Mental Illness and Drug Dependency (MIDD)
Oversight Committee (OC)
October 25, 2012
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:
Dave Asher, designee for Councilmember Dennis Higgins, Rhonda Berry, David Black, Linda Brown, David Chapman, Councilmember John Chelminiak, Merril Cousin, Judge Mike Finkle, Mike Heinisch, Darcy Jaffe, Norman Johnson, Bruce Knutson, Barbara Linde, designee for Richard McDermott, Christine Lindquist, Linda Madsen, Terry Mark, designee for Jackie MacLean, Ann McGettigan, Barbara Miner, Dan Satterberg, Steve Strachan, Janna Wilson, designee for David Fleming

Other Attendees:
Ellen Austin Hall, Bryan Baird, Doreen Booth, Betsy Bosch, Dianne Boyd, Greg Canova, Kimberly Cisson, Ed Dwyer O'Connor, Pat Godfrey, Lisa Kimmerly, Andrea LaFazia-Geraghty, Alex O'Reilly, Susan Schoeld, Debra Srebnik, Laurie Sylla, Mary Taylor, Jim Vollendroff

1. **Welcome and Introductions**, *Co-Chair Satterberg~*
   Co-Chair Satterberg called the meeting to order, welcoming the committee and introductions were made by each person in attendance.

   Andrea LaFazia-Geraghty announced she has been temporarily assigned to create a plan for enhanced and coordinated veterans services in King County for the next few months. Susan Schoeld will be stepping in and managing Andrea's responsibilities in the interim.

2. **Approval of the Meeting Notes from the August 23, 2012 Meeting**, *Co-Chair Heinisch~*
   One clarification revision was requested on Bruce Knutson's update regarding whether program participants were more engaged in the juvenile or family court process. The revision should read: "Program participants were more engaged in the juvenile drug court process as evidenced by increased presence at court hearings, increased compliance with court ordered case plans and increased visitation." The minutes were approved, as revised, by consensus.

3. **MIDD Project Staff Report**, *Susan Schoeld, MIDD Crisis Diversion Program Manager, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)~*
   After several years of negotiation, the Department of Community and Human Services and Harborview have executed a data sharing agreement allowing MHCADSD to gather emergency department data on MIDD clients served by Harborview for the MIDD evaluations. This will greatly enhance our ability to assess the impact of MIDD strategies on reducing emergency department use, one of the goals of the MIDD Implementation Plan.

   Susan reminded everyone all programs funded by the MIDD, included supplanted programs are to be evaluated. As noted by Dwight Dively at the last meeting "The MIDD budget poses a challenge for the 2014 budget. The tax base for the sales tax, (not revenue), is projected to be $45 million; this tax base has not grown in seven years due to a significant change in consumer spending.

Supplantation will continue to supplant at 30 percent for 2013 and 2014, but given the current revenue forecast, there will be a $5 million gap in 2014."

4. **MIDD Supplantation Evaluation Plan**, *Debra Srebnik, Program Evaluator, MHCADSD*

Ms. Srebnik gave a brief overview of the Evaluation Plan and Evaluation Matrices that outlines each of the supplantation programs and described the draft plan for next steps.

The MHCADSD is anticipating a potentially significant budget shortfall in 2014, assuming the current revenue projections, hence an evaluation. At the request of the Office of Performance, Strategy and Budget, the MHCADSD Director has mandated the evaluation team to evaluate the programs receiving supplantation dollars so all the programs receiving MIDD funding would have some evaluation and evidence based on which to make decisions, if cuts are needed.

In general, MIDD supplantation dollars support core programs that the MIDD strategy dollars are designed to enhance or expand. Sometimes MIDD and MIDD supplantation funds support the same programming, but to different individuals. These overlaps make the evaluation challenging.

Unlike programs funded under MIDD, supplantation programs were not originally required to submit an implementation plan. To do an evaluation, the first step was to generate a program description, what the program is doing, and what the program goals are. At the beginning of supplantation in 2009, there was no plan to evaluate the programs receiving supplantation. Going forward, data used for the evaluation will be data already collected, the use of existing evaluations already done, contract reports, and electronic data collecting.

The desire is for this evaluation to become part of the budget process. This will require the evaluation findings, results, and the report be available in the Spring of 2013; a very short window of time in evaluation terms and because of this, it will not allow for the depth and scope as with the MIDD evaluation.

Ms. Srebnik described three things the evaluation team will be looking at: what the programs are, how the evaluation will be done, and the effects. The 'what' will analyze if the volume/nature of the service changed, what was it the year before supplantation, and what will it continue to be in the future? The how will be treated lightly as it is a process evaluation. There will be evidence of this throughout the evaluation, but not extensive. The effects of what is done in each program is an outcome question. The evaluation team will be using the outcomes consistent with the MIDD policy goals around reducing use of acute care services, (jails, emergency departments, and looking at reduction in psychiatric symptoms, and reduction in substance use).

The evaluation team does not have specific performance targets for supplantation programs. In the matrices, many outcomes talk about maintaining particular performance levels (i.e., maintain the percentage of people who completed treatment), and will be able to show what the rate is over time, and whether those rates have changed. The team will be utilizing existing data and incorporating prior evaluation reports where available.

Ms. Srebnik gave an example of what the evaluation matrix structure looks like which contains each strategy and who it is designed for with information on program descriptions; performance measures: short-term, (the volume of service, the nature of the people getting service, is the target population the same, the number of people served), and long-term, (tend to be outcomes focused on utilization of acute care services, reductions in symptoms); outcomes; and data sources.

Ms. Srebnik also summarized a table of the names of areas funded under supplantation.
To view this presentation, visit:
http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/Archives.aspx.

This sparked a conversation where members shared specific comments and expressed concerns. They read as follows:

Co-Chair Satterberg: The evaluation group will be meeting with the individual agencies that receive MIDD supplantation funds and have a draft evaluation product by February?
Ms. Srebnik: Yes.
Co-Chair Heinisch: Matrices suggest what exists in supplantation and the information you get?
Ms. Srebnik: Using matrices and what we're planning to collect, continue data collection through November, and then begin analysis and writing with a report draft circulating internally in February.

Barb Miner: We manage the adult drug court program and will be part of this evaluation. I can't stress enough this evaluation will not get to the depth and scope of what we'd expect of any evaluation and that worries us. Last time we did an evaluation, we used a consultant that took nine months for just our program which produced very useful information and we changed our program based on that. There is nothing about our program that has changed since the back end funding changed. We did not have the same evaluation criteria going in to this and this feels very uncomfortable to be going through this. We weren't anticipating or expected this. We're very appreciative to be a part of MIDD as it gives us a funding source outside the general fund, but this is a layer of government and structure we had no idea was coming our way. Having a written evaluation in this mode does not feel good. This makes us feel very uncomfortable. (To the evaluation team) I appreciate your work, the tough spot you are in in terms of doing an evaluation and you have done a good job, (to the OC), but I think this evaluation has a lot of asterisks to it and I'm worried about it because it is not at all how an evaluation should go.

Darcy Jaffe: I thought the supplantation was to maintain existing services, but the evaluation has an expectation to go above and beyond just maintaining the programs that receive supplantation benefits. Are you going back to evaluate to see if they have done more than just maintain service? Is that what you're evaluating?
Ms. Srebnik: I am not aware that those programs had any expectation they would change when they received supplantation dollar.

Darcy Jaffe: What you're looking at is to see if there is an increase in service created post supplantation?
Ms. Srebnik explained that there is no expectation that there would be an increase in services. However, we would also not want to see that when supplantation dollars replaced County General Fund dollars that all of a sudden services drop off. We want to see stability or increase, although increase is not an expectation.

Merril Cousin: Reported on behalf of Mary Ellen Stone's concerns about specifics in the sexual assault strategy area. There may be some confusion about what services are being funded by MIDD for these organizations (multi-service agencies and the mental health services are only a part of what they provide), with three different programs that are being funded to do different things. Can we approve the plan with the flexibility to work with providers to make a change in the event there is an error?

Ms. Srebnik: Absolutely. If there are issues with the matrices, please report them to me as soon as possible.

Linda Brown: As I remember, all the discussion about supplantation and decision making, it was to protect and support the continued need to meet the goals already in place.
Ms. Srebnik: For example, Drug Court has been around a while. The goal of supplantation there was to keep it going with whatever aims, goals, objectives, and targets they had. For the most part, programs simply shifted funding, there were no benchmark targets, but they have goals they are trying to achieve and are incorporated into the matrices to the extent possible.

Councilmember Chelminiak: When this was set up, was there a concept of eventually moving away from supplantation?
Co-Chair Satterberg: Yes. For 2013 and 2014, we are planning to spend about 30 percent in programs that existed prior to MIDD. This will ramp down to 20 percent in 2015.

Barb Miner: Therapeutic treatment courts have an exception in the legislation where we stay in regardless.

Councilmember Chelminiak: If that continues, how do we use this evaluation to help us make decisions here to assist with the final budget? How do we use this information to inform our own decision especially in 2014 with a $5 million deficit on supplantation?
Co-Chair Satterberg: The most important work for this group for the next year is through the work of the prioritization subcommittee with Amnon and Kelli Carroll serving as Co-Chairs, and others are invited to participate. If you want to be a part of this subcommittee, let Susan know by email by Thursday, November 1. This group will look at the various programs that are being evaluated as well as those that are not. Going forward, tough decisions will have to be made.
Linda Brown: I would like to keep this on the table as a benchmark with two evaluations going. It is important we do not have one evaluation overshadow the other as data is collected and presented to the Council and policy makers. How we proceed might be the work of the subcommittee to focus on.

Barb Miner: I have concerns about this group and the prioritization process of the supplanted programs. The prioritization of jail health services or the adult drug court program does not make logical sense. How does that work? I know we have to come up with $5 million, but I'm having trouble seeing the worth of the prioritization process.
Co-Chair Heinisch: I agree with you. Staff has lead the conversation and the path we needed to get to. However, we can come up with a recommendation from this group either through reducing supplantation from programs that would not be core or priority.

Barb Miner: I understand, but again I want to express my discomfort. I am very uncomfortable with a written evaluation decision like this. I also have another department evaluating me.

Merril Cousin: There are two things going on I'm confused about: the amount supplantation reduces until gone; and the issue of MIDD sales tax revenues lowered. My understanding with supplantation when it ramps down, (programs paid for by the hard hit General Fund), can use MIDD funds to backfill, but eventually it has to be taken back out of MIDD. I didn't know we had that option of keeping it in MIDD.

Barbara Linde: There is a statutory exception to the weaning off supplantation for therapeutic courts often lost in discussion.

Co-Chair Satterberg: The process we are proposing is to have more intensive discussions with the prioritization subcommittee. Ultimately we will have to make a proposal by Spring 2013 to be considered for the 2014 budget process.

Co-Chair Heinisch: Again, if you are interested, we are taking names until November 1.
Darcy Jaffe, Barb Miner, Merrill Cousin, Mary Ellen Stone, and Linda Brown all stated they are interested in serving on this subcommittee.
Co-Chair Heinisch: We need to approve the plan. Can we move forward with the plan?

Barb Miner: Requested a one nay vote to work with these groups as she has comments and issues with this plan. Whether or not drug court participants went up or down has nothing to do with MIDD, but this is really uncomfortable to me.
Co-Chair Heinisch: With that provision, can we move forward with the plan?

Councilmember Chelminiak: If there is an agreement to make provisions on behalf of one, it should be made on behalf of all the programs so there is a consistency throughout.

Judge Mike Finkle: What would the process or timeframe be and when would this occur due as it looks like we have a very short timeframe between getting first and final drafts?
Ms. Srebnik: As with the matrices, I will be working with each program to see what that will look like. It will be sometime in the February/March window of time.
Judge Mike Finkle: If there is a need to rethink how data is collected, can that be worked on?
Ms. Srebnik: Possibly. It would have to be case by case.
Laurie Sylla: I'm not sure how that will work with all the data to analyze. If questions arise, the evaluation team is happy to work with you to make adjustments. Once data is received and before a draft is composed, I don't see how there will be anything more to do.
Ms. Srebnik: If possible, I would like to incorporate contextual information.
Laurie Sylla: Where there is more information or if you know you have something that would shed light on the data we are seeing, please give it to us.
Co-Chair Satterberg: If your program is being evaluated, do not wait.

Linda Brown: Is this a stand-alone evaluation or is this an evaluation folded in to the larger evaluation?
Laurie Sylla: It's a separate evaluation, but we are trying to make it as comparable as we can given the limitations.

A reminder was given that there would always need to be a move away from supplantation. There will be the ability to use this evaluation to help inform our decisions, especially in 2014 when supplantation will remain at 30 percent and a $5 million deficit is projected. Clarification was provided that the evaluation would be just one component in the overall prioritization process and issues such as the ones identified by the members will need to be factored into future funding decisions. With the decreasing amount of funding that can be used to supplant programs starting in 2015, the process for determining how and what to continue funding with MIDD supplantation will need to occur irrespective of the mandate for the supplantation evaluation.

Darcy Jaffe, Barb Miner, Merrill Cousin, Mary Ellen Stone, and Linda Brown all stated they are interested in serving on this subcommittee.

5. **Medical Respite MIDD Strategy 12b Presentation**, *Janna Wilson, Public Health and Ed Dwyer O'Connor, Harborview~*

Janna Wilson summarized this strategy as it aligns with MIDD's first goal: to reduce the number of mentally ill and chemically dependent people using costly interventions like jail, emergency rooms, and hospitals. Currently, the level of MIDD support in this strategy is $508, 500.

Medical respite is a safe place for homeless individuals to recuperate when leaving hospitals with about 63 known medical respite programs nationwide. It targets those who are not sick enough to be in the hospital, but too sick to be released to the streets or shelters. These programs also provide a range of social supports while in the respite program with a goal to link these people with stable housing upon exiting the program.

The evidence base with its linkage to the MIDD goal is strong and increasing over time. Some studies have documented 50 percent fewer hospital readmissions at 90 days and 12 months compared to patients discharged to their own care. There is evidence of reductions in inpatient length of stay and emergency department visits, and cost avoidance for hospitals that partner with medical respite programs.

Seattle and King County has been a leader in medical respite programs nationally, opening with 22 beds in 1996. Partnering with the MIDD modified the program to serve more individuals with complex behavioral health issues than the previous program in the shelter setting was able to. The Seattle Housing Authority stepped forward with a floor in the Jefferson Terrace building next to Harborview as the program site where an ARRA grant was awarded to make necessary modifications to the floor. The site opened in September 2011.

Medical respite partners include seven hospitals, and one managed care organization; the program is actively engaging with new plans in the community. A competitive process was used to select Harborview Medical Center as the operator of the program and the program works with housing partners with back door placements to assist individuals who are ready to leave. Finally, there is a strong oversight group that includes all participating hospitals, managed care plans, Harborview, and Susan Schoeld representing the MIDD, that meets monthly to actively manage this program. This is a $2.7 million program, MIDD accounts for 19 percent of the funding, paying mostly for staff of the round-the-clock program as well as the costs of the floor itself. The program is still very cost effective: around $300 per bed day compared to $2,800 per day for an inpatient stay.

Ed Dwyer O'Connor reported the program is named after Edward Thomas, a man who was homeless for 15 years and a graduate of an earlier respite program. The Jefferson Terrace facility has 34 beds, two exam rooms, and a common area. It is located directly across from the Harborview emergency department. The facility serves many homeless men and women with complex needs such as acute medical issues, IV antibiotics needs, multiple chronic conditions, chemical dependency and/or mental illness. Each person must be independent in mobility (a wheelchair is ok), with behavior appropriate to the setting. The goal is to be able to serve higher acuity patients than previous respite sites.

The Program Model

Any hospital in the county can make a referral to the Edward Thomas facility and is welcomed if the individual meets the criteria and a bed is available. Referring hospitals are expected to contribute to help support the program. The model includes interdisciplinary care, medical services onsite (with registered nurses, ARNP, a Medical Director, and medical assistants), behavioral health services,

social work support (with mental health supervisor, three MSW's, and six mental health specialists), links to regular primary care, MH/CD services, and housing placement. The goal is to improve their health and provide stable housing in this harm reduction program.

Between September 17, 2011 and September 1, 2012, there were 426 admissions (336 unique patients). Currently the program has provided over 7,000 bed days with an average length of stay of 19.3 days; 38 percent of patients are uninsured, some have Medicaid, many with Medicare, none with private insurance. The leading reasons for admissions are due to abscess, post-operative, fracture, diabetes, respiratory problems, lacerations, cancer, and/or amputations (nearly always due to diabetes). Patients are discharged to a shelter (33%), transitional housing (15%), permanent housing, or other locations. Given that the average length of stay is less than 3 weeks, the program's placement rates into more stable housing conditions are impressive. This is due to intentional partnerships with housing providers.

The full presentation can be viewed here:
http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/Archives.aspx.

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

Judge Finkle gave an update on Veterans Court. It is up and running with six veterans with a total of 11 cases. In the next four to six weeks, he anticipates another three veterans with another six cases. He reported he is very happy with the quality of referrals and those who serve them. For more information, contact Betsy Bosch at betsy.bosch@kingcounty.gov.

Linda Brown announced the Annual Legislative Forum is Thursday, November 15, from 6:30 p.m. to 8:30 p.m., and will be held at Town Hall, 1119 8th Avenue, Seattle, 98101. She encouraged the members to attend and invite their legislators to come hear from those who receive services.

Co-Chair Heinisch shared that Kent Youth and Family Services, a provider of MIDD Strategy 4c: School mental health and substance abuse services, delivered an hour of suicide prevention and drug and alcohol abuse prevention to about 1,400 youth at the Mill Creek Middle School (16 weeks into the school year).

Merril Cousin announced October is Domestic Violence Awareness Month and invited everyone to the King County Coalition Against Domestic Violence's 13th Annual Take Action Against Domestic Violence Award ceremony from 5 p.m. to 7 p.m. tonight at the Northwest African American Museum, 2300 S Massachusetts Street, Seattle, 98144. Sen. Patty Murray will receive a Special Recognition Award.

Susan Schoeld advised members received a copy of the Department of Community and Human Services 2011 Annual Report in their packet today.

7. **New Business**

No reports/updates.

8. **Public comment**

No reports/updates.

ADJOURNED at 1:35 p.m.

Next Meeting
December 13, 2012
King County Chinook Building, Rooms 121 & 123
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