

2023 TST Budget Presentations

Thurston Mason Behavioral Health Administrative Services Organization (TMBHASO)

All TMBHASO Programs

All TMBHASO programs will submit a request for 6% COLAs - \$198,000 (based on \$3.3M direct service costs).

Subcontractors do not get COLAs automatically.

You will notice some TMBHASO programs appear to have **overspent** their budget. There is flexibility in their contract to shift funds across programs (as long as they come in under the total contract amount) with permission from the TST Program Manager.

The next few slides will cover *new* budget requests.

ASO Workforce Retention (New Program)

Program Description:

For many years, there has been a significant workforce shortage in the behavioral health field. This has resulted in multiple unfilled positions and reduced client services especially to vulnerable populations. Many behavioral health agencies have turned to internships as a method to fill these positions and help the students meet educational requirements. This budget request is for workforce retention to allow for reimbursement related to supervision of interns such as training, supervision costs, and stipends.

Additionally, this budget request includes funds for those behavioral health agencies/staff working within correctional facilities. The staff positions are difficult to fill, and typically come high turnover. Professional Liability insurance rates also have increased over the years due to the nature of the work and the environment where the work is performed, with a significant increase occurring for the renewal of insurance in Q3 of 2022.

Funds will support the workforce/infrastructure needs by providing a 6% COLA for pay increases to the front-line staff and insurance rate increases.

What target population will the program serve? Does that include Veterans?

Thurston County behavioral health workforce and agencies/staff working within correctional facilities.

ASO Workforce Retention (New Program)

Key Issues:

Community Need - How does this proposal address an unmet need in the community?

According to a recent survey by the Washington Council for Behavioral Health, there is a significant workforce shortage in the behavioral health field. Vacancies for master level clinical staff average 30% and all-staff vacancy rates increased by 38% during the pandemic period. This has resulted in multiple unfilled positions and reduced client services, especially to vulnerable populations. Many behavioral health agencies have turned to internships as a method to fill these positions and help the students meet educational requirements. This budget request is for workforce retention to allow for reimbursement related to supervision of interns such as training, supervision costs, and stipends.

Additionally, this budget request includes funds for those behavioral health agencies/staff working within correctional facilities. The staff positions are difficult to fill, with high turnover. Professional Liability insurance rates have also increased over the years due to the nature of the work and the environment where the work is performed, with a significant increase occurring for the renewal of insurance in Q3 2022. Funds will support the workforce/infrastructure needs by providing a 6% COLA for pay increases to the front-line staff and insurance rate increases.

Evidence Base - What is the research or evidence base supporting this proposal? What defines success in this model?

Success will be defined by increased number of interns supporting the Thurston County behavioral health system, number of trainings attended, and increased retention of workforce.

2024-2025 Budget Request and what it will pay for:

TMBH-ASO is requesting \$410,000 to support workforce/infrastructure for providers working in correctional facilities. The breakdown for this request is:

- Workforce Retention (Supervision, Training, Internship Stipends): \$125,00
- 6% COLA for existing, direct service staff in correction facilities and increased Liability Insurance costs: \$285,000 (\$180,000 for COLA and \$105,000 for Insurance)

Wraparound with Intensive Services (WISe)

Program Description:

WISe supports families with children ages 5-20 who are at high risk for criminal justice involvement due to complex mental/behavioral health needs. Community-based treatment planning process with adjunctive therapy.

What target population does the program serve? Who is not being served, and why?

Families, whose children, ages 5-20 are exhibiting severe mental/behavioral challenges resulting in juvenile justice involvement or placing them at high risk for juvenile justice involvement, out-of-home placement and/or hospitalization.

TST currently supports thirteen (13) families in the community at all times who do not have Medicaid. There are MANY more non-Medicaid families who need WISe to stabilize in the community (20+ on the waitlist and wait times at least 6 months).

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$442,127	\$435,824	\$6,303	355
2022	\$539,812	\$615,344	(\$75,532)	429
2023	\$600,773	NA		

Wraparound with Intensive Services (WISe)

Key Issues:

Budget Change (if other than maintenance level)- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- Requesting funding for an additional four (4) slots for non-Medicaid WISe families in Thurston county.
- This funding will ensure that more youth in our community can be served intensively, with better outcomes, while avoiding costly and disruptive incarceration, hospitalization, and out of community placements.

How do you measure program success?

- We use the nationally validated Child and Adolescent Needs and Strengths (CANS) Assessments for all WISe youth at screening, at intake, ongoing every 90 days throughout their intervention, and at transition.
- Multiple CANS scores (mood disturbance, suicide risk, school attendance, and anxiety) are provided to Treatment Sales Tax quarterly to ensure program success.

2024-2025 Budget Request and what it will pay for:

- \$240,000
- Four (4) Non-Medicaid WISe slots at Catholic Community Services (CCS) to provide WISe to non-Medicaid Thurston County youth on the WISe waitlist.

Presenter: Gary Enns

Housing Case Management (HCM)

Program Description:

HCM provides housing case management and rental assistance to individuals with behavioral health disorders with the goal of supporting stabilization and recovery.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults in Thurston County identified by law enforcement, emergency room staff and/or treatment professionals as being at risk of homelessness and/or incarceration due to their mental illness and substance abuse.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$443,945	\$387,453	\$56,492	404
2022	\$449,225	\$420,923	\$28,302	350
2023	\$449,225	NA		

Housing Case Management (HCM)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- Increase of \$20,000 for rental assistance provided to individuals enrolled in the Housing Case Management program.

How do you measure program success?

- Number of individuals placed into housing.
- Engagement and ongoing retention in behavioral health services.
- Ability of individuals to pay rent with their own resources.
- Monitoring the percentage of individuals that return to being unhoused within 6 months.

2024-2025 Budget Request and what it will pay for: *This funding request will assist approximately 13 more people in recovery in obtaining housing assistance in Thurston County.*

Presenter: Jason Bean-Mortinson

Jail Behavioral Health Program (JBHP)

Program Description:

JBHP provides clinical mental health and crisis services to adults in the Thurston County Correctional Facility.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults incarcerated in the Thurston County jail who meet the criteria of a priority population due to acute or chronic mental illness.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$431,980	\$276,757	\$155,223	596
2022	\$361,980	\$446,789	(\$84,809)	503
2023	\$873,608	NA		

Jail Behavioral Health Program (JBHP)

Key Issues:

Budget Change (if other than maintenance level)- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- \$100,000 to fund 1.0 FTE Substance Use Disorder Professional staffed by Olympic Health & Recovery Services for brief Treatment at TCCF. This funding will allow for the establishment of brief SUD treatment and increased SUS assessment access to facilitate placement into treatment.
- \$85,000 to fund 1.0 FTE Certified Peer Counselor at TCCF. Through shared understanding, respect, and mutual empowerment, Certified Peer Counselors help people become and stay engaged in the recovery process and reduce the likelihood of relapse and recidivism. This budget request is to ensure a Certified Peer Counselor is located within TCCF to offer peer services.
- \$100,000 to fund 1.0 FTE Re-Entry Specialist at TCCF. Thurston County Corrections Facility (TCCF) is in need of a re-entry specialist, the position was originally contracted pre-COVID, to assist individuals, who are releasing from incarceration, to successfully transition back into the community.

How do you measure program success?

- Total number of clients served.
- Types of interventions provided (MHP, Therapist, Peer Support, group sessions).
- The number of general care coordination referrals and the number of reentry referrals.

2024-2025 Budget Request and what it will pay for: *Increase of \$285,000 for additional 3.0 FTE providing SUD, peer, and reentry services.*

Presenter: Jason Bean-Mortinson

Programs not
requesting budget
changes

Thurston Mason Behavioral Health Administrative Services Organization (TMBHASO)

Multisystemic Therapy

Program Description:

MST is a treatment program used with severely behaviorally challenged juvenile offenders, youth with substance use disorders, and at-risk youth aged 12-18. Therapy focuses on promoting positive social behavior while decreasing antisocial behavior and can occur in a home, school or other community setting.

What target population does the program serve? Who is not being served, and why?

Youth, ages 12-18, exhibiting severe behavioral challenges resulting in juvenile justice involvement or placing them at high risk for juvenile justice involvement, out-of-home placement and/or hospitalization.

MST is funded to serve 5 non-Medicaid youth at all times. There is currently a longer waitlist than usual, but this is primarily due to workforce challenges.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$410,744	\$172,735	\$238,009	53
2022	\$427,174	\$226,925	\$200,249	34
2023	\$330,000	NA		

Multisystemic Therapy

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Program success is measured using “ultimate outcomes” developed by MST Inc., which include youth living at home, youth attending school/vocational programs, and no new arrests while MST is open. They also track 6 instrumental outcomes that focus on caregiver skills, family relationships, social supports, school success, peer relationships, and sustained change. Improvement related to substance use is also tracked, when relevant.
- Successful exits are also tracked according to MST Inc. criteria (met majority of goals, etc.)
- Fidelity to the model is also closely monitored (full caseloads, trainings, adherence measures, etc.)

What factors impacted underspending, and what is the plan to address that in 2024-2025?

- In 2023 the program has spent down the majority of funding. Historically, underspending has been impacted by workforce shortages and occasionally delayed starts related to family engagement.

2024-2025 Budget Request and what it will pay for: *Maintenance level funding only*

Presenter: Gary Enns

Children's Mobile Crisis

Program Description:

The Children's Mobile Crisis is a community-based crisis and stabilization service that may include assessment, crisis response and intervention, high-intensity and community supports, and extended stabilization care.

What target population does the program serve? Who is not being served, and why?

Children/youth (up to age 21) residing in Thurston County experiencing a crisis (as defined by the youth/family) putting them at risk of harming themselves/others, being hospitalized, incarcerated, or placed outside the home. TST funds are used to make this service available to children/ youth who are not enrolled in Medicaid.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$106,466	\$156,288	(\$49,822)	418
2022	\$260,036	\$260,036	\$0	748
2023	\$260,036	NA		

Children's Mobile Crisis

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Youth and families successfully completing their intervention and being supported in transitioning to ongoing services, if needed, after their Crisis intervention.
- CCS follows up with families a few weeks after their intervention to make sure they are getting what they need.
- The program provides monthly data including the number of youth served in 72-hour crisis services, 74-day stabilization services, number of assessments, number of safety plans, and their discharge outcome (successful exits with their treatment goals met and/or linkage to ongoing services).

2024-2025 Budget Request and what it will pay for:

Maintenance level funding only

Children's Mobile Crisis – Juvenile Justice (CMC-JJ)

Program Description:

CMC-JJ provides mental health services to youth in detention/ juvenile court including assessments, crisis services, stabilization and connection to community resources upon release.

What target population does the program serve? Who is not being served, and why?

Youth incarcerated in the Thurston County Juvenile Detention experiencing a behavioral health crisis and/or in need of behavioral health supports while detained and during the first 74 days post release.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$47,801	\$47,801	\$0	20
2022	\$99,425	\$99,425	\$0	137
2023	\$99,425	NA		

Children's Mobile Crisis – Juvenile Justice (CMC-JJ)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- We anticipate that youth in the CMC-JJ program will remain in their homes, in school, and with decreased involvement in the juvenile justice system
- The program provides monthly data including the number of youth served, services provided (assessments, safety plans, etc.), their discharge outcome (successful exits with their treatment goals met and/or linkage to ongoing services)
- Training and consultation provided to Juvenile Justice staff

2024-2025 Budget Request and what it will pay for: *Maintenance level funding only*

Steps to Wellness (STW)

Program Description:

Steps to Wellness provides brief mental health treatment interventions and connections to services for youth and young adults experiencing homelessness at a drop-in center and overnight shelter.

What target population does the program serve? Who is not being served, and why?

Homeless and at-risk youth and young adults (ages 12-24), residing in Thurston County identified as needing behavioral health services or linkage to other supports.

During the pandemic, access was restricted for safety. Workforce issues have also historically been a challenge.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$135,801	\$83,901	\$51,900	8
2022	NA			
2023	\$135,801	NA		

Steps to Wellness (STW)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Capacity to serve youth and young adults in this low barrier program – track number served and hours of services
- Tracking types of services provided – assessments, crisis services, care coordination, other direct services
- Referrals to behavioral health and other necessary services
- Reduced substance use and juvenile justice involvement

2024-2025 Budget Request and what it will pay for:

Maintenance level funding only

Transition Aged Youth Wraparound with Intensive Services (TAY-WISe)

Program Description:

TAY-WISe provides intensive, individualized care planning and treatment for Thurston County youth at risk of entering the justice system due to severe mental/behavioral challenges and/or substance abuse, with the goal to improve behavior and functioning and thus reduce the number of children placed in therapeutic foster care, residential treatment center, and long-term hospitalization.

What target population does the program serve? Who is not being served, and why?

Thurston County youth ages 15-24 who are either in or at risk of entering the justice system due to severe mental/behavioral challenges and/or substance abuse.

On target to spend down available funding in 2023

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	NA			
2022	\$80,000	\$104,761	(\$24,761)	95
2023	\$116,213	NA		

Transition Aged Youth Wraparound with Intensive Services (TAY-WISe)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- We use the nationally validated Child and Adolescent Needs and Strengths (CANS) Assessments for all WISe youth at screening, at intake, ongoing every 90 days throughout their intervention, and at transition.
- Multiple CANS scores (mood disturbance, suicide risk, school attendance, and anxiety) are provided to Treatment Sales Tax quarterly to ensure program success.
- We also track number and percentage of successful exits (improvement in at least 50% of targeted domains).

2024-2025 Budget Request and what it will pay for: *Maintenance level funding only*

Youth Outpatient Treatment (YOT)

Program Description:

YOT provides services to youth with a substance use disorder who voluntarily agree to engage in treatment. Services may include individual and/or group treatment, intensive outpatient treatment, individual family sessions and regular urinalysis (UA) testing.

What target population does the program serve? Who is not being served, and why?

True North serves children and adolescents between the ages of 5 and 19 who are impacted by a behavioral health disorder. Substance Use Disorder Treatment services target middle school and high school aged (ages 11 to 18) youth who meet medical necessity for a substance use disorder. Transitional age youth, between the ages of 19 and 21, may be served by the True North program provided they are engaged in a high school program and services are considered developmentally appropriate.

True North serves ALL youth in need of substance use disorder services who meet medical necessity, regardless of funding

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$165,000	\$122,531	\$42,469	149
2022	\$171,600	\$171,600	\$0	241
2023	\$171,600	NA		

Youth Outpatient Treatment (YOT)

Key Issues: Budget Change- No change requested.

How do you measure program success?

True North regularly monitors the effectiveness and quality of programs and services to ensure positive outcomes for youth. True North using the following measures to evaluate program success:

- % of discharges that are categorized as “Completed Treatment” (successful discharges)
- Reduction in symptoms as measured by
 - Client feedback on Lgan pre/post (reported to TST)
- Increase in Personal & Social Competence
 - Client feedback on Lgan pre/post
- Measures of client satisfaction
 - Client feedback on Lgan pre/post

2024-2025 Budget Request and what it will pay for: *Maintenance level funding only*

Intensive Case Management (ICM)

Program Description:

ICM services provide substance use disorder assessments and connections to inpatient and other treatment programs to incarcerated individuals, those experiencing homelessness, and other highly vulnerable populations.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults in Thurston County identified by law enforcement, emergency room staff and/or treatment professionals as being at risk of incarceration due to their mental illness and substance abuse

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$158,369	\$158,369	\$0	386
2022	\$164,704	\$195,775	(\$31,071)	367
2023	\$164,704	NA		

Intensive Case Management (ICM)

Key Issues:

Budget Change (if other than maintenance level)- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Number of individuals assessed.
- Referrals to treatment and treatment engagement.

2024-2025 Budget Request and what it will pay for:

Maintenance level funding only

Nisqually Jail Case Management

Program Description:

The program focuses on transition planning and education for inmates with behavioral health disorders who will be released back into the community.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Incarcerated adults in Nisqually Tribal Jail with a linkage to crimes committed in Tumwater and Lacey identified by law enforcement, emergency room staff and/or treatment professionals as being at risk of incarceration due to their mental illness and substance use disorder.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$110,000	\$110,000	\$0	96
2022	\$114,400	\$124,175	(\$9,775)	70
2023	\$114,400	NA		

Nisqually Jail Case Management

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Number of individuals assisted with reentry.
- Number of approved release plans.
- Linkages to treatment.

2024-2025 Budget Request and what it will pay for: *Maintenance level funding only.*

Thurston County Sheriff's Community Outreach Engagement & Utilization (SCOUT) Team

Program Description:

Provides co-responder mobile crisis services to engage with individuals experiencing behavioral health crises that do not rise to the level of need for incarceration.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Any adult individual, including Veterans, identified as experiencing a behavioral health crisis that does not rise to the level of need for incarceration. Typically, if a referral is received for an individual under the age of 18, unless a deputy is on scene requesting SCOUT to assist them with a client in crisis, these individuals will be referred to Catholic Community Services, who specializes in providing crisis support to youth and families. Recently, deputies have made referrals for houseless individuals who reside at an encampment off the highway in rural Thurston County, and are interested in receiving mental health support, to the HOST team.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	NA			
2022	\$176,463	\$80,865	\$95,598	233
2023	\$176,463	NA		

Thurston County Sheriff's Community Outreach Engagement & Utilization (SCOUT) Team

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

Success is measured by the community utilizing the services SCOUT offer when they are in crisis. Seeing the community reach out for crisis support when their loved ones, or themselves, are in crisis, as well as deputies making referrals to SCOUT to co-respond to individuals in crisis, is the purpose for which the program was developed.

2024-2025 Budget Request and what it will pay for:

[Maintenance level funding only.]

Chemical
Dependency
Program

Corrections TST
Coordinator

Inmate Mental
Health Services

Preparing for Re-
Entry Employment

Corrections Bureau

Chemical Dependency Program

Program Description:

Chemical Dependency provides substance use disorder treatment services using Moral Reconation Therapy (MRT) to Drug Court participants and incarcerated individuals at the Thurston County Jail.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Court ordered adults charged with a crime in Thurston County, who are incarcerated at the Thurston County jail, have been assessed as chemically dependent (alcohol and/or drugs), and who are amenable to treatment.

The Chemical Dependency Program does serve Veterans.

We are unable to serve those who are acutely mentally ill and those who have been sentenced to the program but do not have enough time to complete all three phases.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$399,714	\$339,224	\$60,490	16 Drug Court, 26 TC Jail
2022	\$400,055	\$393,249	\$6,806	18 Drug Court, 21 TC Jail
2023	\$400,055	NA		

Chemical Dependency Program

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Successful completion of all three phases of the Chemical Dependency Program.
- Graduated participants living a productive life by demonstrating that the lessons learned in CDP has changed their behavior and they are contributing members of their community.

2024-2025 Budget Request and what it will pay for:

[Maintenance level funding only.]

Corrections TST Coordinator

Program Description:

The Corrections TST Coordinator is an administrative position that ensures the proper, efficient, and effective execution of TST-funded programs in the Corrections Division of the Thurston County Sheriff's Office. This position also coordinates timely and accurate performance reporting for these TST-funded programs.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

This program does not serve clients directly.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$152,042	\$100,297	\$51,745	Refer to Data Dashboard for clients served by program.
2022	\$188,419	\$95,472	\$92,947	
2023	\$197,198	NA		

Corrections TST Coordinator

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Collaborative partnerships with other TST programs, contracted staff and volunteers.
- Ensuring TST eligible incarcerated individuals are involved and participating in available programming services.

What factors impacted underspending, and what is the plan to address that in 2024-2025?

TST is my primary focus and I spend most of my day on TST, but I also have other duties that are not TST related that I need to complete. The Corrections TST Coordinator will continue to primarily focus on TST activities and programs.

2024-2025 Budget Request and what it will pay for: *[Maintenance level funding only.]*

Inmate Mental Health Services: Psych ARNP Prescriber

Program Description:

Psych ARNP Prescriber (located at the Thurston County Jail) prescribes, administers, and monitors psychiatric medications for individuals in the Thurston County Correctional Facility.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults charged with a crime in Thurston County who are incarcerated in the county jail and have been diagnosed as mentally ill and/ or chemically dependent.

Yes, Veterans are included in this program.

Those who refuse to be seen by the Psych ARNP Prescriber are not served by the program. The Prescriber will often meet the individual cell front to assess and encourage participation, especially those who are acutely mentally ill and refusing medications.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$330,628	\$218,286	\$112,342	231
2022	\$304,833	\$107,004	\$197,829	204
2023	\$123,873	NA		

Inmate Mental Health Services: Psych ARNP Prescriber

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No change requested.

How do you measure program success?

- Ensuring those in the 10.77 process continue to maintain medication compliance.
- Monitoring to ensure those who have been referred are being seen in a timely manner.

What factors impacted underspending, and what is the plan to address that in 2024-2025?

Population is lower with current booking restrictions.

There was a portion of time we were without a provider.

Many of the acutely mentally ill adamantly refuse to engage with mental health services and we are not able to engage them until they return from the restoration process.

2024-2025 Budget Request and what it will pay for: *[Maintenance level funding only.]*

Presenter: Stephanie Klein

Preparing for Re-Entry Program (PREP)

Program Description:

PREP provides pre-employment training workshops and services to adults with behavioral health disorders in the Thurston County Jail with the goal that participants will become gainfully employed at exit.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults charged with a crime in Thurston County who are incarcerated in the county jail, have been assessed as chemically dependent (alcohol and/or drugs) and/or mentally ill and are participating in treatment services offered to individuals in-custody.

The PREP program does serve Veterans.

Clients must be enrolled in Chemical Dependency Program to be served by PREP.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$122,003	\$116,543	\$5,460	39
2022	\$122,003	\$113,426	\$8,577	36
2023	\$122,003	NA		

Preparing for Re-Entry Program (PREP)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- Wages, Benefits, and Administrative Costs

How do you measure program success?

- Participants overcoming challenges in reducing their barriers to employment.
- Participants becoming employed and maintaining employment.
- Participants becoming more self sufficient by engaging in additional trainings that provide them tools to be more successful in their community.

2024-2025 Budget Request and what it will pay for:

- \$3,660 for Wages and Benefits, and Administrative Costs.

Law Enforcement
Assisted Diversion (LEAD)

Naloxone

Nurse Family Partnership
(NFP)

Veteran's Case Manager
(VMC)

Community Grants

TST Admin

Public Health & Social Services

Law Enforcement Assisted Diversion (LEAD)

Program Description:

LEAD is a pre-booking diversion model that uses a harm reduction approach to provide field-based, case management services to adults who have frequent interactions with law enforcement. The aim is to lead people out of the criminal justice system and into intensive case management where those who are dealing with behavioral health challenges and other complex barriers can have their needs met appropriately.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

Adults over 18 years old who have frequent interactions with law enforcement due to from mental and behavioral health challenges, substance use, homelessness and extreme poverty.

Veterans are served in the program, with this data being collected based on self-disclosure from the participant. The program has historically served 10-15 individuals per calendar year who identified as having veteran status.

The program is currently working on increasing referrals, including those from law enforcement, as well as collaborating to reach additional individuals who are living in encampments.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$235,000	\$0	\$235,000	8
2022	\$435,082	\$0	\$435,082	222
2023	\$220,000	NA		

Law Enforcement Assisted Diversion (LEAD)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- Health Care Authority has maintained the same contract funding amount, but increased the number of months in the contract – causing a decrease in monthly program budget
- There are essential elements of the LEAD program, like providing funding for short-term housing support (deposit, first month rent, etc.) that were not fully utilized in the prior contract period.

How do you measure program success?

- Number of referrals to the program
- Engagement, retention, and connection to other resources/services

What factors impacted underspending, and what is the plan to address that in 2024-2025?

- Program was in initial implementation stage and had not yet increased capacity, and there was not consistent monthly costs during this time period due to staff on-boarding and fluctuation in program referrals

2024-2025 Budget Request and what it will pay for:

- \$200,000 over two-year budget period – staffing, participant costs (clothing, ID, work supplies, etc), temporary housing support, and other costs related to general program operation

Presenter: Katie Strozyk

Naloxone

Program Description:

The program provides naloxone distribution within the community, paired with overdose response education – to reduce the number of fatal overdose deaths. This includes distribution to law enforcement to have naloxone kits on-hand to administer if they encounter an opioid overdose.

What target population does the program serve? Does that include Veterans? Who is not being served, and why?

All community members who may experience or witness an opioid related overdose, with specific target populations: BIPOC individuals, people experiencing homelessness, and youth.

Veteran status is not collected during overdose education training or naloxone distribution.

There is not a specific demographic who is not being served. Distribution would be scaled up and able to have a wider reach across demographics if additional naloxone funding was awarded.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$15,000	\$14,880	\$120	NA
2022	\$15,000	\$14,880	\$120	
2023	\$15,000	NA		

Naloxone

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- Current funding levels do not meet the increased need to purchase naloxone kits for distribution in the community, especially as one overdose often require multiple doses of naloxone when fentanyl is present.
- There is not currently designated funding for purchasing naloxone kits for law enforcement, as State funding for this specific use discontinued in 2021.

How do you measure program success?

- Number of naloxone kits distributed
- Number of events and collaborations with community organizations where overdose response education is offered in conjunction with naloxone distribution

2024-2025 Budget Request and what it will pay for:

- \$60,420 for two-year budget period (\$30,210 /year) – 1,272 naloxone kits for community distribution (636 /year)
- \$29,640 for two-year budget period – 624 naloxone kits for law enforcement agencies in Thurston County

Nurse Family Partnership (NFP)

Program Description:

NFP is a prenatal & infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income parents and their children

Target Population:

- Pregnant or parenting mothers deemed **TST-qualified** based on having **mental health** or **substance use disorders**.
- Focuses on serving **underserved populations** with mental health and/or substance use experiencing poverty, isolation due to language or other demographics, domestic violence, Veterans, or BIPOC.
- In the past **3 months** it has been more challenging serving **Spanish** speaking population as our bilingual nurse's caseload was full and is now out for an extended time.

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$718,597	\$555,856	\$162,741	234
2022	\$850,948	\$692,274	\$158,674	232
2023	\$890,281	2023 To date: 363 Clients Served (57% increase from previous years)		

Key Issues/Budget Change (NFP)

We have over **110** referrals on a waitlist for NFP services in Thurston County

House Bill 1227- results in an **increased demand** for home visiting services by CPS

Thurston County has the **2nd highest** fetal/infant mortality rate in WA state

94% of NFP clients are experiencing mental health concerns

68% of NFP clients needed to be referred to crisis care

There has been a **30%** increase in NFP referrals since last year

- **Additional Staff**

- Additional staff will allow us to serve the growing number of high acuity (mental health crisis, actively using, domestic violence, etc.) referrals and client needs in the community

- **Bilingual Community Health Worker**

- A Spanish speaking community health worker is essential to help manage the high number of referrals and translation support for nurses

Measuring Program Success (NFP)

Using Strengths & Risks Assessment:

- **Improved Mental Health Status**
- **Reduction in Substance Use**



Secondary Outcomes of NFP Interventions:

- > Participation in workforce
- Referral connection
- Improved housing stability
- Substance use reduction in both clients & future generations
- Reduction of child abuse
- < Judicial involvement for both parent and child (later in life)
- Measured improvement in pregnancy and child development outcomes

Factors & Plans (NFP)

Factors impacting underspending

- Department challenges with internal hiring process has led to **underspending**
- Our fiscal team has been made aware of additional funds that can be used towards NFP program costs, which appears as underspending in our budget. These funds will be reallocated towards the new policy requests

Quality improvement in 2024-2025

- New **internal hiring process** at PHSS in August 2023

2024-2025 BUDGET REQUEST AND WHAT IT WILL PAY FOR (NFP)

Two Community Health/NFP Nurses

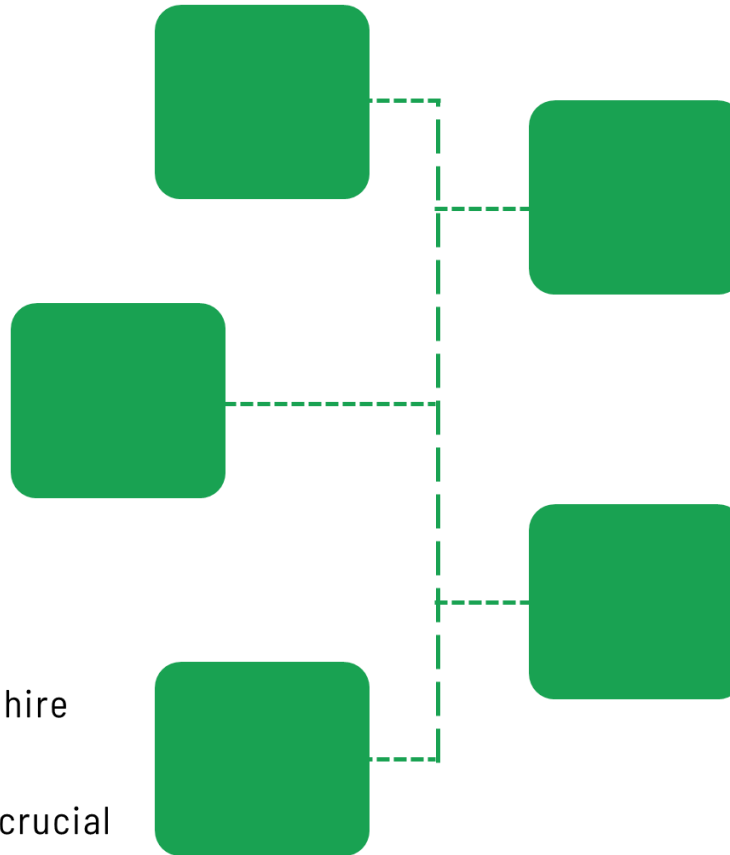
Each NFP nurse will be able to have a caseload of **25 patients** (meaning 50 clients will come off the waitlist with 2 nurses)

Bilingual Community Health Worker

A Spanish speaking community health worker is essential to help manage the high number of referrals and translation support for nurses

One NFP Supervisor

Without another supervisor, we are unable to hire more nurses, which would reduce our waitlist because we are exceeding the **1:8 ratio**. This crucial role involves offering weekly reflective supervision to each staff member; this is critical to prevent staff burnout and increase staff retention



One NFP Manager

Without any current manager level positions, we are limited in our ability to support nursing and supervisory staff, ability to seek new funding opportunities, and be as responsive due to a leadership to staff ratio of **1:8**

Public Health/Medical Social Worker

The social worker will provide crisis intervention to clients that are unable to access immediate external services. In 2022, **57%** of the clients served experienced a mental health crisis that nurses felt they needed immediate additional mental health support

Veterans Case Manager (VCM)

Program Description:

VCM connects veterans who have mental health and/or substance use disorders and are in local jails or enrolled Thurston County Treatment Courts with treatment activities, supports, benefits, and services.

What target population does the program serve?

Those with confirmed Veteran status with DD-214 or authorized Veterans Health Administration letter, documentation from a mental health/behavioral health professional, and verify with Thurston County PAO that no filed or pending charges prevent client from release within 30 days.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$21,383	\$2,643	\$18,740	10
2022	\$33,161	\$4,925	\$28,236	8
2023	\$34,386	NA		

Veterans Case Manager (VCM)

Key Issues:

Budget Change- If you are requesting additional funding for this program, what will it cover? What unmet need will be met or how will the program's performance improve?

- No changes currently requested.

How do you measure program success?

- Meeting with and aiding at least 24 Veteran's per quarter.

What factors impacted underspending, and what is the plan to address that in 2024-2025?

- Staffing impact with VCM
- Training for VCM

2024-2025 Budget Request and what it will pay for: *[Maintenance level funding only.]*

TST Community Grants

Program Description:

Supports TST-eligible treatment and related support services in the community. Funds are allocated via a Request for Proposals process; different programs are funded over time.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$365,000	\$334,529	\$30,471	Refer to Data Dashboard for clients served by program.
2022	\$705,221	\$630,212	\$75,009	
2023	\$1,095,211	NA		

TST Community Grants

Key Issues:

[Requesting maintenance level funding only]

How do you measure program success?

Consistent support of programs in monitoring and tracking program performance data, completion of deliverables, and adherence to evidence-based practices.

2024-2025 Budget Request and what it will pay for:

Requesting maintenance level to fund new community grant contracts.

TST Admin

Program Description:

Administers all TST funds (program manager & data analyst). Includes travel by several offices and departments to national conferences and funding for additional training.

Historical Funding & Clients Served

Year	Budget	Expenditures	Difference	Clients Served Annually
2021	\$560,385	\$433,770	\$126,615	Refer to Data Dashboard for clients served by program.
2022	\$447,121	\$347,202	\$99,919	
2023	\$722,152	NA		

TST Admin

Key Issues: *[Requesting maintenance level funding only]*

How do you measure program success?

- Consistent support of programs in monitoring and tracking program performance data, completion of deliverables, adherence to evidence-based practices.
- Staffing TST Advisory Committee to have all necessary information to develop strategic approach to spending TST funds.

What factors impacted underspending, and what is the plan to address that in 2024-2025?

Additional funding was allocated to Community Grants, and delays in the request for proposal (RFP) process are showing up as underspending in TST Admin. The 2021 RFP process was launched in February with grants beginning in July; we are planning to launch the next RFP in Fall so that grants can begin earlier in the year.

2024-2025 Budget Request and what it will pay for:

Requesting maintenance level funding to continue to support TST-funded programs, travel by TST-funded offices and departments to national conferences, funding for Naloxone, and training.