JEFFERSON COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA REQUEST

TO: Board of County Commissioners
Philip Morley, County Administrator

FROM: Jean Baldwin, Director Jefferson County Public Health

DATE: December 15, 2014

SUBJECT: Jefferson County Mental Health (MH) and Chemical Dependency (CD)
Hargrove sales tax 8-year Summary Report and Plan

STATEMENT OF ISSUE:
Jefferson County Public Health requests Board of Commissioners acceptance of this historical report that summarizes the past 8 years of MH/CD committee work and BOCC allocations from this fund. The documents can be viewed as foundational review on which to base further fund planning.

ANALYSIS/STRATEGIC GOALS/PRO'S and CON'S:
The BOCC has reviewed the Summary Report and Plan on July 7, 2014 and October 27, 2014. The Mental Health and Chemical Dependency Committee has reviewed the Summary Report and Plan on September 2, 2014 and November 4, 2014. The purpose of the Chemical Dependency/Mental Health Program Fund is to actively address, through treatment and intervention programs, the health, social, community, and economic impacts Mental Illness and Chemical Dependency have on the citizens of Jefferson County. This report is a summary of community services and tax spending allocated over the life of Hargrove fund. This is a comprehensive history of a local funding system which was created by BOCC in 2005 for MH and CD treatment. While this fund addresses some local treatment needs, the fund has not and will not be able to provide for all local treatment needs. It is understandable that all providers, contractors, committee members and staff are passionate to provide the best services possible.

FISCAL IMPACT/COST BENEFIT ANALYSIS:
MH/CD fund has managed a 1/10 of 1% sales tax since 2005. The BOCC appointed a process of committee reviews; grant applications, service reports and costs. The Advisory committee makes allocation recommendations to the BOCC each budget year. This small sales tax supports an average of $400,000 of MH or CD treatment services a year in Jefferson County.

RECOMMENDATION:
JCPH management request Board approval of the Hargrove sales tax 8-year Summary Report and Plan as final.

Reviewed By: Philip Morley, County Administrator Date 12/9/14

Always working for a safer and healthier community

Environmental Health
Water Quality
360-385-9444
360-379-4487
Report
Continuation Plan
JC Ordinance 08-1003-05

Jefferson County
Expanded Mental Health and Chemical Dependency
Treatment Fund
(Hargrove Sales Tax 1/10 of 1%)

December 2014
## Table of Contents

**Report:**

Jefferson County Ordinance No. 08-1003-05  Page 1
Purpose Legislative and Local  Page 1-2
Local Needs and Local Funding  Page 2-3
Advisory Committee  Page 3
Design & Evaluation  Page 3-4
Program Elements  Page 4-5
Administration & Authority  Page 5
Program/Funding  Page 6-11

**Fiscal Plan:**

Intent of Jefferson County Commissioners  Page 11
Challenges  Page 11-12
Needs  Page 12
Evaluation of Services  Page 12-13
Funding Planning  Page 13-15
Jefferson County Benefits  Page 15

**Report Summary**  Page 16-18

Appendix:

A. Ordinance  Page 19-22
B. Hargrove Letter  Page 23
C. Advisory Committee Members  Page 24
D. Executive Summary  Page 25-35
E. Request for Funding  Page 36-42
F. Expanded Mental Health & Chemical Dependency Programs  Page 43-45
Expanded Mental Health & Chemical Dependency Treatment Funds

ORDINANCE
Jefferson County Ordinance No. 08-1003-05. (Appendix A, adopted 2005.)

PURPOSE
Legislative:
The purpose of this ordinance was to use the Jefferson County Legislative Authority to authorize sales tax use not to exceed 1/10 of 1%, in order to provide monies for new or expanded local substance abuse and/or mental health treatment services. See 2013 letter from Senator Jim Hargrove regarding RCW intent for counties to improve local treatment, prevention, and outreach programs. (Appendix B.)

In the 2005 legislative session Senator Hargrove passed the Omnibus Mental Health and Substance Abuse Reform Act SB 5763 to expand substance abuse and mental health treatment. The bill allows local governments to increase a sales tax to improve local services.

Goals of the State legislation were to:

1. Reduce negative impacts of mental health and substance abuse on children and families
2. Prevent crime and victims; avoid building more jails and prisons
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical-health care and emergency room costs
6. Improve recovery and quality of life for those with substance abuse and mental health disorders

Local:
In 2005, the Jefferson County Board of County Commissioners (BoCC) adopted this tax in order to provide enhanced mental health and substance abuse treatment services. The BoCC established the Jefferson County Mental Health and Substance Abuse
Advisory Committee to review community needs and local Requests for Proposals (RFP) from vendors. Contracts have been negotiated yearly since 2006 based on the Committee recommendations.

This fund was able to provide an average of $400,000 a year for treatment services in Jefferson County from 2006, through the worst recession in recent history. The residents who benefited from locally funded services may not have had state funded services available during this time period.

The BoCC and the County Administrator administered the fund. They have the authority and approval to exercise all lawful powers necessary and appropriate for the contracting, statements of work, and maintenance operations. In 2009 the County Administrator appointed Jefferson County Public Health (JCPH) to do the contracting, fiscal management, County budgets, and committee staff work for the BoCC.

**State funding alone does not change local needs.**

**Local funding focuses on local needs!**

The impacts of substance abuse and mental health disorders on Jefferson County are significant and are recognized as likely the most costly problems facing the government and community of Jefferson County in 2005 and today. Lack of treatment services are seen in many Jefferson County settings: emergency services, hospital, courts, jails, public health, businesses, homes, schools, shelters, and non-profits. The available State funds are wholly inadequate to meet local needs.

The community impact of these local funds may change the health and safety of residents and families suffering through substance abuse and mental illness cycles in their homes. The true community impacts of the untreated diseases are difficult to measure but are seen by accidents on the roadway, health care ER utilization rates, teen substance abuse arrests, child abuse rates, unemployment rates, among others. (See figure 1.) The cost impact throughout government is substantial in law enforcement, courts, juvenile justice, the jail system, schools, public health, and Medicaid.

Revised December 2014
State funded Mental Health and Chemical Dependency (MH/CD) services are very limited and most individuals receiving these services must be in crisis or have Medicaid eligibility. Individuals must meet specific criteria or they may not receive services. The rationed nature of these services creates more disparity throughout the County. See community impact and outcome data needs at:


ADVISORY COMMITTEE

The BoCC 2005 ordinance recommends having committee members from existing committees that are knowledgeable of need and treatment services. The BoCC appointed Mental Health & Substance Abuse Sales Tax Committee members to include representatives from: Law and Justice Committee (2), Substance Abuse Committee (2), Board of Health (2), and the Chair of the BoCC, who is a member of the MH Regional Support Network. Members are to have no fiduciary interest in the contracted vendors. The Chair from the BoCC actively recruits member replacements. (Appendix C.)

DESIGN & EVALUATION

Committee members prioritize community treatment needs after reviewing Jefferson County community data. Community data or review of local needs is funded annually by MH-SA tax. The complete community data is updated every two years to identify changing community treatment needs. Data is at web page:


Quarterly program evaluation reports from each contracted agency are submitted with bills for services to JCPH. Program evaluation data is compiled for the advisory
committee for annual review. (Appendix D.) Program evaluation, measurements, and ongoing outcomes are standardized for each vendor. Evaluation data helps the committee see local services being completed and opportunities for improvement.

The committee puts out a Request for Proposal (RFP), and contracting agencies submit their application and budget to the committee for review, funding allocations, and recommendations (Appendix E). After review of applications, evaluation data, program review, and monthly billing, the committee recommends programs and allocations for approval by the BoCC. The recommendations are discussed, possibly modified, adopted by the BoCC, and subsequently added to the upcoming year County budget.

Contracted vendor agencies are all WA licensed vendors with external oversight of other programs. Service data is collected and shared with the public and committee. Contracts and monthly reports allow further oversight and audits.

**PROGRAM ELEMENTS**
The contractors are required to implement comprehensive County-wide services available to all citizens; without discrimination or income barriers. Mental Health/Substance Abuse County funds are the payer of last resort; agencies need to serve clients with other funds first. The County Administrator may ask for proof of billing denials in yearend reviews or fiscal audits.

The BoCC believed that the programs or services that are to be implemented should be evidence based, research based, or a promising innovative practice. This fund creates a collaborative plan to supplement state funds with local funds and is building a significant service network for Jefferson County residents.

In 2005-14 contracts were established to provide access to programs, based on the following priorities of the BoCC:

- Treatment for individuals with co-occurring MH/CD disorders
- Therapeutic court: coordinate Alcohol/Drug & Mental Health court referrals and family dependency needs in courts

Revised December 2014
• Expanded Mental Health/Substance Abuse treatment for populations not served by other public funds
• Substance abuse and mental health assessment, counseling, referral in the jail
• Community based treatment for families, children coping with mental illness or substance abuse in a spouse, parent, child, or themselves
• Mental health services to students on school campuses
• Home visits to families providing treatment services
• Program and Project Evaluation provides ongoing evaluation of programs and services. Program accountability and effectiveness are measured against local needs and outcomes

ADMINISTRATION & AUTHORITY
The County Administrator submits a budget and an annual report to the BOCC for review and approval.

Tax collection and allocations:
Money received from the tax imposed under this ordinance has been used solely for the purpose of providing drug/alcohol abuse & mental health treatment. In 2009 and 2010, the BOCC reviewed and stated tax moneys collected cannot be used to supplant state changes in funding.

Jefferson County and other early adopters of the sales tax received an additional $100,000 yearly from the Engrossed Second Substitute Senate Bill 6239. Funds were designated for methamphetamine treatment and were allocated by the Methamphetamine Action Committee. Jefferson Mental Health Services (JMHS) and Safe Harbor were the only two providers in 2008, 2009, and 2010 to receive the total of $300,000 in funds.

In 2005-2007, Jefferson County had a surplus in the fund balance. The BoCC changed the reserve fund balance required from 20% to 10%. An early fund balance was allocated over four years through the recession to providers.
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL HEALTH / SUBSTANCE ABUSE (131) FUND</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Mental Health &amp; Substance Abuse Treatment:</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>107,987</td>
<td>118,077</td>
<td>121,456.00</td>
<td>113,208.00</td>
<td>93,000.00</td>
<td>114,500.00</td>
</tr>
<tr>
<td>Mental Health Treatment</td>
<td>103,993</td>
<td>103,993</td>
<td>104,692.00</td>
<td>96,677.00</td>
<td>80,204.00</td>
<td>96,500.00</td>
</tr>
<tr>
<td>Jail Treatment Nurse</td>
<td>24,907</td>
<td>26,142</td>
<td>34,856.00</td>
<td>32,996.00</td>
<td>32,995.00</td>
<td>33,000.00</td>
</tr>
<tr>
<td>Mental Health - Schools</td>
<td>61,597</td>
<td>57,750</td>
<td>59,750.00</td>
<td>68,982.00</td>
<td>65,000.00</td>
<td>65,000.00</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td>-</td>
<td>40,000</td>
<td>40,000.00</td>
<td>36,957.00</td>
<td>25,900.00</td>
<td>31,740.00</td>
</tr>
<tr>
<td>Jumping Mouse Children Center</td>
<td>-</td>
<td>-</td>
<td>20,000.00</td>
<td>18,800.00</td>
<td>24,000.00</td>
<td>30,000.00</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>37,500</td>
<td>30,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>$335,984</td>
<td>$375,962</td>
<td>$380,754</td>
<td>$367,620</td>
<td>$321,099</td>
<td>$370,740</td>
</tr>
<tr>
<td><em>Therapeutic Court &amp; Case Mgmt.:</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16,000.00</td>
</tr>
<tr>
<td>Family Therapeutic Court</td>
<td>1,754</td>
<td>10,000</td>
<td>103.00</td>
<td>1,245.00</td>
<td>2,000.00</td>
<td>16,000.00</td>
</tr>
<tr>
<td>Topside</td>
<td>-</td>
<td>-</td>
<td>19,650.00</td>
<td>13,690.00</td>
<td>15,080.00</td>
<td>16,000.00</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td>$1,754</td>
<td>$10,000</td>
<td>$19,753</td>
<td>$14,935</td>
<td>$17,080</td>
<td>$48,000</td>
</tr>
<tr>
<td><em>Miscellaneous Expenditures</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline Study, Community Assess. &amp; Eval.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admin./Billing</td>
<td>37,945</td>
<td>35,710</td>
<td>36,627.00</td>
<td>24,522.00</td>
<td>11,715.00</td>
<td>14,357.00</td>
</tr>
<tr>
<td></td>
<td>19,039</td>
<td>17,855</td>
<td>18,314.00</td>
<td>16,204.00</td>
<td>17,637.00</td>
<td>21,614.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>$394,722</td>
<td>$439,620</td>
<td>$455,467</td>
<td>$423,525</td>
<td>$367,656</td>
<td>$454,811</td>
</tr>
</tbody>
</table>
Starting in 2006, the Mental Health & Substance Abuse Sales Tax Committee allocated the fund at: 40% adult Co-occurring Disorders, MH and substance abuse treatment, 15% youth, 10% jail treatment nurse, 10% community assessment and program evaluation, 5% billing and administration, 10% therapeutic court, and 10% reserve. It was found that adult chronic services needed more funding so this formula was discontinued.

Treatment funding can be categorized broadly as early intervention, schools, and chronic treatment & justice system programs. The following graphs shows the 2014 fund budget by category and next by service provider.

**2014 Fund Budget**

![Bar graph showing budget allocations](image)

- **Early Intervention**: $61,740
- **Schools**: $65,000
- **Community Treatment Sites**
- **Chronic Treatment & Justice System Programs**: $292,000

Figure 3
2014 Fund by Vendor, $ Budgeted and Percent of Total

Legend: Safe Harbor Recovery Center, JCSO Jefferson County Sheriff Office, Juvenile Court of Jefferson County, JMH Jefferson Mental Health, JCPH Jefferson County Public Health, Jumping Mouse Children's Center

Figure 4
Costs per client from the JC MH/CD fund is not possible to do since most of these programs have other sources of funds. The only two programs that are exclusively funded by the MH/CD fund are illustrated below.

<table>
<thead>
<tr>
<th>Treatment Setting</th>
<th>Unduplicated Number Served</th>
<th>Amount Billed to Fund</th>
<th>% of Total Fund</th>
<th>MH/CD Fund Cost per Individual Served</th>
<th>Services Funded Entirely by This $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health - Schools</td>
<td>167</td>
<td>$65,000</td>
<td>19%</td>
<td>$389</td>
<td>yes</td>
</tr>
<tr>
<td>Jail RN</td>
<td>268</td>
<td>$32,995</td>
<td>10%</td>
<td>$123</td>
<td>yes</td>
</tr>
</tbody>
</table>

Figure 5

Reviewing benefit/cost analysis of services is a goal. It is complicated to review with the weaving of several funding sources. Funds can be fees, State or Federal funding, or insurance. The Washington State Institute for Public Policy (WSIPP) does extensive analysis of publicly funded programs and looks at total costs/benefits of programs using national and state data. Rand Corporation, Universities, National Institute of Health, and other research bodies normalize program costs so they can be used to compare outcomes. This is not a perfect science but the figure below illustrates how the process of cost analysis is completed by WSIPP for Jefferson County programs.
Benefit-Cost Results

Since the 1990s, the Washington State legislature has directed WSIPP to identify “evidence-based” policies. The goal is to provide Washington policymakers and budget writers with a list of well-researched public policies that can, with a high degree of certainty, lead to better statewide outcomes coupled with a more efficient use of taxpayer dollars.

Research Approach. WSIPP has developed a three-step process to draw conclusions about what works and what does not to achieve particular outcomes of legislative interest. First, we systematically assess all high-quality studies from the United States and elsewhere to identify policy options that have been tried and tested and found to achieve improvements in outcomes. Second, we determine how much it would cost Washington taxpayers to produce the results found in Step 1, and calculate how much it would be worth to people in Washington State to achieve the improved outcome. That is, in dollars and cents terms, we compare the benefits and costs of each policy option. It is important to note that the benefit-cost estimates pertain specifically to Washington State; results will vary from state to state. Third, we assess the risk in the estimates to determine the odds that a particular policy option will at least break even. WSIPP acknowledges the MacArthur Foundation and the Pew Charitable Trusts that have helped fund some of the research reported on this page.

Benefit-cost methods last updated August 2014

Latest Results. The tables on this webpage present our current findings for a variety of public policy topics. Items on these tables are updated periodically as new information becomes available. Interested readers can find more information by clicking each entry in the tables.

Current estimates replace old estimates. Numbers will change over time as a result of model inputs and monetization methods.

<table>
<thead>
<tr>
<th>Research Area</th>
<th>Program name</th>
<th>Date of last literature review</th>
<th>Total benefits</th>
<th>Taxpayer benefits</th>
<th>Non-taxpayer benefits</th>
<th>Costs</th>
<th>Benefits minus costs (net present value)</th>
<th>Benefit to cost ratio</th>
<th>Odds of a positive net present value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>Nurse Family</td>
<td>Apr. 2012</td>
<td>$27,174</td>
<td>$9,955</td>
<td>$17,219</td>
<td>($9,842)</td>
<td>$17,332</td>
<td>$2.77</td>
<td>71%</td>
</tr>
<tr>
<td></td>
<td>Partnership for low-income families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>Drug court*</td>
<td>Jul. 2014</td>
<td>$7,318</td>
<td>$2,092</td>
<td>$5,226</td>
<td>($3,159)</td>
<td>$4,159</td>
<td>$2.32</td>
<td>65%</td>
</tr>
</tbody>
</table>

*It should be noted the Juvenile Justice Drug court is called “The Topside Program” in Jefferson County.

2 Information provided by the Washington State Institute for Public Policy (www.wsipp.wa.gov). For more information on the methods used please see their technical documentation. 360.586.2677 institute@wsipp.wa.gov
Other local treatment programs have not been required to evaluate the cost of services per person. All their program costs would be a prohibitive research project since there are many funders. All that can be reviewed is the cost per year from this fund and the number of persons served. Costs for services cannot always be compared between services since intensive services last a longer time, have more visits and may only be available for a small percent of the general population. For example, an average of 10%-20% of Jefferson county births qualify for Nurse Family Partnership services, based on risk and need. The nurse can only carry a caseload of 25. Juvenile justice drug court and Jumping Mouse are similar in that therapeutic case loads are small.

INTENT of JEFFERSON COUNTY COMMISSIONERS

- Expand and fund treatment throughout the County for all populations, in accessible sites.
- Decrease the impact of substance abuse and mental illness on the overall health and economic well-being of residents.
- Fairly distribute funds to areas of the population of highest need and where improved outcomes may be possible.

CHALLENGES

- There is not enough funding to fully fund prevention and treatment services throughout the County. Difficult choices are necessary for the advisory board to make recommendations to the BoCC establishing funding priorities. Treatment dollars could easily be absorbed by providers serving urgent needs only.
- If services created are not producing change or serving enough people, the County may stop the funding.
- Changes with the implementation of the Affordable Care Act (ACA) will impact payment for treatment of substance abuse and mental illness. Some State financed care will remain unchanged; other changes are coming to the Division of Behavioral Health within Washington State. The BoCC, JMHS, and Safe Harbor, and other community providers, are monitoring these changes.
- Consistent funding must exist for the management of the fund. In 2013 the committee moved these three services out of the treatment allocation dollars.
- 6% yearly is required for fiscal management of the fund, contracts management, and vendor billing time. This team also coordinates the committee reports of current tax revenue, spending, total contract changes throughout the year, and has one interface with the County budget system.

- Additional staff time with meetings and planning is an additional 2.5% for staff time.

- Assessment of County wide needs and program evaluations of the services have consistently taken 10-15 hours a month of contractor time. The process evaluation has led to increase of funding for some vendors, elimination and service changes. Continual data updates allow the community and advisory committee to know current community treatment needs. This funding has been consistent at 5% of the fund.

- Acute and chronic illnesses are more expensive and intensive to treat. Some treatment services are focused on treatments that prevent an ongoing life cycle problem, in the home, school and everyday settings. The split in priorities and funding is always a problem; there is not enough money to provide all needed services. The Jefferson County BoCC choose to invest some of the fund in both models of services.

NEEDS

- Residents of Jefferson County asked to pay additional taxes want documentation of the benefits and tracking of those tax dollars.

- Assessment of current community needs has to be maintained to prioritize services within the fund. Maintain baseline data, so change can be measured.

- The Mental Health/Substance Abuse Sales Tax Committee attends meetings, listens to vendors’ updates, and reads reports to monitor treatment effectiveness; as a group they have established a level of expertise.

- Leadership of this fund must remain visionary and provide long range planning and be not reactive.

EVALUATION OF SERVICES

Vendors are providing quarterly reports of service outputs. There is no data system that provides integration of substance abuse and mental health services at a patient level.

Revised December 2014
The collection of service data has enabled the Committee and BoCC to utilize the information to see some impacts of the local programs.

**FUNDING PLANNING**

Contracts for this fund in 2015 will be allocated for one year. Two-year applications were requested but unknown changes in the funding from the Healthcare Authority and the Division of Behavioral Health make it difficult to know what existing programs may need in 2016. 2013 BoCC action stopped agencies from using MH/CD County tax funds for match, without prior authorization of their match formula and allocation use from the Jefferson County Administrator and County fiscal team. The match may not be used by the vendor without that written permission.

Contracts change each year based on the committee's recommendations, service needs, or input from vendors. For instance Jefferson Mental Health Services was asked to include in their co-occurring (CODIT) disorder contract, staff time for treatment in Mental Health Court. The committee asks that services in the MH court be included in the CODIT hours since current staff say they have many of the same clients. The Courts are managed as follows:

- **Juvenile Court** – Juvenile Drug Court (Topside)
- **Superior Court** – Family Therapeutic Court, Drug Court
- **District Court** – Mental Health Court

Family Therapeutic, Drug, and Mental Health Court all share case management services since 2013. (See Appendix F.)
Planning funding to change community outcomes requires a diversity of service approaches and service vendors. The 2013 spending chart (Figure 6) depicts some of this diversity in sites and approaches to treatment. Services shaded green represent early intervention schools; community treatment is seen in gray; red represent treatment and justice system interventions.

The number of individuals served and cost per individual differs by program (Figure 7 and 8).
JEFFERSON COUNTY BENEFITS

- Increased treatment is available for residents today with Mental Health (MH) and/or Chemical Dependency (CD) needs in various settings: jail, schools, homes, treatment agencies, and four courts.
- A trained, educated, passionate advisory board is more aware of needs for CD and MH treatments and willing to make difficult choices.
- Adoption by Jefferson County increased the treatment money available by an average of $400,000 per year since 2006.
- RFP process is transparent and challenging for the committee to allocate funds.
- Increased awareness of local community needs, available services, and specific risks for some populations. Healthy Youth Survey assessment helps determine needs for youth.
- Six years of community data has provided process evaluation of purchased services.
Review MH/SA Committee

Future contract goals are to provide access to Mental Health and Substance Abuse treatment, based on a continuation of priorities of the Board of County Commissioners:

- Treatment for individuals with co-occurring MH/SA disorders
- Substance abuse and mental health assessment, counseling, referral in the jail
- Therapeutic Court: coordinate alcohol/drug & mental health referrals and family dependency needs in courts
- Community based treatment for families and children coping with mental illness or substance abuse in a spouse, parent, child, or themselves in community settings
- Mental health services to students on school campuses
- Early intervention home visits to pregnant families providing treatment services
- Expanded Mental Health/Substance Abuse treatment for populations not served by other public funds.

Service Goals and Guidelines

- This fund creates a collaborative plan to supplement state funds with local funds and is building a significant service network for Jefferson County citizens
- The County believes that the programs or services that are to be implemented should be evidence based, research based, or a promising innovative practice.
- The contractors are required to implement comprehensive County-wide services available to all citizens; without discrimination or income barriers.
- There is not enough funding to fully fund prevention and treatment needs throughout the County.
- Mental Health/Substance Abuse County funds are the payer of last resort; agencies need to serve clients with other funds first.
- Vendor reports are to be filled so services can be tracked throughout the year.
• Additional staff time (problem solving, technical assistance, and reviewing/signing off on monthly invoices to assure contract compliance) with vendors, writing and managing contracts, producing and oversight of yearly RFP, staffing MH-SA Committee meetings (speaking with the chair to write/review the agenda, taking minutes, coordination of vendor presentations and sending out mailings) and reviewing evaluation reports is estimated to be 2.5% of the fund. (This 2.5% increase has not been in the fund before the 2015 budget cycle).

Changes and Accountability Recommendations Made by the BoCC 7-7-2014

• The fund must be accountable to citizens through fiscal management and service delivery. Both must be available for citizen review in a concise and clear format.

• Consistent funding must exist for the management of the tax fund by providing three unique functions within the infrastructure. These functions are not reviewed by the committee in the yearly allocation of the fund.
  1. 6% yearly is required for fiscal management of the fund, vendor billing, County Budget process (amendments, projections, and updates to committee), maintaining state and federal compliance for auditing accountability, monthly financial status, and allocation balances. Financial assistance and guidelines to vendors as needed. Track billings and invoice submittal and offer guidance as needed. Web management in JCPH.
  2. Additional staff time with vendors, contracts management, committee members, meetings, and reviewing reports is estimated to be 2.5% of the fund. (This 2.5% increase has not been in the fund before the 2015 budget cycle).
  3. Program Evaluation provides ongoing evaluation of funded programs and services. Changing community needs are also monitored to see if programs are making a difference and if needs are changing. Yearly updates of these reports are posted at http://www.jeffersoncountypublichealth.org/index.php?publications-data-resources. A structured format has provided the committee and BoCC tracking reviews. Average costs for this have been 5% and will continue.

• In 2014, problems were found in reporting and billing. The current design of the fund systems provides a consistent way to monitor services, without adding additional monitoring steps.
Summary

MH-SA local funds will change community outcomes only if a diversity of service approaches and vendors remain available. The 2014 Report shows this diversity in sites and approaches to treatment; and the taxes are going to treatment.

Acute and chronic illnesses are expensive to treat. No treatment program is able to meet the needs of all citizens. A variety of programs must exist to serve people in different times of their life.

Some treatment services are focused on interventions, which prevent a lifelong ongoing problem starting in the home, school, and everyday settings.

The Hargrove MH-SA advisory committee is a skilled and knowledgeable working group that provides great service to the community and the County Commissioners.

Any future changes to fund management will be after the committee provides advice and recommendations.
Appendix A.
Jefferson County Ordinance No. 08-1003-05
STATE OF WASHINGTON
County of Jefferson

In the Matter of Imposing a Sales and Use Tax;
Providing for the Administration and Collection Thereof
For Providing New or Expanded Chemical Dependency
or Mental Health Treatment Services and
for the Operation of New or Expanded Therapeutic
Court Programs as Provided in Ch. 82.14.460 RCW.

ORDINANCE NO. 08-1003-05

WHEREAS, substance use disorders are a serious and treatable health problem known to
impact directly or indirectly as many as 60% of Americans and mental illness is a serious and
treatable health problem known to directly occur in more than 19 million Americans, the most
serious and chronic conditions occurring in 3 to 5% of the population; and

WHEREAS, approximately 50% of individuals with severe mental disorders are also
substance abuse disordered, and approximately 37% of alcohol abusers and 53% of drug abusers
are also affected by serious mental illness; and

WHEREAS, individuals with co-occurring disorders (dually diagnosed mental illness and
substance abuse disorders) are at high risk for negative outcomes, including hospitalization,
overdose, violence, legal problems, homelessness, victimization, HIV infection, and hepatitis; and

WHEREAS, community children and youth are impacted by mental disorders, substance
use disorders and co-occurring disorders both as the children of, and as individuals with, mental
illness and/or substance abuse disorders, often with resulting negative impact on their health,
ability to learn, home life and safety, social behavior, and emotional development; with
concomitant impacts on education, juvenile justice, child and family, health, and mental health
service systems; and

WHEREAS, services for individuals with co-occurring disorders cost nearly twice as
much as for clients with single disorders; and non-integrated parallel methods of treatment have
proven to be ineffective; and

WHEREAS, treatment for individuals with co-occurring substance use and mental illness
requires specialized care to meet the unique and often opposing needs of both disorders; and

WHEREAS, the Jefferson County Substance Abuse Advisory Board, upon review of
local, state and national data and information, identified the health, social, community, and
economic impact of alcohol and other drugs on Jefferson County and its citizens, and the impact
of mental disorders, substance use disorders and co-occurring disorders, as a major public health
and public safety problem in their October 2004 White Paper to the Jefferson County Board of
County Commissioners and to the citizens of Jefferson County, and
WHEREAS, the impact of substance use disorders on the Jefferson County law and justice system is significant, accounting for more than 2/3 of law enforcement calls in the City and County and half of the Jefferson County Prosecutor’s cases; and

WHEREAS, Law and Justice system response to individuals with mental disorders, substance use disorders and co-occurring disorders represents a significant and costly problem throughout Washington State, so much so that the 2005 Washington State Legislature passed E2SSB 5763, an act relating to the creation of the omnibus treatment of mental and substance abuse disorders, in the belief that identification and integrated evidence-based treatment of mental disorders, substance use disorders and co-occurring disorders is critical to successful outcomes and recovery; and

WHEREAS, Jefferson County citizens, through their property taxes, are paying for the cost of mental disorders, substance use disorders and co-occurring disorders through funding of courts, jails, emergency medical technicians, schools, hospitals and law enforcement personnel; and

WHEREAS, sales and use taxes are funding sources that affect citizens who do not own property in Jefferson County, and apply as well to visitors to Jefferson County, and, thus, would expand the potential revenue stream to address mental disorders, substance use disorders and co-occurring disorder treatment; and

WHEREAS, therapeutic courts and integrated mental disorders, substance use disorders and co-occurring treatment programs utilizing evidence based best practices have been shown to have positive outcomes, thus decreasing negative social, health and fiscal impacts on individuals and communities; and

WHEREAS, recognizing the health, social, community and economic impact of mental disorders, substance use disorders and co-occurring disorders on Jefferson County citizens as significant and negative, and desiring to achieve the goal of successful outcomes and recovery for individuals with mental disorders, substance use disorders and co-occurring disorders; and

WHEREAS, Jefferson County has an aging population and older people consistently underutilize both mental health and substance abuse services, and therefore suffer a disproportionate degree of harm from these conditions, and need special services and efforts to utilize services effectively; and

WHEREAS, the Board of County Commissioners recognize that successful outcomes and recovery for some citizens will be a prerequisite for becoming employable and entering the workforce, and make it possible for employers to retain valuable experienced employees; and
WHEREAS, RCW 82.14.460 (2) authorizes the County Legislative Authority to authorize, fix and impose a sales and use tax in addition to other taxes authorized by law with a rate not to exceed one-tenth of one percent; and RCW 82.14.460 (3) provides that monies collected shall be used solely for the purpose of providing new or expanded chemical dependency or mental health treatment services and for the operation of new or expanded therapeutic court programs.

WHEREAS, RCW 82.14.460 (3) provides that if Jefferson County authorizes the tax as provided, the County may include a new and expanded therapeutic court for dependency or mental health treatment proceedings as a component of its existing Drug Court program, effective July 1, 2005.

NOW, THEREFORE, BE IT ORDAINED, by the Board of County Commissioners of Jefferson County, Washington, that:

Section 1: Tax Imposed.
There is hereby imposed by this ordinance a one tenth of one percent sales and use tax, as the case may be, upon every taxable event, as defined in Chapter 82.08 and 82.12 RCW, occurring within Jefferson County. The tax shall be imposed upon and collected from those persons from whom the state sales or use tax is collected pursuant to Chapters 82.08 and 82.12 RCW. This tax shall be in addition to any other sales and use tax imposed by the State of Washington and/or Jefferson County.

Section 2: Applicability of Tax.
The rate of tax imposed by this ordinance shall be applied to the selling price in the case of a sales tax or the value of the article used in the case of a use tax.

Section 4. Administration and Collection.
The tax imposed by this ordinance shall be administered and collected in accordance with Chapter 82.14.050. The Chairman of the Board of County Commissioners is hereby authorized to and directed to execute and contracts with the Washington State Department of Revenue that may be necessary to provide for the administration or collection of the tax.

Section 5: Establishment of Chemical Dependency/Mental Health Program Fund.
There is hereby created the Chemical Dependency/Mental Health Program Fund. Monies collected pursuant to this ordinance shall be deposited in this fund by the Jefferson County Treasurer. The fund balance may be invested by the Treasurer and any interest earned shall be deposited in this fund as well.
Section 6. Use of funds.
Monies deposited in such fund shall only be used solely for purposes as authorized by the laws of the State of Washington, including, providing new or expanded chemical dependency or mental health treatment services and for the operation of new or expanded therapeutic court programs. Monies collected under this section shall not be used to supplant existing funding for these programs.

Section 7. Administration of Fund.
The Fund shall be administered by the Board of County Commissioners through the County Administrator. The County Administrator, with the help of the Jefferson County Law and Justice Council, the Substance Abuse Services Advisory Board, and Jefferson County Public Health, is hereby directed to prepare a six-year spending plan and an annual budget.

Section 8. Effective Date.
This ordinance shall take effect July 1, 2005, however, the creation of a therapeutic court as provided under Ch. 26.12 RCW, as a component of the County's existing Drug Court program will not become effective until July 1, 2006.

Section 9. Severability.
If any provision of this ordinance or its application to any person or circumstance is held invalid, the remainder of this ordinance or the application of the provisions to other persons or circumstances in not affected.

APPROVED AND ADOPTED this 3rd day of October, 2005.

JEFFERSON COUNTY
BOARD OF COMMISSIONERS

Phil Johnson, Chair

David Sullivan, Member

Patrick M. Rodgers, Member

ATTEST:
Julie Matthes, CMC
Deputy Clerk of the Board

Approved as to Form:

Prosecuting Attorney
Appendix B.
Hargrove Letter
December 5, 2013

Dear County Legislative Authorities and Department of Social and Health Services:

In 2008, I sponsored legislation allowing counties to impose a .1 of one percent sales tax to fund chemical dependency and mental health treatment programs. Since being enacted into law, two-thirds of the counties have implemented this tax. Most counties are using some, if not all, of this revenue to fund mental health treatment programs, including prevention and outreach programs.

I recently learned that there may be some confusion about whether “mental health treatment programs” was intended to mean that this could be used to fund mental health prevention and outreach programs. As the sponsor of the 2008 legislation, I am writing to clarify that mental health treatment programs was intended to mean the full continuum of treatment. This includes prevention and outreach programs specifically targeted towards individuals who show signs or high risk factors associated with mental health or chemical dependency disorders. Additionally, the statute states the revenues uses are “included but not limited to,” indicating that counties have some flexibility on the specific type of mental health treatment that is provided.

The relevant portion of the statute, RCW 82.14.460(3), states:

(3) Moneys collected under this section must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service. (Emphasis added)

The underlined phrase above, “mental health treatment programs and services” was intended to include programs in the entire continuum of mental health treatment, including prevention and outreach programs that are specifically targeted towards individuals who show signs or high risk factors associated with mental health or chemical dependency disorders. Additionally, the further definition of "programs and services" to include not be limited to treatment services suggests that counties are provided with some level of flexibility in which type of programs are funded. This clarification applies to chemical dependency programs as well as mental health.

I hope this alleviates any confusion on the intent of RCW 82.14.460(3). If there is any additional needed clarification, please contact my office.

Sincerely,

[Signature]

Senator Jim Hargrove
Appendix C.
Advisory Committee Members
### Mental Health/Substance Abuse Sales Tax Advisory Committee Meeting Dates—2014

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
</tr>
</thead>
<tbody>
<tr>
<td>S M T W T F S 1</td>
<td>2 3</td>
<td>4 5 6 7 8</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6 7</td>
<td>8 9 10</td>
<td>11 12 13 14 15</td>
<td>16 17 18 19</td>
</tr>
<tr>
<td>20 21 22 23 24 25 26</td>
<td></td>
<td>27 28 29 30</td>
<td>04/08: Substance Abuse Nurse @ Jail</td>
</tr>
</tbody>
</table>

#### May
- **RFP** SENT TO COMMITTEE MEMBERS 5/28/14

#### June
- **RFP RELEASED:** 07/22/14

#### July
- **RFS DUE:** 8/22/14

#### September
- **09/02:** APPLICATION REVIEW QUESTIONS TO VENDORS

#### October
- 10/07: JMH School Based Clinics & topside
- 10/07 VENDOR RESPONSE & FUNDING SPREADSHEET

#### November
- 11/04: Jumping Mouse and NFP Jean/Anna to BOCC-(formal adoption of allocation)
Appendix D.
Executive Summary
Jefferson County 1/10th of 1% Sales Tax for Mental Health & Substance Abuse
Evaluation Report - Executive Summary 2013

BACKGROUND:
In 2005, Washington State legislation sponsored by Senator Hargrove was enacted which authorized Counties to impose a one tenth of one percent local sales tax to fund new mental health, chemical dependency, and therapeutic court services. Commissioners in all counties had the option of inaugurating the tax as they saw fit, and could do so without a vote of the people.

Goals of the Washington State legislation:
1. Reduce negative impacts of mental health and substance abuse on children and families
2. Avoid building more jails and prisons and prevent crime victims
3. Reduce public assistance expenditures and unemployment
4. Reduce homelessness
5. Reduce physical- health care and emergency room costs
6. Improve recovery and quality of life for those with substance abuse and mental health disorders

Jefferson County was one of the first Washington counties to approve the tax, done so by the Board of County Commissioners in Ordinance No. 08-1003-05, signed October 3, 2005. A seven member Mental Health and Chemical Dependency Oversight Committee was formed and is comprised of 2 members from: Law & Justice Council; Substance Abuse Advisory Committee; Board of Health, and 1 County Commissioner.

FUND HISTORY:
On average, revenue since 2008 has been about $400,000 annually, dropping during the recession and showing recovery in 2013. A one-time funding allocation from the State related to methamphetamine prevention allowed annual expenses to exceeded the tax revenue for several years. The proportion of actual expenses by program area is detailed by year on the right.

<table>
<thead>
<tr>
<th></th>
<th>REVENUE</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008*</td>
<td>$440,873</td>
<td>$406,992</td>
</tr>
<tr>
<td>2009</td>
<td>$379,448</td>
<td>$394,722</td>
</tr>
<tr>
<td>2010</td>
<td>$354,812</td>
<td>$431,973</td>
</tr>
<tr>
<td>2011</td>
<td>$366,278</td>
<td>$454,468</td>
</tr>
<tr>
<td>2012</td>
<td>$360,082</td>
<td>$423,525</td>
</tr>
<tr>
<td>2013</td>
<td>$404,816</td>
<td>$355,197</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ADULT CODIT</th>
<th>YOUTH CODIT</th>
<th>JAIL NURSE</th>
<th>THERAPEUTIC COURTS</th>
<th>ASSESSMENT/EVALUATION</th>
<th>ADMIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008*</td>
<td>60%</td>
<td>2%</td>
<td>9%</td>
<td>5%</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>2009</td>
<td>63%</td>
<td>16%</td>
<td>6%</td>
<td>0.4%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>2010</td>
<td>67%</td>
<td>13%</td>
<td>6%</td>
<td>2%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>2011</td>
<td>59%</td>
<td>17%</td>
<td>8%</td>
<td>4%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>2012</td>
<td>59%</td>
<td>20%</td>
<td>8%</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>2013</td>
<td>55%</td>
<td>24%</td>
<td>9%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*5% was put into a reserve fund

FUND EVALUATION:
Evaluation services are provided under contract by Kitsap Public Health District (KPHD). Each vendor contracted under the allocation categories above submits monthly evaluation reports to KPHD for review. KPHD has provided quarterly, semi-annual, and annual Evaluation Reports to the Oversight Committee. The Report includes numerous elements to track who is being served (age, gender, zipcode of residence, mental health status, substance use) and how many and what kinds of referrals and services are received.
EVALUATION HIGHLIGHTS 2013:

A total of 822 unduplicated individuals were served in 2013 by agencies receiving one tenth of one percent funds. This might include individuals served by more than one agency however it does not include any adults served in drug court.

On average, a total of 312 individuals were served each month in 2013 by agencies receiving one tenth of one percent funds.

The next two pages include 2013 highlights by vendor and the subsequent pages include a one-page 2013 evaluation report for each vendor.

JEFFERSON COUNTY JAIL
Description: Registered Nurse provides assessment for substance use and mental health for all consenting individuals booked into Jefferson County Jail.

Highlights: Served 268 unduplicated individuals. On average each month, served 30 individuals. The majority are age 25 to 44, two-thirds are male. Three in 10 report a zipcode of residence in Port Townsend, another 3 in 10 report East County, and another 3 in 10 report non-Jefferson zipcodes. Over three-quarters have been in jail previously, 39% in the previous 90 days. On average each month, the nurse spent 48 hours conducting assessments. Mental health diagnosis is known for just over half of individuals, anxiety is most common. Self-reported past 30 day substance use is known for 85% of individuals, alcohol and tobacco are most common.

JEFFERSON MENTAL HEALTH: CODIT PROGRAM
Description: Direct individual and group services to clients with both substance abuse/dependence and mental health disorders.

Highlights: Served 28 unduplicated individuals. On average each month, served 11 individuals. The majority served are age 25 to 44, two-thirds are male. Sixty-two percent report a zipcode of residence in Port Townsend. On average each month, the program provided 151 hours of support groups, 132 hours of CODIT groups, and 10 hours of individual services. Most common mental health diagnoses are Bipolar, PTSD and Schizophrenia. Most common self-reported past 30 day substance used was tobacco.

JUMPING MOUSE CHILDREN'S CENTER
Description: Services to traumatized children who have been directly impacted by a parent’s substance abuse and/or mental illness; services also provided to the children's caregivers.

Highlights: Served 73 unduplicated children and 103 unduplicated caregivers. On average each month, served 43 children and 70 caregivers. Forty-two percent of children are age 0 to 6, 36% age 7-9 and 22% age 10-12; 53% are male. Seventy-three percent of children have a zipcode in Port Townsend. On average each month, the program provided 219 hours of child sessions and 128 hours of caregiver sessions. Most common mental health diagnoses are generalized anxiety and PTSD. Sixty-two percent of children have been exposed to family substance use; 65% are directly impacted by drug/alcohol use; and 38% had a mother who used drugs/alcohol during pregnancy.
JEFFERSON COUNTY PUBLIC HEALTH: NURSE FAMILY PARTNERSHIP
Description: Public Health Nurse serves low-income first-time pregnant mothers with social/health indicators that increase the risk for poor outcomes for mother and infant.
Highlights: Served 27 unduplicated families. On average each month, served 20 individuals. The majority are age 18 to 24. Half of clients report a zipcode in East Jefferson and another 38% in Port Townsend. On average each month, the program provided 26 hours of completed visits. Most common mental health diagnoses are anxiety and depression. Most common self-reported past 30 day substance used was tobacco.

JEFFERSON MENTAL HEALTH: SCHOOL BASED HEALTH CENTERS
Description: Three mental health professionals provide direct service onsite at school to students in the Port Townsend, Chimacum, and Quilcene School Districts.
Highlights: From January-December 2013, the SBHC's served 167 unduplicated individuals. On average each month, served 96 individuals. For Fall 2013 only by school district:
PORT TOWNSEND: Served 28 unduplicated individuals with an average of 4 visits each. The majority were in 6-8th and 10th grades; over half were females. Most received individual therapy, 40% of visits lasted 30 minutes. Most common visit reasons were: family problems, court diversion, grief, relationships, and school.
CHIMACUM: Served 22 unduplicated individuals with an average of 6 visits each. The majority were in 9th grade; 69% were females although 40% of visits were missing gender data. Most received individual therapy, groups were also offered. About a third of visits were less than 30 minutes, another third 30 minutes and another quarter were 60 minutes. Most common visit reasons were: family problems, relationships, future, stress, and depression.
QUILCENE: Served 17 unduplicated individuals with an average of 6 visits each. The majority were in 6-8th and 11th grades; over half were females. Most received individual therapy, groups were also offered. Forty-five percent of visits lasted 30 minutes, another 31% were under 30 minutes. Most common visit reasons were: family problems, anxiety, relationships, anger management, and court diversion.

SAFE HARBOR AND BEACON OF HOPE
Description: Full-time chemical dependency counselor for the CODIT program. Relapse Prevention Education groups at the Jail, Drug and Alcohol Intake/Assessments, participation in District, Family Therapeutic, Topside, and Drug Court. Data only submitted for Drug/Alcohol Intake/Assessments and Relapse Prevention.
Highlights: Served 117 unduplicated individuals. On average each month, served 16 individuals. The majority served were age 25 to 44, 57% were male. Fifty-three percent reported a zipcode of residence in Port Townsend, another 32% in East Jefferson. On average each month, most individuals completing intake were on a wait list until submitting all required paperwork to complete an assessment and enroll in the program. Relapse Prevention Education Groups served 114 unduplicated individuals. On average each month, served 10 individuals and provided 9 hours of groups.

TOPSIDE: YOUTH THERAPEUTIC COURT
Description: Alternative therapeutic court intervention for youth involved in the juvenile justice system. Assists in fostering a direct relationship between the Court, the parents, and the youth.
Highlights: Served 12 unduplicated individuals. On average each month, served 6 individuals. The majority served were male. Over three-quarters reported a zipcode of residence in Port Townsend. On average each month, over half had improvement in the attitudes/behavior, chemical dependency, family functioning, and mental health domains. Most common mental health diagnoses were ADHD, Bipolar, Depression, and PTSD. Most common self-reported past 30 day substances used were marijuana and alcohol.
Program Description: One registered nurse assesses a majority of subjects booked into jail for substance abuse and/or withdrawal and mental health conditions. Nurse actively recruits substance abuse inmates for participation in Relapse Prevention Education (RPE) and co-facilitates two weekly RPE classes. Nurse provides assessment, early intervention, and follow-up for inmates suffering from substance dependencies and/or mental health issues, including education and public health interventions. Nurse makes frequent referrals to Jefferson Mental Health and the Jail Medical Provider, coordinates the continuum of care with Safe Harbor and Drug Court, and assists with placement of inmates into inpatient and outpatient treatment programs.

Total individuals served by 1/10th of 1% funds by zip code of residence, age group, and gender:

Referrals to community services/agencies provided to clients (average # per month):

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Dental</th>
<th>Hospital</th>
<th>MH output</th>
<th>Medical</th>
<th>Public Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009AV</td>
<td>38</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>2010AV</td>
<td>52</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>16</td>
<td>29</td>
</tr>
<tr>
<td>2011AV</td>
<td>37</td>
<td>0</td>
<td>1</td>
<td>16</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>2012AV</td>
<td>42</td>
<td>&lt;1</td>
<td>0</td>
<td>18</td>
<td>22</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Apr-Dec2013Av</td>
<td>41</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>26</td>
<td>0</td>
</tr>
</tbody>
</table>

Total individual visits:

<table>
<thead>
<tr>
<th></th>
<th>Total visits</th>
<th>Individuals served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009AV</td>
<td>49</td>
<td>26</td>
</tr>
<tr>
<td>2010AV</td>
<td>54</td>
<td>52</td>
</tr>
<tr>
<td>2011AV</td>
<td>54</td>
<td>52</td>
</tr>
<tr>
<td>2012AV</td>
<td>48</td>
<td></td>
</tr>
</tbody>
</table>

Mental Health Diagnoses (average # individuals):

- Bipolar
- Dysthymia
- Anxiety
- Depression
- PTSD
- Other

Self Reported Past 30 Day Substance Use At Admission (average # individuals):

- Alcohol
- Marijuana
- Tobacco
- Meth
- Other

2013 Annual Report

February 4, 2014, revised March 25, 2014
Jefferson County 1/10th of 1% for Mental Health & Substance Abuse
Evaluation Data: Jefferson Mental Health Services, CODIT Program

Program Description: Our CODIT program, run in concert with Safe Harbor, provides direct individual and group services to clients with both Substance Abuse/Dependence and Mental Health Disorders. These services, along with access to medical specialists, a case manager and peer counselor, experienced in serving this population, provide a broad spectrum of treatment possibilities not otherwise available in this county.

Individuals served by 1/10th of 1% funds:

First time assessments and % resulting in enrollment:

Total individuals served by 1/10th of 1% funds by zip code of residence, age group, and gender:

Referrals to community services/agencies provided to clients (average # per month)*:

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>CD-Inpt</th>
<th>DSHS</th>
<th>Education</th>
<th>Employmt</th>
<th>Medical</th>
<th>Quitline</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009AV</td>
<td>18</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>not recorded</td>
<td>7</td>
</tr>
<tr>
<td>2010AV</td>
<td>38</td>
<td>2</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>2011AV</td>
<td>44</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Jan-Jun 2012AV**</td>
<td>47</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>10</td>
<td>2</td>
<td>13</td>
<td>7</td>
</tr>
</tbody>
</table>

*No longer collecting in 2013
**No data submitted for July-Dec

Total services provided (duplicated counts)

Total hours for services:

Mental Health Diagnoses (average # individuals):

Self Reported Past 30 Day Substance Use (average # individuals):
Program Description: This funding provides services to traumatized children whose care is otherwise uncompensated, specifically to those who have been directly impacted by a parent's substance abuse and/or mental illness. With these funds, we are reaching some of the most at-risk members of our community, preventing substance abuse and mental health problems before they begin.

Data reporting changed in 2012 to reflect eligible clients similar to reporting by NFP. Note that in 2011, 1/10th of 1% funds were exhausted by July, by Aug in 2012, and by Nov in 2013.
Jefferson County 1/10th of 1% for Mental Health & Substance Abuse

Program Description: Serves low-income first time pregnant mothers with social/health indicators that will increase the risk of poor outcomes for mother and infant. The majority of participants either have a recent personal history of substance use and/or mental illness or these risks currently or historically in the immediate family environment. Nurse treats the mother using behavior change theory and motivational interviewing for quitting substances, preventing relapse, treating mental illness, and addressing intergenerational patterns within the family system. NFP is an evidence based prevention program and JCPH collects extensive data to be confident in the quality and fidelity of services thus assuring the community that our families will have similar positive, long term outcomes as seen in the research trials.

Individuals served: 1/10th of 1% funds 11% of the NFP budget, the cost for 2 individuals

First time assessments and % resulting in enrollment:

Total individuals served by 1/10th of 1% funds by zip code of residence, age group, and gender: (age & gender of all persons at appts)

Referrals to community services/agencies provided to clients (average # per month):

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Child Care</th>
<th>DSHS</th>
<th>Dental</th>
<th>Housing</th>
<th>Medical</th>
<th>MH Output</th>
<th>Quitline</th>
<th>Transp</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 (Jul-Dec)</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2012</td>
<td>13</td>
<td>&lt;1</td>
<td>1</td>
<td>1</td>
<td>&lt;1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>2013</td>
<td>13</td>
<td>0</td>
<td>&lt;1</td>
<td>2</td>
<td>&lt;1</td>
<td>3</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

Total services provided (duplicated counts):

<table>
<thead>
<tr>
<th>Year</th>
<th>NFP Attempted visit</th>
<th>NFP Completed visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>23</td>
<td>7</td>
</tr>
</tbody>
</table>

Mental Health Diagnoses of Pregnant/Post-partum Clients (average # individuals):

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>2013AV</th>
<th>2011AV</th>
<th>2012AV</th>
<th>2013AV</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self Reported Past 30 Day Substance Use of Pregnant/Post-partum Clients (average # individuals):

<table>
<thead>
<tr>
<th>Substance</th>
<th>2013AV</th>
<th>2012AV</th>
<th>2013AV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2013 Annual Report

February 4, 2014, revised March 25, 2014
Program Description: JMHS funds three mental health professionals to provide direct service on site to students and their families in the Port Townsend, Chimacum, and Quilcene School Districts. Consultations with school staff and other agencies are also provided for the students engaged in the program. Easy access to experienced professionals with no financial burden to the family is the intention and has proven its worth in high levels of participation at all three sites.

<table>
<thead>
<tr>
<th>Unduplicated Individuals</th>
<th>Total Visits</th>
<th>Average # Visits</th>
<th>Range in # Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT Chim Quil Total</td>
<td>PT Chim Quil</td>
<td>PT Chim Quil</td>
<td>PT Chim Quil</td>
</tr>
<tr>
<td>9/2010-6/2011</td>
<td>54 86 19 159</td>
<td>245 517 318</td>
<td>4 6 16</td>
</tr>
<tr>
<td>9/2011-6/2012</td>
<td>66 44 27 137</td>
<td>229 141 372</td>
<td>3 3 14</td>
</tr>
<tr>
<td>9/2012-6/2013</td>
<td>57 62 24 143</td>
<td>303 386 347</td>
<td>5 6 14</td>
</tr>
<tr>
<td>9/2013-12/2013</td>
<td>28 22 17 67</td>
<td>99 140 110</td>
<td>4 6 6</td>
</tr>
</tbody>
</table>

Of all visits per school year, top reasons for visits listed on the left are ranked for 2012-13 school year; bolded reasons on the right are Sept-Dec 2013.
Program Description: Full time Chemical Dependency Counselor provided for the CODIT program to provide assessments, treatment, individuals, treatment planning, staffing's, and reviews. Two Relapse Prevention Education groups per week at Jefferson County Jail facilitated by CDP/CDPT from Safe Harbor. Drug and Alcohol assessments for individuals in the community as well as individuals currently incarcerated at Jefferson County Jail, Participation in District, Family Therapeutic, Topside (youth) and Drug Court. Data entry into the WA State Division of Behavioral Health and Recovery database of all assessments, admits, treatment participation (including groups, individuals, urinalysis), and discharges. Data entry is required by the State to be in compliance with state contracts. A portion of the funds are also used for CODIT program office supplies. Treatment for Jefferson County residents with no other means of payment.
Jefferson County 1/10th of 1% for Mental Health & Substance Abuse
Evaluation Data: Topside, Youth Therapeutic Court

Program Description:
The Topside Program is an alternative therapeutic court intervention for youth involved in the juvenile justice system. A youth referred to this program is one who has been identified as a moderate/high risk youth with significant risk factors in two or more of the following domains: Chemical dependency; mental health, school, and/or family functioning. The theory is that providing a treatment court setting for referred youth will assist in fostering a direct relationship between the Court, the parents and the youth and better motivate them to fully engage in evidence-based interventions and other programs in an effort to reduce identified risk factors while supporting the strengths of the youth and family. Data reporting began in August 2010.

Total individuals served by 1/10th of 1% funds by zip code of residence and gender:

Number of individuals served (unduplicated) and % with 90-day improvement by domain:

Mental Health Diagnoses (average # individuals):
- ADHD
- Bipolar
- Depression
- Panic Disorder
- PTSD

Self-Reported Past 30 Day Substance Use (average # individuals):
- Alcohol
- Marijuana
- Tobacco
- Meth

Referrals to community services/agencies provided to clients (average # per month):

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>CD inpatient</th>
<th>CD outpatient</th>
<th>MH outpatient</th>
<th>Dove House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug-Dec 2010</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
</tr>
<tr>
<td>Jan-Dec 2011</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Jan-Dec 2012</td>
<td>7</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

* not collected in 2013
Appendix E.
Request for Funding
REQUEST FOR PROPOSALS

INTENSIVE MENTAL HEALTH & SUBSTANCE ABUSE ASSESSMENT AND TREATMENT FOR YOUTH SERVICES IN PORT TOWNSEND, CHIMACUM AND QUILCENE SCHOOL DISTRICTS

NOTICE IS HEREBY GIVEN that the Jefferson Board of County Commissioners is announcing the availability of funds to provide outpatient treatment for school aged youth who may have chemical dependency or mental health problems. This is a 12-month term contract to provide clinical and care management services in Port Townsend, Chimacum and Quilcene High Schools. The anticipated total amount available in 2015 will be based on revenue projections. Funds for different projects may be divided between agencies.

This is not a request to renew contracts. The County encourages proposals from new and first-time applicants. Renewal of a contract will be at the sole discretion of the County Commissioners and will generally be contingent upon, in part, contract compliance, proven effectiveness of services as demonstrated by internal and community based evaluation mechanisms, and the stability of funding. Funding for this program comes from the Jefferson County 1/10th of 1 percent sales tax collected for mental health and substance abuse programs. These funds are not guaranteed to continue at the same rates. Award of this contract does not guarantee future contracts will be awarded.

The Jefferson County Board of County Commissioners is accepting proposals from agencies and firms specializing in effective treatment of mental health and substance abuse for school aged youth. The resulting contract(s) are let out by the Jefferson County Board of County Commissioners and will be signed by the successful bidder(s). The contracts and billing are reviewed for the Board of County Commissioners with oversight by Jefferson County Public Health (JCPH). Applications are prioritized by the Jefferson County Mental Health/Substance Abuse Sales Tax Advisory Committee.

Eight (8) copies of proposals must be received no later than 4:30 p.m. on August 22, 2014. Applications are to be no longer than six pages except for attachments. Late or incomplete responses will not be accepted. Electronic mail or facsimile proposals will not be accepted. The proposals should be sent or delivered to:

Anna Mc Enery
Jefferson County Public Health
615 Sheridan Street
Port Townsend, WA 98368

Questions regarding the project scope and contents of the Request for Proposals should be directed to Anna Mc Enery 360-385-9410, amcenery@co.jefferson.wa.us.
INTENSIVE MENTAL HEALTH & SUBSTANCE ABUSE ASSESSMENT AND TREATMENT FOR YOUTH

I. Introduction

A. Description:
Project Description & application that benefit youth geographically throughout East Jefferson County are preferred. Project must be a documented evidence based, or proven practice.

B. Qualifications
Services are only provided by Licensed Mental Health agency and/or Substance Abuse treatment agency with state accreditation and professional licensed staff. All staff identified in application providing services paid for by these funds must pass background checks; County can request proof of background checks. Staff must have extensive experience treating Youth, and participate in scheduled quarterly meetings with all school based clinic staff. The entity or agency submitting a proposal must provide proof (Certificates of Insurance) of professional malpractice insurance for the mental health care professional(s) licensed by the State of Washington who will perform services pursuant to the contract. All licensed treatment providers must have clinical supervision.

II. Project Management
A description of your proposed project for 2015-16 must be provided. A brief résumé for each person listed, as providing services should be included in the proposal, an organization chart should be included in the proposal.

Please note: It is mandatory that you identify the actual persons who will be performing the work, and notify Jefferson County in a timely manner of any staffing changes during the period of the contract. JCPH reserves the right to disqualify the consultant awarded this project if that consultant assigns staff to the contract that are not listed in the proposal without the prior notification of qualifications to JCPH:
Services:
1. Mental Health services with students and their families throughout the school year.
2. Work closely with school based clinic staff as a team; meet with students in SBC sites. Work closely with employees of the school including: principals, teachers, counselors.
3. Work collaboratively with School based clinic staff, mental health and substance abuse treatment agencies for outreach, referrals, and follow up.
4. Provide licensed therapist to each site consistently, this will be the same therapist except for personal leave. Exceptions may only be made with the written approval of JCPH.
5. MH therapist will be in school buildings usually in SBC site; providing MH treatment, the same times and days agreed to in the contract consistently. Times of schedules can’t be changed without prior notifications to Jefferson Co Public Health and the School Districts.
6. Each application will identify by building, a set number of hours per week they are open to see students.
7. Provide crisis interventions for individuals and schools.
8. Provide on-going individual therapy.
9. Work with youth to provide support services and referral to mental health or other treatment programs.
10. Parents or guardians of youth may be contacted as necessary following state and federal privacy laws as needed.
11. Consult with and advise school staff regarding children with mental health issues following state and federal privacy laws.
12. Provide bi-weekly clinical supervision for staff, and psychiatric consultation as needed. Documentation of supervision maybe requested.
13. Ensure Mental Health Professional (MHP) staff adheres to appropriate school protocol, post hours of MH services in each school building office and counselors office.
14. Maintain a secure and confidential records system guaranteeing HIPPA.
15. Bill where appropriate.

Billing & Reporting:
1. Report monthly on client utilization, referrals, outcomes, and required reporting, using Access database, see Attachment 1.
2. Maintain a secure and confidential records system guaranteeing HIPPA.
3. Collect and prepare data for internal and external evaluation purposes and reporting.
4. CONTRACTOR shall submit monthly invoices with back-up documentation to JCPH, 815 Sheridan St., Port Townsend, WA 98368, Attn: Finance Department, for payment of work completed to date.
5. Bill other revenues sources whenever possible in order to utilize these funds for the clinical and care management of Jefferson County citizens with no other revenue sources.
6. Invoices must be submitted by the 2nd Monday of the month for the previous month’s expenses. The County will review such invoices, and upon approval thereof, payment will be made to the Contractor in the amount approved.
7. **Failure to submit timely invoices may result in a denial of reimbursement. Invoices submitted after three months will not be honored without prior approval.**

8. Contractor shall provide necessary backup documentation for all invoices including actual timesheets and statements. Any indirect charges require the submittal of an indirect cost methodology and rate using OMB Circular’s A-87 and A-122.

Management:
1. Provide funding for continuing professional education.
2. Provide adequate space for staff and client services, as well as waiting room, group room and private therapy areas.

**III. Budget**
The projected amount available for these treatment services will be based on tax revenue projections for 2015. The proposed budget for services should include a detailed breakdown by each subtask included in your proposed scope of work that indicates: 1) the hours assigned to specific individuals by school and that person’s hourly rate; and 2) the breakdown of hard costs associated with completion of the task. The budget should include the following assumptions:

Provide a detailed budget spreadsheet, which covers both the requested local MH/CD funds and any other funds required to support the services. The spreadsheet should have the following line items as necessary:

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>JCMH/CD Funds Requested</th>
<th>Other Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Benefits</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Indirects</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Services</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Incentives</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other: (Please specify) Professional Insurance</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other: (Please specify)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other: (Please specify)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Detailed budget for the project period includes:

- The amount of Mental Health/Substance Abuse Local Sales Tax funds requested and list hours available in each school
- Other Funds: The amount, by source, of other financial or in-kind support.

Provide a budget justification for your detailed budget.

**Details by category:**

**Personnel costs:** should be explained by listing each staff member who will be supported from funds; name, position title, and percent full time equivalency.

**Indirects:** Any indirect or overhead cost charged to the project (Circulars A-87 and A-122 guidelines must be followed and an approved methodology must be submitted if you will be billing for indirect or overhead costs)

**Professional Services:** Professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, when reasonable and necessary in relation to the services rendered.

**Incentives:** Costs incurred for materials and supplies necessary to carry out the services provided.

**Supplies:** Only supplies used in the actual performance may be charged as direct costs.

**Other:** All costs that do not fit into any other category should be entered into this category. Provide an explanation of each cost. In some cases, grantee rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

**IV. Evaluation Criteria**

- **Approach to Scope of Work**
  The Committee will be evaluating the proposed applicant’s ability to accomplish the requirements of the scope of work, plus any original ideas or approaches proposed that would enhance the project. All proposals submitted by prior recipients must be new proposals. The Committee will not reward points for prior year re-submittals.

- **Budget**
  The Committee allocates possible budgets to agencies based on the ability to achieve the stated goals of the project, within budget proposed.

**V. Proposal Contents**

All proposals shall be limited to six pages, not including the cover letter or résumés or indirect cost methodology. The proposals, at minimum, shall include:

- **A description of the proposed team**, including a description of the agency and each staff member and their qualifications to complete the assigned work.
• **A proposed scope of work**, including detailed sub-tasks and deliverables. Include documentation for the evidence-based or proven practice you propose to use.

• **A detailed budget and schedule** that includes dollar amounts for each task listed in the proposed scope of work.

• **Résumés** for each person assigned work on the project, except for clerical or administrative support.

**VI. Selection Process and Schedule**

**A. Selection Process**

The Committee will consist of representatives of Jefferson County Mental Health/Substance Abuse Sales Tax Advisory Committee and Jefferson Board of County Commissioners. Anna McEnery, of Jefferson County Public Health, will manage the selection process. She will be the primary contact between Jefferson County and the vendors submitting proposals for this project once the application process is completed.

The Committee will evaluate all written proposals; they may request interviews for clarification of applications only. The selection committee retains the right to reject any and all submissions and to, if needed, begin anew with another RFP. Furthermore, the Committee is authorized to waive any minor variances or deficiencies in the submission or submissions of the persons or entities that Jefferson County Public Health chooses to contract with.

**B. Preliminary Schedule (subject to change)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 8 2014</td>
<td>RFP is released</td>
</tr>
<tr>
<td>August 22 2014</td>
<td>RFPs are to be received by Jefferson County Public Health</td>
</tr>
<tr>
<td>September 2 2014</td>
<td>Committee will review applications</td>
</tr>
<tr>
<td>October 7 2014</td>
<td>Committee or Vendors answer questions for clarification if needed</td>
</tr>
<tr>
<td>October 7 2014</td>
<td>Committee creates funding spreadsheet</td>
</tr>
<tr>
<td>October 7 2014</td>
<td>Vendors selected and recommended to BoCC</td>
</tr>
<tr>
<td>January 1 2015</td>
<td>Contract in place for services beginning January 1, 2015</td>
</tr>
</tbody>
</table>
## Attachment 1

### Date:

**Client #:**

Clinician Initials:  
Visit length (minutes):

S = student report  
C = clinician report

**Reasons for Visit**

- abuse
- alcohol / drug preven
- anger mgmt
- anxiety
- court / diversion
- depression
- family issues
- future plans
- grief or loss
- mental health
- relationships
- school performance
- self esteem
- stress
- suicide ideation
- tobacco cessation
- other

**Services Provided**

- crisis intervention
- counseling: individual
- work with school/SBHC staff
- work with MH/SA tx agencies
- work with Juv Justice system
- contact parents re student
- contact school staff re student
- contact other agency re student
- other

**Mental Health Diagnoses Spectrum**

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referrals Provided**

- Dental  
- Medical: SBHC  
- other  
- MH tx outpt  
- Other

**Past Month Substance Use**

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Date:

**Client #:**

Clinician Initials:  
Visit length (minutes):

S = student report  
C = clinician report

**Reasons for Visit**

- abuse
- alcohol / drug preven
- anger mgmt
- anxiety
- court / diversion
- depression
- family issues
- future plans
- grief or loss
- mental health
- relationships
- school performance
- self esteem
- stress
- suicide ideation
- tobacco cessation
- other

**Services Provided**

- crisis intervention
- counseling: individual
- work with school/SBHC staff
- work with MH/SA tx agencies
- work with Juv Justice system
- contact parents re student
- contact school staff re student
- contact other agency re student
- other

**Mental Health Diagnoses Spectrum**

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Referrals Provided**

- Dental  
- Medical: SBHC  
- other  
- MH tx outpt  
- Other

**Past Month Substance Use**

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F.
Expanded Mental Health &
Chemical Dependency Programs
Expanded Mental Health & Chemical Dependency Programs

A. Co-Occurring Disorder Treatment Program – (CODIT)

The 1/10 of 1% Tax finances the Co-occurring disorder treatment program (CODIT) that serves residents of East Jefferson County. A Chemical Dependency Counselor from Safe Harbor and a Mental Health Professional from Jefferson Mental Health Services (JMHS) diagnose CODIT clients eligible for the program as having both a mental health disorder and a substance abuse problem. Coordination with Law Enforcement, Mental Health services, the Prosecuting Attorney, and Drug Court is provided.

Safe Harbor and JMHS follow a harm reduction model, with a multi-disciplinary approach to service. Treatment plans include case management, outreach, education, access to housing and employment supports and counseling to address co-occurring disorders. Services are provided using a long term approach to treatment.

The US Department of Health and Human Services estimates severe psychiatric disorders like schizophrenia, bipolar disorder and schizoaffective disorder affect up to 5 percent of Americans, and that as many as one in five Americans struggles with mental illness at some level. Within that group, approximately 7 million also suffer from drug or alcohol addiction.

"Integrated treatment for co-occurring disorders is the key to protecting this group from the poverty, illness, isolation, incarceration and homelessness that often affect Dual Diagnosis individuals." (www.dualdiagnosis.org)

B. Therapeutic Courts (Mental Health, Drug, Juvenile & Family)

Therapeutic courts are a second chance for nonviolent offenders. The offenders not only have the opportunity to avoid jail time, but also the chance to recover by defeating their addiction to drugs/alcohol with "rehab-like" sentencing.

The 1/10 of 1% Tax finances the following Therapeutic Courts:

- Topside: Moderate to high-risk juvenile offending youth affected by substance abuse, chemical dependency, and mental health issues
- Family Therapeutic Court: Substance abuse issues
- Mental Health Court: Mental health and substance abuse problems
- Drug Court: Drug abuse issues. Staffing was funded by State funding

There are multiple reasons why these courts exist, including keeping non-violent offenders out of prisons/jails, giving offenders the chance to give back to the community, giving juveniles an opportunity to get their life on track, and keeping families together. These findings mirror the experience of the Jefferson County Therapeutic Courts.

Coordination with Law Enforcement, Mental Health Services, the Prosecuting Attorney, Safe Harbor, Child Protective Services, Guardian ad Litem, various Attorneys, and Community Action is provided. An additional benefit of coordination is that many people participating in the Therapeutic Courts have case management and are finding housing.
C. JAIL RN

Since 2008, the Jefferson County Jail has employed a part-time Jail RN (Correctional Nurse). The 1/10 of 1% Tax funds this position five days a week, four hours a day. Kitsap and Clallam Counties are looking at Jefferson’s Jail RN program as a model to duplicate.

The Jail RN is often the first line of intervention for substance abuse and acute mental health emergencies in the County. A Jail RN report in April of 2014 stated 47% of inmates have mental health issues and the other 53% have substance abuse issues.

The RN’s presence in the Jail has helped the guards learn about mental illness to better handle daily problems. The Jefferson County Jail RN co-facilitates relapse prevention education classes & four active weekly AA meetings. These meetings/classes provide critical intervention for inmates in the early stages of recovery.

The Jefferson County Jail RN assesses inmates suffering from substance abuse and/or withdrawal, mania, anorexia, mood disorders, self-harm, or other conditions yet to be identified, reviews inmate’s medication histories to ensure they have access to their psychotropic medications, and guarantees continuity of care between medical and psychiatric providers and staff. The end result is a decreased need for emergency room services and hospitalizations.

COMMUNITY TREATMENT SITES

Early Intervention

Early intervention is a variety of services or treatment programs that begin during pregnancy, at birth, or early in childhood before the onset of a problem. Funds of the 1/10 of 1% Tax that are directed to intensive early interventions will progressively improve community problems. Early intervention is crucial to reducing or preventing mental illness and substance abuse for families and their children.

A. Nurse Family Partnership

Nurse-Family Partnership (NFP) is an evidence based nurse home visiting program that fosters long term success for first time mothers and their babies. First time mothers who are Medicaid eligible meet with specially trained nurses during their pregnancy and until their child’s second birthday. NFP is a prevention and treatment program that targets high risk pregnant women and impacts two generations of a family, the mother and child. It is based on the highest quality of research (best practice) and supports positive short and long-term outcomes for families, including improved birth outcomes in the form of decreased pre-term births, decreased low birth weight and substance-affected newborns, increased school readiness.

Jefferson County Public Health has offered Nurse-Family Partnership to Jefferson County families for 15 years and continues to see positive community outcomes. The nurse home visitors support moms to have healthy pregnancies, healthy babies, and to become knowledgeable, nurturing, and responsible parents, while often working with families involved in the community’s criminal justice, mental health, and substance abuse systems or referring them into those systems. NFP has a rigorous quality assurance component that can assure community confidence that investment in families will lead to improved outcomes.

B. Jumping Mouse Treatment

Jumping Mouse is an in-depth, intensive prevention program for at-risk youth and their families in Jefferson County. Jumping Mouse addresses the issues of substance abuse, family violence, and mental illness in families, and halts unhealthy patterns through an
integrated approach of long-term therapy for traumatized children, along with individualized education and support for their parents or caregivers.

In 2014, Jumping Mouse reported the following information about children currently receiving their services:

- 82% are from low-income families;
- 58% are in single-parent homes;
- 75% have been exposed to domestic violence;
- 63% were exposed to drugs prenatally and/or in the home;
- 42% are in foster, kinship or adoptive care; and
- Almost 1/3 of clients have experienced homelessness.

Jumping Mouse provides many services at a reduced fee or at no cost. The 1/10 of 1% Tax help to make Jumping Mouse accessible to all children in need.

C. School Based Clinics MH
The 1/10 of 1% Tax finances staff at Jefferson Mental Health Services (JMHS) to provide mental health services in a natural environment for students: the School Based Clinic.

Mental health therapists provide services for youth through short-term counseling, supportive counseling, and referrals for youth and their families. Treatment is available for issues such as depression, stress management, anger management, relationship issues, social skills, and family issues. Providing mental health intervention and prevention services in the schools of East Jefferson County is an important asset to the community. Counselors work in combination with the Jefferson Healthcare and JCPH medical staff to improve health of JC teens.