Program Showcases

HOSTED BY THURSTON COUNTY
TREATMENT SALES TAX

YOUTH & FAMILY PROGRAMS 2019

WRAPAROUND WITH INTENSIVE SERVICES

Data Reflections

TRENDS

- The number of referrals/requests for services continues to increase each year (see annual data).
- We are exceeding State targets for capacity and number served, but still have a large waitlist.
- Although there is variation in outcome scores/percentages, they are trending in the desired direction.
- The "successful exit rate" over the past 4 quarters has stabilized at around 60%, which is positive for this population and the criteria used to measure successful exits.

LESSONS

- Survey response rates have been a challenge. This is not due to lack of effort/strategies, but more likely a reflection of families' level of need. It may make sense to use Behavioral Health Assessment System (BHAS) data starting in 2020. BHAS data has become much more reliable over the past year and captures information for all-Medicaid clients. We will still need to determine how to capture data for the non-Medicaid population.
- As evidenced in the annual data, this program has continued to grow (highest engagement rate in the State). A key factor is the centralized access and WISe Coordination model that is used locally.

WRAPAROUND WITH INTENSIVE SERVICES

Highlights

ROSE

- Excellent community partnerships
- Client choice – CCS Family-driven; CYS Transitional Age Youth
- Increased Thurston-Mason capacity and number served ~ 60 slots in 2014; 200+ slots in 2019
- TST funding allows continuity of care ~ juvenile detention, hospitalization, etc.
- Strong clinical outcomes: SDQ scores, arrest rates, suicidality, aggression, property damage, emotional/behavioral problems, school success, CANS scores

BUD

- Improved data reporting through Behavioral Health Assessment System (BHAS)
- Increased training/support for Autism/IDD population
- Expanded SUD/Co-occurring workforce
- Expanded services for the Behavioral Rehabilitation Services population (30 new slots)
- Explore with MCOs strategies to preserve the current centralized access and WISe Coordination model that has been proven to be effective

THORN

- The wait time for non-Medicaid clients is exceptionally long
- Transition to Fully Integrated Managed Care (FIMC) puts our centralized access and WISe coordination model at risk
- Workforce shortage continues to impact capacity and wait times at CYS
- Our program expertise in serving youth with Autism/IDD diagnoses is work in progress

BLANK CHECK EXERCISE

- Prioritize funding for additional non-Medicaid slots that will shorten the wait time and keep more youth in home/community
- Prioritize funding to sustain the WISe centralized access and coordination model currently in place

CHILDREN'S MOBILE CRISIS

Data Reflections

TRENDS

- The number of youth served by the Children's Mobile Crisis program in 2019 (273 duplicated) was an increase of 26.4% over the same reporting period in 2018 (201 duplicated) with the addition of Treatment Sales Tax funding.
- 37.7% (103) of the youth referred in 2019 were non-Medicaid and would not have been able to access immediate assistance from the program without the help of Thurston County Treatment Sales Tax, which was previously available only to youth with Medicaid.
- The Children's Mobile Crisis program has averaged a 78.4% success rate, demonstrated by treatment completed and/or referral to ongoing services (149 completed/transferred of 190 exits).
- 46 youth who were not receiving behavioral health treatment at first contact were engaged in ongoing, outpatient behavioral health services by the end of their Mobile Crisis intervention.

LESSONS

- The dashboard demonstrates that there are many youth living in Thurston County who are in need of immediate support to prevent self harm and suicidal ideation.
- The Children's Mobile Crisis program, prior to TST funding, was limited to youth with Medicaid. There is a clear need in our community for crisis stabilization and support for all youth, even those who have private insurance or who are uninsured (103 youth in first two quarters).

CHILDREN'S MOBILE CRISIS
Highlights

ROSE

- The Children's Mobile Crisis Program is serving youth who might otherwise only access support in residential/inpatient programs away from our community.
- The program is now serving clients directly in a primary care physician's group, which is limiting ER visits for these youth. The service is provided in Spanish as well as English.

BUD

- We are excited to have added Peer Support to our program, providing an opportunity for families to provide input into services in the community.
- Expanded SUD/Co-occurring workforce
- Increased training/support for youth with Autism/IDD diagnoses

THORN

- The increased number of referrals in the spring due to TST funding was intense. Increased funding to add a staff member might be necessary if this trend continues.
- Transition to Fully Integrated Managed Care (FIMC) puts the extended stabilization element of the program at risk. We will continue to monitor and notify TST of any impacts.

BLANK CHECK EXERCISE

- If the number of youth served continues to exceed our projections at implementation, it might be necessary to fund additional staff to meet the demand.

STEPS TO WELLNESS

Data Reflections

TRENDS

- The number of unduplicated youth/young adults served 1/1/19 – 6/30/19 was 48 (data not available on dashboard). The total number served in all of 2018 was 67, indicating that the STW program will likely exceed the number served last year.
- The second quarter 2019 decreases in quarterly caseload, number of interventions, engagement in BH, etc. can be primarily attributed to two factors: 1) the STW therapist was out on medical leave for greater than one month, and 2) Expanded cold weather sheltering capacity is discontinued at the end of March, which significantly decreases the volume of youth/young adults accessing drop-in center and Young Adult Shelter during the second and third quarter.
- An additional change in 2019 Q2 was that a increased number/percentage of youth/young adults were referred to housing as opposed to behavioral health services (e.g., March = 8 referred to BH and 3 to housing; June = 3 referred to BH and 18 to housing). We will monitor to determine if this is a trend or an outlier.
- 2018 STW data demonstrated that over 60% of youth served in STW transitioned to formal Behavioral Health Treatment, 68% reported decreased justice involvement, and 67% reported decreased substance use. Given these are at-risk youth/young adults that are normally difficult to engage in treatment, these are very positive results.

LESSONS

- It's clear that a single full-time therapist is already unable to fully address the needs of all youth/young adults that utilize the Drop-in Center and when the therapist is out for an extended period, it significantly impacts the data.
- Having a clinical therapist on the floor of the Drop-in Center helps to create a safe milieu and an opportunity to link individuals to appropriate behavioral health supports which promote wellness (see number of referrals to BH services). It's also important to keep in mind that this dashboard does not capture linkages to other services/resources that help to stabilize these youth/young adults.
- Case Managers and staff directly benefit from access to trauma informed, clinical consultation from STW therapist as evidenced by increased coordination and referrals.

STEPS TO WELLNESS
Highlights

ROSE

- Serves high percentage of homeless and street dependent youth.
- Immediate, low barrier access to mental health and substance use support (therapist is master's level therapist and Substance Use Disorder Professional trainee).
- 68% decrease in justice involvement in 2018.
- 67% decrease in substance use in 2018.
- On target to serve more youth in 2019 than were served in 2018.
- Provides immediate, brief, evidence based therapeutic interventions to youth in crisis (de-escalation, referrals, advocacy, warm hand off to longer term services).

BUD

- Overlap of Drop-in Center and Young adult Shelter improves clinical outcomes across both programs.
- Providing training to allied programs to improve coordination of care (Young Adult housing, Haven House).
- Plan to further explore opportunities with MCO and future grant funding.

THORN

- Transition to Fully Integrated Managed Care (FIMC) puts program funding at risk.
- Loss of program would result in decreased engagement in services, resulting in increased risk and instability.
- Difficult to capture comprehensive data due to the low barrier nature of the program (results in under reporting of therapeutic supports).
- Common obstacle is lack of appropriate identification to enroll in Medicaid.
- With the overall housing crisis in the community and reduction of homeless sites (closing of artesian well, parks, reduction of homeless campsites), serving this population presents more challenges.

BLANK CHECK EXERCISE

- At minimum provide additional funding to sustain current level of programing.

YOUTH OUTPATIENT TREATMENT

Data Reflections

TRENDS

- **Increase in Middle School Aged referrals**

2017-2018- (42) 6-8th grade referrals in Thurston county
2018-2019- (117) 6-8th grade referrals in Thurston county

- **Increase in tobacco use reported in last 30 days**

2017-2018-(105) youth reported tobacco use in the last 30 days in Thurston County
2018-2019- (136) youth reported tobacco use in the last 30 days in Thurston County

LESSONS

- Have staff available for middle school assessments at the feeder schools.
- We have offered monthly ATOD education groups in each district for youth experimenting with nicotine or other substances.
- Brief intervention (MET/ CBT 5) sessions done individually for youth who meet mild diagnosis.
- We have worked on developing a “Vape” and tobacco curriculum to use for youth only identifying use of these products.
- Placed a SAP in the middle schools to help identify students of concern (limited in non CPWI sites)
- Changed wording on data collection to include vape or electronic nicotine devices
- Changed our UA forms to allow for testing for trending substances such as Xanax and Kratom

YOUTH OUTPATIENT TREATMENT
Highlights

ROSE

- Night Groups at the ESD for youth engaged in prosocial activities or with conflicting schedules. Groups are held Tuesday and Thursdays from 6-8 PM.

BUD

- School discipline changes
- More capacity to offer co occurring services in our region
- Offering IOP in the evenings

THORN

- Gaps in detention services
- Lack of Inpatient or day treatment options for youth.

BLANK CHECK EXERCISE

- Recovery High School in the community for youth grades 9-12
- Prosocial activities for youth (Recovery Café, ROSC)

MULTISYSTEMIC THERAPY
Data Reflections

TRENDS

- MST Inc. closely regulates caseloads (4-6 families; target 5) and how quickly new clinicians can build their caseload. During the past couple years, there were multiple vacancies (maternity leaves, job transitions, etc.) and clinicians have been doing required coursework towards their Substance Use Disorder credential reducing caseloads (to 4-5 families; target 4) that resulted in lower program capacity even though there has always been a waitlist. As of July, the program is fully staffed and we anticipate the number served in 2019 to approximate the 2016-17 numbers.
- Strong clinical outcomes have been achieved in areas of physical violence, substance use problems, suicidal gestures, theft, and arrests as documented in the data dashboard. Additional outcome data that is being tracked and showing positive outcomes includes: school suspensions & expulsions, running away, worried/anxious, parenting skills, family relationships, social supports, emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviors.
- Discharge data for the past 4 quarters (year) demonstrates an average 77.14% successful exit rate, which is considered very positive for this at-risk population (with only 3% closing due to lack of engagement and 3% closing due to placement).
- Although not evident in the dashboard data, since January 2013, 17.6% of the youth served in MST were non-Medicaid and were only able to receive services because of TST funding.

LESSONS

- We have grown to rely on the TST quarterly reporting requirements and dashboard for helping track/monitor annual number served, outcome data, etc. to help with continuous quality improvement. It will be important to select meaningful measures if/when the data collected and analyzed through the UW is no longer available.
- TST funding for the non-Medicaid population (17.6% of those served in MST) has provided the opportunity to stabilize youth in their home/community and reduce the likelihood of residential placements outside of this region.
- TST funding also allows for continuity of care to families when a youth is in detention, which is a critical time for supporting the family to plan for the youth's return home.

MULTISYSTEMIC THERAPY
Highlights

ROSE

- MST is a well-researched evidence-based practice with significant technical assistance and oversight to ensure fidelity and strong clinical outcomes.
- CYS' MST program is achieving high fidelity to the model and their license is in good standing with MST Inc.
- Excellent community partnerships – support through referrals, participation on steering, etc.

BUD

- Currently working with DOH on WAC exemptions that will support the fidelity to the model.
- Expanded SUD/Co-occurring workforce, i.e., all MST clinicians now have/receiving CDPT credentialing in addition to Masters Degree.
- Explore appropriate ratio of Medicaid to non-Medicaid slots.

THORN

- Transition to Fully Integrated Managed Care (FIMC) creates some challenges related to centralized intake, reporting, care coordination, etc.

BLANK CHECK EXERCISE

- Sustain current level funding to ensure that non-Medicaid families have access to MST services in the community and that all Thurston County families can continue to receive support from MST while youth are in detention.

NURSE FAMILY PARTNERSHIP

Data Reflections

TRENDS

- Increased number of clients engaging with behavioral health treatment
- Nurses consistently at caseload
- Percentage of clients with decreased substance use at exit has gone down over the last year, related to our new assessment tool.
- Successful exit rate has been 55-70% on average each quarter. Now at 93%.

LESSONS

- Strong need for ongoing training and user reliability relating to our new assessment tool.
- Ability to capture successful exit rate benefits our ongoing work to improve client engagement. It tells the story of why clients may leave the program early as well as those graduating.
- Separating the data to identify why clients leave the program allows us to see how many families exit for positive reasons. It gives us a clearer picture of areas we can work on to improve service delivery.

NURSE FAMILY PARTNERSHIP
Highlights

ROSE

- Served more families in the last year
- Received Infant Mental Health training and earned endorsement

BUD

- Additional upcoming mental health training for staff

THORN

- As volume of data increased, we found the need to improve data management processes
- We still do not have capacity to serve all referrals we receive

BLANK CHECK EXERCISE

- **Offer additional nurse home visiting program for families not eligible for Nurse Family Partnership**
- We receive many referrals for families who are past enrollment eligibility for NFP.
- Often families are struggling with mental health or substance use concerns or have CPS involvement.
- It would benefit families and our community to offer public health nursing visits to provide interventions similar to NFP home visits.

JUVENILE COURT & DETENTION TRANSITIONS

Data Reflections

TRENDS

- The number served in Q1 & Q2 are down due to staffing vacancies and a decreased number of youth detained. The decreased staffing will be reflected in 2019 expenditures.
- The number of assessments/mental health assessments conducted are also impacted by staffing vacancies and census. Now that the program is fully staffed, it is anticipated that the number of mental health assessments will increase for the remainder of this year.
- Referral data for the past 4 quarters demonstrates an average of 73.5% of those referred to behavior health services by JCDT successfully engaged in behavioral health services. This means that 25 high-risk youth who were not receiving needed supports in our community in the past year are now engaged in ongoing, outpatient behavioral health services.

LESSONS

- Program requires two full time employees to adequately meet the needs.
- Continued training and consultation are necessary to lower safety risks of youth involved in juvenile justice.
- JCDT provides support and psychoeducation to juvenile justice as this agency encounters a variety of youth with special needs, including but not limited to, youth under age 12, autism spectrum disorder, psychosis, and traumatic brain injuries.

JUVENILE COURT & DETENTION TRANSITIONS

Highlights

ROSE

- JCDT provides support, brief solution focused therapy, and crisis supports to youth while in detention that helps youth stabilize, plan for change, and develop emotional regulation skills.
- Strong partnerships with a variety of service providers/allied systems, which facilitates warm hand-offs to supports across all domains including crisis, housing, mental health, substance use, education, employment, medical, family counseling and other supports (e.g., Heart Strides, YWCA Girls Council, DCR office, and JJBHA).
- JCDT has coordinated the increased use of crisis services (DCR, CCS-Crisis Services) to support youth, when this is the appropriate type/level of care.
- JCDT provides training, consultation, and support to probation and detention staff so the justice system has a better understanding of behavioral health needs and so they can work from a trauma-informed lens. Trainings have addressed vicarious trauma, suicidality, and motivational interviewing.

BUD

- Anticipate being fully staffed remainder of 2019.
- Plan to further explore opportunities with MCOs, grant funding, and Mason County.
- Continued training to detention and probation employees.
- Further involving families in follow-up support.

THORN

- Transition to FIMC puts program funding at risk, which could jeopardize the program.
- Number of youth in detention continues to fluctuate/decrease making it difficult to engage clients that could benefit from the program.
- Housing instability creates challenges in providing referrals and services for this population.
- Without being embedded within juvenile justice to provide training/consultation to staff and support to youth:
    a) Youth's behavioral health needs may not be addressed, which may lead to crisis situations for staff and increased liability for juvenile justice.
    b) Missed connections of youth to services and not addressing core issues may lead to increased crises and recidivism.

BLANK CHECK EXERCISE

Provide funding needed to sustain current level of programming given the likelihood that Federal Block Grant and State Only funds will be decreased/unavailable in 2020.

Juvenile Justice Behavioral Health Alternative (JJBHA)

Data Reflections

TRENDS

- The majority of clients who exited the program had reduced substance use and improved mental health.
  - Of the clients with substance use who exited the program 94% had reduced use (16 of 17).
  - Of the clients with mental health needs who exited the program 69% had improved mental health (16 of 23).

LESSONS

- Data collection
  - Individualization vs. standard measures
- Performance and improvement
  - Community partnerships/collaboration is crucial
  - Creation of more program infrastructure (treatment reports, consultations, policy etc.)
- Clients served
  - Wide variety in regards to criminal history, age, and treatment needs

Juvenile Justice Behavioral Health Alternative (JJBHA)

Highlights

ROSE

- Increased formality and depth of information with court reports
- Increased community partners/collaboration
- Effective use of internal resources

BUD

- Consultations/team meetings starting on 9/9/19

THORN

- Insurance challenges and service availability
- Timeliness and turnaround for information
- Limited opportunities for team based approach in the Juvenile Court

BLANK CHECK EXERCISE

- Create more internal programming
- Fund more specialized treatment options for youth

Juvenile Justice Behavioral Health Alternative (JJBHA)

Public Defense Perspective

ROSE

- Our participants are working with a wide array of service providers in the community that are not available or utilized by those on standard probation
- We are implementing an incentive program to keep our youth motivated and recognize accomplishments

BUD

- The JJBHA Steering Committee is meeting regularly again to assess the success of the program and make adjustments
- The JJBHA team has begun staffing the day's cases in advance of hearings, which will hopefully allow all parties to discuss responses and incentives and address any compliance issues or service gaps

THORN

- We've recently had changes to the court commissioner and prosecutor, which can be tough for the juveniles involved
- Keep a consistent team as best we can

EQUINE-ASSISTED YOUTH PEER SUPPORT

Data Reflections

TRENDS

- Served 81 youth to date since 2017

- 82% reduction in Mood Disturbance
- 69% reduction in Anxiety
- 82% reduction in Suicide Risk
- 77% reduction in Substance Use
- 88% reduction in Crime/Delinquency

- 79% increase in Optimism
- 72% increase in Community Connection
- 76% increase in Resiliency

LESSONS

- Establishing process for collecting/analyzing CANS data

- Setting parameters for which sections of data to analyze for purposes of our program and the funding interests

- Clients: civil and criminal cases

EQUINE-ASSISTED YOUTH PEER SUPPORT

Highlights

ROSE

- Engagement for the program remains steady

BUD

- We are working towards creating and implementing a family program and expanding the after-school program for the youth

THORN

- Transportation is our biggest challenge and concern. We are working on acquiring grant funding to purchase a van.

BLANK CHECK EXERCISE

If we had an additional $300,000 of TST funding, what would we do with it?

- Weather-proof our arena for year-round programming
- Have staff attend trainings and workshops
- Hire full-time staff
- Create and implement a family program
- Maintain an after-school program for the youth that would take place 4 days per week

DOMESTIC VIOLENCE CASE COORDINATOR

Data Reflections

TRENDS

- Increased engagement in treatment
- Increasing caseload numbers
- Decrease in successful exits

LESSONS

- Using a well defined definition of successful exit for those with a Mental Health treatment requirement
- Using a well defined definition of homeless

DOMESTIC VIOLENCE CASE COORDINATOR

Highlights

ROSE

- Increased engagement in treatment

BUD

- Implementation of incentives to increase successful exits

THORN

- Participants not being able to afford Domestic Violence treatment

BLANK CHECK EXERCISE

- New Case Management Data Base
- Scholarships funds for Domestic Violence treatment.
- Push notification system to remind participants of court and court related treatment obligations
- Attend trainings focused on Domestic Violence Prevention

FAMILY RECOVERY COURT

Data Reflections

TRENDS

- Increasing caseload numbers in 2019
- Surpassed annual target number of clients served (N=20) every year since 2016
- Gender identify breakdown of participants has remained relative consistent over time
  - Males (17.4% - 26.1%)
  - Females (73.9% - 82.6%)

LESSONS

- Using a well-defined definition of “homeless”
- Family First Prevention Services Act
  - Time at each visitation stage
  - Time to reunification
  - Prevention strategies already utilized
- Increase active recruitment of fathers

FAMILY RECOVERY COURT
Highlights

ROSE

- High demand for the program

BUD

- Implementation of trauma-informed principles into existing practice

THORN

- Reaching maximum capacity

BLANK CHECK EXERCISE

- Hire a case manager
- Vouchers for housing
- Legal Financial Obligation forgiveness
- Transportation services
- Regular opportunities to learn and practice mindfulness, biofeedback, and stress-regulation
- Trauma-informed yoga classes
- Provide a trauma-informed parenting class/group
- Implement a trauma-informed alternative to urinary analysis testing (e.g., fingernail testing; saliva)

FAMILY RECOVERY COURT

Treatment Court Conferences

NATIONAL CONFERENCE HIGHLIGHTS

- **Motivating Behavior Change**
  - Fixed vs. Growth Mindset
  - Using incentives and responses
  - Modeling behavior

  Next Steps:
    - Revise incentives/response matrix
    - Implement 4:1 incentive/sanction guidelines
    - Develop scripts (samples provided at NADCP)

- **Family Treatment Court Practices**
  - New best-practice standards (to be released)

  Next Steps:
    - Implement strength-based language:
      - "family time" vs. "visitation"
      - "adherence" vs. "compliance"
    - Revise practice for selecting, communicating, and reviewing participant assignments

- **Trauma-Informed Practices**
  - Appropriate assessment and evaluation
  - Nervous system integration and regulation
  - Trauma-informed yoga and mindfulness

  Next Steps:
    - Evaluate effectiveness of current assessment practices
    - Develop a trauma response regulation plan template
    - Team member training (October 4th Retreat)
    - Explore options for implementing principles of healing centered mindfulness and yoga

FAMILY RECOVERY COURT

Public Defense Perspective

ROSE

- We are almost at capacity
- We just included a child mental health specialist on our team
- We have restructured our phases to be more attentive to parenting, visitation, and steps to reunification, in addition to treatment and sobriety goals
- FRC now has a monthly Alumni Group and alumni acting as FRC mentors to newer participants
- A dedicated DCYF social worker carries the FRC cases and will have office hours at Family and Juvenile Court

BUD

- FRC Retreat in October

THORN

- We only have one available spot left and expect it will be filled quite soon
- Expanding FRC's capacity to allow more participants, which will hopefully result in more successful reunifications