

## FOREWORD

The Whatcom County Substance Abuse Advisory Board (SAAB) has the responsibility to assist the Substance Abuse (S.A.) Program in establishing priorities for services for 2007-2011. Ideally, the goal of a Strategic Plan is to guide service prioritization according to the community's needs. However, categorical funding for substance abuse services places limitations on state funding passed to counties.

The purpose of this "Strategic Plan" is to guide the prioritization of services and develop resources consistent with the community's needs. The "Plan" informs, and brings together in one document facts, figures, and opinions concerning various substance abuse service needs in the community. The S.A. Program must balance the quality and the quantity of programs and services to assure the most cost effective utilization of our resources possible.

The "Plan" is organized along the PITA continuum: Prevention, Intervention, Treatment, and Aftercare. Each aspect of the continuum affects the other aspects.

- Prevention strategies can provide effective solutions to deter people from abusing substances. Understanding risk and protective factors enhances the community's approach to disrupting problematic substance abuse.
- Intervention strategies can deter the progression of further abuse or it can assist people with access to appropriate treatment services.
- Treatment services intervene to prevent the current cycle of addiction and rebuild families for individuals who have become detached from family and other support systems and for families striving to stay intact. Risk and protective factors for individuals are continuously reassessed during treatment planning.
- Aftercare or recovery maintenance stabilizes individuals and families, prevent relapse and prevents future generations of addicts. The one thing of which we are certain is that every program's effectiveness relies on the strength of the individual relationship between the facilitator or counselor and the participant.

This "Plan" proposes – for the Advisory Board and the community's consideration – actions and areas of focus for program enhancements. Readers are asked to consider these recommendations with the following questions in mind:

1. How can the substance abusing community be served better without endangering the stability of current programs and services?
2. What should the priorities for our future substance abuse program efforts look like?
3. What major policy or funding issue will the SAAB and the S.A. Program work toward over the next one to two years?

Opinions may vary about the importance of each area of the Prevention, Intervention, Treatment, Aftercare (PITA) continuum however, each service is vital to the healthy development of our community.

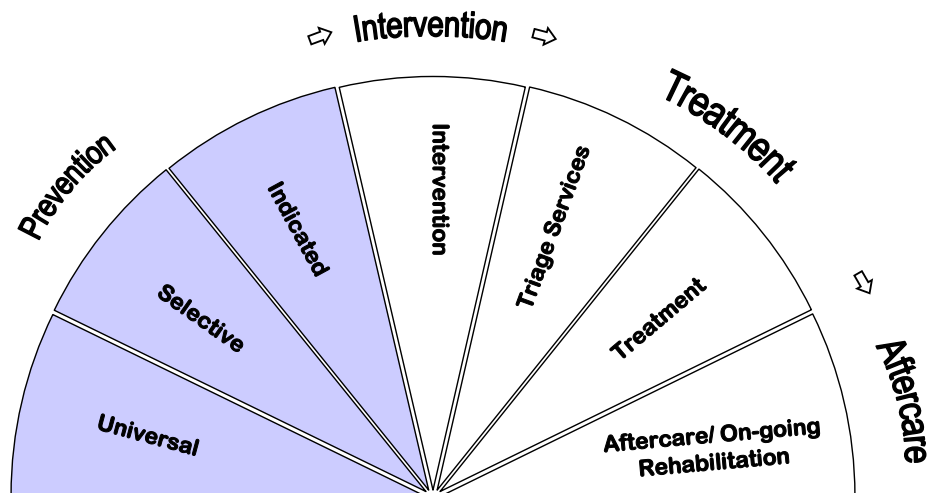
Ultimately, a "Strategic Plan" has achieved its goal if it promotes a deeper understanding of the complex issues concerning substance abuse in the community and if it promotes decision-making that improves the use of community resources.

# Executive Summary

## Introduction

Substance abuse services exist along a continuum consisting of prevention, intervention, treatment and aftercare (PITA). A comprehensive substance abuse continuum combines many programs, policies, practices, and resources to reduce substance abuse. A continuum of care may include local services ranging from prenatal parenting classes, to student assistance programs, to outpatient and residential treatment, to community-based ongoing sobriety support services.

## Substance Abuse Continuum of Care



This document includes a definition of each segment of the continuum. Although the P-I-T-A continuum may appear to be a sequential process, in fact, an individual may enter or leave the continuum at any point. The goals of the County's Substance Abuse Program (S.A.) are to reduce the likelihood of persons becoming chemically dependent and to provide effective services for alcoholics and other drug-addicted people.

## **Key findings of the community assessment**

### **Prevention**

Based on an analysis of information gathered during this needs assessment process, four risk factors, and two protective factors, were identified as priority areas for 2007-2013:

- Availability of Drugs
- Family Management Problems
- Favorable Attitudes
- Alienations & Rebelliousness
- Social Skills (protective)
- Bonding (protective)

### **Intervention**

- Relapse episodes are prevalent among people who must sometimes wait for a public pay treatment slot.
- There is a need for youth intervention specialists in the schools; and/or a need to train school staff to identify substance abuse issues and how to respond to them.
- The methamphetamine problem among youth and adults seems to be rising.

### **Treatment**

- Inpatient treatment is limited to short-duration, often not long enough to be effective.
- Housing continues to be a challenge for people at various stages of treatment. This is an especially severe problem for chronically homeless chemically dependent people and for those with co-occurring disorders.
- The substance abuse treatment system can be difficult to navigate for some consumers. Additional community education and development of a user-friendly guide to the system may be warranted.
- Consumers report that transportation difficulties are among the main reasons they fail to complete outpatient treatment. This is especially true for people who live in outlying areas of the County.
- There is limited local capacity for alternative treatment techniques such as medication-assisted treatment (Suboxone) and acupuncture.
- Additional community capacity for case management during treatment could increase treatment completion rates.

### **Aftercare**

- There is very limited employment and vocational services for those in recovery and treatment.
- Limited clean and sober housing and more permissive housing options.
- The following gaps in the housing continuum were identified: pre-treatment and post-detox housing; affordable post-treatment housing; clean and sober housing; more permissive, supportive housing options for chemically dependent, chronically homeless individuals.
- There is a lack of case management capacity to coordinate aftercare.

## Summary of Recommendations

### Prevention

Significant changes in attitudes and behavior occur among middle school aged youth in Whatcom County. Transitions from elementary school to middle school, and again from middle school to high school demonstrate significant changes, including lowered perceived risk of harm from substance use, increased 30-day use of substances, and less bonding to healthy individuals. Many areas of attitudes and behavior are consistent with the state. The goal of prevention in Washington State is to foster a climate in which:

1. Alcohol use is acceptable only for those of legal age, and only when the risk of adverse consequences is minimal. Tobacco and illegal drugs are not used at all.
2. Prescription and over-the-counter drugs are used only for the purposes for which they are intended.
3. Other abusable substances, such as gasoline or aerosols, are used only for their intended purposes.
4. Pregnant women and women who may become pregnant do not use alcohol, tobacco, or other drugs.

#### Recommendations

- Implement services that reduce priority risk factors and increase priority protective factors.
- Implement services that target multiple systems, including youth and their families.
- Track intermediate results and long term results.
- Increase the community's ability to collect and analyze data that addresses variances between smaller geographies within Whatcom County to better target prevention efforts.

### Intervention

Intervention Services – are those services which intervene to interrupt substance abuse or addiction or to assist with access to “back door” (treatment) services. Intervention consists of services such as outreach, triage, intervention, sobering, voluntary and involuntary detox. The Whatcom County Substance Abuse Program has been very involved in and proactive in developing “front” door access and interventional services.

#### **Outreach, education and Intervention**

Whatcom County has growing outreach demands for several populations, including youth, the schools, homeless, injecting drug users, and the elderly, emergency department patients, and others.

#### Recommendations

- Explore development of additional outreach projects targeted at such populations as homeless youth, youth in schools, seniors, and the emergency department.
- Collaborate with senior service providers to develop an outreach approach for seniors that is adapted to their unique needs.
- Research funding for broader outreach projects to schools.

- Consider a youth substance abuse summit to identify specific strategies for support to substance abusing youth.
- Develop a program to train community members, school staff and others to recognize and respond to individual substance abuse issues.
- Determine possible methods for implementing Family Support Services in a longer-term program for the next biennium.

### **Triage Services**

Whatcom County's new Behavioral Health Triage Center provides an "open door" and integrated non-medical, voluntary "one-stop" service for people who are intoxicated and/or have an emotional or mental health crisis.

Triage Services include voluntary and involuntary (eight-hour hold) detoxification services, non-emergent substance abuse involuntary commitment (60 days) and voluntary mental health crisis response and crisis respite.

#### **Recommendations**

- Assure coordination of streamlined entry from triage services to the community and stable housing.
- Develop a comprehensive consumer tracking system that supports outreach and engagement activities to maximize admission to treatment and treatment completion.
- Develop medical screening component the Triage Center.

Whatcom County provides few services for the chronic chemically dependent population. Services and programs that offset costs from the jail and the E.D. tend to provide cost effective alternatives.

#### **Recommendations**

- Establish if the needs of the community and of the chronic population would be better served via permissive housing or a sobering service.

### **Treatment**

The majority of state funding provides outpatient treatment on a first come, first served basis with special priority populations taking precedence. Pregnant and Parenting, youth, injecting drug users, people with HIV/AIDS, and people returning from residential treatment,

#### **Inpatient Treatment, Outpatient and ADATSA, and Opiate Substitution**

Over the last five years, low reimbursement rates resulted in attrition of inpatient and recovery house providers here and throughout the state. The result is fewer beds in Whatcom County. However, people can enter treatment through a variety of other locations. Outpatient services are currently suffering from the same difficulties.

According to local human service providers, significant inpatient treatment gaps in Whatcom County are (A) a lack of local youth inpatient treatment capacity, and (B) a lack of longer-

term inpatient treatment services for adults, lack of ADATSA services and capacity, and the lack of medication-assisted services.

“Para Residential” treatment concept has been discussed locally, which could fill the gap left by reduced residential services. As currently conceived, it would allow more local control of the treatment process, support the increased outpatient caseload work, and support early recovery and transition to independent living.

Outpatient treatment often vacillates between focus on admissions, evidence-based practices, and focus on treatment completion and retention rates. Stabilizing services and utilizing all of these indicators requires additional resources or a sacrifice of one output to complete another.

### Recommendations

- Support the ParaResidential treatment model and continue to develop the concept and the funding to implement it.
- Work with the Washington State legislature to develop policy for increased availability of longer-term inpatient treatment.
- Explore and develop outcomes in conjunction with evidence-base practices, which focus on improving completion rates.
- Explore additional funding such as that authorized by RCW 82.14.460 (sales tax increment) and RCW 70.96A.325 (state matching funds for methamphetamine treatment).

## **Alcohol and Drug Abuse Treatment and Support Act Services (ADATSA)**

ADATSA provides treatment and rehabilitative services to people who could not afford to pay (indigent) and who were unable to maintain employment as a result of incapacity due to substance dependence. Whatcom County’s increased population plus new services to chronic recidivists via secure detox and the new integrated crisis response system necessitate more points of access and additional capacity in ADATSA services.

### Recommendations

- Access to ADATSA services should be broadened to allow for more points of access for incapacitated consumers.
- Increase access to ADATSA outpatient treatment services through advocating with the state.
- County policy should assure a smooth transition from primary treatment to housing and outpatient.

## **OPIATE SUBSTITUTION/MEDICATION-ASSISTED TREATMENT**

Opiate substitution services are necessary to stabilize recovery for heroin and prescription narcotic addicts. Exploration of methadone was slow and in the meantime, local physicians began to dispense and administer suboxone successfully, lending new hope to medication-assisted treatment.

### Recommendations

- Research funding opportunities to recruit for opiate substitution, including buprenorphine service capacity.
- Promote opportunities to support networking and treatment referrals between physicians and treatment providers.
- Develop blended or collaborative services with the medical community to treat addicts, including those with chronic pain.
- Temporarily implement a mobile needle exchange component for the duration of the WTA station renovation.

## **Housing**

The need for housing is especially acute for individuals who are homeless, not accessing treatment services, and for those at various stages of treatment (e.g. between detox and intensive treatment). Other locales have more housing options for individuals with substance abuse disorders, including scattered site supportive housing, congregate supportive housing facilities, and more access to single-room occupancy apartments.

A new centrally coordinated Homeless Services Center and its partner agencies will help to coordinate permanent housing for people in recovery. The new program also includes a multi-disciplinary team to screen, evaluate and recommend housing and treatment plans for individuals being released from incarceration, psychiatric hospitals and other facilities such as the County's new Triage Center.

### **Recommendations**

- The County Coordinator and substance abuse providers should work closely with the new Homeless Services Center and Community Oriented Re-Entry (CORE) Team to develop new housing solutions.
- Develop capacity amongst substance abuse providers and other human services providers to incorporate housing of chronic substance abusing populations.
- Work to assure a full continuum of housing for all substance abusing populations.

## **Case Management**

Vulnerable populations – people with complicated illness such as those with issues such as chronic substance dependence, mental illness, or physical health problems – require more than standard treatment activities. Effective interventions for these people often require extra-curricular support, such as phone calls for follow-up, staffing, and case or treatment coordination. Unfortunately, current DASA definitions for case management exclude the practical application of case management for people in treatment.

### **Recommendations**

- Identify and develop services to assure case management activities.

## **Employment Services**

Employment challenges are a significant problem for people recovering from chemical dependency. The time commitment for treatment, suspension of driving privileges, and having a DUI or drug arrest seriously limit employment options.

### **Recommendations**

- Determine best methods for assuring job skills training during treatment.
- Explore grant opportunities and prioritization of services, which might include: Job mentoring or coaching.
- Increase vocational services during treatment provided by vocational/employment specialists.
- Identify potential job sites, organizations, and employers who would be willing to provide volunteer training or employment to people in recovery.

## **Aftercare**

The goal of aftercare is to support the substance abusing or chemically dependent person's abstinence after primary care. Aftercare, includes relapse preventions skills, peer recovery support, vocational skill development, and housing. People healing from a chronic illness, such as addiction, have better outcomes when their basic needs are met, structured assistance is provided, and progressive independence is expected. Basic needs such as food, shelter, and transportation, alleviate the immediate difficulties of the transition.

### **Recommendations**

- Substance professionals should participate in local planning efforts to provide input to committees and task forces to ensure that the special needs of people in recovery are considered.
- Explore grant opportunities and prioritization of services, which might include job mentoring or coaching.
- Increase vocational skills during treatment and after treatment.
- Identify and recruit potential job sites, organizations, and employers who would be willing to provide volunteer training or employment to people in recovery.
- Explore ways of supporting advocacy and peer-based support, which could utilize mentoring.