



**Needs Assessment  
Executive Summary 2001 - 2005**



Whatcom County  
Substance Abuse Program

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER COMMUNITY**

**WHATCOM COUNTY SUBSTANCE ABUSE PROGRAM  
NEEDS ASSESSMENT  
2001-2005 EXECUTIVE SUMMARY**

The Whatcom County Substance Abuse Program (SA Program) under the direction of the Division of Alcohol and Substance Abuse (DASA) conducts a needs assessment with ongoing updates every four years. The goal of the needs assessment is to provide a comprehensive analysis of what a community needs. Discovering and understanding those needs is imperative to implementing viable plans and programs.

The Whatcom County Health Department (WCHD) with the assistance of the Substance Abuse Advisory Board (SAAB) continuously re-evaluates the emerging substance abuse needs of our community. We seek to establish collaborations and to search for funding in order to assure as many cost-effective services as possible. The SAAB may hear about the needs of the community during board meetings by public comment or during discussion of a specific topic. Other sources of information include:

- Open Public Forums
- Surveys of clients/participants/students
- Surveys of providers/key informants
- Local/state data
- Research/literature

Much of the information for 2001-2005 was gathered in 2000; updates are made as the information becomes available.

**SUMMARY OF KEY FINDINGS**

- People who are the most severely addicted (late stage) and specialized populations often fall through cracks and fail to get or complete needed treatment services during crisis and post-crises.
- Cost inefficiencies are created when people who are assessed as needing and being eligible for state funded inpatient beds relapse while waiting to access treatment. These people must go through the process of re-qualifying for state funds. The waiting period for a bed can be a few days up to 4 months.
- Transportation continues to be a significant barrier for many individuals attending outpatient treatment. People in rural communities find it particularly difficult getting to and from a treatment program that meets 3 or 4 times each week.
- The continuum from prevention services through treatment continues to have gaps in services for youth.

- Housing issues continue to plague people with substance abuse problems.

Other factors, which should be taken into account:

- Youth require specialized services; the continuum of services may contain even more gaps than the adult continuum.
- Research demonstrates an association between staying in treatment longer and successful treatment outcomes. Treatment retention rates range from 50-70 percent and success requires more targeted efforts, such as training and case management.
- Newly developed outreach services are a key to the treatment continuum and should be monitored for successful outcomes in getting people into chemical dependency services.
- Treatment utilization waxes and wanes in various service categories. Treatment resources must be expanded while being enhanced as providers shift from “low reimbursement” services (i.e. inpatient treatment and recovery houses) to other services (outpatient)
- Prevention efforts have more than doubled in the last year, but more wrap-around efforts targeted at high-risk kids needs to be initiated.
- Development of Crisis Triage Service requires ongoing collaboration of the SA Program with criminal justice, law enforcement, mental health, and others.
- Research and training to provide countywide outcomes is necessary.

## **SUMMARY OF RECOMMENDATIONS**

### **Outreach and Support**

Many of the specialized populations previously mentioned—IV drug users, the chronically chemically dependent, those with mental illness, pregnant and parenting women, youth, the elderly, and some minorities—lack good access to treatment. Outreach services provide just one more piece of the puzzle in building an effective continuum of care.

Whatcom County now has five new outreach projects. All projects are designed to utilize effective engagement techniques for getting high-risk populations, clients who are high utilizers of other costly services, into treatment. The development of “back-door” services in substance abuse treatment is vital to the “front door” crisis triage services. The “back-door” (i.e. outreach, treatment, relapse prevention, case management, etc.) comprises the foundation for building more effective systems to manage crisis all the way through long-term recovery.

Additionally, the Whatcom County Mental Health Program and the S. A. Program have pursued some mutual endeavors of a progressive nature, which include development of homeless co-occurring disorder outreach and single delivery of services for people with co-occurring disorders.

Outreach services will make maximal use of existing services, for example, getting people into empty treatment beds. Outreach will assure that Whatcom County is utilizing available inpatient beds at full capacity, which assist with cost-effective utilization of other treatment services. Outcomes must be closely monitored to determine the effectiveness.



### **Recommendations for Outreach and Support**

- Review effectiveness of existing outreach programs
- Continue outreach programs which effectively assist people with access to treatment

### **Crisis Triage Services**

Substance-abusing, mentally ill, and developmentally delayed people often fall through the service cracks. These people do not seem to meet the very specific criteria of any one category of services. Thus they are denied case management, counseling, and other treatment services. Many of the specialized populations previously mentioned—IV drug users, the chronically chemically dependent, pregnant and parenting women, youth, the elderly, and some minorities—lack good access to treatment. Without access to treatment people are more likely to have behavioral health crises and recycle through other costly community services such as the jail and the emergency department.

Much effort has been made in recent years to explore the need for and the development of a crisis triage system. More recently, the community has rallied to fund a consultant who was responsible for data collection, analysis, and making recommendations about the need for a “triage-like system” in Whatcom County. The consultant was able to suggest a more cost-effective, treatment-based system for assisting the mentally ill and substance abusers in accessing treatment as opposed to being warehoused in the county jail or occupying beds in the emergency room. Currently, we have social detoxification contracted to a new provider and the service has relocated to a facility where mental health crisis respite service could also be housed.



### **Recommendations for Crisis Triage Services**

- Continue to develop community partnerships to promote ownership of triage services
- Develop blended resources between other programs and substance abuse
- Develop and co-coordinate committee to address systems problems

## **Treatment**

Many people have difficulty with paying for treatment services, especially, the working poor. Transportation continues to be a significant barrier to treatment for many individuals.

DASA estimates that the 72.4% of those who qualify and are eligible for publicly funded treatment services in Whatcom County do not receive them. Service utilization, which shifts constantly, is not necessarily reflective of need. Professionals in law enforcement and criminal justice indicate that non-violent offenders, 90% of whom are in need of treatment, often encounter difficulty with getting into any phase of treatment whether inpatient, involuntary treatment, or outpatient treatment. Most people have to wait 4-8 weeks residential beds.

Shorter lengths of stay for people in inpatient settings and simultaneous expansion of outpatient services are ongoing trends. Outpatient treatment serves as both an intervention to more costly inpatient services and as a “step-down from inpatient. Step-down services enable earlier reintegration of clients into the community. Involuntary treatment beds and accompanying services have been in short supply in Washington State.

Many people need a longer stay and more structure in treatment to overcome the chronic effects of substance dependence on their brains. The decompensation such clients experience makes it necessary for the proscribed length of stay to be dictated by the courts whenever there is court involvement.

Assessments and treatment for the “captive” audience of those persons who are incarcerated in the local jail are amongst the services listed by law enforcement and criminal justice personnel as badly needed. Methadone maintenance and other medication (such as naltrexone) should be more readily available to people seeking treatment for opiate addiction in Whatcom County.

The advent of a youth detoxification, crisis services, and transitional housing needs more exploration by the S.A. Program. Any addition to youth resources is an enhancement and improvement of treatment resources for youth and their families. Youth services are specialized, have separate legal and policy implications, and should be assessed separately from adults.



### **Recommendations for Treatment**

- Conduct public forum to determine gaps in treatment & prevention services for youth.
- Promote best practice/research-based models & programs for treatment
- Plan and develop service models that blend resources
- Develop enhancements and creative service alternatives for the gap between identification of need for treatment and entry to treatment
- Develop services that assist the offender population with access to and retention in treatment

## **Community Education and Prevention**

Information concerning treatment services available in our community must be made available to Whatcom County citizens and social service providers. We need to spread the word about the increasing costs (social, financial, and otherwise) associated with substance abuse. We need to work collaboratively towards decreasing the costs for the individual and the community. Brochures and media campaigns may need to focus on available resources and on spreading information about low-income eligibility. (More efforts toward the prevention of substance abuse have aided high-risk kids.)

The results of this past key informant survey reflect a higher commitment for overall family services than in the past. Both as a form of intervention and as a method of treatment, family programs are the missing link in treatment programs, inpatient and outpatient. There is ample literature on the effectiveness of comprehensive family programming for the chemically dependent person.

Whatcom County must make greater strides towards a commitment to a full continuum of care from prevention through intervention and into treatment. Parents in treatment provide the best access to youth at risk. Coordination and collaboration between prevention programming and treatment programming can provide a more progressive and holistic method of assisting families in healthy development. The S.A. Program should work towards seeking funding for family programs for both youth and adults.

Methamphetamine use is more pervasive than in the past. More prevention programming is needed, including resource information on methamphetamine prevention and treatment. More best practice and innovative programming which addresses a range of targeted risk factors should be implemented. More intervention programs in schools are needed.



### **Recommendations for Community Education and Prevention**

- Assess the breadth & availability of existing community prevention resources
- Develop best practice programming or other effective programs
- Develop programs which link prevention & treatment
- Continue participation on Methamphetamine Action Team
- Review outcomes for existing programs to determine effectiveness
- Educate community about prevention resources
- Establish an electronic message board where board members can discuss current issues between meetings

## **Support Services**

### **Case Management Services**

Outreach certainly is an effective tool, but one that must be followed by case management, whereby, high-risk individuals receive more one to one attention in efforts to keep them in treatment. Traditional substance abuse treatment services have not included case management. Drug Court is the only area where case management services are in place.

Research shows that longer lengths of treatment are associated with more successful outcomes. It is widely recognized that the best way to assist clients with completing their entire program is by providing more one on one advocacy and support, such as case management. This does not necessarily mean requiring longer treatment stay, but it does mean assisting people with completing the entire recommended treatment program.

DASA has indicated that one of its objectives for 2001-2005 is to improve treatment completion rates. Whatcom County cannot afford to ignore this problem any longer. To that end, DASA Regional Managers will engage their counties in serious discussions for the upcoming biennium about quality improvement issues about improving treatment completion rates for the substance abusing population.

The S.A. Program should consult with research professionals and develop tools for countywide outcomes and research. Such tools could help assess characteristics of people most likely to drop out of treatment. Case management programs should be funded to support ongoing progress in treatment and recovery. The S.A. Program with its subcontractors will simultaneously undertake the collaborative development of treatment retention protocol while researching state of the art practices.



### **Recommendations for Case Management Services**

- Establish baselines for treatment retention
- Plan methods and activities to enhance treatment retention
- Explore resources to enhance this service

### **Vocational Services**

Vocational Services and training are huge barriers for non-violent offenders and non-offenders. This clientele often has little or no education and few resources to rely on. Without basic vocational guidance they will remain unemployed, underemployed, and at risk for re-offense. Effective treatment services must include access to vocational services.



## Recommendations for Vocational Services

- Develop services that include an emphasis on and access to vocational services

### Pre-Treatment Shelter

One of the major gaps in services may be directly related to the lack of state funded beds for inpatient treatment. Inpatient beds are costly and there are too few of them throughout the state. This lack of beds leads to a bottleneck of people waiting to begin treatment. The result of this bottleneck is that the hardest or most self sufficient clients get into treatment while those with the most severe addictions fight ongoing deterioration of health, social, economic, familial, and occupational functioning. The wait can be even longer for people with co-occurring disorders; few treatment agencies will accept people with chronic mental illness.

The expense and limited number of state funded beds shows the need for a more comprehensive examination of the gap between identification of need for staffed beds/shelter/housing and availability of state-funded beds (ADATSA). The wait can be 1 week to 2 months long. Sometimes, for folks with co-occurring disorders, the wait is 4 months for a bed.

Inpatient beds are an expensive proposition. Inpatient beds are reimbursed directly from the state, and inpatient providers must accept clientele from all over the state. Also, due to the psycho-educational nature of treatment, a relapsed person cannot be admitted to treatment without detox, which often means the loss of that inpatient bed to someone in another county. This creates cost inefficiencies in the system.

Our local detox staff estimates that 9 people a month could utilize interim shelter. The local hospital is regularly filling hospital beds with overflow from detox. Those figures are not representative of all people who are waiting for inpatient state funded beds. Some people who are approved for ADATSA wait for beds without entering detox. In 2001, 81% or 348 out of 431 people in Whatcom County waited 15 days or more for an ADATSA bed. The median wait was 31-60 days.

The S. A. Program convened meetings with detox staff, DASA staff, and a potential housing provider to develop pre-treatment housing components. Staff participation on the Homeless Coalition has broadened the network of people who understand the problems of substance abusing people.

Discussions with the City of Bellingham Office of Neighborhoods and Community Development must evolve in the next couple of years. More research will assist in the development of “best practices” with regard to sufficient support for closing

this gap in our continuum of care. Research on funding sources for pre-treatment beds/shelter is currently being conducted by the administration.



### **Recommendations for Pre-Treatment Shelter**

- Develop partnerships with the city and the Whatcom County Homeless Coalition
- Collaborate with other shelter and low income housing partners
- Explore and develop creative housing options for people waiting for residential beds

### **Post-Treatment Housing**

It has long been recognized that, although there are some post-treatment options for housing within the substance abuse system, housing is insufficient both in terms of the number of people needing it and for intensity of need. Many people, especially those in the chronic stages of alcoholism and other drug addiction, are only beginning to recoup brain and other functions after 10-30 days of treatment.

Building new neuronal pathways or re-engaging the old ones takes time and repetition, which requires support. Research indicates that meeting housing needs leads to improved retention of people in treatment. The lack of post treatment housing means people have insubstantial time to become stable, viable, productive members of society.

Transitional housing of a supported nature for up to 18 months is available to pregnant and parenting women. Oxford Houses are a valuable resource for our community, but more houses are needed (privately owned, democratically run). Other more supportive housing, such as Recovery Houses (60 day stay) are in short supply.



### **Recommendations for Post-Treatment Housing**

- Develop partnerships with the city and other housing resources
- Continue participation on the Whatcom County Homeless Coalition
- Develop creative options for post-treatment housing

## Research & Training

Treatment efforts should be outcomes-based and supported much the way prevention programs are already, however, this means that Whatcom County may need to supply its own funding for researching and designing a county-wide way of tracking treatment outcomes. The state continues to support efforts to track prevention outcomes and is developing similar resources for treatment. Still actually securing good, comprehensive outcomes is a year or two away. In the meantime, Whatcom County will need to support ongoing enhancements to treatment and prevention services while simultaneously expanding capacity.



### Recommendations for Research & Training

- Seek consulting to develop community-wide treatment outcomes
- Develop county-wide outcomes-based service models