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**Mental Illness and Drug Dependency (MIDD)**

**Oversight Committee (OC)**

**April 28, 2011**

**11:45 a.m.-12:15 p.m. networking lunch**

**12:15 p.m. – 1:45 p.m.**

**King County Chinook Building Rooms 121 & 123**

**Meeting Notes**

**Members:**

Linda Brown, Kelli Carroll, designee for Councilmember Bob Ferguson, Councilmember John Chelminiak, Catherine Cornwall, Merril Cousin, Shirley Havenga, Mike Heinisch, Dennis Higgins, designee for Dwight Thompson, Darcy Jaffe, Bruce Knutson, Christine Lindquist, Jackie MacLean, Leesa Manion, designee for Dan Satterberg, Ann McGettigan, Karen Murray, designee for Donald Madsen, Alan Painter, designee for Rhonda Berry, Steve Strachan, designee for Sheriff Rahr, Mary Taylor, designee for Barbara Miner, Ericka Turley, designee for V. David Hocraffer, Chelene Whiteaker, Janna Wilson, designee for David Fleming

**Other Attendees:**

Bryan Baird, Andrew Bauck, Eric Bruns, Kimberly Cisson, Michael Hubner, Tamara Johnson, Lisa Kimmerly, Toni Krupski, Sarah Lapp, Emily Leslie, Brandon Miles, Jill Murphy, Mike Pullman, Amnon Shoenfeld, Laurie Sylla, Seiko Yamashita, Chris West, Mark Wirschem

1. **Welcome and Introductions**, *Co-Chair Havenga~*

Co-Chair Havenga called the meeting to order, welcoming the committee and introductions were made by each person in attendance. New members were acknowledged: Christine Lindquist of the National Alliance on Mental Illness-Greater Seattle will be replacing Jim Adams. Steve Strachan, Chief Deputy, will be serving as designee to Sheriff Rahr.

1. **Approval of the Meeting Notes from the March 24, 2011 Meeting**, *Co-Chair Havenga~*

Minutes were approved by consensus.

1. **Family Treatment Court (FTC) Outcome Study Evaluation Presentation**, *Eric Bruns, Michael Pullman, Jill Murphy, evaluators from the University of Washington*

Mr. Bruns, Mr. Pullman, and Ms. Murphy presented the results of their evaluation of the FTC to the OC. The FTC was implemented in August in 2004 and expanded in 2009 under the MIDD plan. The FTC reached capacity in 2010.

Only four studies have been published on FTCs nationally; none were randomized or controlled studies, and length of follow up has not been long. These studies have shown positive outcomes in terms of less reliance on foster care, greater unification rates for children in FTCs compared to comparison groups, and higher rates of treatment engagement and completion for parents engaged in these courts.

The four main goals of FTC are:

* Children have safe and permanent homes within permanency planning guidelines;
* Families of color have outcomes from dependency cases similar to families not of color;
* Parents are better able to care for themselves and their children and seek resources to do so; and
* The cost to society of dependency cases involving substances is reduced.

The FTC focuses on up to 60 children at a time, whose parent(s):

* Admit to the court that his/her child is dependent or have an existing dependency finding
* Are chemically dependent and willing to go to treatment;
* Are at least 18 years of age;
* Sign a Consent to Release Confidential Information Form so that the team may share information with other team members and outside community providers;
* Have no felony child abuse or sexual abuse guilty findings; and
* Applications/referrals to FTC must be received no later than six months from the date of dependency petition.

The program model includes:

* Parents agree to enter a more intensive court process: Expectation = 18 months – two years duration;
* Case management to ensure connection to appropriate chemical dependency treatment;
* Cross-disciplinary pre-hearing staffings to present a unified approach at hearings;
* Case review hearings every other week until frequency can be stepped down;
* Treatment Liaison who monitors parent’s progress in CD and MH treatment and provides case management;
* Formal Wraparound Process for approximately one-third of families (15 at a time); and
* Social Workers dedicated to the FTC with reduced caseloads (12:1)

This presentation included research questions, outcome evaluation administrative data, parent and child demographic data, investigatory research data, treatment data, service statistics, and many other outcomes. To view the complete presentation and handout materials, visit:

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/OCMeetingMaterials.aspx>.

1. **MIDD Project Report**
	1. Family Treatment Court (FTC) budget proviso update

The draft report on the FTC budget was distributed to the OC last month and MHCADSD is still in talks with the Executive Office about next steps.

* 1. State legislation update

The legislature has ended its regular session and is now in special session. Amnon reported the status of two bills of interest to the OC:

* Senate Bill 5722: Supplantation of local sales tax option funds for other programs. This bill did pass the legislature and is currently waiting for Governor Gregoire’s signature. This bill will extend the period of time counties can use sales tax dollars to supplant programs formerly funded by the counties. For King County, the option could go back up to 50 percent this year and then begin ramping down (10% per year) from that point.
* House bill 1170: related to crisis triage facilities, also passed the legislature and is waiting for Governor Gregoire’s signature. There are slightly fewer requirements for medical personnel who would be required to be present 24 hours a day to receive crisis triage certification as compared to requirements for certification as a crisis stabilization facility
	1. State budget update

The budget has not passed. Both the Senate and House budgets made significant cuts to MH and CD services. Most relevant is the funding for MH has been reduced about $7-8 million to King County per year in each budget. The county prefers the House budget to the Senate budget because the House version shares the cuts between Medicaid and non-Medicaid; the Senate budget is strictly non-Medicaid. Also, the Senate budget cuts one of the forensic wards at Western State Hospital. This would directly impact hospitals, increasing the number of people boarded in emergency rooms because we would have to find placements for people who currently go to Western State Hospital.

1. **Co-Chairs’ Report**, *Shirley Havenga*~
	1. MIDD Membership Survey

A link for this survey was sent to all OC members; Co-Chair Havenga requested all MIDD OC members to complete it as the results will be included in a draft report due to DCHS on May 5 and the final report is due at Council on June 1.

* 1. MIDD Annual Report

The MIDD Annual Report was heard at the Regional Policy Committee (RPC) on April 13, and the Law, Justice, Health and Human Services Committee (LJHHS) on April 27, 2011. Co-Chair Havenga thanked Lisa Kimmerly, Laurie Sylla, and Kimberly Cisson for the excellent job they did to complete the report. Kelli Carroll reported she had presented the report to the RPC and LJHHS where both bodies voted to pass a motion that will go before the full council on May 9, 2011. Councilmember Ferguson is very excited about the data that shows reductions in jail bookings and jail usage.

* 1. New Co-Chair for Oversight Committee

Co-Chair Havenga announced her term as co-chair, a non-government entity position, expires in June. She invited any interested, non-government members, to submit their candidacy to Co-Chair Havenga or Co-Chair Linde. This co-chair position is a two-year term. A vote will take place at the June MIDD OC meeting. Mike Heinisch has expressed his willingness to serve as the new co-chair.

1. **MIDD Prioritization Subcommittee Update**,*Amnon Shoenfeld*~

The subcommittee met on March 31 and April 19, 2011. The group completed work on the identification of core services and categorizing all services across several dimensions: youth, adult, older adult; prevention/early intervention, community treatment and support, hospital and jail diversion; MH and SA;, and where interventions take place with the goal to preserve a continuum of services. The subcommittee will next examine the impact of across the board cuts, equity and social justice issues, maintaining supportive services for various populations and looking at strategies that leverage other funding sources. The next subcommittee meetings are scheduled for May 5 and May 25.

1. **MIDD OC Member Check-in**

Janna Wilson reported an update on Strategy 12-b: Medical Respite (Post-Hospital Discharge for Homeless Adults). This strategy relates to the development of a clinical recuperation program for homeless adults who are being discharged from hospitals. She also reported construction began in March 2011 on the 6th and 7th floors at Jefferson Terrace. There will also be modifications to the apartments to turn them into temporary unit quarters with 34 beds for homeless people to heal after being treated at a hospital, plus offices and support rooms. The program is currently projected to open in August 2011. Public Health is hoping to get more participation from hospitals and is thankful to have the MIDD as a supporter as well as other partners in the community, such as United Way.

Jackie MacLean reported the Veterans and Human Services Levy will be discussed by the full Council on Monday, May 2.

1. **New Business**

No comments.

1. **Public Comment**

Tamara Johnson, Youth In Action, inquired about the status of a MIDD funded grant program and Request for Proposal related to Strategy 1f: Peer Support and parent partner family assistance, that would fund peer services for a family support organization.

Amnon responded that the team has been working on a new model and he will be attending a briefing next week to determine next steps

**ADJOURNED at 1:22 p.m.**

**Next Meeting**

**June 23, 2011**

**King County Chinook Building**

**401 5th Avenue, Seattle, WA 98104**

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

**12:15 p.m.– 1:45 p.m. ~ Meeting**

**Rooms 121 & 123**