

**Initial Networking and Community Assessment**

During this initial stage of the strategic planning process a county planning group was organized consisting of the Community Mobilization coordinator, DASA Treatment coordinator, DASA Prevention provider, and Drug Free Communities coordinator. This planning group identified necessary people and organizations in the county to bring to the table and developed a plan for completion of the strategic plan that would meet DASA and Community Mobilization requirements, as well as serve as a county-wide guiding plan for substance abuse prevention, intervention treatment, and after care for program, agencies, and coalitions in our county.

During step one in the planning process community participants were identified, community assessment was compiled, needs and resources data was analyzed; problem statements were developed, community readiness and support was assessed; and service gaps were analyzed.

The following intervention, treatment, and aftercare strategic plan requirements for DASA and Community Mobilization were met. The following narrative will demonstrate how these requirements were met.

<p>DASA Requirements</p> <p><b>Overall Requirements</b>                  A narrative that indicates an assessment of the service needs across the prevention, intervention, treatment and aftercare (P-I-T-A) continuum for the following populations:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Persons with disabilities</li> <li><input checked="" type="checkbox"/> Youth</li> <li><input checked="" type="checkbox"/> Pregnant/postpartum women</li> <li><input checked="" type="checkbox"/> Parents with young children</li> <li><input checked="" type="checkbox"/> Elderly</li> <li><input checked="" type="checkbox"/> Gay, Lesbian, Bisexual and Transgender persons</li> <li><input checked="" type="checkbox"/> Intravenous drug users</li> </ul> <p><b>Requirements Specific to the Treatment Expansion Section</b>                  A narrative of the assessment of expanded services for the following populations:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Supplemental Security Income (SSI)</li> <li><input checked="" type="checkbox"/> General Assistance – Unemployable (GAU – Adults)</li> <li><input checked="" type="checkbox"/> Temporary Assistance to Needy Families (TANF)</li> <li><input checked="" type="checkbox"/> Youth</li> </ul> <p><b>Requirements Specific to the Criminal Justice Section</b>                  A narrative of the assessment service needs for persons involved in the criminal justice system that will include:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A county specific assessment –OR-</li> <li><input type="checkbox"/> A regional assessment                      If a regional assessment is conducted, it will include:</li> <li><input type="checkbox"/> A list of the other counties that are participating in the assessment</li> </ul>
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<p>Community Mobilization</p> <p><b>Overall Requirements</b>                  A narrative that indicates an assessment of the service needs across the prevention, intervention, treatment and aftercare (P-I-T-A) continuum, and including violence prevention, for the following populations:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Students and youth; both in and out of school</li> <li><input checked="" type="checkbox"/> Parents</li> </ul>
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|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Community members  |
| <input checked="" type="checkbox"/> | Youth in juvenile detention facilities                                       |
| <input checked="" type="checkbox"/> | Runaway and homeless youth   |
| <input checked="" type="checkbox"/> | Pregnant and parenting youth   |
| <input checked="" type="checkbox"/> | School dropouts  |
| <input checked="" type="checkbox"/> | Those needing mental health services related to drug and violence prevention |
| <input checked="" type="checkbox"/> | Children and youth not normally served by state or local education agencies  |
| <input checked="" type="checkbox"/> | Populations that need special services or additional resources               |

### Recruitment

Individual partners and organization interested in the substance abuse continuum of care were identified through a planning meeting with the county planning group (Community Mobilization coordinator, DASA Treatment coordinator, DASA Prevention provider, and Drug Free Communities coordinator), networking at community meetings and through local coalitions and groups (including Kittitas County Community Network and Drug Free Communities Coalition, DUI Task Force, Upper County Juvenile Resource Team, Community Campus Coalition, Meth Action Team, Student Advocates for Safe Situations, Active Community Teens). Special emphasis was placed on recruiting diverse individuals and organizations for participation in the strategic planning process. A contact list of community members invited to participate and participants was compiled with over 100 contact names of interested individuals and organizations. Please see ATTACHMENT 1.

Individuals and organizations were representative of all geographic areas of the county and were also representative of the following the following populations:

- Aging and adult services
- Client/Consumer
- College student
- Community members
- Concerned citizen
- Concerned family member
- Education
- Elderly
- Employment and training
- Faith-based organization or member
- Healthcare/Medical
- Intravenous drug user
- Law enforcement
- Lesbian/Gay/Bisexual/Transgendered/Questioning (LGBTQ)
- Local government
- Mental health
- Parent of a school-aged youth
- Parent with young children
- Person with a disability
- Pregnant/Postpartum women
- Public health
- Recovery community member
- School dropouts
- Social service provider
- Students and youth both in and out of school
- Substance abuse prevention and/or treatment provider
- Youth in juvenile detention facilities
- Youth: Pregnant and parenting
- Youth: runaway and homeless

Community members were invited to provide input on intervention, treatment, and aftercare strategic planning through following venues:

- Resource Assessment
- Community Voice Survey
- ITA Strategic Planning Workshop

### Profile of Population Needs

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A comprehensive Community Assessment was completed in February. The community assessment utilized data from the following sources:

1. Kittitas County Behavioral Risk Factor Surveillance Survey 2004, Washington State Department of Health, <http://www.co.kittitas.wa.us/about/fs-2006-behavioral-risk-factors.pdf>
2. Kittitas County Health Profile, 2003 Edition, Washington Health Foundation, <http://www.whf.org/Documents/CountyProfiles/kittitas.pdf>
3. Kittitas County Healthy Youth Survey 2004, Washington State Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and Community Trade and Economic Development, <http://www3.doh.wa.gov/HYS/>
4. Kittitas County Strategic Plan TARGET (The Treatment and Report Generation Tool) Data, 2006, Washington State Division of Alcohol and Substance Abuse
5. Risk and Protective Profile for Substance Abuse Prevention in Kittitas County, July 2006, Washington State Department of Social and Health Services, <http://www1.dshs.wa.gov/rda/research/4/47/updated/kittitas.shtm>
6. 2005 Data Book Kittitas County Profile, State of Washington Office of Financial Management, <http://www.ofm.wa.gov/localdata/kitt.asp>
7. 2002 Projections developed for Growth Management Act, State of Washington Office of Financial Management, <http://www.ofm.wa.gov/pop/gma/gmhsingle.pdf>
8. U.S. Census Bureau, Census 2000, <http://quickfacts.census.gov/qfd/states/53/53037.html>
9. Washington State Courts of Limited Jurisdiction 2005 Annual Caseload Report, Washington State Courts of Limited Jurisdiction 2006 Year-to-Date Report. <http://www.courts.wa.gov>

The Data revealed the following information:

- Poverty in Kittitas County: Nearly 1 out of every 5 people in Kittitas County live below the Federal Poverty Level. About 2 out of 5 single parent households headed by women live below the Federal Poverty Level.<sup>8</sup> Our Median Household Income of \$33,795 is over 30% less than the state average (ranking us 35th out of the 39 counties in our state.) Nearly 30% of our children live in high poverty neighborhoods, 2.5 times higher than children living in the state.
- Low Neighborhood Attachment and Community Disorganization: Thirty percent of adult residents in Kittitas County are not registered to vote. In the November 2005 election nearly 50% of registered voters in Kittitas County did not vote.<sup>5</sup>
- Growth in Kittitas County: Between 1990 and 2000 our county population grew nearly 25%.<sup>6</sup> In the next 5 years the county population is estimated to increase 15%.<sup>7</sup> Over twice the amount of new residence construction is happening in Kittitas County than in the rest of the state. We have 60% higher rate of people moving in and out of our county than the State.<sup>5</sup>
- Age Distribution: We have a significantly higher rate of 20-24 year olds living in our county compared to other counties in the state and other ages in our county.<sup>2</sup>
- Alcohol and Drug Related Deaths: Nearly 1 out of every 10 deaths in our county is attributed to alcohol or drugs.<sup>5</sup>

- Availability of Drugs: There is 1 alcohol retail license for every 265 Kittitas County residents, that is nearly twice as high as the state average. There is 1 tobacco retail or vending machine license for every 435 Kittitas County residents, that is 75% more tobacco retail licenses in Kittitas County than the state average.<sup>5</sup>
- Alcohol and Drug Treatment: Annually about 3 out of every 200 adults in Kittitas County are a client of State-Funded Alcohol and Drug Services.<sup>5</sup> Compared to the state average, our county has over 2.5 times as many outpatient treatment admissions. There has been a 55% increase in Kittitas County outpatient admissions to treatment since 2000.<sup>4</sup> Since 2005 youth admissions in Kittitas County for outpatient treatment have gone up 22% versus 2.5% increase in youth admissions in the state.<sup>4</sup> One out of nearly every 50 youth (age 10-17) in Kittitas County were clients of State- Funded Alcohol or Drug Services in 2004.<sup>5</sup>
- Driving Under the Influence: In Kittitas County nearly one-third of all traffic fatalities are alcohol-related.<sup>5</sup> DUI Charges have decreased by 15% in the last year, (626 DUI charges in 2005. 529 DUI Charges in 2006).<sup>9</sup>
- Kittitas County Arrests: Kittitas County remains at or below the state rate for violent crime arrests. Kittitas County remains at or below the state rate for property crime arrests. Adult arrests for alcohol related crimes are higher than the state rate, the national rate and the rate of other Washington counties like us. Juvenile (age 10-17) arrests for alcohol related crimes are higher than the national rate, and the state rate. Adult and Juvenile arrests for drug related violations are below the national rate. Juvenile arrests for drug related violations are higher than the state rate and the rate of other Washington counties like us.<sup>5</sup>
- Early criminal justice involvement: Youth (age 10-14) arrests for Vandalism are higher in Kittitas County than the state average. Youth (age 10-14) arrests related to alcohol or drugs are lower than the state average.<sup>5</sup>
- Family Problems: 351 children in Kittitas County were victims of child abuse and neglect in 2004, which is a 25% higher rate of child abuse and neglect referrals accepted in Kittitas County than the State. 178 domestic violence arrests in Kittitas County in 2005.<sup>5</sup>
- Teen Sexual Activity The number of births to mothers age 10-17 in Kittitas County is lower than the national rate, state rate, and in Washington counties like us. The number of Sexually Transmitted Disease cases (birth-19) in Kittitas County is higher than the state rate, and in Washington counties like us.<sup>5</sup>
- School Performance: In Kittitas County about a 30% attrition rate for seniors versus about a 20% rate in the state. In Grades 4th, 7th, and 10th, Kittitas County students performed better on the Washington Assessment of Student Learning (WASL) test than the state average.<sup>5</sup>
- Alcohol Use and Youth: Four percent of 6<sup>th</sup> graders, 21% of 8<sup>th</sup> graders, 41% of 10<sup>th</sup> graders and 43% of 12<sup>th</sup> graders report having a drink in the past month. Recent alcohol use for Kittitas 10th graders is higher than other students in the state. One percent of 6<sup>th</sup> graders, 7% of 8<sup>th</sup> graders, 20% of 10<sup>th</sup> graders and 29% of 12<sup>th</sup> graders report drinking on 3 or more days in the past month. Nine percent of 8<sup>th</sup> graders, 24% of 10<sup>th</sup> graders and 32% of 12<sup>th</sup> graders report drinking heavily (5 or more drinks in a row) at least once in the past two weeks.<sup>3</sup>
- Students in Kittitas County who reported drinking in the past month got their alcohol in the following ways:

- 5% Bought it from a store
  - 33% Got it from friends
  - 25% Gave money to someone to get it
  - 7% Took it from home without permission
  - 10 Got it at home with permission
  - 11% Got it at a party
  - 9% Got it some other way
- Two percent of 6<sup>th</sup> graders, 15% of 8<sup>th</sup> graders, 19% of 10<sup>th</sup> graders and 27% of 12<sup>th</sup> graders feel that their parents think it is only “a little bit wrong” or “not wrong at all” for their teen to drink alcohol regularly. Fifty-six percent of 6<sup>th</sup> graders, 31% of 8<sup>th</sup> graders, 12% of 10<sup>th</sup> graders and 8% of 12<sup>th</sup> graders report thinking they would get caught by police if they drink alcohol. Sixty-nine percent of 8<sup>th</sup> graders, 48% of 10<sup>th</sup> graders and 33% of 12<sup>th</sup> graders report thinking they would get caught by parents if they drink alcohol.
  - Alcohol Use and Adults: In 2004, the prevalence of binge drinking (Adult Binge Drinking: 5 or more drinks on an occasion) in Kittitas County had risen to 32.9% from 28.7% the prior year. Binge drinking is a greater problem in Kittitas County than Washington State as a whole, especially as the state rate has decreased through the last couple years to 13.8%.<sup>1</sup>
  - Tobacco Use and Youth: In Kittitas County 2% of 6<sup>th</sup> graders, 11% of 8<sup>th</sup> graders, 16% of 10<sup>th</sup> graders and 24% of 12<sup>th</sup> graders report smoking cigarettes in the past 30 days.<sup>3</sup> Twelve percent of Kittitas County adults report being current smokers either smoking daily or some days. This represents an improvement since 2001. Compared to Washington State, a lower proportion of Kittitas County residents are current smokers.<sup>1</sup>
  - Marijuana Use and Youth: : In Kittitas County 7% of 8<sup>th</sup> graders, 18% of 10<sup>th</sup> graders and 23% of 12<sup>th</sup> graders report using marijuana in the past month. Sixty-six percent of 6<sup>th</sup> graders, 44% of 8<sup>th</sup> graders, 31% of 10<sup>th</sup> graders and 19% of 12<sup>th</sup> graders report that kids smoking marijuana would be caught by the police. : Ninety-three percent of 8<sup>th</sup> graders, 88% of 10<sup>th</sup> graders and 92% of 12<sup>th</sup> graders report that their parents would think it was wrong or very wrong to smoke marijuana.<sup>3</sup>
  - Illegal Drug Use and Youth: : In Kittitas County 3% of of 8<sup>th</sup> graders, 53% of 10<sup>th</sup> graders and 6% of 12<sup>th</sup> graders report using an illegal drug other than alcohol, tobacco, and marijuana in the past month. : Eight percent of 8<sup>th</sup> graders, 18% of 10<sup>th</sup> graders and 25% of 12<sup>th</sup> graders report being drunk or high at school in the past year.<sup>3</sup>
  - Weapons in School: The annual incident of guns and other weapons reported at school is lower in Kittitas County than in the state and in Washington counties like us.<sup>5</sup>

### **Treatment Expansion Assessment**

An assessment of data specific to Treatment Expansion was also done. According to Kittitas County data from the DSHS Client Services report for July 2004-June 2005 Supplemental Security Income (SSI) benefits are received by 79 clients, General Assistance benefits are received by 164 clients, and Temporary Assistancess to Needy Families (TANF) benefits are received by 1,062 clients. Of these clients receiving SSI, GAU, and TANF benefits 75 have accessed Treatment Expansion services from December 2005 through April 2007. A total of 8 GAU clients, 60 Title 19 adult clients, and 7 Title 19 youth clients have received Treatment Expansion services for a total of \$44,177.55.

### **Criminal Justice System Assessment**

An assessment of service needs for persons in the criminal justice system was also completed. Criminal Justice Treatment Account funds are allocated to support the treatment requirements of our drug court and to meet the treatment expenses of eligible offenders. The estimated number of offenders with an addiction problem in Kittitas County is 356. The estimated number of persons with a substance abuse problem that, if not treated would result in addiction is 890. Estimated number of nonviolent offenders for a drug court program is 40.

The role of the county's judicial system in the delivery of PITA services is to order that offenders with a drug or alcohol offense get an evaluation and follow the treatment recommendation. Residential service needs for offenders have been met utilizing ADATSA funding.

The Kittitas County Drug Court, begun in March, 2003, was chosen because members of the county commissioners, law and justice community, and the county coordinator felt it would be the best way to address the growing number of methamphetamine addicts who were overcrowding our jail, cycling repeatedly through our treatment programs and still re-offending.

Treatment services are enhanced because of the intensive case management of drug court participants by the drug court team and readily available and accessible treatment. Approximately 25 offenders per year are served by the drug court program.

The objective of the Kittitas County Drug Court program is help people recover from their substance abuse and addiction and to reduce the number of offenders in the criminal justice system because of a drug addiction. The goals are measured by reduced participant relapse and recidivism.

### **Resource Assessment**

A resource assessment was conducted through an online survey tool to assess current prevention, intervention, treatment, and aftercare services in the community. In order to more efficiently utilize the time of community partners, the resource assessment was formatted as an online survey. In February the survey was sent out to the original contact list of interested partners. In some instances organizations and individuals were contacted directly.

Resources assessment results provided information on capacity, program domains, and service barriers, funding sources and funding streams. General results of the resources assessment related to intervention, treatment, and aftercare services are as follows:

#### **Intervention Resource Assessment**

School Intervention (pre-assessment, screening, information/education or referral)

- ADDS
- Cle Elum Roslyn School District
- CWCMH
- Easton School/ Prevention and Intervention Cooperative
- Ellensburg High School
- Kittitas School
- Thorp School
- Kittitas County Community Network (pre-assessment)
- Kittitas County Public Health - Tobacco Prevention and Control
- CWU Student Support Services (referral)
- CWU Prime for Life
- Alcohol Drug Information School (ADIS and CRRC)

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<p>Mentoring</p> <ul style="list-style-type: none"> <li>• Easton School/ Prevention and Intervention Cooperative</li> <li>• Ellensburg High School/ TIES</li> <li>• Ellensburg Youth and Community Center/ After School Program</li> <li>• Kittitas County Head Start/ECEAP</li> <li>• Healthy Choices</li> <li>• Planned Parenthood- parent education, teen education in collaboration with juvenile probation</li> <li>• CWU Student Support Services</li> <li>• Youth Services of Kittitas County</li> <li>• Jump Mentoring Program</li> <li>• UC Youth Activities Program</li> <li>• Young Life –n Ellensburg and Cle Elum</li> <li>• AA and NA programs</li> </ul>
<p>Services Assessment</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Cascade Recovery Resource Center</li> <li>• Kittitas County Public Health (KCPH)– Tobacco Prevention and Control</li> <li>• CWU Student Support Services</li> <li>• OIC</li> <li>• CWCMH</li> <li>• DSHS</li> <li>• Probation Services</li> <li>• Schools</li> <li>• CWU Prime for Life</li> <li>• KVCH</li> <li>• Physician/ Clinics</li> </ul>
<p>Screening for Alcohol, Tobacco, or Other Addiction</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Aging and Long Term Care (ADASA)</li> <li>• Cascade Recovery Resource Center</li> <li>• Cle Elum Roslyn School District</li> <li>• CWCMH</li> <li>• Easton School/ Prevention and Intervention Cooperative</li> <li>• Ellensburg High School/ TIES</li> <li>• Kittitas County Probation Services</li> <li>• KCPH First Steps, Children with Special Health Care Needs, Tobacco Prevention and Control Program</li> <li>• CWU Prime for Life</li> <li>• Student Health and Counseling Center</li> </ul>
<p>Assessment for Alcohol, Tobacco, or Other Addiction</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• CRRC</li> <li>• CWCMH</li> </ul>
<p>Brief Intervention</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Cascade Recovery Resource Center</li> <li>• Cle Elum Roslyn School District</li> <li>• CWCMH</li> <li>• CWU Student Support Services</li> <li>• Easton School/ Prevention and Intervention Cooperative</li> <li>• Ellensburg High School/ TIES</li> <li>• Ellensburg Youth and Community Center</li> <li>• Kittitas County Probation Services</li> <li>• KCPH Children with Special Health Care Needs, Tobacco Prevention and Control, HIV Prevention</li> <li>• KVCH</li> <li>• Physicians/ Clinics</li> <li>• DSHS/ Work 1<sup>st</sup> (13-18 and adults)</li> <li>• Employee Assistance Program</li> <li>• Law Enforcement</li> <li>• CWU Student Health and Counseling Center</li> </ul>

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<ul style="list-style-type: none"> <li>• CWU Wellness Center</li> <li>• Kittitas County Probation Services</li> <li>• KCPH Children with Special Health Care Needs, Tobacco Prevention and Control, HIV Prevention</li> <li>• Brief Tobacco Intervention</li> <li>• Kittitas County Prosecuting Attorney's Office</li> <li>• Washington Brief Intervention Referral to Treatment (WSBIRT) - Yakima</li> </ul>
<p>Sobering and Detoxification</p> <ul style="list-style-type: none"> <li>• CWCMH- Yakima (social detox)</li> <li>• Youth Detox and Crisis Intervention- CWCMH Yakima (social detox)</li> <li>• KVCH (limited medical detox)</li> <li>• Kittitas County Jail – social detox</li> </ul>
<p>Outreach</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Ellensburg Youth and Community Center</li> <li>• Kittitas County Community Network/ Enforcing Underage Drinking Laws</li> <li>• Kittitas County Probation Services- Juvenile Department/ Healthy choices Group</li> <li>• KCPH- HIV Prevention</li> <li>• KVCH Community Health Library</li> <li>• Planned Parenthood</li> <li>• Washington State Patrol/ Prevention Programs</li> <li>• Young Life</li> </ul>
<p>Case Management</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Cascade Recovery Resource Center</li> <li>• Cle Elum Roslyn School District</li> <li>• CWCMH- going out to the clients home</li> <li>• CWU Student Support Services</li> <li>• Easton School/ Prevention and Intervention Cooperative</li> <li>• Ellensburg High School/ TIES</li> <li>• Kittitas County Probation Services</li> <li>• KCPH HIV prevention</li> <li>• Kittitas County Prosecuting Attorney</li> <li>• DSHS</li> </ul>

**Treatment Resource Assessment**

<p>Pre-treatment</p> <ul style="list-style-type: none"> <li>• ADDS and CRRC – provide Treatment Readiness</li> </ul>
<p>Outpatient Treatment/Intensive Outpatient Treatment</p> <ul style="list-style-type: none"> <li>• ADDS- (youth and adult)</li> <li>• Cascade Recovery Resource Center (youth and adult)</li> <li>• CWCMH (youth and adult- mental health aspects only)</li> <li>• Sundown M Ranch (youth and adults)</li> <li>• Treatment Expansion (provided by CRRC)</li> </ul>
<p>Intensive Inpatient Treatment</p> <ul style="list-style-type: none"> <li>• Sundown M Ranch (youth and adults)</li> <li>• Parke Creek Juvenile Treatment Center</li> <li>• Pregnant and Parenting Women (nearest program in Yakima and Benton/Franklin)</li> </ul>
<p>Recovery House Services / Long-term</p> <ul style="list-style-type: none"> <li>• Recovery House- nearest program 100+ miles</li> <li>• Long-term Residential- nearest program is Spokane</li> </ul>
<p>Involuntary Commitment</p> <ul style="list-style-type: none"> <li>• Washington State Involuntary Commitment Act (1 to 2 cases a year)</li> <li>• Only 2 facilities in the state can handle this sort of admittance – Pioneer East and Pioneer West</li> </ul>
<p>Criminal Justice System</p> <ul style="list-style-type: none"> <li>• Felony Drug Court/ ADDS</li> <li>• Services for adults and youth in the criminal justice system- ADDS, CRRC, CWCMH</li> <li>• Parke Creek Juvenile Treatment Center</li> </ul>

### Aftercare Resource Assessment

<p>Periodic Outpatient Aftercare</p> <ul style="list-style-type: none"> <li>• ADDS</li> <li>• Cascade Recovery Resource Center</li> </ul>
<p>Relapse/ Recovery Groups</p> <ul style="list-style-type: none"> <li>• AA, NA, are available in county</li> <li>• Abundance of 12 step programs in UC, LC, and CWU</li> <li>• Alternatives to 12 step groups may be approved for required outpatient program</li> <li>• Tobacco Cessation Group</li> <li>• Celebrate Recovery</li> <li>• ALNON (Lower County and Upper County)</li> </ul>
<p>Oxford House/ Access to Recovery</p> <ul style="list-style-type: none"> <li>• Oxford House- nearest is in Yakima, Tri Cities, Spokane</li> <li>• Access to Recovery- funds are going away</li> <li>• Clean and sober housing</li> </ul>

The resource assessment also provided information on funding streams and program longevity: Thirteen percent of resource assessment respondents reported that their funding was 'not secure at all', while 54% reported 'somewhat secure' funding, and 30% reported 'secure' funding. In addition resource assessment respondents reported on funding streams. The following is a list of funding streams and the percent of respondents that reporting funding from the various sources:

- 61% State Agency
- 57% Direct Federal grants or contracts
- 30% Local/municipal funds
- 22% Foundations or individual contributions
- 22% Other
- 17% Program fees
- 2% Individual contributions

### Data Analysis

Community needs assessment data was compiled into an online presentation that was made available to the public. Community needs assessment data was also utilized during a prevention strategic planning workshop and a intervention, treatment, and aftercare strategic planning workshop.

### Assessment of Community Readiness

Community readiness was assessed by surveying formal leaders, informal leaders, and the general public. Community knowledge was assessed through the Community Voice Survey. This survey provided us with a picture of community readiness in relationship to understanding prevention, intervention, treatment, and aftercare issues. Overall respondents demonstrated a good understating of risk factors present in our community related to substance abuse. The areas of most concern were as follows:

- I think kids with friends who use alcohol tobacco and other drugs are at risk for using alcohol tobacco and other drugs.
- I think youth can easily obtain alcohol tobacco and other drugs.
- I think families that have persistent and serious conflict are at risk for alcohol tobacco and other drug use.
- I think lack of parental supervision and discipline is a problem.

- I think the permissive attitudes of kids toward alcohol tobacco and other drugs is a problem in our community.
- I think youth are using alcohol tobacco and other drugs at an earlier age.

The community resource assessment also provided information on community readiness in terms of capacity of prevention programs and coalitions in the county. Community coalitions, including youth-led coalitions, and prevention programs identified a need for capacity training in relation to planning, implementation, sustainability, cultural competency, and evaluation (including outcome, process, and formal needs assessments).

The community resource assessment also assessed barriers to providing PITA services. The top barrier to providing services was insufficient staff due to lack of funding and insufficient collaboration with schools and community. Over 50% of respondents cited “insufficient staff due to lack of funding” and “insufficient collaboration with schools and community” as a significant or moderate barrier to providing services. The following is a list of barriers that at least a quarter of respondents cited as moderate to significant barriers to service:

- Lack of transportation to and from services
- Lack of public awareness of services offered
- Perceived social stigma
- Lack of community interest
- Limited hours of operation
- Program participants drop out
- Staff turnover
- Cultural or language differences
- Lack of available program slots

Cultural and language barriers were assessed in the Resource Assessment and Community Voice survey. The Resource Assessment showed a moderate need for cultural capacity building within organization and coalitions working in the substance abuse continuum. The Community Voice survey found that overall the perception of respondents was that services were available and accessible to all residents of Kittitas County. However at least 10% of respondents cited that they disagree or strongly disagree that PITA services are available to the following populations:

- Homeless people/families
- People for whom English is a second language.
- People diagnosed with both mental illness and an alcohol or other drug addiction
- People with mental disabilities/illnesses
- Low income single adults
- Pregnant/ parenting teens
- The deaf and/or hard of hearing
- People impacted by domestic/family violence
- Lesbian gay bisexual and transgendered people
- The visually impaired
- Low income adults/ families
- People with physical disabilities

### **Gap Analysis**

At the ITA Planning Workshop a gap analysis was done for intervention, treatment, and aftercare services. The following is the gap analysis.

From the Community Voice Survey the following information was found:

### Intervention

- 63% of respondents felt that screening for alcohol, tobacco and other drugs services existed in our community, however of those respondents 40% felt that services did not meet the level of need. 81% of respondents felt these services were important.
- 60% of respondents felt that School intervention services existed in our community, however of those respondents 48% felt that services did not meet the level of need. 86% of respondents felt these services were important.
- 51% of respondents felt that formal intervention services existed in our community, however of those respondents 39% felt that services did not meet the level of need. 82% of respondents felt these services were important.
- 73% of respondents felt that referral to treatment services existed in our community, however of those respondents 30% felt that services did not meet the level of need. 91% of respondents felt these services were important.
- 39% of respondents felt that sobering and detoxification services existed in our community, however of those respondents 37% felt that services did not meet the level of need. 89% of respondents felt these services were important.
- 50% of respondents felt that case management services existed in our community, however of those respondents 43% felt that services did not meet the level of need. 89% of respondents felt these services were important.

Over 80% of respondents felt that all of the above listed services were important to provide in our community. Respondents sited sobering and detoxification services, formal intervention, and case management as least available in the community.

### Treatment

- 57% of respondents felt that alcohol and drug assessment and referral services for youth existed in our community, however of those respondents 44% felt that services did not meet the level of need. 92% of respondents felt these services were important.
- 65% of respondents felt that alcohol and drug assessment and referral services for adults existed in our community, however of those respondents 34% felt that services did not meet the level of need. 92% of respondents felt these services were important.
- 43% of respondents felt that alcohol and drug outpatient services for youth existed in our community, however of those respondents 50% felt that services did not meet the level of need. 92% of respondents felt these services were important.
- 58% of respondents felt that alcohol and drug outpatient services for adults existed in our community, however of those respondents 36% felt that services did not meet the level of need. 92% of respondents felt these services were important.
- 48% of respondents felt that alcohol and drug treatment services for youth in the criminal justice system existed in our community, however of those respondents 50% felt that services did not meet the level of need. 93% of respondents felt these services were important.
- 50% of respondents felt that alcohol and drug treatment services for adults in the criminal justice system existed in our community, however of those respondents 46% felt that services did not meet the level of need. 92% of respondents felt these services were important.
- 16% of respondents felt that childcare services for parents involved in treatment existed in our community, however of those respondents 59% felt that services did not meet the level of need. 86% of respondents felt these services were important.

- 47% of respondents felt that services for adults with both addiction and mental health issues existed in our community, however of those respondents 47% felt that services did not meet the level of need. 91% of respondents felt these services were important.
- 40% of respondents felt that services for youth with both addiction and mental health issues existed in our community, however of those respondents 54% felt that services did not meet the level of need. 93% of respondents felt these services were important.
- 32% of respondents felt that tobacco cessation service for youth existed in our community, however of those respondents 40% felt that services did not meet the level of need. 86% of respondents felt these services were important.
- 42% of respondents felt that tobacco cessation service for adults existed in our community, however of those respondents 30% felt that services did not meet the level of need. 84% of respondents felt these services were important.

Over 84% of respondents felt that the above treatment services were important to provide to residents in our community. Respondents cited tobacco cessation services for adults and youth, co-occurring addiction and mental health diagnosis services, childcare services for parent in treatment, and out patient services for youth as the least available in our community.

#### Aftercare

- 79% of respondents felt that 12-step programs (Alcoholics Anonymous Narcotics Alnon) existed in our community, however of those respondents 22% felt that services did not meet the level of need. 91% of respondents felt these services were important.
- 12% of respondents felt that housing services for adults recovering from alcohol and/or drug addiction existed in our community, however of those respondents 52% felt that services did not meet the level of need. 76% of respondents felt these services were important.
- 28% of respondents felt that youth support groups/ recovery groups/ aftercare groups (other than AA/NA) existed in our community, however of those respondents 37% felt that services did not meet the level of need. 91% of respondents felt these services were important.
- 34% of respondents felt that adult support groups/ recovery groups/ aftercare groups (other than AA/NA) existed in our community, however of those respondents 30% felt that services did not meet the level of need. 90% of respondents felt these services were important.
- 44% of respondents felt that alcohol social support services (housing employment child care or medical care) existed in our community, however of those respondents 48% felt that services did not meet the level of need. 83% of respondents felt these services were important.
- 35% of respondents felt that community service volunteer opportunities for recovering individuals existed in our community, however of those respondents 36% felt that services did not meet the level of need. 82% of respondents felt these services were important.
- 58% of respondents felt that family support services (Al-Anon Nar-Anon) existed in our community, however of those respondents 25% felt that services did not meet the level of need. 89% of respondents felt these services were important.
- 25% of respondents felt Relapse prevention programs existed in our community, however of those respondents 43% felt that services did not meet the level of need. 88% of respondents felt these services were important.

Over 82% of respondents felt that the above aftercare services were important to provide to residents in our community, with the exception of housing services which received 76% of respondents reporting that this services was important or very important. . With exception of availability of 12-step programs, aftercare services had a low percent of respondents reporting availability of those in our community.

During the strategic planning workshop for intervention, treatment, and aftercare services, participants were asked to do a SWOT analysis of services - strengths, weaknesses, opportunities, and threats were discussed. The following are the results of the SWOT analysis:

### Intervention Analysis

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Interaction between agencies</li> <li>• Proactive community</li> <li>• Smaller community</li> <li>• Many agencies doing brief intervention</li> <li>• Ongoing professional development (ex. Motivational Interviewing)</li> <li>• Campus Community Coalition</li> <li>• Drug Court</li> <li>• DUI victims panel</li> <li>• Legal system cooperation and services</li> <li>• Human resources related to addiction</li> <li>• Coordination of services</li> <li>• Formal services – medical referral to agencies</li> <li>• Cooperation among agencies</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• Lack of response and school involvement</li> <li>• School staff turnover</li> <li>• Disconnect between Ellensburg School District and agencies</li> <li>• No elementary intervention</li> <li>• No bilingual Spanish services</li> <li>• In-school services</li> <li>• Legal system- in consistent sentencing, pleas, and rescuing</li> <li>• Lack of coordination of agencies</li> <li>• No social detox</li> <li>• Limited medical detox</li> <li>• Transportation</li> <li>• Coordination of services</li> <li>• Systematic access to chemical dependency services through ER</li> <li>• Public and professional stigma related to substance addiction</li> <li>• Lack of chemical dependency counselors</li> <li>• Lack of education in schools</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Juvenile drug court</li> <li>• Court related immediate consequences</li> <li>• Mentoring programs for youth</li> <li>• Legal system- consistent sentencing, close loop holes</li> <li>• Coordination of agencies</li> <li>• Social detox</li> <li>• Medical detox</li> <li>• Transportation</li> <li>• Coordination of services</li> <li>• Systematic access to chemical dependency services through ER</li> <li>• Opportunity for education related to public and professional stigma related to substance addiction</li> <li>• Chemical dependency counselors</li> <li>• Education in schools</li> <li>• In-service trainings for community agencies about services in the community</li> <li>• Middle school alternative education program</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Parental and community reluctance to accept substance use is a problem</li> <li>• CWU influence to culture</li> <li>• Advertising for alcohol</li> <li>• Acceptance of drinking as a cultural norm</li> <li>• Hard alcohol advertising on TV</li> <li>• Competition for funding and patients</li> <li>• Over medication/ lack of information and coordination with medical professionals</li> <li>• In school services</li> <li>• Professional territorialism</li> </ul>

**Treatment Analysis**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Options- 2 agencies to choose from and private practitioners</li> <li>• Willingness to use both – cooperation</li> <li>• Licensed /accredited providers</li> <li>• Good quality outpatient</li> <li>• Youth and adults are being served</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• No recovery house</li> <li>• No youth beds</li> <li>• No structured family component</li> <li>• No co-occurring dual diagnosis programs</li> <li>• Financial barriers</li> <li>• Transportation</li> <li>• No bilingual Spanish services</li> <li>• Lack of services for co-occurring disorders</li> <li>• Stigma</li> <li>• Family Treatment</li> <li>• CD counselors</li> <li>• Lack of chemical dependency education in schools</li> <li>• Lack of services for pre-contemplative stage</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Local beds</li> <li>• Evening bus through Hope Source for evening groups</li> <li>• Funding</li> <li>• Recovery house</li> <li>• Youth beds</li> <li>• Structured family component</li> <li>• Co-occurring dual diagnosis programs</li> <li>• Transportation</li> <li>• No bilingual Spanish services</li> <li>• Partnerships for co-occurring diagnosis</li> <li>• Family Treatment</li> <li>• CD counselors</li> <li>• Lack of chemical dependency education in schools</li> <li>• Work 1<sup>st</sup> support funding for private treatment</li> <li>• In-service trainings for community agencies about services in the community</li> <li>• Awareness/ education of disease</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Lack of qualified counselors (not an attractive field to get into)</li> <li>• Competition for funding and patients</li> <li>• Over medication/ lack of information and coordination with medical professionals</li> <li>• In school services</li> <li>• Professional territorialism</li> </ul>

**Aftercare Analysis**

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Drug Court</li> <li>• Active AA and NA groups</li> <li>• Great programs</li> <li>• Agency support</li> <li>• 2 agencies and private practitioners</li> <li>• Cooperation among agencies</li> <li>• 12 Step community</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Funding</li> <li>• No recovery house/ Oxford House, clean and sober housing</li> <li>• Alternatives to AA</li> <li>• Family and children support group- 12 step</li> <li>• Private agency has no funding for UAs</li> <li>• Transportation</li> <li>• Education to providers and in schools</li> <li>• Lack of CD Counselors</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• 12 step programs for youth</li> <li>• Funding</li> <li>• Recovery house/ Oxford House, clean and sober housing</li> <li>• Alternatives to AA</li> <li>• No clean and sober housing</li> <li>• Family and children support group- 12 step</li> <li>• Private agency has no funding for UAS</li> <li>• Transportation</li> <li>• Education to providers and in schools</li> <li>• Lack of CD Counselors</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Competition for funding and patients</li> <li>• Over medication/ lack of information and coordination with medical professionals</li> <li>• In school services</li> <li>• Professional territorialism</li> </ul>

### **Mobilize and/or Build Capacity to Address Needs**

The purpose of this stage of strategic planning is to mobilize and organize the community and build local capacity to address the chemical dependency impacts on the community. Strategies and initiatives in this stage build on the early networking of key stakeholders and community members in Step 1, and continue to involve others in organizing the planning process.

The following intervention, treatment, and aftercare strategic plan requirements for DASA and Community Mobilization were met. The following narrative will demonstrate how these requirements were met.

<p><b>DASA Requirements</b></p> <p><b>Overall Requirements</b></p> <p>A narrative identifying persons and organizations involved in the process, including:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Ethnic minorities</li><li><input checked="" type="checkbox"/> Racial groups and organizations</li><li><input checked="" type="checkbox"/> Tribes and tribal organizations</li><li><input checked="" type="checkbox"/> Urban Native Americans (when appropriate)</li><li><input checked="" type="checkbox"/> Faith-based Organizations</li><li><input checked="" type="checkbox"/> Gay, Lesbian, Bisexual and Transgender persons/organizations</li></ul>
<p><b>Requirements Specific to the Criminal Justice Section</b></p> <p>The assessment must be developed in conjunction with representatives from the following:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> County Alcohol and other Drug Coordinator</li><li><input checked="" type="checkbox"/> County prosecutor</li><li><input checked="" type="checkbox"/> County sheriff</li><li><input checked="" type="checkbox"/> County superior court</li><li><input checked="" type="checkbox"/> Substance abuse treatment provider(s) appointed by the county legislative authority</li><li><input checked="" type="checkbox"/> A member of the criminal defense bar appointed by the county legislative authority</li><li><input checked="" type="checkbox"/> In counties with a drug court(s), a representative of the drug court(s)</li></ul>

<p><b>Community Mobilization</b></p> <p><b>Overall Requirements</b></p> <p>A narrative identifying persons and organizations involved in the process, including:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Education</li><li><input checked="" type="checkbox"/> Treatment</li><li><input checked="" type="checkbox"/> Local Government, including tribes and tribal organizations</li><li><input checked="" type="checkbox"/> Law Enforcement</li><li><input checked="" type="checkbox"/> Parents</li><li><input checked="" type="checkbox"/> Ethnic minorities</li><li><input checked="" type="checkbox"/> Racial groups and organizations</li><li><input checked="" type="checkbox"/> Other appropriate community members</li></ul>
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A broad representation of community members provided input on ITA strategic planning through following venues:

- Resource Assessment
- Community Voice Survey
- ITA Strategic Planning Workshop

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Individuals and organizations that participated in the above venues were representative of all geographic areas of the county and were also representative of the following the following populations:

- Aging and adult services
- Client/Consumer
- College student
- Community members
- Concerned citizen
- Concerned family member
- Education
- Elderly
- Employment and training
- Faith-based organization or member
- Healthcare/Medical
- Intravenous drug user
- Law enforcement
- Lesbian/Gay/Bisexual/Transgendered/Questioning (LGBTQ)
- Local government
- Mental health
- Parent of a school-aged youth
- Parent with young children
- Person with a disability
- Pregnant/Postpartum women
- Public health
- Recovery community member
- School dropouts
- Social service provider
- Students and youth both in and out of school
- Substance abuse prevention and/or treatment provider
- Youth in juvenile detention facilities
- Youth: Pregnant and parenting
- Youth: runaway and homeless

The Community Voice Survey was promoted through the local newspaper web page, through direct emails, group emails, and coalition and board meetings, and word of mouth. The following representation was reported by respondents to the Community Voice Survey.

<b>What areas of the community do you feel you are part of, identify as, or represent.</b>			
67%	Community members	9%	Mental health
65%	Concerned citizen	9%	Public health
58%	Education	8%	Local government
37%	Client/Consumer	8%	Substance abuse prevention and/or treatment provider
34%	Concerned family member	7%	Law enforcement
26%	Faith-based organization or member	7%	Recovery community member
25%	Parent of a school-aged youth	5%	Elderly
18%	Employment and training	5%	Person with a disability
16%	College student	4%	Lesbian/Gay/Bisexual/Transgendered/Questioning (LGBTQ)
14%	Healthcare/Medical	4%	Other (please specify)
14%	Parent with young children	2%	Pregnant/Postpartum women
13%	Students and youth both in and out of school	2%	School dropouts
11%	Social service provider	2%	Youth in juvenile detention facilities
10%	Aging and adult services	2%	Youth: Pregnant and parenting
		2%	Youth: runaway and homeless

Community Voice survey respondents also reported on race and ethnicity. Ninety percent of respondents reported ethnicity or race as Caucasian, which is reflective of the general population of Kittitas County. While another 10% reported Asian or Asian American, American

Indian or Alaskan Native, Black or African-American, Hispanic or Latino/Latina, or Other as race or ethnicity.

At the ITA strategic planning workshop held in May constituents from a broad representation of the community participated. Attending the workshop were representatives of Planned Parenthood, People for People, DSHS; Drug Court, CWU Wildcat Wellness, Community Safety Network and EUADL; DUI Task Force, Meth Task Force, Kittitas County Substance Abuse Advisory Board, CWU Community Campus Coalition, Traffic Safety Task Force, Kittitas County Juvenile Probation, ADDS, Cascade Recovery Resource Center, Kittitas County Probation, DASA County Coordinator, private mental health provider, Kittitas County Public Health, Kittitas County Tobacco Prevention and Control Program, health care providers, Kittitas Valley Community Hospital, school intervention specialist, Central Washington Comprehensive Mental Health, OIC, youth representatives.

### **Criminal Justice System Assessment**

Specific input on intervention, treatment, and aftercare services were provided by County Alcohol and other Drug Coordinator, County prosecutor, Superior Court judge, member of defense bar, County sheriff, County probation services, County Commissioner, Substance abuse treatment provider appointed by the county legislative authority, and drug court representative.

In March 2003 an assessment of service needs for persons in the criminal justice system was completed in conjunction with the County DASA Coordinator, county commissioners, and law and justice community. At that time it was decided that CJTA funds should be used to fund a Kittitas County Drug Court. Currently this funding will continue to be utilized in part for drug court services.

### Develop Comprehensive Plan & Goal Formation

The purpose of this stage of strategic planning is to summarize the information collected in the first two steps and write a plan that will be used to establish the direction the county will move in terms of community-based intervention, treatment, and aftercare based on community need.

The following intervention, treatment, and aftercare strategic plan requirements for DASA and Community Mobilization were met. The following narrative and logic models will demonstrate how these requirements were met.

<b>DASA Requirements</b>
<b>Requirements Specific to the Treatment Expansion Section</b> A narrative describing the plan for expanded services and outreach for the following populations: <input checked="" type="checkbox"/> SSI <input checked="" type="checkbox"/> GAU- Adult <input checked="" type="checkbox"/> TANF <input checked="" type="checkbox"/> Youth
<b>Requirements Specific to the Criminal Justice Section</b> A narrative describing how funds from the Criminal Justice Treatment Account (CJTA) allocation will be expended, to include: <input checked="" type="checkbox"/> Estimated number of offenders with an addiction problem against whom charges are filed by a prosecuting attorney in Washington State <input checked="" type="checkbox"/> Estimated numbers of persons with a substance abuse problem that, if not treated would result in addiction, against whom charges are filed by a prosecuting attorney in Washington State <input checked="" type="checkbox"/> Estimated number of nonviolent offenders for a drug court program <input checked="" type="checkbox"/> Role of the county's judicial system in delivery of PITA services <input checked="" type="checkbox"/> Residential service needs for offenders

### Treatment Expansion Assessment

Primarily Treatment Expansion will be provided by expanding service providers in the county. Cascade Recovery and Resource Center will provide Treatment Expansion services for SSI, GAU, TANF, and eligible youth.

### Criminal Justice Section

Drug court was the chosen intervention. The following is a narrative of the project description, reason for choosing, number of persons served, and goals and objectives.

Criminal Justice Treatment Account funds will be allocated to support the treatment requirements of our drug court and to meet the treatment expenses of eligible offenders. The estimated number of offenders with an addiction problem in Kittitas County is 356. The estimated number of persons with a substance abuse problem that, if not treated would result in addiction is 890. Estimated number of nonviolent offenders for a drug court program is 40.

The role of the county's judicial system in the delivery of PITA services is to order that offenders with a drug or alcohol offense get an evaluation and follow the treatment recommendation. Residential service needs for offenders have been met utilizing ADATSA funding.

The Kittitas County Drug Court, begun in March, 2003, was chosen because members of the county commissioners, law and justice community, and the county coordinator felt it would be the best way to address the growing number of methamphetamine addicts who were overcrowding our jail, cycling repeatedly through our treatment programs and still re-offending.

Treatment services are enhanced because of the intensive case management of drug court participants by the drug court team and readily available and accessible treatment. Approximately 25 offenders per year are served by the drug court program.

The objective of the Kittitas County Drug Court program is help people recover from their substance abuse and addiction and to reduce the number of offenders in the criminal justice system because of a drug addiction. The goals are measured by reduced participant relapse and recidivism. The innovative and best practice used for this intervention is the Matrix Model.

There is no regional project at this time.

### **Tobacco Cessation**

Tobacco intervention, treatment, and aftercare will be addressed through an existing strategic plan. The Tobacco Prevention and Control strategic plan, developed by the Tobacco Prevention and Control Public Health program is attached (please see ATTACHMENT 2, it is a separate document). Development of the Tobacco Prevention and Control plan involved a community process and addresses Prevention, Intervention, Treatment, and Aftercare.

### **Other Intervention, Treatment, and Aftercare Services**

From the strategic planning process several key intervention, treatment, and after care issues were identified. The following opportunities for enhancement and development of intervention, treatment, and aftercare services are listed as a guide for future planning.

#### **Intervention**

Next steps to take – organize a task force of key stakeholders, prioritize opportunities, and develop an implementation plan. The following are the issues that were identified related to intervention services in Kittitas County:

- Juvenile drug court
- Court related immediate consequences
- Mentoring programs for youth
- Legal system- consistent sentencing, close loop holes
- Coordination of agencies
- Social detox
- Medical detox
- Transportation
- Coordination of services
- Systematic access to chemical dependency services through ER
- Opportunity for education related to public and professional stigma related to substance addiction
- Chemical dependency counselors
- Education in schools
- In-service trainings for community agencies about services in the community
- Middle school alternative education program
- Sobering and detoxification services, formal intervention, and case management least available in the community.

### Treatment

Next steps to take – organize a task force of key stakeholders, prioritize opportunities, and develop an implementation plan. The following are the issues that were identified related to treatment services in Kittitas County:

- Local beds
- Evening bus through Hope Source for evening groups
- Funding
- Recovery house
- Youth beds
- Structured family component
- Co-occurring dual diagnosis programs
- Transportation
- No bilingual Spanish services
- Partnerships for co-occurring diagnosis
- Family Treatment
- CD counselors
- Lack of chemical dependency education in schools
- Work 1<sup>st</sup> support funding for private treatment
- In-service trainings for community agencies about services in the community
- Awareness/ education of disease
- Tobacco cessation services for adults and youth, co-occurring addition and mental health diagnosis services, childcare services for parent in treatment, and out patient services for youth as least available in our community.

### Aftercare

Next steps to take – organize a task force of key stakeholders, prioritize opportunities, and develop an implementation plan. The following are the issues that were identified related to aftercare services in Kittitas County:

Over 82% of respondents felt that the above aftercare services were important to provide to residents in our community, with the exception of housing services which received 76% of respondents reporting that this services was important or very important. . With exception of availability of 12-step programs, aftercare services had a low percent of respondents reporting availability of those in our community.

- 12 step programs for youth
- Funding
- Recovery house/ Oxford House, clean and sober housing
- Alternatives to AA
- No clean and sober housing
- Family and children support group- 12 step
- Private agency has no funding for UAS
- Transportation
- Education to providers and in schools
- Lack of CD Counselors
- With exception of availability of 12-step programs, aftercare services had a low percent of respondents reporting availability of those in our community.

### Other Issues

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Cultural competency issues have been identified as a State priority, and were additionally identified as a barrier in the resource assessment. Steps for addressing cultural competency issues include assessing current policies and practices, seeking training and staff development opportunities, and implementing practices that enhance cultural competency within an organization or program.

## Implementation

### Purpose

The purpose of the implementation stage is to develop the detailed steps of activities indicating the person responsible, with timelines, using the goals and objectives developed in Step 3. Fidelity, training, adaptation, and cultural relevance may also be also examined in this stage as appropriate.

The following is a logic model for implementation of the intervention, treatment, and aftercare strategic plan for Kittitas County.

### Kittitas County 6 Year ITA Strategic Plan Logic Model

Action Strategies	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Provide Felony Drug Court (for Adults)	X	X	X	X	X	X
Treatment Expansion (expanded service providers in Kittitas County)	X	X	X	X	X	X
Organize key stakeholders to further investigate enhancement of substance abuse and addiction intervention services	X	X	X			
Organize key stakeholders to further investigate enhancement of substance abuse and addiction treatment services		X	X	X		
Organize key stakeholders to further investigate enhancement of substance abuse and addiction aftercare services		X	X	X		
Enhancement and development of culturally competent policies and practices	X	X	X	X	X	X
Plan review		X		X		X

**Evaluation**

The strategic plan will be evaluated every 2 years.

**Criminal Justice Section**

The Criminal Justice interventions will be evaluated on a early basis through review of the treatment completion and retention data and review of data regarding reduced involvement of program/treatment participants in criminal activity.

**Treatment Expansion**

The Treatment Expansion intervention will be evaluated on a yearly basis through review of relative data including DSHS Client Services report.

**Kittitas County 6 Year Strategic Plan  
Participation List**

The following list identifies individuals and organization invited to participate in the strategic planning process, as well as individuals and organizations participating in the planning process. **(Please note: current list only represents prevention planning participants- which includes individuals and organizations completing Community Voice survey and/or the resource assessment)**

Name, Organization, Position	Sectors Represented	Prevention participation	Intervention participation	Treatment participation	Aftercare participation
Alcohol and Drug Dependency Services, Skip Mynar, Emily Brown	County Coordinator, Court services: Adult drug court, Treatment provider	X	X	X	X
Allison Hopkins, youth representative	Youth	X	X	X	X
Amy Claussen, Planned Parenthood Outreach Education	Home and Community Services	X	X	X	X
Arlen Parker, Ellensburg School District	Public Education, Criminal Justice				
Bob Trumpy, Central Washington University, Direct of Student Health and Counseling Services	Community Health Clinics	X	X	X	X
Bonnie Corns, Kittitas County Public Health, Community Health Services Manager	Public Health, Parent/families	X			
Brad Case, City of Ellensburg, Parks and Recreation Director	Home and Community Services	X			
Carolyn Thurston, Central Washington University, Student Support Services	College and University, Boards and Commissions	X			
Cathy Bambrick, Kittitas County Public Health	Public Health	X			
Central Washington Comprehensive Mental Health, Harry Kramer	Mental Health	X	X	X	X
Cheryl Burrows, Kittitas County Emergency Services Management	Home and Community Services				

Cle Elum Police Department, Chief Scott Ferguson, David Houseberg, Pete Fletcher	Law Enforcement, Meth Action Team, Community Prevention Coalitions, Parent	X			
CWU Police Department, Chief Steve Rittereiser, Jason Berthon-Koch	Law Enforcement				
Judge Cooper	Superior Court		X	X	X
Dan Leavitt, Cle Elum/ Roslyn Schools	Public Education, Home and Community Services	X			
Dawn Bass, ADDS, Cle Elum Roslyn School District	Treatment Provider, Intervention/ prevention in schools, Recovery Community, youth group	X	X	X	X
Dawn Cleave, Kittitas County Community Network, Board Chair,	Community Health and Safety Network, Community Prevention Coalition, Boards and Commissions	X	X	X	X
Dean Duby, Kittitas County Community Health and Safety Network board member	Community Health and Safety Network, Community Prevention Coalition, Boards and Commissions, Faith Communities	X			
Denette Woodiwiss, DSHS Community Services	Community Prevention Coalition, Home and Community Service	X	X	X	X
Dispute Resolution Center	Criminal justice collaboration, Home and community services	X			
Dolores Gonzalez, Ellensburg School District Migrant Outreach Program	Home and Community Services				
Doug Mitchell, Kittitas County Attorney	Criminal Justice				
Ellensburg Police Department, Andrew Hall, Dale Miller, Jason Brunk, Ross Green, Dan Hansberry	Law Enforcement, Courts: Juvenile	X			
Elmview Support Services	Disability Services, Home and Community Services, Housing and housing support services, Employment and training providers	X			
Gail Farmer, Central Washington University	Prevention/ Intervention Specialist	X	X	X	X
Gary Ristine, Principal Morgan Middle School	Public Education				
Geoff Crump, Hope Source	Home and Community Services, Housing and housing support services	X			

Ginni Erion, Thorp School Superintendent	School administration				
Greg Zempel, Kittitas County Prosecutor	Court services: Adult drug, family and juvenile courts	X	X	X	X
Jack Baker, CWU Student Support Services	Home and Community Services	X	X	X	X
Jack Kelleher Kittitas County Community Health and Safety Network Board	Community Health and Safety Network, Community Prevention Coalition, Boards and Commissions	X			
Jani Niner, Ellensburg City Council Member	Boards and Commissions, foster parent	X			
Jane Stark, Kittitas Valley Community Hospital	Public Hospital		X	X	X
Jeff Ellersick, Ellensburg School District	Public Education				
Jeff Peterson	CWU Student, youth group volunteer				
Jen Estroff; Central Washington University	CWU Housing, community prevention coalition member				
Jessica Leavitt, Safe Kids;	Community Health educator				
Jessika Roe, Kittitas County Community Health and Safety Network	Community Health and Safety Network, Prevention Provider, Community Mobilization Representative	X	X	X	X
Jim Pidduck, City of Ellensburg	City Attorney, Boards and Commissions, prevention coalition member				
Joan Baird Glover	Boards and Commissions, Community Hospital	X			
Dr. John Anderson, Cle Elum Family Medicine	Health Care Provider		X	X	X
John Bolla, DSHS	Juvenile Justice and Treatment Administrator				
John Brotherton, Alcohol and Substance Abuse Advisory Board	Boards and Commissions	X	X	X	X
John Purcell	Boards and Commissions, Recovery Community Member	X			
John Silva, Alcohol an Substance Abuse Advisory Board	Boards and Commissions, retired CWU Psychology Professor, Mental Health Board member	X			
John Steinbach, Ellensburg School District	School Counselor, prevention/intervention specialist	X			
Josephine Yaba, Ellensburg Public Library	Children's Librarian				

## ATTACHMENT 1

Julia Karns, Kittitas County Public Health, HIV Prevention	Meth Action Team, Public Health, Prevention Provider	X	X	X	X
Ken Beckley, defense board	Appointed by County Legislative Authority		X	X	X
Kim Davis	Kittitas County Head Start, Parents/Families	X	X	X	X
Kim Dawson	KCSO administrative staff				
Kittitas County Court Advocates	Child Protective Services, Court Services				
Kittitas County Sheriff, Sheriff Gene Dana, Andrea Blume, Bob Gubser	Criminal Justice, Law Enforcement, Parent/Family	X	X	X	X
Kittitas Police Department, Chief Mike Studer	Law Enforcement, Meth Action Team, Parent	X			
Laurie Haberman, Kittitas County Juvenile Probation	Court Services: Juvenile Courts, Community prevention Coalition	X			
Liz Whitaker, Kittitas County Public Health	Public Health, Home and Community Services, Parents/ Families	X	X	X	X
Lynne Harrison, Central Washington University, Campus Community Coalition	Community Prevention Coalitions	X	X	X	X
Mark Flatau, Cle Elum/ Roslyn Superintendent	School Administration	X	X	X	X
Mark McClain, Kittitas County Board of Commissioners	Boards and Commissions	X	X	X	X
Mary Scott, Daily Record, Town Talk	Media	X			
Melanie Hopkins, Kittitas County Community Health and Safety Network Director	Community Mobilization Representative, Community Health and Safety Network, Meth Action Team, Community Prevention Coalitions, Home and Community Services, Parent	X	X	X	X
Melissa Denner, Community Health and Safety Network Board Member	Treatment, Recovery Community Member, Community Health and Safety Network	X			
Melody Madlem, Central Washington University, Health Education	College and Universities	X			
Michael Stafford, Kittitas County Juvenile Probation	Court Services: Juvenile Courts, Community prevention Coalition	X	X	X	X
Michele Montgomery	Ellensburg Police Dept. administrative staff, youth equestrian riding instructor				

Mike McCloskey, PFLAG Representative	Parents/ Family, Public Education	X			
Misty Fischer	Central WA Disabilities Services				
Monty Sabin	School Administration, Parent, Faith Community				
Nicole Dunn, Wildcat Wellness, Central Washington University	Prevention Provider, Community prevention Coalitions				
Pam Clemons	Kittitas Valley Community Hospital				
Pam Stoneburg, Treatment Provider	Treatment Provider, Intervention specialist	X	X	X	X
Patrick Gigstead, Kittitas County Probation Services	Court, Probation Juvenile	X	X	X	X
Paul Sander	Juvenile Court Prosecuting Attorney, Community Prevention Coalitions				
Penny Roe	Housing and Housing Support Services				
People for People	Housing and Housing Support	X	X	X	X
Rich Smith	Paramedic/firefighter for Kittitas Valley Fire and Rescue, parent, boards and commissions (chair of SAAB)				
Rob Blazina	Public Education, parent of child with disability				
RSVP	Aging and Adult Services	X			
Sara Burnet, Kittitas County Public Health, Health Promotion Manager	Public Health, Community Prevention Coalitions	X			
Sarah Bedsaul, Robin Read Ochoa Tobacco Prevention and Control Program, Kittitas County Public Health	Community Prevention Coalitions, Prevention Providers, Public Health, Tobacco Prevention and Control LHJ	X	X	X	X
Scott Botten, Ellensburg High School	School Counselor, Prevention/intervention specialist, Prevention provider, Community Prevention coalitions	X			
Sgt. Steve Panattoni	Law Enforcement officer, Criminal Justice and Jail Collaboration	X			
Sharon Smith, First Steps, Kittitas County Public Health	Home and Community Services, Public Health, Parents/families	X			
Sharrie. McPherson	Criminal Justice and Jail Collaboration, parent				
Sheryl Leavitt	Health care provider	X			
Stacy Flores	Parent, parent of minority children, member of recovery community				
Stan Bassett, Youth Services	Youth Groups	X			

ATTACHMENT 1

Stephanie Wise	DASA Prevention Region 2 Program Manager	X	X	X	X
Stu Spence, Ellensburg Youth and Community Center	Youth Group, Community Prevention Coalitions, Community Health and Safety Network	X	X	X	X
Sue Ellen White, Thorp Superintendent	School Administration				
Sue Hammond; Morgan Middle School	School Counselor, Prevention/intervention Specialist	X			
Susan Martin, ESD 105	Tobacco Prevention and control through ESD	X			
Undersheriff Clayton Myers	KCSO Undersheriff				
Washington State Patrol, Darren Wright, Kiley Conaway	Law Enforcement				
William Holmes, Kittitas County Juvenile Probation	Court Service: Juvenile Court, community prevention coalition	X	X	X	X

Please see document

Attachment 2: Kittitas County TPC Strategic Plan