

Treatment Sales Tax Implementation Workgroup Meeting
June 23, 2009 4:00 – 5:00 p.m.
Courthouse, Building 2, Room 149

Attendance

Gary Carlyle	Gail Gosney	Lois Kim
Jim Chamberlain	Sally Harrison	
Mike Fenton	Marti Maxwell	
Mark Freedman	Jon Tunheim	
Ellen Goodman	Colin Williams	

1. Next Steps for TST

The BoCC approved the Implementation and Evaluation Plan on 6/23/2009. By the 26th, we anticipate having Statements of Work, Evaluation Summaries and Invoices finalized. Early next week, these three documents will be signed by Don Krupp and distributed to departments for department signatures.

The first invoice and evaluation plan is due in October. Submit all documents to Gail Gosney. Gail will route them to the appropriate people.

There will be two staff workgroup meetings in August to review/revise 2010 priorities for the 2010 County budget and consider whether we should consider contracting funds to non-county departments for specific services.

The Strategic Planning process for 2011-2016 will start in September/October 2009.

2. Meth Money \$100k Plan – Colin Williams, TC Chemical Dependency Program Mgr

Counties that approved the 1/10th of 1% tax were given an incentive of a one-time \$100k fund for meth treatment. The money is for FY2010 with the Financial Plan due October 1st. A second year is possible, but the state budget could run short.

Chemical Dependency providers were consulted to brainstorm ideas on how best to use these funds. Funding Intensive Case Management (ICM) was the most supported idea. ICM is currently provided by Providence St. Peter Hospital and NW Resources with 2.0 FTE's per provider (total of 4.0 FTE) and a total cost of \$140k. Current funding for ICM expires July 1st.

Several things to consider in contracting with ICM Provider:

- Link ICM up with Drug Court – restrict eligibility to people in the Criminal Justice system, which is in line with TST goals. Pre and Post ICM enrollment arrest data could then be analyzed to show if ICM prevents people from getting involved in the CJ system.
- Restrict eligibility based on level of severity of drug addiction
- Reserve slots for juvenile – have different eligibility criteria for juveniles (i.e. severity of addiction)

Suggestion to possibly cross-check ICM clients with the court system's database. There is also the issue of where to house the ICM program at – the jail, hospital?

Colin and Mark will draft up a Statement of Work to show the TST team. Colin will send this to Gail; Gail will distribute it to the Staff Workgroup.

5. Adjourn

There will be 2 meetings set up for August.