

# ADVISORY COMMITTEE

## Meeting Minutes

September 14, 2021

Date	Time	Location	Preparer of Minutes
9/14/2021	5:30 pm – 8:30 pm	ZOOM	Carrie Hennen & Kelsey Paolini

Attendance			
Committee Members		TST Staff	Others
<b>Present</b> Robert Almada Bob Jones Marilyn Roberts Wendy Tanner Priscilla Terry Gina Thompson Steven Thomson	<b>Absent</b> Chanita Jackson Sfirah Madrone	Carrie Hennen Kelsey Paolini	Schelli Slaughter

Agenda Item	Notes
<b>Welcome &amp; Introductions</b>	<p>Carrie provided an overview of the meeting to discuss budget requests.</p> <p>The Committee approved the minutes from the September 10, 2021 meeting.</p>
<b>Budgets - Maintenance Level, New Programs Requests</b>	<p>The Committee discussed several budget requests that had not been resolved at the previous meeting:</p> <p><b>Steps to Wellness</b>            The committee discussed the Steps to Wellness program, which is administered by the Thurston Mason Behavioral Health Administrative Services Organization (ASO). Community Youth Services (CYS) is the provider, and the program provides clinical services at Rosie’s drop-in center for homeless young adults. Based on conversations with ASO and CYS, staff recommended that this program be paused and not receive funding in 2022 due to challenges with staffing and a dramatically changed context due to COVID-19 (due to prolonged closures of Rosie’s Place). The committee agreed to recommend eliminating funding for this program in 2022, but restore funding in 2023 assuming a refined program model and staffing plan are developed.</p> <p><b>Safe Babies Court</b>            The committee reviewed written responses submitted by Superior Court in response to questions raised at the previous meeting. The responses addressed the role of the community coordinator, data on the impacts of this program in other jurisdictions, and an explanation of how this program differs from usual services</p>

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	<p>provided through Family Court in dependency cases. The committee agreed to recommend TST funding for the program.</p> <p><b>Social Services Specialist/Community Health Worker</b> Public Health and Social Services Director Schelli Slaughter joined the meeting to respond to questions raised related to a request for funding for a Social Services Specialist/ Community Health worker funded by TST. Questions and discussion included the following:</p> <ul style="list-style-type: none"> <li>- Credentials- Schelli noted that the Washington Department of Health offers a Community Health Worker training program. She indicated that PHSS would seek to hire an already trained Community Health Worker or find someone that had experience, education, and passion, and pursue the training. They would likely not be licensed behavioral health professionals. PHSS would seek to hire someone multilingual.</li> <li>- Population served- the Community Health Worker would focus on the Latinx population because of data indicating that Spanish speaking individuals in Thurston County are underserved by traditional behavioral health programming.</li> <li>- Where referrals would come from- Schelli noted that the program would look to be a resource for individuals in other TST funded programs</li> <li>- What would the daily role would look like- Schelli indicated that a Community Health Worker is typically a member of the community they serve and is likely to have lived experience with behavioral health issues. Their roles are varied and may be similar to those of a social worker—in this case, a Community Health Worker would work to ensure individuals are able to succeed in treatment and would assess and seek to meet household needs such as housing, child care, basic needs, etc. They act as a liaison to other services.</li> <li>- What does success look like- Schelli emphasized that use of Community Health Workers is an evidence-based practice, and noted that success may not be easily defined or quickly demonstrated. She indicated that PHSS would work to develop measures of success, with an emphasis on long-term health outcomes.</li> </ul> <p>The committee discussed the proposal and expressed a number of concerns. Some committee members expressed concern about TST funding more and more connections and case management rather than treatment, and worried that various different offices/ departments are working in siloes, with everyone wanting their own case management program. Another committee member suggested that this type of function might sit better with a licensed behavioral health agency as a peer counselor focused on underserved populations. In addition, committee members felt the funding request for this position, approximately \$150,000 per year including all costs, was too expensive for the impacts.</p> <p>The committee agreed it would not recommend TST funding for this request.</p>

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<p><b>Options for Investing Surplus Funds</b></p>	<p>The group discussed a number of options related to investing surplus TST funds.</p> <p><b>Overfunding existing programs or new program proposals</b> Staff presented the committee with a list of existing programs and new proposals that might be able to utilize funding at levels higher than had been requested. This list was compiled based on ideas submitted by Committee members in previous discussions as well as staff observations of programs with high levels of utilization, waiting lists, etc.</p> <p>The group discussed these options and determined that they wanted to explore housing and other innovative ideas instead of recommending more funding for existing programming or new requests.</p> <p><b>Housing</b> The group discussed a number of options and ideas for investing a significant amount of TST funding in acquisition or construction of housing. While it was observed that housing development is very expensive, the group noted that the lack of availability of housing has consistently been identified by nearly all TST-funded programs as a major barrier to the success and recovery of individuals with behavioral health needs.</p> <p>Staff committed to gathering additional information before the next meeting, including identifying exactly what an investment of TST funds could accomplish that couldn't be accomplished otherwise, how this investment might leverage other funding, and what administrative burden would be involved in ensuring that units are used for TST-eligible individuals.</p> <p><b>Other options</b> The group discussed other options, such as setting aside funding for an expanded community grant RFP, an Innovation Fund RFP, or some other mechanism for soliciting additional funding requests to meet community needs. It was noted that areas of focus or specific goals should be recommended to the County Commissioners. In addition, there was discussion of whether a process like this should be open to existing County offices and the ASO.</p> <p>A TST Advisory Committee member updated the group on an idea of a mobile clinic being developed by Providence St. Peter Hospital and numerous partners. Staff indicated that this type of idea could apply for funding if the County were to move forward with a special RFP.</p> <p>A final approach was not settled on, and staff agreed to bring some ideas and proposals related to an innovative/ community RFP process to the next meeting.</p>

**Next Meeting:**

September 24, 2021

8:30 am – 11:30 am (on ZOOM)