

ADVISORY COMMITTEE

Meeting Minutes

June 17, 2022

Date	Time	Location	Preparer of Minutes
06/17/22	8:30 am – 11:30 am	ZOOM	Chelyn Bigornia

Attendance			
Committee Members		TST Staff	Others
Present Robert Almada Sarah DeStasio Marilyn Roberts Bob Jones Priscilla Terry Tonia McClanahan Wendy Tanner		Carrie Hennen Chelyn Bigornia	Amy Martin Sara Ellsworth Kristy Dees Amber Riley Dana Hanson Brittany Spencer Ted Bryan Gary Enns Carrie Mayeaux
Absent Chanita Jackson Gina Thompson			

Agenda Item	Notes
Welcome & Introductions	TST Advisory Committee members and guests introduced themselves.
TST Program Presentations: Youth Programs	<p>Managers of TST-funded programs serving youth discussed their programs (<i>see accompanying slides</i>).</p> <p>Staff presented information related to the Youth Outpatient Treatment (YOT) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - Staff expressed the need to have full spectrum of services paid for. Specifically, prevention services that involve strong socio-emotional learning and early intervention services are often not funded. These services help prevent youth from escalating to level of need that requires robust services that are more expensive. - The co-occurring pilot program is limited to students in the North Thurston School District. To meet acceptance criteria, they need to be referred due to substance use concern and treatment, meet medical necessity, and have an urgent mental health need. They have served about 7 total kids in this program and have seen positive results. - True North does do prevention work. The state funds community prevention initiative sites (Tenino, Bush), and in those schools they have full spectrum of prevention services through recovery support.

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	<ul style="list-style-type: none"> - Prevention services are offered at other sites, but they are not fully funded. It was clarified that the statute underlying TST does not allow funding for this type of preventative service; the presenter argued that the broader health care system should be responsible for behavioral health prevention programming, similar to how prevention services such as childhood immunizations are widely available. - Youth can drop-in and self-refer for services. Services are provided throughout the summer with adjusted hours, and youth can also access services at the ESD 113 branch office. <p>Staff presented information related to the Juvenile Justice Behavioral Health Alternative (JJBHA) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - The program is struggling with lack of funding to provide services to youth with private insurance. Youth with private insurance do not have access to WISe services, except a limited number of slots funded by TST. - A Youth Development Program that focuses on skill building (e.g. cooking, budgeting), community service, and mentorship with staff has recently been added (this is outside TST funding). The youth are currently working on a project to beautify the courtyard where people often go to take wedding photos after getting married at the courthouse. - Youth are released from detention immediately to the Garden/Youth Development program. Once the youth's community supervision expires, they can no longer access Garden/Youth Development program. <p>Staff presented information related to the Equine Assisted Youth Peer Support (EAYPS) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - Transportation assistance from Thurston County Juvenile Court staff has contributed to retention improvement and deeper level of engagement among youth participants. - The organization has just received a TST Community Grant which allows them to expand services beyond just youth involved with Juvenile Court. Long-term sustainable funding is an issue as the program is project based. - For the expansion funded by the TST Community Grant, most referrals are coming from YouthNet, a foster care organization, and North Thurston School District. More referrals are coming in, demonstrating community need and interest. Services will begin June 21. <p>Staff presented information related to the Children's Mobile Crisis (CMC) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - The amount of youth the program is serving has doubled since last year, demonstrating a significant increase in need. The program has focused on intensifying their work with youth and families and is working on becoming fully staffed. A new intervention model is being implemented that provides

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	<p>immediate access to services and lasts 4 weeks. The type of therapy in this model addresses anxiety, depression, behavior management and trauma.</p> <ul style="list-style-type: none"> - Non-Medicaid youth with private insurance or no insurance formerly did not qualify for crisis services; TST funding has made Children's Mobile Crisis available to all. - The definition of a successful exit from this program is: (1) Services complete or (2) client transferred to another Catholic Community Services (CCS) provider or other mental health provider. <p>Staff presented information related to the Children's Mobile Crisis- Juvenile Justice (CMC-JJ) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - This program is a successor to Juvenile Court and Detention Transitions and has been active in its new form for 9 months. - Peer support services will be added to available resources soon. - 24/7 services have been greatly appreciated by partners. <p>Staff presented information related to the Wraparound with Intensive Services (WISe) program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - There are currently 26 Non-Medicaid youth and over 100 Medicaid youth on the waitlist, demonstrating a high level of need. Those that have been hospitalized/acute are prioritized, and Children's Mobile Crisis often serves as stopgap to support children on the waiting list. - More funding and adequate workforce would help address the waitlist. Having TST-funded staff dedicated to managing this waitlist and serving as a community resource has made a very positive impact on the system. These staff check in with youth and families on the waitlist to provide intermediate services to help ensure needs are met as well as track outcomes (e.g. hospital visits, juvenile detention). <p>Staff presented information related to the Transition Aged Youth Wraparound with Intensive Services (TAY-WISe). Questions & discussion included the following:</p> <ul style="list-style-type: none"> - The program serves the transition aged youth group, 15-21 years old. They have been experiencing similar challenges as WISe with respect to workforce and are working towards becoming fully staffed to address the waitlist. - TAY-WISe does accept 18-year olds. There are a lot of people who started in WISe early then return later, but there are also some that come in their later youth. <p>Staff presented information related to the Multisystemic Therapy program. Questions & discussion included the following:</p> <ul style="list-style-type: none"> - There are 18 youth on MST waitlist. MST is briefer (4-5 month) and serves a different age range (12-17 years old) in comparison to WISe. MST focuses on youth who present behavioral or justice involvement issues. MST is also not as focused on the individual compared to WISe, instead focusing on the broader family system. Youth can transition from

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	<p>MST to WISe.</p> <ul style="list-style-type: none"> - Peers are a big part of the crisis system, TAY-WISe and WISe program are involving more peers. MST does not currently utilize peers because they focus more on the parents and building structure. - “Multisystemic” refers to the ecology of family unit, school, justice system, and other supports. MST seeks to empower parents as the ability to parent impacts youth behavioral health. In situations in which parents are unavailable and/or unwilling to engage, youth are excluded from the program.
<p>Updates & General Business</p>	<p>Minutes from the May 20, 2022 meeting were approved.</p> <p>Staff provided the following updates:</p> <p><u>TST Community Grants:</u> Grant contract are almost signed. Services will begin soon.</p> <p><u>Jail Re-Entry services:</u> The staff member coordinating TST-funded Jail Re-Entry services resigned in May. This staff person was contracted with the jail’s medical provider, and the jail and that provider have agreed to not refill the position.</p> <p>Going forward, the jail would like to work with Olympia Health and Recovery Services to provide Jail Re-Entry services. OHRS has identified someone to fill that position within a matter of weeks. There will be further discussion between TST, the Thurston County Sheriff’s Office and Olympic Health and Recovery Services to discuss change in service provider and areas of improvement. The Preparation for Re-Entry Employment (PREP) Program will remain with Pacific Mountain Workforce.</p> <p><u>Feedback on Hybrid Meeting</u></p> <ul style="list-style-type: none"> - In general, the option to attend hybrid was appreciated. - From the perspective of Zoom participants, being able to see everyone in the conference room would be helpful. - Additional feedback was offered regarding room setup, volume, and participant introductions. <p><u>Other discussion</u></p> <ul style="list-style-type: none"> - Resource Hub is opening on Tuesday, June 21st. - Discussion of TST Data Dashboard will be part of the next meeting. - Nicole Miller will be assisting with creating community expectations during the next meeting.



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	Meeting was adjourned at 10:58 am.

Next Meeting:

July 22, 2022

8:30 am – 11:30 am

Public Health & Social Services Building (Lilly Road) in Conference Room 107B and/or by ZOOM