continue educating community members, especially providers of services to indigent populations, on the availability of treatment and how to help people access the system.
- Publish a fact sheet with information about the System of Care for distribution in the community.
- Network with the County's Publicity Coordinator to get articles about the availability of treatment in the Journal of Business, the Spokesman Review, nonprofit publications, and medical community newsletters.

Goal: Strengthen the assessment and referral process to ensure that clients get enrolled in treatment as quickly as possible.

Objective:

By 2011, more than 50% of clients who are assessed as chemically dependent and financially eligible will enter treatment within 30 days of assessment.

Timeline:

Starting July 2007 and ongoing.

Responsibility:

Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board.

Action Steps:

- Look at ways to reduce the number of funding streams so that providers can treat the client who walks in the door.
- Study ways to reduce administrative costs, simplify data collection and increase county-provider flexibility.
- Continue to design and build outreach and assessment projects that reach specific populations of adults and youth to help them access appropriate treatment.
- Ensure that providers are consistent in TARGET data entry to increase the accuracy of statistical information.

Goal: Increase the availability and quality of services in substance abuse treatment centers for clients with co-occurring disorders involving both substance abuse and mental health issues.

Objective:

By 2011, treatment completion for clients with co-occurring disorders will increase from the current baseline of 41% to at least 50%.

Timeline:

Starting July 2007 and ongoing.

Responsibility:

Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board and Co-Occurring Disorders (COD) Task Force.

Action Steps:

- Advocate for a higher rate for serving clients with co-occurring disorder.
- Work with the COD Task Force to increase collaborations between mental health providers and substance abuse providers.
- Continue to design and build services that meet the needs of clients with co-occurring disorders (Minkoff Model).

Goal: Increase availability of treatment for those who are indigent and highly motivated for recovery.

Objective:

By 2008, Spokane County will have a priority setting system that ensures clients are screened for motivation as well as funding and risk factor priorities.

Timeline:

Starting July 2007 and ongoing.

Responsibility: Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board.

Action Steps:

- Convene a work group of the Substance Abuse Advisory Board and interested treatment providers.
- Review the priorities set for specific populations and adjust as necessary.
- Publish a priority system for screening clients who are waiting for treatment.

Goal: Implement an ongoing quality improvement plan for our System of Care Providers.

Objectives:

- Each quarter, quarterly reports will document the County System's progress in quality improvement efforts.
- Each year, the monitoring process will document the provider's progress in quality improvement.
- At the end of each Biennium, the County will compare data with 2007 baseline data to current data to determine the effectiveness of quality improvement efforts.

Timeline:

Starting July 2007 and ongoing.

Responsibility:

Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board.

Action Steps:

- Continue our focus on quality improvement through data review, ensuring data fidelity, onsite monitoring, and client satisfaction questionnaires.
- Institutionalize change by memorandum of agreements added to the Provider Implementation Guide.
- Report progress quarterly to Regional Manager and Substance Abuse Advisory Board.
- Monitor providers annually and report progress to Regional Manager and

Substance Abuse Advisory Board.

- Summarize progress each biennium for County planning efforts and Substance Abuse Advisory Board.

Goal: Increase the visibility of Recovery services available in the community.

Objective:

By 2011, County survey responses will show that the Spokane community (nonprofit, government, medical and business) is aware that Spokane offers a viable, active Recovery Community that is critical to the health and economic development of the region.

Timeline:

Starting July 2007 and ongoing.

Responsibility:

Spokane County Community Services Substance Abuse Treatment Team and Substance Abuse Advisory Board.

Action Steps:

- County staff will offer technical assistance to community collaborations organizing to develop an active Recovery Community.
- The County will support the efforts of the Recovery Community in becoming more visible and accessible by providing links to our website.
- The County will publish wallet cards with primary contacts in the Recovery Community for distribution to clients and interested community members.

Planning and Goals for the Use of Criminal Justice Training Account (CJTA) Funds

Background

The Final Progress Report for the CSAT (Center for Substance Abuse Treatment) Grant showed that 15% of Adult Drug Court graduates were re-arrested within 24 months of program completion, 53% of comparison group participants. Those who opted to not participate in the Drug Court Program, although eligible to do so, were re-arrested during the same period of time. Arrests included any felony and drug related misdemeanors. This clearly shows the effectiveness of the Drug Court Program.

To date, several sources of funding have supported Drug Court including BJA (Bureau of Justice Assistance), CSAT, DCPO (Drug Court Program Office) and slot dollars through DASA. DASA funds have consisted of TASC (Treatment Alternatives for Street Crime), State Drug Court, and CJTA (Criminal Justice Treatment Account).

Starting in August 2006, Spokane County Commissioners allocated 1/10 of 1% tax initiative dollars for co-occurring services. These services will augment ancillary services for clients needing special assistance for them to succeed in Drug Court. They include psychological assessment, intensive case management, counseling for women's and men's issues, housing assistance and employment preparation.

Members of the CJTA Committee are participating on the Spokane County Planning Committee for Judicially Integrated Mental Health Services (JIMHS) to better serve those suffering from mental health problems in the legal system.

Rationale

Spokane County currently has a functioning and successful Adult Drug Court. The primary roadblock to expanding this program to its full capabilities has been lack of funding for the drug-dependency treatment of additional participants. We also wish to expand beyond the Drug Court model and provide judicially supervised treatment to persons who may not qualify for or be amenable to Drug Court. Following the rationale that we want to expand what is working, we are looking for ways to provide treatment to a larger number of potential clients. The Spokane County Criminal Justice Workgroup has identified four phases/models of service to implement as resources become available.

Phases/Models

Phase I. Expansion of Adult Felony Drug Court to its full capacity. Full capacity is projected to be 150 slots annually.

Phase II. Providing judicially supervised treatment to those who qualify during the pre-trial phase of their prosecution.

Phase III. Providing judicially supervised treatment to those who qualify after conviction/sentencing and remain within the jurisdiction of Spokane (sentences less than one year).

Phase IV. Phases I, II, and III are limited to participants with felony charges. Once these are accomplished we want to consider the possibility of expanding programs to include those charged only with misdemeanors. Phase IV may also include other practices not yet identified or considered.

Phase IV includes the possibility of future Criminal Justice Treatment Account(CJTA) funding consideration for DUI Court Chemical Dependency treatment services and Juvenile Drug Court treatment services.

Note: Through all of the phases, we will be working to include jail-based services for participants who are in custody. Currently, jail-based services only exist in the Geiger Minimum Security facility. At Geiger, treatment services are funded by Spokane County. Assessment & Outreach is funded by CJTA Innovative funds.

Implementation

The workgroup established to develop the original plan for use of CJTA funds in Spokane County would continue to meet at least quarterly. Presently the group will continue with the planning of phases and the continued implementation of Phase I. As each phase is implemented, the group will continue to monitor and review the different phases and models, and to seek input from involved persons and entities as needed. Program adjustments will be made as needed. The Criminal Justice Workgroup will continue indefinitely to provide oversight and guidance regarding the use of CJTA funds in the future.

Target Population for Adult Felony Drug Court

The Target population is chemically dependent male and female adults age 18 years and older who reside in Spokane County, who are charged with a felony drug-related offense, and who appear in Spokane County Superior Court (SCSC). Adult Drug Court is a pre-trial release program.

Individuals eligible to participate in Adult Drug Court are chemically dependent and:

- Charged in Superior Court with possession of a Schedule I, II, or III Controlled Substance or forged prescription, or
- Charged with another felony offense that has causal connection to the offender's substance abuse. Examples include 1st or 2nd degree felony theft or possession of stolen property, trafficking in stolen property, or forgery. The offender must petition for admission into Adult Drug Court prior to setting a trial date and meet

the conditions of having a documented history of a controlled substance addiction, and execute a verified sworn statement documenting a causal connection between the addiction and the offenses.

- Who have no previous or current sex or violent offenses.
- Who have no hold from another court jurisdiction for an offense that requires processing there.

Moreover, the offender must be willing to participate in the year-long intensive, closely monitored Drug Court Program; waive his/her right to a jury trial; and stipulate to the charge(s) (i.e., to the Affidavit of Probable Cause and evidence presented in the police report).

Purpose and Goal(s)

The purpose of Adult Drug Court is to abate chemical dependency and crime among adults who have been arrested for and/or charged with a drug-related felony offense. Through Adult Drug Court the target population will receive comprehensive assessment, case management, chemical dependency treatment, and available support services of child care and transportation that will augment success of the participant both during and following substance abuse treatment. Success means the participant will:

- Receive chemical dependency and other needs assessments.
- Enroll in and complete DASA certified IOP and OP treatment delivered by North East Washington Treatment Alternatives (NEWTA).
- Placement in Inpatient Treatment for those clients indicating the need per assessment and ASAM placement criteria.
- Participate in opportunities to meet other needs as appropriate (e.g., mental health, medical care, parenting skills, employment assistance, money management, nutritional planning, and recovery-based support groups.
- Remain chemically free and engage in no further criminal activity. (Chemically free includes persons in recovery who relapse but for whom the relapse period is brief and the individual is quickly back “on track” to recovery. Participants must test negative the last four months to complete Adult Drug Court.)

Specific Goal:

Provide 150 treatment slots per year for Drug Court treatment services: 300 slots for the biennium. This will serve 400 to 500 clients during the biennium.

Planning and Goals for the Use of CJTA-Innovative Grant Funds (Incarceration to Recovery Program)

Narrative

This Criminal Justice Innovative Grant Plan, “Incarceration to Recovery,” has been developed and is endorsed by consensus of the Spokane County Criminal Justice Workgroup (CJ Workgroup). In 2003, this CJ workgroup was legislatively mandated to create a 2003-2005 Spokane County biennial plan for the utilization of new criminal justice funding.

As a part of this plan, the CJ Workgroup wrote itself into the plan in an ongoing advisory role to monitor the plan’s status and to make recommendations for modification as needed.

Accordingly, the CJ Workgroup has been meeting on a regular basis throughout the biennium and has had direct input into the implementation and progress of the plan as well as in identifying current gaps.

The 2003-2005 Spokane County Plan proposed a four-phase model that began with bringing the Adult Felony Drug Court up to full capacity. Once at full capacity, additional phases would be developed to include the provision of drug/alcohol services to non-drug court offenders who are in need of chemical dependency treatment but are unable or unwilling to enter drug court. These additional phases, as written in the 2003 plan were intended to target the incarcerated, non-drug court population.

With the mandate to develop a specific plan for an “innovative” carve out portion of the 2005-2007 CJ funding, the CJ Workgroup then commissioned a subcommittee specifically for the purpose of developing this plan.

The first step in this plan development was to identify the most at-risk, non-drug court population who are in need of drug/alcohol treatment services. The consensus of the workgroup was that there are a significant number of incarcerated offenders who do not, for a variety of reasons, enter drug court but are motivated for, and in need of, drug/alcohol treatment. This group is considered to be the most viable source of candidates to target for a correctional based on-site chemical dependency assessment service and, upon release, to be referred and linked into the public funded community based chemical dependency treatment system.

Spokane County’s incarcerated population is housed in two locations, the downtown City/County jail and the minimum security 525 bed Geiger Correctional Center, located approximately 6 miles from downtown Spokane. Representatives from both of these facilities actively participated in the CJ Workgroup in developing this proposal.

The Geiger Correctional Center was subsequently chosen as the most appropriate location for this proposed service based upon the recognition that it would be a better fit for a community linked service as the inmates are actively re-integrating into the community via programs such as work-release, electronic home monitoring with alcohol and UA testing. In addition, since Geiger is a minimum-security facility, there would be fewer barriers to bringing in a community organization to provide on-site services.

Another significant factor in selecting Geiger for this project site was the opportunity to build an existing small, DASA certified drug/alcohol program at Geiger that has been in place several years, but lacks the capacity to serve the number of inmates seeking this service.

Geiger drug/alcohol program staff document receiving approximately 45 requests per month for their treatment program, but are only able to serve 90 Intensive Outpatient clients per year. In addition, another 29 inmates per month also receive on-site education services pertaining to community drug-alcohol resources.

It should also be noted that for FY (Fiscal Year) 2006, 1,440 city/county jail inmates were deemed not eligible for the Adult Felony Drug Court. Most of this population have been charged with a felony offense as well as have a drug/alcohol problem (2000-2002 ADAM report).

It is anticipated that the NEWTA Geiger located treatment service, as well as, probation officers, would serve as the primary referral base for inmates seeking post-release chemical dependency treatment. In addition, inmates who are motivated for treatment and nearing discharge would also be able to self-refer to this service.

Service Description

One Chemical Dependency Professional, employed by Spokane County Community Services contracted, DASA certified, drug/alcohol treatment agency NEWTA, will be stationed full time at Geiger Correctional Facility to provide the following:

- Complete and document WAC compliant chemical dependency assessments, including ADATSA assessments.
- Provide subsequent CSO referral and linkage if the client is ADATSA eligible.
- Refer and schedule, based upon ASAM PPC criteria, the initial community based chemical dependency treatment appointment (both inpatient and outpatient treatment) for inmates diagnosed as chemically dependent who meet low income criteria.
- Arrange and coordinate support services, as needed, in order to facilitate attendance at the initial treatment episode, including transportation and child care, as well as other needed community supports.
- Provide assertive outreach contact, by phone or in person, utilizing Best Practice

(SAMHSA/CSAT TIP 35) Motivation Enhancement strategies with clients who fail to attend their initial post-release treatment contact in order to facilitate rescheduling and attending a subsequent appointment.

- Tracking and reporting disposition of the initial or subsequent post-release treatment contact.
- Coordinate and provide case consultation with Geiger staff, probation officers, court officials, and other parties as appropriate.
- For ADATSA referrals, adhere to all WAC requirements and the ABC's of ADATSA, including all required CSO reporting.
- Provide outcome data and program status updates on a 3-month basis to the CJ Workgroup.

Target Population

Low-income felony inmates or those who are enrolled in a Geiger reporting program, or misdemeanants who have a previous felony arrest and who are at high risk of re-offending. This project will target those who have an identified drug/alcohol problem and who are motivated for treatment and are within 45 days of release, if not already in a reporting program.

Purpose and Project Goals

- The purpose of the Incarceration to Recovery project is to reduce recidivism and chemical dependency, by linking incarcerated clients to chemical dependency treatment,
- Facilitate treatment access by bridging current gaps between criminal justice system and the chemical dependency treatment system as defined in SAMSHA Best Practice TIP 7,
- To decrease the Spokane County chemical dependency treatment gap (currently 77.9%) in line with treatment expansion goals,
- To promote a healthier and safer community.

The County will establish a baseline treatment completion rate that will be incrementally improved upon, as negotiated with DASA.

The CJ Workgroup will provide ongoing monitoring and review of the Incarceration to Recovery project and will recommend project revisions as warranted. Outcomes will also be tracked and reported to the CJ Workgroup, utilizing the DASA Treatment Analyzer to determine trends.

First 16 Months Operation Statistics

The statistics for the first 16 months (September 2005 - December 2006) of operation of the Innovative Plan and grant funds have been very positive to date. From September 1, 2005 to December 31, 2006 the following statistics were tabulated:

1. Outreach Hours:	1,794	
2. Screens:	325	
3. Assessments:	264	
4. Current valid assessments	19	
5. Number referred to treatment	272	<u>% of Referred</u>
a. Failure to show for intake appointment:	33	12%
b. Number entered treatment:	216	78%
c. Number pending entrance into treatment:	23	10%
<u>Total Referred</u>	<u>272</u>	
6. Numbering entering treatment:	216	<u>% of those who</u>
a. Aborted after intake (completed intake but did not show for treatment):	37	<u>entered treatment</u> 17%
b. Unsatisfactory discharged (attended between one (1) to six (6) months of treatment):	39	18%
c. Currently in treatment:	109	51%
d. Completed treatment:	31	14%
<u>Total Entering Treatment:</u>	<u>216</u>	

The Innovative Project has been very successful in identifying, assessing and referring clients to treatment services in the community. However, the greatest problem is the unavailability of services for incarcerated clients needing services. The majority of clients are GIA eligible clients and CJTA dollars allocated for this project were quickly exhausted. The number of clients needing services far outweighs the availability of treatment funds.

Projected number to receive services in the Innovative Program placed at Geiger Minimum Security facility will be 400 clients per year. Evaluation of the project will be measured by the number entering and completing treatment.

Prevention Goals

List of Priority Risk and Protective Factors

Based on the findings of the Needs Assessment and wide community input, the following Risk Factors have been prioritized:

- Family Management Problems
- Lack of Commitment to School
- Availability of Drugs
- Community Laws and Norms Favorable Toward Drug Use
- Early Initiation of the Problem Behavior

Extreme Economic Deprivation

- Input from groups consistently stated that this is a major Risk Factor for Spokane County but that is not an area that should be a direct focus due to a lack of practical strategies to address economic deprivation. Therefore, it is included here in order to maintain an awareness of its importance. Though it will not be an identified priority, it will help guide and influence the allocation of resources for future strategies in general.

6 -Year Plan Goals and Objectives Related to Risk and Protective Factors

Insights from steps 1 and 2 provided direction for the goals and objectives in this plan. Below is an overview of these conclusions.

Family Management Problems

Goal: Increase and strengthen participation in Best Practice parenting programs.

Objectives: Connect with existing efforts and determine a plan for enhancing support.

A primary finding on the Family Management Problems risk factor is that while effective parenting programs exist, they are limited in quantity and underutilized due to lack of an ability to market the program and gain participation. Therefore, Spokane County's plan for prevention will include not only supporting effective parenting programs but also working to increase participation. This goal may be accomplished through various strategies such as providing financial support to programs in order to conduct marketing, helping with marketing directly, making connections to referral sources, or other strategies as identified.

Lack of Commitment to School

Goal: Support schools and other partners in their efforts to decrease the Lack of Commitment to School Risk Factor.

Objectives: Continue to work collaboratively with schools, districts and ESD through participation in their prevention advisory and task groups. Continue to support the implementation of prevention best practices in schools and after-school programs.

This category seems to have many strong, collaborative efforts throughout the county. Due to the strength of these current efforts, SCCS and GSSAC will focus on supporting others on projects that increase youth's commitment to school. This support may include providing prevention training or technical assistance to increase capacity, financial support through subcontracts, referrals to effective, research based projects, and other strategies as identified.

Availability of Drugs

Goal: Decrease the availability of drugs.

Objectives: Implement effective, promising and best practices aimed at reducing social sources of drugs.

Limited resources were found to be focused on this area. Further, findings showed that availability is a major concern for Spokane County. This concern was seen to exist in two ways. First, retailer compliance checks found that over 15% of the stores tested sold alcohol to minors. In order to counteract this source of alcohol, GSSAC will partner with the Washington State Liquor Control Board to support their compliance check program. This partnership will include assessing and helping with needs. For example, a need for more youth operatives has been stated so GSSAC plans to recruit members of the Washington Drug-Free Youth (WDFY) program to act as youth operatives.

Another source of alcohol to minors that was found in the Healthy Youth Survey, Looking Glass results and the focus groups was older adults and parents who provide to minors. To counter this concern, a campaign will be conducted to create a community norm that providing alcohol to minors is not acceptable. This activity will combine with the Community Laws and Norms Favorable to Drug Use risk factor. Also, this effort as well as the project with Liquor Control Board will be conducted based upon the Best Practice program Communities Mobilizing for Change on Alcohol which includes identifying and countering the sources of alcohol for youth.

Finally, due to the rise of prescription drugs, availability of these drugs will be considered and included in the upcoming plan. This plan may build on previous and existing efforts in a collaborative manner to identify and reduce the sources.

Community Laws and Norms Favorable Toward Drug Use

Goal: Decrease community norms that promote underage and/or unhealthy use of ATOD's (Increase the community norm that ATOD's should not be provided to minors - Decrease the school norm that all youth drink and use other drugs).

Objectives: Create and enhance awareness and attitudes in the community that use of alcohol, tobacco and other drugs by youth is unacceptable. Examples of methods for accomplishing this objective are media advocacy, counter advertising and social marketing.

As discussed above, a primary norm identified through survey data and focus group discussions was alcohol being provided to youth by parents and older adults. While the survey data showed that many friends in the 21-25 age range were providing alcohol to underage friends, the focus group discussions made it clear that our focus should be on older adults and specifically parents. A main reason for this decision was the difficulty in reaching younger adults with effective messages and the greater likelihood of influencing parents and older adults. Therefore, the Communities Mobilizing for Change on Alcohol will be implemented as discussed above. Further, community events and practices that promote underage and/or unhealthy alcohol use will be addressed. This may include strategies such as "Action Alerts" being sent to coalition members, letters to identified events, media advocacy events to promote awareness, and other strategies as identified.

Another norm that seemed relevant throughout the needs assessment was the unrealistically high perception of use among middle and high school students. To counter this norm within the schools, GSSAC will work with the Washington Drug-Free Youth (WDFY) program which includes about 1,600 youth representatives in local middle and high schools. These groups will be encouraged and empowered to promote positive and accurate social norms. A major strategy will be to have WDFY chapters conduct a social norms marketing campaign within their school. Another option will be to include social norms messages within other activities already being conducted. Chapters will be trained on social norms and community service projects and other support will be offered as identified.

Early Initiation of the Problem Behavior

Goal: Support Spokane County organizations and groups to increase the age of onset of drug use by youth.

Objectives: Support and implement best, promising and effective practices that address early initiation of alcohol, tobacco and other drug use.

Again, the community resource assessment found that this category was well represented with collaborative and research based approaches. Therefore, this strategic plan will work to support others already working in this area. Similar to Lack of

Commitment to School, this support may include strategies such as training and technical assistance, financial support through subcontracts and/or mini-grants, and other strategies as identified.

Further, some of the above strategies also address this risk factor. For example, creating a norm that alcohol should not be provided to minors will likely decrease the availability and thus decrease the age of onset.

Intervention

As discussed earlier, several efforts were identified as providing intervention services. These included comprehensive, collaborative projects. The Spokane County coalition will support these existing efforts by identifying specific needs and filling gaps. This process will include further connections with intervention providers to assess the best strategies. As with other areas, this support may include training, financial assistance, technical support, or other strategies as identified.

Other Strategies

Along with the above strategies, Spokane County will also work to enhance prevention services in the following ways:

- Community Organizing:
 - **Goal:** Empower the community to conduct effective prevention efforts.
 - This strategy will include working to mobilize and empower the community around prevention efforts. Trainings will be provided on prevention issues, including the Substance Abuse Prevention Specialist Training, in order to promote knowledgeable and effective prevention providers. Further, coalitions will be promoted and strengthened to take action. One strategy to accomplish this will include sending "Action Alerts" to coalition members to promote community wide action on identified issues of concern. Also, technical assistance and guidance will be provided by participation in community advisory boards and planning committees. In addition, GSSAC and SCCS will provide community based coordination in a number of areas such as leading and participating in Meth Action Team, town hall meetings, public events and coalitions.
- Maintain an awareness of economic deprivation:
 - While Extreme Economic Deprivation was consistently identified as a concern in Spokane County, clear feedback from focus groups led the coalition to not include this as a focus of our plan since effective strategies are outside our area of ability. However, the coalition will maintain an awareness of the influence and importance of this concern throughout the planning process. For example, consideration may be given to the economic situation of applicants and neighborhoods applying for

subcontracts. Results from the 2000 Census found that certain areas of Spokane have higher levels of poverty than others. Downtown Spokane as well as the West Central and East Central neighborhoods were some examples.

Prevention Programs: Descriptions and 2-Year Implementation Plans

Goal 1: Decrease community norms that promote underage and/or unhealthy alcohol use.

Risk Factors Addressed: Community Norms and Laws Favorable to Drug Use, Availability of Drugs, and Early Initiation of the Problem Behavior.

Objective 1:

Increase the community norm that alcohol should not be provided to minors by implementing the Communities Mobilizing for Change on Alcohol program.

Target Group:

Parents and older adults.

Timeline:

Starting July, 2007 and ongoing.

Responsibility:

GSSAC.

Actions:

- Develop a media/awareness campaign following the framework of Communities Mobilizing for Change on Alcohol.
- Work with local festivals and events to reduce the number of community events and practices that promote unhealthy drinking.
- Educate parents/community on the influence of environmental factors and ways to promote healthy community norms.

Evaluation:

A survey will be conducted after the community presentations to measure increases in knowledge, intentions to provide, and intentions to take action to promote a positive norm.

Objective 2:

Decrease the school norm that all youth drink and use other drugs through activities with Washington Drug-Free Youth (WDFY).

Target Group:

Middle and high school students.

Timeline:

Start October, 2007 and ongoing.

Responsibility:

GSSAC.

Actions:

- Work with identified schools to increase the number of WDFY chapters.
- Work with current chapters to increase youth membership.
- Encourage prevention activities among chapters.
 - Implement a social norms campaign.
 - Increase the number of other prevention activities.

Evaluation:

A pre/post test will be conducted before and after the social norms campaign to measure changes in perceptions of use and acceptance.

Goal 2: Decrease the availability of drugs to minors.

Risk Factors Addressed: Availability of Drugs.

Objective 1:

Decrease the availability of alcohol to minors by reducing the number of alcohol outlets that sell to minors.

Target Group:

Alcohol retailers.

Timeline:

October, 2007 and ongoing.

Responsibility:

GSSAC in collaboration with WA State Liquor Control Board.

Actions:

- Confirm commitment from Liquor Control Board.
- Recruit and train WDFY members to act as youth operatives for compliance checks.
- Monitor progress.

Objective 2:

Decrease the availability of alcohol, tobacco and other drugs by reducing social sources of substances.

Target Group:

Parents and other adults who provide substances to youth.

Responsibility:

GSSAC and SCCS.

Actions: Continue to:

- Support and implement education for parents and other adults.
- Support and implement counter-advertising and other social marketing aimed at raising adult awareness of social sources of substances.
- Partner with the media to enhance public awareness of social sources.

Goal 3: Mobilize and empower the community to conduct effective prevention efforts

through a community organizing strategy.

Objective 1:

Provide prevention training and presentations to schools, parents, community groups, and others.

Target Group:

Adults who work or interact with youth, prevention professionals, parents, school personnel, and others.

Timeline:

Start July, 2007 and ongoing.

Responsibility:

GSSAC.

Actions:

- Conduct a minimum of 1 Substance Abuse Prevention Specialist Training each year.
- Publicize and provide other trainings: Prevention In Practice, Media Literacy, Meth Watch, Project Challenge and others as needed.
- Increase the number of trainings and presentations by 10% from 2006/2007 results.

Objective 2:

Increase and strengthen coalitions working on prevention issues.

Target Group:

Professionals who work with youth – adults and other community members who want to make a positive impact for youth.

Timeline:

October 2007 and ongoing.

Responsibility:

GSSAC and SCCS.

Actions:

- Recruit new members to the CM Task Force and Meth Action Team.
- Provide opportunities for active involvement.
 - E-mail "Action Alerts" sent to all members regarding needs that arise (legislative concerns, policy changes, etc.).
- Provide training, support, and assistance as needed.

Objective 3:

Support current community prevention and intervention efforts.

Target Group:

County wide programs, agencies, and groups that have a prevention component or desire.

Timeline:

July, 2007 and ongoing.

Responsibility:

SCCS and GSSAC.

Actions:

- Provide subcontracts for selected efforts.
 - Identify efforts through an RFP and selection process.
 - Select programs based on prioritized risk factors.
 - Implement subcontracts.
 - Monitor for effectiveness.
- Offer technical and other assistance.
- Connect with identified groups to assess needs and develop a plan.

Objective 4:

Disseminate relevant substance abuse and prevention information to the community.

Target Group:

Spokane County community.

Timeline:

October, 2007 and ongoing.

Responsibility:

SCCS and GSSAC.

Actions:

- Distribute information through newsletter sent to schools, parents, and prevention partners.
- Maintain the RADAR Clearinghouse and provide information to the public as requested.
- Disseminate press releases on relevant topics as opportunities arise.
- Educate the community through the use of staffed prevention resource tables at public events such as the Spokane County Interstate Fair and other events.

Evaluation:

Monitor number of items disseminated, news items published, size of audiences reached and event durations and frequencies.

Goal 4: Continue and enhance operation of prevention services focused on Meth prevention.

Objective 1:

Continue operation of the Meth Watch Program.

Target Group:

Local retailers.

Responsibility:

GSSAC in collaboration with Spokane County Sheriff and local retailers.

Timeline:

Starting July 2007 and ongoing.

Actions:

- Connect with local retailers and provide resources and education as needed.
- Conduct ongoing Breakfasts of Champions.
- Awareness events such as display booths.
- Coordinate the Meth Watch PowerPoint presentation and Training of Trainers.
- Community awareness activities such as press releases, conferences etc.

Objective 2:

Continue operation of the Meth Action Team.

Target Group:

Local agencies, organizations, and individuals interested in preventing the manufacture, distribution, and use of methamphetamine.

Responsibility:

GSSAC in collaboration with Spokane County Sheriff and local retailers.

Timeline:

Starting July 2007 and ongoing.

Actions:

- Coordinate monthly coalition meetings.
- Work on projects as identified by the coalition.
- Community awareness activities such as press releases, conferences etc.

Goal 5: Continue to support and enhance services that help parents develop parenting skills and help youth develop peer resistance skills.

Risk Factors Addressed: Family Management Problems and Family Conflict.

Objective 1:

Increase and strengthen participation in Best Practice parenting programs.

Target Group:

Parents/caregivers and their youth.

Timeline:

Starting July, 2007 and ongoing.

Responsibility:

SCCS.

Actions:

- Continue to support and implement parenting programs at a variety of locations in the County.
- Continue to promote greater participation in the programs by strengthening recruitment and offering incentives such as meals, on-site child care and convenient hours.

Evaluation:

Administer pre-post surveys and implementation instruments provided by the Best Practice parenting programs

Goal 6: Continue to support and implement best practices that promote student academic success and commitment to school.

Risk Factors Addressed: Lack of Commitment to School and Academic Failure.

Objective 1:

Continue to work collaboratively with schools, districts and ESD through participation

in their prevention advisory and task groups.

Target Group:

Elementary, Middle School and High School age youth.

Timeline:

Starting July, 2007 and ongoing.

Responsibility:

GSSAC and SCCS.

Actions:

Participate in prevention advisory meetings and task groups.

Evaluation:

Documentation of attendance and tasks completed.

Objective 2:

Continue to support the implementation of prevention best practices in schools and after-school programs.

Target Group:

Elementary, Middle School and High School age youth.

Timeline:

Starting July, 2007 and ongoing.

Responsibility:

SCCS and GSSAC.

Actions:

Provide prevention resources such as funding and technical expertise to the organizations who implement the programs.

Evaluation:

Administer pre-post surveys and implementation instruments provided by the programs

Goal 7: Support Spokane County organizations and groups to increase the age of onset of drug use by youth.

Risk Factor Addressed: Early Initiation of alcohol, tobacco and other drug use.

Objective 1:

Support and implement best, promising and effective practices that address early initiation of alcohol, tobacco and other drug use.

Target Group:

Elementary, Middle School and High School age youth.

Timeline:

Starting July, 2007 and ongoing.

Responsibility:

SCCS and GSSAC.

Actions:

Provide prevention resources such as funding and technical expertise to the organizations who implement the programs.

Evaluation:

Administer pre-post surveys and implementation instruments provided by the programs.

Community Organizing Requirement

The CTED (Community, Trade and Economic Development) requirement of having a minimum of 16 hours per week of community organizing has been and will continue to be fulfilled by GSSAC. To work towards this goal, GSSAC provides many community organizing projects such as providing prevention training, building coalitions, and providing technical assistance as members of various boards. As evidence of this commitment, GSSAC staff are currently active on several community boards including the Northwest Alliance for Responsible Media, Campus/Community Task Force, and the Tobacco Free Spokane coalition. Further, GSSAC conducts the Substance Abuse Prevention Specialist Training and other trainings to empower prevention professionals, teachers, parents, and the community to conduct prevention strategies. Finally, Town Hall and coalition meetings are common strategies used by GSSAC to promote community organizing.

Further, to assure that a minimum of .4 FTE is dedicated to community organizing, GSSAC has designated specific staff. Linda Thompson, GSSAC's Executive Director will continue to be active in this capacity as she reaches out to the community through coalition building. Further, Dean Wells, Programs Director, will provide prevention training to empower the community. Finally, Kendra Juarez, Youth Programs Coordinator, will continue to coordinate the WDFY program which is a coalition of over 1,500 students working together to create positive norms within their schools. The efforts of these staff have consistently produced well more than the required .4 FTE and should only continue to expand in the future.

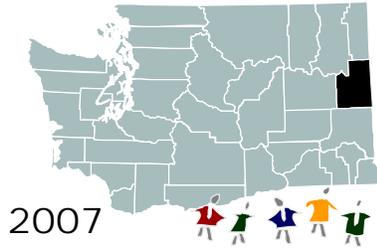
Best Practices Policy

The implementation of Best Practices is a requirement for DASA but not for CTED. However, CTED does provide a policy statement regarding the need for research and science based programs as well as proper evaluation. Spokane County has fulfilled these requirements in the past and will continue to do so during the implementation of this plan. Prevention service providers through Spokane County Community Services will continue to operate with a minimum of 50% of programs going towards Best Practices. Further, GSSAC will actively explore the implementation of Best Practice and Promising Approach programs and will assure that any programs that are implemented meet proven principles of effective prevention and can be supported through research.

Plan Review and Adjustment

The Spokane coalition realizes that all plans need to be reviewed and adjusted on an ongoing basis in order to be most effective. Therefore, the plan presented in this document will be reviewed regularly to look for potential improvements. This review will include all processes required by DASA and CTED as well as less formal strategies. One such informal strategy will be to review the evaluation results as they are acquired. This analysis will allow coordinators to make adjustments in strategies and work with partners to improve results. More details on how evaluations will be conducted and used are in the following section.

Spokane County



PART IV Evaluation

Evaluation: Monitoring Substance Abuse Services

As a County, we monitor our services on several indicators.⁵

Current Spokane County Outcomes:

Adult Outpatient Treatment Admissions	4,278
Opiate Treatment Admissions	114
Youth Outpatient Treatment Admissions	860
Admissions to Detox	1375
Assessment to Treatment within 30 days - Youth	82%
Assessment to Treatment within 30 days – Adults	52%
Outpatient Treatment Completion for Adults	47.3%
Outpatient Treatment Completion for Youth	44.8%

Where appropriate, these same indicators are monitored at the provider level and our goal is to continue using performance indicators in the next six years to improve services and their availability for our clients. Our primary goal is to assist those who administer programs to see that programs are being run efficiently, serving targeted subgroups and to allow for future planning. Typical questions researched in the monitoring process include:

- Is the program functioning as expected?
- Are clients accessing treatment?
- Are clients being retained in treatment long enough to complete treatment?
- Are perceived needs being met for all subgroups of clients?
- Is performance information being entered accurately and consistently to the Statewide database (TARGET)?
- Does billing information accurately reflect services provided?

⁵ Based on Treatment Analyzer; 7/1/05-2/28/07

The monitoring process reveals changes that need to be made, issues that need to be problem solved, and areas where further technical assistance or education is needed. A Corrective Action Plan is implemented to ensure that necessary changes are made and maintained over time. Spokane County does on-site monitoring visits at least yearly and offers technical assistance year round to contracted treatment providers.

Evaluation: Monitoring Prevention Programs

Assuring program fidelity will be an ongoing priority. This priority will be obtained through two primary strategies. First, the program will be overseen by qualified prevention professionals. These professionals will assure that all projects are conducted in accordance with research based principles of effectiveness. Also, any Best Practice or Promising Approach projects will be conducted in accordance with the standards of the project creator. Along with this professional oversight, ongoing process monitoring will occur to check for fidelity concerns and assure that all strategies are being implemented in accordance with the strategic plan. This monitoring will also provide frequent analysis of each project and allow the supervisor to make corrections quickly in order to assure fidelity.

In regards to Best Practices SCCS monitors fidelity by contractually requiring providers to deliver these programs with fidelity. In addition, fidelity is covered with the providers in prevention trainings and one-on-one consultations. Best practice programs vary greatly in how they specify such factors as curriculum elements, environment and settings, focus populations and staff training. SCCS primarily refers to materials provided by the developers as well as phone and email consultations with them to ensure that the program is being implemented as it was intended.

- Curriculum Elements: If a specific curriculum is provided SCCS providers are expected to adhere to the curriculum and keep records of the lessons, dates, frequencies and durations of the program sessions.
- Environments and Settings: If environments and settings are specified SCCS providers are expected to adhere to these instructions and keep records of the locations and other factors pertaining to the environments and settings.
- Focus Populations: If focus populations are specified the SCCS providers are expected to adhere to these specifications and keep records of the target populations such as age, gender, race/ethnicity, and other selected demographics.
- Staff Training: SCCS expends the majority of its prevention training funds toward provider training in Best Practice programs. SCCS expects provider staff to be adequately trained in the Best Practice program(s) which they implement.

Plan to Gather Prevention Services Data

Data collection will also be an ongoing component with several strategies. One such strategy will include the process data described above. This data will be tracked by the project coordinators and all subcontractors as each project progresses. Each

coordinator will be required to maintain records, including planning activities, number of sessions, participant attendance, hours of services, demographics of participants, activities implemented, and more. This data will be recorded and analyzed on an ongoing basis.

Further, outcome data will also be collected. This strategy will measure changes that seem relevant to the specific Risk Factor addressed by each project. For example, a parenting program that addresses Family Management Problems may include a pre/post test that measures changes in participant's knowledge about effective parenting or changes in perceived attitudes between the parent and child.

Developing appropriate assessment tools will also be important in this process. In regards to Best Practice and Promising Approach projects, the standardized assessment tools that correspond to the project may be used. Also, both GSSAC and SCCS currently have assessment tools that have been designed with participation of expert consultants. These tools will also be used as appropriate.

Further, SCCS and GSSAC will submit all gathered data through the appropriate methods and timelines. This will include online reporting such as the PBPS for DASA and the new data system being created by CTED for CM.

Finally, GSSAC will assure that other CTED requirements for evaluation continue to be met. Assessment tools provided by CTED will be used in accordance with their guidelines. As in the past, the GSSAC staff overseeing the Community Mobilization grant will also oversee the implementation of each evaluation requirement. This implementation will include using the CTED approved pre/post tests, focus group assessment, or key informant interview process to evaluate at least one project within the grant. All other projects will also be evaluated based on the guidelines discussed above. This evaluation will be required of any subcontractors also and will be included in their contract with GSSAC. Further, other requirements such as conducting the CM Scorecard will be completed as requested by CTED. The current Community Mobilization coordinator has maintained compliance with evaluation requirements in the past and has the knowledge, skills, and resources to continue to be successful.

Evaluation: Monitoring Completion, Retention and Criminal Activity for the CJTA Innovative Grant Program

The Spokane County Innovative Grant Plan for 2007-2009 is a continuation of the 2005-2007 plan consisting of one full time employee (FTE) out stationed at Geiger Corrections Center. This FTE will continue to conduct chemical dependency assessments and to make referrals to post-release chemical dependency treatment services (outreach).

We are closely monitoring the assessment and referral component for both the number of assessments provided as well as the number of outreach hours provided, and for successful treatment linkage post release.

In addition, we are now able, through recent available Treatment Analyzer capabilities,

to monitor the number of clients referred from Geiger who successfully complete treatment as well as treatment retention figures. It should be noted however, completion and retention data is not available through Treatment Analyzer in a client specific mode; it is available only in aggregate form by specific treatment provider and county-wide.

While reducing criminal activity has been a consistent project goal, we have not identified any mechanism through the TARGET reporting system to effectively identify post-treatment criminal activity. In the next biennium, we will be working with our system partners in the criminal justice system to identify any viable recidivism tracking mechanisms to help judge the effectiveness of this program. The most likely element to identify and track would be re-arrest.

Cooperation with Community Mobilization Staff

The Greater Spokane Substance Abuse Council has worked with CTED CM staff for several years and has successfully implemented and evaluated multiple projects. This cooperation will continue in the future. In order to assure this cooperation, GSSAC will assign a Community Mobilization Coordinator to oversee the grant requirements and to act as a liaison between GSSAC and CTED. Further, this cooperation will include conducting evaluations as required by CTED. The current Community Mobilization Coordinator with GSSAC has experience conducting each of the required evaluations and will continue in this role. This experience has included using pre/post tests and focus groups. Further, all subcontractors funded through GSSAC with CM dollars will be required to complete and submit a process and outcome evaluation. Finally, GSSAC maintains connections with two professional evaluators, as well as the CTED evaluator, whom may be called upon for technical assistance and support as needed.

Appendix A: List of Focus Group Participants and Representation

The Greater Spokane Substance Abuse Council (GSSAC)

A total of 5 Board members participated in this group. Participants included:

- A regional coordinator from Educational Services District 101 who has ongoing connections with local and regional education
- A long time law enforcement officer
- A representative from the Spokane County government
- A representative from the general community
- A representative from a local treatment agency

The Prevention Roundtable Group

Representatives included:

- Prevention provider and coalition staff from YWCA
- West Central Community Center
- Riverside School District
- Spokane Regional Health District
- Children's Home Society
- Martin Luther King Jr. Family Outreach Center
- Liberty Park Child Development Center and WSU/Spokane County Cooperative Extension
- Nurturing Parenting program

The Substance Abuse Advisory Board

The Substance Abuse Advisory Board held two focus groups. Seventeen people attended in January to discuss Prevention services and 20 attended in February to discuss treatment services. Representatives include:

- County Staff and interns (7)
- Members from faith based communities (2)
- People in recovery from addiction (2)
- People with family members impacted by addiction (3)
- Members of the mental health treatment community (1)
- Staff from agencies that provide adult and youth substance abuse treatment (both contracted and non-contracted providers) (7)
- Culturally diverse community members (5)
- Members from the medical community (2)

The Substance Abuse Advisory Committee through Educational Services District 101 and Spokane Public Schools

Representatives included:

- Spokane Public Schools, Managers and Student Assistance Specialists
- Daybreak, a youth treatment center serving youth both in and out of school
- Educational Services District 101, Managers, Project Coordinators, and Student Assistance Specialists
- Spokane Regional Health District, Youth Tobacco Prevention
- Northeast Washington Treatment Alternatives
- Students from a county high school
- Representative from a private school
- A DASA representative
- A Spokane County Government representative
- NATIVE Project, a treatment and prevention program for Native American youth

Task Force Group Participants

Representatives included 32 people from:

- VOA's Crosswalk, a youth homeless shelter
- NATIVE Project, a treatment and prevention center for Native Americans
- Excelsior Youth Center, a residential youth center
- Educational Services District 101
- Spokane Public Schools
- Spokane Regional Health District
- Spokane Community Oriented Policing Effort
- City Probation
- Washington State University
- Spokane County Government
- Riverside School District
- East Central Community Center
- Cheney Outreach, works with low income and homeless families
- Martin Luther King Jr. Family Outreach Center
- Spokane County Prosecutor's Office

Individual Contacts/Informant Interviews

- YFA Connections, provides family and youth services, including a youth group home, crisis residential center, family reconciliation services, community outreach, mental health, and treatment
- VOA's Crosswalk, shelter for homeless youth

Appendix B: Community Needs Assessment Survey Participants

In November 2006, we designed a community needs assessment survey using an internet company “Survey Monkey” to make it available to our community at large. The link to the survey was also posted on the Spokane County Substance Abuse and Treatment website. Treatment providers also offered the survey in a paper format to clients in their treatment agencies. These surveys were entered by support staff at Spokane County. Results of the Community Needs Assessment are found in Appendix D.

Invitations to participate in the survey were sent out through general contact lists to a wide population. The following groups received personal requests to participate.

Community Groups the survey invitation was sent to included:

- Spokane County contracted substance abuse treatment providers
- Spokane County contracted prevention program providers
- Spokane County contracted disability service providers
- Spokane County contracted mental health providers
- Spokane County employees
- Spokane Community Colleges substance abuse discussion group
- West Valley Schools
- Education Service District 101
- Substance Abuse Advisory Board members
- Child Protective Services caseworkers
- Inland Northwest Resource Awareness Coalition
- Spokane Council of Churches
- Celebrate Recovery
- Teen Challenge
- Community Minded Enterprises (Health Improvement Partnership)
- Department of Vocational Rehabilitation
- Community Health Association of Spokane
- Sacred Heart Medical Center
- Meth Action Team
- Spokane Indian Tobacco Coalition
- Inland Northwest mentoring Partnership
- Homeless Task Force, City of Spokane
- DSHS Community Service Caseworkers
- District 81 Safe Schools, Healthy Schools
- Aging and Long Term Care Unit
- Home and Service Community workers
- Spokane Chamber of Commerce
- Central Valley Schools
- Valley Herald
- United Way
- Volunteers of America
- Odyssey Youth Services

Appendix C: Admissions Data from Looking Glass Analytics
Available as a separate attachment.

Appendix D: Community Needs Assessment Survey
Available as a separate attachment .pdf.

Appendix E: Prevention Data from Looking Glass Analytics
Available as a separate attachment.