

TST Advisory Committee

July 24, 2020

- Budget Planning Session
 - Pretrial Services
 - Juvenile Court
 - Prosecuting Attorney's Office
 - Thurston Mason Behavioral Health Administrative Services Organization
 - Public Health and Social Services

PRETRIAL SERVICES



- Pretrial Services Diversion

PRETRIAL SERVICES DIVERSION

Administration: Thurston County Office Name

Program Description: The Pretrial Services Diversion Unit provides needs assessments, referrals to community resources, monitoring in the community and case management services to justice-involved individuals with behavioral health disorders.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	Program was new in 2019				
2019	\$101,571	\$53,913	\$47,658	31	Underspending due to being a new program- hiring didn't occur until middle of year
2020	\$119,990	NA	NA	NA	Caseload now full

PRETRIAL SERVICES DIVERSION

2021-2022 Key Issues:

Diversity, Equity & Inclusion

- See next slide, percentages are of total referrals to Pretrial Services Diversion and of Total Enrollments to Pretrial Services Diversion

COVID-19

- Operations and Costs
 - Provided services to all current diversion participants; work cell phone for increased communication
 - Stopped accepting referrals for the months of April and May due to no out of custody hearings
 - Office re-opened on June 1, 2020 for in-person appointments
- Program Demand
 - Program demand stayed stagnant while the “Stay Home, Stay Healthy” order was in effect; wait-list resolved in June
 - Thurston County Prosecuting Attorney’s Office has 350-400 referrals not yet filed

Other Goals

- Urinalysis testing - randomized
- Expanding to include Pre-Charge Diversion to decrease criminal justice system cost/early intervention point

2021-2022 Budget Preview:

Funds to maintain current diversion services and expand to earlier intervention

- Policy level request to increase funds by \$190,000 per year for 2 Diversion Officer positions to divert cases earlier in their justice involvement.
- Major objectives of pre-charge pretrial diversion are:
 - To prevent future criminal activity from certain criminal offenders by diverting them from traditional processing into community supervision and services
 - To save prosecutorial, defense, judicial, clerk and jail resources for concentration on major cases

PRETRIAL SERVICES DIVERSION EQUITY & DEMOGRAPHICS

Pretrial Services Diversion Program maintains transparency and openness throughout the process of Thurston County's role as a Research Action Site for the Advancing Pretrial Policy and Research process work with the Center for Effective Public Policy to ensure inclusivity. The program follows the guidelines as set forth by the National Association of Pretrial Services Agencies, including allowing participation by those who maintain innocence and focusing on rehabilitation. This program is committed to evaluating numbers and its role in the overall system to monitor continuous improvement and accessibility.

Race	Referrals	Enrollments
White	80%	77%
Black	11%	11%
American Indian	2.5%	4%
Asian/Pacific Islander	2.5%	2%
Multiple Races	2.5%	4%
Other	1%	2%

Ethnicity	Referrals	Enrollments
Hispanic	2%	4%
Non-Hispanic	98%	96%

Housing Status	Referrals	Enrollments
Housed	68%	66%
Transient	32%	34%

Gender	Referrals	Enrollments
Male	53%	51%
Female	46%	47%
Non-Binary	1%	2%

Age	Referrals	Enrollments
18-24	28%	26%
25-54	69%	72%
55+	2%	2%

JUVENILE COURT



- Juvenile Justice Behavioral Health Alternative
- Equine Assisted Youth Peer Support

JUVENILE JUSTICE BEHAVIORAL HEALTH ALTERNATIVE

Administration: Thurston County Juvenile Court

Program Description: JJBHA is a dispositional alternative for non-violent offenders age 13-17 with mental health or substance use disorders. The intent of the program is to immediately intervene in the lives of eligible, criminal-justice involved youth with mental health services, substance use treatment, and developmentally appropriate support services.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$130,163	\$112,270	\$17,893	28	Graduation rate 100%
2019	\$109,899	\$95,893	\$14,006	21	Graduation rate 80%
2020	\$205,331*	NA	NA	NA	

*In July 2020, the BOCC added funding to this program for an additional FTE due to loss of state funds for a related program.

JUVENILE JUSTICE BEHAVIORAL HEALTH ALTERNATIVE

2021-2022 Key Issues:

- Diversity, Equity & Inclusion

The Juvenile Court has adopted a mindset that supports equity in the utilization of support services offered by the department. In order to achieve this goal, we first must have a clear understanding of the degree to which we are equitably offering our services and the degree to which disproportionality may exist. Over the last several years, we have implemented data management systems that track race/ethnicity in various capacities in the work of the Juvenile Court. Having this data available allows us to examine our practices through a race/ethnicity lens and address areas where we may see disparities.

- COVID-19 Context

This program has been impacted by COVID-19 over the last four months. Much of the processes in the Juvenile Court were suspended as a result of directives from the State Supreme Court and the Thurston County Superior Court Judges. The impact has resulted in no new JJBHA cases during this time period. Supervision and treatment activities have also been impacted as most services were suspended during this crisis. The Probation Department has been able to maintain supervisory contact with minimal case management opportunities. Consequentially, youth in the JJBHA program have had little in the way of ongoing support.

2021-2022 Budget Preview:

- Juvenile Court is requesting maintenance level funding, including continuation of the new TST funding added by the BOCC in July 2020. This funding supports an additional Probation Counselor for our JJBHA program. Salary and benefits for 2021: \$109,070.

EQUINE ASSISTED YOUTH PEER SUPPORT

Administration: Thurston County Office Name

Program Description: EAYPS provides youth (ages 12-17) who are receiving services through any program at the Juvenile Court and who have mental health or substance use disorders with equine therapy and peer supports.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$26,560	\$26,560	0	35	74% exited successfully
2019	\$53,120	\$53,122	-2	40	78% exited successfully
2020	\$53,120	NA	NA	NA	

EQUINE ASSISTED YOUTH PEER SUPPORT

2021-2022 Key Issues:

- Diversity, Equity & Inclusion

The Juvenile Court has adopted a mindset that supports equity in the utilization of support services offered by the department. In order to achieve this goal, we first must have a clear understanding of the degree to which we are equitably offering our services and the degree to which disproportionality may exist. Over the last several years, we have implemented data management systems that track race/ethnicity in various capacities in the work of the Juvenile Court. Having this data available allows us to examine our practices through a race/ethnicity lens and address areas where we may see disparities.

- COVID-19 Context

This program was suspended during the first two phases of the shutdown. This action affected the first planned cohort of EAYPS participants. EAYPS staff have recently been able to engage with some youth in small groups and some individual sessions while complying with all public health directives. The first cohort completed the program in early July 2020. Moving forward, the program will operate taking all public health recommended precautions.

2021-2022 Budget Preview:

- Juvenile Court is requesting maintenance level funding for EAYPS.

PROSECUTING ATTORNEY'S OFFICE



- Treatment Courts
 - Adult Drug/DUI Court
 - Mental Health Court
 - Veterans' Court
 - JJBHA (Juvenile Treatment Court)

PROSECUTING ATTORNEY'S OFFICE- TREATMENT COURTS

Administration: Thurston County Prosecuting Attorney's Office

Program Description: Screens cases for and makes referrals to treatment courts and serves as essential member of treatment court team by providing serving as prosecutor for treatment court cases.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$480,716	\$480,716	0	Data collected via treatment courts	
2019	\$451,245	\$371,280	\$79,965	Data collected via treatment courts	
2020	\$421,245	NA	NA	NA	

PROSECUTING ATTORNEY'S OFFICE- TREATMENT COURTS

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 1. Evaluate data regarding diversity and inclusion: including but not limited to Jail Population, Cases Charged, Cases Referred
 2. Implement Equity & Justice workgroup within the PAO
 3. Implement training program for Equity and Diversity for all PAO staff
- COVID-19 Context

Expenses & Operations

1. COVID-19 has had an impact on the process for reviewing appropriate cases for treatment courts as a majority of the office staff now works from home; working in the office when necessary. Court has continued in both District Court and Superior Court in a remote/virtual setting; however, fewer cases have been referred due to lack of out-of-custody and First Look calendars.
2. Costs to make a rapid transition to a remote environment has incurred additional technology costs in addition to cleaning supplies, hand sanitizers, plexiglass shields, personal protective gear, and other costs that were not needed or planned for prior to COVID-19.

Demand for Services

1. Due to the increased stress on Thurston County residents (similar to residents in WA State, U.S., and the world) the need for alternative treatment courts is even greater than prior to the pandemic.
- Other Goals/ Context
 - COVID-19 has greatly affected the Thurston County budget and budgetary cuts to the PAO has affected and will continue to affect the ability of DPAs and staff as resources (primarily personnel) are reduced.

2021-2022 Budget Preview:

PAO is requesting a maintenance budget for TST 2021-2022 consistent with 2019-2020

- 2021 - \$421,245
- 2022 - \$421,245

THURSTON MASON BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORG.

- Youth programs
 - Children's Mobile Crisis
 - Juvenile Court & Detention Transitions
 - Multisystemic Therapy
 - Steps to Wellness
 - Wraparound with Intensive Services (WISe)
 - Youth Outpatient Treatment
 - Proposed New Program– Transition Aged Youth WISe
- Adult programs
 - Jail Behavioral Health
 - Housing Case Management
 - Inmate Housing Case Management
 - Intensive Case Management
 - Nisqually Jail Pretrial Release and Reentry

CHILDREN'S MOBILE CRISIS

Administration: Thurston Mason Behavioral Health Administrative Services Organization

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.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	Program was new in 2019				
2019	\$106,466	\$106,466	0	407	37% of clients were Medicaid ineligible and wouldn't have had access to this service without TST
2020	\$106,466	NA	NA	NA	

CHILDREN'S MOBILE CRISIS

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - CCS of Western Washington has committed to being an activist organization, to call for equity, respect and safety for all communities of color.
 - Staff and leadership representatives are participating in monthly, ongoing discussions and planning to ensure culturally relevant policies, mindset and procedures are implemented across CCS Family Behavioral Health.
 - CCS Family Behavioral Health has convened a People of Color Steering Committee made up of representatives from different sites and positions within the agency.
 - Leadership and staff will participate in Cultural Humility training as well as implementing ongoing cultural diversity activities, events and training throughout the year.
 - CCS staff have participated in both site and system-based discussions to determine our challenges around diversity, equity and inclusion. We are so aware of the need to work toward a better place ongoing. We continue to develop plans on a variety of levels to make sure we never lose sight of these issues.

- **COVID-19 Context**
 - Staff's immediate transition to tele-health required prompt training and coaching to ensure continuity of care while maximizing protection of staff, clients and community.
 - Numerous planning, coaching and supervision meetings with leadership and staff.
 - **Expenses:** purchase of technology and hardware to support staff and families including laptops, professional zoom accounts, increase in staff data usage, wifi boosters and replacement of outdated cell phones.
 - Thoughtful planning and training regarding re-entry following Governor Inslee's and CDC guidelines.
 - Utilized support from the Thurston and Mason Emergency Management Program to obtain significant amounts for PPE to enable staff to safely provide in person, in home and community services in accordance with CPC guidelines.
 - **Demand for Services:**
 - Initially there was a dip in new referrals following the stay safe stay healthy order and closures of schools, which are historically an important referral source for the Crisis program. Referrals tend to trend downward when school is not in session.
 - The CCS Crisis supervisor initiated and maintained specific connection with school-based mental health personnel to ensure continued connection opportunities for students in need.
 - CCS continues to partner with the St. Peters Hospital Emergency Services provider group to make sure community partners can easily access Crisis services for those they serve.
 - State projections indicate a substantial increase in need following this global health pandemic.

- **Other Goals/ Context**
 - CCS continues to look for ways to serve non-Medicaid youth beyond 72 hours.
 - We continue to maintain our co-located crisis program with a local primary care clinic. We constantly look for opportunities to continue to build our skills in the collaborative care model and to share these skills across all of the programs at CCS.

2021-2022 Budget Preview:

- Requesting maintenance level funding

JUVENILE COURT & DETENTION TRANSITIONS

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: JCDT provides mental health and crisis services to incarcerated youth in the detention/court setting to support stabilization of youth while in detention, assessment of community needs and linkage to appropriate community supports following release.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$166,154	\$140,327	\$25,827	181	54% engaged in treatment
2019	\$176,402	\$135,264	\$41,138	103	52% engaged in treatment
2020	\$95,601	NA	NA	NA	Shifted budget out of this program in 2020 due to declining census in juvenile detention and gaps in other areas

JUVENILE COURT & DETENTION TRANSITIONS

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - Targeting known challenges with specific strategies to reduce staffing disparities, including:
 - Career pathway within agency from entry-level (HS diploma/GED) to master's level clinicians
 - Paid internships
 - Tuition assistance in some cases
 - Use of Medicaid Enhancement Funds to recruit and retain
 - Partnership with the YWCA Intercultural Foundations Program to deepen social justice work and ensure workplace is on of equity, inclusion, and anti-racism.
 - Use of data analytics to show the demographics of participants crossed with outputs (e.g., referrals, engagement) and treatment outcomes
 - Use this data to create action steps around advertising/marketing, operations, staff training, supervision, and case oversight to ensure addressing needs of marginalized populations
 - Individualized and flexible services to meet unique needs of marginalized youth and families
 - Given disproportionality of justice system involvement requires continuous training, consultation, partnering with justice system to address anti-racist, social justice efforts
- **COVID-19 Context**
 - Initially continued serving in detention as usual
 - Once governor instituted the stay-at-home order, JCDT staff were only allowed to go into the facility for crisis services
 - At this point services primarily included phone consultations and phone check-ins with families
 - Early May, started going back into the facility and have been using the no contact room to see youth face-to-face
 - Due to decreased JCDT staffing demands, the staff was splitting time between juvenile detention and the Steps to Wellness (STW) program
 - Starting May 22nd, JCDT staff discontinued splitting time with STW as amount of need increased in juvenile detention and to decrease exposure for JCDT youth
- **Other Goals/ Context**
 - JCDT and Juvenile Justice management exploring potential of offering a formal rehabilitation model
 - Targeted at reducing recidivism through learned skills such as emotional self-regulation
 - Would be built into the existing JCDT program

2021-2022 Budget Preview:

- Requesting maintenance level funding with flexibility between JCDT and STW program staffing and services

MULTISYSTEMIC THERAPY

Administration: Thurston Mason Behavioral Health Administrative Services Organization

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

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$386,884	\$386,884	0	52	83% exited successfully
2019	\$410,744	\$389,307	\$21,437	46	78% exited successfully
2020	\$410,744	NA	NA		

MULTISYSTEMIC THERAPY

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**

- Targeting known challenges with specific strategies to reduce staffing disparities, including:
 - Career pathway within agency from entry-level (HS diploma/GED) to master's level clinicians
 - Paid internships
 - Tuition assistance in some cases
 - Use of Medicaid Enhancement Funds to recruit and retain
 - Partnership with the YWCA Intercultural Foundations Program to deepen social justice work and ensure workplace is on of equity, inclusion, and anti-racism.
- Use of data analytics to show the demographics of participants crossed with outputs (e.g., referrals, engagement) and treatment outcomes
- Use this data to create action steps around advertising/marketing, operations, staff training, supervision, and case oversight to ensure addressing needs of marginalized populations
- MST Team currently creating strategies for tracking and measuring proportionality and outcomes
- Ensure that CYS' clientele mirrors the community and that desired outcomes are being achieved across populations
- Recent hiring efforts have resulted in a full team of 6 therapists and a more diverse staff with multiple races represented and a bilingual therapist

- **COVID-19 Context**

- CYS responded quickly to ensure services to youth and families could continue while prioritizing health and safety of families and staff
- Services via Telehealth and phone modalities
- Reduction of referrals during pandemic for variety of reasons, including youth not in schools so education not referring, parents overwhelmed and placing less expectations on youth, youth are home more and spending less time with peers, less eyes on youth
- To address low referral rates increased marketing is planned – requires creative marketing strategies
- Number of applicants for MST Therapist positions increased during pandemic

- **Other Goals/ Context**

- Continue quality services and adherence to MST model throughout pandemic
- Provide services at full capacity now that all positions filled
- Implement specific marketing strategies for non-Medicaid population

2021-2022 Budget Preview:

- Requesting maintenance level funding

STEPS TO WELLNESS

Administration: Thurston Mason Behavioral Health Administrative Services Organization

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.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$25,902	\$25,902	0	67	321 interventions conducted
2019	\$55,000	\$55,000	0	74	335 interventions conducted
2020	\$135,801	NA	NA	NA	Shifted budget to this program in 2020 due to gaps created by transition to Integrated Managed Care

STEPS TO WELLNESS

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - Targeting known challenges with specific strategies to reduce staffing disparities, including:
 - Career pathway within agency from entry-level (HS diploma/GED) to master's level clinicians
 - Paid internships
 - Tuition assistance in some cases
 - Use of Medicaid Enhancement Funds to recruit and retain
 - Partnership with the YWCA Intercultural Foundations Program to deepen social justice work and ensure workplace is on of equity, inclusion, and anti-racism.
 - Use of data analytics to show the demographics of participants crossed with outputs (e.g., referrals, engagement) and treatment outcomes
 - Use this data to create action steps around advertising/marketing, operations, staff training, supervision, and case oversight to ensure addressing needs of marginalized populations
 - Low barrier access to behavioral health services imbedded in Rosie's Place drop-in center
 - Addresses many of the challenges that marginalized populations typically encounter accessing services
 - Engages systems adverse youth – builds trust and interest in behavioral health services
 - Warm handoffs to fully-integrated services adapted to meet their needs
 - Developing method of capturing multiracial data while also capturing race(s) the person identifies with
- **COVID-19 Context**
 - Rosie's Place drop-in center significantly impacted by COVID
 - Reduced number youth able to access center
 - Reduced number youth receiving services from therapist
 - Staff in facility during busiest times
 - STW staff also providing telehealth/phone sessions with some success
 - Therapist available by phone or in-person during regular operating hours
- **Other Goals/ Context**
 - Address potential staffing challenges by having ability for JCDT and STW staff provide temporary, immediate back up to each other
 - Only 1 FTE per program makes susceptible to staffing shortages (illness, vacation, etc.)
 - Operationally, would formalize with updated contracts, job descriptions, and tracking

2021-2022 Budget Preview:

- Requesting maintenance level funding with flexibility between JCDT and STW program staffing and services

WRAPAROUND WITH INTENSIVE SERVICES

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: WISE supports families with children ages 5-20 who are at high risk for criminal justice involvement due to complex problem behaviors and/or mental illness community-based treatment planning process with adjunctive therapy.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$362,635	\$364,117	-\$1,482	293	53% exited successfully
2019	\$442,117	\$432,557	\$9,560	317	64% exited successfully
2020	\$442,117	NA	NA	NA	

WRAPAROUND WITH INTENSIVE SERVICES

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - CCS of Western Washington has committed to being an activist organization, to call for equity, respect and safety for all communities of color.
 - Staff and leadership representatives participating in monthly-ongoing discussions and planning to ensure culturally relevant policies, mindset and procedures are implemented across CCS Family Behavioral Health.
 - CCS FBH has convened a People of Color Steering Committee made up of representatives from different sites and positions within the agency.
 - Leadership and staff will participate in Cultural Humility training as well as implementing ongoing cultural diversity activities, events and training throughout the year.
 - CCS in Thurston and Mason counties are taking a second look to focus effort on hiring a diverse workforce. Our goal is to ensure staff demographics reflect the communities we serve.
- **COVID-19 Context**
 - Staff's immediate transition to tele-health required prompt training and coaching to ensure continuity of care while maximizing protection of staff, clients and community.
 - Numerous planning, coaching and supervision meetings with leadership and staff.
 - Expenses: purchase of technology and hardware to support staff and families including laptops, professional zoom accounts, increase in staff data usage, wifi boosters and replacement of outdated cell phones.
 - Thoughtful planning and training regarding re-entry following Governor Inslee's and CDC guidelines.
 - Utilized support from the Thurston and Mason Emergency Management Program to obtain significant amounts of PPE to enable staff to safely provide in person, in home and community services in accordance with CDC guidelines.
 - Demand for Services:
 - Referrals for WISE were down from March 2020-June 2020 as compared to 2019. It's likely that the decrease in referrals are related to youth and families having less interaction with traditional referral sources, such as schools.
 - Historically interest in WISE services in our community has outpaced capacity and many families have had to wait for a period of time before entering services. At this time the waitlist for CCS WISE has decreased, so families are served relatively quickly when they are referred.
 - CCS WISE Screener communicated with each family on the interest list to identify those families who wished to delay the start of services until in-person services were offered.
 - Despite the decrease in referrals, CCS WISE maintained the expected number of 180 Medicaid funded and 8 TST funded youth and families throughout the period of time that COVID forced telehealth rather than in-person services, while respecting the wishes of families to begin services remotely. At this point the agency has moved to a mix of remote and in-person services.
- **Other Goals/ Context**
 - Continuing to work on wise collaborative care with medical professionals

2021-2022 Budget Preview:

- Requesting maintenance level funding

YOUTH OUTPATIENT TREATMENT

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Youth Outpatient Substance Use Disorder Treatment (YOT) provides services to youth ages 13-19 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.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$155,415	\$155,415	0	303	57% exited successfully
2019	\$165,000	\$165,000	0	326	56% exited successfully
2020	\$165,000	NA	NA	NA	

YOUTH OUTPATIENT TREATMENT

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - ESD adopted a 4th strategic goal to “Eradicate Racism” in June 2020
 - We confront inequity based on race, and recognize and address our own biases
 - True North representation and participation as part of the ESD Equity Team
 - Capital Region ESD #113 Equity Team is a voluntary, employee-led group that fosters diverse, inclusive, and belonging workplace aligned with the agencies mission, values, goals, and objectives
 - Supporting increased training opportunities focused on equity, inclusion, and adapting practices to meet the needs of diverse clients
- **COVID-19 Context**
 - Implementing telehealth services to connect True North counselors located in branch offices (or school buildings) to clients in their homes or other offsite locations using Zoom Health platform
 - Consultation with Dr. Lemmon, pediatrician, for safe re-opening plan for staff and clients
 - Adopted emergency policies and procedures to respond to service delivery changes related to COVID-19
 - Implemented use of PPE, physical distancing, and cleaning and sanitizing protocols for in-person service delivery
 - Suspended group services for a period of time between April and June. Resumed group sessions with new guidelines limiting group size and aligning with PPE, physical distancing, and cleaning/sanitizing protocols
 - Treatment service hours have been lower due to service adaptations during COVID-19
 - Participation on National, State and local COVID behavioral health technical assistance calls and webinars
 - Created a behavioral health COVID support page on the ESD 113 website for districts and partners.
 - Leadership participation in the Regional weekly superintendents COVID support meetings
 - Hosted training for the District in the region on Trauma informed practices and Social Emotional considerations for returning to School with Care
- **Other Goals/ Context**
 - Working with schools/districts to adapt school-based service delivery model to meet needs of various return to school plans
 - Plan to maintain telehealth as part of service delivery spectrum post-COVID

2021-2022 Budget Preview:

Requesting maintenance level funding

PROPOSED NEW PROGRAM — TAY WISE

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Community Youth Services' Transitional Age Youth (TAY) Wraparound with Intensive Services (WISe) Support Program offers treatment that is designed to meet the unique developmental needs of adolescents and young adults that are often underserved in the behavioral health system. Their services are dual-diagnosis enhanced to provide fully integrated mental health and substance use treatment. They meet youth and families when and where they need services at whatever level of intensity they need to stabilize and thrive within their home and community. TAY WISe services are trauma-informed, culturally responsive, and outcome-based. CYS offers a team approach using dual-licensed clinicians, youth peer counselors, family peer counselors and wraparound facilitators to address the individual, family and systems needs of the participants we serve.

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - Targeting known challenges with specific strategies to reduce staffing disparities, including:
 - Career pathway within agency from entry-level (HS diploma/GED) to master's level clinicians
 - Paid internships
 - Tuition assistance in some cases
 - Use of Medicaid Enhancement Funds to recruit and retain
 - Partnership with the YWCA Intercultural Foundations Program to deepen social justice work and ensure workplace is on of equity, inclusion, and anti-racism.
 - Use of data analytics to show the demographics of participants crossed with outputs (e.g., referrals, engagement) and treatment outcomes
 - Use this data to create action steps around advertising/marketing, operations, staff training, supervision, and case oversight to ensure addressing needs of marginalized populations
 - MST Team currently creating strategies for tracking and measuring proportionality and outcomes
 - Ensure that CYS' clientele mirrors the community and that desired outcomes are being achieved across populations
 - Individualized and flexible services to meet unique needs of marginalized youth and families
- **COVID-19 Context**
 - CYS is equipped to provide a full array of telehealth (and in-person as needed and allowed) services to this population
 - CYS is currently providing TAY WISe services to the TAY Medicaid population in Thurston County
- **Other Goals/ Context**
 - There is a significant need in our community for non-Medicaid behavioral health services that are intensive, flexible, engaging, integrated and outcome-based. Youth and families that are not on Medicaid do not have access to a higher level of community-based care that can meet their needs. These youth are often restricted to only private practice traditional outpatient care of once a week, one-hour office visits, or institutionalization with nothing in between to stabilize them.

2021-2022 Budget Preview:

- Anticipated cost would be similar to the cost per slot for MST, i.e., approximately \$275,000 per year for four (4) slots at all times

JAIL BEHAVIORAL HEALTH

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Jail Behavioral Health Program (TJ Jail) provides clinical mental health and crisis services to adults in the Thurston County Correctional Facility. Previously called "Mentally Ill Offender Program"

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$86,659	\$86,659	0	1,201	
2019	\$92,004	\$91,049	955	1,362	
2020	\$431,980	NA	NA	NA	Significant additional TST investment in 2020 due to changes in availability of other funding to support jail services

JAIL BEHAVIORAL HEALTH

2021-2022 Key Issues:

• Diversity, Equity & Inclusion

- Olympic Health and Recovery Services (OHRS) leadership team and Governing Board have taken a stance on racial justice to promote diversity, equity and inclusion (see ohrs.org/racial-justice). These values are prioritized in providing services in our community in the following ways:
- OHRS participates in county sponsored criminal justice reform groups and advocates for jail diversion and social justice for individuals involved or at risk of being involved in the criminal justice system.
- OHRS considers individuals' culture and language when providing assessments and treatment.
- OHRS utilizes evidence-based treatment approaches that reduce barriers to individuals getting on their individualized path toward recovery.

• COVID-19 Context

- Expenses: Since COVID-19 began, the Thurston County Corrections Facility (TCCF) has only allowed essential staff into the jail, including Jail-ICM MHPs. Peer Counselors have been able to keep in contact with inmates remotely and are refocusing working with individuals in the community at the time of release from custody. Also, for social distancing concerns, group therapies at TCCF were placed on hold until further notice. Regardless, program staff continue to provide essential services while utilizing Personal Protective Equipment (PPE) for everyone's health and safety.
- Demand: The demand has not changed significantly. Program staff continue to see significant behavioral health needs with added anxiety over COVID-19 from the inmates. Due to the pandemic, WSH had to shut down to admissions temporarily. Inmates waiting for transfer for competency restoration had to remain in custody longer than normal while experiencing acute mental health symptoms. WSH recently reopened to admissions with a rigorous health screening process in place.

• Other Goals/ Context

- The program is working toward increased care coordination and follow up with services at time of release/re-entry by:
- Increased engagement with the MHP therapist for brief therapy while in custody.
- Increased handoff to community providers at the time of release.
- Increased re-entry services with a Peer Counselor.

2021-2022 Budget Preview:

Requesting maintenance level funding

HOUSING CASE MANAGEMENT

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Housing Case Management (HCM) provides housing case management and rental assistance to individuals with behavioral health disorders with the goal of supporting stabilization and recovery. HCM primarily serves individuals participating in other TST-funded programs.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$195,312	\$194,115	\$1,197	283	56% placed into housing Average waitlist size 44
2019	\$295,358	\$288,605	\$6,753	295	56% placed into housing Average waitlist size 58
2020	\$281,358	NA	NA	NA	

HOUSING CASE MANAGEMENT

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - This program is currently operating with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). In addition, all individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. Our current case manager and supervisor share these values and individuals who do not are not considered for employment in this program. We are happy that this question is being asked and fully support other programs/agencies adopting this mindset, as well as any policies/procedures which increase diversity, equality and inclusion. We would love the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.
- COVID-19 Context
 - Expenses/ Operations: Operating impacts include extra sanitation measures in our buildings, client/visitor/employee temperature checks and symptoms screenings, social distancing requirements, facial coverings requirements and, most impactfully, the limiting of face-to-face interactions with program clients, beginning on 04/03/2020. All interactions with clients takes place via telephone and/or via computer applications such as Zoom and Microsoft Teams. Face-to-face interactions are only allowed in extreme circumstances, must be approved by a supervisor and must include strict protocols including screening, temperature checks, social distancing, facial coverings, etc. The COVID-19 pandemic has not negatively impacted the amount of individuals served and/or referred to the program, nor has it impacted the costs associated with the program. If anything, it has increased need in the community, for which more rental assistance funding and funding for a 2nd case manager would benefit all parties.
 - Demand: As mentioned above, the COVID-19 pandemic has not negatively impacted the amount of individuals served and/or referred to the program, nor has it impacted the costs associated with the program. If anything, it has increased need in the community, for which more rental assistance funding and funding for a 2nd case manager would benefit all parties.
- Other Goals/ Context
 - Referrals for program services continue to increase. Our goals center around serving the most participants as possible, while creating the best opportunity for long-term success.

2021-2022 Budget Preview:

Requesting maintenance level funding

INMATE HOUSING CASE MANAGEMENT

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Inmate Housing Case Management (I-HCM) provides housing case management and rental assistance to individuals with behavioral health disorders exiting the Thurston County Correctional Facility with the goal of supporting stabilization and recovery.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$153,143	\$150,013	\$3,130	138	51% placed into housing
2019	\$162,587	\$163,936	-\$1,349	112	55% placed into housing
2020	\$162,587	NA	NA	NA	

INMATE HOUSING CASE MANAGEMENT

2021-2022 Key Issues:

• Diversity, Equity & Inclusion

- This program is currently operating with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). In addition, all individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. Our current case manager and supervisor share these values and individuals who do not are not considered for employment in this program. The reality in this nation, and in our community, is that there is a disproportionate number of individuals of color incarcerated in our correctional facilities. It is extremely important that this program maintain a mindset and supporting policies and procedures which make our services accessible to these individuals. We are happy that this question is being asked and fully support other programs/agencies adopting this mindset, as well as any policies/procedures which increase diversity, equality and inclusion. We would love the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.

• COVID-19 Context

- Expenses/ Operations: The COVID-19 pandemic has severely impacted program operations, beginning on 03/12/2020 and continuing through the date of these comments (07/10/2020). Operating impacts include extra sanitation measures in our buildings, client/visitor/employee temperature checks and symptoms screenings, social distancing requirements, facial coverings requirements and, most impactfully, the limiting of face-to-face interactions with program clients, beginning on 04/03/2020. All interactions with clients takes place via telephone and/or via computer applications such as Zoom and Microsoft Teams. Face-to-face interactions are only allowed in extreme circumstances, must be approved by a supervisor and must include strict protocols including screening, temperature checks, social distancing, facial coverings, etc. Our case manager was not allowed on-site at the Thurston County Jail beginning in March 2020 and ending in late June 2020. This created challenges pertaining to serving existing clients still incarcerated in the facility, as well as screening/enrolling new program participants.
- Demand: The COVID-19 pandemic has not decreased demand for program services however it has created challenges pertaining to screening/enrolling new individuals. As a result, beginning in March 2020 the program began prioritizing existing clients to provide stability and the best opportunity for long-term success.

• Other Goals/ Context

- One goal of note for this program is increasing the number (and percentage) of individuals exited from the program who can pay their own rent. Due to natural barriers faced by individuals releasing from incarceration, our case manager continues to build strong relationships with local landlords and employers to create more housing and employment opportunities. These are great challenges facing this clientele.

2021-2022 Budget Preview:

Requesting maintenance level funding

INTENSIVE CASE MANAGEMENT

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description: Intensive Case Management (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.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$126,267	\$123,267	\$3,000	308	80% engaged in treatment
2019	\$158,369	\$158,369	0	379	70% engaged in treatment
2020	\$158,369	NA	NA	NA	

INTENSIVE CASE MANAGEMENT

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - Northwest Resources is committed to continuing to address issues of diversity, equity, and inclusion through ongoing training and supervision.
 - This program frequently serves marginalized people and advocates for them as they attempt to overcome barriers to services. ICM will continue to identify and address systemic inequalities and barriers that impact and prevent individuals of ethnic and racial groups from engaging in treatment services.
- **COVID-19 Context**
 - Expenses: cost for transportation due to transportation shutdowns.
 - Demand/ Operations: More case management time per ICM individual due to higher stress and mental health symptoms, heavier substance use and longer treatment wait times due to reduced inpatient bed availability.
 - More difficult to get individuals into treatment, some facilities are requiring COVID-19 tests.
 - In the last 4-6 weeks, ICM referrals have increased past ICM capacity; past ICM individuals re-engaging due to relapsing during COVID-19, increase in referrals from jails for incarcerated individuals (courts opening back up).
 - Higher risk to case managers due to frequent contact with a vulnerable population that has less access to hygiene products, PPE supplies, and ability to follow CDC guidelines.
- **Other Goals/ Context**
 - Help all ICM individuals apply and establish health insurance
 - ICM individuals establish primary care provider and have medical check-ups when appropriate for engage in treatment services.
 - Facilitate engagement with housing case management to support gaining stable housing and employment.

2021-2022 Budget Preview:

Requesting maintenance level funding

NISQUALLY JAIL PRETRIAL RELEASE AND REENTRY

Administration: Thurston Mason Behavioral Health Administrative Services Organization

Program Description:

Pre-Trial Release (Nisqually Jail) focuses on service planning (including connections to treatment and housing) to support the release of individuals with behavioral health disorders while charges are pending (when appropriate).

Re-Entry Assistance (Nisqually Jail) focuses on transition planning and education for inmates with behavioral health disorders who will be released back into the community.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$129,513	\$129,513	0	Pretrial Release: 43 Reentry: 137	Pretrial Release: 65% of release plans accepted Reentry: 78% linked to treatment
2019	\$110,000	\$110,000	0	Pretrial Release: 19 Reentry: 137	Pretrial Release: 90% of release plans accepted Reentry: 89% linked to treatment
2020	\$110,000	NA	NA		

NISQUALLY JAIL PRETRIAL RELEASE AND REENTRY

2021-2022 Key Issues:

• Diversity, Equity & Inclusion

- This program is currently operating with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). In addition, all individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. Our current case manager and supervisor share these values and individuals who do not are not considered for employment in this program. The reality in this nation, and in our community, is that there is a disproportionate number of individuals of color incarcerated in our correctional facilities. It is extremely important that this program maintain a mindset and supporting policies and procedures which make our services accessible to these individuals. We are happy that this question is being asked and fully support other programs/agencies adopting this mindset, as well as any policies/procedures which increase diversity, equality and inclusion. We would love the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.

• COVID-19 Context

- Expenses/ Operations: The COVID-19 pandemic has severely impacted program operations, beginning on 03/12/2020 and continuing through the date of these comments (07/10/2020). Operating impacts include extra sanitation measures in our buildings, client/visitor/employee temperature checks and symptoms screenings, social distancing requirements, facial coverings requirements and, most impactfully, the limiting of face-to-face interactions with program clients, beginning on 04/03/2020. All interactions with clients takes place via telephone and/or via computer applications such as Zoom and Microsoft Teams. Face-to-face interactions are only allowed in extreme circumstances, must be approved by a supervisor and must include strict protocols including screening, temperature checks, social distancing, facial coverings, etc. Our case manager was not allowed on-site at the Nisqually Public Safety Complex beginning in March 2020 and ending in late June 2020. This created challenges pertaining to serving existing clients still incarcerated in the facility, as well as screening/enrolling new program participants.
- Demand: The COVID-19 pandemic severely decreased demand for this program's services, simply because the facility released most of their individuals between March and June 2020 and were not bringing in new individuals. The facility which normally holds anywhere from 225-250 individuals decreased their population to approximately 25 individuals at one point. As the facility population has slowly increased, our case manager is noticing an increase in demand for program services and in custody Substance Use Disorder (SUD) assessments.

• Other Goals/ Context

- We are in the process of developing a schedule that best serves the needs of program participants, our program, other community service providers we coordinate with as well as the Nisqually Public Safety Complex. Since our Case Manager is now allowed back on site at the facility, we are piloting a new schedule which balances time between being on site at the facility and being at our NWR II Martin Way office location. This new schedule attempts to balance accessibility of our case manager to current/prospective program participants and alleviating office space challenges at the facility. Our Case Manager continues to create new relationships with service providers in our community, in order to construct release plans which meet the most needs of our program participants.

2021-2022 Budget Preview:

Requesting maintenance level funding

Public Health and Social Services



- TST Administration
- TST Community Grants
- Veterans Case Manager
- Nurse Family Partnership
- Proposed New Programs
 - Family Intervention/Familias Unidas Community Health Nurse
 - Justice Outreach Program

TST ADMINISTRATION

Administration: Thurston County Public Health and Social Services

Program Description: Administers all TST funds (program manager & data analyst). Includes travel by several offices and departments to national conferences. Support for County strategic plan initiative 2 added in 2019.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$267,667	\$246,590	\$21,077	NA	
2019	\$370,180	\$295,773	\$74,407	NA	As of 2019, includes \$70,000 in support of County strategic plan Initiative 2.
2020	\$393,290	NA	NA	NA	

TST ADMINISTRATION

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - Across PHSS
 - Equity is one of the focus areas in the PHSS 2020-2024 Strategic Plan.
 - 2020 Objectives include: convening a Racial Equity Team, conducting two staff trainings related to equity, and several specific actions related to language equity
 - PHSS is leading development of the Community Health Improvement Plan, a central focus of which is health disparities
 - Other plans in which PHSS plays a leadership role have explicit goals and strategies related to equity, especially with respect to race, ethnicity and income:
 - Thurston County Opioid Response Plan, 2019-2020
 - Thurston County Comprehensive Plan, 2020
 - Specific to TST Administration
 - Data collection on race/ ethnicity of all participants in TST-funded programs required as of 2020
 - Proactive efforts to engage more diverse participation in TST Advisory Committee
- COVID-19 Context
 - In 2020, COVID-19 has decreased costs on TST Administration because TST Program Manager has charged considerable time to COVID-19 response instead of TST and no funds were spent on travel to national treatment court conference.
- Other Goals/ Context
 - Continue to support best practices and performance reviews of TST-funded programs.

2021-2022 Budget Preview:

- PHSS is making the following policy-level requests:
 - Reduce TST data analyst position from 1.0 to 0.75 FTE, for an approximate savings of \$20,000- \$25,000 per year.
 - Why? Given declining revenues, direct service positions should be prioritized. Infrastructure is in place to allow this work to be done efficiently.
 - Reduce County Strategic Plan Initiative 2 funds by \$55,000
 - Why? This was intended as a 1-time investment and is an opportunity for cost savings. Request that \$15,000 investment continue for injectable Naloxone.

TST COMMUNITY GRANTS

Administration: Thurston County Public Health and Social Services

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 & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$250,000	\$231,998	\$18,002	Varies- includes grants to several agencies	
2019	\$250,000	\$224,909	\$25,091	Varies- includes grants to several agencies	
2020	\$250,000	NA	NA		

TST COMMUNITY GRANTS

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - Across PHSS- see slide #40
 - Specific to TST Community Grants- TST Community Grants are awarded to non-profits who often disproportionately serve communities of color. Grant proposals include discussions of equity; future proposal review processes could be improved to provide more weight and consideration to questions of equity.
- COVID-19 Context
 - Some community grants have seen a pause in services (e.g. program serving jail population), while others have seen intense demands (e.g. those serving homeless individuals, who have experienced new challenges during this time).
- Other Goals/ Context
 - Next RFP in 2021 is an opportunity to fill gaps in community behavioral health system.

2021-2022 Budget Preview:

- PHSS is making the following policy-level request:
 - Increase TST Community Grant budget by \$50,000 per year to \$300,000 per year
 - Why? Needs in the community are greater than ever due to COVID-19 impacts and loss of flexible funds in transition to integrated managed care.

VETERANS CASE MANAGER

Administration: Thurston County Public Health and Social Services

Program Description: The Veterans Case Manager (VCM) spends 8 hours per week (0.20 FTE) to connect veterans who have mental health and/or substance use disorders and are in the custody of the Thurston County Sheriff's Office Corrections Bureau or are enrolled in the Thurston County Treatment Courts with treatment activities, supports, and services for up to 90 days.

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$30,000	\$19,481	\$10,519	15	100% linked to treatment
2019	\$50,723	\$32,852	\$17,871	15	50% linked to treatment
2020	\$52,139	NA	NA	NA	

VETERANS CASE MANAGER

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - Across PHSS- see slide 40
 - Specific to this program- Thurston County's Veteran population is more diverse than the County as a whole, and PHSS Veterans programs make efforts to reach all Veterans
- COVID-19 Context
 - What impact has COVID-19 had on your program's operations and costs?
 - Due to COVID-19, our Veteran's Case Manager (VCM) has not been able to meet with Veterans in any of the Thurston County detention centers. The VCM has answered questions by inmates electronically, but has not enrolled new clients.
 - What impact has COVID-19 had on the demand for this program's services?
 - Although there are Veterans confined in local jails, the demand for service has been nonexistent due to the closure of the Veteran's Court. We expect an increase in need as the courts start to open.
- Other Goals/ Context
 - Our goal is to reestablish our VCM program within the jails as soon as possible. We will enroll as many Veterans into the program that are eligible and assist with financial and earned benefits.

2021-2022 Budget Preview:

- PHSS is requesting maintenance level funding.
 - We do not anticipate increasing the program's services in the next two years. Current funding level is adequate to serve the projected client level.

NURSE FAMILY PARTNERSHIP

Administration: Thurston County Public Health and Social Services

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

Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2018	\$353,385	\$353,385	0	254	69% exited successfully
2019	\$683,907	\$620,972	\$62,935	253	85% exited successfully
2020	\$718,274	NA	NA	NA	

NURSE FAMILY PARTNERSHIP

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - Across PHSS— see slide 40
 - Specific to NFP
 - The Maternal Child Health team is intentional about utilizing a diverse workforce that reflects the population of the communities we serve.
 - We have and will continue to embrace trainings such as cultural humility and equity.
 - Client centered services recognize that every individual is unique in their culture and beliefs. Our role is to assist them while incorporating their individual beliefs and values into their physical and mental health.
- COVID-19 Context
 - What impact has COVID-19 had on your program's operations and costs?
 - Transition to telehealth visits in early March (zoom, phone)
 - Early increase in number of visits as clients requested more frequent interactions with nurses. The strength of the therapeutic relationship was evident during this time of crisis.
 - Approximately 70% of clients report or exhibit symptoms of increased mental health distress.
 - Nurses delivered supplies including diapers, formula, wipes and food donated by the United Way to families in need. Cell phones donated by Verizon have also been distributed through the Nurse Family Partnership national program. Unfortunately, the donation from United Way for families has now ended.
 - What impact has COVID-19 had on the demand for this program's services?
 - Initially when the *Stay Home Stay Healthy* orders started, referrals slowed down significantly as individuals ceased to seek care with providers or other services.
 - NFP referrals have greatly increased again over the last two months.
 - There is currently a waitlist of 22 referrals for Thurston County.
- Other Goals/ Context
 - Although we are not able to visit clients in their homes, our partnership is even more important during this unprecedented time. Many families are struggling as their day to day challenges are compounded by the effects of the pandemic. Through a trusted relationship with their nurse, clients are receiving support, advocacy and information that helps them cope. In the coming year we will continue to offer services while adapting our methods of delivery to meet the fluctuating needs of families through supportive therapeutic interventions.

2021-2022 Budget Preview:

- PHSS is requesting maintenance level funding

FAMILY INTERVENTION/ FAMILIAS UNIDAS COMMUNITY HEALTH NURSE

Administration: Public Health and Social Services

Program Description: The program would assist families who are experiencing mental health distress or substance use concerns. Families would be enrolled to receive services from a public health nurse with specialized training that supports psychological well-being and an infant mental health endorsement. Interventions would focus on nursing assessment of mental health and substance use disorders, evidenced based motivational interviewing, referrals and coordination of additional comprehensive services. Furthermore, nurses will address parent stress, parent child interactions, management of behavioral health, and other therapeutic interventions.

2021-2022 Key Issues:

- Diversity, Equity & Inclusion
 - Across PHSS- see slide 40
 - Specific to this program
 - The Maternal Child Health team is intentional about employing a diverse workforce that reflects the population of the communities that we serve.
 - We will continue to embrace trainings such as cultural humility and equity.
 - Client centered services recognize that individuals are unique in their culture and beliefs. Our role is to support them while encompassing their unique beliefs and values in their physical and mental health.
- COVID-19 Context
 - Data has shown that as a result of COVID 19, mental health tribulations are increasing at a rapid pace for high risk families.
 - As our communities see increasing numbers of individuals struggling with emotional well being or substance use paired with the impact of COVID 19 on services normally offered to vulnerable populations, this program will provide more support for families than ever.
 - We anticipate that telehealth visits will be necessary until phase 4 of the Washington State re-opening plan.
- Other Goals/ Context
 - This position would help to fill a gap in services in our community for high risk parents. Based on current requests for services, we anticipate most of the referrals would come from Child Welfare and/or health care providers.
 - We anticipate that this position will carry their infant mental health endorsement.
 - This program aligns with Initiatives one and two, to “Improve health outcomes for all” and to “Improve community health, wellness and safety” in the 2019/2020 Thurston County Strategic Plan.

2021-2022 Budget Preview:

- PHSS is requesting an increase of approximately \$120,000 per year for a public health nurse to provide services to those identified with mental health or substance use involvement that are referred outside of the eligibility period for NFP services.

JUSTICE OUTREACH PROGRAM

Administration: Public Health and Social Services

Program Description: Provides outreach, education, support and coordination services that connect justice-involved individuals to Opioid Use Disorder treatment. *We are considering this a new program because it would be new to the formal budget process, but this would continue a current TST Community Grant scheduled to end in June 2021.*

2021-2022 Key Issues:

- **Diversity, Equity & Inclusion**
 - Across PHSS- see slide 40
 - Specific to this program- Residents with Opioid Use Disorder are disproportionately involved in the justice system. Justice-involved residents are more likely to be Black, Indigenous, People of Color (BIPOC). As described in the 6/12/20 Board of County Commissioners Letter to the Community, the program contributes to the goal of training opportunities for law enforcement by providing information and education to justice system staff.
- **COVID-19 Context**
 - Connecting people to treatment for Opioid Use Disorder reduces their risk for future justice involvement and improves community safety.
 - In the context of COVID-19, outbreaks in corrections facilities are of great concern and providing services that reduce recidivism helps prevent the spread of COVID-19.
- **Other Goals/ Context**
 - This community-based program was established in 2019 and has demonstrated progress on implementation and achievement of the overarching goal. Transitioning the program to PHSS, as a means to sustain the effort, supports public safety and well-being of participants.

2021-2022 Budget Preview:

- PHSS is requesting \$100,000 to cover the July 2021 through December 2022 time period