Department of Social and Health Services

Division of Alcohol and Substance Abuse

Strategic Plan

2009-2013

The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

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Program Strategic Highlights

The Division of Alcohol and Substance Abuse strives to ensure the delivery of quality alcohol and other drug abuse prevention, intervention, and treatment services. These services and programs have been scientifically demonstrated to result in more productive individuals and more secure families, leading to safer and more vibrant communities, and a healthier state.

Division strategic priorities for 2009-2013 are to:

- **Reaffirm our commitment to evidence-based, targeted substance abuse prevention, and continue to implement efforts to combat underage drinking.**
- **Expand the range and location of intervention services available to non-chemically dependent, substance-abusing youth and adults.**
- **Assure delivery of a full range of high quality chemical dependency treatment services to adults and youth who are eligible and in need of them.**
- **Promote the wider availability of aftercare and support services to assist individuals in their recovery from alcohol and other drug addiction.**
- **Ensure an adequate, diverse, and competent workforce capable of meeting the substance use-related needs of Washington residents.**

Chapter 1 • Our Guiding Directions

MISSION

The mission of the Department of Social and Health Services is to improve the quality of life for individuals and families in need. We will help people to achieve safe, self-sufficient, healthy, and secure lives. The Division of Alcohol and Substance Abuse promotes strategies that support healthy lifestyles by preventing the misuse of alcohol, tobacco, and other drugs, and support recovery from the disease of chemical dependency.

VISION

Our vision is that the Washington State Division of Alcohol and Substance Abuse will lead the nation in ensuring the delivery of quality substance abuse and problem gambling prevention, intervention, treatment, and certification services.

GUIDING PRINCIPLES/CORE VALUES

To succeed in its mission, the Division of Alcohol and Substance Abuse is dedicated to building collaborative partnerships with communities, tribes, counties, service providers, schools, colleges and universities, the criminal justice system, hospitals and health care providers, and other agencies within the private sector and within local, state and federal governments. The division is committed to ensuring services are provided to individuals and communities in ways that are culturally relevant, and honor the diversity of Washington State.

To carry forth our mission, the Division of Alcohol and Substance Abuse will:

- Develop policy options, and plan for the development and delivery of an effective continuum of chemical dependency prevention and treatment services.
- Provide and ensure quality services that support individuals and families in their efforts to raise children who are free of alcohol, tobacco, and other drugs.
- Educate communities about the importance of maintaining healthy lifestyles, and provide opportunities, tools and resources to enable communities to define and meet their local substance abuse prevention needs.
- Implement a continuum of intervention and treatment services to meet local, regional, tribal and statewide needs, and that specifically address the needs of low-income adults, youth, women, children, and families.
- Support continued recovery from addiction and a return to competitive employment by helping individuals surmount barriers to self-sufficiency.
- Develop standards, and assist providers in attaining, maintaining, and improving the quality of care for individuals and families in need of prevention, intervention, treatment, and aftercare services.

- Provide training and professional development opportunities for the chemical dependency field.

- Oversee and coordinate research that identifies need for publicly funded services, and assesses prevention and treatment outcomes, costs, and benefits.

- Design, develop, implement, and maintain management information services and decision support systems for internal and external customers.

- Manage available resources in a manner consistent with sound business practices.

- Advocate for enhanced resources for prevention, intervention, treatment, and aftercare services. These services serve as a primary avenue for protecting and promoting the public health and safety of all Washington residents.

STATUTORY AUTHORITY

RCW 70.96A.050 sets forth 17 requirements for the Department related to the provision of substance abuse prevention, intervention, treatment, and support services. These include:

- Develop and foster plans and programs for the prevention and treatment of alcoholism and other drug addiction, and treatment of alcoholics and addicts and their families.

- Coordinate the efforts of all public and private agencies, organizations, and individuals interested in substance abuse prevention and treatment.

- Cooperate with public and private agencies in implementing treatment programs for individuals in the correctional system.

- Work with education agencies, police departments, and the criminal justice system in development of prevention and treatment programs, and preparing curricula materials for use in schools.

- Prepare and disseminate educational material regarding the impacts and consequences of alcohol and other drug misuse.

- Develop and implement educational programs as part of substance abuse treatment that include information about the impacts and consequences of alcohol and other drug misuse, principles of recovery, and HIV and AIDS.

- Organize training programs for chemical dependency treatment professionals.

- Sponsor and encourage substance abuse-related research, and serve as an information clearinghouse.

- Specify uniform methods for keeping statistical information related to treatment.

- Advise the Governor regarding a comprehensive treatment plan for those affected by alcohol and drug abuse, for inclusion in the state's comprehensive health plan.

- Review all state health, welfare, and treatment plans submitted for federal funding, and advice the Governor on provisions to be included related to alcohol and other drug addiction.

- Assist in developing treatment and education programs for state and local government employees, and business.

- Use the support and assistance of community members to encourage alcoholics and drug addicts to undergo treatment.

- Assist in establishing programs designed to deal with the problem of people operating motor vehicles while intoxicated.

- Encourage hospitals and health facilities to admit alcoholics and other drug addicts without discrimination, and provide them with adequate and appropriate treatment.

- Encourage all health and disability insurance programs to include alcoholism and other drug addiction as a covered illness.

- Organize a statewide program to help those in the criminal justice system better understand chemical dependency and the effectiveness of treatment.

RCW 70.96A.090 requires the department to adopt rules establishing standards for approved treatment programs, to periodically inspect the programs, and to maintain and periodically publish a current list of approved programs.

RCW 70.96A.350 establishes the Criminal Justice Treatment Account (CJTA). CJTA is administered by DASA, with funds distributed to provide judicially supervised substance abuse treatment for offender in lieu of incarceration. Additional funds are transferred to the Violence Reduction and Drug Enforcement (VRDE) Account each biennium to be used to provide substance abuse treatment for offenders under confinement in Department of Corrections' facilities.

RCW 74.50 [Alcoholism and Drug Addiction Treatment and Support Act (ADATSA)] — Establishes a system of assessment, treatment, and shelter for incapacitated alcoholics and drug addicts with a goal of employment and self-sufficiency.

RCW 10.05, the Deferred Prosecution statute, requires assessments, treatment, and reports to be made by DASA-certified chemical dependency treatment providers.

RCW 46.61.5056 requires individuals convicted of a Driving Under the Influence (DUI) offense to complete a diagnostic assessment and any program of recommended treatment, ranging from alcohol/drug information school to intensive residential treatment. DASA sets the standards for and is responsible for approving these programs.

RCW 49.60 prohibits discrimination because of race, creed, color, national origin, gender, marital status, age, or the presence of any sensory, mental, or physical

handicap. It ensures access to culturally diverse, sensitive, and aware services, and reasonable accommodations for persons with disabilities.

RCW 18.205 defines the state certification requirements for chemical dependency professionals (CDPs). The certification program is under the authority of the Secretary of the Department of Health. Those providing counseling services in DASA-certified programs are required to be CDPs or CDP trainees.

RCW 70.96B provides for the establishment of two integrated crisis response and involuntary treatment programs for individuals who are gravely disabled or imminent dangers to self or others as a result of chemical dependency.

RCW 43.20A.890 establishes a program for the prevention and treatment of problem and pathological gambling, to be administered by DASA.

Code of Federal Regulations 42 Part 8, Certification of Opioid Treatment Programs, Subpart A, Accreditation, Section 8.4, Accreditation body responsibilities -- DASA is a federal Substance Abuse and Mental Health Services Administration-approved body that accredits agencies providing opiate substitution treatment.

Code of Federal Regulations 42 Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records -- DASA, all chemical dependency prevention and treatment programs, and all those who provide services to individuals affected by alcohol or others drugs are under strict restrictions not to disclose information with respect to patients without written consent, subject to certain exceptions.

SUPPORTING THE GOVERNOR'S PRIORITIES

The Division of Alcohol and Substance Abuse's delivery of quality prevention, intervention, treatment, and aftercare services supports three of the Governor's highest priorities:

- **Education** – Focus on early childhood education, reduce high school dropouts, increase college graduations and target the skills and knowledge needed to compete in a global economy.

- **Health Care –** Create a sustainable, affordable, high-quality health care system, and make Washington's people the healthiest in the world.

- **Safe and Secure** – Protect our most vulnerable children and adults from abuse and neglect by responding quickly and ensure the state is prepared for emergency response.

SUPPORTING THE PRIORITIES OF GOVERNMENT

The Division of Alcohol and Substance Abuse's services are linked to at least four of the Priorities of Government:

- **Improve student achievement.**

- **Improve the health of Washingtonians.**

- **Improve the security of vulnerable children and adults.**
- **Improve the safety of people and property.**

Chapter 2 • The People We Serve

"PITA" – THE DASA CONTINUUM OF CARE

The Division of Alcohol and Substance Abuse delivers an array of substance abuse-related services across a continuum of care, all designed to improve the health of Washington residents and families, and increase the vitality and productivity of communities and the state as a whole.

The continuum of care – PITA – includes prevention, intervention, treatment, and aftercare.

Prevention - THE DASA prevention program covers all segments of the population at potential risk for drug and alcohol misuse and abuse, with a special focus on youth who have not yet begun use or who are still experimenting.

Intervention – DASA provides a range of intervention services aimed at reducing the risk of harm to individuals, and decreasing problem behaviors resulting from continued substance use.

Treatment – DASA provides an array of treatment services to individuals assessed as chemically dependent to help them achieve and maintain sobriety, improve physical and mental health, and enhance stability and ability to function socially.

Aftercare – DASA provides aftercare and support services to help promote continuing abstinence after treatment. Services include housing assistance, mental health counseling, medical care, case management, preventive services for family members, childcare, and transportation.

PREVENTION

The primary focus of the Division's prevention programs is on children who have not yet begun use or are still only experimenting. Research indicates that youth who initiate alcohol and/or other drug use before age 14 are up to four times as likely to experience alcohol or other drug problems as adults that those who do not initiate use until after age 20.

The Division uses a risk-and-protective-factor framework as the cornerstone of all prevention program investment. It is based on a simple premise: by identifying those personal, family, or community characteristics that increase the likelihood of a problem developing, programs can intervene in ways that reduce risk. Similarly, by identifying factors that buffer individuals from risks present in the environment, programs can be implemented to strengthen that protection.

DASA provides prevention services through contracts with counties, tribes, statewide organizations, or through interagency agreements with other state agencies. Counties undertake needs assessments, and implement prevention programs that address risk and protective factors in their communities. Providers are required to utilize scientifically based best or promising practices for at least 50% of programming. In the 2005-2007

Biennium, 66% of DASA-funded prevention programs represented best or promising practices. Based on a study by the Washington State Institute for Public Policy, participation in DASA-funded evidence-based prevention programs in SFY 2007 resulted in a lifetime cost benefit to the state of more than $38 million. Some 31,867 individuals participated in DASA-funded prevention programs in SFY 2007.

In addition to county and tribal-based prevention programs, the Division funds a full range of state-level programs, including:

- Washington State School-Based Prevention and Intervention Services Program.
- Washington Healthy Youth Survey.
- Reducing Underage Drinking Initiative (RUaD).
- Reducing Access to Tobacco Products (Synar Regulation).
- Washington State College Coalition for Substance Abuse Prevention.
- Washington State Alcohol/Drug Clearinghouse.
- Statewide Public Education and Media Program.
- Washington State Mentoring Initiative.
- Children's Transition Initiative (CTI).
- The Alcohol and Drug 24-Hour Help Line and Teenline.
- Washington State Prevention Summit.
- Washington Drug Free Communities.

In October 2004, Washington received a State Prevention Framework-State Incentive Grant (SPF-SIG) through the Center for Substance Abuse Prevention for $2.35 million per year for five years. Washington's SPF-SIG project is focused on reducing underage drinking in 12 communities and on enhancing interagency cooperation at the state level.

INTERVENTION

Intervention services are aimed at reducing the risk of harm to individuals from substance abuse before it has developed into chemical dependency. Alternatively, such services may also be aimed at those who are chemical dependent but, at least initially, are aimed at decreasing problem behaviors and connecting individuals to needed services.

With a five-year grant from the federal Substance Abuse and Mental Health Services Administration awarded in the fall of 2003, the Division is implementing the Washington State Screening, Brief Intervention, Referral, and Treatment (WASBIRT) program. WASBIRT utilizes a public health model to identify, intervene in, and treat substance use problems before they rise to the level of substance dependence, as well as providing direct referral to traditional chemical dependency treatment services for those who need it. Chemical dependency professionals now provide substance use screenings, brief interventions, and referrals in nine hospital emergency departments in Clark, King, Pierces, Snohomish, Thurston, and Yakima Counties. Patients may be screened but require no further action; receive both a screening and a brief intervention; or, following screening, be provided with brief therapy or traditional chemical dependency treatment. At the six-month following, those who received WASBIRT services show significant declines in both drug and alcohol use, and substantial increases in abstinence. Among Medicaid-only aged, blind or disabled clients who received at least a brief intervention, there was a reduction in total medical costs of $157-$202 per member per month.

DASA also has two pilot projects to intervene in the lives and behavior of individuals gravely disabled by the use of drugs, including alcohol, and/or who pose a danger to themselves or others. The first, implemented in Pierce and the North Sound Counties, provides integrated crisis response/secure detoxification services to individuals identified by county designated crisis responders as in need of involuntary detention, detoxification, evaluation, and initial treatment. In the 2005-2007 Biennium, there were 1,112 individuals admitted to the two secure detoxification programs, with approximately 21% subsequently admitted to chemical dependency treatment.

DASA also has a pilot program in two locations to provide integrated case management services to high-risk individuals in need of a range of services. In King County, case management services are provided to chronic public inebriates who are housed through the "1811 Project". By providing housing and linkages to a full range of health and social services, costs associated with emergency room and sobering services utilization have been substantially reduced. In Thurston-Mason Counties, the program links individuals, often in very rural areas, to necessary services, and often results in chemically dependent individuals entering treatment. Of the 367 individuals who received intensive case management services in Thurston-Mason Counties in the 2005-2007 Biennium, approximately 43% were subsequently admitted to chemical dependency treatment.

Through counties and community hospitals, DASA provides detoxification services. These short-term residential services are for individuals withdrawing from the effects of excessive or prolonged alcohol and drug abuse. Services continue until individuals recover from the transitory effects of acute intoxication. Detoxification may include counseling, medical care, and use of pharmacological agents. While primarily serving a public health and safety function, detoxification may also serve as an intervention that facilitates entry of individuals into treatment. In SFY 2006, there were 8,254 adults and 469 youth who received detoxification services.

TREATMENT

Generally, individuals assessed as in need of chemical dependency treatment, whose incomes are below 200% of the federal poverty level, and who do not have access to treatment through health insurance mechanisms, qualify for DASA-funded treatment. State and federal requirements give priority for treatment and intervention services to:

- Pregnant and postpartum women and families with children.
- Families receiving Temporary Assistance for Needy Families (TANF).
- Child Protective Services referrals.
- Youth.
- Injection drug users (IDUs).

DASA-funded treatment services are designed to maintain a cost-effective, quality continuum of care for rehabilitating individuals recovering from alcoholism and other drug addiction. DASA contracts with counties and tribes for the delivery of outpatient services. Other services are delivered through contracts with direct service providers. Services include:

- Diagnostic evaluation.
- Outpatient treatment (adult and youth).
- Opiate substitution (methadone) treatment.
- Intensive inpatient treatment (adult and youth).
- Recovery house (adult and youth).

- Long-term residential care.
- Involuntary treatment/civil commitment for individuals with alcohol/drug addiction.
- Residential treatment for pregnant and parenting women (with childcare).
- Outpatient treatment for pregnant and parenting women (with childcare).
- Treatment for co-occurring disorders.
- Tribal treatment programs.
- Monolingual programs for non-English speakers.
- Treatment program for the deaf/hard of hearing.
- Urinanalysis.

In SFY 2006, 33,775 adults and 5,765 adolescents ages 12-17 received treatment with DASA-funded support.

In recent years, several new programs have been initiated:

- With funds from the Criminal Justice Treatment Account (CJTA), judicially supervised treatment and support services are being made available to chemically dependent offenders in community-based treatment programs in lieu of incarceration. The goals it to generate savings in prison and jail bed costs, both in the short-term through treating offenders rather than incarcerating them, and in the long-term by reducing recidivism among these offenders. Use of the funds is determined at the country level, and may include drug courts. In SFY 2006, 4,184 individuals received treatment under CJTA.

- RCW 43.20A.890, enacted in the 2005 Legislative Session, created a program for the prevention and treatment of problem and pathological gambling. In keeping with its newly adopted five-year problem gambling strategic plan, DASA is initiating new programs in prevention, awareness and intervention, treatment, capacity building, and research and data analysis. Through June 2007, the Division had contracted with 25 agencies across 31 sites to provide assessment and treatment of problem and pathological gambling, and 477 individuals had received treatment. There is strong evidence of substantial comorbidity between pathological gambling and substance abuse disorders.

TREATMENT EXPANSION

In 2005, Washington State began funding a major expansion of chemical dependency treatment for Medicaid-eligible adults and youth with incomes under 200% of the Federal Poverty Level. Some $22.7 million in additional funds were allocated for this expansion - $18.8 million for adults, and $3.87 million for youth – for the 2005-2007 Biennium. Most of the funds for the adult portion of the expansion did not represent new state allocations, but a redirection of available funding, the bulk coming from the state Medical Assistance Administration budget, and rest from the state Aging and Disabilities Service Administration budget.

In SFY 2003, 26% of adult Medicaid-eligible adults in need of chemical dependency treatment actually received it. These were grouped in four categories: aged; blind, disabled, those receiving state general assistance while awaiting an SSI determination, and SSI recipients; those receiving state general assistance while unemployable (for the short term); and other Medicaid (including individuals with children receiving Temporary Assistance for Needy Families.)

In SFY 2006, an additional 2,582 Medicaid-eligible adults received chemical dependency treatment; in SFY 2007, that number increased to 4,211. Cost savings associated with providing treatment to chemically dependent Medicaid-eligible adults was found to be $287 per treated patient per month.

AFTERCARE

Specialized contracted support services for eligible individuals include:

- Childcare, including therapeutic childcare.
- Translation services (including interpreters for persons who are deaf or hard of hearing.
- Transportation assistance.
- Case management.
- Youth outreach.
- Cooperative housing (Oxford House) and other transitional housing support services.

Through a second three-year, federal grant, DASA is continuing an Access to Recovery (ATR) program to provide social service intervention to individuals and families in crisis. In addition to treatment, recovery services include mental health counseling, medical care, case management, preventive services for family members, and support services including childcare, transportation and housing assistance. What is unique about ATR is that the program is customer-driven, with patients selecting from a menu of services those they believe are most critical in aiding them on the path to recovery. From its inception in January 2005 through August 2007, 11,801 individuals received ATR vouchers. Under this second grant, which ends in June 2010, priority is given to patients addicted to methamphetamine, alcohol or drug dependent patients exiting jails or prisons, and returning veterans (especially National Guard members) returning from the conflicts in Iraq and Afghanistan.

Washington State is home to more than 180 Oxford Houses, the largest number of any state in the country. These are cooperative houses in communities that provide post-treatment housing to individuals who participate in recovery programs. Each house is alcohol- and drug-free. There are some houses exclusively for women, or for parents with children. There are now more than 1,500 Oxford House beds.

DASA certifies 580 chemical dependency treatment programs serving both publicly funded and private-pay patients to ensure the safety and quality of treatment. DASA collaborates with stakeholders in the establishment of treatment regulations designed to return patients to safe, healthy, and productive lives. Each year, DASA investigates incidents and complaints, and conducts surveys of one-third of the certified programs, offering advice and technical assistance to each to assist them to achieve compliance with state and federal regulations. In addition, DASA serves as an opioid treatment program accreditation body approved by the federal Substance Abuse Mental Health Services Administration.

Beginning in SFY 2006, the Legislature stated its intention, "to provide long-term, dedicated funding for public awareness and education regarding problem and pathological gambling, training in its identification and treatment, and treatment services for problem and pathological gamblers and, as clinically appropriate, members of their families." DASA has incorporated the following required program elements:

- Both prevention and treatment of problem and pathological gambling are addressed.
- Program participation and client outcomes are tracked.
- There is provision for the training of professionals in the identification and treatment of problem and pathological gambling, to be suitably administered by a qualified person or organization.
- An advisory committee has been established to assist in the design, management, and evaluation of the program.

A problem gambling account was created in the state treasury, with $1.5 million allocated for the 2005-2007 Biennium. An additional $552,500 was provided by tribal governments. With the help of a 22-member Problem Gambling Advisory Committee made up of interested stakeholders, including members of the law enforcement and criminal justice community, treatment providers, tribal governments and organizations, gaming associations and commissions, and advocates, DASA has implemented a five-year problem gambling strategic plan which includes prevention, education, intervention, and treatment elements.

Chapter 3 • Environmental Context

APPRAISAL OF EXTERNAL ENVIRONMENT

Prevention

According to a 2007 study, costs related to alcohol abuse in Washington State are approximately 20 times greater than revenues generated from state alcohol taxes. The total economic costs of alcohol and drug abuse in Washington State in 2005 were $5.21 billion, or $832 for every non-institutionalized state resident.

Alcohol remains the most abused substance among Washington youth. Almost a third of Washington 6th graders have tried alcohol; one out of six 8th graders and one out of three 10th graders report having used alcohol in the past 30 days; more than a quarter of all 12th graders report binge drinking in the past two weeks. Teenage drinking is associated with a full range of academic, social, and medical consequences, including juvenile delinquency and crime, sexual behavior and teen pregnancy, poor academic progress and school dropout rates, and unintentional injuries and deaths, and suicides.

By 12th grade, almost one out of five Washington State students is already a problem drinker, and one in five reported being drunk or high at school in the past year. National studies indicate that those who start drinking at age 14 or younger are four times more likely to become alcohol dependent in their lifetimes than those who start drinking at age 20 or older. Clearly, reducing the incidence of youth alcohol use would have a significant impact upon the future health and safety of Washington residents.

Most Washington State 10th graders who drink obtain alcohol from others; only 23% purchase it from stores or give money to others to buy it for them. This suggests that environmental strategies aimed at changing community laws and norms will be critical to stem the tide of youth alcohol abuse.

Use of methamphetamine by both adults and youth appears to have peaked, and the number of reported methamphetamine laboratories and dumpsites has fallen to levels not seen since 1996. However, there are significant increases in illicit use of prescription opiates by both adults and youth, at least partially driven by diversion of prescription medications prescribed by health care providers for pain.

Intervention

Federally funded prevention/intervention specialists in three-fourths of Washington State secondary schools play an important role in assisting students at-risk for substance abuse, who are already experimenting, or may already be in need of substance abuse treatment. The 277 prevention/intervention specialists provide almost one-fifth of all referrals to DASA-funded treatment. Since 1989-1990, the value of the federal grant provide through DASA and directed toward this purpose has dropped 35%, and, under proposed federal budget changes, will decline significantly further in the 2007-2009 Biennium. The number of prevention/intervention specialists who solely provide direct services declined from 266 in SFY 2005 to 226 in SFY 2007, representing a 17.7%

decline. Since SFY 2003, the number of drug and alcohol assessments performed by these specialists has fallen 32.9%; the number of referrals for inpatient treatment has fallen 24.1%; the number of referrals for outpatient treatment has dropped 37.0%; and the number of "full interventions", where a prevention/intervention specialist sees a youth more than once, has decreased 41.3%. Currently, no state funds are allocated for prevention/intervention purposes.

The number of referrals to youth treatment from the Juvenile Rehabilitation Administration (JRA) system has also dropped precipitously, from 226 in SFY 2003 to 96 in SFY 2007, representing a 57.5% decline. In SFY 2003, JRA lost six regional alcohol/drug coordinators who had been responsible for ensuring that youth transitioning between treatment in juvenile justice system facilities and community-based services and parole.

In 2007, the federal Centers for Medicare and Medicaid Services approved the use of two new billing codes, for substance abuse screening and brief intervention. This action followed on the American Medical Association's adoption of these two codes to enable health care practitioners to provide these services, and to bill for them. It will likely take several years to ensure primary health care practitioners are prepared to provide screening and brief interventions appropriately, and can be reimbursed for these services.

Treatment

DASA treats approximately one out of three adults and youth in need of, and who qualify for, publicly funded chemical dependency treatment. Waiting lists for treatment remain high, though new funds made available for treatment expansion clients have made it significantly easier for Medicaid-eligible individuals to access treatment. The waiting list for treatment under the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA) has quadrupled since 1991. In SFY 2006, 30.4% of ADATSA clients assessed as needing treatment never received it at all (up from 25% in SFY 2003).

Treatment Gap Rate in Washington State for Publicly Funded Chemical Dependency Services SFY 2006

Target Population	Needing & Eligible for DASA-Funded Treatment	Received Treatment with DASA-Funded Support	Number of Eligible Individuals Unserved	Treatment Gap Rate (Unserved Need)
Adults w/children <18	38,881	13,357	25,524	65.6%
Adults w/o children under 18	69,880	20,418	49,462	70.8%
All Adults 18 and Older	108,761	33,775	74,986	68.9%
Adolescents (Ages 12-17)	19,545	5,765	13,780	70.5%
TOTAL	**128,306**	**39,540**	**88,766**	**69.2%**

The impact of not providing appropriate chemical dependency treatment in a timely manner to individuals who require it is profound. Demonstrated results of treatment include: lower crime and decreased burden on the criminal justice system; improved physical and mental health and lower medical and psychiatric care costs; decreased reliance on public assistance; higher rates of employment and higher wages; better family functioning; decreases in child abuse and neglect, and fewer Child Protective Services referrals; and for youth, higher rates of school attendance, better school performance, and reduced delinquency. The costs of not providing treatment in a timely manner are borne by state and local governments, and by individuals, families, businesses, and communities across the state of Washington.

Besides population growth and an increasing percentage of the population between ages 18-24 (the age cohort most often in need of chemical dependency treatment), an expanding number of Washington residents are without access to health insurance, either purchased privately or through the Washington Basic Health Plan. As chemically dependent individuals with insurance would access treatment through their health plans, the lack of insurance places an increasing burden on the publicly funded treatment system.

There is increasing recognition in government of the need for more low-income housing to combat homelessness. Counties and municipalities are now engaged in implementing "Ten-Year Plans to End Homelessness". Homelessness and lack of affordable housing remains a critical roadblock for many individuals in their recovery from chemical dependency.

TRENDS IN CUSTOMER CHARACTERISTICS

Prevention

Besides the widespread use of alcohol, and continuing use of marijuana, the 2006 Healthy Youth Survey indicated there have been increases among youth in use of steroids, inhalants, illicit Ritalin, and, in particular, use of prescription pain medications (vicodin, oxycodone, etc.) to get high. Some 10% of Washington 10th graders and 11.6% of 12th graders reported using prescription pain medications to get high in the past 30 days, substantially more than had used methamphetamine.

Intervention

According to the National Survey on Drug Use and Health, in Washington State for every two alcohol- or drug-dependent individual (ages 12 and up), there are three or more individuals diagnosable with a substance abuse problem. Without an intervention in their substance-abusing behavior, many of them are likely to become chemical dependent and/or engage in problem behaviors that will result in poorer health outcomes or involvement with social service or criminal justice systems.

As a group, almost one-quarter of 18-24 year-olds are estimated to be in need of chemical dependency treatment. An even higher number experience substance abuse problems, the majority from the abuse of alcohol. Young adults in this age category experience unusually high rates of motor vehicle injuries, arrests for driving-under-the-influence, and are at risk for both acute and chronic alcohol-related problems. Interventions targeting individuals in this age range might be an effective way of stemming chemical dependency problems down the road.

The significant rise in the misuse of prescription opiates among adults likely calls for closer monitoring in their prescription and use in the treatment of chronic pain. This might be especially true among older adults.

Treatment

The number of admissions to publicly funded treatment, both adult and youth, increased by 13.5% between SFY 2005-2006.

Admissions to DASA-Funded Treatment
SFY 2005- 2006

	2005	2006
Adult Residential	10,692	12,243
Adult Outpatient	20,692	24,767
Adult Opiate Substitution	2,562	2,246
Adult Total	**33,946**	**39,256**
Youth Residential	1,590	1,646
Youth Outpatient	4,820	4,887
Youth Total	**6,410**	**6,533**
TOTAL	**40,356**	**45,789**

Much of the increase represents individuals admitted to treatment as a result of new funding through treatment expansion.

In SFY 2006, alcohol was cited as the primary drug of abuse in the plurality (41%) of adult admissions to DASA-funded treatment. Methamphetamine accounted for 23% of all admissions. Almost two-thirds of these admissions were for outpatient (including intensive outpatient) services. Racial and ethnic minorities comprised 34% of admissions. Almost 14% of individuals admitted to treatment were homeless at time of admission; approximately 24% had a co-occurring mental health disorder.

In SFY 2006, 5,765 adolescents ages 12-17 received DASA-funded treatment. Marijuana is the most frequently cited drug of abuse in youth admissions to DASA-funded treatment. Four out of ten youth admissions to DASA-funded treatment are of racial and ethnic minorities. Three-quarters of youth admissions are to outpatient (including intensive outpatient) services.

Among youth, 61% of all admissions to treatment in SFY 2006 were for marijuana. Youth admissions for methamphetamine abuse now account for 13% of admissions. Racial and ethnic minorities comprised 40% of DASA-funded youth admissions. Alcohol as primary substance of abuse accounts for only 20% of youth treatment admissions, despite (according the National Survey on Drug Use and Health data for Washington State) accounting for more than 58.5% of the unmet need.

For the 2005-2007 Biennium, funds have provided for treatment expansion to serve additional 18,240 Medicaid-eligible adults (6,495 in SFY 2006; 11,745 in SFY 2007), and 2,102 youth (1,051 each year) with family incomes at or below 200% of the Federal Poverty Level.

Despite the creation of more treatment slots and the opening of new programs, the waiting list for publicly funded opiate substitution treatment in Seattle-King County is growing, and waiting times have increased. This may reflect the fact that adult

admissions for opiate substitution treatment where the primary substance of abuse is non-heroin opiates have increased from 6.4% of all admissions in SFY 2001 to 27.2% in SFY 2006, and 35.6% in SFY 2007. In SFY 2007, admissions to opiate substitution treatment where heroin was the primary substance of abuse were virtually the same as in SFY 2001.

It is estimated that in SFY 2005, there were 35,700 problem and 25,500 pathological gamblers in Washington State. There is strong evidence of substantial comorbidity between pathological gambling and a range of substance abuse and mental health disorders. A 2005 study found that 73.2% of lifetime pathological gamblers had an alcohol use disorder, and 38.1% a drug use disorder. Since its inception in September 2005, the DASA Problem Gambling Program has funded treatment for more than 500 problem and pathological gamblers.

Aftercare

Some 13.7% of patients admitted to DASA-funded treatment in SFY 2006 were homeless at the time of admission. Among certain categories of those admitted, homelessness was even higher: ADATSA patients – 25%; individuals addicted to methamphetamine – 16%; patients entering opiate substitution treatment – 18%. Without stable housing both during and after treatment, it is more difficult for patients to successfully complete treatment and subsequently engage in the longer term process of recovery.

Among ATR recipients, housing assistance is the single most requested form of support. It is likely that there is a substantial population of chemically dependent individuals who never access treatment because of their housing situation, or who relapse because of a lack of supported housing. As housing prices increase, this becomes an ever-more pressing need. The provision of consumer-selected ATR services results in lower rates of felony and gross misdemeanor arrests, higher employment rates and earnings, and higher rates of chemical dependency treatment retention and completion among ATR clients.

In SFY 2006, almost a quarter (24.1%) in individuals admitted to publicly funded chemical dependency treatment had a co-occurring mental health problem. This percentage has risen slowly over the past five years. In the publicly funded mental health system, it has been estimated that upwards of 60% of individuals have a co-occurring substance abuse disorder. While chemical dependency treatment completion rates for those with co-occurring disorders are not substantially lower than those for patients without such disorders, these patients tend to have a higher need for housing, employment, ongoing medical and psychiatric, case management, and other aftercare services in order to sustain longer term recovery.

ACTIVITY LINKS TO MAJOR PARTNERS

The Division of Alcohol and Substance Abuse (DASA) works closely with federal, state and local government agencies, counties and tribes, schools and universities, prevention and treatment providers, researchers, and a full range of other partners in the private sector to ensure the delivery and coordination of quality services. Examples of these collaborations are provided below.

As a result of legislation passed in the 2002 and 2003 Sessions, DASA facilitates a collaboration of judges, prosecutors, law enforcement professionals, county and tribal social service agencies, and community-based chemical dependency treatment providers in providing treatment alternatives to incarceration.

DASA is working with a full range of state and local agencies, treatment providers, and youth advocates to enhance the adolescent substance abuse treatment system. The improved infrastructure, with a new statewide leadership council, will foster cross-system planning, needs assessment, knowledge and resource sharing, and integrated training and education regarding evidence-based practices.

A consortium of DSHS divisions works with the Department of Health and local service agencies to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three. Services are provided at project sites in Snohomish, Whatcom, and Benton-Franklin Counties. Besides chemical dependency treatment, women are assisted in gaining access to local resources, including family planning, safe housing, health care, mental health care, domestic violence services, parenting skills training, child welfare, childcare, transportation, and legal services.

DASA and Children's Administration (CA) have been working together under a Memorandum of Understanding (MOU) since 2004. The MOU highlights the fact that DASA and CA have many mutual clients and outlines how those clients may benefit from a collaborative approach to needed assessment and treatment services. Two of these collaborative ventures are the Chemical Dependency Professional (CDP) program and the new Substance Abuse Training Curriculum. The CDP program places chemical dependency professionals in social work offices around the state. There are now 26 CDPs, who help case manage CA clients through the assessment and treatment process. A new Substance Abuse Training Curriculum is co-facilitated by both CA and DASA staff. Its focus is to help social workers understand the cross systems kind of approach that is required to best serve CA clients impacted by substance abuse issues.

In 2004, Washington State received a five-year State Prevention Framework State Incentive Grant (SPF/SIG) from the federal the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention. DASA is developing and implementing a data-driven state prevention plan at 12 community sites, in collaboration with all Washington State agencies that administer substance abuse prevention services.

In September 2005, SAMHSA awarded $92.5 million to seven states, including Washington State, for Mental Health Transformation State Incentive Grants (MHT SIGs). These cooperative agreements will provide funds to transform state mental health service delivery systems – from systems dictated by outmoded bureaucratic and financial incentives to systems driven by consumer and family needs that focus on

building resilience and facilitating recovery. DASA is participating in the Transformation Incentive Grant processes.

STAKEHOLDERS INPUT AND RECOMMENDATIONS

For the 2009-2013 Strategic Plan, DASA undertook one of the most extensive reviews of stakeholder input in its history of strategic planning.

All 39 counties submitted extensive six-year prevention and treatment plans. These plans are based on input received from thousands of individuals, county administrative alcohol and drug boards, community-based prevention and treatment providers, representatives from local law enforcement, criminal justice, and social services agencies, and elected officials. DASA staff analyzed each of the plans, rolling up the information to address three questions:

1. What programs/goals/priorities, etc., identified by the county "fit" or reflect DASA's 2007-11 strategic priorities?

2. What programs/goals/priorities, etc. identified by the county *do not* "fit" or reflect DASA's 2007-2011 strategic priorities?

3. What other unmet needs or themes does the county discuss that are not already identified in response to questions 1 and 2; or what service gaps or barriers to effective prevention, intervention, treatment or aftercare does the county identify that have not been previously addressed?

In the analysis, there were a number of themes that seemed to appear in multiple plans:

- There is a shortage of triage and/or crisis services (sobering services, wet housing, crisis stabilization, secure detoxification).

- There is a dearth of housing for substance abuse-impacted patients, pre-treatment, during treatment, after treatment, and a lack of housing with support services.

- There is a need for an increased array of support services and aftercare services.

- Expanded intervention services might stem the tide of substance abuse before individuals become chemically dependent. Such services might especially be targeted toward specific populations, including the disabled, aged, those ages 18-25, and might be offered in new locations, as is being done in hospital emergency departments through the Washington State Screening, Brief Intervention, Referral and Treatment (WASBIRT) program.

- Patients lack access to transportation, and there is an additional need to locate programs/services in remote areas.

- There is a need for more cross-agency and community collaboration on multiple fronts, especially where there are collateral treatment needs (i.e. co-occur ADHD, TBI, medical, etc.).

- Expansion of availability of family services – parenting education, family management assistance, etc., and attention to domestic violence, could have a significant impact in reducing substance abuse among youth.

- There is a need for a better articulated continuum of care for youth – prevention/outreach/intervention/treatment/aftercare, as well a need for more school-based prevention/intervention specialists.

- There is a need for better trained counselors able to deal with specialized populations and/or those with higher degrees of need.

- There is a need for the expansion of courts with scopes that go beyond adult drug courts (e.g., youth drug courts and therapeutic family courts).

Following this analysis, in November 2007, the Citizens Advisory Council on Alcoholism and Drug Addiction (CAC) formed a joint committee with representative county coordinators from the Association of County Human Services (ACHS) to draw up recommendations for inclusion in the DASA 2009-2013 Strategic Plan. The CAC is established under RCW 70.96A.070, and is charged with advising and recommending to DSHS rules, policies, and programs that will benefit individuals and their families with alcoholism/addictions; families and individuals in high-risk environments; and the larger community.

The Joint CAC/ACHS committee met monthly through May 2008, identifying four major goal areas:

1. **Ensure funding for substance abuse-related services, especially first-time state funding for prevention.**

2. **Promote continuum integration across the PITA (Prevention/Intervention/Treatment/Aftercare) continuum.**

3. **Ensure an adequate and diverse, competent workforce capable of meeting the substance use-related needs of Washington residents.**

4. **Explore expansion of support/wraparound services (such as those provided through Access To Recovery) to all counties.**

In addition, the Joint CAC/ACHS committee explored a full range of strategies necessary to achieve results in these goal areas. Many of them are now incorporated into the 2009-2013 DASA Strategic Plan.

In March/April 2008, 104 "town hall" meetings took place in communities across Washington State. The purpose of these community meetings was to explore strategies to address underage alcohol abuse. Strategies discussed at these meetings have been incorporated into this Strategic Plan where appropriate.

FUTURE CHALLENGES AND OPPORTUNITIES

Prevention

The single most effective way of dealing with the disease of chemical dependency, as would be true of any other disease, is preventing it before it starts. The application of science to the prevention of alcohol, tobacco, and other drug abuse is a young and promising discipline. DASA sees an opportunity in expanding its role in assisting the prevention field in become more adept in the application of evidence-based practices, and in the utilization of rigorous evaluation processes. DASA's Prevention Management Information System now assists communities in developing well thought-out, targeted prevention efforts. As part of this commitment, DASA is expanding training efforts to ensure prevention professionals have the skills and tools necessary to help build safer, healthier communities. Funding for a coordinated, well-articulated statewide system of prevention as laid out in the Governor's Washington State Substance Abuse Prevention System Plan is sorely lacking. To date, no state funds have been allocated for prevention services.

Data from the most recent Healthy Youth Survey and information from other sources strongly suggest that abuse of prescription opiates among youth is rising rapidly. Prescription opiates pose a particular challenge in that most prescription opiates were, at least initially, obtained legally, and are widely found in homes and used for legitimate purposes.

Alcohol remains by far the drug most abused by youth, and that abuse often continues and escalates after youth leave home. Turning the tide against alcohol abuse will likely require a long-term commitment to environmental strategies directed at changing the norms and customs of entire communities.

Intervention

With the receipt of a five-year federal grant, DASA has now demonstrated clearly that engaging substance-abusing individuals in emergency department settings before they become chemically dependent through screening, brief intervention, and brief therapy holds out great promise as we strive to ensure a healthier population. The challenge for DASA and for the state will be to continue and expand these services with the federal grant coming to an end in 2008.

There are other opportunities for intervention as well. Brief interventions/brief therapy could be provided for young alcohol abusers in school settings before their trajectory of use requires traditional and more intensive treatment. There are opportunities to provide screenings/brief interventions in physicians' offices or health clinics. Several studies indicate that savings from doing so could range from $4.30 to $5.60 for every dollar expended. The federal Center for Medical Services has now provided clinical codes for health care providers to use should they offer screening and brief interventions. Among the challenges will be the development of new funding models to enable such services to be offered.

Both alcohol and drug abuse peak among the population ages 18-25. A substantial portion of this population are substance abusers, but not yet chemically dependent. New strategies need to be implemented to help individuals moderate their use and address problems related to substance abuse among young adults, especially binge and heavy

drinking. There are now evidence-based practices that can be implemented to address the needs of this population on college campuses.

Driving under the Influence (DUI) accounts for roughly 30% of the traffic fatalities in Washington State. The state response to DUI fatalities and injuries is complex and involves multiple agencies. Courts, law enforcement, licensing, traffic safety experts and others are an essential part of the solution along with chemical dependency treatment providers. These efforts have been enormously successful over the last decade, but the reduction in the alcohol and drug related fatality rate has leveled out in recent years, suggesting that new approaches may be needed.

There are both challenges and opportunities to improve the quality of assessments to insure that each DUI offender is receiving an adequate level and duration of education, intervention, and treatment. In addition, it is critical that the appropriate level of intervention is available to all offenders, and that there are fewer financial barriers to successfully completing DUI- related chemical dependency treatment. Finally, it is important to ensure the accurate, complete, and timely flow of information between treatment providers, the courts, and the Department of Licensing. Accurate data will enable the state to gauge the success of interventions in reducing DUI recidivism.

Treatment

As a result of the 2005 Omnibus Mental Health and Substance Abuse Treatment Act, substantially more Medicaid-eligible clients are receiving chemical dependency treatment than ever before. Treatment expansion now has a proven record of success, with some $16.8 million in medical savings to the state in the 2005-2007 documented, even after accounting for the cost of treatment.

Nonetheless, DASA only serves 31% of adults and youth in need of and who qualify for publicly funded treatment. Waiting lists for treatment under the Alcohol and Drug Addiction Support and Treatment Act (ADATSA) are at an all-time high. Increasing numbers of individuals addicted to prescription opiates are receiving opiate substitution treatment, making it more difficult for those addicted to heroin to access care. A reportage shortage of chemical dependency professionals, especially those who are equipped to serve minority, disabled, and youth populations, poses a challenge to a system of care that will need to expand if more patients are to be served effectively.

Opportunities exist in improving the quality of care especially by reducing the time between assessment and treatment, and ensuring continuity between inpatient treatment and the return of patients to their home communities in accessing community-based care in a timely fashion. Continued partnerships with the criminal justice system through funding from the Criminal Justice Treatment Account, will advance the movement to provide treatment to offenders in community-based settings in lieu of incarceration.

Major opportunities exist in ensuring those who need treatment and are covered through insurance or capitated health plans receive it. Researchers have found that 9 out of 10 primary care doctors fail to diagnose substance abuse in patients who display classic symptoms of the problem. Opportunities exist in enhancing outreach to, and training of, health care personnel, and in ensuring there are clear protocols for referrals to treatment. Special opportunities may be present in working with health care plans and health maintenance organizations that contract with the Washington Health Care Authority/Basic Health Plan and the Medical Assistance Administration.

A substantial number of veterans, especially from the National Guard, are now returning home from the conflicts in Iraq and Afghanistan. Many of them suffer from either traumatic brain injury (TBI) or post-traumatic stress disorder (PTSD) or both. It has been estimated that some 30-50% of veterans with these disorders experience significant substance abuse problems. Providing needed treatment to this new cohort of patients, many of whom will not qualify for Medicaid, will likely prove a significant challenge.

Aftercare

The two federal Access To Recovery (ATR) grants that DASA has received in this decade have proven that aftercare and support services – including transportation, housing assistance, childcare, employment training, and family support services – can be play an important role in preventing relapse and promoting recovery. To date, however, ATR services have been limited the largest counties in the six DSHS regions, and the latest grant runs out in 2010. It will be a challenge to both maintain and expand the reach of ATR-like services to ensure the gains made by patients receiving treatment result in their returning to stable and productive lives in their families and communities.

Approximately 14% of patients receiving DASA-funded chemical dependency treatment services are homeless at time of admission. Homelessness makes it difficult for patients to complete outpatient treatment, and is especially challenging for patients when leaving inpatient modalities of care. There is a general dearth of housing for substance abuse-impacted patients, pre-treatment, during treatment, and after treatment, and, especially, a lack of housing with support services.

Washington State is home to more than 180 Oxford Houses, resident-managed, alcohol-and-drug-free cooperative homes for more than 1,500 individuals (including housing for women, and for individuals with children) who have successfully completed treatment. This is the largest number of Oxford Houses in the United States, and DASA is working with the privately run Oxford House system to expand that number still further. In addition, DASA is developing a housing "tool-kit", resources to assist municipalities, counties, and community providers to develop new housing alternatives for patients in recovery.

There are also opportunities to expand family management and support for the families of youth who have successfully completed treatment and are striving to reintegrate into their schools and communities.

Administration

DASA continues to support the regionalization of staff to provide county and community coordination of needs, promote local chemical dependency services, and monitor statewide contracts. DASA will continue to partner with local Community Services Offices and Division of Children and Family Services (DCFS) offices for office space and other lease costs for these regional staff. As new initiatives such as Treatment Expansion have substantially increased workload, there is a need to augment DASA staff so that it can be successfully accomplished.

DASA continues to monitor and assess rates paid for chemical dependency treatment periodically for both the Medicaid and low-income populations to ensure they are commensurate with national levels. Rates must be adequate to attract and retain

qualified treatment providers throughout the state, and to ensure the quality of chemical dependency treatment services for our patients. This becomes even more critical as providers are increasingly required to train staff to deliver evidence-based practices, and to remain current with new developments in medication-assisted treatment.

It is an ongoing challenge to develop and manage automated systems to collect, store, and analyze data on prevention, intervention, treatment, and aftercare populations, services, processes, and outcomes. DASA works hard to ensure the availability of high quality, timely, and reliable data on the delivery of services and populations being served to providers, communities, and policymakers. In the future, there will be a need to explore the use of integrated electronic health records and other technologies to improve the usability of data and reduce the burden of collection and analysis.

Strategies also need to be implemented to recruit and retain qualified staff for DASA. Theses strategies will also address training needs and maintain a safe and healthful environment for staff.

The Division of Alcohol and Substance Abuse has set five strategic priorities for 2009-2013:

- **Reaffirm our commitment to evidence-based, targeted substance abuse prevention, and continue to implement efforts to combat underage drinking.**
- **Expand the range and location of intervention services available to non-chemically dependent, substance-abusing youth and adults.**
- **Assure delivery of a full range of high quality chemical dependency treatment services to adults and youth who are eligible and in need of them.**
- **Promote the wider availability of aftercare and support services to assist individuals in their recovery from alcohol and other drug addiction;**
- **Ensure an adequate and diverse, competent workforce capable of meeting the substance use-related needs of Washington residents.**

Goal 1: Reaffirm our commitment to evidence-based, targeted substance abuse prevention, and continue to implement efforts to combat underage drinking.

Objective A:

- Implement evidence-based substance abuse prevention planning models and evidence-based programs, practices, and policies.

Strategies:

- **Supporting School-Based Universal, Selective, and Indicated Prevention Efforts through the Office of Superintendent of Public Instruction –** Implement evidence-based curricula, provide intervention services including identification of substance abuse problems and referral for assessment.

- **Promoting and Supporting Washington State Communities to Secure Drug-Free Community Grants –** Disseminate federal grant announcements and related resources, convene and facilitate grant writing workshops and provide technical assistance for potential applicants provide a list-serve networking service for recipients, and work with federal partners to support and facilitate a networking learning community with existing grant recipients.

- **Developing and Revising County Planning Guidelines -** Incorporate effective planning processes, including the Five-Step Strategic Prevention Framework model.

- **Maintaining a Prevention Management Information System** – Collect information regarding prevention program participants, program processes, and report program outcomes.

- **Implementing the Washington State Substance Abuse Prevention System Plan** - Work with state agencies that fund substance abuse prevention efforts to implement the recommendations of the updated state plan with a focus on coordinating statewide prevention services delivery.

- **Supporting the Annual Washington State Prevention Summit –** Partner with state and federal agencies to plan and execute an annual conference.

- **Promoting Strong Collaborations with State Agency Partners** - Broaden support for evidence-based prevention planning and programming, including reaching out to non-traditional partners including the DSHS Mental Health, Children’s, and Juvenile Rehabilitation Administration, the Department of Health Suicide Prevention Program, and the Office of Superintendent of Public Instruction’s Building Bridges Program.

- **Broadening the Reach of Substance Abuse Prevention Strategies by Partnering with Agencies and Organizations that Address Health and Safety Issues Related to Substance Abuse –** Work with agencies to ensure substance abuse and problem gambling prevention are seen as part of

comprehensive health education and promotion plans for the state and communities.

Objective B:

- Implement evidence-based programs, practices, and policies to combat underage drinking in Washington State.

Strategies:

- **Facilitating and Providing Staff Support to the Washington State Coalition to Reduce Underage Drinking -** Examine state policies and laws relating to underage drinking and the implementation and enforcement of such policies and laws; review alcohol industry compliance with their own marketing guidelines to persons under 21 years old; and develop annual work plans to respond to the needs of communities identified through staff-supported town hall meetings.

- **Administering the Substance Abuse Mental Health Services Administration-Funded Washington State Incentive Grant** - Support communities that are implementing a community involvement process to reduce underage drinking. Utilize a quasi experimental design and evaluate outcomes, and support a state epidemiological workgroup to develop new sources of data for use in prevention planning

- **Administering the Department of Justice-Funded Enforcing Underage Drinking Grants -** Support community grantees, develop and implement social marketing/media campaigns, and support the Washington State Reduce Underage Drinking (RUaD) Coalition and the Annual Prevention Summit.

- **Supporting the Collection of Statewide, County, and Community-Level Underage Drinking Prevalence and Risk/Protective Factor Data** – Assist with the biennial Healthy Youth Survey, analyze and disseminate archival data, and provide technical assistance to providers and communities for collecting local data.

- **Supporting Information Dissemination through a Statewide Clearinghouse** – Contract for the distribution of educational materials to parents, teachers, students, schools, and communities.

- **Supporting Community-Based Prevention, Including Community Coalition-led Planning, as Well as a Comprehensive Array of Prevention Strategies -** Contract with county and tribal governments to provide evidence-based prevention activities to combat underage drinking and meet community needs, and support them with training, technical and planning assistance, materials, and data.

Objective C:

- Identify and implement effective strategies to reach underserved populations.

Strategies:

- **Identifying High-Need Communities that Currently are Not Receiving Prevention Services –** Work with the state epidemiological work group to develop methodologies for identifying underserved communities, and expand use of the Healthy Youth Survey in schools where it is not currently utilized.

- **Securing and Administering Federal and State Grants Designed to Address Substance Abuse Prevention Needs in High-Risk Communities –** Write and submit proposals with input from providers, stakeholders, and communities, and encourage provides to submit proposals to serve underserved populations within their communities.

- **Ensure that Prevention and Treatment Contractors Assess the Needs of Cultural and Other Minority Populations in Their Communities and Work to Address Their Needs in Order to Increase Participation –** Explore establishing a contract requirement for each contractor to ensure that programs assess the barriers to participation from cultural and other minority groups and implement plans to address the barriers.

- **Building Capacity for Non-Profit Organizations to Contract to Provide Prevention Services –** Assist with data collection and facilitate grant-writing workshops for community organizations in areas in need of prevention services.

- **Partnering with Tribal Governments** – Work together to develop effective culturally competent prevention planning processes, and implement such processes as part of tribal prevention services.

Objective D:

- Increase public awareness of harm associated with gambling, especially among youth.

Strategy:

- **Implementing Public Awareness Initiatives -** Develop and implement both general and specifically targeted culturally sensitive public awareness initiatives related to the prevention of problem gambling among both general and at-risk populations, and youth.

Goal 2: Expand the range and location of intervention services available to non-chemically dependent, substance-abusing youth and adults.

Objective A:

- Support an array of initiatives to address substance abuse and substance abuse problems before they result in alcohol or drug addiction.

Strategies:

- **Sustain and Expand the Washington State Screening, Brief Intervention, Referral, and Treatment (SBIRT) Program** – Continue to provide SBIRT services in seven hospital emergency departments and expand to hospitals that do not currently provide SBIRT services.

- **Supporting Screening/Brief Interventions in Schools –** Pilot the use of screening/brief interventions in schools among students already using substances, especially alcohol, but who do not yet require chemical dependency treatment.

- **Supporting Pilot Projects to Provide Screening and Brief Interventions in Physicians' Offices and Health Clinics –** Demonstrate the efficacy and cost-effectiveness of screening/brief interventions in locations where primary health care is provided, with interventions undertaken by physicians and/or other health practitioners, or by using chemical dependency professionals within primary health clinics.

- **Supporting Efforts to Address Problem Drinking on Washington College Campuses –** Support expanded use of BASICS (Brief Alcohol Screening and Intervention for College Students) at institutions of higher education.

- **Developing Brief Therapy** – Support the development of brief therapy as an effective service within the chemical dependency continuum of care.

Objective B:

- Support and expand opportunities to intervene in the substance-abusing behavior of high-risk individuals.

Strategies:

- **Supporting Secure Detoxification/Integrated Crisis Response Projects** – Contract for and evaluate effectiveness of secure detoxification/crisis response services.

- **Supporting Intensive Case Management Projects** – Contract for intensive case management services in targeted counties for clients severely impacted by alcohol and drug use.

- **Coordinating DUI-Related Education, Intervention, and Treatment Issues** — Ensure impaired drivers have access to services necessary to prevent future incidents.

- **Implementing State Requirement for DUI Assessments –** Improve access for DUI assessment providers to criminal driving histories; provide additional training to improve quality of DUI assessments; intensify monitoring of adherence to state standards; and work with stakeholders to determine the impact of intervention on DUI reoffense.

- **Increasing Referrals from Detoxification to Treatment –** Explore quality improvement strategies to increase the rate of successful referrals from detoxification to residential and outpatient treatment.

- **Support Systems Collaborations to Serve National Guard Personnel and Unserved Veterans –** Develop a model pilot project to assist former military personnel engage in intervention and treatment services, and design a "toolbox" that can be used by counties and providers to assure seamless service provision regardless of funding source.

Objective C:

- To increase awareness of the availability of problem gambling intervention and treatment services, and provide intervention through information, referral or assistance at locations where clients may disclose a problem with gambling or need for problem gambling information.

Strategies:

- **Implementing a Helpline -** Provide and monitor 24/7 live-voice-response toll-free helpline services to all Washington residents who need assistance with problem and pathological gambling.

- **Educating and Providing Resources to Potential Sources of Treatment Referrals -** Educate community clergy, health care professionals, mental health practitioners, chemical dependency professionals, school personnel, gaming venue employees, and others in appropriate intervention and referral protocols regarding individuals with gambling problems.

Goal 3: Assure delivery of a full range of high quality chemical dependency treatment services to adults and youth who are eligible and in need of them.

Objective A:

- Plan for the delivery of quality chemical dependency treatment services for those least able to support themselves.

Strategies:

- **Securing the State's Annual Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant** — Ensure the availability of federal funds for ongoing treatment/prevention programming and services through the timely and accurate completion of the state's annual block grant application.

- **Planning Comprehensively Across the PITA Continuum** — Contract for research studies to assess need for treatment in Washington State to inform policy and budget decisions, and work within the 6-year county plans.

- **Preparing and Monitoring Implementation of the Division's 7.01 Biennial Service Plan** — Plan with Tribes and American Indian organizations for the provision of necessary alcohol and drug prevention/treatment services, and monitor progress in meeting Plan goals and objectives.

- **Assisting Special Populations** — Work collaboratively to address the problem of chemical dependency and substance abuse with:

    - Children's Administration (CA) – Work with CA to place chemical dependency professionals (CDPs) within CA offices statewide to provide consultation, referral, and technical assistance to CA Social Workers, and provide specific chemical dependency training for social workers.

    - Economic Services Administration (ESA) – Provide chemical dependency and treatment expansion eligibility and referral training to Community Services Offices (CSOs) statewide, and CDPs placed within CSOs to provide consultation, assessment, referral, and technical assistance to the CSO Social Workers and clients. Support efforts to expand the use of out-stationed CDPs in CSOs to impact clients receiving Temporary Assistance for Needy Families.

    - Aging and Disability Services Administration (ADSA) – Provide chemical dependency and treatment expansion eligibility and referral training to Home and Community Services (HCS) offices and to Area Agency on Aging (AAA) offices statewide.

- **Increase Services to Monolingual Non-English Speaking Patients –** Assist providers in improving treatment participation/treatment completion by monolingual non-English speaking patients by expanding training and education for administrators and counselors, expanding scholarship opportunities, and providing incentives for agencies to provide monolingual services.

- **Increase Services to Deaf and Hard of Hearing Patients –** Through support of the Northwest Deaf Addiction Center, seek ways to improve treatment participation/treatment completion by deaf/hard of hearing patients, and enhance ancillary services to assist with employment, housing, medical, educational, and financial needs as patients transition back into their communities.

- **Collaborating with Providers to Improve Treatment Services** – Work with providers to assist them in engaging patients in the treatment process, improving treatment completion rates, and ensuring patient transition through the appropriate levels of care.

- **Assessing Treatment Outcomes** — Contract for research studies to determine treatment outcomes in Washington State to inform policy and budget decisions, especially with special populations

- **Pharmacological Interventions** - Plan for and support the appropriate utilization of effective pharmacological agents as a component of comprehensive individualized treatment plans.

- **Developing Culturally Appropriate Services for American Indians -** Support the continued development of culturally appropriate treatment services for American Indians served by tribal-administered programs.

- **Fulfilling Requirements of a SAMHSA-Approved Opiate Substitution Treatment Program Accreditation Body** -- Continue to meet all application review, technical assistance survey, record keeping, and reporting requirements to assist opiate substitution programs attain compliance with federal regulations and guidelines, and for DASA to maintain status as a Substance Abuse Mental Health Services Administration opioid treatment program accreditation body.

Objective B:

- Assure vulnerable individuals are identified and receive the full range and scope of care they need.

Strategies:

- **Supporting Treatment Services for Adults**.

- **Support Adult Residential Treatment** — Provide low-income and indigent clients with referral and access to adult residential chemical dependency treatment agencies.

- **Supporting Adult Detoxification Services** — Contract with county governments to help individuals safely withdraw from alcohol or other drugs.

- **Implementing County Contracts for Outpatient Treatment Services** — Provide an outpatient continuum of alcohol and drug treatment services for indigent/low-income residents, with priority emphasis on pregnant and parenting women, youth, injection drug users, and individuals infected with HIV/AIDS, and other priority populations as established as conditions of federal and state funding.

- **Implementing Tribal Contracts for Chemical Dependency Treatment Services –** Through service delivery contracts with Tribal governments (Government to Government), provide a continuum of alcohol and drug treatment services to First Nations' people and their communities.

- **Supporting Services for Chemically Dependent Individuals with Infectious Diseases (HIV/AIDS, Hepatitis C, Tuberculosis)** -- Integrate chemical dependency and infectious disease prevention, HIV/AIDS services, and treatment services, and provide cross-training and technical assistance to those serving chemically dependent individuals with HIV/AIDS and/or infectious diseases or at high risk for them.

- **Supporting Adult Group Care Enhancement** –Support outpatient chemical dependency treatment services in non-chemical dependency adult residential facilities (i.e., nursing Homes) in order to serve hard-to-reach patients.

- **Supporting the Involuntary Treatment Act –** Contract with residential facilities to provide treatment services for patients referred under the Involuntary Treatment Act.

- **Supporting Opiate Substitution Treatment** –Support delivery of quality opiate substitution treatment services for individuals addicted to heroin or other opiates.

- **Determining the Effectiveness of Treatment to Pregnant and Parenting Women –** Evaluate the Safe Babies, Safe Moms program to determine the effectiveness of services to this population.

- **Supporting Treatment Services for Youth**

  - **Supporting Detoxification and Residential Treatment Services for Youth –** Provide low-income and indigent adolescents ages 12-17 with referral and access to detoxification and youth residential treatment agencies, and ensure a high quality continuum of care with improved engagement, retention, and service integration.

  - **Providing Group Care Enhancement Services for Youth** — Contract with chemical dependency treatment service providers to be placed in long-term residential group home facilities for youth who are experiencing barriers to receiving treatment services.

  - **Supporting Outpatient Treatment Services for Youth** — Contract for the provision of non-residential chemical dependency treatment services to youth.

  - **Enhancing Continuity of Care for Youth –** Support continuing care treatment services for youth by contracting for the provision and evaluation of evidence-based continuing care models of treatment specifically designed for youth who have completed residential care and are ready to access services in the community.

- **Enabling Treatment Providers to Monitor Outcomes** - Provide training to treatment providers on monitoring treatment outcomes, such as treatment

completion, retention, post-treatment arrests, post-treatment employment, using the DASA-Treatment Analyzer.

- **Assessing Patient Satisfaction with Treatment –** Regularly administer statewide patient satisfaction survey for continuous quality improvement and to identify future need for services.

- **Explore Ways to Improve Treatment Linkages –** Investigate and pilot quality improvement initiatives to enhance linkages and continuity between modalities of treatment.

Objective C:

- Plan for, ensure delivery, and monitor the quality of chemical dependency treatment services provided to offenders.

Strategies:

- **Planning for the Delivery of Treatment Services for Offenders Using the DASA/County Strategic Planning Process –** Work with local authorities to conduct an assessment of offenders' need for chemical dependency treatment, and develop treatment services to meet that need SFY 2009-2013.

- **Continuing Implementation of Drug Sentencing Reform –** Continue to work with local authorities in implementing judicially supervised substance abuse treatment in lieu of incarceration, and work with county alcohol and drug coordinators and treatment providers to improve criminal justice-related treatment data.

- **Supporting Drug Courts and Other Judicially Supervised Models** — Promote public safety and reduce substance abuse and re-arrest among nonviolent, chemically dependent offenders by integrating alcohol/drug treatment services with judicial system case processing, monitoring, supervision, mandatory drug testing, sanctions, and other administrative services.

Objective D:

- Link clients with co-occurring mental health and chemical dependency disorders to appropriate treatment.

Strategies:

- **Supporting Cross Systems Collaboration and Provision Of Appropriate Services to Persons with Co-Occurring Psychiatric and Substance Abuse Disorders** — Work collaboratively with the Mental Health Division to develop a comprehensive and coordinated policy framework and delivery system of care that can appropriately address the multiple, complex needs facing this population.

- **Implementing a Level 3 Secure Youth Facility–** Plan for the implementation of a Level 3 youth facility that will provide services to high-risk, severely disturbed, chronic runaway youth with primary chemical dependency and co-occurring mental health problems.

- **Providing Treatment for Co-Occurring Disorders** - Support continued development of cross-agency collaboration for youth and adult populations with co-occurring disorders, including training, resources, education, research, and technical assistance.

- **Collaborating to Provide Services to Dangerously Mental Ill Offenders (DMIO)** - Work with the Mental Health Division and the Department of Corrections to identify and service DMIO clients with appropriate chemical dependency treatment.

Objective E:

- To provide clinically and culturally competent treatment in a timely manner to problem gamblers and their family members.

Strategies

- **Implementing Promising Practices –** Through research, establish "promising practices" for problem gambling treatment.

- **Ensuring Wide Geographic Availability of Services -** Recruit providers and maintain treatment services in all regions of the state.

Goal 4: Promote the wider availability of aftercare and support services to assist individuals in their recovery from alcohol and other drug addiction.

Objective A:

- Improve the quality of treatment outcomes by providing services necessary to ensure successful recovery in communities.

Strategies:

- **Supporting Access to Recovery (ATR)** – Provide patients in the largest counties in each of the six DSHS regions with recovery support services through a voucher system supported by the Center for Substance Abuse Treatment. Use this discretionary grant to help better serve patients within the following priority populations: patients addicted to methamphetamine, alcohol or drug dependent patients exiting jails or prisons, and returning veterans (especially National Guard members) returning from the conflicts in Iraq and Afghanistan.

- **Expanding Availability of Wraparound Services –** Work with counties and treatment providers to identify sources of support for employment and training, family support services, childcare, education, and transitional housing to enhance patients' return to active functioning in the community.

- **Supporting Recovery Planning Services** – Promote recovery support service planning for patients prior to discharge.

- **Supporting Youth and Family Recovery –** Encourage community networks to maintain and develop "Families in Recovery" groups with a specific focus on support and skills development related to parenting and issues of interest to families affected by chemical dependency.

- **Supporting Recovery Management Services** – Promote the delivery and evaluated of evidence-based recovery management services for youth and families in community-based programs and treatment agencies. Services would enhance skills to prevent relapse and promote recovery.

Objective B:

- Encourage initiatives to increase availability of supportive housing for patients pre-, during, and post-treatment

Strategies:

- **Creating a Housing Technical Assistance "Toolbox" –** Put together from a single source a resource guide for providers, counties, housing authorities, and others who are interested in creating supportive housing options for individuals impacted by substance abuse, and effectively disseminate this information to communities.

- **Supporting Oxford Houses –** Provide support for the development of more Oxford Houses through use of a revolving start-up fund, and through contracts with Oxford House, Inc.

Goal 5: Ensure an adequate, diverse, and competent workforce capable of meeting the substance use-related needs of Washington residents.

Objective A:

- Ensure the supply of chemical dependency professionals (CDPs) is sufficient to meet the substance-use related needs of individuals and communities.

Strategies:

- **Determining Treatment Capacity –** Systematically survey and assess chemical dependency treatment programs to determine the number of CDPs needed to provide for the treatment needs of all treatment populations, including youth, aging, disabled, co-occurring, and minority populations.

- **Developing Recruitment Strategies –** Identify resources and implement plans to recruit a sufficient number of CDPs to meet ongoing treatment needs.

- **Developing and Implementing a Comprehensive Prevention Workforce Development Plan –** Develop identifiable career pathways for recruiting individuals into the prevention field, and implement strategies to provide advanced knowledge and skills development for experienced prevention providers.

- **Providing Tuition Waivers for Eligible Students Seeking to Become Chemical Dependency Professionals –** Work with two- and four-year colleges to identify students who desire to enter the substance abuse field, and provide tuition waivers to assist them.

- **Coordinating with the State Workforce Development Board –** Help design and coordinate activities promoting the substance abuse field as a profession.

Objective B:

- Ensure the ongoing competency of the workforce delivering substance abuse-related services.

Strategies:

- **Sponsoring Four Substance Abuse Prevention Specialist Trainings Per Year** - Work with the Western Center for the Application of Prevention Technologies to provide up-to-date training in evidence-based best practices.

- **Supporting the Washington State Prevention Certification Board –** Market the Certification Board's testing and certification process, and contract with the Board to provide an updated list of current certified prevention personnel.

- **Actively Pursuing and Disseminating New Research Findings on Evidence-Based Programs, Practices, and Policies** – Through arrangements with the Western Center for the Application of Prevention Technology, maintain a

website with current information and promote its use in provider contract guidelines, as well as hosting trainings to share new research findings.

- **Including Community Prevention Training Funds in County Contracts –** Promote the use of evidence-based practices by providing training funds for providers through contracts with counties.

- **Identifying Training Needs –** Periodically survey and assess training needs identified by the chemical dependency prevention and treatment workforce.

Objective C:

- Identify ways to increase the competitiveness of wages and benefits paid to chemical dependency counselors.

Strategies

- **Providing Current Wage and Benefit Information to Treatment Providers and Policymakers –** Conduct statewide surveys of treatment facilities to assess salary levels for chemical dependency counselors based on factors such as geography, education, experience, and employer characteristics, and make such information publicly available.

- **Exploring the Use of Dedicated Funding Allocations for Wages and Benefits –** Investigate the possibility of separating out DASA funding allocations for treatment providers so that a specific percentage is assigned to chemical dependency professionals' wages and benefits.

Objective D:

- Ensure the workforce is prepared to deal with innovations related to medications-assisted treatment.

Strategies

- **Training the CDP Workforce in the Use of Pharmacological Agents -** Provide ongoing training to the current chemical dependency professional workforce to support the appropriate utilization of effective pharmacological agents as a component of comprehensive individualized treatment plans.

- **Ensuring Competency of New CDPs -** Ensure that newly certified chemical dependency professionals are competent in the appropriate utilization of effective pharmacological agents by supporting the Washington Association of Addictions Studies Educators in requiring relevant curricula, and by offering specialized training at the annual Treatment Institute and Co-Occurring Disorders Conference.

- **Measuring the Capacity of the Chemical Dependency Field -** Develop monitoring/surveying procedures and quality benchmarks related to the chemical dependency treatment workforce's ability to deal with innovations related to medication-assisted treatment.

Objective E:

- Ensure the workforce is competent to appropriately serve the needs of co-occurring, youth, disabled, aging, and minority populations.

Strategies:

- **Increasing Representation in the Prevention Workforce Reflective of High-Need Communities** – Recruit representatives of high-need communities to participate in Substance Abuse Prevention Specialist Trainings, assist them in applying to the Center for Substance Abuse Prevention Fellowship Program, and promote recruitment strategies with partner agencies and contracting agencies.

- **Providing On-Going Cultural Competency Trainings to Prevention Professionals** – Build training in cultural competency into SAPST Training four times a year, and into the annual Prevention Summit, as well as assisting in the development of cultural competency evaluation plans.

- **Ensuring Training in Cross-Agency Competency –** Develop, facilitate, promote, and/or sponsor training for chemical dependency providers specific to the populations of other DSHS Administrations and Divisions, and ensure training meets state and national standards for continuing education credits and certification requirements.

- **Monitoring Staffing Patterns in Treatment Facilities –** Conduct statewide surveys to assess how staffing patterns in treatment facilities reflect demographic characteristics of treatment population.

Objective F:

- Identify and address geographical and cultural gaps in service delivery, build prevention and treatment workforce capacity and ensure a clinically and culturally competent workforce to treat problem and pathological gamblers and their family members.

Strategies:

- **Ensuring Training in Cultural Competency for Problem Gambling Professionals -** Develop, facilitate, promote, and/or sponsor culturally competent training for mental health and chemical dependency providers specific to problem gambling, and ensure training meets state and national standards for continuing education credits and gambling counselor certification requirements.

- **Ensuring Problem Gambling Counselors from within Racial and Ethnic Minority Communities -** Assist counselors in racial and ethnic minority communities to overcome the challenges of the certification process in order to provide equitable gambling treatment services.

Key Performance Measures Reported to the Office of Financial Management			
Performance Measure	Target	Actual	Current Status
Percent of Adults Completing Residential Treatment	76%	77%	Above Target
Percent of Youth Completing Residential Treatment	62%	72%	Above Target
Percent of Adults Completing Outpatient Treatment	46%	48%	Above Target
Percent of Youth Completing Outpatient Treatment	43%	45%	Above Target
Percentage increase in targeted treatment expansion adults served	38%	28%	Below Target
Percentage increase in targeted treatment expansion youth served	3%	5%	Above Target
At least 50% of community-based prevention programs in each county are evidence-based best or promising practices.	50%	71%	Above Target
Cost offset in Medicaid expenses resulting from treatment of Medicaid clients (in Per Member Per Month dollars):	Assumed	Actual	Current Status
Medicaid Disabled - Medical Savings	$200	$295	Above Budget Assumption
Medicaid Disabled - Nursing Home Savings	$58	$58	Consistent with Budget Assumption
GA-U - Medical Savings	$119	$166	Above Budget Assumption

Reported as of April 10, 2008. Actuals are SFY 2008 cumulative through February 2008.