

# Substance Abuse and Mental Health **Task Force Report**



Grays Harbor Community Task Force  
on Substance Abuse and Mental Health  
June 11, 2009

# Acknowledgements

Anne Strode's work at Washington State University in documenting counties' implementation of E2SSB-5763 was invaluable in planning this process.

The Task Force offers its grateful acknowledgement to the contribution of these experts who shared their knowledge and experience with us.

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# Substance Abuse and Mental Health Task Force Report

A Report To  
The Grays Harbor County Board of Commissioners

*Mike Wilson, Chair - District 2*  
*Albert A. Carter, District 3*  
*Terry Willis, District 1*

## Contents

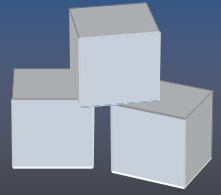
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## **About This Report**

This report is designed to briefly convey the essence of conversations among Task Force members and guests over four months, in seven three-hour meetings. Many presentations were made and an abundance of data was provided to the task force.

Detailed meeting summaries and slide presentations are available at the Task Force website. In addition, some of the data is summarized in the reference section at the back of this document.

# Executive Summary



This report summarizes the information and conversations of a group of community leaders as they studied a potential tax increase to support expanded mental health and substance abuse treatment, and the initiation of therapeutic courts. The group was appointed by the Board of Commissioners for Grays Harbor County.

The tax under consideration is 1/10th of 1% of retail sales tax, the equivalent of 1 penny on a taxable \$10.00 purchase. It can be enacted by a vote of the Board of Commissioners; it does not require a public vote.

The Task Force carefully considered the impacts of untreated substance abuse and mental illness and the potential impact of added tax on the community, businesses, families and individuals. They sought input from the public, people who have received services, and subject matter experts.

The Task Force concluded: the positive benefits of the tax far outweigh its costs. Our entire community is paying a high price for an epidemic of drug use that endangers us all. Untreated mental illness wastes lives – and wastes money in inappropriate jail time, hospitalization and homelessness. Our jails are full – most often with repeat offenders - and criminal justice costs are climbing. Promising new approaches are working in other communities to interrupt this expensive and destructive cycle.

The Task Force recommends that the tax be passed to allow Grays Harbor to expand its services in treatment and the judicial system. They further recommend that an ongoing advisory group be established to oversee the development of specific proposals, to make recommendations on the allocation of funds, and to hold accountable all entities which use these funds. It is their intent that the public have very clear information on what is accomplished with this added resource.

## Critical Gaps

- Inadequate detox and stabilization services, especially for those with co-occurring disorders
- Inadequate access to inpatient substance abuse treatment for adults and youth
- Fragmented stabilization-to-treatment process
- Inadequate services for people with co-occurring disorders
- Lack of therapeutic criminal justice programs
- Inadequate access to timely substance abuse treatment admission
- Inadequate family support services
- Inadequate availability of local psychiatric services

## Why Invest in Services & Treatment?

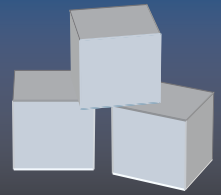
- Start programs that get results - reduce addiction, jail and hospital costs
- Fewer lives sacrificed to crime, homelessness and chronic dependence
- Local control over local resources
- Healthier community





# Introduction

## Grays Harbor Community Task Force on Substance Abuse and Mental Health



### The Question



***Should Grays Harbor enact a tax of 1/10th of 1% on retail sales and use for the purpose of expanding substance abuse and mental health treatment services and therapeutic courts?***

In early 2009, the Grays Harbor County Commissioners appointed the Grays Harbor Community Task Force on Substance Abuse and Mental Health to answer this question through:

- studying of the local impacts of substance abuse and mental illness
- learning about available resources to address these problems
- identifying where gaps in resources exist
- examining the benefits of the tax increase in counties that have passed the tax
- soliciting and considering public input and comment

***Then:***

***If yes, what organizing model should guide administration of the funds?***

How much is 1/10th of 1%?

On \$10



On \$100



#### Tax Impact on Individuals

Clallam County estimated that a median-income household would spend an additional of \$20 per year on their taxable purchases after the 1/10th of 1% tax was passed. Those earning and spending less would pay less.

Sources: see page 19

## Task Force Members

### **Larry Kahl, Chair**

Behavioral Health Resources

### **John Bausher, MD, PhD**

Grays Harbor County Health Officer

### **Judge Art Blauvelt**

Elma, McCleary, and Montesano Muni Courts

### **Judge Steven Brown**

Grays Harbor District Court

### **Dave Christensen**

Jail Supt., Grays Harbor County

### **Troy Colley**

Coastal Community Action Program

### **Kathy Crow**

Mental Health Advisory Board

### **Steve Hall**

Department of Social and Health Services

### **Alex Kluh**

Grays Harbor Chamber of Commerce

### **Stew Menefee**

Prosecutor, Grays Harbor County

### **Jude Miniken**

Roger Saux Counseling Center  
Quinalt Indian Nation

### **Dave Murnen**

NeighborWorks of Grays Harbor

### **Greg Reynvaan**

Grays Harbor County Juvenile Department

### **Gary Rowell**

Union Gospel Mission

### **Rick Scott**

Grays Harbor County Undersheriff

### **Alisa Shaffner-Bishop**

Educational Service District 113

### **Tyson Vogeler**

Office of Superintendent of Public Instruction

## The Task Force

Chaired by Larry Kahl, Vice-President of the Board for Behavioral Health Resources and staffed by the Grays Harbor County Public Health and Social Services Department, the Task Force included representatives from local:

- courts
- prosecutor's office
- health care
- corrections
- businesses
- law enforcement
- education
- social services
- clients/families

## The Reason

The great majority of people in the criminal justice system are affected by substance abuse disorders, mental disorders, or both. There is a "revolving door" in which the same offenders enter, leave, and re-enter the criminal justice system repeatedly. Criminal justice costs dominate our public expenditures and continue to rise. Current systems for the treatment of people with substance abuse and mental disorders are inadequate and current criminal justice practices fail to keep people from reoffending.

The purpose of the special taxing provision is to allow local communities to develop treatment resources and judicial programs that stop the revolving door, placing emphasis on recovery.



*The Task Force at work*



# The Format

The Task Force wanted their process to be as transparent to the public as possible.

- Each meeting agenda included time for public comment.
- Task Force members sought additional public input in their professional lives.
- The Task Force issued press releases seeking additional comment.
- Members participated in local radio shows and provided community presentations.
- Staff maintained a series of web pages containing all agendas, summaries and materials reviewed by the Task Force.
- The Task Force established an email address for public comment and reviewed all materials received.

**web address:** [www.ghphss.org](http://www.ghphss.org)  
(click on Community Task Force link)  
**email:** [taskforce@co.grays-harbor.wa.us](mailto:taskforce@co.grays-harbor.wa.us)



*The May 12 evening forum*

## Workplan and Timeline

The Task Force adopted a four month workplan at their first meeting. To inform the process, it was agreed that guests from communities where the tax had been passed would be asked to share their experiences at the meetings.

### Staff

#### Grays Harbor County Public Health and Social Services

Joan Brewster, Director  
Jay Green  
Karolyn Holden  
Vera Kalkwarf  
Erik Landaas  
Nora LeBlanc  
Mike McIntosh  
Margi Slabaugh

### Task Force Workplan

#### Introduction and Overview

March 19

#### Substance Abuse

April 2

#### Mental Health

April 16

#### Therapeutic Courts

April 30

#### Evening Community Forum

May 12

#### Discussion and Recommendations

May 28

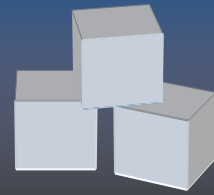
#### Adoption of Final Recommendations and Approval of Report

June 11

Sources: see page 19

# Background

## Omnibus Mental and Substance Abuse Disorders Act of 2005



### A Local Sponsor



Washington State Senator James Hargrove (D, 24th Dist.) of Hoquiam was a sponsor of the 2005 bill and opened the first Task Force Meeting. He explained that the bill, which had bipartisan support, created an important opportunity for local communities to raise funds to address the issues of untreated substance abuse and mental illness.

Senator Hargrove explained that the law was based on the notion that preventing the poor outcomes associated with untreated mental illness and substance abuse disorders saved money - “pay me now or pay me later”. He estimated that costs run twice as high when problems are left unattended resulting in incarceration, involuntary treatment, and extended hospital stays.

### Task Force Members Respond

At their first meeting members had a chance to share experiences in dealing with people with substance abuse and mental disorders. Here's some of what they had to say.

“It is apparent we are serving the same people - *but spending funds separately.*”

“...we are applying ‘band-aids’ to problems to help people get through, but not actually solving underlying problems.”

“Jails are very expensive and we all pay that cost. It would be less expensive to get treatment for the underlying problem that brought them into the system - like alcohol or drug abuse.”

## A New Law

The Engrossed Second Substitute Senate Bill 5763 was passed into law in 2005. It had five major provisions which included:

1. A requirement for additional chemical dependency treatment services for adults and children;
2. Establishment of a new “enhanced resources facility” to serve people with complex cases;
3. Provision for suspension rather than termination of Medicaid benefits during incarceration;
4. Authorization of three pilot projects to provide mental health and chemical dependency services; and
5. Authorization for counties to impose a local 1/10 of 1% sales tax to fund new mental health, chemical dependency and therapeutic court services.

## Designed to Address Serious Problems

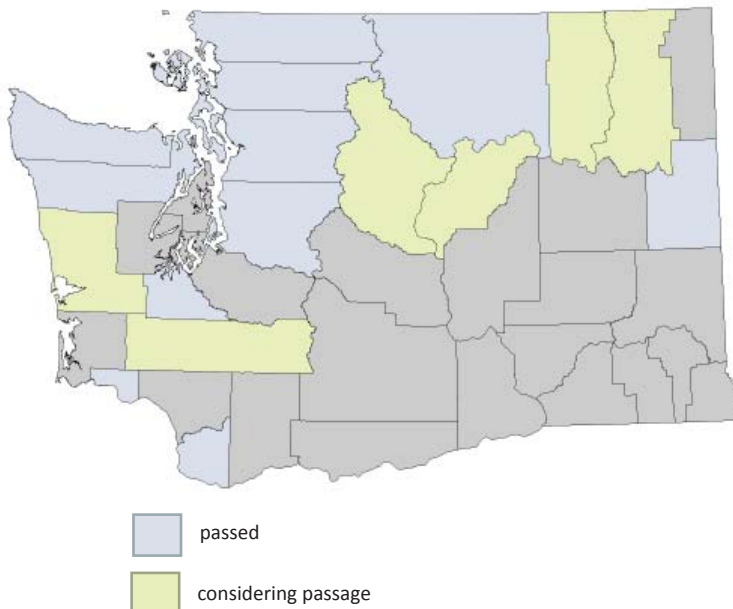
The Joint Legislative Executive Task Force on Mental Health Services and Funding determined in 2004 that reform was needed to address many problems in the system that existed at that time, including:

- Disjointed involuntary commitment laws;
- Insufficient inpatient and residential capacity for mental health treatment;
- Extreme lack of access for low-income people needing chemical dependency treatment: only 25% of those in need could get services;
- Inability to address co-occurring mental health and substance abuse disorders;
- Impact on jail costs and recidivism; and
- Lack of resources to initiate approaches with proven results.

# Action Taken in 13 Washington Counties

During the first year of the new law's implementation, eight counties passed the sales tax initiative and have since generated over \$67 million in new revenue to support new services for substance abuse treatment, mental health treatment, and therapeutic court programs. Counties that adopted the measure listed lack of treatment for mental and substance abuse disorders, increasing hospitalization costs, and pressure on jails and emergency departments among the reasons for enacting it.

To date, 13 counties have passed the tax, and six others are considering passage.



## Counties That Have Passed the Tax

Clallam	King	Skagit	Thurston
Clark	Okanogan	Snohomish	Wahkiakum
Island	San Juan	Spokane	Whatcom
Jefferson			

## Counties Considering the Tax

Chelan	Ferry	Lewis
Douglas	Grays Harbor	Stevens

## Projected and Actual Revenue

### Tax Passed Prior to 2008

County	Actual 2008 Revenues
Clallam	\$1,040,021
Clark	\$5,327,486
Island	\$696,008
Jefferson	\$406,175
King	\$27,575,662
Okanogan	\$544,071
Skagit	\$2,415,805
Spokane	\$7,920,194
<b>Total</b>	<b>\$45,925,422</b>

### Tax Passed in 2008

County	Estimated 2009 Revenues
San Juan	\$357,000
Snohomish	\$10,000,000
Thurston	\$4,000,000
Whatcom	\$3,600,000
Wahkiakum	\$21,000
<b>Total</b>	<b>\$17,978,000</b>

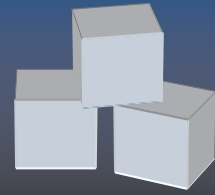
### Amended in 2009

Originally, the legislation required that counties spend the funds from the 1/10th of 1% for substance abuse and mental health on new or expanded programs. They could not supplant - that is, remove funding from an existing program to use the funds elsewhere. Legislation passed in 2009 recognized the widespread difficulty with local government budgets and allows counties to supplant up to 50% in the first year. In subsequent years, the allowed percent decreases.

Sources: see page 19

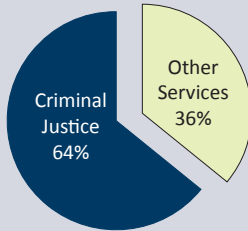
# Impacts & Issues

# Substance Abuse

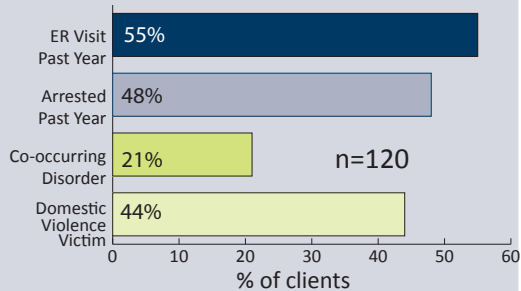


## 2008 Grays Harbor County General Fund Costs

courts +  
sheriff +  
jail +  
prosecutor +  
juvenile =  
**criminal justice costs**



## Characteristics Reported By Adults in Publicly-Funded Treatment, Grays Harbor County, 2008<sup>1</sup>



**A Problem that Runs Deep:** Grays Harbor Community Hospital emergency room physician Dr. Marcus Debrow commented that issues associated with substance abuse persistently interrupt the routine delivery of health care. The consequences of substance abuse permeates every aspect of a community's health: infection rates, types of infections, spread of MRSA, undernourished and underfed children of addicted parents, teenagers with difficulty in school and socially, foster care, and legal problems. "Behind each statistic is a family with situations to be resolved."



## Costs to Society

Drug crimes affect everyone on Grays Harbor. The impact of drug and alcohol abuse and addiction is deeply pervasive. Users, their families, communities and the broader environment are all negatively impacted by the drug trade. As substance abuse increases, so do burglaries, assaults, vandalism, domestic violence, thefts and other forms of crime.

- An estimated **80% of crimes** are associated with substance abuse.<sup>2</sup>
- **60-80% of emergency room care** involves the impacts of alcohol or drug abuse.<sup>3</sup>
- **50% of homeless adults** have a substance abuse disorder.<sup>4</sup>
- An estimated **\$429 for each resident of Washington was spent by the state on the consequences of substance abuse in 2005.** Of each dollar spent, 85¢ was spent on the consequences of substance abuse – mostly health and criminal justice expenses – and only 4¢ was spent on treatment and prevention.<sup>5</sup> This estimate does not include taxpayer burden for federal or local budgets.

## Local Impacts

Substance abuse disorders and their social, legal, and medical complications affect many aspects of local life. Undersheriff Rick Scott estimates that 80% of law enforcement encounters involve drugs and alcohol. Jail Superintendent Dave Christensen commented that the jail's expenses for inmate medical expenses have increased 167% in the past year - and that most of these expenses are related to detox from alcohol or other drugs and treatment of MRSA (*Methicillin-resistant Staphylococcus aureus*) related to drug abuse.

Dr. Marcus Debrow from Grays Harbor Community Hospital Emergency Room reported an increase in the number of people seeking care in the Emergency Room for injuries related to drug withdrawal, alcohol-related car accidents, substance-related domestic violence injuries, and cleaning and re-packing abscesses related to injecting drugs. He states that the drug-related demand stresses the hospital's resources to the extent that general medical care could be compromised.

Public health data demonstrate that county youth use substances at a higher rate and begin their use at an earlier age than the state average. Results also indicate that more than half of the county's middle and high school students don't think that using drugs is "such a bad thing to do."<sup>6</sup>

There is also evidence that people in Grays Harbor experience illness, injury and death related to substance use and abuse at higher rates than the state average. Death rates from causes such as accidental overdose, liver disease, and injuries related to substance use are higher in Grays Harbor than the state average.<sup>6</sup>



## Critical Gaps- Substance Abuse

Substance abuse is often coupled with loss of a job or inability to work. For people without financial resources, finding a door to recovery can be an overwhelming challenge.

State and federal funds support treatment for the indigent. However, to be eligible for adult services, the consequences of addiction must be severe. People are usually ineligible for treatment until their disease becomes so overwhelming that they are unemployable.

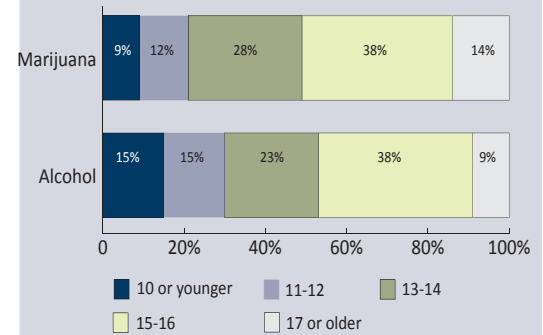
Prevention and early intervention opportunities are lost - and costs are driven higher.

Adult inpatient treatment is very limited. Often there is a wait of weeks or months to be admitted. People in unstable lives are ill-equipped to get through the waiting period.

In Washington only 1 in 4 eligible (low-income) teens get the substance abuse treatment they need. Inpatient treatment for youth was described as a severe need. It is expensive and very limited statewide, with youth waiting many weeks or months for a bed.<sup>10</sup>

There is no local resource for detox services. Providers and law enforcement cited this as a critical gap. There are also no local programs for opiate substitution, and people seeking that service make daily trips to Olympia.

### Age at First Use, 12th Graders Grays Harbor County, 2008<sup>6</sup>



About half of twelfth graders who use alcohol or marijuana report that they were less than 15 years old the first time that they used drugs.<sup>6</sup>

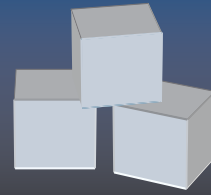
**Preventable Death:** Undersheriff Rick Scott began his presentation to the Task Force by describing his activities that morning: he investigated the death of a young person caused by accidental overdose of unprescribed pharmaceutical drugs. Pharmaceutical drugs are becoming a more common problem for adults and youth in Grays Harbor County.

### Treatment Works and Saves Money

The Washington State Division of Alcohol and Substance Abuse has ample evidence that medical, incarceration, and other public service costs decline when people with substance abuse disorders get treatment. Medical cost savings alone for people in treatment are an average of approximately \$250 per person per month.<sup>9</sup> With 28% of the county's population receiving Medicaid benefits, the potential savings are substantial.<sup>9</sup> Research indicates that the cost of treatment services is more than offset by the savings in other public systems.

Sources: see page 19





## The Mental Health Continuum

**Wellness:** Superior functioning in a wide range of activities. Life's problems never seem to get out of hand. This person is sought out by others because of his or her many positive qualities.



**Severe Illness:** Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

**A parent's view:** A parent shared her experience in trying to get mental health services for her adult son with a mental disorder. When he began to have symptoms she did not know where to go for help. He became suicidal and the police were called. He resisted their attempts to help him and was charged with assault. He spent time in jail without treatment and his condition worsened. He ended up with a felony assault conviction before he was able to begin his recovery process.

**From local law enforcement:** A man with a mental disorder was jailed for 34 days for failing to pay for a \$9.00 meal. Judges and prosecutors often have no choice but to use the jail to detain offenders with mental health issues. Many of these offenders would not be involved in the criminal justice system if they had received treatment to deal with their mental disorder.

## The Mental Health Continuum

Mental health, like physical health, can be represented as a continuum, with people who have a very high level of mental health on one end and people with a very low level of mental health on the other end.

About 20% of the population can be expected to experience an episode of mental illness. Serious mental illness lasting at least one month - in which a mental problem causes serious impairment in functioning in one or more areas of a person's life - is estimated to occur in approximately 9% of Americans each year.<sup>11</sup>

## Costs to Society



The costs of untreated mental illness are high and affect many aspects of community life.

- 50% of students aged 14+ who have a mental disorder drop out of high school. **This is the highest dropout rate of any group.**<sup>12</sup>
- Mental disorders are the **leading cause of disability** in the United States for ages 15-44.<sup>13</sup>
- **20-25% of homeless adults** are affected by serious mental illness.<sup>4</sup>
- Over **half of adults in jails and prisons** have a mental disorder.<sup>14</sup>
- **65% of girls and 75% of boys in juvenile detention** have at least one mental disorder.<sup>15</sup>

Without resources to help persons with mental disorders achieve and maintain stability, people get "stuck" in repetitive involvement with the criminal justice system, lack of education, lack of job skills, and increased medical costs.

## Local Impacts

Thirteen percent of Grays Harbor County adults report having experienced at least fourteen days of poor mental health in the previous month, a rate that is significantly higher than the state average.<sup>16</sup> Overall, suicide rates in Grays Harbor County are similar to the state average;<sup>6</sup> however, 20% of the county's 10th graders report having thought about suicide in the past year - a figure that is 4% above the rate for teens statewide.<sup>6</sup> Compared to the state, more students report having been in two or more physical fights in the past year, and fewer report that they have a trusted adult that they can turn to if they need help or support.<sup>6</sup>

## Critical Gaps - Mental Health

Studies estimate that fewer than half of the people with a serious mental illness seek treatment; of people without insurance the figure is even higher: only about 1 in 3 people seek the care they need.

Access to mental health treatment is especially difficult for people without personal resources. In order to access publicly funded treatment, stringent eligibility requirements must be met. In reality, the publicly-funded services that are currently available do not address the whole mental health continuum. Rather, they serve only those individuals on the most extreme "illness" end of the continuum.

Local providers and consumers say there is a lack of adequate access to outpatient services and support for daily living skills, lack of supportive services to assist people to re-enter the community after hospitalization, and lack of treatment for persons with co-occurring substance abuse disorders. In addition, there is a lack of local psychiatric care that necessitates significant travel to receive services.

Providers comment that the publicly-funded mental health system provides many incentives for staying ill - not for getting better: it forces people to remain ill in order to receive services. When a person becomes stable and their needs are being met, supports are removed and services are taken away. This promotes a revolving door pattern: with no services, function deteriorates and re-entry into the system for re-stabilization becomes necessary.

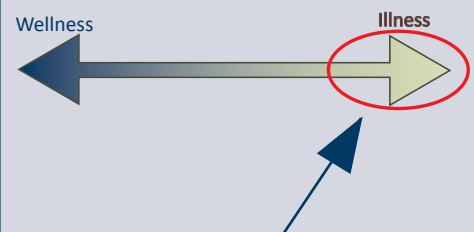
Eligibility for funding also impedes consistent care: people with limited financial resources can only access public care intermittently. They are caught in a confusing "spend down" cycle that can interrupt important therapy and medication.

### Treatment Works and Saves Money

There are treatments available for mental illness that are as effective as treatments given for many other chronic diseases (for example, high blood pressure or diabetes). Treatment for mental disorders has been demonstrated to save money in medical costs and lower the risk of dying early.

**In Grays Harbor County in 2008, \$1.2 million public dollars were spent for hospital care for people with severe mental illness. With adequate ongoing support services, many people could be served with less expensive outpatient services and live more independent lives.**

### The System: Mental Illness vs. Mental Health Care



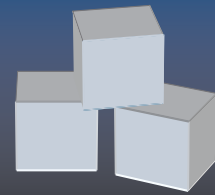
Publicly funded care is focused on people who meet a definition of "medical necessity." There is very limited public support for mental health prevention and wellness services.

Access to inpatient care is difficult: Washington has the lowest number of public mental health beds per capita in the United States.<sup>16</sup>

Sources: see page 19

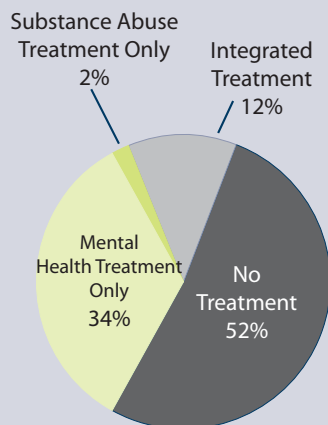
# Impacts & Issues

# Co-occurring Disorders



Co-occurring services address both substance abuse and mental health issues, better serving the client's complete needs and more efficiently and effectively utilizing limited public funds.

## Type of Treatment for Persons with Co-occurring Disorders United States, 2002<sup>11</sup>



According to a 2002 national survey, over half of persons with both a substance abuse and mental disorder do not receive any treatment at all. Only 12% of persons with co-occurring disorders received the appropriate integrated treatment.<sup>11</sup>

## Co-Occurring Disorders

The term “co-occurring disorders” describes a situation in which a person is affected by both mental health and substance abuse disorders at the same time. The Task force was struck by the magnitude of this problem: **approximately 45% of people with a mental disorder also have substance abuse issues.**<sup>11</sup>

Some clinicians suspect that substance abuse is undertaken in an effort to self-medicate symptoms of a mental disorder. Sometimes mental disorders arise from the use of substances. Regardless of how the disorders came to be, the prevalence of co-occurring disorders and the implications for treatment are now being defined.

Traditionally substance abuse and mental disorders have been seen as distinct and separate issues, and treatment methods have developed separately, sometimes even in contradiction. There has been confusion about how to provide the best care for people with co-occurring disorders: some believed that the substance abuse disorder couldn't be appropriately addressed until the mental health issues were stabilized; conversely, others believed that mental health treatment was not effective until substance abuse issues were addressed.

## Critical Gaps - Co-Occurring Disorders

There is now increased recognition of the importance of co-occurring disorders and understanding that successful treatment relies on integrating these previously separate treatment models.<sup>18</sup> The problem is that federal and state funding for services continues to be administered separately. Nationally, among those with co-occurring disorders, **only about 12% receive appropriate integrated treatment and over half receive no treatment at all.**<sup>11</sup>



Locally, services for co-occurring disorders are very minimal, and crisis mental health services are only available to persons **not** under the influence of intoxicants. This is a serious barrier for many in establishing and maintaining recovery.

## Observations of Providers

Task Force members who work in criminal justice, public health, education, and other fields observed that attention to co-occurring disorders is, in itself, a significant gap that lessens the effectiveness of existing treatment efforts. Following are some of their observations:

- “I like the idea of dealing with concurrent mental health and substance abuse issues as co-occurring disorders. I think many young people have slipped through the system, with many being committed to state juvenile correctional facilities because of mental health issues. This county is second in the state in providing exceptional (longer) sentences to juvenile correctional facilities.”
- “Initially I believed there were loopholes in the mental health system, but discovered that alcoholism and other substance abuse often are indicators of co-occurring disorders. I hear from families daily about the huge impact getting into the criminal justice system has on them, how it destroys them emotionally and financially.”
- “We have to break down the silos and measure our success as a community by how well we deal with mental health *and* chemical dependency issues.”
- “There are huge voids in the treatment system for mental health and substance abuse in this county. This is amplified by the presence of co-occurring disorders.”<sup>19</sup>
- Integrated treatment for co-occurring disorders would result in improved outcomes for clients and the community, and in potential cost savings.



On Substance Abuse and Mental Health

### A Mother's Story

At the May 12 community forum, a mother talked about her experiences dealing with a son who has co-occurring disorders. She described the repetitious cycles of getting treatment, leaving treatment, using drugs and then going back into treatment - over and over again. She noted that there are periods of time when he is not in treatment, on his own and possibly driving while in a psychotic episode. She shared her ongoing fear that he was going to hurt someone. She would like to see a program that could provide ongoing supervision to make sure people take their medications and are routinely tested for drug use - a program that would fill the gap between the legal system and involuntary commitment.

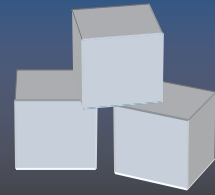
### A Judge's Frustration

A municipal court judge expressed his frustration working with mentally ill offenders who have turned to drugs to handle their illness. He said that the number of these people he sees has increased as the amount of treatment available for them has been reduced. “In effect, I am becoming a de facto case manager. It is exasperating to tell one of these offenders to go get treatment when access is so difficult and they lack the ability to manage their own lives. We can't do what we need to do with the system we have now.”

Sources: see page 19

# Impacts & Issues

# Therapeutic Courts



## Tania

Tania was an addict for 15 years. She spent her time on the streets of Aberdeen doing drugs, drinking alcohol and hanging out with her friends to plot ways to get her next fix. She didn't care about anyone or anything; she felt cold, bitter, depressed and filled with hate and anger.

She lost her children to CPS. She used drugs more after that and did nothing to get her children back because the addiction seemed more important. She felt too far gone to help herself. The road back seemed way too long.

Tania was caught transporting drugs with intent to sell. As a result, she was offered the opportunity to participate in Thurston County's drug court program. She thought it would be an easy way out - she'd give minimal effort and say what the court wanted to hear, and she'd be done in no time. She couldn't have been more wrong.

When she signed her drug court contract, she was given a list of things to do. She had activities every day and had to accept unannounced police visits at her home. For a good part of the program she fought everything she was asked to do. No excuses for noncompliance were accepted. If she failed to meet expectations, she was sanctioned.

*(continued next page)*

## The Problem:

For many people with substance abuse and mental disorders, jail and prison have a revolving door. **The recidivism rate for offenders in Washington State Prisons is 62%.** <sup>21</sup> Retired Thurston County Drug Court judge Richard Strophy commented, "Traditional incarceration does not change people's behavior; rather it teaches them to be a 'better' addict, a 'better' thief, a 'better' drug dealer."



## One Solution: Drug Court

Therapeutic courts, specifically drug courts, were developed following the Sentencing Reform Act of the mid-1980's, which decriminalized property felonies. At the same time, there was an explosion in drug trafficking, use, possession and manufacturing crimes which created a huge burden on the court system and resulted in a strain on capacity in county jails and state prisons. Many in the criminal justice system noted that the traditional system of investigating, arresting, charging, convicting and sentencing wasn't working. Offenders continued to cycle through the system only to return again and again. Searching for an effective solution, people from the court, public defender, treatment, and law enforcement communities started to look into the option of establishing an alternative court system.

Generally drug courts handle felony drug cases but can be used for lesser charges. Participation in drug court begins with the offender consenting to be evaluated for eligibility in the program. If evaluation results indicate the person is suitable, the offender signs a contract with the court which specifies actions that must be completed within a defined period of time. Drug courts are "positively coercive." They put people in a situation where they must change their behavior in order to avoid negative consequences. Drug courts require offenders to be directly accountable to a judge. Reinforcement is provided when appropriate and immediate sanctions are imposed for lack of progress.

# Thurston County's Experience

A recent study showed that the results achieved by Thurston County's drug court have averted more than \$2.8 million dollars in costs over the past 8 years. In addition, another \$250,000 in public expenditure was avoided for each of the 22 babies born drug-free to drug court participants. Drug court changes lives and creates productive, law-abiding, tax-paying citizens through lifestyle transformation. Recidivism (re-offending) rates are much lower than offenders who are prosecuted through the traditional court system.



*Thurston County Judge Richard Strophy and drug court graduates*

## Other Therapeutic Courts

Other types of therapeutic courts have been developed and demonstrate positive and cost-effective results. There are drug courts specifically for juveniles, and courts for DUI offenders.

Mental health courts are designed to break the cycle of mental illness and incarceration by stabilizing individuals in a therapeutic environment rather than in a correctional facility. The court's mission is to serve the community and increase public safety by monitoring and supporting mentally ill offenders in accessing treatment and improving their quality of life. Benefits to the community include reduced court and jail costs, less criminal activity, and increased contribution to the community by program participants.

Family treatment courts are typically used where children have been removed from the home. Participating parents agree to complete requirements in order to gain reunification with their children. Providers describe that what happens in family treatment courts is "greater than the sum of its parts" because of the lasting impacts of family reunification.

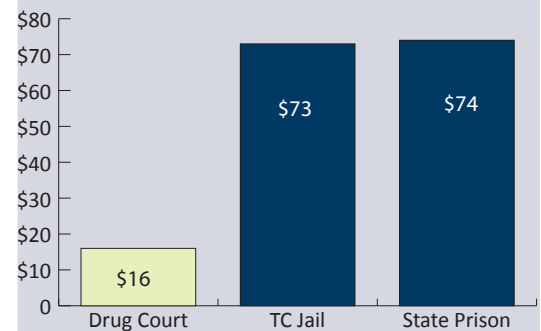
## Critical Gaps - Therapeutic Courts

At this time, there are no therapeutic court systems to address the needs of people with substance abuse or mental disorders.

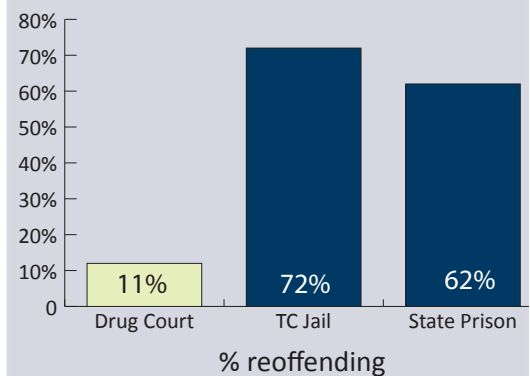
Over 18 months, Tania learned to accept what she could not change. She says, "I learned the importance of honesty, how to mend broken relationships and how to set goals. The trauma treatment helped me to heal parts of myself that were so broken I never could have fixed them on my own."

Drug court is one of the very first things Tania completed from start to finish. She has been free of drugs for three and a half years. She has custody of her children, serves on various panels and advisory committees, and is attending school and pursuing a degree in criminal justice. She says that drug court works and has been the source of many miracles in her life.

Thurston County Offender Costs Per Day

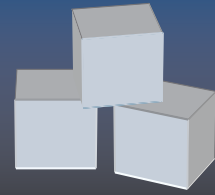


Recidivism Rates<sup>21</sup>



Sources: see page 19

# Findings & Recommendations



## Impacts: Substance Abuse

- 80% of crime
- 60-80% of emergency room care
- 50% of homeless adults
- \$429 spent per capita on the consequences of substance abuse in Washington State in 2005 (state budget impacts only - does not include substance abuse-related spending at the federal or local level)

## Impacts: Mental Illness

- leading cause of disability
- 20-25% of homeless adults
- 50% of adults in jails and prisons

Based on information provided in meetings and a public forum, the Task Force provides the following findings and recommendations.

## Findings

### Substance Abuse

The burden of illegal drug use in our community is tremendous. It results in crimes against people and property – and that degrades the quality of life in our community.

The continually climbing cost of criminal justice is draining our community resources. Drug crimes account for a huge proportion of criminal justice system costs.

Substance abuse is generational. Its impacts include family disorganization and traumatic childhood experiences including neglect, domestic violence, and foster care placement. Without intervention, these children become adults who are at very high risk to continue the cycle with their own children.

Treatment for addiction does work, but it needs to be readily available, without waiting periods. A broad range of services should be available so that every person's needs can be addressed.

Detox services are needed locally so that there is an option for a person who is in crisis. The detox-to-treatment progression should flow smoothly.

### Mental Illness

People living with mental illness must navigate a complex system of limited benefits and resources, lack of preventive services, and confusing financial requirements. The system makes it difficult to get the care they need – and to live as independently as possible.

Without adequate support, people with severe mental illness will need inpatient care more often. Inpatient care for the mentally ill is extremely expensive, and is difficult to access. Supportive housing, additional levels of care and case management are needed.

Parents and other family members work hard to support their loved ones with mental illness. They often feel ineffective in working with law enforcement, jails, therapists and physicians. Their assistance can help defray costs and they need support services and educational programs.

Law enforcement officers, judges and corrections personnel have expressed that incarceration of the mentally ill is inappropriate – and cited a lack of appropriate alternatives.

## Co-Occurring Disorders

The frequent presence of co-occurring mental illness with drug or alcohol problems is recognized by providers and caretakers. The emerging science says that treatment must address both issues simultaneously. However, integrated treatment is rarely available, and is needed in our community.

Improved coordination is needed. The fragmented, piecemeal nature of this system must be addressed so that substance abuse and mental health issues can be handled simultaneously and effectively.

## Therapeutic Courts

The traditional approach to prosecution and incarceration does not often result in behavior change. Most people in jail reoffend and return to jail. They do so at huge cost – and little benefit.

Prosecution approaches that combine the coercive authority of the courts with the benefits of behavioral therapy and building life skills have shown very promising results. Individuals have gained control of their lives and become productive citizens. Our community would benefit from such programs.

The benefits of “drug courts” have been replicated in settings for youth, family disposition, and mental health. Our community would benefit from such programs.

## Gaps for Youth

The early manifestations of substance abuse and mental health disorders are often evident in childhood and adolescence. Our community lacks services to address the mental health and substance abuse problems of our young people - and co-occurring disorders in particular. The opportunities for recovery and life changes are greatest in the disorder’s early stages. This is a critical deficiency in our community.

## Summary

Taken together, the problems of untreated substance abuse and mental disorders exact a very large cost on our local communities. Proper treatment for substance abuse and mental health disorders results in positive changes in the community and cost savings. We need to initiate new approaches, drawing from the proven strategies adopted in other counties. This will take time and we must continue to rely on the present system as new services are implemented. The promise of making a new investment is that we can break the cycle of continuing costs spent on repeated hospitalization and incarceration - and assist people in attaining lasting recovery.

### Impacts: Co-Occurring Disorders

- 45% of people with mental disorders also have substance abuse disorders
- 60% of patients hospitalized for substance abuse treatment also had a mental disorder

### Impacts: Therapeutic Courts

- 62% of offenders in Washington’s state corrections system re-offend
- 12% of Thurston County’s drug court graduates re-offend

### Impacts: Youth Service Gaps

- 65-75% of youth in juvenile detention have a mental disorder
- Students aged 14+ who have mental disorders have the highest dropout rate of any group - 50%
- Grays Harbor youth use drugs and alcohol at a higher rate and begin their use at a younger age than the state average

Sources: see page 19



# Recommendations

***The Community Task Force on Substance Abuse and Mental Health recommends that the Board of Commissioners for Grays Harbor County enact the tax allowed on 1/10th of 1% of retail sales and use, for the purpose of expanding treatment for mental health, substance abuse and therapeutic criminal justice programs.***

The Task Force believes that this action will benefit the entire community because it will:

- Directly allocate tax dollars into effective programs.
- Waste fewer lives to crime, homelessness, and dependence on public systems.
- Give us local control to direct local resources.
- Make our neighborhoods safer, which results in making our communities healthier.

***The Community Task Force on Substance Abuse and Mental Health further recommends that a continuing advisory board be established to make recommendations to the Board of Commissioners concerning the use of funds and to provide oversight in the selection and evaluation of programs funded by this effort.***

The Task Force submits the following guiding principles, structural considerations and process recommendations for consideration in planning and implementing this local resource.

## Guiding Principles

The Task Force recommends that the following principles be observed in allocating and monitoring use of the funds collected:

- Use of the funds is based on a well-documented plan that addresses clearly stated priorities and contains specific, measureable goals and objectives and an evaluation plan.
- Regular evaluation of projects compares stated goals and objectives to work progress and outcomes.
- Strong evidence of effectiveness is a requirement for initial and ongoing funding. Innovative approaches are encouraged, if linked to evidence-based practice and sound theory.
- Community involvement and comment are sought on all proposals considered and in the setting of priorities.
- The process for allocating funds is transparent.

### Key Observations: In the Words of Task Force Members

Despite years of experience in social services, “I was unaware of the depth of the problem and its cost. I also realized there is a better way to resolve existing problems. I learned that people can be pretty far gone and still be brought back as fully functional members of society. It made a huge difference in my thoughts and prejudices about people with mental health and substance abuse issues.”

“I’ve learned that we’ll pay now or later. Prevention is much cheaper and would be a wiser use of funds. The stability of funding will help provide services over the long term.”

“The current system lacks the resources to truly help people solve problems. We are serving the same people over and over at great expense, but their outcomes are very often not improved.”

# Structural and Process Considerations

## Build Reserves

Grays Harbor should build and maintain a reserve fund with the proposed revenue to ensure continuity of services over time and to compensate for fluctuations in funding from year to year.

Projects should not be funded until adequate reserves have been set aside and a complete community-based advisory process is underway. In other communities, this has taken up to one year from the initial approval vote.

## Community-Based Advisory Process

An advisory board should be appointed swiftly so it can begin the work necessary to carry out a strong allocation and evaluation process. The advisory board should have authority to establish subcommittees as needed.

The advisory board should maintain flexibility and adapt to changing circumstances in the community in order to ensure that every dollar is well invested.

The advisory board should use a careful evaluative process in reviewing and selecting project proposals for funding. Such a process should establish in advance the specific priorities to be addressed.

## Administrative Oversight

One administrative agency should be designated and, through the dedication of appropriate staff time, assist in preparing materials for any application process, assist with the preparation of high-quality proposals, support evaluation of the financial plans for proposals, assist with the preparation of any required reports necessary on behalf of the advisory board, and support evaluation of the funded projects.

## Evaluation

Funded projects should fulfill their evaluation plan with regular submissions of performance data.

Evaluation data should be collected, analyzed by the administrative agency, and reported to the advisory board and Board of Commissioners for use in planning future allocations, and should be made available to the public.

### Key Observations: In the Words of Task Force Members

“It is clear to me that we cannot continue to live in our public health and human services silos. The magnitude of drug addiction, alcohol abuse and mental illness in the community is way beyond what I previously thought existed. By having local money we can be in the driver’s seat and can put the funds to use where we will see the best results. I think we can make an impact.”

“There is no question in my mind that we should try to do something. I recommend to the commissioners that they pass this tax.”

Sources: see page 19

## **Financial Accountability**

The administrative agency should have designated responsibility for oversight of the use of all related funds, through contract monitoring. It should have authority to conduct audits and to set clear expectations for the accounting standards to be met. These funds will be subject to audit by the State Auditor's Office.

## **Community Involvement**

The advisory board is encouraged to establish an active outreach effort and to request input on community priorities.

All meetings should be open to the public.

A website and email box should be maintained so that community members can easily ask questions and communicate ideas to the advisory board.

At least annually, the advisory board should publish a community report and provide presentations describing how the goals and objectives of funded programs have been met. Achievements that derive from these resources should be highly visible.

# **Priorities**

The Task Force's job did not include developing a spending plan; however the following items are presented as priority issues to be addressed with new resources.

- Youth mental health and substance abuse programs
- Treatment for co-occurring disorders and coordination of services
- Therapeutic criminal justice programs
- Detox services
- Crisis intervention and short-term mental health stabilization services
- Improved coordination of all resources, including mental health, substance abuse, criminal justice, and medical care systems.
- Systems to support long-term recovery
- Family therapeutic courts



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# Appendices



# Appendix 1: Spending Plans

## Implementation of 1/10th of 1% in other Counties

The Washington Institute for Mental Health Research & Training at Washington State University has carefully tracked funded projects from this source of revenue in each county where the measure has passed. Communities have each tailored their programs to match local resources and specific local needs. Two sample plans and budgets are provided below. The entire report covering all counties can be viewed at <http://mhtransformation.wa.gov/pdf/mhtg/SSB-5763Report.pdf>.

Clallam County is similar in size and demographics to Grays Harbor County and makes a natural comparison. The budget for Clallam County is similar to what Grays Harbor would expect.

<b>Clallam Expenditure Plan, March 2009</b>	
Chemical dependency, unfunded adult	\$98,120
Outpatient services, unfunded adults and youth	\$132,052
Psychiatric ARNP, co-occurring disorders	\$108,200
Outpatient for co-occurring disorders	\$261,347
Post-partum depression support groups	\$16,663
Juvenile detention behavioral health team	\$200,000
Family therapeutic court - salary, equipment & supplies	RFP in progress

Skagit County, larger than Grays Harbor and with an anticipated budget of \$2.5 million, has established 11 specific projects, in five categories noted below.

<b>Skagit County Spending Plan</b>	
Administration	\$240,00
Substance abuse therapeutic courts	\$464,110
Mental health therapeutic courts	\$377,500
Mental health programs (respite, outreach, youth, in-school, etc.)	\$1,213,707
Substance abuse programs (detox, outpatient in-school, outreach, case management)	\$411,027

The Task Force believes that a specific budget for Grays Harbor should be developed by the ongoing advisory board based on project proposals. Each funded project should have a strong justification in terms of clear community benefit, a detailed budget, performance measures and an evaluation plan.



# Appendix 2: Fast Facts

The Task Force heard from over 30 people during this process. In addition, staff collected and presented information from many sources, including the published material of counties that have passed this tax. Members were given a great deal of material in a short amount of time and some of that data is embedded in the report. What follows is a quick summary of key facts, by topic area, as presented in Task Force meetings.

## Substance Abuse on Grays Harbor

### Crime

- Law enforcement officials estimate that 80-90% of their encounters involve drugs or alcohol.
- 2008, Sheriff's office:
  - 29 arrests for drug manufacturing or sale
  - 176 arrests for possession
  - \$419,009 – Value, drugs seized by Narcotics Task Force
  - \$634,445 - Seizure and forfeitures by Narcotics Task Force

### Drug Treatment, 2008

- 266 adults in public-paid outpatient treatment
  - Primary drugs for adults were alcohol (36%), marijuana (16%), meth (32%), heroin (9%), other (5%)
- A one-day snapshot of adults in treatment showed 48% had been arrested in past year, 55% visited the ER, 44% experienced domestic violence, 38% had children.
- 146 youth in public-paid outpatient treatment
  - Primary drugs for youth were marijuana (66%), alcohol (26%), meth (2%) and heroin (1%) other (2%)
- A one-day snapshot of youth in treatment showed 98% ran away in past year, 52% had been suspended from school, 42% had been at the ER, 43% had been arrested.
- 2008: Grays Harbor 10th graders report that parental attitudes are “favorable toward drugs” at 51% -- a much higher rate than the state average (44%). (Washington State Department of Health, Healthy Youth Survey 2008).
- The wait for placement in adult inpatient treatment averages 6 to 8 weeks.

### Drug Use

- 2008: 10th graders reported a decrease in alcohol use and meth use, but an increase in tobacco and marijuana use over prior years. (Washington State Department of Health, Healthy Youth Survey 2008).
- Age of first use is higher than the rest of the state, on average. About half of our kids experiment with alcohol or marijuana by age 14. (Washington State Department of Health, Healthy Youth Survey 2008).
- Alcohol use in teens is higher than the state average when measured at 8th, 10th and 12th grades. (Washington State Department of Health, Healthy Youth Survey 2008).
- In 2008, 32% of county 10th graders reported they consumed alcohol within the past 30 days. (Washington State Department of Health, Healthy Youth Survey 2008).

## Mental Illness

### General population

- Serious mental health problems are experienced by about 1 in 10 adults in any given year, but fewer than half access treatment. (SAMSHA 2008.)
- Other studies say 1 in 5 adults has a serious mental illness at some time in their lives.
- About 45% of people with a mental disorder meet the diagnosis criteria for two or more disorders.
- 32,637 people a year die of suicide. (CDC, 2005)
- 594,000 self-inflicted injuries require ER treatment per year. (CDC, 2006)
- Washington State has the lowest number of acute beds for psychiatric care, per person, in the nation. The state is judged by the National Alliance for Mental Illness (NAMI ) to have an urgent need for beds.

### Grays Harbor

- On average, publicly supported outpatient mental health care is provided to 700 people a month through the County's Public Health and Social Services Department. An additional 200 tribal members are provided with services through tribal government. No data are available for private care.
- We have roughly 250-270 children in treatment each month, including about 50 receiving tribal services. During the year, about 13-16 children are admitted for inpatient care.
- The crisis hotline receives 25 to 40 calls per month, and the Crisis Center provides face-to-face crisis services to 45 to 110 people per month. Tribal crisis services are provided to about 5 individuals per month.
- Between 20 and 40 people undergo involuntary treatment detention each month.
- In 2008, inpatient psychiatric hospitalization for Grays Harbor publicly-paid clients included: 1,376 days of care, for 125 separate admissions, and cost an average of \$873 per person per day. The bill: \$1.2 million.
- Costs are driven up by lack of available local beds: people must go to Evaluation and Treatment in Thurston County, or be admitted to a private hospital in this or another community.
- Beds at Western State Hospital are generally unavailable. Once admitted, people stay longer than needed at WSH because they cannot find appropriate care in the community.

### Co-occurring Disorders

- People with one disorder, such as mental illness, are about twice as likely as others to have a substance abuse problem. The inverse is also true: substance abusers are twice as likely to have a mental disorder. (NIDA, 2009)
- People with emotional trauma are at much higher risk for abusing drugs. (NIDA, 2009)
- Grays Harbor RSN, with Behavioral Health Resources, is in the process of initiating its first co-occurring disorder service in 2009.



## Therapeutic Courts

- Dramatically lower recidivism is a primary benefit of drug courts. One national study showed that of 17,000 graduates, 16% had a felony re-arrest. (Roman, et.al. 2003.)
- Thurston County has tracked its graduates and shown a re-arrest rate of just 11% compared to 62-72% for offenders involved in traditional court processes.
- Drug courts have been established in at 20 counties in Washington: Benton-Franklin, Clallam, Clark, Cowlitz, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Mason, Okanogan, Pierce, Pacific, Skagit, Snohomish, Spokane, Thurston, Whatcom, and Yakima.
- The Washington State Institute for Public Policy calculates savings as: \$6,779 per participant from avoided taxpayer cost for criminal justice and for avoided costs to victims. For every dollar spent on drug court, they estimated a return of \$1.74. (WSIPP, 2003.)
- The amount of funding for drug courts is limited. For example, only 10% of Criminal Justice Treatment Account funds can be spent on them and this may expire in 2013.
- Counties with drug courts cite costs avoided because a person was not incarcerated during participation:
  - Kitsap in 2008 avoided \$88,477 in county jail days and \$953,925 in state corrections days
  - Thurston County avoided \$2.89 Million over eight years
  - Island County reported costs avoided of \$353,900 per year from expanded adult and juvenile drug courts.
- Over two-thirds of participants who begin treatment through drug court complete requirements in a year or more. This is a six-fold increase in treatment retention over most previous efforts. (Marlow, e.al. 2003)
- Thurston County estimates that 22 babies have been born drug free to drug court graduates, averting about \$5 million in future costs for medical and other care.
- Additional court-based programs are now developing in Washington. Examples:
  - Mental Health Court, Lewis County, was established to break the cycle of incarceration of people with mental illness. Fewer than 30% of participants have re-offended.
  - Family Treatment Court, Thurston-Mason Counties, helps reunify families when parents are in rehabilitation. Of 120 families, 118 have been reunited.
  - Juvenile drug court, Thurston County, for youth 14-18 years old, provides structured monitoring and self-development plans. The youth are not sentenced while participating.



# Appendix 3: 1/10 of 1% Revenue

## Actual 2006-2008 and 2009 to Date, Grays Harbor County

The following shows the revenue collection history for a similar 1/10th of 1% fund for recent years. The amount shown in a given month was actually collected about two months prior.

Loss of revenue due to restricted purchasing occurred in the economic downturn of late 2008 and continues into 2009. This is evident in the reduced amount of revenue collected in 2009, which is 19% below original projections.

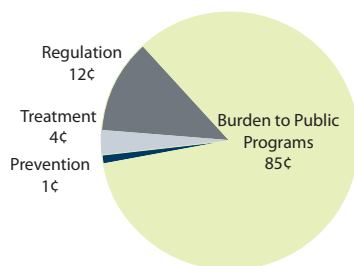
Year	Estimated	Actual	Difference
2006	\$744,000	\$907,325	\$163,325
2007	\$792,000	\$991,931	\$199,931
2008	\$840,000	\$1,010,010	\$170,010
2009 (to date)			
January	\$80,000	\$60,627	(\$19,373)
February	\$80,000	\$82,973	\$2973
March	\$80,000	\$59,158	(\$20,842)
April	\$80,000	\$58,486	(\$21,514)



# Appendix 4: Summary of Washington State Spending on Substance Abuse & Addiction 2005

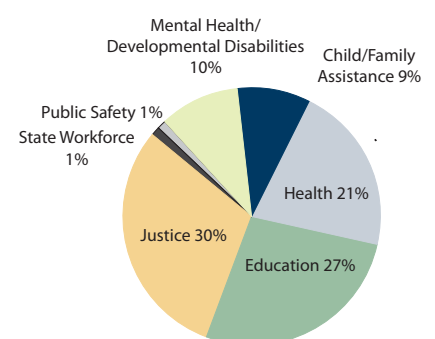
	State spending by Category (\$000)	Spending Related to Substance Abuse			
		Amount (\$000)	Percent	As Percent of State Budget	Per Capita
<b>Burden Spending</b>		<b>\$2,746,056.4</b>		<b>13.4</b>	<b>\$429.35</b>
<b>Justice</b>	<b>1,011,937.4</b>	<b>834,477.4</b>		<b>4.1</b>	<b>130.47</b>
Adult Corrections	875,488.5	722,810.4	82.6		
Juvenile Justice	88,868.2	72,144.4	81.2		
Judiciary	47,580.7	39,522.5	83.1		
<b>Education (Elementary/Secondary)</b>	<b>5,646,597.0</b>	<b>740,699.3</b>	<b>13.1</b>	<b>3.6</b>	<b>115.81</b>
<b>Health</b>	<b>2,231,719.0</b>	<b>582,122.1</b>	<b>26.1</b>	<b>2.8</b>	<b>91.02</b>
<b>Child/Family Assistance</b>	<b>534,369.5</b>	<b>255,496.3</b>		<b>1.2</b>	<b>39.95</b>
Child Welfare	245,032.0	186,279.9	76.0		
Income Assistance	289,337.5	69,216.4	23.9		
<b>Mental Health/Developmental Disabilities</b>	<b>1,155,183.3</b>	<b>282,771.3</b>		<b>1.4</b>	<b>44.21</b>
Mental Health	372,777.9	218,011.4	58.5		
Developmental Disabilities	782,405.4	64,759.9	8.3		
<b>Public Safety</b>	<b>198,712.8</b>	<b>36,498.3</b>	<b>18.4</b>	<b>0.2</b>	<b>5.71</b>
<b>State Workforce</b>	<b>3,435,992.7</b>	<b>13,991.8</b>	<b>0.4</b>	<b>0.1</b>	<b>2.19</b>
<b>Regulation/Compliance</b>	<b>381,127.4</b>	<b>381,127.4</b>	<b>100</b>	<b>1.9</b>	<b>59.59</b>
Licensing and Control	NA	NA			
Collection of Taxes	1,888.4	1,888.4			
Liquor Store Expenses	379,239.0	379,239.0			
<b>Prevention/Treatment and Research</b>	<b>90,571.6</b>	<b>90,571.6</b>	<b>100.0</b>	<b>0.4</b>	<b>14.16</b>
Prevention	3,308.0	3,308.0			
Treatment	77,473.0	77,473.0			
Research	NA	NA			
Unspecified	9,790.6	9,790.6			
<b>Total</b>		<b>\$3,217,755.5</b>		<b>15.6</b>	<b>\$503.10</b>

The Substance Abuse Dollar



Total State Budget	\$20,562 M
• Elementary and Secondary Education	\$5,647 M
• Substance Abuse and Addiction	\$3,218 M
• Medicaid	\$3,003 M
• Higher Education	\$4,465 M
• Transportation	\$1,532 M
Population	6.4 M

Shouldering the Burden of Substance Abuse



National Center on Addiction and Substance Abuse at Columbia University. (March 2009). Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets. <http://www.casacolumbia.org/absolutenm/articlefiles/380-ShovelingUpII.pdf>.

numbers may not add due to rounding



# Appendix 5: Public Comment

Public comments are posted at:

[www.ghphss.org](http://www.ghphss.org) (click on “Community Task Force” then “Public Comment”)

Comments may be addressed to:

Community Task Force  
c/o Grays Harbor County Public Health and Social Services  
2109 Sumner Avenue  
Aberdeen WA 98520

or

[taskforce@co.grays-harbor.wa.us](mailto:taskforce@co.grays-harbor.wa.us)