



# CLARK COUNTY MENTAL HEALTH SALES TAX REPORT 2023



# CLARK COUNTY MENTAL HEALTH SALES TAX REPORT 2023 TABLE OF CONTENTS



## HOW TO APPLY FOR FUTURE MHST FUNDING

Clark County is always seeking new providers to expand behavioral health services in our community. Is your organization interested in applying for Mental Health Sales Tax funding to provide services?

Email Clark County Community Services Program Manager DeDe Sieler at [dede.sieler@clark.wa.gov](mailto:dede.sieler@clark.wa.gov) with the information below to be notified of the next opportunity to submit a proposal:

- Name
- Organization
- Position title
- Email address
- Phone number



KEY DATES	
Request for Proposal (RFP) announcement	end of June each year
Proposals due	mid-August
Funding begins	January 1st of the following year

**Questions?**  
Email [dede.sieler@clark.wa.gov](mailto:dede.sieler@clark.wa.gov) for additional information.

### INTERNALLY FUNDED PROGRAMS

#### DISTRICT THERAPEUTIC COURTS

- 09** Veterans Therapeutic Court
- 11** Mental Health Court
- 14** Community Court
- 16** Treatment Alternative Court
- 18** DUI Court

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- 20** Adult Drug Court
- 22** Family Treatment Court
- 24** Residential Drug Offender Sentencing Alternative
- 27** Safe Babies Court (SBC)

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- 28** Mental Health Services Post Doc Resident
- 32** Detention Psychologist
- 36** Detention Alternatives Program

#### ARTHUR D. CURTIS CHILDREN'S JUSTICE CENTER

- 40** Children's Justice Center

#### PUBLIC HEALTH

- 42** Nurse-Family Partnership

#### COMMUNITY SERVICES

- 45** Systems Integration Program Coordinator II

#### JAIL SERVICES

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## PURPOSE, SCOPE & POINT OF CONTACT

This report outlines the activities and programs funded by Clark County during calendar year 2023 using revenue from the Mental Health Sales Tax.

The report (compiled by Liz Kearny, Program Coordinator II, Clark County Community Services and Jordan Boege, Senior Policy Analyst, Clark County Council) utilizes demographic and program data compiled by each funded activity during the calendar year.

### MENTAL HEALTH SALES TAX ADVISORY BOARD

**DR. ALAN MELNICK**  
Director  
Clark County Public Health

**CHRISTINE SIMONSMIEIER**  
Juvenile Court Services Administrator  
Clark County Superior Court

**GLEN YUNG**  
Clark County Councilor, District 1

**KAREN DILL-BOWERMAN**  
Clark County Chair  
Councilor, District 3

**BRYAN FARRELL**  
Administrator  
Clark County District Court

**CHERYL STONE**  
Administrator  
Clark County Superior Court

**VANESSA GASTON**  
Director  
Clark County Community Services

**DEDE SIELER**  
Program Manager II  
Clark County Community Services

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County Manager’s Office / 564.397.4157  
[jordan.boege@clark.wa.gov](mailto:jordan.boege@clark.wa.gov)

**ADDITIONAL INFORMATION** on the Mental Health Sales Tax, the Mental Health Sales Tax Funding Advisory Board, and activities funded can be located at:  
[clark.wa.gov/councilors/mental-health-sales-tax-funding-advisory-board](http://clark.wa.gov/councilors/mental-health-sales-tax-funding-advisory-board)

## MENTAL HEALTH SALES TAX BACKGROUND

E2SSB-5763 became law in the state of Washington in 2005 to address the increasing number of individuals with mental health disorders, substance abuse and co-occurring mental health and substance abuse disorders. The legislature subsequently enacted a one-tenth of 1% treatment sales tax (commonly referred to as the Mental Health Sales Tax) to provide services and support to this population. In 2007 Clark County passed a countywide one-tenth of 1% treatment sales tax, the proceeds of which are spent after appropriation by the Clark County Council, in accordance with the following criteria established in RCW 84.14.460:

- Funds must serve residents of Clark County
- The funded service must be connected to behavioral health (mental health and substance use)
- Eligible program areas for funding are intervention, treatment, aftercare, outreach, support services (such as housing, transportation, case management) and prevention (as of 2013)
- Funds may be used for service and operation delivery for therapeutic courts
- Funding is meant to be flexible
- As of 2016, funds must support new or expanded programs

In addition to being a powerful tool for providing compassionate spaces of healing, connection, and recovery throughout our communities, these funds have also become a cost-effective way to steward public resources for the promotion of safety for every member of our community, since addressing the root causes of harm related to behavioral health needs with prevention and treatment has been shown to be less expensive to the taxpayer than relying on incarceration (<https://www.vera.org/publications/treatment-alternatives-to-incarceration-for-people-with-mental-health-needs-in-the-criminal-justice-system-the-cost-savings-implications>).

### ADVISORY BOARD

In 2017 a task force was created to recommend guiding principles and criteria to the county council to help in decision-making for new funding requests. The task force recommended a continuing Mental Health Sales Tax Advisory Board (MHSTAB) for the dual purposes of:

1. Creating a formal process for collecting and evaluating new funding requests; and

2. Providing advisory input to the county manager’s recommended budget to the county council.

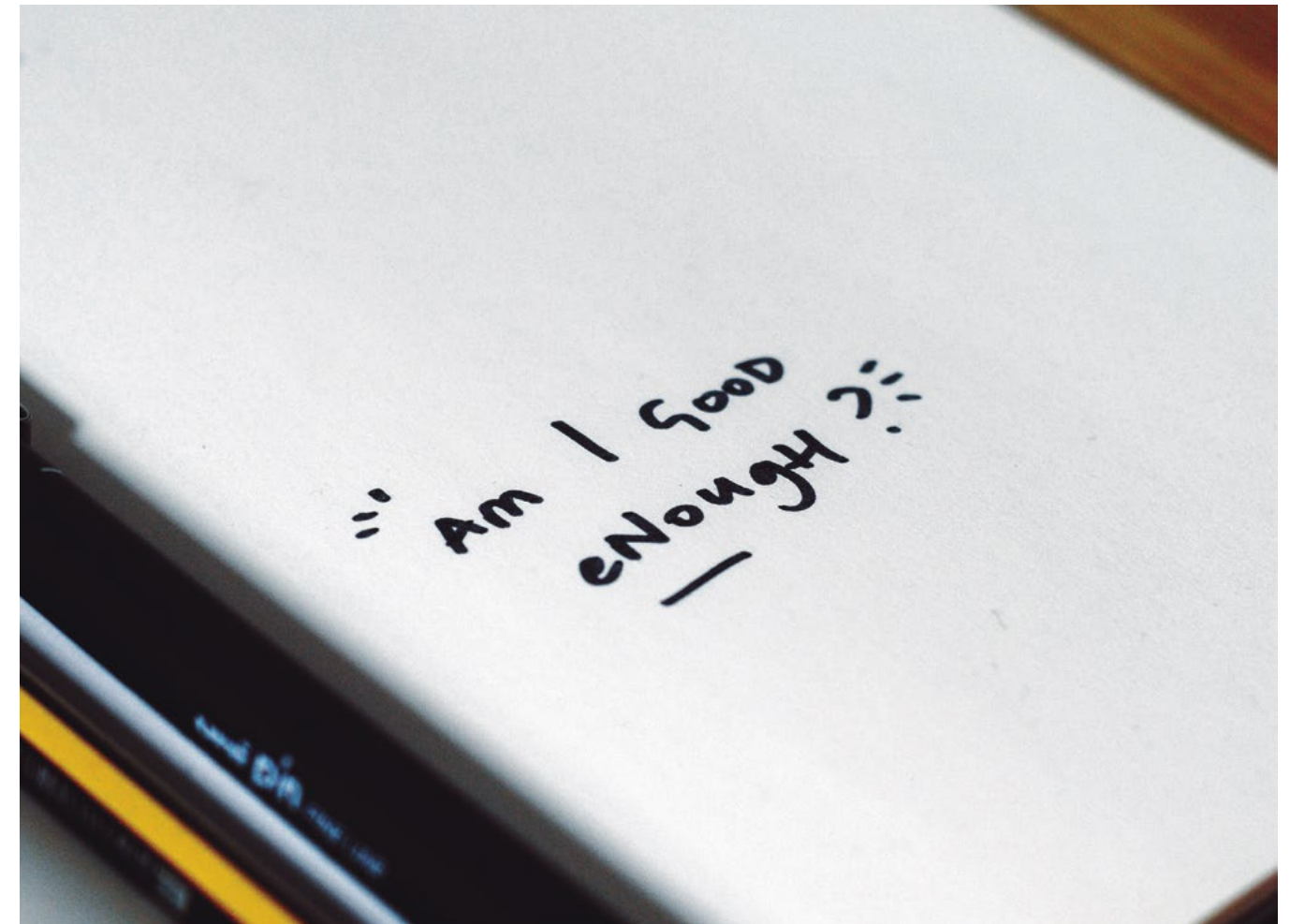
The council concurred with this recommendation and created a funding advisory board with representation from the Clark County Council, Superior Court, District Court, Juvenile Court, Public Health, and Community Services.

### GUIDELINES FOR MENTAL HEALTH SALES TAX FUNDING

The MHSTAB developed and suggested the following criteria for approval of new funding requests:

- Align with Clark County Council priorities for use of funding
- Payer of last resort (no other funding available)
- No supplanting of expenses per state law
- Data available to support need
- Best practice/research-based preferred
- No duplication of services
- Performance outcomes identified
- Serve low-income, at-risk populations
- Ability to leverage other funding
- Program/service should be accessible to all county residents





## 2023 FUNDED PROGRAMS

The Mental Health Sales Tax Advisory Board (MHSTAB) made recommendations on internal ongoing funding packages to be considered in the 2023 annual budgeting process.

A Request For Proposals (RFP) for 2023 Mental Health Sales Tax Funding Awards was released on June 30th, 2022, to solicit proposals from external community partners in order to enhance the use and efficiency of Mental Health Sales Tax Funding within the county. The MHSTAB received proposals for funding on August 15th, 2023, and forwarded its recommendations to the county manager. The Council adopted funding requests for 2023 during the annual budgeting process.





# CLARK COUNTY MENTAL HEALTH SALES TAX REPORT 2023 INTERNALLY FUNDED PROGRAMS

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# DISTRICT THERAPEUTIC COURTS

Funding Allocated \$1,210,469.00 // Funding Expended in 2023 \$942,533.00

## VETERANS THERAPEUTIC COURT VETCO

### DISTRICT COURT

[clark.wa.gov/district-court/therapeutic-specialty-courts](http://clark.wa.gov/district-court/therapeutic-specialty-courts)

### SCOPE OF WORK

Clark County's Veterans Therapeutic Court (VETCO) provides a means to successfully rehabilitate veterans by diverting them from the traditional criminal justice system and providing them with the tools they need to lead

productive and law-abiding lives through treatment, rehabilitative programming, reinforcement and judicial monitoring.

The program is an alternative treatment and sentencing option for defendants suffering from an underlying substance disorder and/or mental illness and facing criminal charges. Veterans must voluntarily participate in a judicially supervised treatment plan developed by a team of court staff, probation and law enforcement officers, veteran peer mentors, veteran resource professionals, and treatment professionals. The program is divided into four phases and is a minimum of one year in length.

## VETERANS THERAPEUTIC COURT BY THE NUMBERS

Average length of time in program:

Graduated: 13.3 months  
\*Terminated (did not graduate): 11 months

Community service hours completed: **98 hours**

Number of participants successfully completed: **6**  
District Court (DC): 4  
Superior Court (SC): 2  
Participants with both DC & SC matters: 0

\*Unsuccessful/Terminations: **2**  
District Court: 2  
Superior Court: 0  
Participants with both DC & SC matters: 0

Graduation Rate: **75%**

As of June 3, 2019, VETCO now includes a “pre-plea” program that accepts both misdemeanor and felony offenses. The court still accepts post-plea cases as well for District Court only. If a participant successfully completes the program (graduates), the pending charges will be dismissed, with prejudice.

*\* Warrants, new arrests, or noncompliance could result in termination from the VETCO program and sentencing on pending charge(s).*

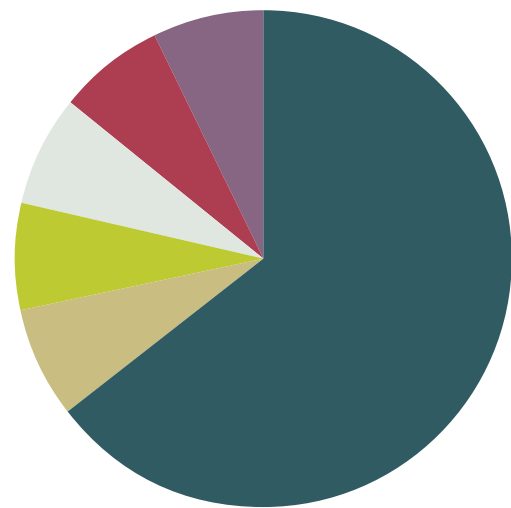
*Noncompliance violations include consistently missing drug tests or testing positive, missing treatment or supervision appointments, repeatedly breaking the program rules, and violence or threats of violence directed at other participants, treatment staff, or other VETCO team members.*



*The ability to identify eligible veterans to participate in the courts has been exceptionally difficult. Currently, the TSC team is working with other internal and external agencies on better ways to identify this population in a more expedient manner.*

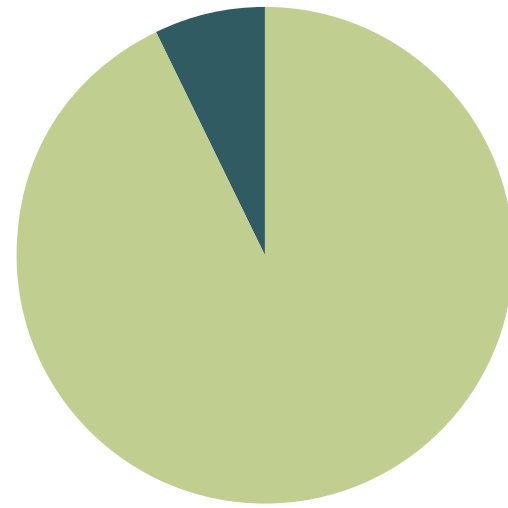
ACTUAL # SERVED **43**      AVERAGE AGE OF PARTICIPANT **43**

RACE/ETHNICITY



- WHITE / 64%
- ASIAN / 7%
- BLACK OR AFRICAN AMERICAN / 7%
- HISPANIC OR LATINO / 7%
- AFRICAN ASIAN / 7%
- UNREPORTED / 7%

GENDER



- MEN / 93%
- WOMEN / 7%

Note: Percentages may not add up to 100 due to rounding



### MENTAL HEALTH COURT MHC

#### DISTRICT COURT

[clark.wa.gov/district-court/therapeutic-specialty-courts](http://clark.wa.gov/district-court/therapeutic-specialty-courts)

#### SCOPE OF WORK

Mental Health Court (MHC) is a Clark County therapeutic specialty court that treats both misdemeanor and felony defendants on a combined District/Superior Court docket. MHC offers eligible participants the chance to enter an alternative treatment program for defendants with serious and persistent mental illness. This intensive collaborative team approach is a partnership of people interested in supervising and assisting

participants who are willing to make changes in their lives using best practice and evidence-based approaches.

MHC now includes a “pre plea” program that accepts both misdemeanor and felony offenses. The court still accepts post-plea cases as well for District Court only. To participate on a pre-plea basis, the defendant must voluntarily agree to waive their rights to a speedy jury trial. The participant will also agree to a stipulated facts trial in the event of termination or opting out of the program. Finally, the defendant agrees to enter and abide by the conditions set forth in the program contract. If a participant successfully completes the program (graduates), the pending charges will be dismissed, with prejudice.

ACTUAL # SERVED **78** AVERAGE AGE OF PARTICIPANT **37**

MENTAL HEALTH COURT BY THE NUMBERS

Average length of time in program: Graduated: 14.7 months Terminated (did not graduate): 7.6 months	
Community service hours completed:	<b>159 hours</b>
Number of participants successfully completed:	<b>23</b>
District Court: 6 Superior Court: 9 Participants with both DC & SC matters: 8	
Unsuccessful/Terminations:	<b>23</b>
District Court: 8 Superior Court: 8 Participants with both DC & SC matters: 7	
Graduation Rate:	<b>50%</b>

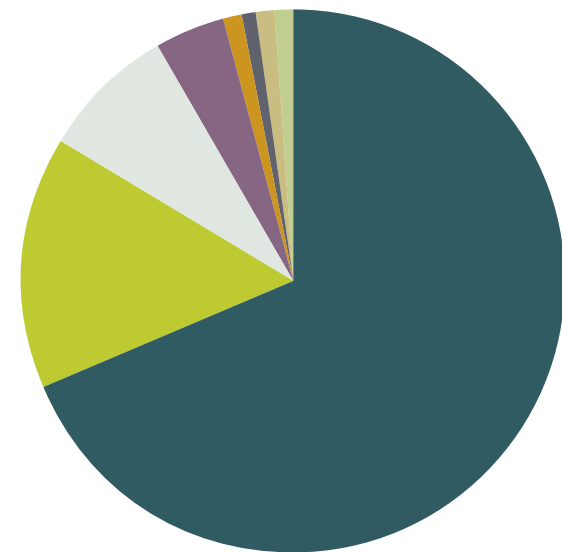


Clark County Mabry Corrections Veterans Garden

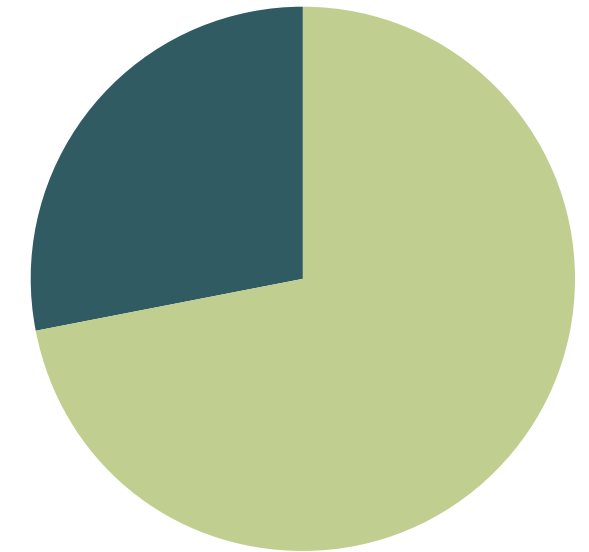
## SUCCESS STORIES

A participant entered the court with multiple issues in addition to his mental health diagnosis. He was a regular cannabis user, wasn't enthusiastic about engaging in treatment, and lacked support other than his mother. Through court supports including treatment and peer interactions, he began working on his own recovery and wellness. At one point he was sanctioned to community restitution at the Mabry Veterans Garden. He enjoyed the experience so much he began to volunteer there on a regular basis. By the time he graduated, he was active in his recovery and had future goals to get his driver's license and a job, and planned to continue volunteering.

RACE/ETHNICITY



GENDER



- WHITE / 68%
- BLACK OR AFRICAN AMERICAN / 15%
- HISPANIC OR LATINO / 8%
- UNREPORTED / 4%
- OTHER / 1%
- MIDDLE EASTERN OR NORTHERN AFRICAN / 1%
- ASIAN / 1%
- AMERICAN INDIAN OR ALASKA NATIVE / 1%

- MEN / 72%
- WOMEN / 28%

Note: Percentages may not add up to 100 due to rounding



MHC has expanded rapidly and is currently near capacity. During a recent staffing meeting, the team discussed ways of being more selective of those entering the court to see if another therapeutic court would be a viable option for a participant. MHC currently does not have the infrastructure or staffing resources to expand the program further.

## COMMUNITY COURT

[www.cityofvancouver.us/government/department/city-attorneys-office/community-court-program](http://www.cityofvancouver.us/government/department/city-attorneys-office/community-court-program)

### SCOPE OF WORK

Community Court saw its first participants in April 2023, but the program has been years in the making. Community Court seeks to reduce and properly address quality of life offenses by utilizing a collaborative, problem-solving approach to crime. Community Court promotes participant accountability while helping individuals avoid future involvement in the criminal justice system by connecting participants to needed services or treatment.

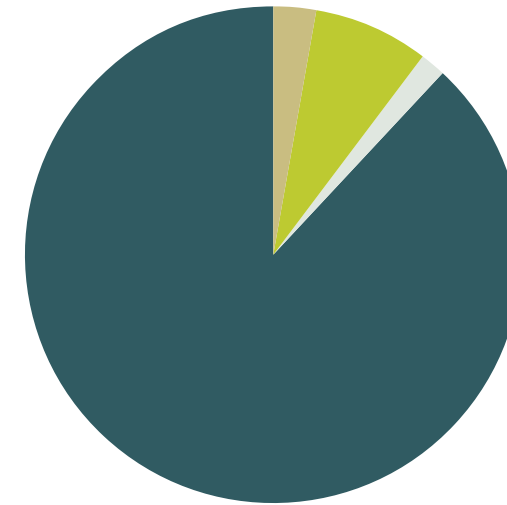


ACTUAL # SERVED **66**      AVERAGE AGE OF PARTICIPANT **47**

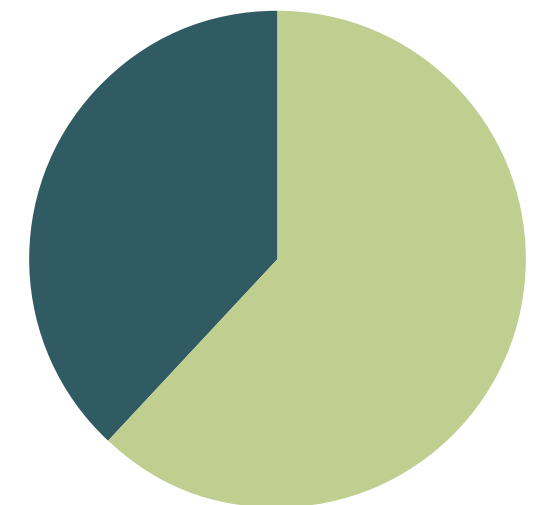
### COMMUNITY COURT BY THE NUMBERS

Average length of time in program:	
Graduated:	65 days
Opted out:	161 days
Terminated:	0
Community service hours completed:	<b>148 hours</b>
Number of participants who successfully completed the program:	<b>27</b>
Unsuccessful/Terminations:	<b>1</b>
Opted out:	1
Terminated:	0
Graduation Rate:	<b>96%</b>

### RACE/ETHNICITY



### GENDER



ASIAN / 3%      HISPANIC OR LATINO / 1.5%  
 BLACK OR AFRICAN AMERICAN / 7.5%      WHITE / 88%

American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and Unreported categories had zero respondents.

## SUCCESS STORIES



Graduate "DD" had a history of failure to appear (FTA) and warrants before he opted into Community Court. Through his needs assessment, a service plan was developed that included community restitution, housing, pursuing disability benefits, SUD assessment, and MH assessment. He worked with a recovery navigator, quickly obtained his Social Security card and started working with DSHS, and completed his assessments. He was accepted at Hope Village and said he started thinking about the future in a more positive manner. Due to physical limitations, he was allowed to complete a recovery-focused art project in lieu of Community Restitution, and it became the first artwork to be displayed on the therapeutic specialty courts art wall at District Court. At the time he graduated, he had just signed for his own apartment!

*Community Court is growing rapidly, and the current location at Recovery Café is running out of space. The team is actively pursuing a site through the City of Vancouver and anticipates a move in 2024. The new site will allow Community Court to switch from a half- to a full-day format, thus opening the door for expanded capacity.*



# TREATMENT ALTERNATIVE COURT (TAC)

## DISTRICT COURT

[clark.wa.gov/district-court/therapeutic-specialty-courts](http://clark.wa.gov/district-court/therapeutic-specialty-courts)

### SCOPE OF WORK

Treatment Alternative Court is an alternative to traditional criminal justice processing, offering treatment and other recovery support services to assist participants with substance use and/or co-occurring disorders. Participants who successfully complete the program may be eligible to have their charges dismissed. These therapeutic specialty courts offer the highest level of supervision in Clark County District Court. While under the supervision of the Court and the TAC team for a period of at least one year, participants are connected to treatment and other recovery supports. The court follows Adult Treatment Court Best Practice Standards and The 10 Key Components of Drug Courts.



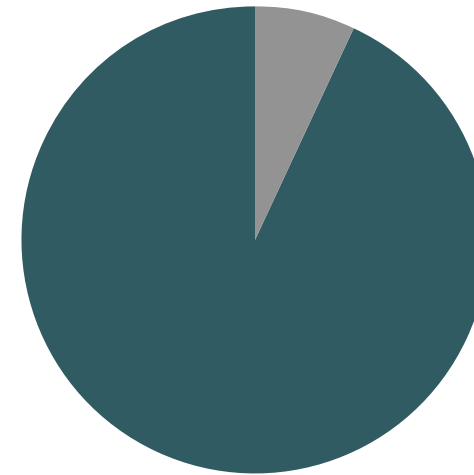
Image right: DUI Court participants are required to complete an art project during the first phase of their program and then another just prior to graduation.

ACTUAL # SERVED **14**      AVERAGE AGE OF PARTICIPANT **36**

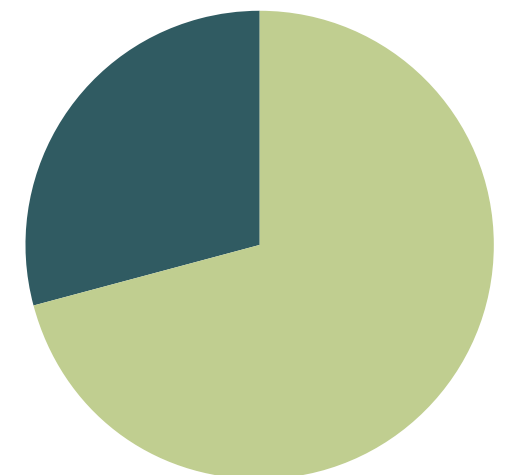
### TREATMENT ALTERNATIVE COURT BY THE NUMBERS

Average length of time in program:	
Graduated: 469 days	
Opted out: 14 days	
Terminated: 187 days	
Community service hours completed:	<b>148 hours</b>
Number of participants who successfully completed programming:	<b>1</b>
Unsuccessful/Terminations:	<b>4</b>
Opted out: 1	
Terminated: 3	
Graduation Rate:	<b>20%</b>

### RACE/ETHNICITY



### GENDER



American Indian/Alaska Native, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, and Unreported categories had zero respondents.

## SUCCESS STORIES



A recent graduate entered the court with an extensive criminal history and substance-use issues. He chose to remain in custody when he was eligible for release in order to be screened for the program. He didn't have a stable residence and was unemployed when released. However, he did engage in treatment services right away, moved into recovery housing, and obtained employment. He talked from the beginning about his goal of long-term sobriety and getting his family back together. Through his efforts, he successfully completed treatment, obtained stable employment, worked with CPS on getting his kids back, and reunited with his wife.

*At a recent policy meeting the TAC team discussed that the court is currently underutilized. The team plans to increase training and contacts with both defense and prosecuting attorneys, as well as probation and treatment, in 2024.*

# DUI COURT

## DISTRICT COURT

[clark.wa.gov/district-court/therapeutic-specialty-courts](http://clark.wa.gov/district-court/therapeutic-specialty-courts)

### SCOPE OF WORK

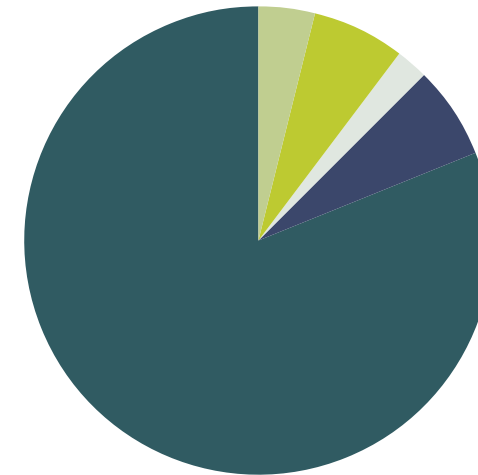
Driving under the influence (DUI) offenders pose a grave safety risk to the community and themselves. DUI Court was initiated in 2017 to serve high-risk participants with two or more DUI or Physical Control convictions. These charges are brought into the program post-sentencing and remain on the person's record. While under the supervision of the DUI Court judge and team for a period of at least one year, participants are connected to treatment and other recovery supports. The court follows the *10 Guiding Principles of Driving While Intoxicated* (DWI), but several factors differentiate DUI Court from a standard drug court. The court utilizes the Impaired

Driving Assessment, a risk assessment tool specifically designed to estimate the risk for future impaired driving. Participants complete the Decision Points – DUI group, a cognitive behavioral program that addresses deeply rooted attitudes and habits around driving under the influence. Through a generous grant from Washington Traffic Safety Commission, the court can subsidize the cost of Electronic Home Monitoring with Alcohol Monitoring for participants who financially qualify. Quicker access to monitoring results is a higher level of community safety.

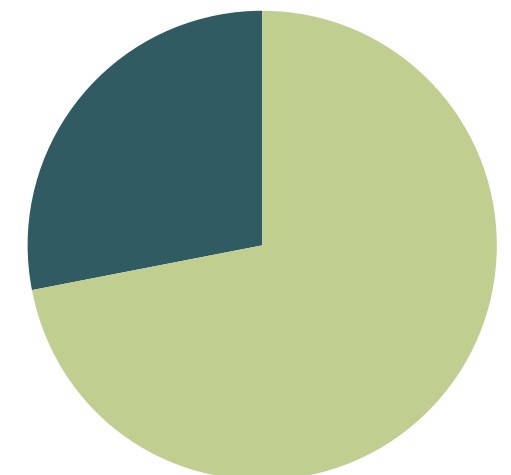
ACTUAL # SERVED **49**      AVERAGE AGE OF PARTICIPANT **42.5**

<b>DUI COURT BY THE NUMBERS</b>	Average length of time in program:	
	Graduated: 519 days	
	Opted out: 427	
	Terminated: 277	
	Deceased: 794	
Community service hours completed:	<b>526.5</b>	hours
Number of participants successfully completed:	<b>8</b>	
Unsuccessful/Terminations:		
Opted out: 1		
Terminated: 7		
Deceased: 1	<b>9</b>	
Graduation Rate:	<b>47%</b>	

### RACE/ETHNICITY



### GENDER



American Indian/Alaska Native, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, and Unreported categories had zero respondents.

## SUCCESS STORIES

"Our demographics seemed to change during COVID, and we noticed a higher number of older women in our court", a DUI Court staff person recalled. One such graduate entered retired on a fixed income. She was very isolated and would scarcely speak when staff first connected with her. She qualified for the Electronic Home Monitoring subsidy, covering her entire EHM sentence of 240 days. She blossomed while in the court, particularly through her connections with Pier 360 (formerly CVAB), a peer organization in Clark County. She had 94 documented contacts with them during her time in the court, including both peer support and attendance at prosocial events. She reached out to other support meetings and a grief group while in the court. Treatment and peer connections helped her realize she's not alone and allowed her to build her own recovery support system. This was instrumental in her success in the court, and especially with strengthening bonds with family. On a fun note, she connected with a decades younger participant in the court. She said they plan to go skydiving together to celebrate when that person graduates!

# SUPERIOR THERAPEUTIC COURTS

Funding Allocated \$642,926.00 // Funding Expended in 2023 \$595,322.00

## ADULT DRUG COURT

### SUPERIOR COURT

[clark.wa.gov/therapeutic-courts](http://clark.wa.gov/therapeutic-courts)

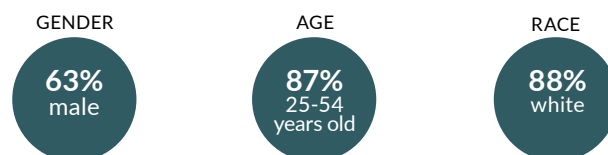
#### SCOPE OF WORK

The Adult Drug Court is a specialized court docket specifically designed to treat individuals facing eligible felony-level criminal charges suffering from substance use and/or co-occurring mental health disorders as an alternative to incarceration and instead, an opportunity to live in the community and receive support and treatment services in a structured way. A judge leads a multidisciplinary team of professionals who all aid in providing the necessary supervision and monitoring of participant behavior. The program has four phases, each with its own prescribed set of requirements of treatment sessions, recovery support services and meetings, skill-building classes, random drug testing, office or home visits and frequency of court hearings. Using the court's leverage, the judge uses a wide range of incentives (to reward good choices), sanctions (to discourage poor choices) and therapeutic interventions to personalize the right approach to engage individuals into healthier lifestyles. Treatment courts are typically a minimum of a year or longer and studies have proven that these programs refer more people to treatment than any other interventions in America; but more importantly, people STAY in treatment long enough to make lasting internal changes.



ACTUAL # SERVED **109** AGE RANGE OF PARTICIPANT **25 TO 54**

#### DEMOGRAPHICS OF PARTICIPANT DISCHARGES (successful graduations, opt out and termination)



## ADULT DRUG COURT BY THE NUMBERS

Number of referrals to Drug Court	<b>71</b>
Number of individuals enrolled in Drug Court	<b>58</b>
Number of individuals that successfully completed the program	<b>17</b>
Number of individuals that were unsuccessful	<b>17</b>
Total number of graduates since program inception in 1999	<b>769</b>

## SUCCESS STORIES

"One of my oldest traditions with my sister was having a lunch date followed by retail therapy on the weekends. These were moments that we cherished together. Today my sister also surprised me by buying me a brand-new TV, a gift for the progress I've made so far in my recovery. Although getting a TV is always awesome, the reason this day is special is because this is the first time in YEARS that we did anything like this. That alone speaks volumes to the progress I've made. This picture (not shown) doesn't just show two sisters having a delicious lunch, it's the reunification of two sisters who were torn apart by the struggles of addiction and loss. This picture shows joy and happiness, this picture shows my mom's prayers being answered from above. These moments show me how far I've come in my recovery, that good things do come when I am good, and is a reminder what I risk losing if I decide to ever use again. Respect and Trust are privileges that must be earned, they're not rights that can be demanded or expected of anyone".

—Adult Drug Court participant



# FAMILY TREATMENT COURT

## SUPERIOR COURT

[clark.wa.gov/therapeutic-courts](http://clark.wa.gov/therapeutic-courts)

### SCOPE OF WORK

Family Treatment Court (FTC) is designed to improve the safety and well-being of children in the dependency system through a collaborative team approach with numerous community partners providing comprehensive and individualized services for both parents with substance use disorders and their children. The goals of Family Treatment Court are to increase family reunification rates, decrease length of time children spend as dependents, prevent re-entry of families back into child protective services and improve long-term recovery sustainability of families.



ACTUAL # SERVED **27** FAMILIES

### FAMILY TREATMENT COURT BY THE NUMBERS

Number of (parent) referrals to Family Treatment Court	19
Number of families enrolled in Family Treatment Court	15
Number of families that successfully completed the program (9 parents and 21 children reunified)	8
Number of parents that were unsuccessful	5
Total number of graduates since program inception in 2006	156

# SUCCESS STORIES

"We graduated the incredible years class and are very thankful as we feel like we learned a ton and so many things we use in our everyday life with the kids. Our goal is keeping traditions alive for the kids while the holidays are here, for example – we have decorated for Christmas and all the kids have been helping with ideas for each other and traditions and can't wait to make cookies for Santa, Brooklyn wants to make a special dish for Christmas, all the kids helped with preparations and even made something special for the day. We look forward to moving on to the next phase in our lives and moving on with our family and being accountable to each other and using all the things we learned this year as time goes on. I love my support group and my sponsor and our sober family that we have built, and I am feeling very thankful and grateful for the life we get to live today. Thank you to everyone on the team!

– Family Treatment Court participant



# RESIDENTIAL DRUG OFFENDER SENTENCING ALTERNATIVE

## SUPERIOR COURT

[clark.wa.gov/therapeutic-courts](http://clark.wa.gov/therapeutic-courts)

### SCOPE OF WORK

The Residential Drug Offender Sentencing Alternative, referenced as Res DOSA Drug Court, is a sentencing alternative driven by RCW 9.94A.664 that offers judicial officers the opportunity to grant an individual with a diagnosed substance use disorder to serve out the terms of a criminal sentence through 24 months of supervision by Department of Corrections, an initial stay at a state-funded residential treatment facility, and then monitored through a dedicated drug court model docket that brings together behavioral health treatment professionals, legal professionals, and support staff. The court uses a system of rewards and sanctions to help modify behaviors and provide lasting recovery tools for individuals.

# SUCCESS STORIES

“Dear Court, I just want to say thank you for the opportunity that has been given to me. All the small things that I have gained from your program has given me a life full of gratitude, acceptance, and joy. I have learned what a great work ethic I have and that I am worthy. Learning to grow up and appreciate paying bills, living on my own, buying my own car is a treat! Knowledge is power so I am on a great road to success!” – Kasey

TARGET # SERVED **55**      ACTUAL # SERVED **65**      AVERAGE AGE **37**

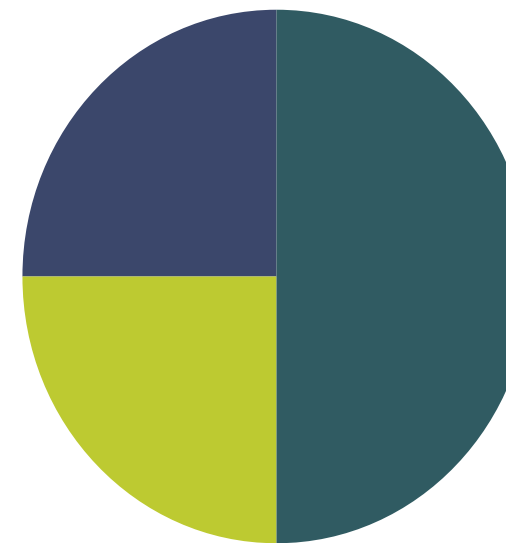


RESIDENTIAL DRUG OFFENDER SENTENCING ALTERNATIVE BY THE NUMBERS

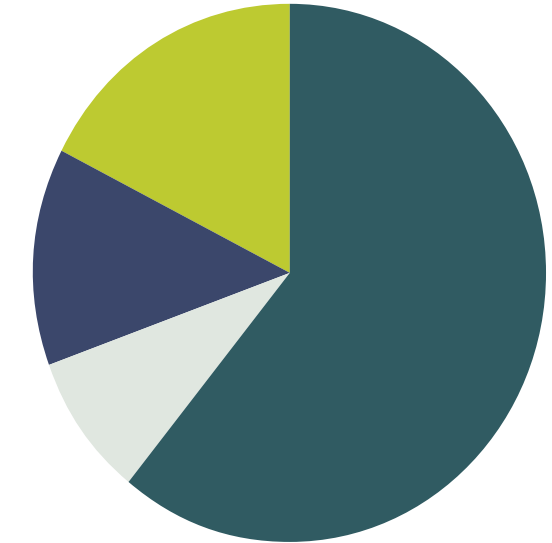
Number of referrals to Residential DOSA Drug Court	<b>31</b>
Number of individuals enrolled in Residential DOSA Drug Court	<b>27</b>
Number of individuals that successfully completed the program	<b>4</b>
Number of individuals that were unsuccessful	<b>23</b>
Total number of graduates since program inception in 2009	<b>146</b>

### RACE/ETHNICITY

GRADUATES



DID NOT COMPLETE PROGRAM



● WHITE / 2      ● PACIFIC ISLANDER / 1  
● BLACK / 1

● WHITE / 14      ● PACIFIC ISLANDER / 3  
● BLACK / 4      ● HISPANIC / 2



## SAFE BABIES COURT

### SUPERIOR COURT

[clark.wa.gov/therapeutic-courts](http://clark.wa.gov/therapeutic-courts)

#### SCOPE OF WORK

The Clark County Safe Babies Court (SBC) is an early childhood therapeutic court program which applies the science of early childhood development in meeting the urgent needs of infants and toddlers under the age of three years old involved in the state’s child welfare system. Collaborative and intentional family case planning coupled with timely access to quality, evidenced-based services are at the core of this work. Every six minutes an infant or toddler is removed from their parents care in the United States due to abuse and/or neglect. This happens at a crucial time in a child’s life when early experiences are shaping the brain’s architecture into a foundation for learning, nutrition, healthy developments, and attachments as well as emotional regulations. In Washington State, children under the age of three made up 42% of dependency cases filed in 2018. Of all children who go into care in Washington state, 25.6% are infants under 1 year, the second-highest rate in the country and many Clark County stakeholders implemented the Safe Babies Court approach in 2022 as a way to address some of our county’s most vulnerable residents.

## SUCCESS STORIES

“Being a part of Safe Babies Court really helped support me more than I could imagine. When my CPS case started, I was living in my car (that didn’t have a window) and struggled to take the necessary steps in the beginning. When I joined Safe Babies Court, I instantly felt that I had a team of people there to support me no matter what. I didn’t feel judged and came to understand that they had the same goals: to keep us all safe but to help us live together as a family again. The ongoing check-ins and meetings where we could voice our successes, needs and barriers was really a huge help and likely what got us to be where we are today.”

– Safe Babies Court participant

TARGET # SERVED 18      ACTUAL # SERVED 15

### SAFE BABIES COURT BY THE NUMBERS

Number of families enrolled in Safe Babies	3
Number of families that successfully completed the program (4 parents and 3 children reunified)	2
Number of families that were unsuccessful 1 family transferred to the Family Treatment Court program and successfully completed/dismissed (2 parents, 6 children).	1

Image (left): Second Annual Clark County Family Reunification Day, 2023 – a day to honor and celebrate child welfare involved families past and present that are on the path to reunification.

## JUVENILE COURT

### MENTAL HEALTH SERVICES POST DOC RESIDENT

#### JUVENILE COURT

[clark.wa.gov/juvenile-court/postdoctoral-residency-clark-county-community-consortium](http://clark.wa.gov/juvenile-court/postdoctoral-residency-clark-county-community-consortium)

Funding allocated: \$126,640

Funding expended in 2023: \$89,252

#### SCOPE OF WORK

In 2013 the juvenile court sought to increase the availability in Clark County of psychologists specializing in adolescent and at-risk youth population. With the assistance of Mental Health Sales Tax funding the court created a consortium partnership with Evergreen School District to bring post-doctoral residents into each system. The program has proven to be very successful in increasing the community capacity to serve adolescent youth. Since its inception, both the school district and the court have hired many of the licensed psychologists who completed this program.

The mental health post-doctoral residency is a one-year, full time, intensive training experience with a child and adolescent focus. This position is offered each school term and is fully funded using Mental Health Sales Tax funding. Postdoctoral Residents are highly respected and seen as a valuable resource to the community. The Clark County Mental Health Consortium, a collaborative multidisciplinary training program, is comprised of two sites. The primary rotation in this program is located at the Clark County Juvenile Court, with a minor rotation in the Evergreen School District, often working with youth involved in both settings.



The training program is designed to provide a varied, planned and programmed training experience. It provides supervised clinical services, overseen by juvenile court psychologists. Training for the resident includes experience in brief psychotherapy, psychological assessment, suicide risk assessment, trauma-informed care, cognitive behavioral theoretical orientations, forensic issues, group therapy, and clinical consultation. Psychology Residents gain experience working in court, probation, and school settings. They gain experience working with youth clients, parents, detention and probation staff, attorneys, and other court and school district staff. Training experiences may include:

- Working with an array of developmental levels from a trauma informed lens. Clients may range in age from 5-21 and will include a wide range of psychological symptoms and acuity.
- Developing and refining skills in individual and group therapy, with opportunities for family therapy.
- Completing various clinical assessments, including suicide risk assessments, brief mental health assessments, comprehensive psychological assessments, and psycho-educational assessments.



- Collaborating on court requested assessments of youth risk and protective factors as well as pre-disposition reports for youth eligible for suspended sentences.
- Consulting/ Supervising: Consultation is a heavily utilized service in this setting. Residents develop and hone consultation skills in their collaboration with detention, management, court, mental health, teaching, and school administrative staff.

MENTAL HEALTH SERVICES POST DOC RESIDENT BY THE NUMBERS

Evaluations / notes to court / safety assessments	5
Psych Assessment	1
Hours of group therapy	36
Individual therapy sessions	152
Risk assessments	47
Other interventions	31



Juvenile Court staff getting into the holiday spirit.



## SUCCESS STORIES

The resident was able to see many youth on an outpatient basis both in the court and the school district with youth that previously had been resistant to engagement. The ability for this position to bridge the gap between the court and the school is invaluable for both the youth involved and relationships between community partners.

*Since the pandemic, the court has had recruitment issues related to this position. This year, another college program has been added to the internship program with the intent to increase interest in the post-doctoral program. Thankfully, the position has been filled for the full 2024/25 school year.*



## DETENTION PSYCHOLOGIST

### JUVENILE COURT

[clark.wa.gov/juvenile-court/connections-mental-health/targeted-services](http://clark.wa.gov/juvenile-court/connections-mental-health/targeted-services)

Funding allocated: \$137,374

Funding expended in 2023: \$137,374

#### SCOPE OF WORK

Youth are held in secure detention by finding of the court to be a risk to community safety. Youth in detention have complex needs and often experience higher than average levels of trauma, school disconnectedness and behavioral health issues. Research shows that those in secure confinement are at a higher risk for suicide and of experiencing trauma triggers. The need for daily, ongoing, and easily accessible mental health services is vital to helping detained youth to remain safe for themselves and others during their time in detention.

In 2020, the Juvenile Court received Mental Health Sales Tax funding to support a full-time psychologist assigned to the Detention Program. This position is designed to provide direct service to youth and staff on a daily and ongoing basis. The detention psychologist works under the supervision of the Detention Manager and in collaboration with the psychologist assigned to probation services. Together, both oversee mental health services in the court. The detention psychologist has been successfully imbedded into detention including being a go-to person for crisis response and de-escalation, training, clinical outreach, consultation to court, support in release services, connecting to treatment, and offering more consistent services both during the day, swing shift, weekends, and graveyard shifts.

The psychologist provides a vast array of services for both youth, staff, and management:

- Administers risk assessments with adolescents in detention, creating safety plans with youth, staff, and their parents, and provides related intervention as needed.
- Provides short-term and long-term outpatient individual and family therapy to adolescents in detention and on probation.
- Develops and delivers monthly “Officer Enrichment and Development” trainings to detention staff on various topics related to (but not limited to) mental health, diversity, equity and inclusion, ethics and boundaries, and behavior management.
- Develops and implements department-wide programs, processes, and procedures in collaboration with stakeholders from diverse backgrounds and job titles.
- Supervises and administers full and brief psychological assessment based on a variety of referral questions including cognitive, projective, self-report, and other standardized measures to clarify diagnoses and make recommendations to the court and probation staff for treatment and home.
- Makes formal recommendations to the court regarding detained youth safety, mental health, and related information.
- Supervises practicum students and postdoctoral residents in their intervention and assessments.
- Develops curriculum and supervises/delivers psychoeducational and process groups for youth in detention.
- Presents trainings to community partners, judges and commissioners, attorneys and prosecutors, and other groups related to mental health, adolescent brain development, and other relevant topics.
- Provides crisis intervention and de-escalation to youth in court and detention.
- Delivers an 8-hour new hire training for detention officers around wellness, correctional fatigue, behavior management, escalation, and related mental health policies and procedures.
- Writes and updates Mental Health Special Programs for individual youth who need modifications and accommodations while in custody to be successful.

*“Dr. McNab was awesome and deserves a raise.”*

*—youth enrolled in detention program*



DIRECT SERVICE HOURS **428**

**TARGET LEVELS OF SERVICE**

The Average Daily Population (ADP) dropped significantly during the pandemic. 2023 saw an incremental increase in ADP over the year with a large surge in the last few months of the year, ending with an average daily population of 18.7 youth.

- case consultation, care coordination, facilitating family sessions, etc.
- This data does not include milieu work with youth, crisis intervention, program review, staff training, community outreach, consultation, and other direct interactions with staff and youth.

**ACTUAL LEVELS OF SERVICE**

- 428 direct service hours
  - including individual and group therapy (both outpatient and in detention), assessment, risk assessment for suicide and harm to others,

- The following is the detention data of youth from 2023. Most youth have at least one formal contact with mental health staff and almost all youth have at least milieu contact with mental health staff.

Detention Population w ADJ	Jurisdiction: Clark County					TOTAL LOS	2023	4th Qtr
	BK&REL (4 HRS)	ADMISSIONS	% OF TOTAL	RELEASES	% OF TOTAL			
CATEGORY	BK&REL (4 HRS)	ADMISSIONS	% OF TOTAL	RELEASES	% OF TOTAL	TOTAL LOS	AVG LOS (TLOS/#YOUTH)	ADP
Female	7	28	28%	32	30%	166	5	1.8
Male	26	72	72%	75	70%	1,557	21	16.9
<b>Total</b>	<b>33</b>	<b>100</b>	<b>100%</b>	<b>107</b>	<b>100%</b>	<b>1,723</b>	<b>16</b>	<b>18.7</b>
Asian/Pacific Islander	4	8	8%	7	7%	249	36	2.7
Black	5	24	24%	27	25%	402	15	4.4
White non-Hispanic	16	55	55%	62	58%	653	11	7.1
Hispanic	8	13	13%	11	10%	419	38	4.6
<b>Total</b>	<b>33</b>	<b>100</b>	<b>100%</b>	<b>107</b>	<b>100%</b>	<b>1,723</b>	<b>16</b>	<b>18.7</b>

ADJ: Adult Jurisdiction/LOS: Length of Stay/TLOS: Total Length of Stay/ADP: Average Daily Population/Bk&Rel: Book and Release



Being in detention is a barrier for mental health treatment and hospitalization. Often youth are denied placement at inpatient mental health facilities as they are either “already in a secure setting” or are now perceived as dangerous (even if they are only in custody for a low-level offense). The pandemic has significantly impacted the behavioral health system in our community, creating long waitlists and difficulty navigating for parents. There is sometimes a narrative that youth will get mental health treatment if they go to the court and acute, in-custody youth are often turned away at the hospital. The number of youth in detention and other levels of acuity are too great for one psychologist, especially with the amount of care coordination and case management that is needed.

DETENTION PSYCHOLOGIST BY THE NUMBERS

**Training:**

- Officer Enrichment & Development training: **20** hours
- New hire training: **20**
- Bench Bar presentation: **1**
- Community presentations: **2**  
*impact to mental health caused by gun violence*

**Assessments:**

- Report to court: **10**
- Mental health evaluation: **1**
- Mental health special programs: **12**

**Successful Placements:**

- Formal release safety plans: **8**
- Hospitalizations: **5**
- Referrals to Catholic Community Services: **2**
- Outpatient clients served outside of detention for longer term treatment: **4**
- Inpatient/Children's Long-term Inpatient Program (CLIP) referrals: **4**

**Other Mental Health Services:**

- Individual therapeutic contacts (both in/out of detention): **236**
- Risk Assessments for harm to self and others: **149**

Psychological evaluation: **1**

Case Management and other formal contact hours: **90**

Program Reviews (milieu interventions, crisis intervention, restorative conversations): **10**

*Supervision of interns and several group therapy sessions. Oversaw development of several big policy changes in detention including the youth Progressive Discipline Program and incentive programming.*

**SUCCESS STORIES**

The psychologist was able to follow a youth that had previously been in and out of several inpatient settings. She was able to build rapport and engage in outpatient supportive treatment when this youth had not been willing to engage. The psychologist presented at the CLIP meeting and was able assist in getting this youth in long term inpatient placement.

The psychologist was an integral part of creating a staff wellness initiative aimed at improving officer health, thereby enhancing service delivery to support youth mental health and improve behavioral outcomes in detention. In addition, the psychologist completed trainings aimed at improving the work of officers with youth who have high acuity mental health needs

# DETENTION ALTERNATIVES PROGRAM

## JUVENILE COURT

[clark.wa.gov/juvenile-court/jdai-juvenile-detention-alternatives-initiative](http://clark.wa.gov/juvenile-court/jdai-juvenile-detention-alternatives-initiative)

Funding allocated: \$494,206

Funding expended in 2023: \$352,131

### SCOPE OF WORK

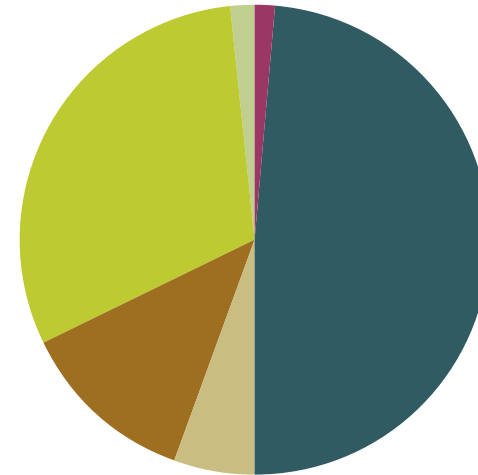
The Detention Alternatives Program is a non-secure alternative to detention for youth pre and post adjudication (sentencing). The program offers community-based intervention that is based on best practices for youth struggling with behavioral health issues. The Detention Alternatives program is comprised of two types of programming: Weekend Reporting and Community Support. Both programs have a restorative focus for addressing harm caused and offer curriculum from evidenced and/or research-based skill building programs. They also include pro-social activities and youth and family support.

Offering alternatives to detention for youth who are not deemed a risk to community safety mitigates the increase in risky behavior that exposure to secure detention has for youth. Detention alternatives offer community-based options for youth that do not pose a threat to community safety and allow youth to be held accountable for their choices while keeping them connected to their family, schools, community-based resources and treatment services.



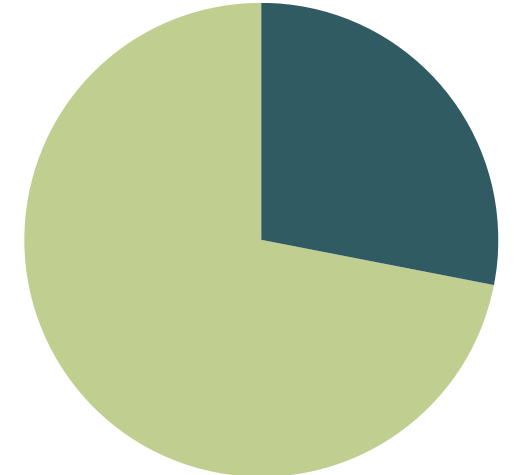
An additional benefit of this program is that the cost is significantly lower than the cost for secure detention. The program is staffed by six probation associates and one supervisor and runs seven days a week.

### RACE/ETHNICITY



- MULTIRACAL / 3
- WHITE / 88
- ASIAN / 10
- WHITE/HISPANIC 22
- BLACK OR AFRICAN AMERICAN / 55
- AMERICAN INDIAN OR ALASKA NATIVE / 3

### GENDER



- MALE-IDENTIFYING / 130
- FEMALE-IDENTIFYING / 51

### Program Descriptions

**Community Support Program (CSP)** serves as a court ordered, pre-adjudication (sentencing) alternative to detention for up to 14 youth. CSP operates seven days a week, 10 hours a day and offers support to youth and families while their case is moving through the court process. Youth are placed on a court-ordered house arrest agreement and are allowed to attend school and treatment services during the duration of the program. Program staff conduct phone and in-person check-ins throughout each day to monitor compliance and to offer support and resources. Youth are reviewed by the court every two weeks to monitor compliance. Any violation deemed a risk to community safety can cause the youth to be remanded to secure detention.

**Weekend Reporting Program (WRP)** is a sentencing alternative for youth that requires youth to report for scheduled weekend programming. Programming for WRP includes service work at various community-based organizations, skill building classes and restorative processing of the harms they have caused because of their offense. WRP serves 8-16 youth per month and is held at various locations throughout the county, including the Clark County Food Bank, Boys and Girls Clubs of Southwest Washington, 4-H Community Garden at Heritage Farms and One Life Food Pantry Program.

### COMMUNITY SUPPORT PROGRAM (CSP)

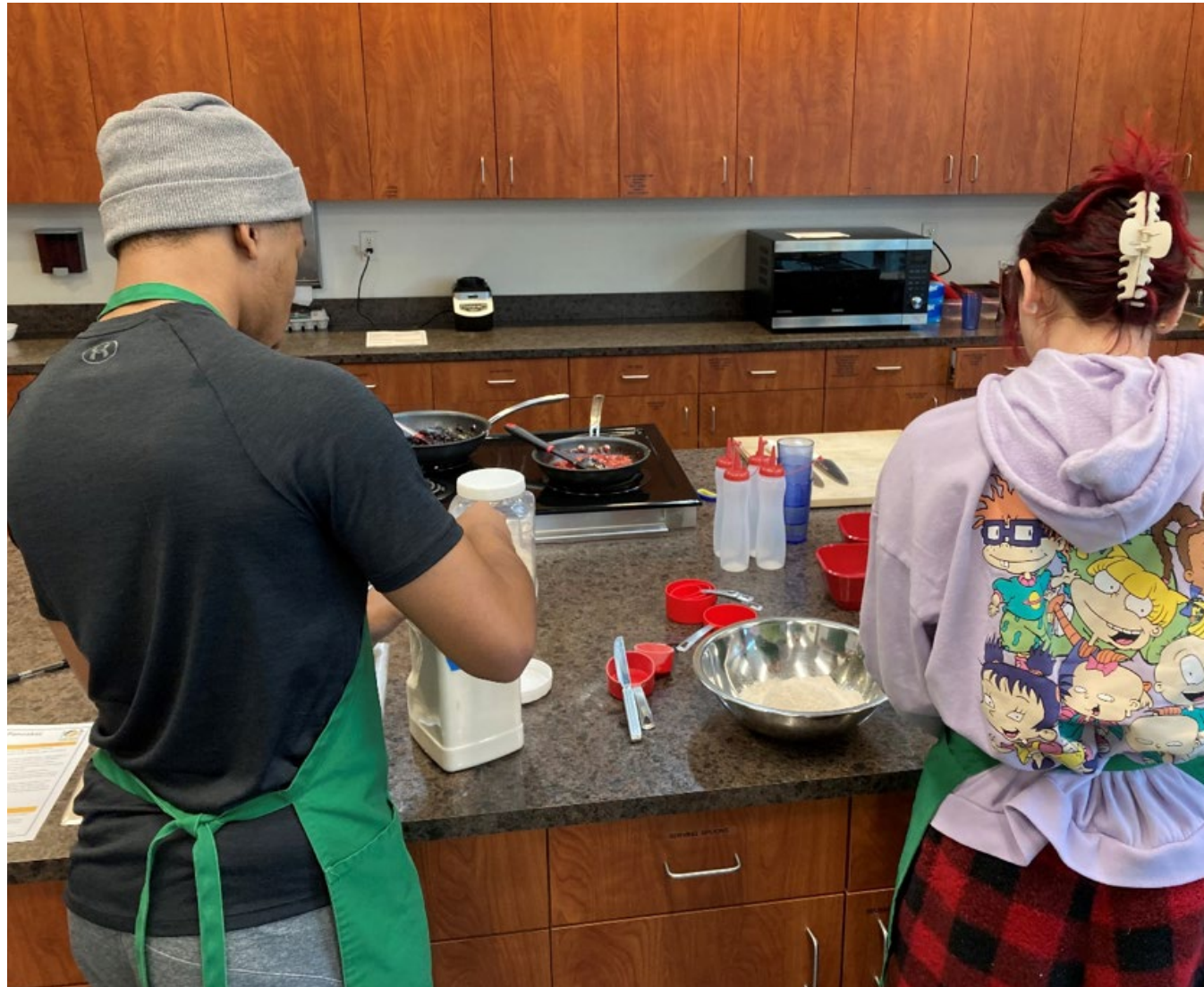
ABILITY TO SERVE 14 YOUTH PER DAY ACTUAL # SERVED 119

For 2023, the average length of time a youth was on the CSP was 4-8 weeks.



### WEEKEND REPORTING PROGRAM (WRP)

ABILITY TO SERVE 4 YOUTH PER WEEKEND ACTUAL # SERVED 43

Weekend Reporting was slowly ramped up to in-person programming over the course of 2023. Youth referred to WRP can receive 1-2 weekends of services.

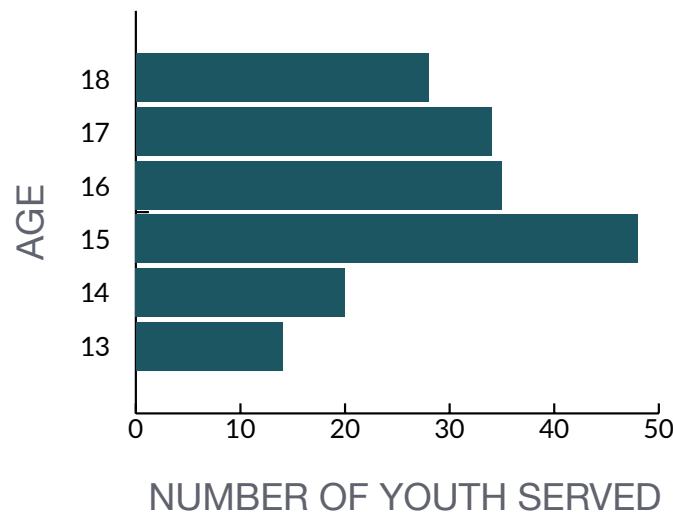


## SUCCESS STORIES

- 
 CSP staff worked with a young man who was struggling with depression. During his time in the program he began to have more social interactions, excel at work and was promoted to a manager and employee of the month. With the support of CSP staff he also enrolled and began a new GED program. When released from CSP, he sent a message to staff: 'I'm very thankful for all of the staff being so supportive.'
- 
 A youth on CSP began attending school on a regular basis and his school counselor was very impressed with his perseverance. His parent reported to the court that his time with court staff, especially the CSP team, helped him build positive relationships. She shared that she felt that CSP staff saw the good in him and he trusted the staff.



*Services levels - Referral numbers were still down in the beginning of 2023 due to the systemic impacts of the pandemic, particularly for Weekend Reporting. Program referrals steadily increased in 2023, with a significant surge in the fall of 2023.*



DETENTION ALTERNATIVES PROGRAM BY THE NUMBERS

161

### COMPLETIONS BETWEEN BOTH PROGRAMS

Youth sometimes participate in both programs and can enter a program more than once throughout their court case.



# ARTHUR D. CURTIS CHILDREN'S JUSTICE CENTER

## CHILDREN'S JUSTICE CENTER

[clark.wa.gov/childrens-justice-center](http://clark.wa.gov/childrens-justice-center)

Funding allocated: \$190,000  
 Funding expended in 2023: \$74,219

### SCOPE OF WORK

The Arthur D. Curtis Children's Justice Center (CJC) is a nationally accredited Children's Advocacy Center that provides a safe, child-focused place for suspected child victims of felony-level child abuse and their non-offending family members.

CJC's multidisciplinary team (MDT) of trained responders comes together from across agencies and jurisdictions to address crimes against children, including holding perpetrators accountable through the judicial system and sensitively considering children's health and healing needs.

CJC team members include experts from Clark County, the City of Vancouver, Akin, Children's Center, Family Solutions, Legacy Child Abuse Assessment Team and Washington State Department of Children and Family Services. Together they investigate cases, provide medical, mental health and advocacy services; and help prosecute suspected felony child abuse perpetrators.

CJC strives to build community relationships, both within CJC and with our external community partners to ensure children grow up healthy in our community. CJC functions as a multidisciplinary team to respond to allegations of serious child abuse, neglect and exploitation. This MDT allows for a comprehensive decision-making process at all levels of internal and external partnerships, as well as a more comprehensive and holistic response to child victims and



Image below: Pinwheels are displayed throughout the community to bring awareness to Child Abuse Prevention Month every April.

their families. Financial support from Clark County and the City of Vancouver, as well as human resources and IT support, enables CJC to continue to provide specialized and high-quality services to children and families through the investigation and prosecution processes.

CJC contracts with three community agencies to provide mental health services for child victims and their families. Linkage agreements with these providers delineate that they will prioritize referrals for mental health services from CJC. However, children and families languish on waitlists up to two months for initial intake and mental health assessments. In 2022, CJC was awarded a grant from the County's Mental Health Sales Tax (MHST) funds for 2023-2024. This award expires December 31, 2024. CJC will reapply for additional years of MHST funding and/or secure additional/ongoing funding for mental health services for children and families served by CJC via other grant opportunities or donations.

GOAL/OBJECTIVES/ACTIVITIES	PERSON(S) RESPONSIBLE	CRITERIA FOR SUCCESS	SUSTAINABILITY
<b>Goal 3</b> - Secure ongoing funding for mental health services for children seen at CJC, provided by professionals trained in delivering trauma-focused, evidence-supported mental health treatment			CJC will submit an application for ongoing funding via Clark County Mental Health Sales Tax funds, as well as other funding sources available to CJC, including private donors, community funds and state and federal grants.
<b>Objective 3.1</b> - CJC will increase capacity of children receiving mental health services by specially-trained MH clinicians	Contracted clinicians, coordinated by CJC ED	Objective 3.1 - CJC will increase capacity of children receiving mental health services by specially-trained MH clinicians	
<b>Objective 3.2</b> - Wait times for mental health services for children & families seen at CJC will be decreased	Contracted clinicians, coordinated by CJC ED	Objective 3.2 - Wait times for mental health services for children & families seen at CJC will be decreased	
<b>Objective 3.3</b> - Children will demonstrate decreased trauma symptoms	Contracted clinicians, coordinated by CJC ED	Objective 3.3 - Children will demonstrate decreased trauma symptoms	
<b>Objective 3.4</b> - Increase mental health	Contracted clinicians, coordinated by CJC ED	Objective 3.4 - Increase mental health	
<b>Objective 3.5</b> - Clinicians providing MH services to children/families seen at CJC will increase their knowledge of evidence-based, trauma-informed techniques	Contracted clinicians, coordinated by CJC ED	Objective 3.5 - Clinicians providing MH services to children/families seen at CJC will increase their knowledge of evidence-based, trauma-informed techniques	



## PUBLIC HEALTH

### NURSE-FAMILY PARTNERSHIP (NFP)

#### PUBLIC HEALTH

[clark.wa.gov/public-health/nurse-family-partnership](http://clark.wa.gov/public-health/nurse-family-partnership)

Funding allocated: \$729,750

Funding expended in 2023: \$729,750

#### SCOPE OF WORK

The Nurse-Family Partnership (NFP) succeeds by having specially educated nurses regularly visit birth parents, starting early in pregnancy and continuing until the child's second birthday. Research consistently proves that the partnership between a nurse and the parent is a winning combination that makes measurable, long-term differences to improve health and social outcomes for the whole family.

Clark County NFP's program receives funding from Clark County Mental Health Sales Tax (MHST), Title V Maternal Child Health Block Grant (MCHBG), Medicaid Administrative Claiming, the Washington State Legislature, and the Department of Children Youth and Families (DCYF). These funds support required infrastructure for the evidence-based model, including management/administrative staffing, for 4.8 FTE nurse home visitors, who serve pregnant and parenting families experiencing low incomes with children ages birth-two residing in Clark County. NFP's annual MHST award provides program funding for 2.64 FTE nurse home visitors.



TARGET # SERVED **66** ACTUAL # SERVED **95**

### NURSE-FAMILY PARTNERSHIP BY THE NUMBERS

#### Diagnosed Mental Health Conditions at Intake (% of clients)

- Substance use disorder: **≤10%<sup>^</sup>**
- Anxiety: **42%**
- Depression: **38%**
- Schizophrenia: **≤10%<sup>^</sup>**
- No concerns identified at intake: **53%**

Percentages do not total to 100% as some clients reported having two or more diagnoses at intake. <sup>^</sup> Completed at every visit.

#### Screening/Assessment Tool (# of completed screening/assessment tools)

- Ages and Stages questionnaire-three: **86**
- Ages and Stages questionnaire-social emotional: **86**
- Clinical intimate partner violence (IPV): **28**
- Dyadic Assessment of the Naturalistic Caregiver-Child Experience (DANCE) form: **≤10**
- GAD-7: **82**
- Health habits: **51**
- PHQ-9: **82**
- STAR Framework: **72**
- NFP Nursing Assessment\*: **1,029**

\* Completed at 8-10 months and 21-23 months.

#### Referral Type (# of referrals to services):

- Mental health treatment: **73**
- Mental health crisis services: **14**
- Other mental health support services\*: **16**

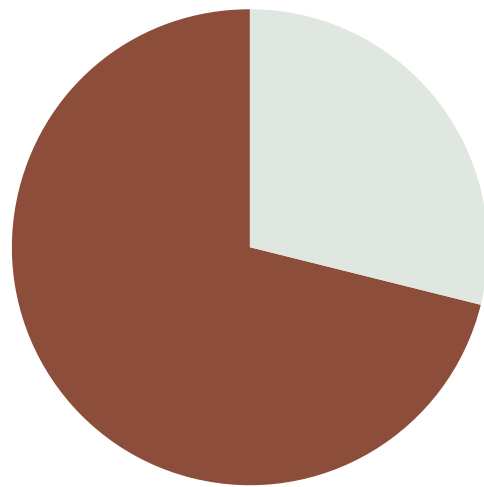
\*Includes referrals to relationship counseling and IPV supports.

#### Occurrence of Breastfeeding/Chestfeeding (% of breastfeeding/chestfeeding):

- Initiated breastfeeding: **97%**
- 6 months\*: 33%
- 12 months: 19%
- 18 months: 18%
- 24 months: 18%

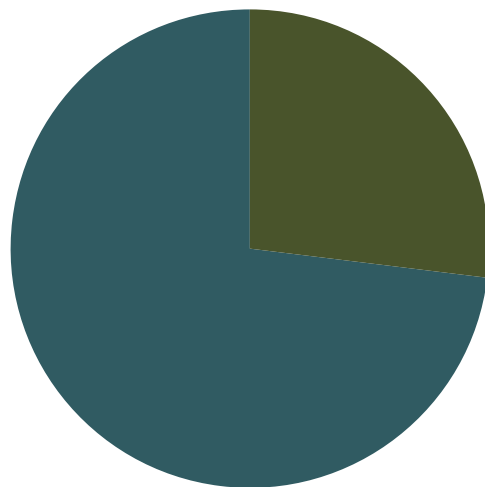
\*21.6% of infants were exclusively breastfed until at least six months.

ETHNICITY



● HISPANIC / 29%  
● NON-HISPANIC / 71%

RACE



● PEOPLE OF COLOR / 27%  
● WHITE / 73%

Includes Black or African American, American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Asian, and Multi-Racial clients.

SUCCESS STORIES

A primiparous client received a comprehensive intake assessment with high PHQ-9 and GAD-7 scores and diagnoses of depression and anxiety. Her NFP nurse referred the client to UW's Perinatal Telepsychiatry program where she received an additional diagnosis of Post-Traumatic Stress Disorder (PTSD). The nurse worked with the client to complete a *Suicide Risk Assessment* and a co-designed *Emergency Plan* and provided copies to the client's care team. The Nurse-Home visitor also successfully referred the client to a counselor, whom the client continues to see following her graduation from the NFP program.



*Clark County NFP experienced significant staffing transitions in 2023, saying retirement farewells to two long-time nurses, each with more than twenty-three years of county service. These transitions impacted staffing capacity and client retention, but the team eagerly welcomed new nurses in 2024. NFP clients continue to face challenges accessing mental and behavioral health services due to long waitlists and insufficient healthcare provider capacity, but the NFP team is grateful for several new resources to share with clients, including the University of Washington Perinatal Telepsychiatry program and the warm line through Perinatal Support WA to support client needs.*

COMMUNITY SERVICES

SYSTEMS INTEGRATION PROGRAM COORDINATOR II

COMMUNITY SERVICES  
[clark.wa.gov/community-services](http://clark.wa.gov/community-services)

2023 Award: \$130,593  
Expenditures: \$66,873.56\*

The purpose of this newly added staff position includes planning, administration and coordination at the intersection of behavioral health, housing, and homelessness. This person works with providers and funders to problem solve issues, remove barriers, and create capacity where needed. The Systems Integration Program Coordinator II position is required to spend a significant amount of time in the community with service providers working at this intersection to strengthen collaboration and promote creative problem-solving to fill in the gaps in services for individuals who have behavioral health issues and are housing unstable. Since being hired in June 2023, the Systems Integration Program Coordinator II has:

- Met with 18 organizations to introduce this new position and gather feedback about barriers they have experienced in integrating behavioral health and homelessness response/housing services in Clark County.
- Produced an affordable and specialized housing inventory map to resource organizations working to generate more affordable housing. The map currently contains 219 housing sites, including affordable, recovery, homeownership, and Permanent Supportive Housing (PSH) sites.

- Provided contract monitoring and technical assistance on all Community Services behavioral health housing and recovery supports contracts that serve individuals living at the intersection of behavioral health needs and housing instability.

As part of a county-wide affordable housing initiative that began in summer 2023, the Systems Integration Program Coordinator II provides administrative support to PSH and recovery housing work groups seeking to expand these behavioral health-focused housing options in Clark County. In addition, the Systems Integration Program Coordinator II disseminates information to service providers about new sources of federal, state, local, and private funding that can help them create or expand services to individuals with behavioral health needs and housing instability issues. This position is also the lead county staff person working to implement the Columbia River Mental Health Services (CRMHS) Mobile Intensive Housing Team (MIHT) pilot program that provides wraparound supports to un-housed individuals with behavioral health issues, from initial engagement through stable housing. An emerging focus for this position is increasing coordination of community services for individuals with behavioral health and housing instability issues who are releasing locally from Clark County Jail.

\*This position was not filled until June 2023, which accounts for the lower-than-expected expenditures in 2023.



## JAIL SERVICES

### JAIL TRANSITION COORDINATOR

#### JAIL SERVICES

[clark.wa.gov/jail-services](http://clark.wa.gov/jail-services)

Funding allocated: \$210,693  
Funding expended: \$109,871

#### SCOPE OF WORK

This program partners with the Sheriff's Office Corrections Re-entry staff to support discharge planning of individuals who have mental health issues, are experiencing homelessness and/or unemployment, and face other challenges when they are released from the Clark County main jail and Jail Work Center. Jail discharge planners help assess the needs of inmates who may be at risk of immediate re-arrest without discharge services. Inmates are identified by Crisis Intervention Teams (CIT) from Law Enforcement (LE) or Corrections, and mental health counselors in the jail.

Incarcerated individuals with mental health issues and those struggling with chemical dependency are placed in programs better suited for their circumstances. Maximum, medium and minimum-security jail beds are used for individuals with criminological habits, preferences or whom the court feels need to remain incarcerated for the safety of our communities.

#### Current duties

- Work directly with incarcerated persons in Clark County Jail focusing on individuals releasing locally or who are likely to release locally. Services are voluntary.



- Connect/refer person to mental health, substance use, peer support, housing/homelessness, employment, benefits (healthcare, food stamps, social security), child support, forensic specific programs, trauma specific programs, and managed care organization services, etc.
- Coordinate with large network of community partners to ensure warm hand-off to service provider at time of release. Referral sources include self-referral, identification by corrections officers and jail mental health staff, community partners, friends, family, attorneys, etc. Individuals are triaged by acuity of need, vulnerability, out date and lack of current service providers.



JAIL TRANSITION COORDINATOR BY THE NUMBERS

169 NUMBER OF APPOINTMENTS For one jail transition coordinator hired July-December 2023

44 CELL-SIDE APPOINTMENTS For high security individuals

Appointments were kept in a local spreadsheet and not tracked in the Jail Management System, meaning each contact can't be successfully tied to a booking number and the subsequent demographic data. This gap has been identified and will be managed differently for future annual reports and in 2024 will contain demographic information.



The COVID-19 pandemic created challenges for the jail which continued past the easing of restrictions in the community in compliance with local, state and federal requirements for correctional facilities. This meant the jail continued restrictions longer and resulted in significantly limited movement of incarcerated persons in the facility to attend appointments and also limited access to incarcerated persons by community partners. Additional and ongoing challenges include a lack of physical space inside the facility for appointments and services as well as reduced staffing to the Re-entry program.

One of the two Jail Discharge Planner positions remained unfilled from June 2021 with the second position doing their best to juggle all responsibilities. Hiring occurred for the unfilled Jail Discharge Planner position in February 2023 with an applicant selected and onboarded in July 2023. The existing Jail Discharge Planner separated employment in June 2023; next applicant from the hiring pool in February was activated but ultimately unable to pass background requirements. At this juncture, the Jail Transition Manager worked with internal and external stakeholders to review the Jail Discharge Planner position to ensure the posting aligned with current duties and agency priorities. The position was updated and retitled from Jail Discharge Planner to Jail Transition Coordinator (as discussed above). Hiring began in October 2023 and continues currently to the background check process. The Reentry team is hopeful a candidate will be selected and offered the position in March 2024.



SUCCESS STORIES

- Female age 31, experiencing homelessness and mental illness. Connected to PACT, FHARPS, Xchange Recovery, MCO case manager, CVAB/Pier 360, FPATH, THRIVE, MOUD providers, naloxone and SeaMar homeless outreach. She released in November 2023. Received an email from her probation officer in March 2024 stating she was looking for information for one of the providers she was connected to in the jail because she was finally "ready" for services.
Male age 37, experiencing homelessness and mental illness. Connected to FHARPS, MCO case manager, CFTH coordinated entry assessment, MOUD treatment in custody and given naloxone for time of release. He released in October 2023. Received a call from him in March 2024, he and his mom found an apartment but needed financial assistance with down payments. Connected him back to FHARPS, which provided down payments and rent for the next several months in addition to case management and resource referral.
Male age 23, experiencing homelessness and mental illness, including acute psychosis. Connected to FHARPS, Pier 360, MCO case manager, naloxone, and CFTH coordinated entry assessment. Released in September 2023. He called the jail in February 2024 asking if he could "come back to jail for more help." Person shared that he had been able to connect to housing through referrals to service providers and wanted information on other community resources.
Male age 60, hard of hearing and experiencing mental illness. Connected to a PACT team, Pier 360, SeaMar homeless outreach, MCO case manager, SOAR, etc. While incarcerated, client shared personal banking and housing information with other incarcerated people in his housing unit because he thought they were "helping him". Unfortunately, the information was used to steal money from the person's bank account and ransack and steal from his home. In addition to referral to mental health case management services and social security disability, the jail helped him file police reports, bank reports and work with his landlord to re-key the house. He was also connected to housing supports to assist with owed rent accrued during incarceration and avoid eviction.



## JAIL TRANSITION MANAGER

### JAIL SERVICES

[clark.wa.gov/jail-services](http://clark.wa.gov/jail-services)

Funding allocated: \$86,039

Funding expended: \$78,050

### SCOPE OF WORK

The Clark County Sheriff's Office added a Program Manager to provide support and leadership to the already established Jail Transition Coordinator positions that are part of the re-entry team. With the addition of this program manager position, the team will be able to significantly expand the number of clients served prior to release through the Re-entry program. The program manager will

provide structure and program development to remove barriers and allow the jail discharge planners to maximize access to clients booked into the jail.

The addition of the jail transition manager allows for continued and possible expansion of the current inclusion of interns from Pacific University. Funded by a federal grant, these interns are doctoral level students and provide advanced assessment, psychoeducation, and treatment support for a small jail inmate population.

Examples of current duties:

- **Manage multiple grants and partnerships**
  - o Clinical opioid use disorder treatment
  - o Substance use disorder assessment/treatment referral
  - o Mental health service referral

- o Peer support services
- o Housing/homelessness related services
- o Increased case management
- o Naloxone access
- o Basic needs such as benefit sign-ups
- **Supervise staff**
  - o Jail Transition Coordinators
  - o Support specialist III
  - o Co-located subcontractor positions through partnerships with other organizations
  - o Interns
- **Facilitate system-level coordination**
  - o Provide overall support and direction to the Reentry Program
  - o Policy support related to release of persons with acute mental illness (court ordered/non-court ordered)
  - o Opioid overdose interventions for jails
  - o Medicaid waiver for jails
  - o Best practices for behavioral health in jails
  - o Increasing community capacity and partnerships to serve Reentry Program
  - o Increasing community capacity and partnerships to serve incarcerated persons in Clark County Jail
- o Jail remodel discussions and planning
- o Strategic planning related to future departmental growth related to behavioral health
- o Participate in community groups such as Law & Justice Council, Crisis Collaborative Partnerships, etc.
- o Support internal efforts related to behavioral health such as officer wellness, peer support team, etc.



JAIL TRANSITION MANAGER BY THE NUMBERS	Grant funding maintained	\$1,260,429
	Washington Health Care Authority Medication for Opioid Use Disorder (MOUD) in Jails FY 2023-2024	\$451,892
	CCMHST 2023 Jail Transition Coordinator (2)	\$210,693
	CCMHST 2023 Jail Transition Manager	\$86,039
	CCMHST 2023 2024-Reentry Substance Use Disorder Professional (partner: Sea Mar)	\$125,016
	CCMHST 2023 2024-Re-entry Peer Support Specialists (2) (partner: Pier 360)	\$190,000
	Naloxone Distribution Program (Washington Department of Health)- estimate 400 doses at \$50 per box	\$20,000
	Naloxone Vending Machine (Southwest Washington Accountable Communities of Health)	\$50,000
	Supply estimate 1000 boxes naloxone at \$50 per box = \$50,000	

Number of new partnerships

*\*Includes partnerships which had been shut down during the pandemic and have since restarted*

Amerigroup (managed care organization)	Pacific University Forensic Psychology Program
Columbia River Mental Health Forensic Housing (FHARPS) team	PEACE
PACT team	Pier 360
Trueblood Team	Rainer Springs
Coordinated Care (managed care organization)	Recovery Café
Community Health Plan of Washington (managed care organization)	Restored and Revived
Council for the Homeless	Sea Mar
Couve Collective	AMCI team
Cupcake Girls	DCR team
Department of Community Services	Homeless Outreach teams
Department of Corrections	SOAR teams
Department of Social and Health Services Forensic Navigators (Trueblood)	SUD department
Developmental Disabilities Administration	Southwest Washington Accountable Communities of Health
District Court Therapeutic Specialty Courts	Thrive2Survive
Janus Youth	Washington Department of Forensic Mental Health Services Jail Technical Assistance Program
Lifeline Connections	Washington Department of Health
COMET team	Washington Health Care Authority
Homeless outreach team	Wellpath
Jail Transitions Services team	Clinical mental health staff
Maitri Mental Health	Medical staff
Molina (managed care organization)	Wellpoint (managed care organization)
Mountain Ministries	Xchange Recovery
Open House Ministries	YWCA
	Domestic Violence Program
	Sexual Assault Program

Additional reentry program services

In October 2023, Reentry restarted the “Reentry Provider Meeting.” A large community education and networking opportunity, the quarterly Reentry Provider meeting brought together numerous organizations serving adult legal system involved persons. The meeting was discontinued in 2021 during the COVID-19 pandemic and remained dormant. The Jail Transition Manager restored the meeting with over 100 attendees.

## SUCCESS STORIES

The Jail Transition Manager provided critical navigation to a grant funded program. In June of 2023 (2nd day on the job), the Washington Health Care Authority (HCA) funded “medications for opioid disorder in Jails” (MOUD) grant program received a significant legislative statewide funding cut. As a result the grant’s clinical partner stated they were no longer able to continue services at the reduced rate and ended care. The Jail Transition Manager provided a critical role in maintaining a positive relationship with the HCA, identified and contracted a new clinical partner, managed county processes for contract changes and ensured coordination of care for incarcerated persons until a new program could begin. The result is resumed funding from the HCA and services resuming through the new clinical partner in late December 2023.

The Jail Transition Manager identified a gap in availability of nasal naloxone for people released from jail. This is a significant area of focus due to the increased rates of death from drug overdose for persons within 2 weeks of release from correctional facilities. Although nasal naloxone was already provided to anyone receiving MOUD in the facility, a significant number of people experiencing opioid use disorder were not able to qualify for the clinical program and did not receive naloxone. When the Jail Transition Manager was not able to identify local resources to increase naloxone distribution, they were able to locate a resource through the Washington Department of Health. Currently, nasal naloxone (including multiple doses if needed) is available for free to anyone who requests it at time of release. Additionally, the Jail Transition Manager facilitated a local partnership to procure a naloxone vending machine at no cost to Jail Services to be located in the jail lobby, providing nasal naloxone and fentanyl test strips for free to the public.

The Jail Transition Manager facilitated a multiple-month planning process to review and revise organizational policy and practice related to release of persons with acute mental illness from Clark County Jail. Through engagement with jail operations, jail records, Wellpath clinical mental health, Sea Mar Designated Crisis Responders (DCRs) and Adult Mobile Crisis (AMCI), local courts, local prosecuting attorneys and AMR, the jail revised internal policies and workflow for release with court-ordered DCR evaluations and persons released with known/suspected acute mental illness without court-ordered DCR evaluations. The result is increased systemic collaboration for vulnerable persons releasing from jail.



# CLARK COUNTY MENTAL HEALTH SALES TAX REPORT 2023 EXTERNALLY FUNDED PROGRAMS

**COLUMBIA RIVER MENTAL HEALTH SERVICES**  
**56** Mobile Intensive Housing Team

**RECOVERY CAFÉ CLARK COUNTY**  
**57** Recovery Coaching at VHA Permanent Supportive Housing Sites

**PIER 360**  
**59** Recovery Support Services  
**62** Recovery House One

**SEAMAR**  
**64** School-based Services

**LIFELINE CONNECTIONS**  
**66** School-based Services  
**67** Healing Animal Partners  
**69** Backyard for Women and Children in Residential Treatment

**BOYS & GIRLS CLUB OF SOUTHWEST WASHINGTON (BGCSW)**  
**72** Youth Violence Prevention & Intervention Program

**GREAT LIFE MENTORING**  
**75** Mentoring Program

**NATIONAL ALLIANCE ON MENTAL ILLNESS SOUTHWEST WASHINGTON (NAMI SW WA)**  
**78** "See Me" Training

**EDUCATIONAL SERVICE DISTRICT (ESD) 112**  
**80** 1-2-3 Grow and Learn Program

**HELPING PROFESSIONALS WELLNESS CENTER**  
**83** Peers with Purpose

**UNITY CENTER**  
**86** Kids in Search of Success (KISS)

\* An asterisk after a program's 2023 expenditure amount indicates that their expenditures were lower than anticipated, primarily due to workforce shortages and/or the length of time needed to start a new program.

# MOBILE INTENSIVE HOUSING TEAM

## COLUMBIA RIVER MENTAL HEALTH SERVICES

[www.crmhs.org](http://www.crmhs.org)

Funding allocated: \$273,175  
Funding expended in 2023: \$101,180.49\*

Columbia River Mental Health Services' (CRMHS) Mobile Intensive Housing Team (MIHT) supports the individuals in our community who face the greatest barriers to finding and maintaining stable housing: adults experiencing homelessness who are living with chronic and persistent behavioral health conditions. The MIHT is the first of its kind in Clark County for providing whole person care (mental health assessments, brief intervention, care coordination, case management, peer support, and housing assistance) through a single behavioral health and housing team. The team is comprised of individuals with a variety of skillsets (including clinical skills, lived experience, knowledge of housing resources) who work together to serve individuals from outreach and engagement to stable housing and beyond, ensuring streamlined case-coordination and long-term housing stability.

This pilot program addresses a significant challenge faced by all system providers: that multiple service provider hand-offs hinder the relationships needed to successfully support this population. The resulting discouragement experienced by individuals living at the intersection of behavioral health needs and homelessness hampers motivation for their future engagement in supportive services. The MIHT focuses on mitigating these barriers.

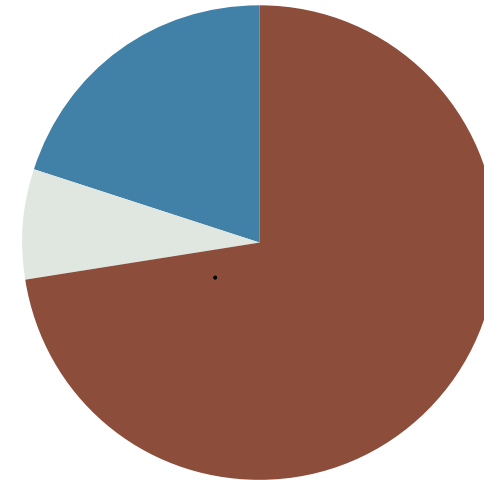
*Although workforce shortages delayed the start of services for this new program, the MIHT was still able to help 4 individuals on their caseload reach the status of "stably maintained housing" by the end of 2023.*



In 2023, the MIHT was in contact with a total of 40 individuals, with 24 of those individuals choosing to formally enroll with the team for services. The MIHT provided a variety of services to support participants with their behavioral health needs and help them obtain and sustain housing. In 2023, the MIHT's most frequently provided services were individual counseling/therapy, case management, peer support, and outreach services.

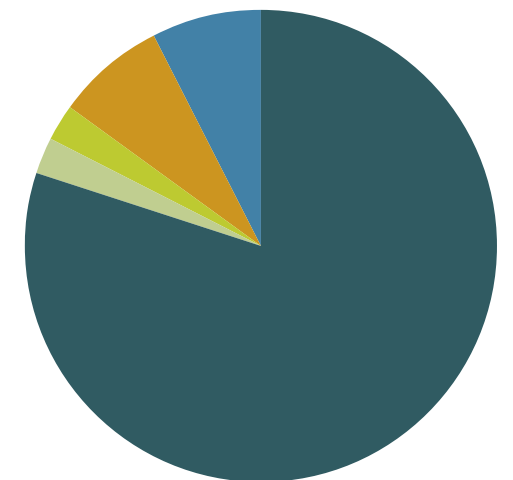
INDIVIDUALS SERVED 40

### ETHNICITY



- NON HISPANIC / 29
- OTHER SPECIFIC HISPANIC (e.g. CHILEAN, SALVADORAN, URUGUAYAN) / 3
- UNKNOWN / 8

### RACE



- WHITE / 32
- AMERICAN INDIAN / 1
- BLACK, AFRICAN AMERICAN / 1
- OTHER / 3
- UNKNOWN / 3

# RECOVERY COACHING AT VHA PERMANENT SUPPORTIVE HOUSING SITES

## RECOVERY CAFÉ CLARK COUNTY

[www.recoverycafeccl.org](http://www.recoverycafeccl.org)

Funding allocated: \$360,351  
Funding expended in 2023: \$182,816.28\*

The Recovery Café of Clark County (RCCC) is an organization committed to serving people who have been traumatized by homelessness, addiction, and other mental health challenges. They use the Recovery

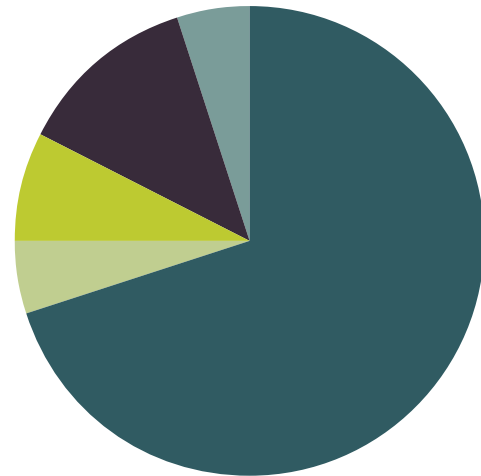


Café model, which provides a structure for developing healthy relationships, gaining and maintaining recovery, reducing relapse, and fulfilling each individual's growth potential. In partnership with Vancouver Housing Authority (VHA), RCCC assigned on-site staff to residents of two VHA permanent supportive housing sites to support them with in-person, one-on-one peer services and recovery coaching. This program brings together the VHA's desire to grow and sustain tenancy in permanent supportive housing and the RCCC's purpose to care for the community with recovery support services for individuals navigating substance-use disorder and mental health recovery.

RCCC staff offered residents classes aimed at improving communication skills, enhancing self-care, and developing self-awareness. They also facilitated fun and fellowship among residents with lunches and recreational/social activities like yoga, art, music, meditation, and hiking.

INDIVIDUALS SERVED 40 SUPPORTIVE HOUSING RESIDENTS

RACE/ETHNICITY



- WHITE /28
- AMERICAN INDIAN, ALASKA NATIVE OR INDIGENOUS / 2
- BLACK, AFRICAN AMERICAN OR AFRICAN / 3
- WHITE & AMERICAN INDIAN, ALASKA NATIVE OR INDIGENOUS / 5
- WHITE & HISPANIC, LATINA/E/O / 2

RECOVERY COACHING AT VHA PERMANENT SUPPORTIVE HOUSING SITES BY THE NUMBERS

↑ 12.8% HOUSING STABILITY AMONG PROGRAM PARTICIPANTS

AN INCREASE IN RENT AMOUNTS PAID BY PROGRAM PARTICIPANTS (AND THUS A DECREASE IN SUBSIDY PROVIDED BY VHA), WHICH CAN CORRELATE WITH AN INCREASE IN INCOME AMONGST RESIDENTS AT THE PROPERTY AS A WHOLE

83.3% OF SURVEYED PROGRAM PARTICIPANTS REPORTING INCREASED SATISFACTION WITH SERVICES AND SUPPORTS

SUCCESS STORIES

With RCCC staff support, one of the individuals receiving services began to engage in recovery circles and attended pop-up events, all while struggling in a decades-long toxic relationship. The co-dependency and other harmful behaviors wrought by this relationship were barriers to this person's recovery. RCCC staff encountered this person in a moment of crisis and they were at risk of losing their supportive housing. With RCCC staff support, this individual decided to receive detox and mental health services, where they completed the program and have been sober ever since. RCCC staff continued to follow-up with supportive services as this individual took more steps on their recovery journey.



RECOVERY SUPPORT SERVICES

PIER 360 (formerly Consumer Voices Are Born, CVAB) [www.cvabonline.org/the-reach-center-1](http://www.cvabonline.org/the-reach-center-1)

Funding allocated: \$1,193,574  
Funding expended in 2023: \$1,004,868.05

PIER 360's Recovery Support Services (RSS) offers peer-to-peer support for individuals who identify as having a substance-use disorder or a co-occurring mental health and substance-use disorder and a history of criminal justice involvement. In partnership with the Clark County Therapeutic Courts and the Clark County Jail re-entry program, Pier 360 offers one-on-one peer mentoring, housing support, employment support, peer support groups, educational classes, art activities, pro-social events, and recreation activities. Trained mentors are alumni of the Therapeutic Courts and re-entry programs, which uniquely qualifies them to engage peers in recovery services. As this program supports individuals in sustaining their recovery, it reduces recidivism rates and lowers crime rates to create safety for the whole community.

RECOVERY SUPPORT SERVICES BY THE NUMBERS

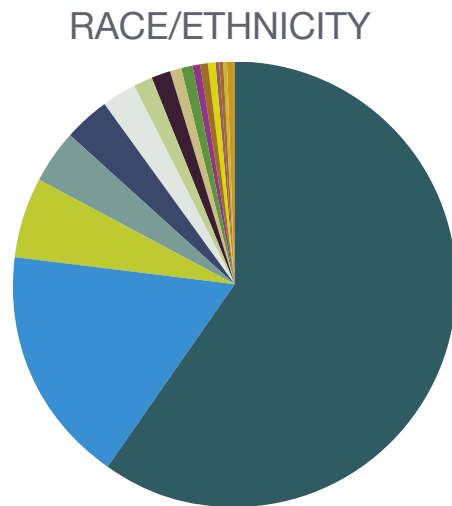
22 INDIVIDUALS OBTAINED EMPLOYMENT

1,160 UNIQUE INDIVIDUALS SERVED WITH 13,868 SERVICES

- IN THE FOLLOWING CATEGORIES
- ADVOCACY • BENEFITS • SSI/SSD OUT-REACH, ACCESS AND RECOVERY (SOAR)
  - CRISIS SUPPORT • EDUCATION
  - EMPLOYMENT • GENERAL SUPPORT
  - HEALTH • HOUSING • RESOURCES

48 COMMUNITY OUTREACH PRESENTATIONS

IN PLACES LIKE REGIONAL LIBRARIES, HEALTHCARE SETTINGS, JAIL SERVICES AND LAW ENFORCEMENT MEETINGS, SERVICE PROVIDER EVENTS, LEADERSHIP GATHERINGS, THERAPEUTIC COURTS EVENTS, AND COMMUNITY INFORMATIONAL MEETINGS.



- WHITE / 694
- DATA NOT COLLECTED\* / 201
- BLACK, AFRICAN AMERICAN, OR AFRICAN / 67
- WHITE & HISPANIC, LATINA/E/O / 46
- NATIVE HAWAIIAN/PACIFIC ISLANDER / 38
- HISPANIC/LATINA/E/O / 28
- AMERICAN INDIAN, ALASKA NATIVE OR INDIGENOUS / 16
- WHITE & AMERICAN INDIAN\ALASKA NATIVE OR INDIGENOUS / 16
- ASIAN OR ASIAN AMERICAN / 12
- WHITE & BLACK, AFRICAN AMERICAN OR AFRICAN / 7
- MULTI-RACIAL / 7
- DOESN'T KNOW/PREFERS NOT TO ANSWER / 7
- HISPANIC LATINA/E/O & AMERICAN INDIAN\ALASKA NATIVE OR INDIGENOUS / 6
- MIDDLE EASTERN OR N. AFRICAN / 3
- WHITE & ASIAN OR ASIAN AMERICAN / 3
- WHITE & NATIVE HAWAIIAN OR PACIFIC ISLANDER / 3
- OTHER\*\* / 6

\*A foundational principle of peer support is that peer participants do not have to answer the questions staff ask them. Peer choice is critical for those who engage with Pier 360. If a peer participant does not answer the questions when going through orientation, staff select "Unknown/Data not collected."

\*\*Includes one or more of the following: Native Hawaiian or Pacific Islander & Asian or Asian American; Native Hawaiian or Pacific Islander & Hispanic/Latina/e/o; Black, African American, or African & American Indian, Alaska Native, or Indigenous; Native Hawaiian or Pacific Islander & Black, African American, or African.



# SUCCESS STORIES

Staff from Pier 360 supported an individual during their Veterans Therapeutic Court process. After losing their housing and spending a couple nights sleeping in their car, Pier 360 staff helped them secure new housing. Since getting peer support and attending one of Pier 360's support/educational groups consistently, this individual has gone from temporary work to a full-time job, obtained a driver's license, and found stable housing in a studio apartment. To this day, this individual remains in good standing with Clark County's Veterans Therapeutic Court, moving from phase 1 to phase 3 of that process during their time with Pier 360, and they are currently working to mend family relationships. This individual also continues to work in the same job and maintain their housing. They recently expressed that the support received from Pier 360 was "just the support that [they] needed to get back on [their] feet."





## RECOVERY HOUSE ONE

PIER 360 (formerly Consumer Voices Are Born, CVAB)  
[www.cvabonline.org](http://www.cvabonline.org)

Funding allocated: \$190,597  
Funding expended in 2023: \$90,597.15\*

Pier 360 (formerly Consumer Voices Are Born/CVAB) is a peer-run organization employing people in substance-use and mental health recovery who support their peers in achieving personal successes. Their trauma-informed supports provide safe emotional and physical spaces for individuals to move through personal changes, inspiring new behaviors and growth in self-understanding.

Recovery House One was launched with the support of Mental Health Sales Tax funding to expand the inventory of recovery housing in Clark County. Pier 360 leased what has become Recovery House One to provide a supportive living environment for 4-6 long-term/permanent residents who are in active recovery, and an additional 4-6 temporary residents exiting jail or treatment programs who can stay for up to 30 days as Pier 360 staff assist in their housing search. When possible, temporary residents are given access to a bed in the house the same day of their release. A peer trained as a Wellness Coach is assigned to support residents of the house as they continue in recovery. Since the lease on the house began (June 1st, 2023), the three long-term residents continue to work well together as they support temporary guests in taking the next steps on their recovery journeys.

INDIVIDUALS SERVED 35 MOVED TO RECOVERY/ PERMANENT HOUSING 40%

### RECOVERY HOUSE ONE BY THE NUMBERS

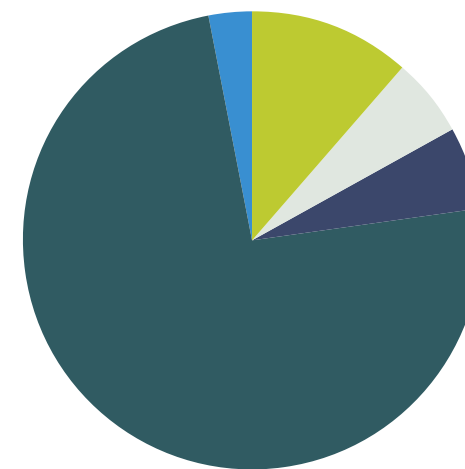
Program participants who were housed for at least 90-days, self-reported the following percentage increases in their:

- Ability to handle daily life: **90%** (goal: 70%)
- Ability to get along with other people: **72%** (goal: 70%)
- Ability to cope when things go wrong: **90%** (goal: 70%)
- Quality of life: **81%** (goal: 70%)
- Utilization of other community resources: **81%** (goal: 70%)

The following percentages of participants agreed that:

- They were treated with respect: **90%** (goal: 70%)
- They chose their own goals: **81%** (goal: 70%)
- They felt comfortable asking questions: **90%** (goal: 70%)
- Their gender and cultural background were respected: **90%** (goal: 70%)
- They were able to get all the support, resources, and services they needed: **90%** (goal: 70%)

### RACE/ETHNICITY



- BLACK, AFRICAN AMERICAN, AFRICAN / 4
- HISPANIC/LATINA/E/O / 2
- NATIVE HAWAIIAN, PACIFIC ISLANDER / 2
- WHITE / 26
- DATA NOT COLLECTED / 1







## SCHOOL-BASED SERVICES

### SEAMAR

[www.seamar.org](http://www.seamar.org)

Funding allocated: \$345,600

Funding expended in 2023: \$231,662.50\*

SeaMar provides substance use prevention and clinical substance-use disorder treatment services in school-based settings across Clark County, placing full-time substance-use disorder counselors in schools with great enough treatment needs to support an ongoing caseload. SeaMar provided early intervention and education, outpatient services and intensive outpatient services to the following 14 Clark County schools: Washougal High School,

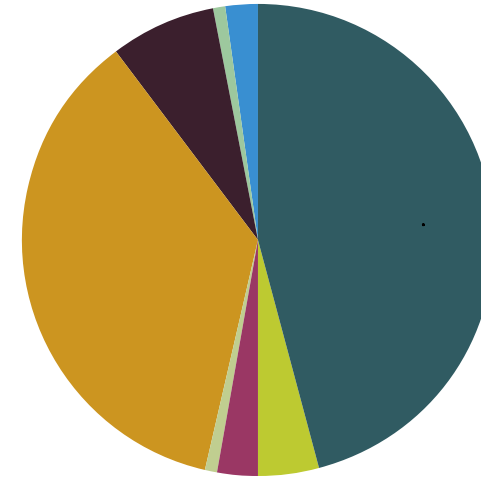
Jemtegaard Middle School, Legacy High School, Skyview High School, Hudson's Bay High School, Vancouver School of Arts and Academics, Liberty Middle School, View Ridge Middle School, Henrietta Lacks Health and BioScience High School, Ridgefield High School, Fort Vancouver High School, Heritage High School, Skyridge Middle School, and Evergreen High School.

STUDENTS SERVED **438**

SCHOOL-BASED DRUG/ALCOHOL ASSESSMENTS **103**

NEW SCHOOL-BASED INTAKES **61**

### RACE/ETHNICITY



- WHITE / 201
- BLACK, AFRICAN AMERICAN / 18
- MULTI-RACIAL / 13
- AMERICAN INDIAN / 4
- OTHER RACE / 158\*
- UNKNOWN TO PATIENT / 31
- PATIENT DECLINED TO ANSWER / 4
- UNABLE TO COLLECT / 9

\*The organization experienced data collection issues that have now been resolved. In future years, this category will include a greater level of detail that more accurately reflects the population served.

## SUCCESS STORIES

SeaMar's school-based services supported the continued engagement of youth receiving substance-use treatment in prevention coalitions that focus on supporting adolescents of color. These funds also empowered SeaMar staff to attend various community-based prevention meetings throughout Clark County and supported the Substance Use Disorder youth team in sending updates to a variety of youth-serving organizations regarding substance-use trends, skills being taught to youth in schools, availability of youth inpatient beds, treatment wait times across the state, and local community resources.



## SCHOOL-BASED SERVICES

### LIFELINE CONNECTIONS

[www.lifelineconnections.org/services/youth-services](http://www.lifelineconnections.org/services/youth-services)

Funding allocated: \$854,000

Funding expended in 2023: \$704,321.71

Lifeline Connections School-Based Services provides substance-use prevention, formal substance-use disorder treatment services, and mental health wellness and treatment services in school-based settings in various schools across Clark County. This program places full-time behavioral health counselors in schools with great enough treatment needs to support an ongoing caseload

of students. Through this program, counselors provide one-on-one counseling, behavioral health assessments, ongoing support groups (e.g. LGBTQ+ support, processing change, coping skills, grief, family trauma), and supportive education to students, teachers, and parents on topics like Narcan administration, social media's impacts on teen mental health, and harm reduction in adolescent substance use. Staff also provide crisis services and implement practices for suicide prevention and overdose prevention.

Services were provided at six Clark County schools including Fort Vancouver High School, Hudson's Bay High School, Flex Academy, Heights Virtual Learning Academy (Heights Campus), Hockinson High School, and Gaiser Middle School.

### STUDENTS SERVED

PREVENTION, OUTREACH, GROUP ACTIVITIES

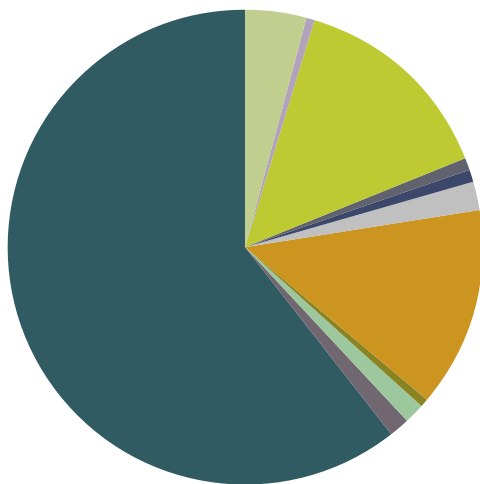
2,024

### STUDENTS ENGAGED

IN CLINICAL TREATMENT SERVICES

141

### RACE/ETHNICITY



- AMERICAN INDIAN, ALASKA NATIVE / 6
- ASIAN INDIAN / 1
- BLACK, AFRICAN AMERICAN / 20
- GUAMANIAN OR CHAMORRO / 1
- HAWAIIAN NATIVE / 1
- OTHER PACIFIC ISLANDER / 3
- OTHER RACE / 19
- SAMOAN / 1
- UNKNOWN / 2
- VIETNAMESE / 2
- WHITE / 85

## SUCCESS STORIES

Lifeline Connections School-Based Services staff survey students on a regular basis to track their progress. These surveys have shown decreases in substance use, increases in the number of students reporting no substance use in the past 3 months, reductions/eliminations in anxiety and depression and reductions/eliminations in behaviors like tobacco, alcohol, marijuana, and other drug use, truancy, and association with inappropriate peers. Staff have been successful in providing care for students who are typically overrepresented and underserved in our behavioral health systems, including students who are youth of color, LGBTQ+, and bi-lingual (Spanish speaking). In 2023, an average of 46% of the students served identified as youth of color and 61% as LGBTQ+. Clinical services were also provided in Spanish, which led to the formation of a new Spanish-speaking support group.



## HEALING ANIMAL PARTNERS

### LIFELINE CONNECTIONS

[www.lifelineconnections.org/services/animal-assisted-therapy](http://www.lifelineconnections.org/services/animal-assisted-therapy)

Funding allocated: \$37,272

Funding expended in 2023: \$37,024.87

*I am capable of anything if I give myself the chance.*  
—Healing Animal Partners participant

TARGET # SERVED 156 ACTUAL # SERVED 224

Lifeline Connections offers treatment and programs to support those living with mental health and substance-use disorders. Their Healing Animal Partners program supports individuals who are at-risk of dropping out of inpatient residential treatment programs. Equine Facilitated Psychotherapy (EFP) interventions provided through programs like Healing Animal Partners have been found to enhance self-esteem, trust, relationships, interpersonal effectiveness, and overall feelings of well-being in participants. Through this therapeutic method, Lifeline Connections seeks to increase the treatment completion rates and general well-being and recovery of those served.



HEALING ANIMAL PARTNERS BY THE NUMBERS

INCREASED DISCHARGE STATUS OF TREATMENT COMPLETION TO

69%

GOAL FOR 2023: INCREASE FROM 42% TO 50%

INCREASED AVERAGE LENGTH OF STAY FOR INDIVIDUALS IN TREATMENT FROM 17.38 DAYS TO

26.2

DAYS GOAL FOR 2023: 21 DAYS

## SUCCESS STORIES

Nearly every participant in the Healing Animal Partners program wants to return to experience it again. After individuals participate, they share statements like:

*"It gives me a different way to look at recovery."*

*"I can overcome the challenges I face."*

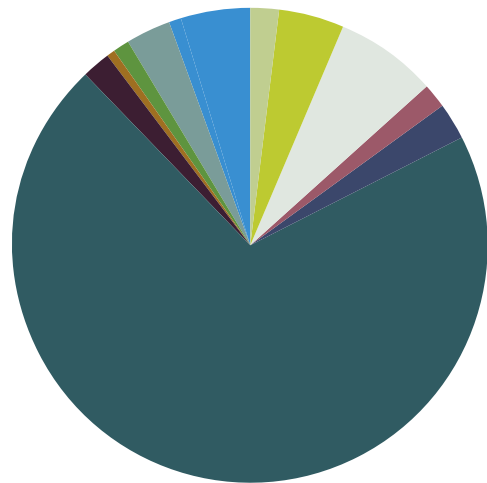
*"I am capable of overcoming uncomfortable situation[s]."*

*"...I am able to form bonds."*

By increasing an individual's ability to remain in and complete the life-saving treatments offered by Lifeline Connections, the Healing Animal Partners program is proving that horses can be powerful members of the therapeutic team.



### RACE/ETHNICITY



- AMERICAN INDIAN, ALASKA NATIVE / 10
- ASIAN OR ASIAN AMERICAN / 4
- BLACK, AFRICAN AMERICAN / 15
- HISPANIC/LATINA/E/O / 14
- MIDDLE EASTERN OR NORTHERN AFRICAN / 2
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 2
- WHITE / 160
- HISPANIC, LATINA/E/O & AMERICAN INDIAN, ALASKA NATIVE OR INDIGENOUS / 1
- HISPANIC, LATINA/E/O & ASIAN, ASIAN AMERICAN / 1
- HISPANIC, LATINA/E/O & BLACK, AFRICAN AMERICAN, OR AFRICAN / 1
- WHITE & HISPANIC, LATINA/E/O / 2
- DATA NOT COLLECTED, UNKNOWN / 12



## BACKYARD FOR WOMEN AND CHILDREN IN RESIDENTIAL TREATMENT

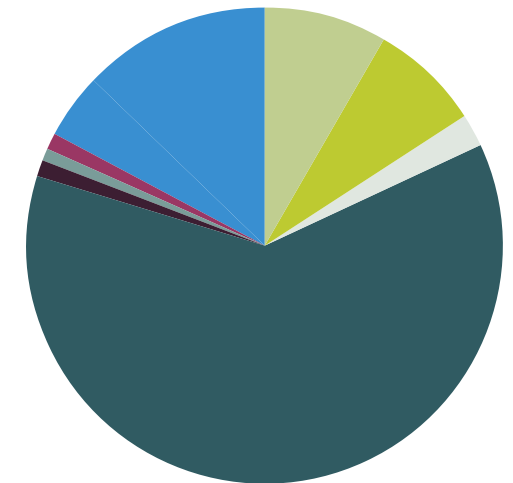
[www.lifelineconnections.org/locations/womens-recovery-center](http://www.lifelineconnections.org/locations/womens-recovery-center)

### LIFELINE CONNECTIONS

Funding allocated: \$60,000  
Funding expended in 2023: \$47,735.60

As part of their mission to provide evidence-based treatment and recovery support services to adults, youth, and children in the community, Lifeline Connections operates the Women's Recovery Center. This facility includes a 14-bed women's residential treatment program and the region's only 16-bed residential program for pregnant & parenting women (PPW) and their children under the age of five. In 2023, Lifeline Connections was awarded Mental Health Sales Tax funds to transform the backyard area of their Women's Recovery Center into an outdoor, protected, safe play area for children. The improvements expanded available therapeutic space and encouraged the parents and children being served to spend time outdoors as a part of their bonding and recovery process.

### RACE/ETHNICITY



- AMERICAN INDIAN, ALASKA NATIVE / 10
- BLACK, AFRICAN AMERICAN / 7
- HISPANIC, LATINA/E/O / 2
- WHITE / 61
- WHITE & AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS / 1
- WHITE & HISPANIC, LATINA/E/O / 1
- MULTI-RACIAL / 1
- UNKNOWN/DATA NOT COLLECTED / 11

PARENTS SERVED 56 CHILDREN SERVED 38

*It's a good way to bond and interact with my kids and help them learn to play with others and get good exercise and burn energy and also for my own nerves [it] give[s] me a way to get feelings out.*

—program participant

88%

OF PARENTS IN TREATMENT POSITIVELY INDICATED THAT THE IMPROVED PLAYGROUND AREA ENCOURAGED THEM TO BOND WITH THEIR CHILD(REN) BY OFFERING THEM SPACE TO PARTICIPATE IN NATURAL PLAY.

GOAL FOR 2023: 80%

## SUCCESS STORIES

Parents had these words to say about the therapeutic experience of enjoying the transformed backyard area at the Women's Recovery Center with their children:

*"It's good for emotional resolution and great for bonding."*

*"I think it makes a huge impact on my anxiety."*

*"We love to play outside. It's a great way to bond even when my daughter isn't here. I love playing with the other ladies' kids as well."*

*"My son loves the slides, and playing chase, and 'you[re] it' in a safe, spongy area where he won't get hurt, we like to go down the slide together."*

*"My child is no longer here. But when she was here we were ALWAYS outside, we had a lot of fun and bonding experiences going on out there and I enjoy playing basketball too."*

*"My kids love to play outside its nice there is helmets for all sizes and bikes."*

This project has created a restorative and healing outdoor environment for individuals in treatment to bond in new ways with their children as they take the next steps on their recovery journey.





## YOUTH VIOLENCE PREVENTION AND INTERVENTION PROGRAM

**BOYS & GIRLS CLUB OF SOUTHWEST WASHINGTON (BGCSW)**

[www.mybgc.org](http://www.mybgc.org)

Funding allocated: \$427,351

Funding expended in 2023: \$426,150

This program provides guidance from caring adults to youth whose lives are impacted by violence. A multi-disciplinary group of professionals from public health, juvenile court, education, and social service agencies work together to disrupt and prevent youth violence by

providing targeted case management that coordinates services for gang-affected youth and their families. The program focuses efforts in areas of Clark County where youth violence is most concentrated.

The programming provided by BGCSW builds a community of support for gang-affected youth, connecting them to positive role models, and providing them and their families with access to resources in order to increase protective factors, stability, and hope in their lives. Weekly Community Circles create space for youth to decompress in groups and connect with each other, slowly building trust and accountability through community and belonging.

YOUTH SERVED PREVENTION PROGRAM **271**

YOUTH SERVED INTERVENTION PROGRAM **114**

### YOUTH VIOLENCE PREVENTION & INTERVENTION BY THE NUMBERS

As a result of the prevention services provided at 6 elementary clubhouses:

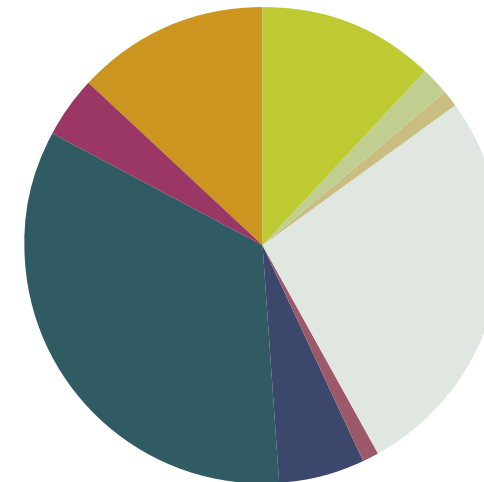
- 88%** of youth served maintained or increased their social competence
- 72%** increased academic performance
- 68%** accessed or were referred to additional support services
- 82%** participated in pro-social activities twice a week or more

Because of intervention services provided by the Youth Engagement Team:

- 86%** of youth served maintained or increased their social competence
- 82%** maintained or increased engagement in pro-social activities
- 78%** increased their engagement in prevention services
- 79%** improved their academic performance
- 24%** obtained/maintained employment or enrolled in a vocational training program

#### PREVENTION PROGRAM

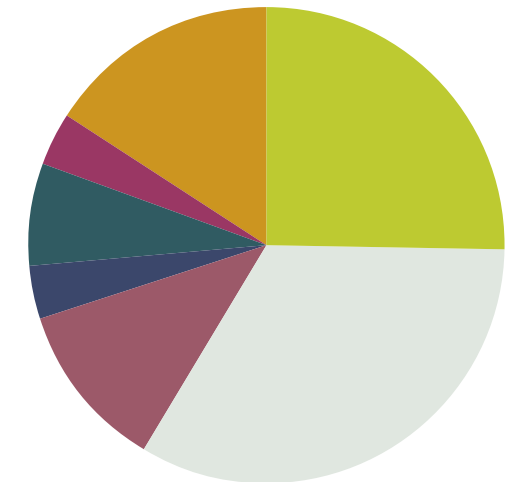
##### RACE/ETHNICITY



- BLACK, AFRICAN AMERICAN / 33
- AMERICAN INDIAN, ALASKA NATIVE / 5
- ASIAN / 3
- HISPANIC, LATINA/E/O / 73
- MIDDLE EASTERN / 3
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 16
- WHITE / 92
- MULTI-RACIAL / 11
- OTHER/UNKNOWN / 35

#### INTERVENTION PROGRAM

##### RACE/ETHNICITY



- BLACK, AFRICAN AMERICAN / 29
- HISPANIC, LATINA/E/O / 38
- MIDDLE EASTERN / 13
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 4
- WHITE / 8
- MULTI-RACIAL / 4
- OTHER/UNKNOWN / 18

The H.O.P.E. (Help One Person Everyday) Team connects youth with their community through service and engagement. BGCSW offers a variety of other services and activities at the Clubs, including evidence-based national programs like Project Learn and the S.M.A.R.T (Skills Mastery and Resistance Training) Program. Gender-specific programs are facilitated in partnership with BGCSW staff and mental health therapists in a small-group setting for young people to address health and social issues unique to them and provide them with an opportunity to build the necessary skills to resist negative influences and make healthy choices. BGCSW staff also provide mentoring

for trauma-affected youth, youth of color-specific groups, individual counseling, tutoring, homework help, direct employment placements, and referrals for youth employment in partnership with businesses in the community. Collectively, these programs positively impact youth and align with the overall Boys & Girls Club experience: a safe, fun, positive environment, opportunities and expectations, recognition, and relationships with caring adults.

## SUCCESS STORIES

One youth involved in BGCSW's prevention programming was getting into conflicts with other youth and having difficulty listening to staff. Using PAX Tools (a research-based framework focused on promoting self-regulation), the Assistant Club Director began weekly intentional check-ins with the youth to identify behavior triggers and develop self-calming techniques. The youth began implementing these coping mechanisms and his behavior dramatically improved. He began bringing friends to these weekly meetings, and even started leading others in discussions and breathing exercises.

BGCSW staff partnered with youth served at their Clubhouses to offer weekly Teen Nights on Tuesdays and Thursdays, as well as weekly small groups focused on mental health and well-being. Youth involved in intervention programming spent the summer giving back to their community by preparing hygiene bags for those in need, passing out food to houseless individuals, picking vegetables from a community garden to donate to the Clark County Food Bank, and a host of other empowering activities that help youth deepen their connection to and investment in their local community.



## MENTORING PROGRAM

### GREAT LIFE MENTORING

[www.greatlifementoring.com](http://www.greatlifementoring.com)

Funding allocated: \$280,357

Funding expended in 2023: \$266,607.43

The Great Life Mentoring (GLM) program serves youth receiving publicly funded outpatient mental health services, pairing community volunteers with participating youth (ages 7-18) in one-to-one mentoring relationships for a minimum of one year. Through meaningful connections between participating youth and volunteer adult mentors, the GLM program forms community bonds that nurture youth mental health in the most formative years of their lives. GLM is partnering with the University of Illinois Chicago (UIC), who administers an annual youth and parent survey and uses treatment records to assess outcomes in the areas of mental health challenges (e.g., depression, anxiety, conduct problems), wellness (e.g., self-esteem, hope, perseverance), parent and family functioning (e.g., parental stress and mental health,



child-parent relationship quality, family resilience), and treatment adherence (e.g., session attendance). The research study with UIC is a 4-year process, and the data collected will help determine if a basis exists for investment in replication of the GLM program to new sites.

*I can't believe she's not paid to be my mentor and wants to spend her time with me.*

—youth participant in the GLM program



GREAT LIFE MENTORING  
BY THE NUMBERS

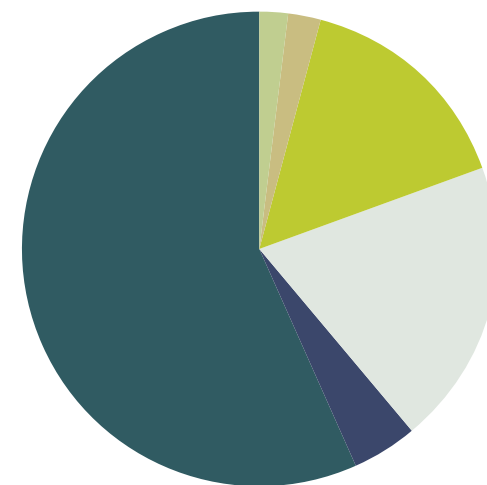
- Despite the significant challenges present for youth when they enrolled, over **80%** of mentors reported that youth exhibited a decrease in total difficulties (i.e. emotional, conduct, hyperactivity, and peer problems) or an increase in prosocial behavior six months into the mentoring relationship.
- **63%** of youth who completed the follow-up survey showed improvement in at least one of the following categories: secure attachment, healthy behaviors, readiness for success, and respect for self and others.
- Their mentor retention rate for the previous 6-month period was **100%**, with the average rate for the past 17 years holding at **99%**.
- Over the past 11 years, **73%** of all mentors extended their commitment rather than concluding when they reached their one-year mentoring mark.
- The average mentor/mentee match length is **4 years and 10 months** (for the past 17 years).

Highlights from GLM's 2023 year of service include:

- **\$151,510.15** in volunteer hours donated this past year in the form of time dedicated to mentoring youth and providing leadership to the program.
- A **68%** increase in mentors' knowledge for providing support to their mentee matches, which is directly attributed to the 20-hour training provided by GLM staff members.
- GLM was accepted as a Fall 2023 Cohort to participate in the Disability Mentoring Certification program. GLM staff have been participating on a weekly basis and expect to receive the official Disability Mentoring Certification.

*Having [the mentor] in my life gave me a life worth living.*  
—youth participant

RACE/ETHNICITY



- AMERICAN INDIAN, ALASKA NATIVE, INDIGENOUS / 1
- ASIAN, ASIAN AMERICAN / 1
- BLACK, AFRICAN AMERICAN, OR AFRICAN / 7
- HISPANIC, LATINA/E/O / 9
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 2
- WHITE / 26

# YOUTH SERVED 46





*Just wanted to say that the story about de-escalation really illustrated how important empathy is, and really illustrates how the way we respond to these kinds of situations has a large influence on whoever may be in crisis. Thank you for sharing.  
—SEE ME training participant*

### “SEE ME” TRAININGS

[www.namiswwa.org/advocacy/see-me](http://www.namiswwa.org/advocacy/see-me)

NATIONAL ALLIANCE ON MENTAL ILLNESS SOUTHWEST WASHINGTON (NAMI SW WA)

Funding allocated: \$40,500  
Funding expended in 2023: \$12,600\*

The “See Me” program is focused on providing training and information to end mental health stigma and discrimination in Clark County. Each “See Me” training is designed to center the stories of individuals with lived experience of mental health challenges in order to impact training participants’ views on mental health issues, provide participants with new information and resources related to mental health, and foster in each participant the ability to accept individuals with mental health disorders. Presentations included discussions about specific mental health diagnoses and associated common behaviors, the effects of trauma, adverse childhood experiences (ACES), implications of trauma on mental health and other chronic medical conditions, the positive effect of resiliency

training in reducing the impacts of ACES and trauma, the importance of self-care, de-escalation techniques that help keep everyone safe, and triggers that create mental health challenges.

In their testimonies, speakers share about the difficult days prior to their diagnosis and subsequent treatment, their pathways to recovery, bumps in the road that happen for most people with a serious mental health diagnosis when they are triggered, their journey learning resiliency and staying in recovery, and personal tips regarding de-escalation techniques that have worked for them. Each training participant receives a variety of printed resources to support them in their work in the community.

Many participants noted in their evaluation that the “See Me” training was the first time they had been introduced to 988, the new national crisis line number.

Overall, “See Me” trainings continue to be a critical pathway for Clark County community members to stay up-to-date on the latest resources for providing support services to those facing mental health challenges. Most importantly, these trainings create a critical venue for community members to have their perspectives transformed as they hear the stories of those with lived experience.

# OF TRAININGS CONDUCTED 8

# OF PARTICIPANTS TRAINED 140

### “SEE ME” TRAININGS BY THE NUMBERS

NAMI SW WA provided "See Me" trainings to Clark County organizations in the healthcare, education, community non-profit, church, and government sectors. According to data received from participants in their post-training evaluation:

- **88%** of trained individuals agreed or strongly agreed that the presentation speakers made an impact on their view of mental health (goal: 80%)
- **92%** of trained individuals agreed or strongly agreed that they learned something new or heard of a new resource (goal: 80%)
- **78%** of trained individuals felt more accepting of people with a mental health condition (goal: 80%)







## 1-2-3 GROW AND LEARN PROGRAM

EDUCATIONAL SERVICE DISTRICT (ESD) 112

[www.esd112.org/ece/1-2-3-grow-and-learn](http://www.esd112.org/ece/1-2-3-grow-and-learn)

Funding allocated: \$239,043

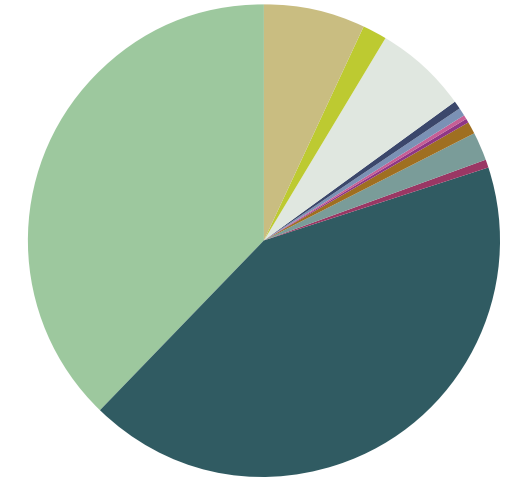
Funding expended in 2023: \$239,042.68

The 1-2-3 Grow and Learn Program connects children and their caregivers to the mental health and social-emotional resources they need to thrive through age-appropriate activities and experiences that promote school readiness. The Family, Friends, and Neighborhood program focuses on children birth to five years old who are cared for by a family member, friend, or neighbor (FFN). Children and caregivers served in this program participate in free, facilitated, in-person and virtual playgroups held throughout Clark County. Playgroup facilitators also provide home visits to help caregivers in implementing supportive practices at home. An Infant Early Childhood Mental Health Consultant (IECMHC) helps caregivers learn strategies to better support the children in their care.

In addition, the 1-2-3 Grow and Learn program provides music programming for caregivers and children to support their overall wellness through movement, rhythm, and cultural experiences. In partnership with the Hawk Foundation, they bridged the education disparity gap for students of color by holding sessions that incorporated culturally specific music and drums. Then, in partnership with Family Rhythms, the 1-2-3 Grow and Learn program provided sessions where children could try a variety of musical instruments.

# OF CHILDREN SERVED **312**

### RACE/ETHNICITY



- ASIAN, ASIAN AMERICAN / 22
- BLACK, AFRICAN AMERICAN OR AFRICAN AMERICAN / 5
- HISPANIC, LATINA/E/O / 20
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 2
- NATIVE HAWAIIAN OR PACIFIC ISLANDER & ASIAN OR ASIAN AMERICAN / 1
- HISPANIC, LATINA/E/O & ASIAN OR ASIAN AMERICAN / 1
- NATIVE HAWAIIAN OR PACIFIC ISLANDER & HISPANIC, LATINA/E/O / 1
- WHITE & ASIAN OR ASIAN AMERICAN / 2
- WHITE & HISPANIC, LATINA/E/O / 6
- MULTIRACIAL / 2
- WHITE / 132
- CLIENT DOESN'T KNOW/PREFERS NOT TO ANSWER / 118

*“My child and I have been able to better manage big feelings since meeting with the MHC [Mental Health Consultant]. We have worked with the MHC to find tools for [our child’s behavior [[pushing, biting]].”*

*“Things are improving when we go into social settings for us both!”*

—quotes from caregivers served through mental health consultation

1-2-3 GROW & LEARN BY THE NUMBERS

As a result of the 1-2-3 Grow and Learn program:

- **93%** of caregivers reported an increase in their child's ability to transition smoothly between activities (goal: 60%)
- **100%** of caregivers reported an increase in their child's socialization skills (goal: 60%)
- **53%** of caregivers reported an increase in their communication skills with their child (goal: 60%)
- **85%** of caregivers reported an increase in their knowledge of the importance of play (goal: 60%)
- **84%** of caregivers reported an increase in their knowledge of redirecting their child's behavior (goal: 60%)
- **90%** of caregivers reported an increase in their knowledge of supporting their child's growth and development (goal: 60%)

As a result of 1-2-3 Grow and Learn home visits:

- **100%** of caregivers reported an increase in their knowledge of developmentally appropriate practices to support their child (goal: 25%)

As a result of 1-2-3 Grow and Learn mental health consultations:

- **75%** of caregivers reported an increase in ideas and strategies for supporting their children (goal: 60%)
- **50%** of caregivers reported an increased ability to apply what they had learned (goal: 60%)



*“I can teach him the A-B-Cs at home and we work on colors all the time, but at 1-2-3 Grow and Learn he plays with other children and learns from other children. He is less shy and more willing to talk with and play with other children than he ever has been.”*

*—caregiver served through a playgroup*

## SUCCESS STORIES

- One family served through the home visitor portion of this program shared that, days after the birth of their third child, one of the parents had a heart attack which left them with little support after just moving to the area. They shared that “this was a very dark time for our family. One I could not see a way out of. But our home visitor became such a support and was so encouraging. She helped me see things I could not and each week she gave me little tasks to work on, which I could manage.”
- Because one 1-2-3 Grow and Learn staff member speaks Ukranian and another speaks Spanish (both in addition to English), families from these backgrounds enjoy services in their own languages.
- During one of the African drumming circles, a Nigerian family was excited to connect with one of the facilitators, who was also from Nigeria.
- So many children, caregivers, and staff attended the drumming circles that they needed to find a bigger room to offer these sessions for the community.

## PEERS WITH PURPOSE

### HELPING PROFESSIONALS WELLNESS CENTER

[www.hpwellnesscenter.com](http://www.hpwellnesscenter.com)

Funding allocated: \$135,505

Funding expended in 2023: \$117,575.25\*

Helping Professionals Wellness Center (HPWC) offers holistic behavioral healthcare to people in Clark County through the provision of outpatient mental health treatment, substance-use disorder treatment, domestic violence intervention treatment, foundational supports for housing and employment, and peer services. In addition, HPWC completes assessments for individuals who are currently

incarcerated in jail, provides services in Spanish, and coordinates community services when individuals discharge from the hospital.

Through their Peers with Purpose program, HPWC integrates community-based peer support into their current substance-use disorder treatment services, helping individuals develop community connections, life and problem-solving skills, and the ability to navigate community resources. This program focuses on supporting men, women and LGBTQ+ populations in overcoming barriers to treatment while strengthening their relationships and social supports. Overall, the integration of peer support into HPWC's treatment services has enhanced client motivation through building, fostering, and educating individuals about healthy and affirming relationships. This in turn has increased mechanisms for change and individuals' ability to pursue long-term recovery.

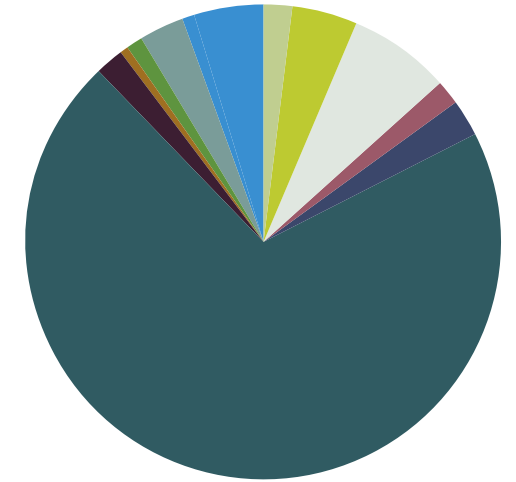


# INDIVIDUALS SERVED 199

PEERS WITH PURPOSE BY THE NUMBERS

- 69%** of individuals referred chose to engage in peer services (goal: 75%)
- 94.54%** of individuals contacted by a Peer Support Specialist attended their initial scheduled appointment (goal: 75%)
- 62.5%** of individuals contacted by a Peer Support Specialist reported continued abstinence from substance-use at the 90-day follow-up mark (goal: 65%)

RACE/ETHNICITY



- AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS / 4
- BLACK, AFRICAN AMERICAN / 9
- HISPANIC, LATINA/E/O / 14
- MIDDLE EASTERN OR NORTH AFRICAN / 3
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 5
- WHITE / 140
- WHITE & AMERICAN INDIAN, NATIVE ALASKAN OR INDIGENOUS/ 4
- WHITE & ASIAN OR ASIAN AMERICAN / 1
- WHITE & BLACK, AFRICAN AMERICAN OR AFRICAN / 2
- WHITE & HISPANIC, LATINA/E/O / 6
- UNKNOWN, DATA NOT COLLECTED / 11

SUCCESS STORIES

One individual served through this program shared that they were not initially thrilled about engaging with peer support. However, when this individual was trying to access an employment opportunity that would require them to quit smoking cannabis, they reached out to a staff person in the Peers with Purpose program to request help identifying tools that could support them with this goal. The peer shared some of their own story and talked to the individual about some grounding techniques and an app for tracking progress they had used on their own journey. The individual working on this goal reported being grateful they had someone like this peer to reach out to when they needed support.





## KIDS IN SEARCH OF SUCCESS (KISS)

### UNITY CENTER

[www.unitycenterwa.com/programs/k.i.s.s.-program](http://www.unitycenterwa.com/programs/k.i.s.s.-program)

Funding allocated: \$243,276

Funding expended in 2023: \$241,004.69

The mission of the Unity Center is to use the power of love and potential to help Clark County's most vulnerable youth grow and thrive. Their goal is to disrupt intergenerational trauma by helping youth and their families overcome the

barriers they face including poverty, systemic racism, mental health and substance abuse issues, and gang involvement. The Unity Center focuses on youth with the greatest obstacles and the fewest protective barriers. They primarily serve youth of color.

Through their Kids in Search of Success (KISS) program, the Unity Center provides mentoring relationships for youth ages 12-18, school break/summer camps, and after-school programming.

# YOUTH SERVED **31** GOAL: 25

### KIDS IN SEARCH OF SUCCESS BY THE NUMBERS

Increased weekly program participation among youth served **95.3%** (goal: 85%)

Increased the rate of referrals to support services that were accessed by youth to **100%** (goal: 50%)

Produced the following outcomes for participating youth:

- **100%** of high school seniors obtained their high school diploma or equivalent (goal: 90%)
- **97%** of youth who were not seniors were on track to advance to the next grade (goal: 90%)
  - The remaining 3% were able to get back on track to advance to the next grade by the end of 2023, bringing the total to **100%**
- **100%** participated in annual goal-setting and review (goal: 100%)
- **100%** established individual success plans (goal: 100%)
- **89%** attended 3 goal-setting meetings in 2023 (goal: 85%)





## HOW TO APPLY FOR FUTURE MHST FUNDING

Clark County is always seeking new providers to expand behavioral health services in our community. Is your organization interested in applying for Mental Health Sales Tax funding to provide services?

Email Clark County Community Services Program Manager DeDe Sieler at [dede.sieler@clark.wa.gov](mailto:dede.sieler@clark.wa.gov) with the information below to be notified of the next opportunity to submit a proposal:

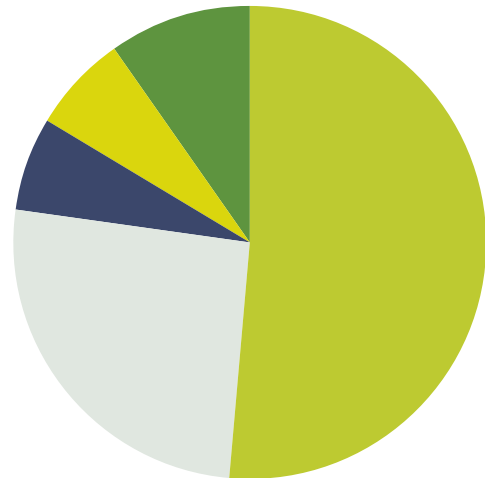
- Name
- Organization
- Position title
- Email address
- Phone number

KEY DATES	
Request for Proposal (RFP) announcement	end of June each year
Proposals due	mid-August
Funding begins	January 1st of the following year

### Questions?

Email [dede.sieler@clark.wa.gov](mailto:dede.sieler@clark.wa.gov) for additional information.

### RACE/ETHNICITY



- BLACK, AFRICAN AMERICAN, OR AFRICAN / 16
- HISPANIC, LATINA/E/O / 8
- NATIVE HAWAIIAN OR PACIFIC ISLANDER / 2
- HISPANIC, LATINA/E/O & AMERICAN INDIAN, ALASKA NATIVE, OR INDIGENOUS / 2
- WHITE & BLACK, AFRICAN AMERICAN OR AFRICAN / 3

## SUCCESS STORIES

The KISS Program led to this story of transformation, shared by Unity Center staff: "One of the newest clients came to us with over 450 tardies in school, a 20% performance score and had been moved from in-person school to online because of low performance and problems with attendance. We invited the client with permission of the parent to do online school at the Unity Center in our computer lab. This way we could confirm attendance and provide academic support. This client had until May 26, 2023 to be at 30% to be eligible to continue and go to summer school. We used a specific goal plan to pick-up, drop-off, provide in-person support, snacks and resources to get this client back on track. The client exceeded the performance expectations and is now at 60% performance."



## COMMUNITY SERVICES

1601 E Fourth Plain Boulevard • PO Box 5000

Vancouver, WA 98661-5000

564.397.2130 / 563.397.6028 fax

[www.clark.wa.gov/community-services](http://www.clark.wa.gov/community-services)

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For other formats, contact the Clark County ADA Office

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