



Benton Franklin Counties Human Services Strategic Review Final Report

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Benton – Franklin Counties Human Services Strategic Review
Final Report
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Benton – Franklin Counties Human Services Strategic Review Executive Summary

Clegg & Associates worked with Benton and Franklin Counties' Department of Human Services to review its mental health, substance abuse, and developmental disabilities service provision strategies and to compare Department service delivery, administration, funding, and staffing with other counties in Washington. The Human Services Strategic Review provided the opportunity to identify ways the Department could improve its effectiveness and strengthen service to Benton and Franklin County residents.

Counties across the state have found that there is no single right way to provide mental health, substance abuse, and developmental disabilities services. There is great diversity in how human service departments are structured and managed. A major decision faced by counties in Washington is whether to provide services directly or contract with community-based organizations for service delivery. Many opt for a mix of direct and contracted service provision. Advantages for providing services directly include the ability to maintain control and accountability to the public, a reduction in potential conflicts of interest by community-based providers, and efficient use of available funds. Potential advantages of contracting for service delivery include increased flexibility and a possible reduction in costs from lower pay scales.

Availability of funding and human services capacity are closely related and critical to providing needed services. Benton and Franklin Counties provide funding to the Human Services Department that is roughly in proportion to their respective share of the service populations. Residents of the two counties also receive proportionate shares of service. In addition to a relatively equitable funding and service split, the Counties achieve economies of scale by working together. As is true of many other counties interviewed for this review, most of Benton and Franklin Counties' human services funding comes from the federal and state government. Only 2% of the Department's 2007 budget comes directly from county-only funds, property and excise taxes. This is more than some of the other Washington counties included in this review, less than other counties. Benton-Franklin Counties per capita spending on human services is \$1.63, lower than the other counties studied.

Limited funding is reflected in a lack of staffing capacity. Currently, the Department's administrative staff is very small in comparison to other counties included in the review and its administrative costs, at 5% of the Department's budget, are considerably lower than most of the other counties studied.

Trends evident in the counties and Washington State departments interviewed in the Human Services Strategic Review, and within the state and national promising practices literature, emphasize the importance of service integration, collaboration, and attention to accountability and performance measurement.

Service integration is increasingly used as a strategy for more effective and comprehensive service delivery, particularly for dually-diagnosed clients, and in light of the many connections between the criminal justice, mental health, and substance abuse systems. Service integration can be promoted through collaboration and cross-training for staff, advisory boards, and community-based organizations and through joint work on planning and service improvement projects. The Benton-Franklin Counties United Way, which is currently engaged in a human services planning initiative, should be a key partner in these types of efforts. Collaborating with local and state housing planners and funders also will help the Counties take advantage of available funding for housing and services for at-risk populations.

Benton and Franklin Counties have a strong and broad network of community-based service providers, which the Department will need to engage in designing best practice service systems. There are also opportunities for better integration within the Human Services Department, including restructuring the Crisis Response Unit and Substance Abuse Assessment Center to provide integrated mental health and substance use services in accordance with best practices.

Accountability and performance measurement are critical in understanding whether services are adequate and effective for the populations served. Currently, the Human Services Department does not have access to sufficient data to ascertain whether programs are effective. The Department would benefit greatly from improved data management systems. This also could move the Department to outcome-based contracting with its community providers, and when accompanied by closer monitoring and contract enforcement, would improve accountability to Benton and Franklin Counties' governments and the public.

In addition to integration and performance measurement, improvements identified in the review include:

- Implementation of the Program for Assertive Community Treatment (PACT) team
- Continued work to establish a Mental Health Court

- Assistance to local providers in adopting practices based on recovery and resiliency models
- Closer work with the Health Department to promote substance abuse prevention with local service providers, health care practitioners, schools, and other community agencies

Ultimately, making improvements in human services delivery will help keep Benton and Franklin Counties' residents out of more expensive venues, such as jails, emergency rooms, and inpatient facilities, and will save money as people are diverted to appropriate services. The hiring of a new director for the Department presents an opportunity to make the improvements identified in the Human Services Strategic Review and to strengthen the Department and its functioning. The Department will need to add staff capacity in order to implement the needed improvements in service system planning, program development, outcome-based contracting, quality assurance, and contract monitoring. Strong leadership will be needed to add and manage new capacity, integrate services, increase accountability, and improve service delivery.

Background

During the fall of 2006 the Benton Franklin County Department of Human Services (the department) engaged Clegg & Associates to provide an independent perspective on the department's operations, funding, and services. The purpose of the review was to paint a clear picture of the department's current status, to compare it to the approaches other county human services departments are taking, and to create a foundation for strengthening the department over time. Specifically, the scope of work for the strategic review included the following elements:

- Analysis of the department's current functioning and budget, position and relationship to other county departments and external agencies, including those responsible for developmental disability, mental health and substance abuse services
- Identification of the department's short- and longer-terms needs, opportunities for collaboration, and potential improvements
- Exploration of the funding allocated and the services used by Benton and Franklin Counties to determine whether each jurisdiction is contributing its share of resources relative to the services used by their populations
- Description of the approaches three comparable counties are taking (the review actually includes four) in structuring, staffing, and financing their human services efforts, including the extent to which these counties integrate their mental health, substance abuse, and developmental disability services
- Inclusion of current trends and promising practices regarding service delivery for developmental disability, mental health, and substance abuse programs and services

In addition to the strategic review, the commissioners asked Clegg & Associates to conduct the follow-up system design work on three recommendations included in Anne Strode's February 2006 report. These recommendations, adopted by the Benton/Franklin Mental Health Advisory Board in May 2006, include development of implementation strategies to improve services in three areas of the local mental health system: crisis response; case management; and residential opportunities (housing). Clegg & Associates is currently conducting this work and will report on it at a later date.

Approach

Clegg & Associates began the Human Services Strategic Review for Benton-Franklin Counties by conducting multiple interviews with Benton County Commissioners Benitz, Bowman, and Oliver, and Franklin County Commissioners, Corkrum, Koch, and Miller. The purpose of these interviews was to ensure that the project included exploration of the issues of greatest concern to the Commissioners. Clegg & Associates staff also met with staff from the Benton-Franklin Department of Human Services and conducted interviews with members of the Mental Health, Substance Abuse, and Developmental Disabilities Advisory Boards to learn about their perspectives and any questions or issues they felt ought to be examined. Other conversations included community-based providers contracted for mental health, substance abuse, and developmental disabilities, the President of the United Way of Benton-Franklin Counties, staff from the Benton-Franklin Counties CAC, and health planning staff.

Research for the Human Services Strategic Review included an examination of promising practices in Washington and elsewhere in the country on mental health, substance abuse, and developmental disabilities services, along with the Washington State legislative mandates that determine county responsibilities for service delivery in these areas. A copy of the mandates is included in the Appendix.

In order to learn more about options and viable strategies for human services delivery in Washington, Clegg & Associates also conducted interviews with eight counties regarding their human services programs, administrative structure, funding, staffing, contracting, and integration of services. Benton and Franklin County Commissioners and Jean Wessman from the Washington State Association of Counties made suggestions of counties that might provide reasonable comparisons to the Benton-Franklin Department of Human Services (DHS). The counties included Clark, Island, Okanogan, Thurston, Snohomish, Stevens, Walla Walla, and Yakima. From these eight, Clegg & Associates selected four counties as “profile counties” for research on services, administration, budgets, and staffing.

County Human Services

Counties in Washington respond to the State's legislative mandates for mental health, substance abuse, and developmental disabilities with widely differing arrays of services and programs within their human services departments. No single model is typical. What is clear from discussions with the directors of the eight counties selected is that decisions about the nature and quantity of services each county takes on are driven not just by the mandates. Nor are the decisions necessarily determined by the size of the county or its population. Two factors appear to influence the extent to which a county supports a narrow or more comprehensive array of services:

- First is whether there is a strong commitment by one or more county commissioners to addressing community human services needs in general or a particular interest on the part of one or more commissioners in tackling a specific mental health, chemical dependency, or developmental disabilities issue.
- Second is whether the director of the associated department is an individual with a strong vision related to human services, the leadership needed to move this vision into action and build a comprehensive continuum of services, and a desire to pursue cutting edge practices in human service delivery.

Other factors mentioned by the directors were specific to their particular situations, such as:

- The desire to be in control of services and accountable to the public — to keep close tabs on the quality and consistency of services given the current environment of change and regulation, and thereby, manage possible risks associated with service delivery.
- The availability (or lack thereof) of strong service providers in the community.
- The need to address the potential conflicts of interest that can arise with community-based providers in terms of clients' pathway through the service system.
- Efficient use of available funds and the economies of scale derived from using integrated administrative functions to cover a wider variety of programming.
- The existence of a very strong and responsive RSN that is better able to manage the mental health service responsibilities of a very small county.

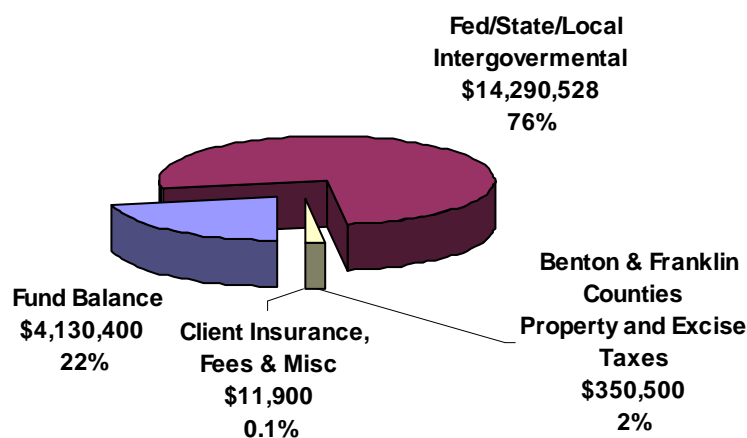
Human Service Program Funding

The amount of funding counties have available to support human service programs is determined first by the funding available from federal and state resources and monies designated by law for specific purposes, such as Liquor Board excise taxes, a portion of which is designated for substance abuse services. Washington State uses somewhat differing approaches to determine county funding levels for mental health, substance abuse, and developmental disabilities. Population and percentage of Medicaid eligibility are the primary factors considered. Other factors incorporated into funding formulas may include the percentage of youth vs. adults, funding history, enrollment and need, and available monies.

Counties differ widely in terms of their commitment of resources beyond those granted through these State formulas. Some counties do not contribute any locally generated funding, such as real estate, property, or excise taxes; others contribute a small proportion of such funding. Counties with more comprehensive human services systems go well beyond the mandates and formula funding with larger commitments of locally controlled funds and often the pursuit of grant monies for demonstration projects or special initiatives. Communities with these progressive human service agendas often have well developed human service plans, created with input from consumers, providers, and other community members, to guide their policies, program decision-making, and allocations.

The chart below shows the Benton-Franklin Counties Department of Human Services revenue sources for 2007. Benton and Franklin Counties contribution to the budget represents two percent (2%) of the Department's total resources.

**Benton-Franklin Counties Department of Human Services
2007 Revenues = \$18,783,328**



One way to look at counties' human services funding is on a per capita basis. Based on the revenues available and the populations of the two counties, Benton and Franklin Counties spend a total of \$83.01 per capita to support human services. The vast majority of this amount comes from federal and state sources. When looking at direct county funding alone (property and excise taxes), Benton and Franklin Counties spend \$1.63 per capita.

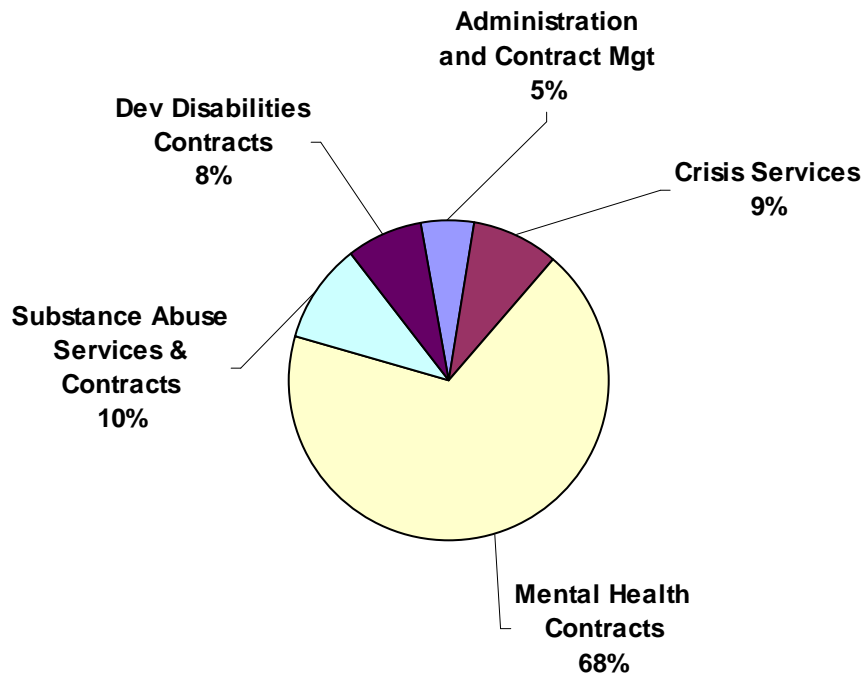
A concern arose during 2006 regarding the sizable fund balance in Benton-Franklin Counties' DHS budget. While the way in which the State's managed care approach to funding mental health services makes it prudent to establish a reserve to assure funds are available when needed, a comparison to the four profile counties (described in greater detail in the following pages) indicates that DHS' fund balance does constitute a larger proportion of its budget than is true for three of the four profile counties. Spend down of that reserve by DHS has been underway since the fall of 2006, using an agreed-upon plan that utilizes the monies to fund key services.

Human Service Department Capacity

Given the differences in programming and funding in each county, it is no surprise that there is no one model for how county human services departments are structured or how they manage their responsibilities for administering mental health, substance abuse, and developmental disabilities programs. It is clear that those counties with more comprehensive service packages have greater capacity within their departments, higher overhead, and more staff to handle the functions of planning, program development, funding, grants management, and coordination of services.

Staffing for human services in Benton-Franklin County includes eight staff in administration for mental health/substance use/development disabilities, 18 for crisis response (including administration for the crisis response unit), and six for the substance abuse assessment center. Most of Benton-Franklin Counties Department of Human Services budget is allocated to contracts with community service providers, with just five percent (5%) of the budget allocated for administrative and contract management purposes, as shown in the following chart.

**Benton-Franklin Counties Department of Human Services
2007 Expenditures = \$17,855,591**



Service Integration

One question of interest for the Strategic Review was the integration of services within human service departments. The hope was that a more integrated human service delivery system within Benton-Franklin Counties DHS could help overcome the disjointed nature of the current human service system in the area. The review of other counties showed that integration of mental health and substance abuse is occurring around the state. While people agree there is a need to coordinate better for dually-diagnosed clients (mental health/developmental disabilities and substance abuse/developmental disabilities), developmental disabilities services are better aligned with aging and long-term care programs, as the issues are more similar between these two fields. Information on specific ways counties have approached integration is included in the county profiles that follow.

County Profiles: Service Delivery, Funding, Capacity, and Organization

The profiles of the four counties in Washington shown in the following pages — Snohomish, Thurston-Mason, Walla Walla, and Yakima — demonstrate the different choices about human service delivery each has made. The profiles describe the services the counties provide, what services they contract out, how many clients they serve, how much discretionary funding they provide from county sources to augment services beyond state mandates, and how they organize and distribute their funding and staff. A profile for Benton-Franklin County is included as well, summarizing data provided elsewhere in this report.

Snohomish County Human Services

Population: 671,800

Services

Snohomish County's human services department provides a wide array of services, including:

Mental Health: Involuntary treatment, jail mental health workers and CSO mental health liaisons, contract monitoring for community-based treatment services, and planning for and development of new mental health programs. The North Sound Mental Health Administration provides for vocational rehabilitation, residential placement, community support, and crisis response services to persons with mental illness.

Alcohol & Other Drugs: Management of contracted alcohol and drug treatment services for indigent and low-income alcoholics and addicts, substance abuse assessment, sub-acute detox, prevention services, and information services on Driving Under the Influence through victim panels, school assemblies, driver's education classes, and the Evergreen State Fair.

Developmental Disabilities: Birth to 3 Early Intervention, Career Path Services Introduction, Citizen Advisory Board, Community Partnerships, Gateway Parent Support, High School Transition Coordination, and Information and Education.

Other Services: The Department also provides or manages Case Management services, the Community Action Partnership (which includes such programs as energy assistance, weatherization assistance, veterans services childrens services, family support centers and the Community Services Block Grant), Early Childhood Education, Long Term Care & Aging, Housing, Homelessness and Community Development, and the WSU Extension program.

Staffing

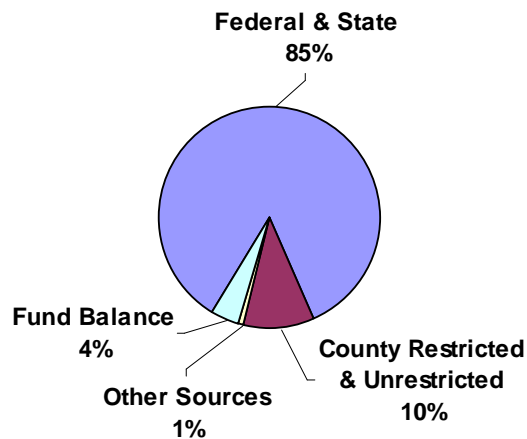
Snohomish County’s human services department staffing includes:

- 21.7 FTEs in administration/planning/grants management for mental health, substance use, and developmental disabilities
- 15.4 FTEs in crisis response
- 8.5 FTEs in direct substance abuse services

Funding

Total 2007 Snohomish County Revenues	\$904,919,848
2007 General Fund Revenues	\$202,978,130
2007 Human Services Budget	\$69,356,129
Mental Health, Substance Abuse, and Developmental Disabilities funding	\$17,113,400

**Snohomish County Human Services Department
Mental Health, Substance Abuse & Developmental Disabilities
2007 Revenues
\$17,113,400**

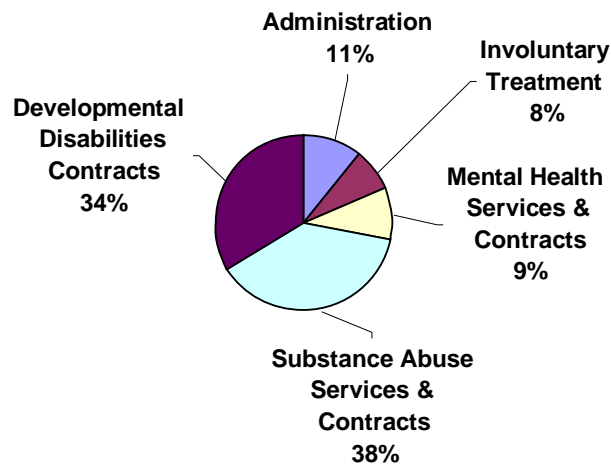


Like most counties, the majority of Snohomish County’s revenues for human services come from federal and state sources. However, a larger percentage (10%), as compared to the other counties profiled for the Human Services Strategic Review, is derived through County restricted and unrestricted sources.

Snohomish County’s per capita spending for human services appears relatively low at \$25.47 in comparison to some of the other counties profiled. This is because mental health treatment funding is administered directly by the North Sound Regional Support Network rather than the County. Per capita spending of county only funds (both restricted and unrestricted) for human services is comparatively higher at \$2.56, helping to support services that go beyond the minimum mandated by the state. County unrestricted funding is also used to support programs unique to Snohomish County, such as the Office of Children’s Affairs and Project Self-Sufficiency, and to support the CAP administrative costs.

As shown below, Snohomish County allocates a comparatively large percentage of human services funding for substance abuse services and contracts and developmental disabilities — again, funding for mental health treatment goes through the RSN, making its portion of the budget smaller than is true for the other profile counties.

**Snohomish County Human Services Department
Mental Health, Substance Abuse & Developmental Disabilities
2007 Expenditures
\$17,113,400**



Service Integration

The Snohomish County human services department strives for integration, efficiency, and quality improvement with centralized planning, MIS, operations, fiscal, and clerical support. It is increasing integration across its service areas and to support service integration, the County is hiring a new manager for a joint mental health/substance abuse division and blending staff responsibilities. Efforts to support coordination and collaboration at the staff and advisory board levels include but are not limited to:

- Joint meetings for staff, as well as informal conversations
- Shared membership between advisory boards
- Quarterly meetings with the Director for the chair and vice chair of all advisory boards
- Joint legislative agenda
- Joint work on projects
- Integrated crisis triage

Data verified by Janelle Sgrignoli, Director, Snohomish County Human Services Department, 2/27/07

Thurston-Mason Counties Social Services

Population: 224,099

Services

Social Services is part of the Thurston County Public Health Department and provides services in both Thurston and Mason Counties:

Mental Health: All services are contracted out, including involuntary treatment, individual treatment, group treatment, case management, and a variety of support programs. The department is contemplating taking back crisis response services from the community-based provider.

Substance Abuse: All services are contracted out, including: involvement treatment, medical detoxification, drug courts, ADATSA assessment, adult and youth outpatient assessment and treatment, pregnant/parenting women's outpatient treatment, opiate treatment, outreach/case management to aging/nursing home populations, intensive case management services for high service utilizers; prevention, monitoring, and outpatient and stipend management. Residential treatment is handled by the State Division of Alcohol and Substance Abuse.

Developmental Disabilities: All services are contracted out, including employment, community access, and supportive services to adults and their family members.

Staffing

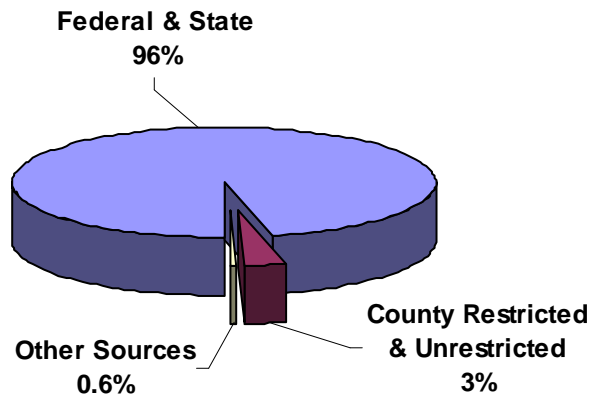
Human Services Department staffing:

- 17.75 FTEs

Funding

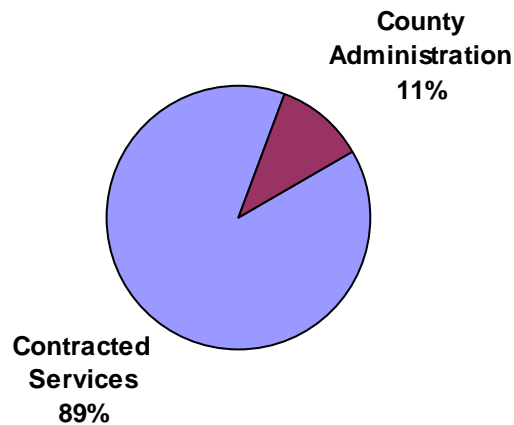
Total 2007 Thurston County Revenues	\$431,627,453
2007 General Fund Revenues	\$74,630,391
2007 Social Services Budget	\$28,006,157

**Thurston-Mason Counties Social Services
2007 Revenues
\$26,818,290**



County contributions to the budget represent three percent (3%) of the Department's total resources. Thurston-Mason Counties' per capita spending on human services is \$97.00, with \$3.05 per capita in county-only funding. Data were unavailable on the funding breakout for mental health, substance abuse, and developmental disabilities; however, the budget provided information on the administrative functions of Social Services as distinct from contracted services as shown below.

**Thurston-Mason Counties Social Services Department
2007 Expenditures
\$28,006,157**



Service Integration

Services for mental health, substance use, and developmental disabilities are all separate, but there is communication and sharing of administrative functions across the three areas.

Advisory Boards are all separate. The Evaluation & Treatment facility in Thurston County is for mental health services only, but the local community hospital has both a substance abuse detoxification unit and a psych unit.

Data on substance abuse services verified by Donna Bosworth, Chemical Dependency Program Manager, Thurston County Public Health and Social Services Department, 2/27/07

Data on mental health and developmental disabilities services not verified by Thurston County: as of 3/1/07

Walla Walla County Human Services

Population: 57,501

Services

Mental Health: The County provides all mental health services, including crisis response and involuntary treatment, mental health treatment, and jail liaison services. Crisis services were previously delivered through a community-based provider; however, the County began providing this service in 2003.

Substance Abuse: The County provides some prevention education and coordinates the program through which most prevention services are subcontracted. The County contracts with a community agency that provides substance abuse assessments and treatment.

Developmental Disabilities: The County provides Parent to Parent and some family coordination services and contracts for employment-related services for working age adults, and community access services for older adults with developmental disabilities.

Public Services and Community Development: In addition to providing services to the three primary target populations, the Department of Human Services administers several grants which funds public services and community development activities. These are delivered under contract by various community agencies, and are relevant to the populations the Department serves.

Staffing

The Department of Human Services has 53 FTE, distributed between the programs as shown below:

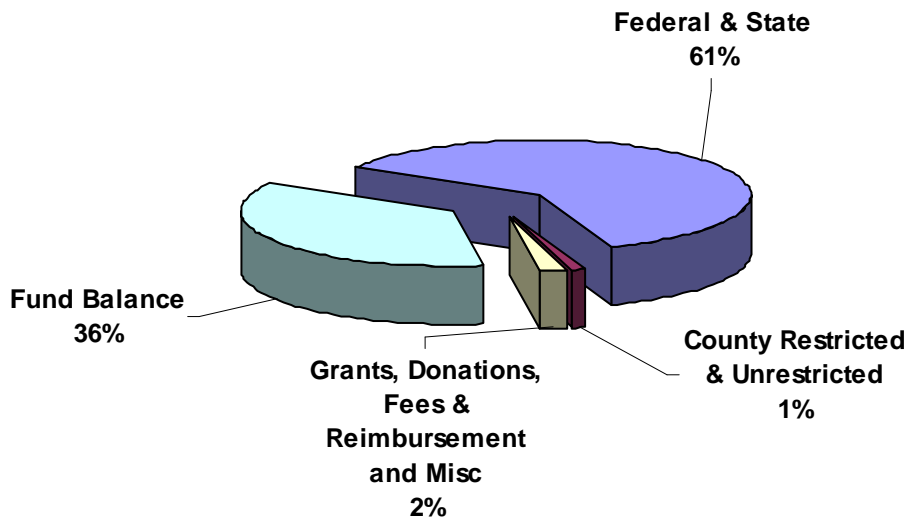
- 41.25 FTEs for Mental Health: Direct service delivery – Crisis Response Unit, Children’s Services, Adult/Elder Services; Clinical process support; Clinical and grant management
- 1.75 FTEs for Substance Abuse: Prevention education and prevention program coordination; Grant/contract management

- 1.75 FTEs for Developmental Disabilities: Program coordination and grant/contract management
- 8.25 FTEs for General Administrative: Administration; Financial management and bookkeeping; Non-Clinical grant/contract management; Compliance auditing; Office support

Funding

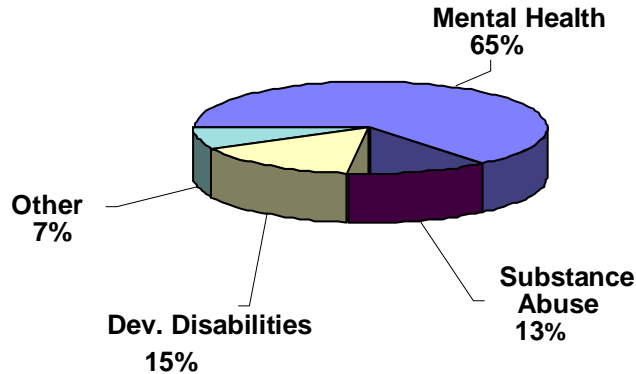
Total 2007 County Revenues	\$61,378,927
2007 County Current Expense Revenues	\$14,093,260
2007 Human Services Budget	\$8,455,630

**Walla Walla County Human Services Department
2007 Revenues
\$8,455,630**



The Department of Human Services is funded almost exclusively by State and Federal grants. Funding for Mental Health Services is provided on a capitated basis, while all other services are fee-for-service. Walla Walla County’s contribution to the human services budget is one percent (1%) of all resources available to the Department. The County’s total per capita human services funding is \$147.05, with \$1.75 per capita in county-only money.

**Walla Walla County Human Services Department
2007 Expenditure Budget
\$5,386,752**



More than half (65%) of the current expenditure budget is for Mental Health services, with costs for Substance Abuse and Developmental Disability services at 13% and 15%, respectively, of the total budgeted expenditures. Slightly over 3 million of the 8.5 million included in the 2007 budget is designated as the Ending Fund Balance, which is reserve funding rather than funding for current expense. The reserves are comprised primarily of:

- (1) Restricted - use advances provided by the State to assure that funding is sufficient to continue service provision while the Department awaits payment for prior billings,
- (2) Restricted - use special funding received for specific projects but not yet expended, and
- (3) Savings achieved in prior years under capitated Mental Health contracts, and restricted for Mental Health service delivery in the future.

Service Integration

The County's central role allows for collaboration in the delivery of services to residents requiring multiple types of service. Additionally, the Crisis Response Unit uses an integrated service delivery model to better address the needs of those in crisis, particularly the growing population of those who struggle with both mental illness and chemical dependency. When the Human Services Department began providing mental health services in-house, it concurrently integrated mental health and substance abuse crisis response. The integration of crisis services for mental health and substance abuse served to reduce disagreement and confusion about who was responsible and how best to proceed with services.

Data verified by Sharon Saffer, Director, Walla Walla County Department of Human Services, 3/7/07

Yakima County Human Services

Population: 229,302

Services

The County provides the administrative functions of planning, program development, and financial and grants management for mental health, substance abuse, developmental disabilities, and veteran's services through its Community Services Department.

Mental Health: Mental health treatment services are contracted out through community-based providers. Yakima County recently took involuntary treatment services back from a contracted provider.

Substance Abuse: Services provided through the County's Assessment and Referral Center include diagnostic assessment, treatment placement, case management and treatment monitoring, transportation brokering for out-of-county placements, support for drug court, and urinalysis for Superior Court, Department of Corrections, and Division of Children and Family Services. Substance abuse treatment is provided through community-based agencies.

Developmental Disabilities: All services are contracted out through community providers.

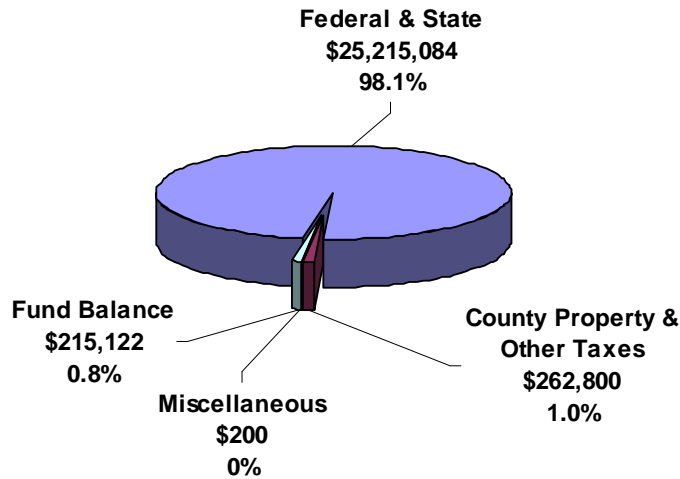
Staffing

- 9.85 FTEs for Community Services
- 14 FTEs for the Assessment and Referral Center

Funding

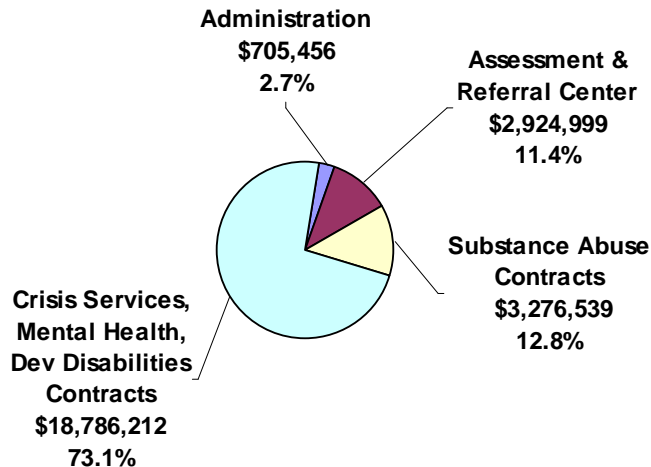
Total 2006 County Revenues	\$185,233,638
2006 County General Fund Revenues	\$60,225,900
2006 Assessment and Referral Center Budget	\$6,201,538
2006 Community Services Budget	\$3,359,936
FY 07 Mental Health Contract Funds	\$16,131,732

**Yakima County Assessment & Referral Center, Community Services,
and Mental Health Contracts
2006 Revenues
\$25,693,206**



Yakima County’s contribution to human services is one percent (1%) of available resources. Using the 2006 budget figures, Yakima County’s total per capita funding for Community Services and the Assessment and Referral Center was \$147.05 for human services, with \$1.75 per capita from county-only sources. Administrative costs, as represented by the non-contracted budget for Community Services, accounts for almost three percent (2.7%) of the combined budgets for Community Services and the Assessment and Referral Center.

**Yakima County Services
2006 Expenditures
\$25,693,206**



Note: 2006 expenditures do not reflect the shift of crisis services from a community contract to the County

Service Integration

Everything is designed with integration in mind as a means to deliver cost effective and more efficient services, including integration of housing and homeless-related services. Yakima County builds service integration into contracts with its service providers, helping to build better coordination and service delivery.

Budget data verified by Yakima County Treasurer's Office and Grants Management Department, 6/20/07

Benton-Franklin Counties Department of Human Services

Population: 215,099

Services

Benton-Franklin Counties' Department of Human Services provides:

Mental Health: Inpatient treatment, outpatient treatment, clubhouse (work opportunities, social activities, support, and consumer involvement opportunities), case management, wrap-around services for children and youth that involve families and schools such as CHAP (Children's Hospitalization Alternatives Program) Three Rivers Wraparound, and SWIFT (Stabilization and Wellness in Families Together), all provided through contracting agencies. Crisis response services are provided through the Department.

Substance Abuse: Assessment and referral provided through the Assessment Center operated by the Department, detoxification provided through a local community-based provider, treatment services provided through contracted agencies and onsite at the Benton County Jail, and parent and school-based prevention programs provided by contracted agencies.

Developmental Disabilities: Pre-vocational and employment preparation, group-supported employment, individually-supported employment, community access (social activities), and early childhood development services, all contracted through community-based providers.

Staffing

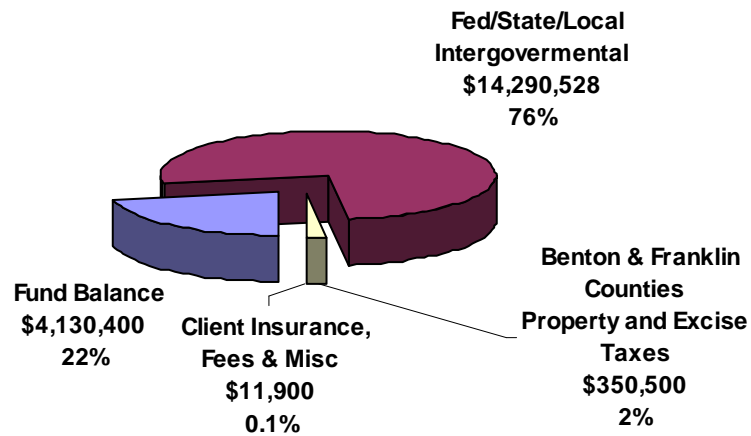
The Department of Human Services staffing includes:

- 8 FTEs in administration for mental health/substance use/development disabilities
- 19 FTEs for crisis response (including administration for the crisis response unit)
- 6 FTEs for the substance abuse assessment center (including 1 FTE support staff)

Funding

Total 2007 Benton and Franklin County Revenues	\$220,500,566
2007 Current Expense Revenues	\$77,828,618
2007 Department of Human Services Budget	\$18,783,328

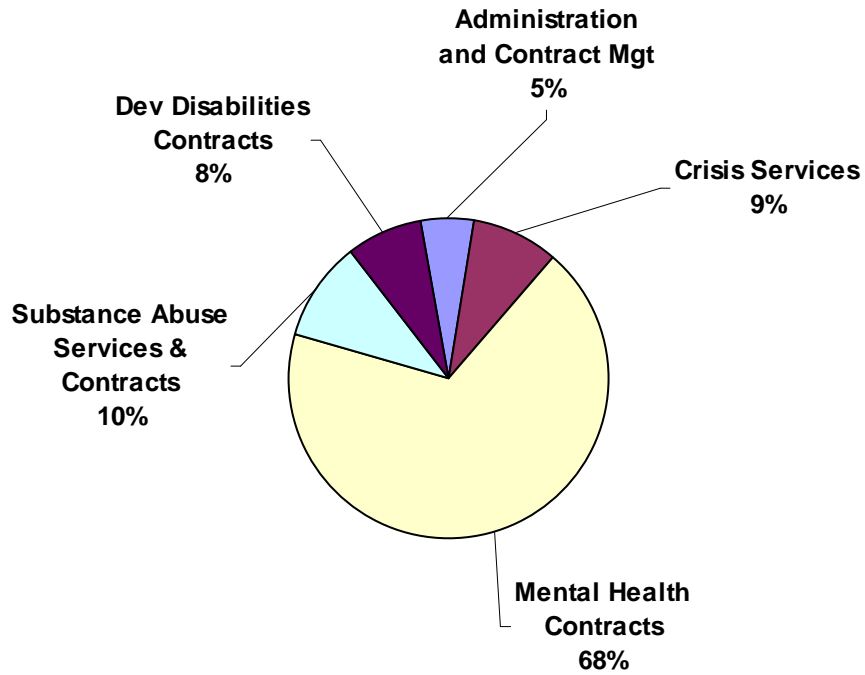
Benton-Franklin Counties Department of Human Services 2007 Revenues = \$18,783,328



The majority of support for the Department of Human Services comes from government sources. Benton and Franklin Counties' real estate, property, and excise taxes provide \$350,500 or 1.9% of its budget. This represents \$1.63 per capita spending of county-only funds.

The majority of the Department's funding supports mental health contracts (68%), with 10% for substance abuse services and contracts, 9% for crisis services, and 8% for developmental disabilities contracts. This leaves 5% for administration and contract management.

**Benton-Franklin Counties Department of Human Services
2007 Expenditures = \$17,855,591**



County Service Delivery or Service Contracting

One question examined in the strategic review and in the interviews with county human services directors was whether to provide services directly or contract with community-based organizations. Again, the answer to the question is “It varies.” Most counties in Washington contract with community-based providers for at least some of their mental health, substance abuse, and developmental disabilities services.

- Counties differ on whether or not they keep or contract crisis response services, based on a variety of factors. Some feel strongly about county responsibilities for involuntary treatment or have concerns about the conflict of interest potential in the gatekeeping function. Others want to control quality and manage risk; they might have concerns about provider quality, and although they have contracted out in the past and would like to continue doing so, they have taken crisis response services back. For others, the issues have to do with personnel or a budget differential between county and nonprofit pay scales.
- Most counties interviewed for the Human Services Strategic Review contract for all mental health treatment. One exception is Walla Walla County, which provides mental health services directly, including crisis response and involuntary treatment.
- Most counties interviewed contract for all substance abuse treatment and most prevention programming. Responsibility for assessment functions varies, however, with some counties providing them directly and others contracting for them.
- Most counties interviewed contract for all developmental disabilities services.
- Only one county interviewed contracted for all services, including crisis response. In Okanogan County, a non-profit organization was formed in 2002 to provide all mental health, substance abuse, and developmental disabilities programs.
- No county interviewed provides all services directly. One county, Stevens County, provides all services through county employees except for developmental disabilities employment and social activities programs. Given its very small size, county staff feel the funding available to the county is not sufficient to cover contracting for all services and the functions required for administration and grants management.

There is a common belief that contracting for service delivery will increase efficiency, reduce costs, and improve quality because of the competition gained from making use of non-public providers. There’s no clear evidence in the literature that contracting provides inherently more effective or less effective services. Efficiencies may be gained by contracting through nonprofit organizations because of differing pay scales. There may, however, be concerns about the service delivery and meeting the needs of clients and the community. The possible pros and cons of contracting identified include:

Potential pros:

- Increased flexibility resulting from a reduction of bureaucratic complexity and procedures
- Reduced costs resulting from lower pay scales for non-public providers or if a competitive process rewards the lowest bids
- Greater ability of director to manage employees and personnel issues

Potential cons:

- Relinquishment of public responsibility for public funds
- Profit motivations to cream easy-to-serve or likely successful clients and minimize costs
- Reduction in service
- Funneling clients into other agency programs
- Public’s loss of ability to address issues and concerns

Among the county human service directors interviewed, there was agreement that regardless of whether a county delivers services or contracts for them with community-based providers, the onus of responsibility in terms of assuring quality services remains with the government (county) in the public’s eye and in reality. As one county human services director summarized, “There may be cost savings. However, there is a public mandate for provision of services and a need to deliver the best services possible. You want to move the funds into the community for service delivery, but not hand over responsibility. You don’t do this business to make money. Private businesses are driven to make a profit, so when they talk about gaining efficiencies that make them less expensive, it’s usually at the expense of the client.” The key factors related to success in both the public or non-profit arenas appear to be clear goals and objectives, accountability for results, and established criteria for contracts and contract monitoring.

As shown in the table on the following page, the four profile counties have a few differences in terms of service delivery and contracting. Diagrams showing more detailed information on Benton-Franklin Counties DHS services and contracting can be found in the Appendix.

	Benton Franklin DHS	Snohomish County	Thurston – Mason Counties	Walla Walla County	Yakima County
Crisis Response Services	County run	County run: Involuntary Treatment Crisis Intervention: contracted	Contracted*	County run*	County run*
Mental Health Treatment	Contracted	Contracted	Contracted	County run*	Contracted
Substance Abuse Assessment	County run	County run	Contracted	Contracted	County run
Substance Abuse Treatment and Prevention	Contracted	Some Contracted Some County run	Contracted	Some Contracted Some County run	Contracted
Developmental Disabilities Programming	Contracted	Contracted	Contracted	Some Contracted Some County run	Contracted

* In 2004 Walla Walla Counties took back crisis services from contracted local providers. Yakima County took back involuntary treatment in 2006. Thurston-Mason presently is considering this move as well. All of these decisions related to problems with service provider quality and, in some cases, with concerns about the conflict of interest inherent in the gatekeeping function crisis response plays in clients’ path into treatment.

There also is a belief that contracting out eliminates or reduces a county’s risk of liability. There are differing opinions among human service directors about the issue. Some agree that liability is reduced — “Liability for the County for these populations [mental health, substance abuse, and developmental disabilities] is greater than the benefit for providing the services directly.” — others disagree — “Commissioners may want out from under the risk, but that’s a fantasy. The government holds responsibility for the liability and the financial risk for service delivery, regardless of who delivers the service.” It is clear that in the mental

health managed care system, counties receive a set amount of funding from the Regional Support Network (RSN) to meet client needs in the county. If service usage and billing exceeds the amount provided by the RSN, the county is responsible for covering the costs.

Service Delivery

The Strategic Review included an examination of service delivery by DHS and its contracts to gain an understanding of the level of service provided. Comparisons with other counties are difficult as populations vary. Where data were available, comparisons of “penetration rates,” the level of service as a percentage of the eligible population, were done. Diagrams of DHS services can be found in the Appendix.

Mental Health

Mental health services provided through contracting agencies in Benton and Franklin Counties include inpatient treatment, outpatient treatment, clubhouse (work opportunities, social activities, support, and consumer involvement opportunities), and case management. Services for children and youth includes wrap-around services that involve families and schools such as CHAP (Children's Hospitalization Alternatives Program) and FAST (Families and Schools Together). Clients served through these programs for 2006 are shown on the following page, along with information about clients served through DHS’ Crisis Response Unit between January 1 and September 30, 2006.

Mental Health Treatment: 1/1/06 - 12/31/06	Benton-Franklin Counties
Children served	429
Adults served	1689
Total served	2118

DHS Crisis Response Unit: 1/1/06 – 9/30/06	Clients Served
Investigations	863
Assessment and referral screening	380
Involuntary treatment hearing evaluations	261
72-hour hold/mental health facility	161
72-hour hold/chemical dependency detox	49

Shown below are 2004 penetration rates for the Greater Columbia RSN (Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, and Yakima counties) as compared to the Thurston-Mason RSN and the State as a whole, as well as penetration rates for the Medicaid population for Benton, Franklin, Walla Walla, and Yakima Counties.

Penetration Rates 2004	Greater Columbia RSN	Thurston-Mason RSN	Statewide
Outpatient Treatment for General Population	2.7%	1.9%	2.1%
Outpatient Treatment for Medicaid Population	7.6%	8.3%	8.6%
Inpatient Treatment for General Population	1.0%	1.2%	1.4%
State Hospital	0.4%	0.3%	0.5%

Source: State of Washington, DSHS, Mental Health Division

Penetration Rates 10/05 – 10/06	Benton County	Franklin County	Walla Walla County	Yakima County
Treatment for Medicaid Population: Adults	26.4%	10.9%	16.6%	15.5%
Treatment for Medicaid Population: Kids	6.2%	3.3%	4.5%	4.7%

Source: Greater Columbia Behavioral Health

Substance Abuse

Substance abuse services include assessment and referral provided through the Assessment Center operated by DHS, detoxification provided through a local community-based provider, treatment services provided through contracted agencies and onsite at the Benton County Jail, and parent and school-based prevention programs. Shown on the following page are data on substance abuse treatment services provided between November 2005 and October 2006.

Substance Abuse Detox: 11/01/05 - 10/31/06	Benton-Franklin Counties
Assessments	399
Admissions to Detox	246
Admission to treatment within 30 days	157
Percent of clients assessed as having a substance dependency admitted to treatment within 30 days	39.1%

Substance Abuse Treatment: 11/01/2005 - 10/31/06	
Adult Outpt Tx	521
Adult Intensive Outpt Tx	679
Total Undup Adult Tx	1144
Youth Outpt Tx	117
Youth Intensive Outpt Tx	50
Total Undup Youth Tx	160
Total served in treatment	1304

Benton-Franklin Counties' penetration rate (the level of service as a percentage of the eligible population) for substance abuse treatment is commensurate with the other four profile counties, with the exception of Yakima County where the rate is somewhat higher.

Benton-Franklin Counties	Thurston-Mason Counties	Snohomish County	Yakima County	Walla Walla County
36.5%	33.8%	34.6%	42.7%	32.9%

Source: State of Washington, DSHS, Division of Alcohol and Substance Abuse

Developmental Disabilities

Developmental disabilities services are all contracted through community-based providers and include pre-vocational and employment preparation, group-supported employment, individually-supported employment, community access (social activities), and early childhood development services. Shown below are client services data from

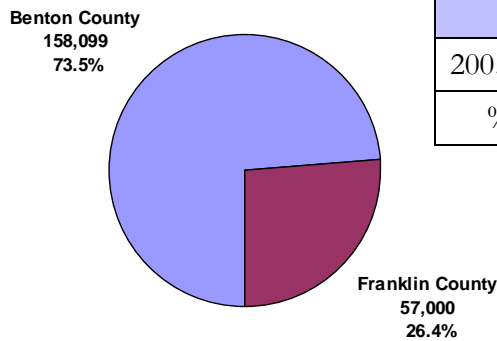
Developmental Disabilities: 7/1/05 - 6/30/06	Benton-Franklin Counties
Children served	167
Adults served	284
Total served	451

No comparison data such as penetration rates are available from the State for developmental disabilities. However, programs offered and the number of clients served in relation to the population in Benton and Franklin Counties are reasonably commensurate with the four profile counties.

County Funding and Service Apportionment

The Strategic Review of Benton-Franklin Counties human services also examined whether the apportionment of funding and service delivery between the two counties is commensurate with their respective populations. As shown below and on the following pages, the answer is generally yes.

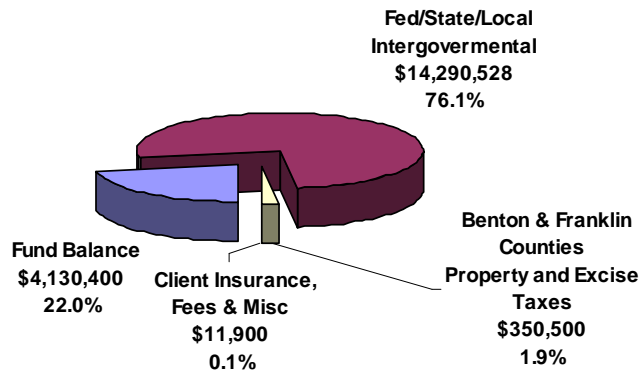
Total Population = 215,099



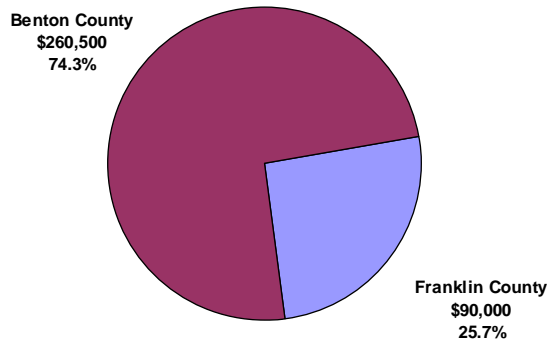
	Benton Co	Franklin Co
2005 Population	158,099	57,000
% of total pop	73.5%	26.5%

Revenues for 2007 for the Department of Human Services total \$18,783,328 and funding from Benton and Franklin Counties' real estate, property, and excise taxes total \$350,500 or 1.9% of the budget. The table and chart on the following page show that the contributions of Benton and Franklin Counties to the Department of Human Services budget correspond to their proportions of the population and are relatively equivalent in terms of the percent of the current expense or general fund budgets. Per capita funding for each County is also reasonably close, only \$.07 apart.

Department of Human Services 2007 Revenues = \$18,783,328



Benton & Franklin Counties' Support for 2007 DHS Budget

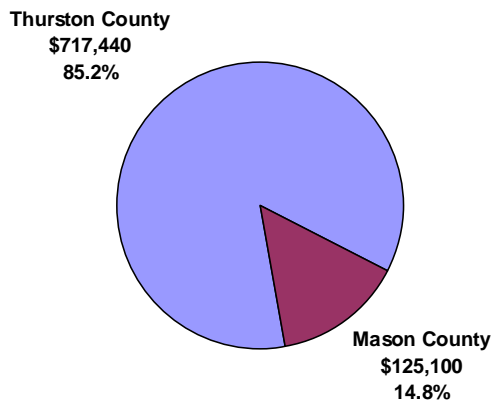


	Benton Co	Franklin Co
Real estate, property, & excise tax contribution to DHS budget	\$260,500	\$90,000
% of total local contribution	74.3%	26.7%
Percent of County's current expense or general fund budget	0.5%	0.4%
County per capita funding	\$1.65	\$1.58

One “profile county” interviewed in the human services strategic review provides joint service delivery with another county. Thurston-Mason Counties Social Services Department is administered by Thurston County, providing mental health, substance abuse, and

developmental disabilities services to both Thurston and Mason Counties’ residents. Information below shows the comparison of their joint support of human services.

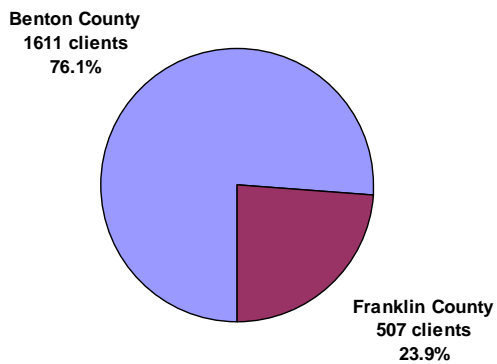
Thurston & Mason Counties' Support for 2007 Social Services Budget



	Thurston Co	Mason Co
Population	224,099	51,901
% of total population	81.2%	18.8%
Real estate, property, & excise tax contribution to Social Services budget	\$717,440	\$125,100
% of total local contribution	85.2%	14.8%
Percent of County's current expense or general fund budget	1.1%	0.4%
County per capita funding	\$3.20	\$2.41

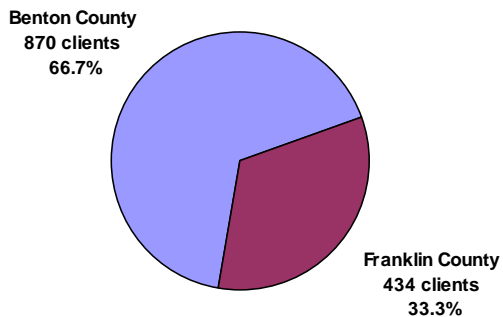
As shown in the tables and charts below and on the following page, client service delivery is relatively proportionate to each of Benton and Franklin Counties' populations as well, with slight differences. Franklin County's client usage of substance abuse treatment services is somewhat higher, likely due to the fact that the Substance Abuse Assessment Center is located in Franklin County as well as the area's treatment agency serving primarily Spanish-speaking clients. Franklin County's client usage of mental health treatment and developmental disabilities services is somewhat lower.

Mental Health Treatment



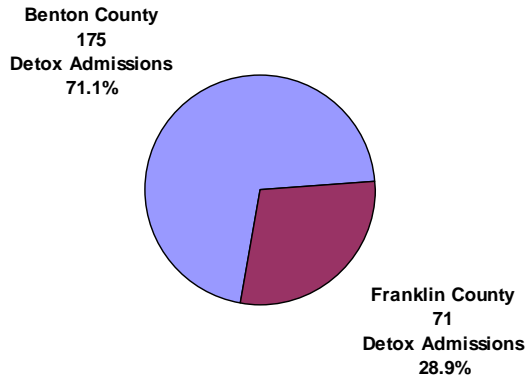
Mental Health Treatment: 1/1/06 - 12/31/06	Benton Co	Franklin Co
Children served	327	102
% of all children	76.2%	23.8%
Adults served	1284	405
% of all adults	76.0%	24.0%
Total served	1611	507
% of clients served	76.1%	23.9%

Substance Abuse Treatment



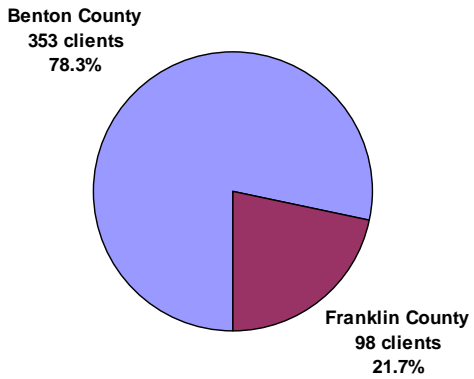
Substance Abuse Treatment: 11/01/2005 - 10/31/06	Benton Co	Franklin Co
Adult Outpt Tx	266	255
Adult Intensive Outpt Tx	544	135
Total Undup Adult Tx	760	384
% of all adult clients	66.4%	33.6%
Youth Outpt Tx	68	49
Youth Intensive Outpt Tx	49	1
Total Undup Youth Tx	110	50
% of all youth clients	68.9%	31.1%
Total served	870	434
% of clients served	66.7%	33.3%

Substance Abuse Detox Admissions



Substance Abuse Detox Admissions: 11/01/05 - 10/31/06	Benton Co	Franklin Co
Total Admissions	175	71
% of all admissions	71.1%	28.9%
Unduplicated Admissions	132	50
% of all undup admissions	72.5%	27.5%

Developmental Disabilities Services



Developmental Disabilities: 7/1/05 - 6/30/06	Benton Co	Franklin Co
Children served	118	49
% of all Children	70.7%	29.3%
Adults served	235	49
% of all Adults	82.7%	17.3%
Total served	353	98
% of clients served	78.3%	21.7%

Trends and Support for Service Delivery Decisions

Through the interviews and research conducted for the Strategic Review, trends affecting service delivery became apparent, some of which have been discussed in previous sections. They are briefly identified here to help set the stage for the conclusions that follow.

- There is a clear recognition of the interplay between the criminal justice system and the mental health and substance abuse service systems. A sizable portion of the mentally ill and substance abusing populations come into contact with law enforcement. Benton and Franklin Counties' recent jail mapping efforts are an acknowledgement of the impact these individuals have on the criminal justice system. Throughout the State and the U.S. there is considerable attention to keeping people out of jail and out of the courts whenever possible. Jail liaison programs, Mental Health Court, and Drug Court are examples of some of the initiatives designed to address the problem.
- Use of a Drug Court has produced savings in communities throughout the U.S. The Judicial Council of California found that average drug court-related treatment costs range from \$900 to \$1,600 per participant, compared with an average of \$5,000 per defendant for incarceration. Drug Courts have been found to both reduce arrests and substance use, as well as decreasing births of drug-addicted babies.
- In Washington, studies have repeatedly found that substance abuse treatment saves money in the criminal justice system, including decreasing felony arrests by 33 percent.¹ Substance abuse treatment also has been linked to lower health care costs. For example, in Washington, a Division of Alcohol and Substance Abuse 2005 Trends Report found that each untreated substance user incurred an average of \$4,800 in medical inpatient costs, compared to \$1,300 for those who received treatment.

¹ Krupski, Antoinette. *Using Information from Administrative Data Bases to Address Policy Issues: The Washington State Experience*. July 2002.

- There is a similar interest in keeping people with mental illness and developmental disabilities out of hospitals and extended care facilities. The move toward “least restrictive environment” as the venue of choice is not new, with the advent of deinstitutionalization in the 1970s and 80s. It has received more attention in recent years as the financial impact of mental health hospitalizations has become an increasing budget issue for the State. Initiatives such as the Program of Assertive Community Treatment (PACT) have been adopted to help maintain mentally ill individuals in the community and thus avoid more costly inpatient treatment.

- Mental health treatment has been shown to substantially reduce costs in related systems, particularly for consumers who receive moderate amounts of treatment. According to Washington State’s Mental Health Division, clients who received four to 40 hours of treatment saved \$138 in medical care costs per month in the first year of treatment and \$162 per month the following year. Led by the State’s Mental Health Division, the transition of mental health services to a system focused on recovery and resiliency is fully underway across the State. This philosophy is reshaping service delivery, including increased options for mentally ill individuals in terms of employment and support. It represents one of the most significant changes in the mental health field over the last 15 years.

- With increased attention to addressing homelessness nationwide, communities in Washington State have developed more comprehensive approaches to development of housing and supportive services, including those for mentally ill, substance abusing, and disabled populations. The 10-Year Homeless Housing Plan for Benton and Franklin Counties is one result of this focus. Planning efforts such as these coincide with special initiatives and funding available from federal and state levels.

- Service integration for mental health and substance abuse programs is increasingly considered the cutting edge of human services delivery. The benefits of integration include potential economies of scale for joint administrative functions, more efficient use of staff, and better coordination of service delivery for shared dually-diagnosed clients. More than one county in the State is pursuing this integration on a formal basis, forming behavioral health units within their department. A few counties also

have integrated developmental disability and aging services in order to address similar long-term care issues. New State policies will pave the way for greater integration, at least for mental health and substance abuse services, in the future.

- Performance accountability is not a new concept in the human services arena; however, the demands for greater accountability and performance reporting have grown tremendously in recent years. Contracts for service delivery often include new performance measures related to client outcomes as well as the demonstration of key service delivery practices such as out-of-office vs. in-office case management meetings with clients.

Considerations for the Department of Human Services

Clegg & Associates was asked to take a broad look at Benton-Franklin Counties' human services – a strategic review of the Human Services Department and local systems, rather than a clinical practices analysis. As part of this strategic review, they looked at the Department and service systems in comparison to other counties' human services efforts and in relation to current trends and promising practices. They also looked at what is going on in the human services world across the State, how other communities are pursuing their work, and where their ideas might benefit Benton and Franklin Counties. Clegg & Associates staff tried to answer some specific questions of interest, such as the financing of human services programs, integration of services, and apportionment of funding and benefits between Benton and Franklin Counties. In addition, they looked for opportunities where the Department might strengthen its approaches, make improvements, or move to state of the art practices.

The Strategic Review identified a number of key areas where the Department of Human Services can take advantage of its assets and build on improvement efforts underway. By pursuing these opportunities and the findings from the Strategic Review, the Department will be able to enhance the quality of and effectiveness of its administrative and programmatic capacity and forge more effective human services systems for residents of Benton and Franklin Counties.

Leadership

The Department of Human Services has an opportunity to step forward and play a more aggressive role in forging local human services delivery systems that meet the community's needs. Interviews conducted as part of this Strategic Review indicate that this is not a role the Department has historically played. As a result, local human service delivery systems are not as strong as they could be.

Taking on this leadership means the Department must set a clear direction and pursue increased advocacy, coordination, quality improvement, service provider accountability, and resource development. By providing the needed leadership in these ways, the Department can make the local human services system stronger and more effective. It cannot do so, however, alone. Some ideas on key partnerships to pursue follow.

Coordination and Collaboration

Most system reviews point to the need for increased coordination and collaboration. This one is no different. However, increased coordination and collaboration across the board are not the answer. Rather, there are specific areas where the Department should invest in strengthened relationships and joint initiatives.

- Benton and Franklin Counties have a broad network of community-based service providers, more extensive than is true for many communities. The Department will need to work closely with provider agencies and other community partners to design best practice service systems that build in the latest findings in mental health, substance abuse, and developmental disabilities programming. By providing a forum for service providers and funders to consider issues and ideas, the Department can play an important role in ensuring that local delivery systems continue to improve and provide better services to the community.
- The current planning effort sponsored by the Benton-Franklin Counties United Way to identify goals and priorities for human services for the counties is an initiative with support from key community leaders. This work will help build a more coordinated, integrated service system. Department staff are already involved in this effort. Taking advantage of this foundation and forging a stronger relationship with the United Way will help link the Department to important community assets and resources. It also could provide the foundation for development of more human services policies for Benton and Franklin Counties, helping to guide Department decision-making in the future.
- The emphasis on housing for at-risk populations in Washington is bringing significant resources into the community. Working more directly with local and state housing planners and funders can help direct housing resources to the populations the Department serves and build an important bridge between housing and service delivery for those most in need.

- A key direction for mental health services in the State involves bringing together primary health care and mental health services. Building effective partnerships with health providers in the community offers many opportunities to enhance the quality of mental health services and capture additional Medicaid funding to support local services. It also could provide additional prospects for collaboration regarding substance abusing and developmental disabilities populations.

Service Integration

As the Strategic Review points out, service integration is receiving attention at the State level and is increasingly evident in local county service delivery. The Benton-Franklin Counties Department of Human Services has a variety of opportunities to move in this direction.

- Restructuring the Crisis Response Unit (CRU) and the Assessment Center to provide integrated mental health/substance abuse services is in keeping with best practices and future directions in State policy and system design. Recommendations in this regard will be forthcoming from the Crisis Work Group convened by the Department and facilitated by Clegg & Associates. The Department can reinforce this conversion by providing incentives for Department employees in the two programs to become dually certified as Designated Mental Health Professionals and Designated Chemical Dependency Specialists. Support for dual certification training may help staff approach the restructuring as a positive career move.
- Building on the effort to integrate the crisis triage function, the Department can investigate ways to create a more integrated community-based service system for individuals with mental illnesses, drug/alcohol dependencies and developmental disabilities. A few specific suggestions were made during the Strategic Review interviews about ways DHS could move toward integration:
 - Cross-training of staff could increase the likelihood of collaboration and improve understanding of differing philosophies/cultures/service delivery approaches.
 - Quarterly meetings for directors of agencies providing mental health, substance abuse, and developmental disabilities services could provide for more consistently shared information; regular meetings for line staff across systems could assist with coordination and problem-solving at the client level, assuming client confidentiality is maintained.

- Closer operational ties among the three Advisory Boards, such as cross-staffing, periodic cross-board meetings, or cross-over membership, could allow board members to identify and address common issues such as access to services, consumer involvement, funding, provider quality, and advocacy.

System Improvements

A number of issues arose in the Strategic Review, and in earlier studies of service delivery in Benton and Franklin Counties, that point toward specific improvements the Department of Human Services will want to pursue to build more effective human service systems for mental health, substance abuse, and developmental disabilities.

- The changes necessary to improve the crisis system for mental health and substance abuse are the focus of the Crisis Work Group facilitated by Clegg & Associates. This Work Group will be presenting its recommendations for change in the very near future. This is a first step toward strengthening the community-wide system to be more effective in keeping persons with mental illnesses and/or drug and alcohol dependencies out of Eastern State Hospital and local inpatient psychiatric facilities. The Department will want to continue to emphasize diversion alternatives to help make reductions in the use of inpatient services, and thereby, gain additional State resources that can be used to keep persons with mental illness in the community.
- The results of the Benton County and Franklin County jail mapping processes produced excellent recommendations for ways to reduce the inappropriate utilization of criminal justice resources for individuals with mental illnesses. The Department should provide leadership in making sure recommendations become reality.
- The Program for Assertive Community Treatment (PACT) team is a best practice model that will assist the mental health system in reducing the inappropriate use of Eastern State Hospital and local psychiatric hospital beds. The Department should aggressively pursue implementation of the PACT team in Benton and Franklin Counties. (More intensive work on case management in general will be conducted by Clegg & Associates during Spring 2007, and will likely provide additional recommendations to complement the implementation of PACT.)

- The current work being done to establish a Mental Health Court is an essential step in reducing inappropriate use of criminal justice facilities and resources for persons with serious mental illnesses. Bringing this resource online will help Benton and Franklin Counties reap the benefits other counties have seen.
- An even greater development in mental health service delivery is the transition to a system focused on recovery and resiliency. The Department's leadership and collaboration with the Greater Columbia RSN will be critical in assisting local providers in making the dramatic shifts in practice necessary to bring about a transformed system.
- Prevention is critical in making long term gains in addressing the chemical dependency problem facing the Tri-Cities and most of Washington and the U.S. The Department will want to examine how it can best enhance prevention components of the substance abuse services it supports. Staff should take advantage of opportunities to work closely with the local health department in creating a strong prevention emphasis among local service providers, health care practitioners, schools, and other community resources.
- The Department must play a very strong role in ensuring that a portion of the resources currently available for the creation of affordable housing focus on populations the Department serves. Staff should be looking for opportunities to sponsor efforts that create additional permanent supportive housing for individuals with mental illnesses, drug and alcohol dependencies, and disabilities. Part of their work must involve assisting local providers in becoming effective housing developers and operators. In many communities where persons with mental illnesses and drug/alcohol dependencies have more housing options, it is the mental health and substance abuse providers who are creating this resource for their clients. (More intensive work on housing for mentally ill and substance abusing populations will be conducted by Clegg & Associates during Spring 2007.)

Accountability and Performance Measurement Systems

During the course of the Human Services Strategic Review, it became evident that the Department is not relying sufficiently on data that describes what is going on in the service delivery systems it supports. The lack of outcome data and the difficulty encountered in obtaining more than rudimentary client counts point to needed improvements in both performance accountability and data management systems.

- A Department-wide shift to outcome-based contracting would assist in measuring the effectiveness of the services purchased as well as ensure that the data available to the Department are useful in determining whether resources are being used effectively. The upcoming work on improvements in mental health case management will most likely involve changing the provider contracts to include a more outcome-based approach. This could serve as the initial step in the transformation process.
- Increasing provider accountability by implementing outcome-based contracts must be accompanied by Department attention to monitoring and enforcing those contracts. Putting a closer monitoring system in place and taking quality improvement steps when providers fall short of contractual obligations will move the Department ahead in terms of its own performance improvement. Putting greater emphasis on provider performance in awarding contracts for services can follow as more consistent information becomes available.
- To support this kind of performance management, there will be a need for significant investment in creating data management systems that provide useful information in tracking and reporting on the service delivery systems.

Staff Capacity

The Department's current administrative staff is very small. Becoming involved in the types of efforts outlined above will require more capacity and more staffing than is now available. Increased staff would provide the ability to perform additional service system planning, program development, advocacy, financial and grants management, contract monitoring, and quality assurance. While concern about limiting overhead is always an issue, the Department will not be able to build effective human service delivery systems without the capacity that additional skilled staff will bring.

With additional capacity, the Department also could build on the mental health planning being conducted by Clegg & Associates by tackling similar processes for substance abuse and developmental disabilities, reviewing the systems as a whole, and incorporating research about best practices. These efforts, particularly done in conjunction with the community-wide planning headed by the United Way, would go a long way toward building a more comprehensive and high quality service system for Benton and Franklin Counties.

- Community-based providers and Advisory Board members identified a variety of substance abuse service issues needing attention:
 - Wait time for assessment, outpatient treatment appointments, and residential placements
 - Sufficient, skilled treatment counselors
 - Skilled case managers with qualifications for co-occurring disorders
 - Payment rates, including assessment for co-occurring disorders assessment and sub-acute detoxification

- In the developmental disabilities arena, issues identified in the interviews with community-based providers and Advisory Board members included:
 - Current waiting list for developmental disabilities services
 - Services for 18-21 year-olds mandated by the State Department of Vocational Rehabilitation are underdeveloped in Benton and Franklin Counties and have a long waiting list
 - Mainstream employment for working-age adults, the State's goal and new policy, will require considerable program development work and cost
 - The needs of dually-diagnosed clients, including sufficient funding for joint service delivery, case management, and provider training and capacity

Planning for service improvements and discussion of resource development in order to support such improvements in substance abuse and developmental disabilities will lay the groundwork for stronger, more effective systems in Benton and Franklin Counties. The changes that can result from this kind of planning make it a challenging process, and one that is best led by the Department in its role as the funder. Ensuring that local providers have opportunities to participate in change efforts and get needed training is critical. Staff also may need to assist providers in modifying their programs as evidence comes in about new ways to provide more effective services. Such work will demand greater capacity within the Department.

Looking to the Future

The hiring of the new director provides the perfect opportunity for the Department to consider adding capacity and pursuing other initiatives to improve services. The director's leadership can build relationships with community members, service providers, and the Regional Services Network. By establishing inclusive processes to enhance the current service delivery systems for mental health, chemical dependency, and developmental disabilities, she can deliver more consistent messages about the Department and services for clients to the community and to providers. Her focus on all three Department programs would build collaboration and cross-fertilization that can generate ideas, resource-sharing, and client problem-solving. Her clinical expertise can be called upon to more carefully assess the appropriateness of service delivery and quality and take action to put improvements in place.

With stronger department leadership, attention to collaborations, and clearer performance expectations, program staff would be better able to represent the Department within the community, develop recommendations for service delivery improvements, seek additional resources to support community agencies, and make decisions that bring measurable benefits to the Benton and Franklin County communities.

APPENDIX

Washington State Service Mandates

Mental Health

The Community Mental Health Services Act (71.24): Requires that counties, as part of RSNs, contract with licensed service providers or directly provide inpatient and outpatient mental health services that promote resiliency and recovery. Focuses on maintaining people in the community and minimizing placements in state hospitals. RSN program elements may include crisis triage, evaluation and treatment, and community hospital beds, residential beds, community treatment teams, and outpatient services. RSNs must assure that the special needs of minorities, the elderly, disabled, children, and low-income persons are met and must also maintain patient tracking information in a central location.

Involuntary Treatment Act (71.05 for adults, 71.34 for minors): RSNs must institute procedures that require county-designated mental health professionals and evaluation and treatment facilities to consult with resource management services to assure that determinations to admit, detain, commit, treat, discharge, or release persons with mental disorders are made only after appropriate information about treatment history and current treatment plans has been sought. Promotes less-restrictive and voluntary services whenever possible. Minors' parents must be given an opportunity to participate in treatment decisions and should be involved in treatment and care as much as possible.

Criminal Insanity (10.77): County-designated mental health professionals and RSN civil commitment processes must coordinate with the criminal justice system.

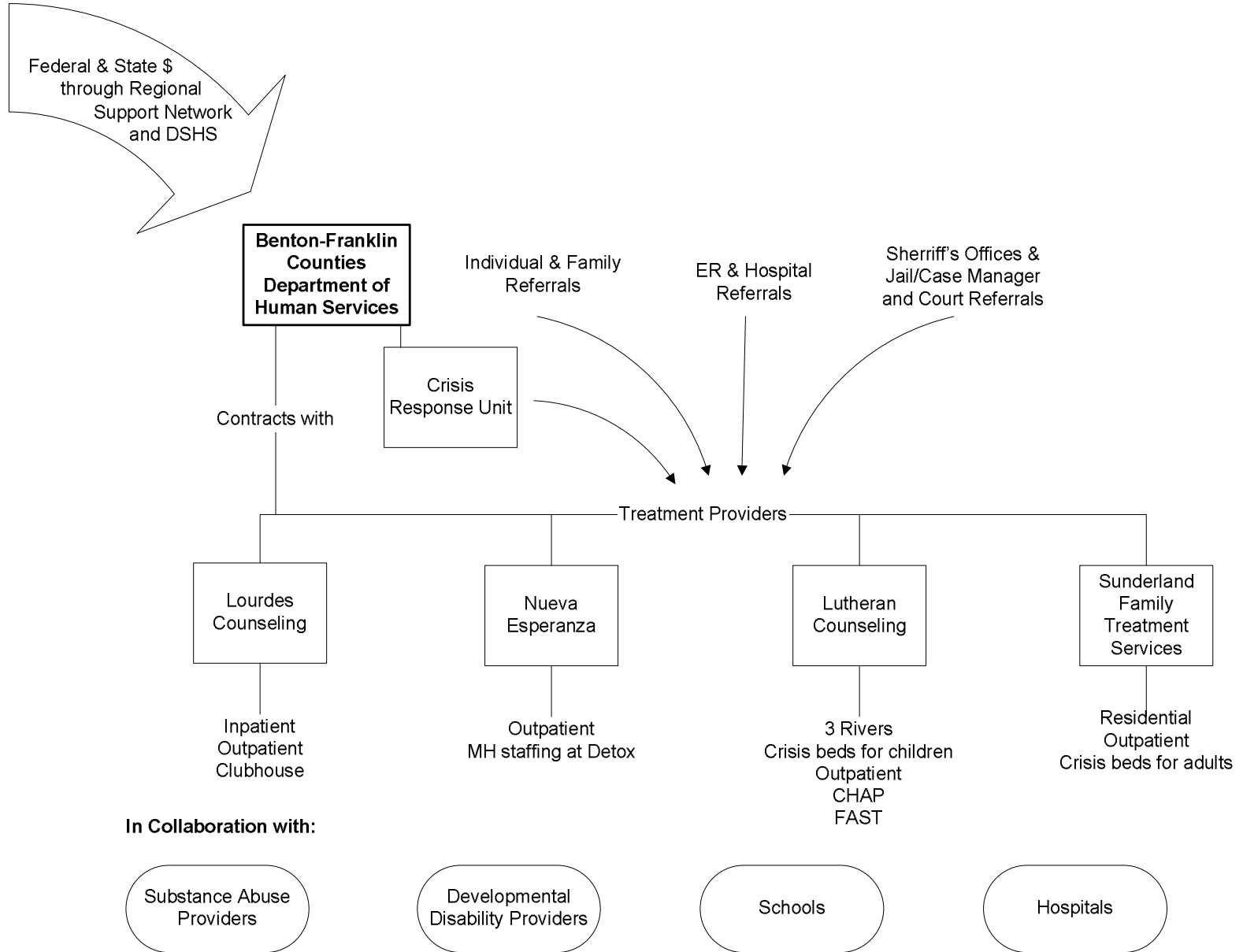
Chemical Dependency

Treatment for Alcoholism, Intoxication, and Drug Addiction (70.96A): Counties, or counties acting jointly, are responsible for establishing comprehensive and coordinated treatment programs for alcoholism and drug treatment. Programs may be subcontracted with approved treatment programs and must include detoxification, residential treatment, and outpatient treatment. Counties are asked to designate county chemical dependency specialists to investigate and evaluate whether a person is incapacitated due to chemical dependency. If credible, the specialist may file a petition for commitment with superior or district court.

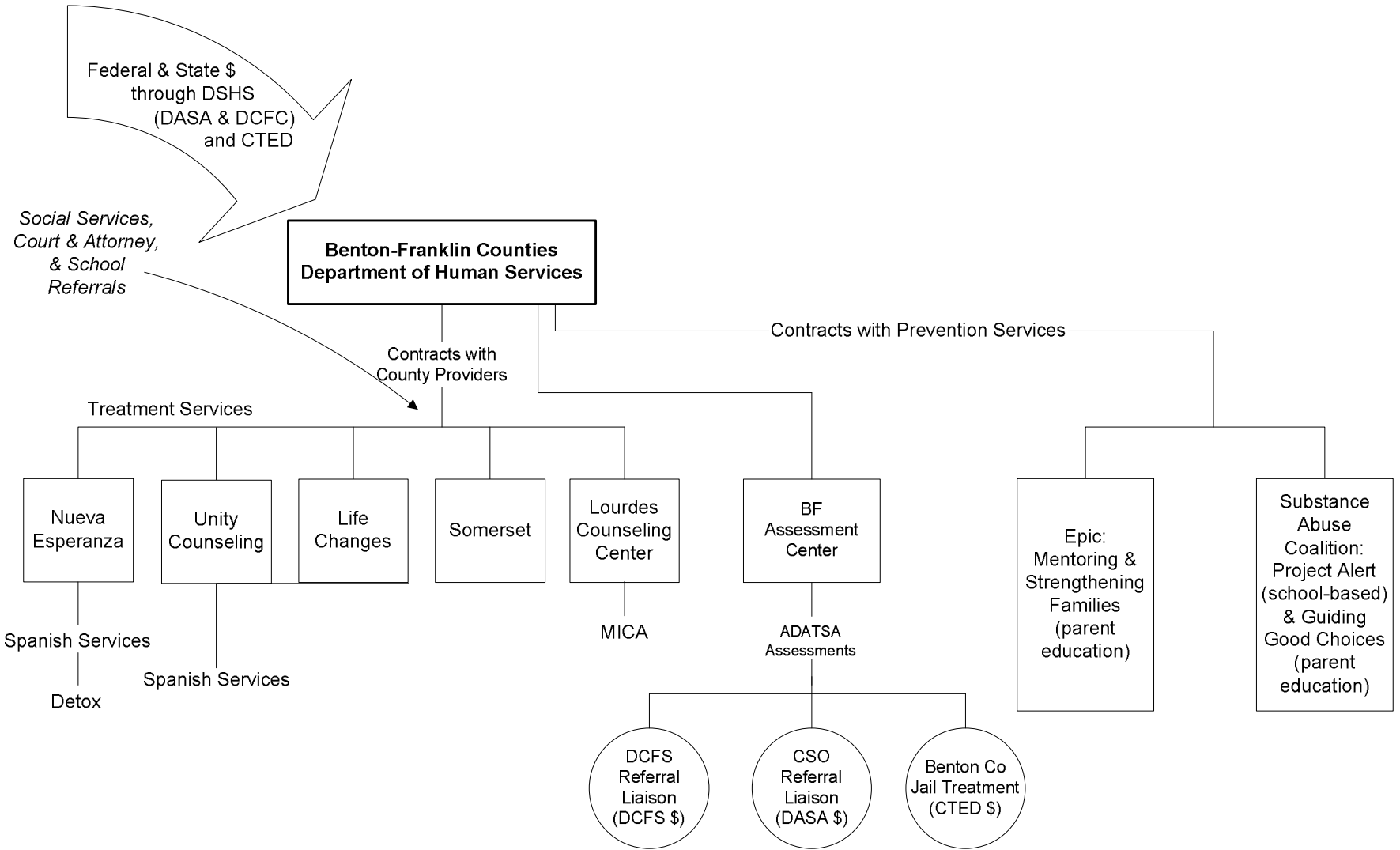
Developmental Disabilities

Title 71A: Counties are responsible for information and referral, coordination of local services for people with developmental disabilities to ensure maximum utilization of all available services, and preparation of comprehensive plans for developing and coordinating local services for people with developmental disabilities. Counties may also contract or provide services for early childhood intervention, employment, community access, residential services, individual evaluation, and program evaluation.

Mental Health Service Delivery



Substance Abuse Service Delivery



Developmental Disabilities Service Delivery

