

Meeting Minutes: Friday, November 15, 2019

Date	Time	Location	Preparer of Minutes
11/15/2019	8:30am-12:30pm	PHSS Building	Pam Gant

Attendance		
Committee Members	TST Staff	Others
Jim Stanton Glenn Dunnam Bob Jones Chanita Jackson Skip Steffen Gina Thompson Wendy Tanner	Absent Marilyn Roberts Joe Marmo	Carrie Hennen Pam Gant Julie Baxter Joshua Black David Mecham Mark Freedman Jimmy Davidson Molly McIver Whitney Pearsall Krystal Pearce Morgan Black Leon Ross Ashley Strauss Patrick O'Connor Todd Thoma Stephanie Klein Jim Downing Liz Davis Stancin Kahler Todd Parker Abe Gardner Kaitlyn White Kathy Weakland Bill McMillan Marianne Clear Jennifer Creighton Raul Salazar Amanda Chick Nicole Carbone Brandon Mathews

Agenda Item	Notes
Welcome & Introductions	<p><i>This program showcase focused on TST-funded Adult Programs. Programs were asked to reflect on their TST data and complete a brief presentation template in advance of the meeting.</i></p> <ul style="list-style-type: none"> <i>Housekeeping announcement:</i> Each program has 12 minutes for their presentations, including questions. TST staff time-keeper will provide a 5-minute warning to keep the program showcase on schedule; TST staff encourages leaving 5-7 minutes for questions. <i>Introductions:</i> Name, agency, and which programs you are associated with.

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<p>Program Showcases</p>	<p><i>Notes below capture basic points of discussion; please also see accompanying slide presentation and TST Data Dashboard for more complete information presented by each program.</i></p> <p>Pretrial Services Diversion, Nicole & Marianne</p> <ul style="list-style-type: none"> • This program focuses on providing treatment-based options in lieu of incarceration for individuals with mental health or substance use needs • New program to TST in 2019; program didn't launch until September; 18 contracts signed as of 11/15/19 • Typical pretrial contracts are 6-12 months • Challenges this far: limited office space, need urinalysis notification system to replace cold calling clients, participants paying for urinalysis out of pocket each time (\$12.70/each and randomly draws minimum 3/month) <p>Veterans Case Manager, Ashley</p> <ul style="list-style-type: none"> • This program conducts intakes for Veterans at the TC jail and coordinates with clients that will be released from the jail to connect to resources in the community, especially resources available at the Lacey Veterans Hub • Does not provide Veterans Service Officer (VSO) services, instead refers to VSO for VA benefits, claims, etc. • Uses Veterans Assistance Fund to assist Veterans • Difficulty finding housing for Veterans with certain criminal convictions/charges (high- barrier housing options) • Only .2 FTE for this specific program; annual number of clients served has decreased but the number of clients served at once has increased slightly because Veterans remain on the caseload longer <p>Chemical Dependency Program, Stephanie</p> <ul style="list-style-type: none"> • This program is serving more clients that have felonies and higher risk/higher need than previous years • Drug Court participants only complete Phase I and Phase II through the jail supervision, and Jail inmate participants complete all three phases- this explains the differences in graduation rates (possibly) as they are not being reported the same (TST to make updates to account for this difference in the data reported going forward) • Receives 10-12 referrals per week for CDP • Program would like additional resources for individuals with co-occurring disorders and trauma with additional Mental Health Professionals (MHPs) in the jail • Challenges: Groups that contain male and female participants are not ideal for many females with significant trauma, waitlist to get into the program

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	<p>Inmate Mental Health Services- Psych ARNP Prescriber, Steph</p> <ul style="list-style-type: none"> • This program has experienced staff turnover, which reduces the number of clients able to be seen and increases the wait times • Wait times to be seen are reported to be lower than similar community providers, but still close to 2 weeks • High demand for this program as evidenced by the numbers served each quarter • Program would like to increase Psych ARNP time from 24 hours/week to 36 hours/week (TST currently funds 8 hours) • Why do some clients refuse medication? Stigma about mental health, severe mental illness, clients don't like the side effects, clients don't want to pay for medication out of pocket • Program would like to see an MHP dedicated to clients receiving Psych ARNP services <p>Inmate Mental Health Services- Transitions & Medication Management, Kaitlyn</p> <ul style="list-style-type: none"> • This program works with clients that are entering work release; a lot of clients come from the Chemical Dependency Program after completing Phase II • Housed at exit rate for clients is very high • Program reports good collaboration with community resources and attributes success of high exit rate and linked to treatment rate to warm hand-offs in the community • Program staff are incorporating financial skills instruction (e.g., banking, budgeting) into program to increase chances of success when in work release <p>Inmate Mental Health Services- Re-Entry, Pretrial Release, Crisis Care, Bill & Steph</p> <ul style="list-style-type: none"> • Fewer clients are referred to pretrial release services and TC jail staff are unsure of the reason why • Increased linked to treatment rate since 2017 • Program would like to see more transitional housing in the community available to recently released individuals from the jail with fully staffed case managers to help contribute to a successful transition back into the community • Crisis Care program through Healthcare Delivery Services (HDS) will be discontinued as of Jan. 1st and the Jail Intensive Case Management program operated by the Thurston Mason Behavioral Health Organization will take over all weekends and holidays <p>Preparing for Re-Entry Employment, Leon</p> <ul style="list-style-type: none"> • This program is seeing an increased demand for its services • Program is incorporating more budget/financial advice and SMART goals instruction into curriculum to help set clients up for success

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	<ul style="list-style-type: none"> • PREP staff help provide a transition plan for folks going in to work release so they are better prepared to apply what they learn • Program would like to see more mentorship opportunities available to PREP clients and additional opportunities to practice applying the skills and tools they learn through the program before searching for a job • Program is seeing increased enrollment of clients over 55 years old and decreased engagement/job retention of 18-24 year olds <p>Corrections Coordinator, Steph</p> <ul style="list-style-type: none"> • Time analysis was conducted this year to identify the time spent by the coordinator position in the jail in specific programs and among specific tasks (graphs are in the presentation showcase packet) • Coordinator accepts referrals, coordinates screenings, conducts screenings, attends staffing and meetings, provides program oversight, connects resources, and much more • The initial TST-funded jail programs did not have this position to organize/coordinate, but as the programs expanded and more programs were created, Jail leadership feel that this position is absolutely crucial for the programs to operate effectively <p>Jail Intensive Case Management, Morgan & Mark</p> <ul style="list-style-type: none"> • This program’s name was changed from “Mentally Ill Offender Program” in July 2019 when services were operated by a new provider (direct service arm of Thurston Mason Behavioral Health Organization) • Need for interventions and services has doubled since 2016 • This program provides a team of MHPs, peer counselor, and therapist in the Thurston County jail in conjunction with additional MHPs provided through Trueblood grant funding • Many services provided through this program, including suicide watch crisis response, competency restoration paperwork, crisis responses, etc. 7 days a week • Therapeutic enclosures being added to the jail will provide the ability to safely conduct additional group sessions for higher risk inmates in the intensive jail unit • This program would like to see MHPs available for every unit within the jail and additional therapy services as the demand is increasing • Long-term follow-up and client tracking when a client has left the jail is exceptionally difficult due to different release dates, length of stays, transient populations, etc. <p>Nisqually Jail Case Management, David & Joshua</p> <ul style="list-style-type: none"> • The pretrial release portion of this program has seen a steady decline in referrals, staff sense that judges are becoming less likely to provide additional chances to repeat offenders • Increased demand for re-entry caseload services and this program receives a significant number of referrals every quarter (with a

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	<p>significant number of ineligible clients referred- due to out of county residency or charges)</p> <ul style="list-style-type: none"> • Good partnerships and collaboration are in place to connect clients to resources, including behavioral health assessments through the Intensive Case Management program that can directly link clients to treatment needed • A significant challenge for this program is transportation <p>Housing Case Management, <i>Brandon</i></p> <ul style="list-style-type: none"> • Increased demand for this program and increased quarterly caseload over the last couple of years • With the increased budget, this program is able to provide more rental assistance for longer, and clients are more likely to be able to pay their own rent at exit from the caseload • 7 additional clean and sober houses have recently been vetted for this caseload and will be available to clients very soon • This program would like to see more case managers and peer support to help better manage and support clients- they would like to spend more time with each client and to add additional rental assistance funds <p>Inmate Housing Case Management, <i>Amanda</i></p> <ul style="list-style-type: none"> • This program provides similar resources as the HCM program above, but they receive referrals from the jail for clients that are re-entering the community • A significant challenge has been the ‘drop off’ period between jail release and when the client is supposed to appear at their new housing location- many clients don’t show up. Program would like to see direct transportation from the jail to the new housing situation for clients to decrease chances of them not showing up. <p>Intensive Case Management, <i>Stancin & Jimmy</i></p> <ul style="list-style-type: none"> • This program has seen a high demand over the last few years (over 300 clients served every year since 2017) • Works with the First Look program to provide SUD assessment and screening and referrals • It is challenging to coordinate services and treatment for clients with co-occurring disorders • Program connects many clients to inpatient treatment • Program would like to see additional services in the community for detox beds for clients enrolled in TST-funded programs • Lack of inpatient/ residential facilities who can accept individuals with co-occurring medical needs is challenging <p>Intensive Services Probation Counselor, <i>Raul</i></p> <ul style="list-style-type: none"> • New position that started in September this year

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	<ul style="list-style-type: none"> • Probation counselor will have a specialized caseload of approximately 40 clients (whereas usual caseload for probation is around 200 clients or more) to work more closely with clients and check in more frequently (about once a week) • Program does not have data to report yet since it is so new • Estimate approximately 20% of clients on the special caseload are homeless or transient • Program would like to connect their clients to housing resources to help pay for deposits, application fees, rental assistance, etc. <p>Public Defense Mitigation Specialist, Patrick</p> <ul style="list-style-type: none"> • This program provides a social worker that takes referrals from defense attorneys for services- the goal is to reduce the amount of time an individual is incarcerated if they have a mental health or substance use need • Mitigation specialist can assist clients waiting to get in to a therapeutic treatment court by helping to retrieve documents, link to treatment and other resources, etc.
Discussion & Meeting Wrap-up	<ul style="list-style-type: none"> • The new Capital Recovery Center Justice Outreach Specialist (Krystal) provided a brief description of their new program: provide education and connect inmates with an Opioid Use Disorder to medication-assisted treatment at the Bupe Clinic in downtown Olympia (as part of the 2019-2021 TST Community Grants) • Further discussion about who pays for urinalysis in the various programs- staff will follow-up with the TST Executive Team
	Action Items:

Next Meeting:
January 17, 2020
8:30am-11:30am
Public Health & Social Services Building, Olympia