

### **Meeting Minutes**

July 30, 2021

Date	Time	Location	Preparer of Minutes
7/30/2021	8am-Noon	ZOOM	Carrie Hennen

Committe	e Members	TST Staff	Others
Present Robert Almada Chanita Jackson Bob Jones Sfirah Madrone Marilyn Roberts Wendy Tanner Gina Thompson Priscilla Terry	Absent Steven Thomson	Carrie Hennen Kelsey Paolini	Joe Avalos Pam Hartman Beyer Ted Bryan Georgia Christian Amanda Houle Keylee Marineau Mark Moffett Jason Bean-Mortinsor Mary Ann O'Garro Suzette Smith Schelli Slaughter Suzette Smith Gretchen Thaller

Agenda Item	Notes
Welcome & Introductions	Advisory Committee Members introduced themselves.  Carrie provided an overview of the meeting, reminding the group that about half of offices & departments requesting TST funding would present a preview of their budget requests to the committee at today's meeting.
programming, reques programs seek to adve current and possible r	partments presented slides addressing current TST-funded ts for TST budget changes for existing or new programs, ways in which ance diversity, equity and inclusion (DEI), and COVID-19 implications of new programming. Slides are available accompanying these minutes ot repeated below. Discussion and questions are summarized.
Thurston Mason Behavioral Health Administrative Services Organization	Joe Avalos, Jason Bean-Mortinson, and Keylee Marineau presented information and budget requests related to TST-funded services in the BHASO. Discussion and questions included:  DEI
	- No questions



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	<ul> <li>Non-Medicaid Transition Aged Youth Services (New program proposal)</li> <li>Committee members asked if people are hard to reach because they aren't eligible for Medicaid. Yes, oftentimes unwilling to disclose their history because they don't feel safe and many are transient.</li> <li>A committee member asked how about the number of youth expected to serve and how long they would be enrolled. The program would serve about 6-8 youth per year because it tends to be high intensity services for ~3-6 months.</li> <li>A committee member asked if they have a feel for what the program will look like Is there an overwhelming need? What part is transitioned from jail? Joe indicated that there is significant community need— for example, WISE has a waitlist of about 10- 12 for non- Medicaid youth.</li> </ul>
	<ul> <li>Scattered Site Pilot / Peer Outreach (New program proposal)</li> <li>Keylee Marineau from Public Health and Social Services provided background information about the scattered site pilot program that this peer outreach proposal is intended to support.</li> <li>A committee member asked if whether the program would move people from encampments to acceptable housing. Keylee indicated that the plan is for the provider managing the pilot to be on site 7 days a week to respond to emergencies but also to meet needs on a real time basis (take residents to appointments, get ID's, etc). This proposal would supplement that work.</li> <li>A committee member asked whether 2 FTEs is sufficient across multiple sites to serve 250-300 people. Keylee indicated that as a pilot program, there is an effort to learn and hope to expand in the future. There's never been crisis peer support that knows people by name that can build rapport—even starting with two people would be a great opportunity.</li> </ul>
	<ul> <li>Co-Responder with Thurston County Sheriff's Office (New program proposal)         <ul> <li>A committee member indicated that this type of resources is needed, noting that the new legislation (HB1310) puts more of a burden on law enforcement to de-escalate difficult situations. There's a need to add funding for social services programs to the new model.</li> <li>A committee member asked whether they expect to see reduced crime rates. Joe indicated that it is difficult to say, but noted that through a similar partnership in the City of Olympia, in the 1st 5 months, calls resulted in a lower involuntary detention rate because there was more de-escalation and crisis work at the front end. In 2020 and 2021 increase in crisis hotline services have increased about 30%, likely from COVID, but the need is there.</li> </ul> </li> <li>Children's Mobile Crisis</li> </ul>
	<ul> <li>A committee member asked about the program age group. It can be up to 21, median age is around 15.</li> </ul>
	Children's Mobile Crisis Juvenile Justice



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	- No questions	
	<ul> <li>Multisystemic Therapy         <ul> <li>A committee member asked where the underspent funds go.</li> <li>Underspending goes to the fund balance. However, especially with COVID there will likely be an uptick in demand for services that they couldn't provide during the initial outbreak and likely an increase in demand for the foreseeable future.</li> </ul> </li> </ul>	
	Steps to Wellness  - A committee member asked whether the closure of the drop in center was	
	due to a lack of being able to find a clinician. No, with COVID, due to public health restrictions, the provider was only allowing 1-2 people in at a time-before it used to be 20-40 people.	
	<ul> <li>Wraparound with Intensive Services (WISE)</li> <li>The group discussed whether some underspending funds from MST could shift over to those on the non-medicaid WISE waitlist. Joe indicated that they are always seeking to leverage and strategically use funds where possible.</li> </ul>	
	<ul> <li>Youth Outpatient Treatment</li> <li>Committee members asked if Community Youth Services refers to True         North in the schools and if services are provided in schools. It was stated         that True North does provide services within schools, but also have         afterschool programs and an office in Tumwater. Most referrals come from         schools. CYS also refers, although CYS is likely to see many out of school         youth.</li> </ul>	
	Jail Behavioral Health Program  - A committee member asked whether this program deals with prescribing or paying for medications. Program staff replied that medications go through prescribers from the jail's medical provider, but there's a lot of coordination.	
	<ul> <li>Carrie noted there have been discussions with the jail about expanding TST funding for psych medications. However, legal counsel indicated that this becomes complicated with funding certain people's medications and not others. This opinion would likely hold true even if funds were administered through a separate organization.</li> </ul>	
	Housing Case Management - No questions	
	Intensive Case Management - No questions	



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	Nisqually Jail Reentry
	- No questions
	A committee member asked about how people get into the right program when there's so many available. ASO leadership indicated that different programs receive referrals and do outreach differently and there's a description of eligibility and prioritizing the population to serve. For youth and family programs, there is a specific individual who does a lot of navigation and coordination. The programs also coordinate amongst themselves.
	<b>Ted Bryan and Georgia Christian</b> presented information and budget requests related to Juvenile Court. Discussion and questions included:
	DEI
	- No questions
	Juvenile Justice Behavioral Health Alternative
Thurston County Family & Juvenile Court	<ul> <li>Staff noted that there is a relatively small caseload and asked whether there is a need for 2 FTE's. Court leadership noted that with COVID, referrals have dropped off but they expect numbers to come back. They also noted that this is an intensive service.</li> </ul>
	<ul> <li>Ted Bryan will send out the brochure they have for the program.</li> </ul>
	Equine Assisted Youth Peer Support - No questions
	Schelli Slaughter, Mary Ann O'Garro, Gretchen Thaller, Amanda Houle, Mark Moffett, and Carrie Hennen presented information and budget requests related to Public Health and Social Services. Discussion and questions included:
	DEI
Public Health & Social Services	<ul> <li>A committee member asked for clarification about what was meant by weighted scoring in funding decisions. PHSS leadership clarified that weighted scoring is used to help score funding applications. In RFP processes, PHSS has weighted DEI as a stronger factor in scoring different proposals.</li> </ul>
	Community Health Worker (New program proposal)
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	mooting minutes
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	<ul> <li>A committee member asked whether this program would provide services or referrals. Schelli indicated that community health workers provide direct services, not just referrals. Current community health workers only work with COVID-19 positive people, but this position would be a focus on behavioral health. This program is a best practice by the CDC. Often community health worker is seen as a resource to a family and is well-known in the community through word of mouth. Having a consistent person can help bridge gaps, especially among those who are reluctant to receive services.</li> <li>A committee member asked how many people they expect to serve through this program. Schelli indicated that there isn't a current of target clients served, but in a similar COVID-19 program, they have served ~400 people with 3 staff people.</li> <li>A committee member asked about addressing the American Indian/Native American population because they generally have a very high overdose rates. Schelli indicated they would be looking for a Spanish-speaking person in the role but would have this person provide wide-reaching services.</li> </ul>
	<ul> <li>Nurse Family Partnership / Family Intervention Nurse</li> <li>A committee member asked whether these programs refer to Parents as Teachers. Gretchen indicated that they do, along with numerous other family supports, including Family Education and Support Services.</li> <li>It was clarified that Nurse Family Partnership clients need to be enrolled during pregnancy, preferably by the 29<sup>th</sup> week, in order to maintain fidelity to the model. Clients seeing the Family Intervention Nurse can be enrolled any time, including late pregnancy and through the child's 1<sup>st</sup> year.</li> </ul>
	Veterans Case Manager - No questions
	Law Enforcement Assisted Diversion  - A committee member asked about how the additional support the Police Departments could impact the volume for LEAD. Mary Ann indicated that they anticipate that new response at police departments will support referrals to LEAD. These are complementary, not duplicative, services.
	TST Community Grants - No questions
	TST Administration  - It was clarified that Naloxone is merged into this funding because it falls under a miscellaneous category.
Wrap Up and Next Steps	Carrie noted that there had been numerous requests for new funding discussed over the past two meetings. While revenue is up considerably, it is unlikely that it



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	will be possible to fund all new requests.
	Toward the end of August, Carrie will provide all committee members with a homework assignment to be completed and submitted prior to the September 10 meeting. In this exercise, each committee member will be asked to develop a funding recommendation totaling a pre-set amount. These homework assignments will be the starting point for the committee's development of the recommendation to the BOCC for the use of TST funds for the 2022-2023 biennium.

**Next Meeting:** 

September 10, 8:30-11:30am ZOOM