

*Attendance:
Members/
Designees*

Seats	Members	Designees
1-King County District Court	<input checked="" type="checkbox"/> Hon. Matthew York	
2-King County Department of Judicial Administration	<input type="checkbox"/> Barbara Miner	<input checked="" type="checkbox"/> Christina Mason
3-King County Regional Homelessness Authority	Vacant	
4-King County Uniting for Youth	<input type="checkbox"/> Jorene Reiber	<input type="checkbox"/> Paul Daniels
5-King County Prosecuting Attorney's Office	<input type="checkbox"/> Dan Satterberg	<input type="checkbox"/> Carla Lee <input type="checkbox"/> Leesa Manion
6-Department of Public Health	<input type="checkbox"/> Dennis Worsham	<input checked="" type="checkbox"/> Brad Finegood
7-King County Department of Public Defense	<input type="checkbox"/> Anita Khandelwal	<input type="checkbox"/> Katie Hurley <input type="checkbox"/> Tara Urs
8-King County Superior Court	<input type="checkbox"/> Hon. Ketu Shah	
9-King County Department of Community and Human Services	<input type="checkbox"/> Leo Flor	<input type="checkbox"/> Kelli Nomura
10-King County Council	<input type="checkbox"/> Sarah Perry	<input checked="" type="checkbox"/> Osman Salahuddin
11-King County Department of Adult and Juvenile Detention	<input type="checkbox"/> Steve Larsen	
12-the Executive	<input type="checkbox"/> Kelli Carroll	
13-King County Sheriff's Office	<input type="checkbox"/> Patti Cole-Tindall	<input type="checkbox"/> Mark Ellerbrook
14-King County Behavioral Health Advisory Board	<input type="checkbox"/> Jasmeet Singh	<input type="checkbox"/> Carolyn Graye
15-Puget Sound Educational Services District	<input type="checkbox"/> Minu Ranna Stewart	
16-Community Health Council	<input checked="" type="checkbox"/> Claudia D'Allegri	
17-Harborview Medical Center	<input type="checkbox"/> Stacey Devenney	
18-bona fide labor organization	Vacant	
19-City of Seattle	<input checked="" type="checkbox"/> Jeff Sakuma	
20-provider of culturally specific mental health services in King County	Vacant	
21-provider of sexual assault victim services in King County	<input checked="" type="checkbox"/> Laura Merchant	<input checked="" type="checkbox"/> George Gonzalez
22-domestic violence prevention services in King County	<input type="checkbox"/> Trenecsia Wilson	<input type="checkbox"/> Carlin Yoophum <input type="checkbox"/> Alicia Glenwell
23-agency providing mental health and chemical dependency services to youth	<input checked="" type="checkbox"/> Anthony Austin	
24-National Alliance on Mental Illness (NAMI)	<input type="checkbox"/> Jeremiah Bainbridge	<input type="checkbox"/> (Katie Mahoney)
25-provider of culturally specific chemical dependency services in King County	<input type="checkbox"/> Mario Paredes	
26-organization with expertise in helping individuals with behavioral health needs in King County get jobs and live independent lives	<input type="checkbox"/> Kailey Fiedler-Gohlke	<input type="checkbox"/> Danielle Burt
27-representative from the Sound Cities Association	<input checked="" type="checkbox"/> Brenda Fincher	<input type="checkbox"/> Chris Stearns
28-City of Bellevue	<input type="checkbox"/> Lynne Robinson	<input checked="" type="checkbox"/> Helena Stephens
29-provider of both mental health and chemical dependency services in King County	<input type="checkbox"/> Karen Brady	<input type="checkbox"/> Don Clayton
30-King County Hospitals	<input type="checkbox"/> Darcy Jaffe	<input type="checkbox"/> Brooke Evans
31-philanthropic organization	<input checked="" type="checkbox"/> Jennifer Teunon	

32-organization with expertise in recovery	<input type="checkbox"/> Joshua Wallace	<input checked="" type="checkbox"/> Cody West
33-managed care organizations operating in King County	<input type="checkbox"/> Jessica Molberg	
34-grassroots organization serving a cultural population	<input type="checkbox"/> Fartun Mohamed	<input type="checkbox"/> Rowaida Mohammed
35-Unincorporated King County	<input checked="" type="checkbox"/> Laura Smith	
36-An individual representing behavioral health consumer interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group	Vacant	
37-An individual representing community interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group	Vacant	

Attendance: King County staff: Denise Mote, Nikki Nguyen, Gretchen Bruce, Mark Ellbrook, Marc Seligson, Erin Carosa, Ryan Black, Nicholas Makhani, Carolyn Graye, Trecia Wilson, Halli Willis, Kailey Fiedler, Margaret Soukup, Delaney Knotterus, Bridgett Fields, Nyleki, Laura Van Tosh, Emmy Mcconell, Lea, Chris Stevens, Sam Porter, Jennifer Wyatt, Jorene Reiber, Deborah Stake

Notes by: Yuliya Shapiro

Issues	Discussion	Action Items
Welcome-	<p>Co-Chair Laura Smith began the meeting by greeting everyone and providing an overview of how to use Zoom features and meeting logistics for members and other participants.</p> <p>Co-chair Steve Larson is not able to attend today's meeting.</p> <p>Three new staff members joined the MIDD Team.</p> <ol style="list-style-type: none"> 1. Nikki Nguyen is the MIDD Community Partnerships Program Manager. Nguyen came from the King County Adult Services Division. She supported veterans, seniors, and human services. She is excited to learn about a new scope of work, expand her experience, and support our community. 2. Denise Mote is the MIDD Operations Manager. Mote moved to King County from Florida. She worked for a nonprofit behavioral health agency for the last 15 years, where she served as the program manager for their youth and health services programs. She is excited to jump in and learn everything that we have here. 3. Gretchen Bruce is the new Manager of Rural Behavioral Health Initiative. The rural programming is supported by both MIDD and American Rescue Plan Act (ARPA) funds. Bruce is transitioning to the MIDD team from her role in the Adult Services Division of DCHS, managing veteran contracts. She has 10 years in homeless policy and 10 years of work in local nonprofit, Solid Ground. Bruce 	

	mentioned that she is excited to bring her knowledge and expertise to this new role.	
Review/Approve Meeting Notes-	Co-Chair Smith gave everyone a moment to review the draft October meeting notes. Jennifer Teunon indicated that how she was recorded as attending the meeting was handled incorrectly. No other edits were required. The meeting notes were approved by consensus.	
Equity Focus-	<p>Co-Chair Smith introduced the Equity Grounding Moment, an opportunity for members to share a recent experience where equity was in the forefront, either in their organization or in the community.</p> <p>Jeff Sakuma recognized World AIDS Day on December 1. He participated in an event at the newly developed AIDS Memorial Pathway on Capitol Hill. He encouraged everyone to visit the memorial. This day should remind all of us that AIDS is still with us. Over the years we continue to see that it has been disproportionately affecting people in our community. Even though 56% are virally suppressed, which is low, a huge makeup of people affected are MSM. According to the stats 42% of new cases are black African American and Hispanic/Latino represent 21% of new diagnoses in our country. Visit www.theamp.org to learn more about the AIDS Memorial Pathway.</p>	
Public Comment-	Laura Van Tosh shared a webinar opportunity related to crisis response and peer involvement, developed by Policy Research Associates, that focused on IDD peers present on crisis response teams. Ms. Van Tosh will share the opportunity with committee members when she obtains the meeting information.	
MIDD Financial Report- Scott Miller, Business and Finance Officer IV, DCHS	Scott Miller, King County Department of Human Community Services (DCHS) Business and Finance Officer IV, provided an update on the October 2022 financial plan. Miller shared that the current adopted budget is \$208,763,000. He expects a correction in the first omnibus but there may be other offsets. There will be an impact on ending fund balances. In years 25-26 the plan shows a small reserve shortfall. MIDD spend is showing that the funds are fully obligated. A new revenue forecast will be available in March that could impact long-term planning.	
Final Council Adopted MIDD Budget for 2023-2024- Ryan Black, Finance Manager, DCHS	<p>Ryan Black shared that the council adopted its budget for the 23-24 biennium. Next steps are implementation of budget, monitoring and adjusting as necessary in the two-year cycle.</p> <p>Council increased the budget by \$1.75 million from what the Executive proposed. It was originally \$1.95 million, but \$200,000 was identified as a misappropriation for a specific grant program and will be adjusted out. For additional appropriation, the Council included several expenditure restrictions (requirements associated with the money) in the budget as follows:</p>	

	<p>Gender Based Violence Treatment- Expenditure Restriction- \$4.78 million. Adopted budget add on- \$1 million. All funds are for designated use/contingent on MIDD AC review.</p> <p>LEAD- \$4.9 million for 2024. This spending in 2024 is only available after competitive procurement and contract is executed.</p> <p>Art Therapy- Expenditure Restriction- \$200,000. Adopted budget add on- \$200,000. All funds are for designated use, awarded to one organization, highlighted and evaluated in the 2023 and 2024 MIDD evaluation summary reports, can't be expended until the executive transmits an art therapy report to council, council has to pass motion that report was received for funds to be expended.</p> <p>Naloxone- Expenditure Restriction- \$650,000. Adopted budget add on- \$250,000. All funds are for designated use, contingent on MIDD AC review.</p> <p>RADAR Program- Expenditure Restriction- \$300,000. Adopted budget add on- \$300,000. All funds are for designated use, contingent upon MIDD AC review.</p> <p>Therapeutic Courts- Expenditure Restriction- \$2.7 million. This was in the executive and council budget for designated use. No additional funding was added to this budget.</p>	
<p>Public Health- Overdose Update and Response- <i>Brad Finegood, Strategic Advisor, Public Health- Seattle & King County</i></p>	<p>Brad Finegood shared how his program intends to fund new funding added through the budget process.</p> <p>People are dying from overdoses at rapid rates, the need for urgency to drive the work forward is important to get ahead of the problem. A website for more information is available at Kingcounty.gov/overdose that shows data on overdose surveillance in real time, for King County specifically (interactive chart). Deaths have tripled since 2015-2016. Large number dying from opioid and stimulant use together. Meth and Fentanyl (opioid of choice) are cheap and accessible and more potent than heroin.</p> <p>Q: Do you know how many (overdose deaths) are youth? Finegood replied that in 2021, there were over 20 teenagers who died in our community from drug overdose. You can see the overdose dashboard on the website to get concrete information.</p> <p>Over 70% of drug overdoses in the county are caused from fentanyl laced drugs. Seeing overdoses from people using fentanyl in the form of white powder (think it's cocaine). From 2019-2022, the community went from an average of 0 overdoses a week to close to 12 a week. If we took fentanyl out of the equation, drug overdoses have gone down.</p> <p>Q: I was just curious sometimes when I've seen some of these numbers in other places and other issues, is it because they are now testing for fentanyl</p>	

more often, doing some better job of screening. I'm wondering if this has been happening all along (including fentanyl as part of the testing)?

Finegood replied that Public Health has been testing all our drug overdoses for fentanyl for about a decade. Comparing the same testing methodology over the past 10 years. It was not for lack of identification in testing.

The disproportionate impacts and the disparities that remain true are that the primary groups who are being impacted by overdose at a disproportionate rate are American Indian and Alaskan Natives at a 4:1 ratio versus many other communities. Black individuals and primarily black men are experiencing a higher rate of fentanyl related overdoses than whites. It's important to identify that, from an equity issue, communities of color are more highly impacted than other white communities.

Q: Why are Native American populations so much at risk?

Finegood acknowledged the historic trauma impacting Native American/ Alaskan Native populations. They have a higher rate of substance use overall, are disproportionately represented in unsheltered populations, and have a lower socioeconomic status (all correlated to trauma experiences).

Chart showing Fentanyl Overdoses in King County chart (Jan-Aug 2020-2022) was shared. Fentanyl was a novel substance in early 2020. There was a drastic increase in fentanyl overdoses both in Seattle and South King County during this time (20-22). Believe that this is due to fentanyl now being a primary drug of choice, but also believe that there are people who don't want to use fentanyl, so providing fentanyl test strips is important. Many fentanyl overdose deaths include people who are unsheltered or in temporary/supported housing, more work is needed with this population (change from a few years ago when fentanyl use was in higher socioeconomic statuses).

Seeing fentanyl in blue m30 pills (percs or blues), if not from doctor/pharmacy, 99% counterfeit with fentanyl. Fentanyl now coming more in powder form. Drugs are not usually laced with fentanyl, rather it is put in production with other drugs.

The response includes doing everything in our power to make sure people are empowered to make good and safe choices and limit risk of overdose. Finegood share that the vision is to provide an environment where people who use drugs (PWUD) can access timely, compassionate, person-centered, and evidence-based care with few to no barriers, ultimately preventing overdose deaths and improving the health and quality of life for all county residents. Outlined BHRD came out with more next-day appointments, and more access to medication assisted treatment to improve quality of life.

Q: Have you tried reaching out to school districts with this information?
Finegood acknowledged school district outreach waxed and waned a little bit depending on what's been happening and when school districts reach out to Public Health. One of the communications campaigns was developed with a youth facing mentality and really focused on developing resources for schools that are put out to school's time and time again!

MIDD funds are being allocated in PH for: staffing and infrastructure, setting up 24/7 buprenorphine line to get prescription, addressing disparities through a train the trainer program (work with community-based organizations to create trainings that include community input), and through a Council on Expert Advisors on Drug Use (work with active users to design programs that will be successful for them), communications campaigns, support programs for harm reduction agencies, substance use disorder conference in the works for King County, overdose prevention training, EMS response partnership, data and public reporting, homeless system response, sub-acute overdose diversion (collaborating with BHRD to create diversion facilities in lieu of using emergency depts), increase MOUD access, post overdose follow-up.

Q: A lot of media of drug use on public transportation lately. How do you work with Metro and Sound transit?

Finegood acknowledged working with public transportation to address public drug use, and the impact and dispelling myths about fentanyl exposure.

Finegood also reviewed communications campaigns. One- "Laced & Lethal" (lacedandlethal.com), provides information to youth, how to help friends. Additional campaigns empower parents to talk to youth about addiction. Blog posts in public health insider, mass production of postcards and posters, drug alert system for cluster alerts to make community aware, Facebook train the trainer events (Smash presentation- inform nightclubs about drug use), set up vending machines to provide fentanyl test strips and naloxone. Having resources available and lowering barriers is the goal.

Q: Where can you subscribe to this alert?

Finegood responded that individuals can sign up via e-mail and or text. Alerts are available by e-mail and text if there's a drug cluster that has happened.

Q: The 24/7 drug program and the 24/7 on demand, when will that start?

Finegood shared that the 24/7 buprenorphine line will start in 2023, that planning has started on what that is going to look like. Finegood anticipates an RFP for those services in January or February to stand up those services

	<p>so we can identify providers that can provide access to medications/prescribe.</p> <p>Member Claudia D’Allegrì recommended that the RFP include a connection to residential facilities to have better access to care for clients.</p>	
<p>2022 MIDD Annual Report Themes- Marc Seligson, Communications Specialist, DCHS</p>	<p>Co-chair Laura Smith acknowledged that it is time to start thinking about the report. As part of the 2021 approval process, Robin mentioned seeking input about key themes that should be considered on the 2022 report. Marc Seligson joined the meeting to discuss themes Advisory Committee members have observed servicing in 2022.</p> <p>Robin Pfohman mentioned that challenges facing the behavioral health system and MIDD in 2021 continued in 2022 (i.e., workforce). It was clarified that any themes do not have to be MIDD specific but can be relevant to the broader behavioral health system. After reviewing the annual report last summer, Mario Paredes had an idea that was not considered or included as a key theme, so Seligson attended the meeting to open the discussion to identify themes that might have been missed. Pfohman mentioned that youth mental health is obviously a key theme for 2022 to consider and highlight.</p> <p>Additionally, Pfohman announced some changes to the 2022 MIDD Annual Report format from past year in that it will focus on meeting ordinance requirements so will be narrower in scope. Much of the information typically in the Annual Report will be included on the MIDD website and stories will be shared through blog posts and other social media channels to reach a wider audience.</p> <p>Co-Chair Laura Smith suggested that one theme to consider was on increased reliance on community partners, especially with workforce challenges. Because of provider shortages, there are waitlists and less access to services/care. People are trying to be creative with how they can collaborate or train each other to help and be better equipped to provide behavioral health care or support.</p> <p>Claudia D’Allegrì mentioned that with workforce issues, her agency is seeing a greater impact of finding care for those who speak different languages. The cost for interpreter services is costly and has increased provider costs.</p> <p>In the chat, Christina Mason acknowledged that housing and treatment providers are facing financial challenges, workforce shortages and the loss of other community resources that used to support their work. This has led to delays and gaps in services and many challenges.</p> <p>Jeff Sakuma mentioned that it would be important to restate our equity framework in our commitments.</p>	

	<p>Brad Finegood shared that he liked the idea of the website and blog posts to outline all that MIDD does. Highlights throughout the year would be beneficial versus one annual report.</p> <p>Helena Stephens suggested that a quarterly one-pager of highlights that could be taken to policy decision makers, to use as speaking points to community groups on the effectiveness of MIDD would be something to consider.</p> <p>Seligson finished by reiterating that the overall goal is to make the story of MIDD more accessible and welcomed any additional ideas between now and the next few months.</p>	
<p>Reflections on 2022 and Priorities for 2023- Laura Smith, Co-Chair and Robin Pfohman, MIDD Coordinator</p>	<p>Pfohman shared the MIDD AC Equity Framework 2022 Accomplishments and 2023 Opportunities document (bolded items were 2022 priorities). She reviewed what was accomplished by the Committee in 2022 and shared priorities for 2023.</p> <p><u>2022 Accomplishments-</u></p> <ul style="list-style-type: none"> • MIDD AC Trained in Historical Oppression in Behavioral Health System • MIDD Fund supported “Identifying and Addressing Racial Trauma” training, MIDD AC members invited to attend (12/9) • Finalized Equity Definition for MIDD Advisory Committee • Explored Policy Goal 3: Increasing culturally appropriate and trauma informed services with support from MPH student • Established Evaluation Subcommittee in 2021 (temporarily paused due to staffing transition) • Applied 2021 underspend to double SI-01- Community Driven Grants (funded 14 agencies) • Launched Emerging Issues initiative in November 2022 with \$1.3 million in funding. Leveraged DCHS Technical Assistance and Capacity Building support to help agencies with applications and ongoing assistance • Included 5 community presentations at MIDD AC meetings: Empower Youth Network, Somali Health Board, GRAT Sound Generations, Neighborhood House- PEARLS, Y Education Enhancement Fund <p><u>2023 Priorities-</u></p> <ul style="list-style-type: none"> • Read <i>Mental Health and Social (In)justice</i> with group (assign chapters for members to read/report on) • Launch Community Owned Behavioral Health Collaborative (help to fill open AC seats) • Hire consultant to perform high level retrospective analysis of MIDD to date to inform MIDD 3 planning • Include equity action in provider contracts 	

	<ul style="list-style-type: none"> • Follow up on Equity Report recommendations and updating policies and procedures related to MIDD procurement opportunities • Launch Community Driven Behavioral Health Collaborative • Launch King County Rural Behavioral Health Collaborative (SI-02 and ARPA) 	
Updates-	N/A	
Agenda Items for January Meeting-	Approval for shared learning on the proposed book- <i>Mental Health and Social (In)justice</i> by Ruth S. Shim M.D. M.P.H & Sarah Y. Vinson M.D.	
Adjourned-	1:32 p.m.	
Next Meeting-	Thursday, January 26, 2022, 12:00-1:30 p.m.	