Budget Change Request

Form ID #: Priority #: 1

Date: 2015-11-12 Requester: Shawn McDonald Phone: 754-3355 x6219

Dept Name: Social Svs Dept Number: 41

Fund Name: HOUSING & COMMUNITY RENEWAL Fund Number: 1400

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$2,500	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Increase expenditure authority to contribute to the Green and Healthy Housing Initiative.

What else might work? Why is it not your first choice?

How will this affect other offices and departments? Other impacts?

How will this change the performance of your office or department?
(Slower customer service, improved efficiency, etc.)?

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1400C620	541000	PROFESSIONAL SERVICES		$2,500
			Total:	$2,500

Budget Change Request

Form ID #: Priority #: 4

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

To address the 25% Expansion in Medicaid enrollment in our county, RSN/BHO needs authority to contract for: 1) at least one additional large mental health outpatient provider, 2) increase current funding caps for existing providers to serve more clients, and 3) incentivize providers to meet unmet service needs like psychiatric services so as to retain clients released from jail and hospital in community care settings. The goal is to address the enrollment expansion and to increase the number of Medicaid eligible clients receiving behavioral health services by some 500, and to improve their effectiveness by incentivizing more intensive, evidence based practices.

What else might work? Why is it not your first choice?

Last year, we issued a request for proposals for additional service providers to come from out of county with limited success. We received only one local response that offered a new service. This request reflects our attempt to modify, intensify and focus services from providers already in the community. One of the most crucial issues is having enough prescribing psychiatrists for our population. Currently, wait times for needed prescriptions is unacceptably long. We need to increase our work force with psychiatrists as well as other behavioral professionals. Finally, we need to make sure that we have enough providers to serve the number of potential consumers in our community with the right kind of treatment.

How will this affect other offices and departments? Other impacts?

This increase would impact our management information system and fiscal office to make and implement the changes. Better meeting the needs of existing clients and expanding our capacity to serve new clients should also help reduce use of jails as a primary behavioral health treatment site in Mason and Thurston counties.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical strategy by diversifying our service providers, increasing outcome based payment, improving access to services and improving our provider network.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	$0
1500D444	541000	PROFESSIONAL SERVICES	41408	$0
			Total:	$0

Budget Change Request

Form ID #: Priority #: 4

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

This policy level request is to authorize contracts with service providers of children's services to expand their service levels from 8% of children served to 15% of children served with evidence base practices. Per HB 2536 and the Department of Social and Health Services contract with Thurston Mason Regional Support Network, the legislature intends that prevention and intervention services for children/youth be primarily evidence/research-based. The expectation is that RSN's increase use of E/RBPs by 7.5% per year. All of the E/RBS in the State's inventory have associated implementation costs. This funding is necessary to purchase the training, licensing, staffing, monitoring, and infrastructure necessary to accomplish this mandate.

What else might work? Why is it not your first choice?

There is not currently an alternative funding source to cover the majority of implementation costs. There will be some savings in adopting a "workforce enhancement" approach (i.e., training existing staff and converting their scope of work) as opposed to hiring all new staff.

How will this affect other offices and departments? Other impacts?

Other offices/departments will benefit by referring children/youth to better quality (evidence-based) services known to produce better outcomes. This may also have a positive impact on care and costs associated with other departments (e.g., juvenile justice). Allied departments/offices will also have access to outcome data and better care coordination (requirements of most E/RBPs) than is currently available with many programs.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical and Child and Youth Resilience Strategy, "Promote individual and family resilience, and increase quality of care as evidence by fewer children accessing or recidivism of acute care services in the juvenile justice system" This department is already committed to increased utilization of evidence-based practices. We currently have exemplary evidence-based programs including Multi-systemic Therapy, High-fidelity Wraparound, and Wraparound with Intensive Services. This mandate requires us to continue this progress, especially in this high risk population. It will require additional effort during implementation and then ongoing monitoring, but will result in better services and decreased need for more restrictive services.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount

1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D441	541000	PROFESSIONAL SERVICES	41499	$155,000
1500D444	541000	PROFESSIONAL SERVICES	41408	($155,000)
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 6

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to include in Triage Professional Services Contract for operations, inclusion of medical services at the Triage Facility for onsite Medical Clearance/Screening, required by Department of Health. The intent is to facilitate access to the Triage and not delay admissions due to routing a client through the hospital Emergency Department for medical clearances prior to admit. This allows police to bring a client directly to the Triage and reduce their time spent transporting. The goal is expedited Triage admissions and reduction in the use of the Emergency Department for medical screening.

What else might work? Why is it not your first choice?

Alternative is to have clients go first through the hospital emergency room for medical clearance. This has resulted in unnecessary delays in admissions, conflict with the ER over acceptance of clients and time spent by police in transporting. There are instances where clients have not been referred to the Evaluation and Treatment facility due to this requirement resulting in increased jail utilization.

How will this affect other offices and departments? Other impacts?

Program should have a positive impact on police by reducing transportation time by police to the emergency department. Establishing the BHO by April, completing construction of the facility, hiring staff and developing this program will delay implementation by several months. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical and Public Safety and Justice Strategies: "increase investments in social support system so that jail is not the default social system, and decrease utilization of jails as our primary mental health treatment center". This plan should improve program performance for Jail diversion and reduce hospital utilization.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($150,000)
1500D441	541000	PROFESSIONAL SERVICES	41499	$150,000
			Total:	$0

Budget Change Request

Form ID #: Priority #: 4

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$1,500,000	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request to contract for up to 10 beds of acute Detox through a local service provider(s) beginning July 1, 2016. Acute Detox is frequently an indispensable first step to recovery. St. Peter Hospital (PSPH) Detox services were projected to serve over 400 Thurston-Mason residents in state fiscal year 2014, before their closure in February, 2014. In state fiscal year 2015, only 134 Thurston-Mason residents accessed needed detox services by finding them outside our two counties. Thurston County jail medical staff estimate over 150 inmates per year need Detox services at intake. When we become a BHO in April 2014, Detox providers will be able to negotiate their own rates, which are expected to be between 4-6 times the current Medicaid acute Detox rates of $147/day. A shortage of Detox beds statewide means to be competitive with other BHOs and 3rd party payers, we need these financial resources to secure these beds for our residents in need.

What else might work? Why is it not your first choice?

One alternative is to contract for Detox services out of the Thurston-Mason region. The nearest comparable acute Detox is in Vancouver, WA. However, using beds out of our counties may incur transportation costs and client/family issues with dislocation. Another alternative might be to use the Providence Detox in Centralia. That detox serves only patients with a primary serious medical condition, so most Thurston-Mason residents who need Detox services would not qualify. A third alternative is to meet most of the demand by building a six bed Detox facility adjacent to the Triage now under construction in the CSA Building. Operations could be contracted to a local service provider, as is now the case with the county owned evaluation and treatment facility and as is planned at the new Triage. Co-location at the CSA with the Triage would create a 'one stop shop' for any behavioral health referral from police or jail. (See addendum for additional information on this option.)

How will this affect other offices and departments? Other impacts?

The Thurston County Jail should be positively impacted by this service, as they currently care for inmates in need of Detox. In addition, the Thurston County Prosecutors, Sheriff's department, and District/Superior Court services should also be impacted positively, as residents will be able to access a service that is a deterrent from criminal activity that can occur as a result of an individual's active addiction. Establishing the BHO by April, hiring staff and developing this program will delay implementation until at least June 30, 2016. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical Care strategy: "increase outcome based payment, improve access to services and improve provider network." The BHO will have a network sufficient to meet the needs of the community for this level of care. It will also allow for a vital service in the addiction treatment continuum, which will increase the effectiveness and engagement of our contracted providers to serve our highest need population (i.e. chronic heroin and alcohol users). Additionally, it would reduce inappropriate use of the Jail and Emergency room as the alternative to care.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.

Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	$1,500,000
1500D444	541000	PROFESSIONAL SERVICES	41408	$0
			Total:	$1,500,000

Budget Change Request

Form ID #:

Priority #: 3

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to contract for a Peer run Day Treatment and Peer Bridger program. Day Treatment programs operate five days a week/five hours a day for clients who are in need of a more structured day program. Day treatment is often a step down program from hospitalization and incarceration providing an increased level of structure and supervision to assist clients with transitioning back into the community. The program outcome is to reduce hospital and jail re-admissions and improve client stability in the community. The Peer Bridger model provides outreach services to the hard to serve population in conjunction with other critical services such as police or community corrections. This is a recognized model that pairs Peers with professional staff and emergency responders providing outreach. This is a proven evidence base model. This model has being requested through the Thurston Thrives Public Safety and Justice Strategy team.

What else might work? Why is it not your first choice?

The day treatment model is similar in structure to the previous Clubhouse model that the RSN had previously funded. Unfortunately, the Clubhouse model is no longer funded under Medicaid. Day treatment is a day time program for clients whom outpatient treatment is insufficient for structure. The Peer Bridger program is an evidence based recovery model that utilizes Peers for engagement of client's at risk of hospitalization. No other program matches these services. The Peer Bridger program would also combine well with a LEAD program where mental health professionals work directly with law enforcement when engaging consumers at risk of incarceration.

How will this affect other offices and departments? Other impacts?

Departments, such as the County Jail and AOC have requested Peer Bridger services be directly available for their clientele. Referrals from the Jail and hospital can be made directly to the day treatment program as part of a discharge requirement. Eligible clients from shelters will be able to participate in the program as a day time alternative after the shelter closes.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical and Public Safety and Justice Strategies based on; "diversity of service providers, promoting use of appropriate resource utilization, maintaining a safety net for non-Medicaid clients, improving access to community oriented services to divert and transition clients from using emergency services and decreasing utilization of jails as a mental health treatment center, as this service will provide an alternative for jail diversion."

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount

1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($500,000)
1500D444	541000	PROFESSIONAL SERVICES	41499	$500,000
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 3

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to contract for a Peer run Day Treatment and Peer Bridger program. Day Treatment programs operate five days a week/five hours a day for clients who are in need of a more structured day program. Day treatment is often a step down program from hospitalization and incarceration providing an increased level of structure and supervision to assist clients with transitioning back into the community. The program outcome is to reduce hospital and jail re-admissions and improve client stability in the community. The Peer Bridger model provides outreach services to the hard to serve population in conjunction with other critical services such as police or community corrections. This is a recognized model that pairs Peers with professional staff and emergency responders providing outreach. This is a proven evidence base model. This model has being requested through the Thurston Thrives Public Safety and Justice Strategy team.

What else might work? Why is it not your first choice?

The day treatment model is similar in structure to the previous Clubhouse model that the RSN had previously funded. Unfortunately, the Clubhouse model is no longer funded under Medicaid. Day treatment is a day time program for clients whom outpatient treatment is insufficient for structure. The Peer Bridger program is an evidence based recovery model that utilizes Peers for engagement of client's at risk of hospitalization. No other program matches these services. The Peer Bridger program would also combine well with a LEAD program where mental health professionals work directly with law enforcement when engaging consumers at risk of incarceration.

How will this affect other offices and departments? Other impacts?

Departments, such as the County Jail and AOC have requested Peer Bridger services be directly available for their clientele. Referrals from the Jail and hospital can be made directly to the day treatment program as part of a discharge requirement. Eligible clients from shelters will be able to participate in the program as a day time alternative after the shelter closes.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical and Public Safety and Justice Strategies based on; "diversity of service providers, promoting use of appropriate resource utilization, maintaining a safety net for non-Medicaid clients, improving access to community oriented services to divert and transition clients from using emergency services and decreasing utilization of jails as a mental health treatment center, as this service will provide an alternative for jail diversion."

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount

1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($500,000)
1500D444	541000	PROFESSIONAL SERVICES	41499	$500,000
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 4

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$111,007	Increase ☐	$222,014	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is authority to contract to expand services for housing support services not covered by Medicaid, coordinated with intensive case management services. An additional $111,007 – new total $327,000. This new total will purchase 3 FTEs to enhance current Co-Occurring Disorders Intensive Case Management (ICM) and Housing Case Management (HCM) to 1 full FTE service. Due to the high needs of this vulnerable and transient population, the main focus of ICM service has been in Lacey Olympia, and Tumwater, The additional 1 FTE will expand services to rural areas. The HCM Management services will expand for 90 days post service, supporting clients in re-entry services that sustain recovery and promote self-sufficiency. Additionally, this funding will support up to 50 persons with rental assistance for sober living a state recognized sober living environment.Lack of housing was identified as a gap in the TST needs assessment, and is a barrier to recovery.Recovery Based Housing, such as Oxfo

What else might work? Why is it not your first choice?

ICM and HCM are stand-alone services currently contracted to a state certified treatment provider that cannot be provided in this way through state or federal funding. No alternative programs exist that provide the level of services that ICM or HCM do for this population. Federal funding for housing had been available through federal funds, but is inconsistent. When sober housing is not available, individuals return from residential treatment and/or jail into the same living situations that proved early to be detrimental. The combination of housing and case management to support engagement in continued services increases the opportunity for lasting, positive change.

How will this affect other offices and departments? Other impacts?

ICM works closely with the County and City jails to collaborate on successful transitions for individuals that meet the needs from jail to treatment or housing when resources are available. ICM and HCM case managers receive referrals directly from the Nisqually, Olympia, and Thurston County jails; the emergency room; downtown street outreach; the Thurston-Mason Crisis Clinic; the syringe exchange; and at local mental health inpatient facilities. HCM services are unique to this population, supporting engagement in services while maintaining housing Individuals that are not connecting with traditional services are able to access care, thus reducing the use of hospitals, jails, and emergency responder services.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This will advance the county strategic plan and the Thurston Thrives Clinical Strategy by improving access to services, connecting high risk, low income individuals, and enrolling them in health care coverage. The Law & Justice Strategy will be impacted by reduction in the criminal justice system, and increased access to health insurance, housing, and treatment recovery for individuals exiting the criminal justice system. These are all services that Medicaid dollars will not cover. ICM services are a resource for families and individuals that call our department for support to engaging in treatment or services. The continuation and growth of the program will result in having those same resources and supports across the entire County.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41499	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D432	541000	PROFESSIONAL SERVICES	41499	$0
			Total:	$0

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is to contract for case management service provider to be stationed at OAC to work with behaviorally challenged clients. This would help support OAC to engage mentally ill individuals for safe diversion from unneeded incarceration at entry and at other points in the criminal justice system. OAC believes many they begin to represent could benefit by having a case manager help stabilize them in the community even prior to their first court appearance. They believe others can benefit throughout the process including at final sentencing. This would include repeat offenders. Individuals with behavior problems are often affected in their ability to appear for hearings or to adhere to conditions of community supervision in lieu of incarceration. This service would be performed by a case manager employed by a licensed mental health agency, but housed with OAC. Service would be provided to Medicaid "enrollable" persons in RSN/BHO services (have a mental health diagnosis).

What else might work? Why is it not your first choice?

Goal is to use Medicaid funding through a licensed mental health agency to assist OAC clients to meet court conditions. An alternative would be to use Treatment Sales Tax funding where OAC could directly hire and manage this position

How will this affect other offices and departments? Other impacts?

1. OAC will be involved in the oversight of the work of this case manager. Clinical oversight would be through the licensed entity. 2. Program should result in a reduction in County jail utilization by the mentally ill.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Public Safety and Justice Strategy: "increase investments in social support system so that jail is not the default social system, reduced utilization of the County jail as a mental health treatment center." The objective of the RSN is to serve the mentally ill population in the most appropriate setting to benefit the individual. Working with OAC in this way should help reduce the use of the County jail as a mental health center. This program will also assist in providing "warm hand offs" for ongoing treatment.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41499	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D432	541000	PROFESSIONAL SERVICES	41499	$0
			Total:	$0

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is to contract for case management service provider to be stationed at OAC to work with behaviorally challenged clients. This would help support OAC to engage mentally ill individuals for safe diversion from unneeded incarceration at entry and at other points in the criminal justice system. OAC believes many they begin to represent could benefit by having a case manager help stabilize them in the community even prior to their first court appearance. They believe others can benefit throughout the process including at final sentencing. This would include repeat offenders. Individuals with behavior problems are often affected in their ability to appear for hearings or to adhere to conditions of community supervision in lieu of incarceration. This service would be performed by a case manager employed by a licensed mental health agency, but housed with OAC. Service would be provided to Medicaid "enrollable" persons in RSN/BHO services (have a mental health diagnosis).

What else might work? Why is it not your first choice?

Goal is to use Medicaid funding through a licensed mental health agency to assist OAC clients to meet court conditions. An alternative would be to use Treatment Sales Tax funding where OAC could directly hire and manage this position

How will this affect other offices and departments? Other impacts?

1. OAC will be involved in the oversight of the work of this case manager. Clinical oversight would be through the licensed entity. 2. Program should result in a reduction in County jail utilization by the mentally ill.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Public Safety and Justice Strategy: "increase investments in social support system so that jail is not the default social system, reduced utilization of the County jail as a mental health treatment center." The objective of the RSN is to serve the mentally ill population in the most appropriate setting to benefit the individual. Working with OAC in this way should help reduce the use of the County jail as a mental health center. This program will also assist in providing "warm hand offs" for ongoing treatment.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	$0
			Total:	$0

Budget Change Request

Form ID #: Priority #: 6

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to contract for downtown behavioral health outreach services in conjunction with medical and psychiatric services. The request is to partner with PSPH Foundation to develop a needed "one stop shop" for social, behavioral and medical services for the "downtown" client population. Our funding is to support mental health outreach in collaboration with this partnership to provide medical and psychiatric care for high risk persons who are not enrolled/engaged in regular health/behavioral care. The model includes integrating services with a day treatment program and mobile crisis outreach services currently being developed. The program will work with law enforcement and provide support with applications for financial assistance.

What else might work? Why is it not your first choice?

The PSPH Foundation could be approached to provide 100% of the funds to activate their long term commitment to impact the underserved population downtown. This idea is a grass root generated response to a need that the Foundation is concerned about. Another option would be a mobile unit that combines these services and travels to where the client is located. The downside of a mobile unit is: 1) it is space limited for number cared for, and 2) it does not tie into other possible programs such as the planned day treatment program where these clients can begin to structure their day and connect with other care.

How will this affect other offices and departments? Other impacts?

This program will affect multiple programs including: free medical clinic, Olympia Police, Capital Recovery Center and Sidewalk, all of whom are interested in participating in the multi service center concept. It may also help reduce city and county jail populations. Establishing the BHO by April, hiring staff and developing this program will delay implementation by several months. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical Strategy, "support strategies to sustain access to free or reduced cost basic health services from safety net providers "and the overall goal of integration of care. This program targets a high priority population for the BHO, vulnerable adults who are often homeless, engage frequently with the police and utilize emergency services rather then access behavioral and primary outpatient care.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($150,000)
1500D458	541000	PROFESSIONAL SERVICES	41499	$150,000
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 2

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	1.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request to create a new BHO staff position (1 FTE-Social Services Specialist II). The BHO requires expanded coordination and program development in Mason County, to assure parity for both counties. This request would create a Mason County BHO care manager. Current care managers are diverse in specialties and credentialed mental health professionals. They look at community need, evaluate individual service needs and work with providers to develop needed services, authorize care and provide oversight. This position would connect these personnel with the needs of Mason County. It would work with Mason County elected officials, PHSS, Sheriffs, Jail (adult and adolescent) and other stakeholders. The position would work within the BHO team and governance to identify and develop necessary services and coordination. We want a care manager sited within the Mason County PHSS but employed by the BHO program and part of the BHO team.

What else might work? Why is it not your first choice?

This position could be contracted directly to Mason County and not employed by the BHO. Downside is for confidentiality, access to data bases, and Medicaid requirements, this position needs to work under the license of the BHO and be supervised as part of the BHO team.

How will this affect other offices and departments? Other impacts?

Position would add another FTE to the BHO team, needing office space both with the BHO team and in Mason County.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the Mason County strategic plan and parity of services between the two Counties. This position would advance the Thurston Thrives goal "improving access to mental health services for all, but especially for low income persons." This position would be of invaluable assistance in helping Mason County obtain parity for services and quality of care.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
1.00	new	SS PROGRAM SPEC II			☐
1.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D431	510000	SALARIES		$66,745
1500D431	521000	SOCIAL SECURITY		$5,106
1500D431	522000	RETIREMENT		$7,462
1500D431	523000	MEDICAL/DENTAL/LIFE		$15,935
1500D431	524000	WORKERS COMPENSATION-L&I		$312
1500D431	525000	UNEMPLOYMENT COMPENSATION		$334
1500D431	527000	LONG TERM DISABILITY		$380
1500D431	531008	SUPPLIES-COMPUTER		$2,500
1500D431	542000	COMMUNICATIONS		$900
1500D431	543000	TRAVEL		$800
1500D431	591004	IF PROF SVS-INDIRECT COSTS		$24,526
1500D444	541000	PROFESSIONAL SERVICES	41408	($100,474)
1500D411	591004	IF PROF SVS-INDIRECT COSTS		($24,526)
			Total:	$0

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$1,100,000	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request for authority to contract for hospital and jail diversion services specific to Mason County. We need this funding to bring hospital and jail diversion services and Intensive Case Management services in Mason County up to parity with Thurston County. The diversion program would tie mobile crisis outreach together with a "diversion house" (five beds) to facilitate transition from ER and Jail to the community. These services available in Thurston are not located in Mason County at this time. Additionally, this would create a dedicated Intensive Case Management team for high risk clients. At present, the only mental health service available in Mason County is through limited clinic based treatment. This does not include 24/7 crisis outreach in Mason County and there is insufficient staff to serve the high risk/need population. Funding is for dedicated clinical staff to function as an intensive case management team.

What else might work? Why is it not your first choice?

The RSN/BHO will be working with treatment providers and stakeholders in Mason County to develop resources for a staffed diversion house and alternative providers for the intensive case management team. An alternative would be to continue to provide these services from agencies located in Thurston County – over the years this has not proven to be a successful model. Additionally, in becoming a BHO we have been asked to bring parity of services between Thurston and Mason Counties. Most RSN crisis response services are located in Thurston, and so are not as easily accessible to Mason County residents. These services are the beginning of creating parity between the two Counties.

How will this affect other offices and departments? Other impacts?

The impact and networking will be with multiple Mason County services including: Mason General Hospital, Mason County Public Health and Mason County Sheriffs department.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the Mason County strategic plan and direct requests for both parity of services and reduction in the use of the jail as a mental health holding center. These services will increase BHO's service level to our high risk client population and add to our parity mix of services between the two Counties.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D451	541000	PROFESSIONAL SERVICES	41499	$1,100,000
				$0
			Total:	$1,100,000

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

The request is for authority to contract for expanded intensive case management capacity in Thurston County. Standard outpatient service does not provide the outreach nor the intensive levels of care to support high risk clients in the community. This funding will expand an existing evidence based practice called Program for Assertive Community Treatment (PACT). The RSN already funds an existing "half" PACT team which serves between forty and fifty clients, many of whom remain for extended periods of time. We are asking to double the PACT team capacity to eighty (80) clients. Currently, we serve over 80 clients in less intensive and less well proven programs who qualify for PACT team services who are not receiving intensive case management.

What else might work? Why is it not your first choice?

The important outcome is to dedicate staff for serving this population at the right levels of intensity and therefore case load size. An alternative would be to create an Intensive Case Management team that does not meet PACT fidelity; this might mean excluding access to supported housing, peer counselors, dedicated medical staff and other dedicated care. Given we already have most of the PACT infrastructure in place, simply expanding PACT would be an efficient fit. PACT teams include dedicated psychiatric time along with housing supports and peer counseling.

How will this affect other offices and departments? Other impacts?

This program will not add to the service load of other County departments. However, as an intensive treatment program, it may reduce some level of police, jail, court, and emergency medical use by that population. Establishing the BHO by April, hiring staff and developing this program will delay implementation by several months. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan, the Thurston Thrives Clinical and the Public Safety and Justice Strategies: "increase in number of mental health staff funded specifically at service provider agencies for intensive levels of case management services. "

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($620,000)
1500D453	541000	PROFESSIONAL SERVICES	41499	$620,000
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 2

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	1.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request to create a new BHO staff position (1 FTE-Social Services Specialist II). The BHO requires expanded coordination and program development in Mason County, to assure parity for both counties. This request would create a Mason County BHO care manager. Current care managers are diverse in specialties and credentialed mental health professionals. They look at community need, evaluate individual service needs and work with providers to develop needed services, authorize care and provide oversight. This position would connect these personnel with the needs of Mason County. It would work with Mason County elected officials, PHSS, Sheriffs, Jail (adult and adolescent) and other stakeholders. The position would work within the BHO team and governance to identify and develop necessary services and coordination. We want a care manager sited within the Mason County PHSS but employed by the BHO program and part of the BHO team.

What else might work? Why is it not your first choice?

This position could be contracted directly to Mason County and not employed by the BHO. Downside is for confidentiality, access to data bases, and Medicaid requirements, this position needs to work under the license of the BHO and be supervised as part of the BHO team.

How will this affect other offices and departments? Other impacts?

Position would add another FTE to the BHO team, needing office space both with the BHO team and in Mason County.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the Mason County strategic plan and parity of services between the two Counties. This position would advance the Thurston Thrives goal "improving access to mental health services for all, but especially for low income persons." This position would be of invaluable assistance in helping Mason County obtain parity for services and quality of care.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
1.00	new	SS PROGRAM SPEC II			☐
1.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D431	510000	SALARIES		$66,745
1500D431	521000	SOCIAL SECURITY		$5,106
1500D431	522000	RETIREMENT		$7,462
1500D431	523000	MEDICAL/DENTAL/LIFE		$15,935
1500D431	524000	WORKERS COMPENSATION-L&I		$312
1500D431	525000	UNEMPLOYMENT COMPENSATION		$334
1500D431	527000	LONG TERM DISABILITY		$380
1500D431	531008	SUPPLIES-COMPUTER		$2,500
1500D431	542000	COMMUNICATIONS		$900
1500D431	543000	TRAVEL		$800
1500D431	591004	IF PROF SVS-INDIRECT COSTS		$24,526
1500D444	541000	PROFESSIONAL SERVICES	41408	($100,474)
1500D411	591004	IF PROF SVS-INDIRECT COSTS		($24,526)
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 3

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to expand PHSS Housing Program planning and development capacity for Permanent Supportive Housing (PSH) services for the most vulnerable in our community. Rapid Re-housing has not been an effective program for the BHO population. PSH, which combines case management, housing supports and rental assistance has been shown to be more effective in retaining consumers in housing. This funding would enable better integration of County housing and behavioral health programs at the planning and administration levels to facilitate priority for this vulnerable population in housing. A portion of the PHSS housing administration will focus on development of supported housing and resources, it would also enrich outreach behavioral health services by behavioral health providers working directly with clients in their places of residence to support skill building for longer stays in housing. Treatment funding is the equivalent of 2 FTEs providing housing case management.

What else might work? Why is it not your first choice?

Current levels of mental health service provider case management services do not target, sufficiently, supported housing services. The need is for targeted services to assure appropriate community based care. Proposed program allows for use of Medicaid funds to support housing and behavioral health services for the most vulnerable adults.

How will this affect other offices and departments? Other impacts?

Funding will support PHSS housing program to emphasize supportive housing development and services for vulnerable populations.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Housing and Clinical Strategies "Provide on-site services to shelters, permanent support and transitional housing sites and ensure supportive housing is available for the most vulnerable who need the most intensive services." This program will further target our ability to focus both behavioral health and housing services on the most vulnerable population.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D422	541000	PROFESSIONAL SERVICES	41408	$265,000
1500D444	541000	PROFESSIONAL SERVICES	41408	($265,000)
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 3

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to expand PHSS Housing Program planning and development capacity for Permanent Supportive Housing (PSH) services for the most vulnerable in our community. Rapid Re-housing has not been an effective program for the BHO population. PSH, which combines case management, housing supports and rental assistance has been shown to be more effective in retaining consumers in housing. This funding would enable better integration of County housing and behavioral health programs at the planning and administration levels to facilitate priority for this vulnerable population in housing. A portion of the PHSS housing administration will focus on development of supported housing and resources, it would also enrich outreach behavioral health services by behavioral health providers working directly with clients in their places of residence to support skill building for longer stays in housing. Treatment funding is the equivalent of 2 FTEs providing housing case management.

What else might work? Why is it not your first choice?

Current levels of mental health service provider case management services do not target, sufficiently, supported housing services. The need is for targeted services to assure appropriate community based care. Proposed program allows for use of Medicaid funds to support housing and behavioral health services for the most vulnerable adults.

How will this affect other offices and departments? Other impacts?

Funding will support PHSS housing program to emphasize supportive housing development and services for vulnerable populations.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Housing and Clinical Strategies "Provide on-site services to shelters, permanent support and transitional housing sites and ensure supportive housing is available for the most vulnerable who need the most intensive services." This program will further target our ability to focus both behavioral health and housing services on the most vulnerable population.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D422	541000	PROFESSIONAL SERVICES	41408	$265,000
1500D444	541000	PROFESSIONAL SERVICES	41408	($265,000)
			Total:	$0

Budget Change Request

Form ID #:

Priority #: 4

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$111,007	Increase ☐	$222,014	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is authority to contract to expand services for housing support services not covered by Medicaid, coordinated with intensive case management services. An additional $111,007 – new total $327,000. This new total will purchase 3 FTEs to enhance current Co-Occurring Disorders Intensive Case Management (ICM) and Housing Case Management (HCM) to 1 full FTE service. Due to the high needs of this vulnerable and transient population, the main focus of ICM service has been in Lacey Olympia, and Tumwater, The additional 1 FTE will expand services to rural areas. The HCM Management services will expand for 90 days post service, supporting clients in re-entry services that sustain recovery and promote self-sufficiency. Additionally, this funding will support up to 50 persons with rental assistance for sober living a state recognized sober living environment.Lack of housing was identified as a gap in the TST needs assessment, and is a barrier to recovery.Recovery Based Housing, such as Oxfo

What else might work? Why is it not your first choice?

ICM and HCM are stand-alone services currently contracted to a state certified treatment provider that cannot be provided in this way through state or federal funding. No alternative programs exist that provide the level of services that ICM or HCM do for this population. Federal funding for housing had been available through federal funds, but is inconsistent. When sober housing is not available, individuals return from residential treatment and/or jail into the same living situations that proved early to be detrimental. The combination of housing and case management to support engagement in continued services increases the opportunity for lasting, positive change.

How will this affect other offices and departments? Other impacts?

ICM works closely with the County and City jails to collaborate on successful transitions for individuals that meet the needs from jail to treatment or housing when resources are available. ICM and HCM case managers receive referrals directly from the Nisqually, Olympia, and Thurston County jails; the emergency room; downtown street outreach; the Thurston-Mason Crisis Clinic; the syringe exchange; and at local mental health inpatient facilities. HCM services are unique to this population, supporting engagement in services while maintaining housing Individuals that are not connecting with traditional services are able to access care, thus reducing the use of hospitals, jails, and emergency responder services.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This will advance the county strategic plan and the Thurston Thrives Clinical Strategy by improving access to services, connecting high risk, low income individuals, and enrolling them in health care coverage. The Law & Justice Strategy will be impacted by reduction in the criminal justice system, and increased access to health insurance, housing, and treatment recovery for individuals exiting the criminal justice system. These are all services that Medicaid dollars will not cover. ICM services are a resource for families and individuals that call our department for support to engaging in treatment or services. The continuation and growth of the program will result in having those same resources and supports across the entire County.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D653	397118	O/T- TREATMENT SALES TAX	CW006	$111,007
			Total:	$111,007

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D653	541000	PROFESSIONAL SERVICES	CW006	$111,007
1180A344	599150	O/T-PUBLC HEALTH & SOC SVS		$111,007
			Total:	$222,014

Budget Change Request

Form ID #:

Priority #: 6

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to include in Triage Professional Services Contract for operations, inclusion of medical services at the Triage Facility for onsite Medical Clearance/Screening, required by Department of Health. The intent is to facilitate access to the Triage and not delay admissions due to routing a client through the hospital Emergency Department for medical clearances prior to admit. This allows police to bring a client directly to the Triage and reduce their time spent transporting. The goal is expedited Triage admissions and reduction in the use of the Emergency Department for medical screening.

What else might work? Why is it not your first choice?

Alternative is to have clients go first through the hospital emergency room for medical clearance. This has resulted in unnecessary delays in admissions, conflict with the ER over acceptance of clients and time spent by police in transporting. There are instances where clients have not been referred to the Evaluation and Treatment facility due to this requirement resulting in increased jail utilization.

How will this affect other offices and departments? Other impacts?

Program should have a positive impact on police by reducing transportation time by police to the emergency department. Establishing the BHO by April, completing construction of the facility, hiring staff and developing this program will delay implementation by several months. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical and Public Safety and Justice Strategies: "increase investments in social support system so that jail is not the default social system, and decrease utilization of jails as our primary mental health treatment center". This plan should improve program performance for Jail diversion and reduce hospital utilization.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($150,000)
1500D441	541000	PROFESSIONAL SERVICES	41499	$150,000
			Total:	$0

Budget Change Request

Form ID #: Priority #: 6

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$0	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request is for authority to contract for downtown behavioral health outreach services in conjunction with medical and psychiatric services. The request is to partner with PSPH Foundation to develop a needed "one stop shop" for social, behavioral and medical services for the "downtown" client population. Our funding is to support mental health outreach in collaboration with this partnership to provide medical and psychiatric care for high risk persons who are not enrolled/engaged in regular health/behavioral care. The model includes integrating services with a day treatment program and mobile crisis outreach services currently being developed. The program will work with law enforcement and provide support with applications for financial assistance.

What else might work? Why is it not your first choice?

The PSPH Foundation could be approached to provide 100% of the funds to activate their long term commitment to impact the underserved population downtown. This idea is a grass root generated response to a need that the Foundation is concerned about. Another option would be a mobile unit that combines these services and travels to where the client is located. The downside of a mobile unit is: 1) it is space limited for number cared for, and 2) it does not tie into other possible programs such as the planned day treatment program where these clients can begin to structure their day and connect with other care.

How will this affect other offices and departments? Other impacts?

This program will affect multiple programs including: free medical clinic, Olympia Police, Capital Recovery Center and Sidewalk, all of whom are interested in participating in the multi service center concept. It may also help reduce city and county jail populations. Establishing the BHO by April, hiring staff and developing this program will delay implementation by several months. We have adjusted our request to reflect this delay. However, annualizing program costs will require additional funds in 2017 and beyond which we anticipated in the BHO financial plan. Please see addendum to that financial plan for details.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical Strategy, "support strategies to sustain access to free or reduced cost basic health services from safety net providers "and the overall goal of integration of care. This program targets a high priority population for the BHO, vulnerable adults who are often homeless, engage frequently with the police and utilize emergency services rather then access behavioral and primary outpatient care.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D444	541000	PROFESSIONAL SERVICES	41408	($150,000)
1500D458	541000	PROFESSIONAL SERVICES	41499	$150,000
			Total:	$0

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐ Decrease ☐	$125,000	Increase ☐ Decrease ☐	$250,000	0.00

What do you need and why?

The Cities of Lacey and Tumwater are requesting a Diversion/Re-entry Specialist to assist mentally and substance use disorder misdemeanants incarcerated by the City of Lacey and Tumwater at the Nisqually Tribal Jail. Program would be similar to the Mentally Ill Offender program at Thurston Co. Jail, Mason Co. Jail and City of Olympia Jail. Services would be for crisis response, screening and transition back to the community. At present these services do not exist in the Nisqually Jail, and are not covered by Medicaid

What else might work? Why is it not your first choice?

These services are custody diversion and post jail diversion services. Funding is intended to be dedicated just for Nisqually. In the past we have tried to include this jail on a "PRN" basis to obtain services when needed from the existing MIO program. This method was not successful in establishing on-site relationships and trust with Jail administration and staff. One individual needs to be dedicated to this service.

How will this affect other offices and departments? Other impacts?

This contract would be funded by the RSN/BHO and contracted to a qualified provider. The RSN/BHO will need to provide close oversight and coordination for this function to be successful.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical Strategy "reduction of use of jail as our primary mental health treatment site." Goal is to reduce length of stay and to stabilize to reduce the chance of recidivism to the Nisqually Jail or commit a felony and be incarcerated in the Thurston County Jail.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D451	397118	O/T- TREATMENT SALES TAX	CW006	$125,000
			Total:	$125,000

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount

1500D441	541000	PROFESSIONAL SERVICES	CW006	$125,000
1180A344	599150	O/T-PUBLC HEALTH & SOC SVS		$125,000
			Total:	$250,000

Budget Change Request

Form ID #: Priority #: 3

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Social Svs Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$1,100,000	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request for authority to contract for hospital and jail diversion services specific to Mason County. We need this funding to bring hospital and jail diversion services and Intensive Case Management services in Mason County up to parity with Thurston County. The diversion program would tie mobile crisis outreach together with a "diversion house" (five beds) to facilitate transition from ER and Jail to the community. These services available in Thurston are not located in Mason County at this time. Additionally, this would create a dedicated Intensive Case Management team for high risk clients. At present, the only mental health service available in Mason County is through limited clinic based treatment. This does not include 24/7 crisis outreach in Mason County and there is insufficient staff to serve the high risk/need population. Funding is for dedicated clinical staff to function as an intensive case management team.

What else might work? Why is it not your first choice?

The RSN/BHO will be working with treatment providers and stakeholders in Mason County to develop resources for a staffed diversion house and alternative providers for the intensive case management team. An alternative would be to continue to provide these services from agencies located in Thurston County – over the years this has not proven to be a successful model. Additionally, in becoming a BHO we have been asked to bring parity of services between Thurston and Mason Counties. Most RSN crisis response services are located in Thurston, and so are not as easily accessible to Mason County residents. These services are the beginning of creating parity between the two Counties.

How will this affect other offices and departments? Other impacts?

The impact and networking will be with multiple Mason County services including: Mason General Hospital, Mason County Public Health and Mason County Sheriffs department.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the Mason County strategic plan and direct requests for both parity of services and reduction in the use of the jail as a mental health holding center. These services will increase BHO's service level to our high risk client population and add to our parity mix of services between the two Counties.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D451	541000	PROFESSIONAL SERVICES	41499	$1,100,000
				$0
			Total:	$1,100,000

Budget Change Request

Form ID #:

Priority #: 3

Date: 2015-08-09

Requester: Joy Miller

Phone: 867-2526

Dept Name: Social Svs

Dept Number: 41

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS

Fund Number: 1500

Revenue Request Type:	Total Revenue Change (+/-):	Expenditure Request Type:	Total Expenditure Change (+/-):	Net FTE Change (+/-):
Increase ☐	$0	Increase ☐	$600,000	0.00
Decrease ☐		Decrease ☐		

What do you need and why?

Request for authority to contract for Mobile Crisis Outreach to be provided in conjunction with all emergency responders. Currently, the mental health crisis response for Thurston County is through the Designated Mental Health Professionals (DMHP) who primarily responds only to requests for involuntary commitment. There have been multiple requests for outreach mental health crisis services, particularly after hours, to work in conjunction with emergency personnel as they engage our client population. Recent reports from the Fire Department suggested that over fifty percent of their calls are due to behavioral problems. Discussion with Law Enforcement has led to a request for a Lead program, one where mental health crisis staff is paired up with emergency personnel in the field to engage clients and provide an alternative to jail or involuntary commitment. Our request is to staff a team for mobile crisis outreach, separate from the DMHP's and involuntary evaluations.

What else might work? Why is it not your first choice?

This program emphasizes crisis outreach services including the pairing of emergency personnel with clinical staff. This has been a successful model in King County and elsewhere in the State. Services need to be available during, at minimum, crucial hours in the evening and on weekends. The alternative is to continue to focus on the DMHP's and involuntary function as the core of our crisis response, which cannot adequately support the entire system.

How will this affect other offices and departments? Other impacts?

This program would be a support for emergency services in the County, would add to needed coordination and reduce time spent by emergency personnel on behavioral problems and would decrease utilization of the jail by the mentally ill. Oversight of this program by the BHO will be crucial to set the priority and mission for coordination.

How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the County strategic plan and the Thurston Thrives Clinical Strategy and Law and Justice Strategy based on decreasing utilization of jails as a mental health treatment center, as this service will provide an alternative for jail diversion and reduce impact on all emergency services through expanded linkage of services with police, fire and medics.

Personnel Information

FTE	Position #	Title	Current End Date	New End Date	Grant Funded?
					☐
0.00	**< Total**				

Enter Revenue and Expenditure information below.
Or, click to the right to attach a spreadsheet instead.

File Attachment

Does this change in Revenue/Expenditure affect another fund? ☐ **Yes** ☐ **No**

Revenue Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D412	346400	MENTAL HEALTH SERVICES	41408	$0

				$0
			Total:	$0

Expenditure Line Items

Org Code	Object Code	Object Description	Project Code	Amount
1500D441	541000	PROFESSIONAL SERVICES	41408	$600,000
1500D444	541000	PROFESSIONAL SERVICES	41408	$0
			Total:	$600,000