

# TST ADVISORY COMMITTEE

July 30, 2021

## 2022-2023 Budget Presentations Part 2 of 2

- Thurston Mason Behavioral Health Administrative Services Organization (*slides 2-26*)
- Juvenile Court (*slides 27-32*)
- Public Health and Social Services (*slides 33-45*)

*Changes shown with gray highlights*

# THURSTON MASON BEHAVIORAL HEALTH ASO

- Diversity, Equity & Inclusion
- Proposed New Programs
  - Non Medicaid Transition Aged Youth Services
  - Scattered Site Pilot Program- Peer Outreach
  - Co-Responder Mobile Outreach Team with Thurston County Sheriff's Office
- Youth programs
  - Children's Mobile Crisis
  - Children's Mobile Crisis Juvenile Justice (formerly Juvenile Court & Detention Transitions)
  - Multisystemic Therapy
  - Steps to Wellness
  - Wraparound with Intensive Services (WISE)
  - Youth Outpatient Treatment
- Adult programs
  - Jail Behavioral Health
  - Housing Case Management (including former Inmate HCM)
  - Intensive Case Management
  - Nisqually Jail Reentry

## DIVERSITY, EQUITY AND INCLUSION (DEI)

With respect to DEI, what has your program/ office/ department accomplished since last year? What is planned for the next year? Anything you are excited about or proud of? What are the main barriers to this work?

TMBH-ASO has continued working to advance racial equity, reduce health disparities, and improve health outcomes by following the Culturally and Linguistically Appropriate Services in Health Care (CLAS) standards, Office of Minority Health (OMH) guide the activities to deliver culturally competent services. These standards have been incorporated into practice through policy, trainings, and contracts with community BHAs.

TMBH-ASO staff advocate on behalf of a stigmatized population where systemic inequalities are often a barrier to recovery and healing. Black Lives Matter and Stop AAPI Hate has brought to the forefront many goals that TMBH-ASO strongly supports:

1. To practice empathy and engage with others with the intent to learn about and connect with their contexts;
2. To acknowledge, respect, and celebrate differences and commonalities;
3. Every day, recommit to healing ourselves and each other, and to co-creating alongside peers, friends, allies, and family, a culture where each person feels seen, heard, and supported.
4. Endorse strong civil rights laws at the local and state levels

TMBH-ASO will continue to actively seek to engage diverse participation and provide safe forums for agencies and community members to contribute and look for opportunities to uplift diverse voices working towards improvements within the system. Addressing issues related to racial equity and cultural competence requires having individuals with multiple types of lived experience involved in project design, implementation, and evaluation.

We have been very excited to have an increasingly diverse workforce that has included more individuals with lived experience that directly relates to the populations they are working with. The lived experience in our program includes individuals in behavioral health recovery and also experience with the legal system, homelessness, and other challenges that are impacting individuals we serve.

One significant obstacle has been COVID-19 and the challenges created in bringing people together in person to more fully engage. Another barrier we have encountered in recruiting is the significant workforce shortage in the behavioral health system.

# PROPOSED NEW PROGRAM: NON-MEDICAID TRANSITION AGED YOUTH SERVICES

**Program Description:** *Non-Medicaid Transitional Age Youth Services provides outpatient treatment including therapy, peer support, access to Wraparound Team, and psychiatry; priority for individuals transitioning from jail*

## **Key Issues:**

Community Need- How does this proposal address an unmet need in the community? Please cite the 2021 TST opportunity analysis or other specific data on gaps.

*The transitional age youth (TAY) population, ages 15 -24 years, continues to need increased supports addressing the significant gaps between child and adult systems and services. Community Youth Services (CYS) specializes in this population with many behavioral health services as well as other needed supports (shelter, drop in, housing, independent living skills, etc.) that can be used to stabilize youth in the community. The proposed program will be a blended funding project between TST and TMBH-ASO (.5 FTE each for a therapist) to provide continuous capacity for 2 non-Medicaid clients in intensive TAY outpatient services (includes therapy, peer support, access to Wraparound Team, and psychiatry) as well as providing jail diversion services. This fulltime clinician will work closely with the jails to divert individuals with simple drug possession charges from incarceration to more appropriate resources including behavioral health services and other needed supports. The two non-Medicaid slots will be prioritized for non-Medicaid individuals transitioning from jail. This proposal closely aligns with many of the priorities identified in the recent “TST Opportunity Analysis”, which identified “high intensity services” “trauma-informed care”, outpatient services for serious mental health need”, “case management and care coordination”, “navigation services to understand the system”, and “services for co-occurring disorders” as highest priorities of treatment needs in the community.*

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

*This program will use Cognitive Behavioral Therapy, Motivational Interviewing, and Trauma Informed interventions. Success will be defined through measurable outcomes selected from validated instruments such as the CANS/ANSA as well as monitoring linkages to appropriate supports and successful discharges.*

COVID-19- How will COVID impact demand for this new program? In what ways has COVID influenced the program design?

*State and Federal forecasts are for increased demand based on elevated crisis and severity of symptoms resulting from the pandemic. Service modalities will be driven by need. CYS has the necessary PPEs and safety protocols in place to provide in-person services for all clients. However, they also have the necessary equipment, technology, and staff training to provide telehealth services, when necessary/preferred.*

## Other Goals/ Context

*Continue to monitor the level of need for both non-Medicaid capacity in the TAY program and the needs related to jail diversion for the TAY population.*

## **2022-2023 Budget Preview:**

*Requesting \$80,000 per year to fund capacity two serve two youth continuously in the intensive TAY program, which includes a therapist, psychiatry, peer4 counselor, and Wraparound facilitator, as needed. This cost is based on Washington’s actuarially set rate of \$3,360 per month per client for this service.*

# PROPOSED NEW PROGRAM SCATTERED SITE PILOT/ PEER OUTREACH

**Program Description:** *Scattered Site Pilot Program- Peer Outreach will provide peer support and crisis stabilization to individuals in need at the Scattered Site Pilot Program sites (serving individuals living in encampments).*

## **Key Issues:**

**Community Need-** How does this proposal address an unmet need in the community? Please cite the 2021 TST opportunity analysis or other specific data on gaps.

*TMBH-ASO is requesting funding for 2 FTE Certified Peer Counselors, contracted through Olympic Health and Recovery Services (OHRS) who will be dedicated to provide peer support and crisis stabilization to individuals in need at the Scattered Site Pilot Program sites in Thurston County. These FTE will work closely with PHSS housing outreach providers and other social service agencies to connect individuals to needed support services and/or behavioral health treatment. This request closely aligns with the “TST Opportunity Analysis”, which identified behavioral health disorders are often a risk factor for and/or a result of individuals experiencing or at-risk of homelessness. In addition, homelessness creates significant barriers to accessing behavioral health treatment, and widespread research has demonstrated that housing increases access to treatment, improves mental health status, and reduces utilization of emergency services. .*

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

*A wide body of research demonstrates that peer support for individuals with behavioral health conditions has a number of benefits, including increased treatment engagement and reduced hospital admission rates.*

**DEI-** In advancing racial equity and addressing disparities, OHRS actively seeks to engage diverse participation and provide safe forums for system partners, participants in services, and community members to contribute. Involvement of individuals with lived experience at all levels is critical to addressing issues related to equity and an important way that OHRS ensures program decisions are informed by our diverse community. OHRS strives to recruit employees that represent the diverse makeup of the population served, including individuals with lived experience.

**COVID-19-** How will COVID impact demand for this new program? In what ways has COVID influenced the program design?

*State and Federal forecasts are for increased demand based on elevated crisis and severity of symptoms resulting from the pandemic. OHRS has the necessary PPE and safety protocols in place to provide in-person services for all clients. However, they also have the necessary equipment, technology, and staff training to provide telehealth services, when necessary/preferred.*

## **2022-2023 Budget Preview:**

*The total cost for this program is estimated at approximately \$160,000. TMBH-ASO will use a combination of Medicaid and non-Medicaid dollars to fund 60% of the total cost (\$96,000). TMBH-ASO is requesting \$64,000 per year from TST to fund the remainder of the program cost for the 2 FTEs.*

# PROPOSED NEW PROGRAM- CO RESPONDER WITH TCSO

**Program Description:** Thurston County Sheriff Office (TCSO) Co-responder Mobile Outreach Team will embed mobile crisis staff with law enforcement

## **Key Issues:**

**Community Need-** How does this proposal address an unmet need in the community? Please cite the 2021 TST opportunity analysis or other specific data on gaps.

*There is a need to introduce co-responder services to Thurston County Sheriff's Office utilizing crisis service clinicians and certified peer counselors, contracted through Olympic Health and Recovery Services (OHRS). This model of care is especially important in light of HB1310 impacting law enforcement response to individuals in behavioral health crisis. Embedding crisis staff directly with law enforcement adds another resource for Thurston County Sheriff's Deputies to deploy helping individuals in need. This model has been effective locally with Olympia Police Department and their Crisis Response Unit (CRU). This request closely aligns with the "TST Opportunity Analysis", which identified finding "alternatives to arrest and incarceration when encountering individuals with behavioral health needs" as a proactive response to individuals who are frequent utilizers of 911/crisis services.*

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

*Co-responder models have been increasingly common nationwide in an effort to combine efforts to engage the behavioral health population in crisis that comes into frequent contact with law enforcement entities. Further, a wide body of research demonstrates that peer support for individuals with behavioral health conditions has a number of benefits, including increased treatment engagement and reduced hospital admission rates.*

**DEI-** In advancing racial equity and addressing disparities, OHRS actively seeks to engage diverse participation and provide safe forums for system partners, participants in services, and community members to contribute. Involvement of individuals with lived experience at all levels is critical to addressing issues related to equity and an important way that OHRS ensures program decisions are informed by our diverse community. OHRS strives to recruit employees that represent the diverse makeup of the population served, including individuals with lived experience.

**COVID-19-** How will COVID impact demand for this new program? In what ways has COVID influenced the program design?

*State and Federal forecasts are for increased demand based on elevated crisis and severity of symptoms resulting from the pandemic. OHRS has the necessary PPE and safety protocols in place to provide in-person services for all clients. However, they also have the necessary equipment, technology, and staff training to provide telehealth services, when necessary/preferred.*

## **Other Goals/ Context**

*HB1310 creates additional barriers for both law enforcement and traditional mobile outreach team to respond independently to individuals in crisis. A co-responder mobile outreach team allows for a dual approach to further collaboration to align crisis clinicians and certified peers, while still maintaining safety and reasonable care for all parties involved in the crisis intervention.*

## **2022-2023 Budget Preview:**

*The total cost to fund this program is approximately \$321,000 per year. TMBH-ASO will use Medicaid to cover approximately 45% of the cost (\$145,000). The request from TST is to fund approximately \$176,000 per year to have 4 FTE dedicated directly to TCSO.*

# CHILDREN'S MOBILE CRISIS

- Program Description: 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
2019	\$106,466	\$106,466	0	407	
2020	\$106,466	\$140,036	-\$33,570	321	Requires MCO participation in costs to keep the program whole
2021	\$106,466	NA	NA	NA	same

# CHILDREN'S MOBILE CRISIS

## **Key Issues:**

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

*We are requesting expanded funding for an additional 1 FTE (with the goal of TMBH-ASO matching a second FTE) to provide stabilization services (up to 74 days) for non-Medicaid children/youth following the initial 72-hour crisis services. The initial 72 hours for the non-Medicaid population are currently funded through TST. While this initial crisis intervention is crucial in addressing the immediate needs, many children/youth need an additional period of intensive stabilization supports in order to safely remain in the community and engage in more routine services. This is a recognized best practice (University of Maryland MRSS) and is currently funded through the MCOs for Medicaid enrollees in Thurston County. The additional support will bring parity with the Medicaid population, reduce need for out-of-home placements/hospitalizations, and improve population-level health in our community. This request closely aligns with the "TST Opportunity Analysis", which identified "extended crisis stabilization" and "alternatives to hospital emergency department" as the two most significant treatment gaps for children/youth in our community.*

*DEI – Catholic Community Services (CCS), who provides these direct services, is an activist organization with ongoing planning, committees, discussions, trainings, etc. to ensure continuous improvement in this area. They have formed agency-wide and local teams to address diversity needs, have provided mentors to new staff to help with diversity skills, and have created a client pamphlet about how CCS manages diversity and what to do if their needs are not being met.*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

*The CMC program quickly purchased necessary equipment/technology and trained staff to transition primarily to telehealth early in the pandemic. However, with appropriate PPEs (accessed in partnership with Thurston County Emergency Management) and safety measures in place, services have returned to in-person interventions for the majority of children/youth in crisis. Telehealth remains available on a limited basis, but is discouraged as it is more difficult to accurately assess and meet crisis needs through this modality. Early on during the pandemic, the demand for crisis services decreased. This was likely attributed to less external demands on children/youth and less eyes on the youth (school staff, daycares, etc.) to make those referrals. In recent months, utilization has increased and the forecast from State and Federal experts is that the needs will be significantly elevated for some time.*

## Other Goals/ Context

*Another goal for this program is to increase both crisis and stabilization supports in partnership with local primary care settings.*

## **2022-2023 Budget Preview:**

*We are requesting an increase of \$153,570 for a total budget of \$260,036 per year. This includes \$140,036 for existing services, which was the actual cost in CY2020 plus \$120,000 for the 1 FTE for expanded stabilization services.*



# CHILDREN'S MOBILE CRISIS- JUVENILE JUSTICE

- Program Description: 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. *Known as Juvenile Court and Detention Transitions (JCDT) until mid-2021.*
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$176,402	\$135,264	\$41,138	103	JCDT
2020	\$95,601	\$78,683	\$16,918	64	JCDT- Shifted budget out of this program in 2020 due to declining census in juvenile detention and gaps in other areas
2021	\$95,601	NA	NA	NA	Change in provider and name mid-2021

# CHILDREN'S MOBILE CRISIS- JUVENILE JUSTICE

## Key Issues:

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

*This program has not been adjusted for a COLA in a number of years; 4% COLA is included in this request*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

*The CMC-JJ program has the equipment, technology, and staff training necessary to provide telehealth when needed/preferred. However, the majority of services will be provided in-person at detention or in the community. The exception is that psychiatric services will be provided via telehealth to best manage resources.*

Other Goals/ Context As of July 1, 2021 TST-funded mental health services for Juvenile Justice youth transitioned to Catholic Community Services (CCS). While the previous contractor provided critically important services to this population, there were several reasons that a change in the service model, and therefore providers, was necessary. The population of youth in Juvenile Detention has been declining for several years and much of the need has shifted away from in-detention services to more crisis and community-based stabilization services for the juvenile justice population. CCS provides 24/7 children's crisis services throughout the community, including after-hours support to Juvenile Detention. Having CCS also providing the supports during business hours will create efficiencies and promote continuity of care. CCS mobile crisis has the capacity to provide up to 60 days stabilization services beyond the initial intervention provided in detention. CCS is able to offer access to a child psychiatrist. Finally, by embedding service to Juvenile Detention in a larger mobile crisis team, CCS will be able to ensure regular and backup staffing at all times. We appreciate the previous provider's thoughtful consideration in ensuring that these funds could be utilized in another organization's existing model to create efficiencies.

DEI - CCS is an activist organization with ongoing planning, committees, discussions, trainings, etc. to ensure continuous improvement in this area. They have formed agency-wide and local teams to address diversity needs, have provided mentors to new staff to help with diversity skills, and have created a client pamphlet about how CCS manages diversity and what to do if their needs are not being met.

## 2022-2023 Budget Preview:

- Requesting maintenance level funding plus an adjustment of \$3,824 (representing a 4% COLA for staff), bringing total budget to \$99,425.

# MULTISYSTEMIC THERAPY

- Program Description: MST is a treatment program used with severely behaviorally challenged juvenile offenders, youth with substance use disorders, and at-risk youth 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
2019	\$410,744	\$389,307	\$21,437	46	
2020	\$410,744	\$248,212	\$162,532	59	Were low on staff and referrals were down due to COVID. Now fully staffed and referrals are back up to normal range.
2021	\$410,744	NA	NA	NA	

# MULTISYSTEMIC THERAPY

## Key Issues:

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

*This program has not been adjusted for a COLA in a number of years; 4% COLA is included in this request*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

*The MST program purchased necessary equipment, technology, and trained staff to transition to telehealth early in the pandemic. However, with appropriate PPEs, vaccines, and safety measures in place, the majority of services are now in-person, with the option of telehealth. Demand for MST services decreased dramatically early on during the pandemic. This was likely due to less external demands and less eyes on the youth by systems/programs that routinely make referrals (juvenile justice, education, etc.). Throughout 2020, the program utilized multiple social marketing strategies to ensure that those in need of MST knew how to access the program. As a result, the referral numbers have returned to typical levels during the past 6 months.*

## Other Goals/ Context

*Continue to implement specific marketing strategies targeting the non-Medicaid population.*

*DEI – Community Youth Services, who provides these direct services, utilizes multiple strategies to employ minority staff, including career pathway coaching, paid internships, tuition assistance, use of Medicaid enhancement funds to recruit and retain minority staff, and partnership with YWCA Intercultural Foundation. They use data analytics to track demographics and treatment outcomes. Data is used to create actions steps relating to marketing, treatment approaches, etc. MST currently has a very diverse staff with multiple minority and bi-lingual staff.*

## **2022-2023 Budget Preview:**

- *Requesting maintenance level funding plus an adjustment of \$16,430 (representing a 4% COLA for staff), bringing total budget to \$427,174.*

# STEPS TO WELLNESS

- 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
2019	\$55,000	\$55,000	0	74	
2020	\$135,801	\$126,648	\$9,153	64	Shifted budget to this program in 2020 due to gaps created by transition to Integrated Managed Care
2021	\$135,801	NA	NA	NA	One time reallocation to TAY WISE in 2021 due to drop-in center closure

# STEPS TO WELLNESS

## **Key Issues:**

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

*N/A – Maintenance level request*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

*The STW program has been especially impacted by COVID 19 for a variety of reasons. Safety protocols required significant restrictions to accessing Rosie's Place drop-in center, limiting the hours of operation, number that could be seen, length of time youth could spend in the center, etc. Youth were able to drop in for basic necessities, but little more. Although STW staff were available during peak hours, there was not adequate time for them to meet with the youth, identify/gauge their needs, and engage in follow-up care. Further complicating this were health issues of the lead staff, which eventually resulted in vacancy of the position.*

*Community Youth Services, who provides the direct services, employed multiple strategies to stabilize staffing and make the services more useful and accessible during the pandemic, including: assigning two part time clinicians for flexibility and sustainability, having a STW clinician present as supplies were distributed and offering appointments (in-person, phone, or telehealth) outside the center, meeting with youth at the shelter in the evenings, etc. These efforts all had varying degrees of success. As Rosie's Place continued to operate in restricted capacity into 2021 and engagement challenges persisted, in consultation with the TST Program Manager, it was determined that the best strategy for helping some of the highest need individuals was to offer a few slots for non-Medicaid youth for the remainder of the year. This strategy has proven beneficial to those accessing this service.*

## Other Goals/ Context

*The goal is to return to more typical STW staffing and access in 2022 while using many of the lessons learned during the pandemic to strengthen the program.*

*DEI – CYS utilizes multiple strategies to employ minority staff, including career pathway coaching, paid internships, tuition assistance, use of Medicaid enhancement funds to recruit and retain minority staff, and partnership with YWCA Intercultural Foundation. They use data analytics to track demographics and treatment outcomes. Data is used to create actions steps relating to marketing, treatment approaches, etc.*

## **2022-2023 Budget Preview:**

*Requesting maintenance level funding.*

# WRAPAROUND WITH INTENSIVE SERVICES (WISE)

- Program Description: WISE supports families with children ages 5-20 who are at high risk for criminal justice involvement due to complex 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
2019	\$442,127	\$432,557	\$9,560	317	
2020	\$442,127	\$415,914	\$26,213	343	
2021	\$442,127	NA	NA	NA	

# WRAPAROUND WITH INTENSIVE SERVICES (WISE)

## Key Issues:

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

- *This program has not been adjusted for a COLA in a number of years; 4% COLA is included in this request*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

*Catholic Community Services quickly purchased necessary equipment/technology and trained staff to transition primarily to telehealth early in the pandemic. However, with appropriate PPEs and safety measures in place, services have returned to in-person interventions for the majority of children/youth in WISE. Telehealth remains available to those requesting it in the future. Early on during the pandemic, referrals were down, however, that allowed CCS to catch up on most of the waitlist. Referrals have returned to normal levels during the past 6 months.*

## Other Goals/ Context

- *Continue to seek opportunities to build partnerships between WISE and primary care.*
- *Continue to monitor the capacity needs for the non-Medicaid population.*

## 2022-2023 Budget Preview:

- *Requesting maintenance level funding plus an adjustment of \$17,685 (representing a 4% COLA for staff), bringing total budget to \$459,812*



# YOUTH OUTPATIENT TREATMENT

- 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
2019	\$165,000	\$165,000	0	361	
2020	\$165,000	\$158,765	\$6,235	207	
2021	\$165,000	NA	NA	NA	

# YOUTH OUTPATIENT TREATMENT

## Key Issues:

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

- *This program has not been adjusted for a COLA in a number of years; 4% COLA is included in this request*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- June 2020, resumed in-person services and have continued to offer both in-person and telehealth services as options for clients. Emergency COVID policies and procedures, including use of PPE, physical, distancing, and sanitizing protocols have remained in place for all in-person services.
- Efforts have been made to provide consistency in services and actively outreach to partners to promote services and seek referrals.
- Services have returned to school buildings so that students attending hybrid school have been able to participate in-person while at school, decreasing transportation barriers.
- Established an online referral system that has been utilized by school and community partners, as well as students and families.
- Low client census - the demand for services have been impacted by COVID-19 as the usual pathways (i.e. school and probation) have been completely disrupted by the pandemic.
- Youth served during the pandemic have more complex needs and required higher levels of service than in years past.
- Introduced Day Treatment at the main office to serve those students with significant substance use impacts, complex needs, and minimal structure. The daily contact with these youth has provided stability and consistency that would otherwise be lacking during this time.
- True North/ ESD 113 (direct service provider) expects that both telehealth & Day Treatment will continue to be part of their service spectrum post-pandemic.

## Other Goals/ Context (optional)

- *Implementing a pilot Co-Occurring Disorder treatment program for students attending North Thurston School District. Goal is to expand to additional sites next school year.*
- *Planning for the return of students full-time in the fall and developing strategies to support both school staff and students with this transition and managing the impacts of COVID-19 on the behavioral health needs of students.*

DEI - In June 2020 Capital Region ESD 113 adopted a 4th strategic goal that states: "Eradicate Racism: We confront inequity based on race, and recognize and address our own biases." A questionnaire has been added to the application process for all CR-ESD 113 jobs, requiring candidates to explain how applicants see themselves contributing to the primary goal of Eradicating Racism. We have also added a required question to the interview process related to this goal.

We have an internal Equity Team that our True North Regional Administrator is a member of and regularly participates in. The True North Regional Administrator is part of the committee that is currently exploring frameworks for examining policies, practices, and procedures through an Equity Lens. The ESD is currently recruiting and will be hiring a Director of Diversity, Equity, and Inclusion that will be a part of the executive leadership team.

In June 2021 True North staff were able to participate in an equity in behavioral health training with Dr. Kenneth Hardy, titled: Understanding & Addressing Racial Trauma While Supporting Student Health. This training was the beginning of process of professional development focused on Race and Equity. All True North and CR-ESD 113 staff will participate in an Equity Series of 6 facilitated trainings throughout the 2021-2022 school year focused on building awareness around racial equity and moving toward our agency goal of eradicating racism. This training series will be hosted by Jahmad Canley, CEO of Potential Unleashed Consulting, who is an expert in helping organizations cultivate empowering and equitable environments. True North and other Student Support staff will meet after the trainings to reflect, share, and discuss our collective learning and explore opportunities to deepen our commitment to equity.

## 2022-2023 Budget Preview:

- *Requesting maintenance level funding, plus an adjustment of \$6,600 (representing a 4% COLA for staff), bringing total budget to \$171,600*

# JAIL BEHAVIORAL HEALTH PROGRAM

- Program Description: Jail Behavioral Health Program (TC 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
2019	\$92,004	\$91,049	\$955	1,321	
2020	\$431,980	\$365,363	\$66,617	693	Significant additional TST investment in 2020 due to changes in availability of other funding to support jail services
2021	\$431,980	NA	NA	NA	

# JAIL BEHAVIORAL HEALTH PROGRAM

## Key Issues:

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

- Requesting \$70,000 per year reduction in TST funding– alternate funding from the Health Care Authority has been identified to support the certified peer position associated with this program. Will not change performance or services.

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- Currently, all staff are able to function within the Thurston County Corrections Facility (TCCF). Due to COVID, remote telehealth services were added as an option for the Peer Counselor and MHP Therapist. Jail-ICM MHP services have remained in person. When an outbreak occurs at the jail, staff follow guidelines set by TCCF in coordination with Public Health, which typically means more telehealth services for the Peer and MHP Therapist, but continued regular in person coverage by the Jail-ICM MHPs. At times, movement throughout the jail was restricted to urgent/crises only so some non-urgent requests for services were delayed. Group services were put on hold with the latest outbreak, but have resumed and can also be provided via telehealth as needed in the general population dorms. These changes will likely stay in place as future outbreaks at the jail are always a potential concern. Demand for services remains high and all staff remain busy working with inmates.

## Other Goals/ Context

- Increase group services offered throughout the jail, utilizing the telehealth option as needed.
- Advocate for improved care coordination amongst multiple providers providing services in the jail.
- DEI – In advancing racial equity and addressing disparities, OHRS actively seeks to engage diverse participation and provide safe forums for system partners, participants in services, and community members to contribute. Involvement of individuals with lived experience at all levels is critical to addressing issues related to equity and an important way that OHRS ensures program decisions are informed by our diverse community. The OHRS team continues to advocate for the individuals they serve and has been able to recruit a more diverse staff including individuals with lived experience with the legal system.

## **2022-2023 Budget Preview:**

- Requesting \$70,000 per year reduction in TST funding

# HOUSING CASE MANAGEMENT

- 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. *Merged with Inmate Housing Case Management in 2021.*
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$457,945	\$452,541	\$5,404	407	Data and budget figures include Housing Case Management and Inmate Housing Case Management
2020	\$443,945	\$443,937	\$8	423	
2021	\$443,945	NA	NA	NA	Merged with Inmate Housing Case Management in 2021

# HOUSING CASE MANAGEMENT

## Key Issues:

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

- *Requesting a 4% increase of the FTE budget to support staff retention by providing cost of living increase. There has not been an increase for FTE cost in the budget for 10 years and it has become increasingly difficult to retain qualified staff due to statewide workforce shortages in the behavioral health system. This increase will support the contracted provider in keeping well trained staff that are dedicated to this work and our community.*

**COVID-19-** How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *HCM has adapted to the current state of the pandemic by allowing for non-emergent, in-person, face-to-face appointments (as of 06/01/2021, a change from protocols initiated on 04/03/2020). Program participants and employees are screened for COVID-19 symptoms upon entry into Northwest Resources (NWRRII, the direct service provider) offices and are still practicing social distancing along with regular sanitation. Facial coverings are required in common areas of NWRRII offices, however vaccinated individuals are not required to wear them during one-on-one appointments with case managers. Individuals are strongly encouraged to meet with their case manager at NWRRII offices, however remote appointments via telephone and computer applications (Microsoft Teams; Zoom) are allowed as needed. These options will likely remain in place moving forward, particularly if transportation is a barrier and/or if in-office appointments interfere with employment and/or treatment. Program's demand for services has remained strong and stable, with no noticeable decrease during the COVID-19 Pandemic. As eviction moratoriums are lifted, the team expect to see an increased need for case management services and rental assistance.*

## Other Goals/ Context

- *The program is emphasizing exit interviews for outgoing participants. Maintaining contact as individuals exit has been an ongoing challenge that impacts data reporting, particularly in areas such as "individuals able to pay their own rent at exit." There is also work to add more community partners/landlords to existing bi-monthly case conferencing meetings.*
- *There will be a request for proposal issued for this service in the fall.*
- *DEI – NWRRII programs operate with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be supported and accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). All individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. NWRRII would welcome the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.*

## 2022-2023 Budget Preview:

- *Requesting maintenance level funding, plus an adjustment of \$5,280 (representing a 4% COLA for staff), bringing total budget to \$449,225*

# INTENSIVE CASE MANAGEMENT

- 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
2019	\$158,369	\$158,369	0	379	
2020	\$158,369	\$158,369	0	296	
2021	\$158,369	NA	NA	NA	

# INTENSIVE CASE MANAGEMENT

## Key Issues:

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

- *Requesting a 4% increase of the FTE budget to support staff retention by providing cost of living increase. There has not been an increase for FTE cost in the budget for 10 years and it has become increasingly difficult to retain qualified staff due to statewide workforce shortages in the behavioral health system. This increase will support the contracted provider in keeping well trained staff that are dedicated to this work and our community.*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *The pandemic has increased the needed frequency of contact with clients to ensure regular communications regarding placement barriers along with an increase in client needs (emotional support, DSHS assistance/ insurance, hygiene and food needs, resource locations, etc.).*
- *The ICM team is working with a local shelter and community partner agency to increase interim services for clients and provide wrap around services prior to inpatient placement. These expansions of interim services and coordination with other agencies for client needs will continue post pandemic.*
- *Additional service changes that have been made due to the pandemic are limited office visits with clients, increased COVID screening/testing prior to services, and an increase in prior medical clearance to inpatient placement.*
- *With limited county to county transportation, there is a continuation in increased transportation from ICM team resulting in an increase in follow through from clients making it to and completing treatment.*

## Other Goals/ Context

- *Coordinating a set weekly check in location and based on individual primary location. Example: Downtown clients check in on Thursdays (1pm) at the Salvation Army, West Side clients check in at Yaeger Park on Fridays (12pm), and Lacey clients check in at the Lacey Transit Center on Wednesdays (1pm). This would decrease the communication barrier for many individuals due to limited transportation and telephone access.*
- *There will be a request for proposal issued for this service in the fall.*
- *DEI – Northwest Resources (NWRIL, the direct service provider) programs operate with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be supported and accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). All individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. NWRIL would welcome the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.*

## **2022-2023 Budget Preview:**

- *Requesting maintenance level plus an adjustment of \$6,335 (representing a 4% COLA for staff), bringing total budget to \$169,528*



# NISQUALLY JAIL REENTRY

- Program Description: Nisqually Jail Reentry focuses on transition planning and education for inmates with behavioral health disorders who will be released back into the community, including those release pre-trial with approval of the Courts.
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$110,000	\$110,000	0	156	
2020	\$110,000	\$110,000	0	130	
2021	\$110,000	NA	NA	NA	

# NISQUALLY JAIL REENTRY

## Key Issues:

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

- Requesting a 4% increase of the FTE budget to support staff retention by providing cost of living increase. There has not been an increase for FTE cost in the budget for 10 years and it has become increasingly difficult to retain qualified staff due to statewide workforce shortages in the behavioral health system. This increase will support the contracted provider in keeping well trained staff that are dedicated to this work and our community.

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- The program has worked to be flexible in adapting to the needs and requests of the Nisqually Public Safety Complex. Access to referrals and participants held at the facility has varied from full access to the facility, part-time/scheduled access only, to no on-site visits and/or in-person contact. Currently, the case manager completes care coordination and data entry at the Northwest Resources (NWRRI, the direct service provider) offices, scheduling in-person appointments through an assigned officer at the facility on an as needed basis. In-person appointments are conducted in assigned "no-contact" rooms. The case manager also communicates with program participants through the facility's Telmate kite system. This current combination of participant contact and program coordination will likely remain permanent. COVID-19 severely decreased demand for (and access to) program services, due to limited access to prospective program participants, as well as a decrease in the complex capacity (as low as 25 individuals at one point in 2020). Beginning in Q-1 2021, demand for program services began increasing and as of Q-2 2021, they have returned to near pre-COVID-19 levels.

## Other Goals/ Context

- Continue communication and collaboration with the Nisqually Public Safety Complex to create a plan that best meets the needs of program participants. There has been significant progress in this area over the course of the last 6-months.
- There will be a request for proposal issued for this service in the fall.
- DEI – NWRRI programs operate with the mindset that individuals of all races, ethnicities, gender, religion, sexual orientation and backgrounds be supported and accepted into services, should they meet qualifying factors (residence, income, treatment needs, etc.). All individuals regardless of race, ethnicity, gender, religion, sexual orientation and backgrounds are all provided the highest quality services. NWRRI would welcome the opportunity to participate in any discussions and/or exercises focused on advancing these goals and objectives in Thurston County and the larger community.

## 2022-2023 Budget Preview:

- Requesting maintenance level plus an adjustment of \$4,400 (representing a 4% COLA for staff), bringing total budget to \$114,400

# THURSTON COUNTY FAMILY AND JUVENILE COURT

- Diversity, Equity & Inclusion
- Juvenile Justice Behavioral Health Alternative
- Equine Assisted Youth Peer Support



DIVERSITY,  
EQUITY  
AND  
INCLUSION  
(DEI)

We recognize that there are disproportionate numbers of youth identified in the LGBTQ+ category, as well as in diverse ethnic and racial lines. The juvenile court is part of a large system, but we need to do all we can to assure each case is handled individual and appropriately.

The juvenile court is planning DEI training for all court staff, contractors and volunteers through our Catholic Community Services Partnership. Thurston County does provide general training on inclusion, but this will be specific to youth, families, services and case management.

We are excited and proud of a new court intake screen that is being developed for all youth. This will include questions regarding race and gender identifiers, and preferred pronouns.

The intake screen and other completed assessments will assure each youth has an individual case plan and review. Referrals, probation services, and provider services will be offered to the individual youth and family.

Comprehensive statistics with breakdown of DEI demographics will continue to be maintained and regularly reviewed.

Review possibility of specific programming for girls, boys, youth of color, youth in the LGBTQ+ community.

The EAYPS program has a lesson on “Clique Versus Community.” This lesson specifically addresses inclusion and diversity.

In regards to DEI and our program numbers:

- JJBHA: Of the 27 youth served in 2021, 5 were youth of color (19%) and 3 identified as LGBTQ+ (11%).
- EAYPS: Of the 22 youth served in 2021, 8 were youth of color (36%) and 2 identified as LGBTQ+ (9%).
- LGBTQ+: We have served LGBTQ+ youth in JJBHA and EAYPS. On offender caseload in 2021 there have been 10 youth who identify as LGBTQ+. Of these 10 youth, 3 have participated in JJBHA and 1 in EAYPS. We served a total of 2 LGBTQ+ youth in EAYPS as there was one At-Risk-Youth.

# JUVENILE JUSTICE BEHAVIORAL HEALTH ALTERNATIVE “JJBHA”

- Program Description: JJBHA is an intensive supervision model for youthful offenders 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. Participating youth are provided mental health services, substance use disorder treatment and other developmentally appropriate support services to address problems that contributed to becoming involved in the criminal justice system. JJBHA requires Mental Health and Chemical Dependency Professional staff time to provide assessments, individualized treatment plans and evidence-based treatment services and Juvenile Probation Counselor staff time to provide accountability via case management services, coordination of service referrals and provision of information to the Court and attorneys regarding individual progress.

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$109,899	\$95,893	\$14,006	21	
2020	\$205,331	\$157,764	\$47,567	29	In July 2020, the BOCC added funding to this program for an additional FTE due to loss of state funds in our Aggression Replacement Training funding.
2021	\$261,578	NA	NA	NA	

# JUVENILE JUSTICE BEHAVIORAL HEALTH ALTERNATIVE “JJBHA”

## Key Issues:

Budget Change (if other than maintenance level) - Maintenance Level.

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- The JJBHA program adapted to the pandemic by utilizing virtual meetings and complying with the COVID safety protocol when meeting in person. Some of the best meetings were taking long walks with the youth outdoors. Referrals from law enforcement have been decreasing for years, but the pandemic caused them to plummet. Despite the lower number of referrals, the JJBHA caseload has remained constant and there were 20 youth in JJBHA in May and June 2021, which were all-time high numbers. However, with the continued lower number of referrals and 4 exits scheduled in August, the numbers may decrease. During any period that the numbers are lower, more JJBHA youth will receive intensive i-ACT (Individual Alternative Choice Training) programming.
- As of May 17, 2021, all court staff have returned to office. We are meeting with youth in large offices, virtually, outdoors and distanced meetings continue. The complexities of serving youth over the past 15 months in creative ways, coupled with provider turnover has proven a challenge in our return to on site work. We have found a need to re-strengthen relationships with treatment providers that have been weakened by Covid restrictions.

## New and Different

- A JJBHA Brochure has been developed. A Participant Agreement has been developed. Increased transportation opportunities by Court staff for youth has increased attendance to programs. JJBHA staff have increased availability to attend program meetings for youth. Individual Alternative Choice Training (i-ACT) is available currently to JJBHA youth. Alternative Choice Training is a promising program in juvenile court. Phase One of i-ACT consists of six lessons in Social Skills Training, six lessons in Self-Control Training, and four lessons in Problem Analysis (problem solving). Phase Two of i-ACT consists of a minimum of six lessons to practice skills learned and transition the youth from the probation relationship.

## Other Goals/ Context

- Team Alternative Choice Training (Team – ACT) is continuing to be a developed program available to JJBHA youth. Groups of 2-4 youth will meet with a facilitator in this program.
- The development of a list of culturally competent service providers is planned, with appropriate referrals based on the youth’s individual needs.
- Assure all staff receive DEI training, and Trauma Responsive Care training.
- In conjunction with our relationship with Catholic Community Services, assure we provide youth and families with crisis mobilization services as needed.
- Identify and manage youth with co-occurring disorders.
- The i-ACT trainer will recognize and respect the cross-cultural differences with the youth they are serving.

## **2022-2023 Budget Preview:**

- *Requesting maintenance level funding for 2022-2023*

# EQUINE ASSISTED YOUTH PEER SUPPORT

- 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
2019	\$53,120	\$53,122	-2	40	
2020	\$53,120	\$53,120	0	32	
2021	\$53,120	NA	NA	NA	

# EQUINE ASSISTED YOUTH PEER SUPPORT

## Key Issues

Budget Change (if other than maintenance level)- Maintenance Level.

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- EAYPS split cohorts into two smaller groups to meet Covid safety guidelines. We were able to serve our youth targets with this small change.

## New and Different

- Increased transportation opportunities by Court staff for youth has increased attendance to programs. Referring probation staff have provided transportation and participated in EAYPS with youth.

## Other Goals/ Context

- DEI principles will be formally incorporated into the EAYPS curriculum.

## **2022-2023 Budget Preview:**

- *Requesting maintenance level funding for 2022-2023*



# Public Health and Social Services

- Diversity, Equity & Inclusion
- New Proposal: Community Health Worker
- Nurse Family Partnership & Family Intervention Nurse
- Veterans Case Manager
- Law Enforcement Assisted Diversion (LEAD)
- TST Community Grants
- TST Administration & Training

# DIVERSITY, EQUITY AND INCLUSION (DEI)

## Accomplishments

- Mission of department is focused on health equity—working together to achieve highest level of health and wellbeing for everyone
- Strategic plan focus on advancing equity in all program areas and workforce development
- Modified Chapter 11 Health Chapter of Thurston County Comprehensive Plan to implement equity focus in all policies
- Board of Health proclaimed racism a public health crisis and committed to action that reduces, eliminates health disparities so that all people have optimal health and so that race is not a predictor of health outcomes or mortality
- Adding weighted scoring and required equity questions to applications from contract providers for PHSS funding opportunities and investing in programs that demonstrate DEI commitment and focus (i.e. Thurston Thrives)
- Implemented pro-equity vaccine strategies including hiring of DEI coordinator
- Increased public information and educational material available in Spanish and Vietnamese.
- Provided health equity and data presentations to local organizations to highlight racial disparities.

## Opportunities

- TCPHSS helping to lead Thurston County in developing racial equity plan
- Launching new internal racial equity committee
- Continue supporting community with data and information about health equity and racial disparities
- Planning training and workforce development assessment and DEI opportunities in workplace and in service delivery; improve language and accessibility
- Develop meaningful partnerships, collaboration, funding, and leadership opportunities with BIPOC community members and organizations
- Help to implement, support, and champion county plan and community racial equity efforts
- Opioid Response Task Force Equity Work Group.
- Completing the Landscape Asset Inventory for Child Abuse Prevention and Family Resilience

## Barriers

- Need for more staffing, additional funding; and capacity due to pandemic

# PROPOSED NEW PROGRAM: COMMUNITY HEALTH WORKER

**Program Description:** PHSS is requesting a Community Health Worker focused on behavioral health to focus on underserved populations to advance DEI goals and address unmet behavioral health resource needs in the community. A major focus would be on BIPOC community that may be less likely to have access to resources and is overrepresented in justice system for behavioral health issues. This position would likely focus on latinx community and provide treatment resource/information in Spanish.

## **Key Issues:**

**Community Need-** How does this proposal address an unmet need in the community? Please cite the 2021 TST opportunity analysis or other specific data on gaps.

- *The TST Opportunity Analysis noted that some populations may feel disconnected from or alienated by currently available services. In addition, the Opportunity Analysis noted a need for further navigation resources to assist individuals with behavioral health needs in connected to needed services.*

**Evidence Base-** What is the research or evidence base supporting this proposal? What defines success in this model? Community Health Workers (CHW) are frontline public health workers who are a trusted member of/or someone with a close understanding of the community served. This trust relationship enables them to serve as a liaison, facilitating access to services among community members and improving cultural competence in the care navigation process. Evidence shows that CHW models improve mental health, maternal depression, access to care and are effective at enhancing health equity particularly among BIPOC communities. Sources: Centers for Disease Control & Prevention, Robert Wood Johnson Foundation, Rural Health Innovations.

**COVID-19-** How will COVID impact demand for this new program? In what ways has COVID influenced the program design?

- *It is well documented that COVID has resulted in elevated behavioral health needs across our community and state.*
- *Through the COVID response, PHSS has had success reaching underserved communities with the Community Health Worker model; this proposal is to build on this success with a behavioral health focus.*

**2022-2023 Budget Preview:** Approximately \$100,000 per year is requested to fund 1.0 FTE Community Health Worker (exact funding level to be determined).

# NURSE FAMILY PARTNERSHIP/ FAMILY INTERVENTION NURSE

- 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.
- The Family Intervention Nurse (FIN) provide homes visiting services to families experiencing mental health distress or substance use concerns but who are not eligible for NFP.
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$683,907	\$620,972	\$62,935	274	
2020	\$718,274	\$683,797	\$34,477	228	
2021	\$718,597*	NA	NA	NA	Added funding for 0.5 FTE Family Intervention Nurse  *Budget does not reflect APPROXIMATELY \$160,000 in indirect funds, which are shown in TST admin budget

# NURSE FAMILY PARTNERSHIP/ FAMILY INTERVENTION NURSE

## **Key Issues:**

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

- *We are requesting additional funds to increase the Family Intervention Nurse from 0.5 FTE to a full 1.0 FTE and add 0.2 FTE supervisor time and 0.2 FTE support staff.*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *Due to COVID 19 we moved to telehealth visits during the last year. Additionally, our team helped to support the response by providing case investigation/contact tracing and by vaccinating.*
- *Initially our referrals decreased but increased again within a few months. They are now consistent and steady.*
- *As Nurse Home Visitors were diverted to support COVID our TST and other funding was underspent.*
- *The demands to hire Department COVID staff impacted how quickly our Family Intervention Nurse position was posted. Based on our community partners response to this program, we anticipate a consistent high number of referrals.*

## Other Goals/ Context

- *We are currently providing in person visits outside. Our goal is to be back in homes as soon as possible.*
- *Continue to be part of the solution in addressing the increasing needs of families with mental health/substance use*
- *DEI- Services in English, Spanish and Vietnamese; emphasis on diversity in hiring; team conversations about unconscious bias; use of inclusive language*

## **2022-2023 Budget Preview:**

- *Requesting approximately \$122,000 in additional funding to increase Family Intervention Nurse from 0.5 FTE to 1.0FTE and add 0.2 FTE Supervisor and 0.2 FTE Program Support*

# VETERANS CASE MANAGER

- 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
2019	\$50,723	\$32,852	\$17,871	15	
2020	\$52,139	\$7,035	\$45,104	12	Unable to access Correctional Facility for much of 2020-- therefore charged minimal time to TST
2021	\$21,383*	NA	NA	NA	*Budget does not reflect APPROXIMATELY \$10,000 in indirect funds, which are shown in TST admin budget

# VETERANS CASE MANAGER

## **Key Issues:**

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

- *Not applicable*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *There was a significant decrease in need during the pandemic, primarily due to the courts not holding session and the limited duration inmates spent in jail.*
- *Communication was and is constant with the jail staff and inmates needing service. Our intent is to fully resume services in the jail once the need increases.*

## **2022-2023 Budget Preview:**

- *Requesting maintenance level funding only. At this time, there is not an expectation to request additional funding in the near future.*

# LAW ENFORCEMENT ASSISTED DIVERSION

- Program Description: LEAD is a pre-booking diversion program that uses a harm reduction approach to provide field-based, case management services to adults whose frequent interactions with law enforcement are due to unmet behavioral health issues.
  - Pathway for law enforcement to refer adults suspected of low-level offenses to community-based services and support, rather than arrest and incarceration.
  - Participation is voluntary, non-coercive and centered on the goals of participants.
  - Developed as an approach to low-level drug crimes, which have a disproportionate impact on communities of color.
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	Program was new to TST funding in 2021				
2020					
2021	\$300,000	NA	NA	NA	Will spend less than allocated in 2021, some of this excess budget authority will cover TST community grants



# LAW ENFORCEMENT ASSISTED DIVERSION

## Key Issues:

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

- *The 2021 TST request was to support a 25% match required for LEAD pilot program start-up.*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *The COVID-19 pandemic increased opportunities for community-based diversion programs. The use of correctional facilities for low-level offenses has decreased and voluntary programs like LEAD, provide an opportunity for individuals with behavioral health issues to receive support from peers and assistance to navigate services and systems of care.*
- *According to the Treatment Sales Tax 2021 Opportunity Analysis - for adults the support services gap ranked 3<sup>rd</sup> was case management/care coordination services.*

## Other Goals/ Context

- *The goals of the LEAD pilot program include:*
  - *Increased use of non-emergency community behavioral health services.*
  - *Reduced reliance on jails for individuals with behavioral health conditions.*
  - *Reduction in arrests, time spent in custody and/or recidivism for program participants.*
  - *Increased resilience, stability, and well-being for program participants.*

## **2022-2023 Budget Preview:**

- *\$1,121,025 total for two years (2022 is 25% match Jan-Jun and program cost July-Dec, 2023 is program cost Jan-Dec)*
  - *The funding would be used for contracted case management services staff and program management staff of 6 FTE, evaluation support, behavioral health assessments, direct client assistance, and housing assistance.*

# TST COMMUNITY GRANTS

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

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$250,000	\$224,909	\$25,091	Varies- includes grants to several agencies	
2020	\$250,000	\$165,981	NA	Varies- includes grants to several agencies	
2021	\$250,000	NA	NA	NA	BOCC overfunded TST community grants in 2021, commitment is approx. \$315,000 per year (transfer from LEAD)

# TST COMMUNITY GRANTS

## Key Issues:

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

- Request increase of \$65,704- BOCC recently “overfunded” the TST community grants awarded through the RFP process conducted in spring 2021, and this additional funding is needed to maintain those commitments for the duration of the contracts with the 5 grantees.
- Request additional increase of \$150,000—TST Advisory Committee wishes to conduct ‘mini-grant’ process specifically focused services to improve diversity, equity and inclusion. This is intended to address concerns raised by recent TST Opportunity Analysis and other data sources suggesting that some populations have disproportionate behavioral health needs and/or may not feel comfortable accessing existing services.

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- Recent TST community grant process required organizations to describe COVID responses and protocols; this question was a factor in scoring.
- Much evidence suggests that the pandemic has result in elevated levels of behavioral health needs; additional resources for TST community grants will assist in addressing these needs.

## Other Goals/ Context

- The investment in TST mini-grants will directly support DEI efforts
- Most TST funding is allocated to County offices & departments; increasing the community grant budget makes these funds more accessible to the community.

## 2022-2023 Budget Preview:

- Request maintenance level (\$250,000 per year) PLUS increases noted above (\$215,704 per year)

# TST ADMINISTRATION (INCLUDES TRAINING & NALOXONE)

- 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 (including funding for Naloxone and additional training) added in 2019.
- Historical Funding & Data:

	Budget	Actual	Variance	Number Served in Year	Other
2019	\$370,180	\$295,773	\$74,407	NA	As of 2019, includes support of County strategic plan Initiative 2.
2020	\$393,290	\$211,575	\$181,715	NA	Underspending due to staff vacancy and cancelled travel.
2021	\$622,556*	NA	NA	NA	*Budget reflects approximately \$170,000 in indirects that should be associated with Nurse Family Partnership and Veterans Case Manager programs

# TST ADMINISTRATION (INCLUDES TRAINING & NALOXONE)

## Key Issues:

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

- *Requesting maintenance level PLUS \$50,000 for a central pool of funds available to TST-funded programs and offices to support diversity, equity and inclusion efforts including training, consultation, and organizational assessment.*

COVID-19- How has your program adapted to the current state of the pandemic? Please explain increases or decreases in demand for services and impact on your budget request. Have you made service changes as a result of COVID that are likely to remain in place?

- *Underspending in 2020 due to TST Data Analyst position being unfilled for 10 months; this gap was partially a result of the pandemic. Data Analyst position has been filled since March 2021.*
- *There has been no significant changes to the operations/ role of the PHSS TST Staff as a result of the pandemic.*
- *PHSS TST staff have sought to creatively support programs in managing the challenges posted by COVID-19 since early 2020.*

## Other Goals/ Context

*PHSS TST staff goals include:*

- *Continue to improve approaches to measuring performance and sharing this information with the committee and the public*
- *Advance DEI efforts by reviewing data and supporting offices and departments in identifying next steps with respect to training, consultation, etc*
- *Support launch of new programming and implementation of best practices in current programs*
- *Provide information to and facilitate discussions with TST Advisory Committee to enable well-informed decision making and budget recommendation process*

## **2022-2023 Budget Preview:**

- *Requesting maintenance level PLUS \$50,000 to support DEI efforts across TST-funded programs*