

TREATMENT SALES TAX (TST) ADVISORY COMMITTEE

Budget Preview Meeting #1: Youth & Family Programs, Therapeutic Courts Meeting Minutes: Wednesday, June 27, 2018

Date	Time	Location	Preparer of Minutes
Wednesday, June 27, 2018	8:30 AM – 11:30AM	Public Health, Conference Room 107	Pam Gant, TST Data Analyst, (360) 867-2093

Attendance			
Committee Members		TST Staff	Others
<p>Present</p> <p>Jim Stanton Skip Steffen Steve Tilley Marilyn Roberts Glenn Dunnam Joe Marmo</p>	<p>Excused</p> <p>Michelle Marti</p> <p>Absent</p>	<p>Carrie Hennen Pam Gant</p>	<p>Jose Vargas (TCPD) Patrick O'Connor (TCPD) Jeff Lippert (PAO) Gary Enns (TMBHO) Amy Martin (TMBHO) Gretchen Thaller (PHSS) Mark Moffett (PHSS) Elsa Anderson (Superior Ct) Pam Hartman-Beyer (Superior Ct) Judge Anne Hirsch (Superior Ct) Katie Alderson (Superior Ct) Sabrina Craig (Superior Ct) Jennifer Creighton (District Ct) Staci Coleman (District Ct) Mike Fenton (Juvenile Ct)</p>

Agenda Item	Notes
<p>Introductions & Meeting Overview TOPIC: Budget Preview Meeting for Youth & Family Programs, and Therapeutic Courts</p>	<ul style="list-style-type: none"> ▪ TST staff provides overview of agenda, asks for all programs to present information first and to hold questions until allotted discussion time (to ensure all programs receive adequate time to explain program background and potential 2019-2020 budget requests) ▪ TST staff (Carrie) provided context surrounding increased indirect costs that will be added to many program's maintenance level requests for 2019-2020 budget. Staff also noted that all budget requests should be considered preliminary; these discussions are a 'rough draft' in preparation for final requests due August 6
<p>Youth & Family Programs: <i>Juvenile Court</i></p>	<p><i>Equine Assisted Youth Peer Support</i>- Mike Fenton</p> <ul style="list-style-type: none"> ▪ Heart Strides program started as a Community Grant-funded program ▪ Good results in the 2017-2018 community grant year ▪ Incorporated into Juvenile Court as opposed to a community grant for the remainder of 2018 (6 months) ▪ Limited data-driven evidence, but excellent anecdotal evidence and qualitative insight about the horse-youth bond (Mike provides a statement from a family with a youth that had mental health needs-- cutting and impulsivity-- and reads this statement to explain the difference the program has made; Mike also reads a statement from a youth participant who explains the rewarding nature of working with the horses at the ranch and the strength she/he gained from participation) ▪ Requesting maintenance funding for 2019-2020 <p><i>Juvenile Justice Behavioral Health Alternative (JJBHA)</i>- Mike Fenton</p>

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	<ul style="list-style-type: none"> ▪ Reboot in 2017, to address the deficits/gaps in the Juvenile Drug Court program for juveniles and to address behavioral health, substance use in youth ▪ Interesting challenges for the reboot in 2017 (0% graduation rate in 2017, but 4 graduations in the first quarter of 2018) ▪ Really trying to focus on the high risk, most severe cases in the juvenile court system that require flexibility and avoids the "silo" for the highest need youth ▪ Multi-dimensional approach with many different flexible programs (over 20) that are used to meet a youth participant "where they are at" and the program hopes to continue to provide the array of resources ▪ 1 FTE ▪ Majority of participants exhibit co-occurring mental health disorders ▪ Requesting maintenance funding level for 2019-2020 ▪ The decreased cost for the budget in 2018 was to reallocate the "professional services" budget line item into the EAYPS program
Youth & Family Programs: Public Health & Social Services	<p><i>Maternal Child Intervention Program</i> (NEW PROGRAM REQUEST)- Gretchen Thaller</p> <ul style="list-style-type: none"> ▪ Similar to the Early Intervention Program that was partially state-funded and no longer exists ▪ This program would create an option for a mother who has already given birth (they would not be eligible for the Nurse Family Partnership program in this case) and addresses a specific gap/deficit in care ▪ Requesting funds for 1 FTE nurse, proportionate share of a supervisor, and support staff for fidelity adherence, and indirect costs (\$179k per year in 2019-2020) <p><i>Nurse Family Partnership</i>- Gretchen Thaller</p> <ul style="list-style-type: none"> ▪ Enroll any pregnant mother prior to giving birth ▪ Many substance abuse and mental health needs, specifically related to trauma ▪ Requesting an increase to address the growing waitlist (currently 50 families waiting) by hiring a new nurse (increase of \$348,815, 73% direct costs, 27% indirect costs) ▪ Program affords good results for reducing substance use and improving mental health that can affect a baby
Youth & Family Programs: Thurston-Mason Behavioral Health Organization	<p><i>New Journeys</i> (NEW PROGRAM REQUEST)- Gary Enns</p> <ul style="list-style-type: none"> ▪ Evidence-based model that has been in place for 3 years in Thurston County ▪ Targets an extremely vulnerable, high-need population-- early intervention for psychosis symptoms that can reduce the likelihood of severe schizophrenia and other neuropsychological psychosis disorders ▪ Requesting \$200,000 for 2019 only (+\$20k indirect costs) to cover the program costs until additional funding is secured moving forward (Medicaid and private insurance, exceptions for WISe Medicaid funding, etc.) ▪ Note: All TMBHO programs are requesting an increase in admin/indirect costs from 3.6% to 10% for all programs <p><i>Children's Mobile Crisis Services</i> (NEW PROGRAM REQUEST)- Gary Enns</p> <ul style="list-style-type: none"> ▪ Mobile crisis services have been available to Medicaid-enrolled children for several years; this request would make this service available to Medicaid ineligible children ▪ Addresses community-based crisis and stabilization services for children/youth in crisis that cannot be managed with traditional outpatient services; goal is to avoid high levels of care <p><i>Steps to Wellness</i>- Gary Enns</p> <ul style="list-style-type: none"> ▪ Provides behavioral health interventions at a drop in center for homeless youth and young adults

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	<ul style="list-style-type: none"> ▪ Previously a TST community grant prior to June 30, 2018 ▪ Requesting maintenance level budget for 2019-2020 (\$51,806 + \$2,292) <p><i>Juvenile Court and Detention Transitions-</i> Gary Enns</p> <ul style="list-style-type: none"> ▪ Fills a key gap—provides behavioral health assessments and services for youth in detention; Medicaid cannot be spent for this population ▪ Mike speaks for the help in the Juvenile system and appreciates the appropriate referrals and placement for youth receiving JCDDT services from the 2 employees within the Juvenile system ▪ Works closely with JJBHA <p><i>Thurston Wraparound Initiative-</i> Gary Enns</p> <ul style="list-style-type: none"> ▪ Has been one of the longest-funded TST programs ▪ Requesting increase of \$51,934 to cover a .5 FTE therapist to serve non-Medicaid eligible population (with admin increase) <p><i>Multisystemic Therapy-</i> Gary Enns</p> <ul style="list-style-type: none"> ▪ Has been funded for quite a long time with TST fund ▪ Successful program with good adherence to MST standards; MST has one of the strongest evidence bases of any youth program ▪ Requesting maintenance level funding for 2019-2020 (with the admin increase) <p><i>Youth Outpatient Treatment-</i> Amy Martin</p> <ul style="list-style-type: none"> ▪ Services provides substance use disorder treatment for 13-19 years old ▪ Services provided by "True North" in schools, provide individual therapy, group therapy, family therapy ▪ Requesting maintenance level funding for 2019-2020 (with the admin increase)
Youth & Family Programs: Superior Court	<p><i>Family Recovery Court-</i> Judge Hirsch</p> <ul style="list-style-type: none"> ▪ In order to collect the 1/10 of 1% sales tax, Counties must have a Family Recovery Court (per state law) ▪ Intensive support and accountability for parents who have lost their children due to neglect, abuse, etc. and involves intense participant by the parents ▪ Weekly check-in among FRC staff for updates on each enrolled family ▪ Requesting increase of \$35,000 annually for a Child Therapist team member for the budget years 2019-2020 to participate in the weekly check-in meetings ▪ FRC makes efforts to leverage other funding sources and adhere to best practice model ▪ Child therapist will <i>not</i> provide therapy services to the children involved in FRC participant families, but instead offer consultation to the FRC team <p><i>Domestic Violence Case Coordinator-</i> Judge Hirsch</p> <ul style="list-style-type: none"> ▪ Began receiving TST funds in 2017 ▪ Requesting maintenance level funding for 2019-2020 of approximately \$38,800 pending increase in salaries and indirect costs ▪ Assists survivor, community, and safety by providing case management and monitoring compliances and allowing the court to hold respondents accountable for the conditions in the order
Youth & Family Programs: General Discussion	<p><i>Family Recovery Court</i></p> <ul style="list-style-type: none"> ▪ Do the Family Recovery Court team go to the national conferences, and does TST pay for it? Do TST funds send the entire team? <ul style="list-style-type: none"> ○ Family Recovery Court is allotted 2 spots by TST training funds; Judge Hirsch would like to see a larger group be allowed to attend ▪ Discussion regarding leveraging resources and other sources of funding—specifically for Family Recovery Court

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	<ul style="list-style-type: none"> ○ Superior Court attendees discuss the lack of staffing necessary to search for additional funding, grant writing, and monitoring grants. Additionally, much of the funding tends to be reserved for new programs or therapeutic courts ▪ Discussion regarding underspending in Family Recovery Court and decreased graduation performance, yet potential budget increase request for 2019-2020 <p><i>Multisystemic Therapy</i></p> <ul style="list-style-type: none"> ▪ Multisystemic Therapy program does not have a large capacity and there is a waitlist; all waitlist clients are referred to additional resources if they cannot wait for a few weeks to receive services <p><i>Nurse Family Partnership and Maternal Child Program</i></p> <ul style="list-style-type: none"> ▪ For the Maternal Child Program: How is this different than NFP? In the population served (mothers who have already given birth). Why does this program require a specialized nurse, rather than a social worker or similar? Because nurses are generally a more trustworthy resource and social workers can be intimidating to families. ▪ Discussion regarding the doubled budget for NFP: Why the increase? Gretchen explains the need for additional staff (hire another nurse, more supervisor time) and the indirect cost rate. The new hire is necessary as the waitlist continues to grow; nearly 50 families are waiting currently. The new hire nurse would require training (online, in person, and a training course out of state). <p><i>Children’s Mobile Crisis</i></p> <ul style="list-style-type: none"> ▪ Advisory Committee members asked for data on historical utilization of children’s mobile crisis services. <p><i>General Discussion</i></p> <ul style="list-style-type: none"> ▪ Discussion regarding program staffing: Is it possible to keep a “backup” staff member, such that if the main staff member leaves a program the program and participants may not be able to resume activities? Many TST programs rely on one individual. Backup staffing would be prohibitively expensive. Additionally, there is a shortage of mental health and chemical dependency professionals. ▪ Advisory Committee members inquire about the overlap for many of these Youth & Family Programs. Some populations receive multiple program options and co-enroll while others do not. There are differences in population needs, requirements, and eligibility so the variety of program offerings is necessary to capture the nuances of specific needs. <ul style="list-style-type: none"> ○ Follow-up: The variety of programs is excellent, however when deciding to allocate funding it is necessary to understand the performance, needs, gaps, or deficits. It would be useful to have a visual layout of the program offerings and overlap or connectedness between programs. ▪ Advisory Committee members request information about new programs: What is the potential number served for 2019-2020? ▪ 		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; background-color: #D9EAD3; padding: 5px;">Action Item(s):</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> ▪ Potential number served for each new program request ▪ Visual representation of how youth programs connect and interact ▪ Data on Children’s Mobile Crisis Services </td> </tr> </table>	Action Item(s):	<ul style="list-style-type: none"> ▪ Potential number served for each new program request ▪ Visual representation of how youth programs connect and interact ▪ Data on Children’s Mobile Crisis Services
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Adult Therapeutic Courts: Superior Court	<p><i>Drug Court & DUI Court- Sabrina Craig</i></p> <ul style="list-style-type: none"> ▪ Serves approximately 130 participants annually 		

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	<ul style="list-style-type: none"> ▪ Comprehensive services that target a higher risk and higher need based on national best practice over the last couple of years; leverages additional funds to cover the full range and scope of services that participants require ▪ Requesting maintenance level funding for 2019-2020 despite underspending in anticipation of the Medicaid services move from the BHO to Managed Care Organizations in 2020, which the Court anticipates could increase the need for TST funding for treatment services; if level funding is not provided, would at least expect funding to be held in reserve in anticipation of major changes to behavioral health system ▪ Additionally, a position vacancy exists which will be filled in July 2018 which also accounts for some budget variance ▪ Serving a higher volume of participants- Opioid Crisis
Adult Therapeutic Courts: District Court	<p><i>Mental Health & Veterans Court- Staci Coleman</i></p> <ul style="list-style-type: none"> ▪ Assists participants to receive treatment within the community through referrals and other coordinated efforts with funding sources ▪ Requesting maintenance level funding of \$563,900 (includes \$124k in indirect costs) as well as increase of \$22,000 for increased operational costs such as indirect payments and inflationary costs as well as an unknown amount increase for housing costs for MH/VC participants and a .5FTE housing case manager-- the goal is to provide housing services specifically for their own participants
Adult Therapeutic Courts: Public Defense	<p><i>Support for Therapeutic Courts- Patrick O'Connor</i></p> <ul style="list-style-type: none"> ▪ Provides screening service to determine eligibility for Drug, DUI, MH, JJBHA, and Veterans Courts to develop recommendations/referrals ▪ Requesting maintenance budget for 2019-2020, as well as increase of \$29k to fund "professional services- legal fees" line item for eligible services provided by Panel Attorneys in advocating for client's entry into therapeutic courts ▪ Internal differences in capturing actual time spent on TST-eligible cases to reflect actual efforts of attorneys in Public Defense
Adult Therapeutic Courts: Prosecuting Attorney's Office	<p><i>Support for Therapeutic Courts- Jeff Lippert</i></p> <ul style="list-style-type: none"> ▪ Provides screening service to determine eligibility for Drug, DUI, MH, JJBHA, and Veteran's Courts to develop recommendations/referrals; participants in these courts are there because of the recommendation of a PAO Attorney ▪ PAO has been more effective at capturing time spent on TST-eligible cases than TCPD office and has worked with them on improving billing process ▪ Requesting maintenance level budget for 2019-2020 plus the addition of 9.37% indirect rate for a total of \$460,716
Adult Programs: Veteran's Case Manager	<p><i>Veterans Case Manager (Presenting today due to schedule conflict for 7/20 meeting)- Mark Moffett</i></p> <ul style="list-style-type: none"> ▪ Overall VCM program has not been able to reach participants served goal due to allocation of time spent on each particular case-- handout provided that shows intakes (12%), admin time at the jail (25%), case notes (13%), Veterans Court (25%), and case management per Veteran (25%) ▪ Requesting an increase off \$40,000 for a total of \$70,000 to manage a goal of 28 Veterans annually, which provides an increase from a .2 FTE to a .5 FTE case manager (includes accreditation to access DD-214 paperwork and other necessary documents)
Adult Therapeutic Courts: General Discussion	<p><i>Veterans Case Manager</i></p> <ul style="list-style-type: none"> ▪ How is the VCM program intending to track clients past one year? Is there follow-up with the Veteran after a year to ensure they do not fall through the cracks? Advisory Committee members clarified that the discussion earlier in spring 2018 was more related to warm hand-offs after the 3 month service

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	<p>period is over. One year follow up for recidivism could be tracked through administrative data.</p> <p><i>DUI/ Drug Court</i></p> <ul style="list-style-type: none"> ▪ Discrepancy between 6-month abstinence in Drug Court and 9-month abstinence in DUI Court is not necessarily comparable between there are fundamental differences in the population served and the therapeutic court model itself. <p><i>General Discussion</i></p> <ul style="list-style-type: none"> ▪ Selectivity about who will be successful in the DUI/Drug/MH/Veterans Court programs <ul style="list-style-type: none"> ○ Drug Court is focused on high risk/ high needs participants ○ Mental Health court only takes <i>low risk</i> participants, even though this is not the national standard; they are considering moderate to high risk participants but this change has not been approved by the Court ▪ No capacity issues with any of the therapeutic courts ▪ Many of the individuals afflicted with opioid addiction may not be a good fit for the therapeutic courts, but they still end up in jails with the physiological addiction to opioids; therefore it's necessary to maintain programs in the jails such as Medication-Assisted Therapy (MAT). ▪ Programming is needed to serve individuals who are not admitted into treatment courts; this will be a subject of discussion at the July 20 budget preview meeting

Next Meeting: Friday, July 20, 2018 (Budget Preview Meeting #2: Adult Programs)