



**Mental Illness and Drug Dependency (MIDD)
Oversight Committee (OC)
October 1, 2009
11:45-12:15 networking lunch
12:15 p.m. – 2:15 p.m.
King County Chinook Building Room 121
Meeting Notes**

Members:

Jim Adams, Teresa Bailey, designee for Barbara Miner, Bill Block, Linda Brown, Kelli Carroll, designee for Councilmember Bob Ferguson, Merrill Cousin, Nancy Dow-Witherbee, Dr. David Fleming, Judge Helen Halpert, Zandrea Hardison, Shirley Havenga, V. David Hocraffer, Darcy Jaffe, Norman Johnson, Bruce Knutson, Emily Leslie, designee for Councilmember Mike Creighton, Judge Barbara Linde, Marilyn Littlejohn, Jackie MacLean, Leesa Manion, designee for Dan Satterberg, Karen Murray, designee for Donald Madsen, Mario Paredes, Sheriff Susan Rahr, Dwight Thompson

Other Attendees:

Bryan Baird, Trish Blanchard, John Bruels, Krista Camenzind, Stacey Devenney, Beth Goldberg, Lisa Kimmerly, Andrea LaFazia, Sarah Lapp, Susan McLaughlin, Alessandra Pollack, Genevieve Rowe, Cynthia Sessoms, Amnon Shoenfeld, Debra Srebnik, Laurie Sylla, Mary Taylor, Janna Wilson

1. Welcome and Introductions, Co-Chairs Havenga & Rahr~

Co-Chair Havenga called the meeting to order, welcoming the committee and introductions were made by each person in attendance.

2. Approval of the Meeting Notes from the August 27, 2009 Meeting, Co-Chairs Havenga & Rahr~

Co-Chair Havenga noted that the August minutes reflected a verbatim recording.

Kelli Carroll mentioned that due to public record requirements, we may need to continue with the recorded method, but will get back to the OC.

Merrill Cousin asked about the possibility of the record being summarized for distribution.

Marilyn Littlejohn, City of Seattle, pointed out her designee was sitting in for her at the August meeting and asked that the minutes be revised. Minutes were approved as revised by consensus.

3. Executive's 2010 MIDD Budget Update – MIDD Supplantation, Beth Goldberg~

Beth Goldberg, OMB, gave an overview of the 2010 Executive Proposed Budget: Strategies for Closing the \$56.4 million General Fund Deficit. This proposed budget is \$38.8 million less than the 2008 Adopted Budget and \$26 million less than the 2009 Adopted Budget.

Executive Triplett sought ways to preserve funding to the greatest extent possible for core mandatory services. He prioritized the preservation of direct services over administrative overhead costs and emphasized the elimination of programs over 'across the board' reductions, recognizing that the county programs can no longer be effective if faced with reductions on the

margins. Finally, the Executive made use of the tools provided to King County by the state legislature in 2009 such as the ability to use MIDD revenue to support existing General Fund programs and to mitigate and offset some of the direct services reductions.

The Executive has identified savings from areas that include:

- \$7.7 million: Administrative and Overhead Reductions;
- \$4.6 million: Parks in urban or unincorporated areas;
- \$1.5 million: Animal Control Subsidy; and
- \$3.7 million: Human Services.

\$7.7 million in Criminal Justice funding has been shifted from the General Fund onto the MIDD. Beth reminded the OC that the state legislature gave King County the authority to supplant up to 50% of MIDD revenues in 2010 and then ramps down 10% each year until it reaches zero in 2015. The Executive decided not to maximize the 50% level, instead chose to supplant 30% this year, equivalent to \$12.6 million. The 30% supplantation decision will build sustainability in the programs shifted under MIDD and preserve the existing MIDD programs.

The \$12.6 million figure is broken into two categories: \$7.7 million covers Criminal Justice related costs and \$4.9 million covers Human Services programs. Through the use of MIDD funding, the net reduction of Human Services funding was \$11.4 million, but is now \$3.7 million.

The following table contains Supplantation Programs (MIDD supported programs in 2010) which were previously generally-funded but will be shifted into MIDD:

Adult Drug Court	\$ 2,691,000
Family Treatment Court	\$ 201,000
Juvenile Drug Court	\$ 179,000
Mental Health Court (includes contributions from DSHS)	\$ 1,218,000
DAJD Mental Health Contracts	\$ 406,000
Jail Health Mental Health Treatment	\$ 3,107,000
DCHS Mental Health & Substance Abuse Programs	\$ 4,806,000
TOTAL	\$12,608,000

In order to accommodate supplantation, the following table exhibits the funding being shifted out of MIDD.

Community Based Care	\$ (1,935,000)
Programs Targeted to Help Youth	\$ (4,102,000)
Jail and Hospital Diversion Programs	\$ (2,189,000)
Domestic Violence, Sexual Assault, and Drug Diversion Court Programs	\$ (360,000)
Transfer from Fund Balance	\$ (4,022,000)
TOTAL	\$(12,608,000)

The Executive's Proposed Budget can be found at:

<http://www.kingcounty.gov/operations/Budget.aspx>

4. MIDD Project Staff Report, Andrea LaFazia

Andrea brought the OC's attention to a one page summary of the OC Operating Rules on back of the agenda. It lists an overview of responsibilities, decision-making and the role of the OC.

Update on Strategy 10b: Crisis Diversion Facility (CDF), Crisis Diversion Interim Services, and Mobile Crisis Team

In early August, the Mental Health, Chemical Abuse and Dependency Services Division released a Request for Proposal (RFP); proposals were due on September 17. The strategy is on time for the decision making at the end of October for contracting in November.

5. 1/10 1% Statewide Conference Update, Kelli Carroll

Last Thursday, September 24, Councilmember Ferguson sponsored a statewide conference in Ellensburg that focused on the 1/10 of 1% sales tax. Over 100 people were in attendance with nearly 30 counties represented. A full day of information and initial presentation on the status of passing the sales tax across the state was shared. Feedback has been overwhelmingly positive. For more information on the conference, please go to Councilmember Ferguson's website at: <http://www.kingcounty.gov/Ferguson/conference.aspx>.

6. Co-Chairs Report, Co-Chairs Havenga & Rahr~

Co-Chair Havenga: The 2010 Work Plan and Calendar Survey is coming within the next week. The results of that survey will be given at the November meeting in a full report. Milestones will be reported at the next month's meeting.

The City of Tukwila passed an ordinance on September 8, 2009 in response to the CDF planning "relating to diversion facilities and diversion interim service facilities for the treatment of mentally ill and chemically-dependent adults in crisis, adopting a six-month moratorium on establishing such uses, and on the acceptance and/or processing of applications related thereto; providing for severability, and declaring an emergency and establishing an effective date." A Public Hearing is scheduled for November 8, 2009 for the purpose of adopting findings and conclusions in support of the provisions of this ordinance.

Member comments:

Members inquired if the City of Tukwila had felt the CDF would make their city unsafe or if the city felt targeted as a possible location for the facility. There have been talks about the general area around Tukwila, but no decision has been made on a specific site. Other concerns were raised about the City of Tukwila being advised about a decision made to put the CDF in Tukwila or if other cities might come forth with similar ordinances. Dwight Thompson, representative for the Suburban Cities Association (SCA), and member of the OC has been in contact with Tukwila. Members also expressed the need to go to the next SCA monthly meeting, and have an educational presentation.

Andrea LaFazia, MIDD Project Manager handed out a draft response letter addressed to the Tukwila City Council President from the OC. Its purpose is to express concern with the legislative action taken and invite them to send representation to the MIDD OC monthly meetings. The letter also reminded Tukwila City Council of MIDD policy goals, the

effectiveness and benefit of the MIDD, and the essential CDF as a foundational strategy of the MIDD plan. The response the OC can have: 1) advocacy in attending the Tukwila public meeting; and 2) a formal written response.

The ordinance states they would have to have a public hearing within 60 days which would be by November 8.

Other member comments include softening the response letter and reaching out to Tukwila, offering ourselves as resources. It was also recommended making a personal appointment with them, including key folks on the council and explain to them what a good thing the CDF really is. Jim Adams, NAMI representative, also offered to follow up with the City of Tukwila directly as he has worked in South King County through NAMI in the past on breaking the stigma associated with mental illness.

7. MIDD Evaluation Plan Update, Laurie Sylla, Susan McLaughlin, Debra Srebnik, and Lisa Kimmerly

Laurie Sylla, System Performance Evaluation Coordinator.

Laurie prepared a PowerPoint presentation on MIDD Evaluation Strategy. Her goal was to give the OC a sense of the complexity of evaluating the MIDD, report on progress, and remind members what they can expect of the Evaluation team.

The Evaluation team will evaluate the effectiveness of the implementation of each of the MIDD Strategies for meeting the five overarching MIDD policy goals:

- Reduce use of jail, emergency rooms, and hospitals for CD/MI
- Reduce jail recycling due to CD/MI
- Reduce incidence/severity of CD and mental and emotional disorders in youth and adults
- Divert CD/MI youth and adults from justice system involvement
- Link with/enhance other council directed efforts including the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

Laurie quickly gave the blueprint on the progress of MIDD to date:

- Constituted evaluation team
- Developed evaluation plan
- Developed evaluation timeline
- For each strategy, identified:
 - Measurable objectives with quantifiable targets
 - Measurement indicators
 - Types of measures
 - Data sources
 - Began collecting output/process measures

Developed custom data tools:

- Created contract language that incorporated data collections requirements
- Developed custom data collection tools and documentation
- Created secure server access and procedures for providers
- Worked out HIPAA and confidentiality issues re: data sharing

Laurie also outlined approximately 13 potential data sources that the Evaluation team could get information from to give the OC an idea of the complexity that is involved. Once the data are

received, the Evaluation team must ensure it's good data. Another component in collecting accurate data involves confirming that one person, who may be recorded in multiple databases, is counted as one individual.

Special challenges the Evaluation team faces include:

- Orienting new providers to data collection systems
- Budget picture has created shifts in priorities, personnel in the community
- Data privacy concerns
- Data source alignment
- Minimizing data burden on providers
- Unduplicating clients across information systems
- Delays in data flow
- Controlling for missing data
- Variability of start dates, populations, target systems, outcomes, and data sources
- Some new interventions build on existing
- N's vary; need time to generate cohorts for analysis
- Outcome measurement times vary (e.g. symptom reduction vs. jail stay)
- Complexity of attributing outcomes to individual strategies

The Evaluation team has a goal to look at all these things and have them make sense and to approach this in a systems way to create meaningful information. The Evaluation team must factor in the time between service delivery and when data are received and it also takes time to establish "is it working?"

Susan McLaughlin, Ph.D., Children's Mental Health Planner and Evaluator

Dr. McLaughlin discussed the uniqueness of Strategy 13a: Domestic Violence (DV) as an example of evaluation implementation since it was the test strategy. This strategy added mental health (MH) services to the DV providers where a lot of them were new to MH. There were multiple meetings to review expectations and provide MH consultation. A screening tool was identified and a process later developed for screening and intervention. These providers weren't currently able to submit data. Most agencies are very small and challenged with resources. That is what we're doing for every strategy and we're doing it 37 times over.

Debra Srebnik, Ph.D., Program Evaluator

Dr. Srebnik explained the process for choosing and adopting appropriate symptom reduction outcome measures which will be implemented between January and April 2010.

Lisa Kimmerly, MIDD Evaluator

Lisa explained a diagram for data collection by strategy based on existing or new providers and how those data are processed. For new providers, custom tools must be created for them. She expressed two primary questions: "Who are the people 'touched' by the MIDD?" and "What happens to those who've been 'touched' by the MIDD?"

Lisa then acknowledged the impressive efforts of the IT staff who designed a robust database in a short amount of time and the DCHS Help Desk staff whose technical support has gone above and beyond the call of duty.

Laurie Sylla thanked the providers who have submitted data for this project.

Member comments:

Merril Cousin: Is there a control group? Who are we comparing MIDD clients to? Ultimate goals, reducing emergency medical usage, there are forces so much larger than the MIDD like the economy. How do we show an effect?

David Fleming: Wonderful presentation. Have you looked at all the possibilities, compared data to other counties?

Laurie Sylla: You have to have something with a similar demographic or similar population. There could be some historical controls. A study could be done. I think that these are things certainly worth looking at.

Co-Chair Havenga: Did this project support leveraging other funds in the system, (i.e. Medicaid funding)?

Laurie Sylla: It is one of the things we talked about, the qualitative things. How do we change the targets? How do we look at how the funding is being used for other things?

Barbara Linde: One of the big measures will be if these strategies help avoid jail time. There is real lag time for jail and taking into account warrants, etc. Jail records need to be discussed with someone who understands them. Look at new events vs. past warrants.

8. MIDD OC member check in

Bill Block reported the Executive budgeted \$2 million for MIDD housing capital funds (MIDD strategy 16a). In this buyer's real estate market, King County Housing Authority took advantage of purchasing a newly renovated 35 unit building, that would house 48 people, for about \$100,000 per unit, below market value. Tenants who are mentally ill and chemically dependent are already living there and Sound Mental Health is providing supportive housing services to residents.

Barbara Linde: I'm the District Court judge and committed to mental health court strategy 11b which is delayed due to supplantation. I wanted this group to know that Dan Satterberg and I are going to go the Suburban Cities Association on October 7, 2009 to talk to the cities about where we are, what it means, what we can do to keep the dream alive.

9. New Business

No Comments

10. Public Comment

No Comments

ADJOURN 1:55p.m.

Next Meeting

October 22, 2009

King County Chinook Building

401 5th Avenue, Seattle, WA 98104

11:45 a.m.– 12:15 p.m. ~ Networking Lunch

12:15 p.m.– 2:15 p.m. ~ Meeting

Room 123