



**Mental Illness and Drug Dependency (MIDD)
Oversight Committee (OC)
April 29, 2016
11:45 a.m.-12:15 p.m. networking lunch
12:15 p.m. – 2:00 p.m.
King County Chinook Building Rooms 121 & 123
Meeting Notes**

Members: Adrienne Quinn, Alex O'Reilly (designee for Lynne Robinson), Anita Khandelwel (designee for Lorinda Youngcourt), Ann McGettigan, Barbara Miner, Brenda Fincher (designee for Dave Asher), Bridgette Folz (designee for Darcy Jaffe), Claudia D'Allegrì, Dan Satterberg, Dave Asher, Donna Tucker, Jeanette Blankenship, Jeanne Kohl-Welles, Jennifer DeYoung (designee for Patty Hayes), Jorene Reiber (designee for Lea Ennis), Johanna Bender (Co-Chair), John Urquhart, Ketu Shah (designee for Donna Tucker), Lea Ennis, Leesa Manion (designee for Dan Satterberg), Lindsey Campbell (designee for Ashley Fontaine), Lucy Woodworth (designee for Ashley Fontaine), Lynne Robinson, Mario Paredes (designee for Norman Johnson), Mark Putnam, Mary Taylor (designee for Barbara Miner), Mary Ellen Stone, Merril Cousin (Co-Chair), Mike Heinisch, Nancy Dow, Pat Godfrey, Susan Craighead, Terry Mark (designee for Adrienne Quinn), William Hayes.

Other Attendees: Amnon Shoenfeld, Andrea LaFazia-Geraghty, Anne Meegan, Callista Welbaum, Chris Bamer, Chris Verschuyl, David Coffey, Doreen Booth, Elly Slakie, Erin James, George Dicks, Jackie Berganio, James Hopkins, Jesse Benet, Jim Marshall, Joshua Walker, Judy Strong, Kathleen Sullivan, Kelli Carroll, Kimberly Cisson, Lan Nguyen, Laurie Sylla, Lisa Floyd, Margaret Soukup, Maria Guizar, Marina Hansen, Nicki Olivier Hellerkamp, Peggy Papsdorf, Rachele Wright, Rose Quinby, Titus Chembukha.

1. Welcome, Introductions, Co-Chairs Report

Co-chairs Merril Cousin and Judge Johanna Bender opened the meeting by acknowledging the large turn-out and full agenda. They requested people to please speak up for people attending by phone and also to be aware that the meeting is being recorded to ensure complete minutes. The public comment sign-in sheet is in the back of the room.

Reminder: the National Alliance on Mental Illness (NAMI) fundraising walk will take place on June 4, and the King County Behavioral Health and Recovery Division (BHRD) will have a team. MIDD Oversight Committee (OC) members are invited to join or sponsor the team.

The MIDD Financial Plan is in today's packet of materials, but will not be reviewed today.

Timeline: Ms. Carroll reviewed the timeline handout. At the May 26 meeting, Oversight Committee members will be asked to provide final feedback on the revised MIDD II spending plan and programs. Members will receive those documents early as always. On June 8, the Oversight Committee's fund balance recommendations will be transmitted to King County Council. On June 16 the first draft of the MIDD II Service Improvement Plan will be posted for public comment on website. Emails with a link and instructions for submitting public comment will also be sent. Public comment will be discussed at the June 23 meeting. August 25 is the date for submission of the MIDD II Service Improvement Plan to King County Council.

2. **MIDD Comprehensive Retrospective Report (draft)**

The last page of the report, which was missing from the hardcopy, was circulated for members to add to their packet (the electronic copy sent in advance of the meeting was complete). Ms. Carroll explained that the report will not be discussed at the meeting. With a team of people responsible for proofreading the document, what she requests from members is substantive feedback, due May 13th. Instead of posing questions only, members should suggest answers to their questions based on what they would like to see. Judge Bender thanked Ms. Carroll for drafting the in-depth, well-written report.

3. **MIDD II Service Improvement Plan and programmatic recommendations (draft)**

This document reflects a year's worth of work from King County Behavioral Health and Recovery Division (BHRD) and a coalition of providers. The Oversight Committee will discuss recommendations today, ask questions of County leaders, and flag items that need to be revisited. This is not the final draft that will be transmitted to the King County Executive. Members are asked to keep comments concise and try not to repeat what has already been said. At the end of the meeting, there will be time for those who sign in to give public comment. The ultimate decision about what recommendations get transmitted to the King County Council lies with the King County Executive. At next month's Oversight Committee meeting, the draft recommendations will be proposed for consensus decision.

- Community and Human Services (DCHS) Director Adrienne Quinn provided a high-level overview of the funding recommendations before asking for feedback from the Oversight Committee. A major milestone was the posting of this initial draft of recommendations on the website for public comment, in a process required by the King County Council. Over the past year, 19 community meetings and focus groups were held, reaching out to geographically, culturally, and linguistically diverse communities throughout the County. Different County departments and policy makers have been engaged. She thanked all who have participated through offering oral comments, submitting concept proposals, briefing paper writing, and briefing paper reviews, and she thanked the MIDD Oversight Committee which participated extensively in this process. Public comment period for this stage open through next Friday May 6th, and she urged all present at today's meeting to please make sure to contact MIDD planners with any additional feedback after today. These recommendations have been significantly influenced by the feedback already received. Very specific requests came from communities as well. In total, \$180 million worth of requests were received for under \$60 million of actual MIDD funding. Some requests we received for the MIDD program you'll see reflected in Best Starts for Kids (BSK) and vice versa, as we try to determine the appropriate funding source. The County has hired a consultant to look at MIDD II recommendations and BSK recommendations to see what programs could be covered by Medicaid. Assumptions about Medicaid coverage is already part of the plans; the consultant will confirm whether the assumptions are correct.

Ms. Carroll thanked all who participated in the community conversations and focus groups and the 300 who responded to the survey which helped create the recommendations. Documents sent to members of the Oversight Committee last week and the papers available today comprise high-level recommendations. The new MIDD requires that business be done differently, in part by convening workgroups that involve community members to influence the structure MIDD II program Requests for Statements of Interest (RFI) and Requests for Proposals (RFP). The step being taken currently is gathering feedback on MIDD II recommendations. Forty responses have been received electronically so far; the Oversight Committee's feedback today will be logged as well. All feedback will be catalogued and shared

with decision-makers BHRD Division Director, Jim Vollendroff, DCHS Director, Adrienne Quinn, the Budget Office, and the Executive's Office to look at what retooling may be needed to be done before bringing the recommendations to the next OC meeting. The last month and a half has been spent scoping the 120 new concepts with 35 existing and new strategies into the 90 briefing papers, which were in turn reviewed by 50 people in 4 community panels in early March. Continued work has been driven by the feedback gathered to date. These recommendations reflect the County's effort to balance emerging issues, community priorities, and the policy priorities of the Council and Executive into a package, given that \$180 million of good ideas could not all be funded within the MIDD budget of less than \$60 million.

Top programmatic and funding focus areas:

- Jail-diversion programs, including LEAD, Crisis Solutions Center, Mobile Crisis Team, Reentry Services, and Housing and supportive services;
- Treatment on demand services: services delivered to people when they need it, including next-day appointments and crisis care. (Please note the error on April 22 handout, page 3: in the CD-IX cell, the figure should be 500K. This is not a reduction in funding but a simple data-entry error that does not change the front-page numbers on the roll-up sheet.
- Concept of community-driven grants, to be developed over time based on the existing Community Service Areas model. MIDD planners are working with procurement, prosecutors, and contractors to develop a plan to create community-driven grants so that geographic and culturally diverse communities can customize behavioral health services for their needs.

Another MIDD key assumption is the integration of mental health and substance use disorder services into behavioral health. Most of MIDD I's existing strategies will be maintained in the recommendations moving forward, but with integration into behavioral health some of the MIDD I strategies will be merged and many are going to be retooled in implementation planning or the RFI/RFP process. There will be new programming and expansion recommendations as well, like opioid response, zero suicide, alternatives to incarceration for youth, and an emerging issues reserve.

Next steps are to gather as much feedback as possible and report back to the Oversight Committee next month.

Discussion of MIDD II Recommendations:

- Kent Youth and Family Services Director Mike Heinisch asked if comments and questions should be directed toward how strategies had been sorted into the four programmatic areas, or toward funding amount recommendations, or toward higher level descriptions, and Ms. Carroll responded that all feedback was welcome on the whole of MIDD and the continuum of care.
- King County Prosecuting Attorney Dan Satterberg thanked MIDD planners for making LEAD a new strategy. No one in the country is doing what LEAD is doing, and its important to recognize the need for services for the severely addicted on the streets in a way not understood in MIDD I.
- Judge Craighead recognized how much work has gone into this and emphasizes the importance of understanding aspects of MIDD like the "concepts" that were solicited in an earlier phase of MIDD II development. She let new participants know to ask about what is not clear and suggested it would be helpful to have a line item of the expenses.

- Seattle Counseling Services Director Anne McGettigan applauded the great effort that was made to create this draft of recommendations for MIDD II and asked a logistical question regarding the creation of a fifth “bucket” exclusively for the therapeutic courts added to the original four area “buckets” (prevention and early intervention, recovery and reentry, crisis diversion, and system improvement). Ms. McGettigan also asked why the bulk of the direct service work in behavioral health is now located in the system improvement “bucket” whereas it was initially conceived of as belonging to the recovery and reentry. To this question Ms. Carroll responded that therapeutic courts must be funded by MIDD, and so for clarity and transparency she wanted to show what therapeutic court funding looks like under the MIDD lens. Contents of other buckets may still be rearranged.
- City of Bellevue representative Alex O’Reilly asked for information about the location of the services proposed in the draft of recommendations and indicated concern about movement of programs from one part of the county to another. Some of the briefing paper panels specifically stated an area of the county. The reasons she requests location-specific information is that she would like the Bellevue Police Department to give feedback to the relevant recommendations because it is very interested in the continuation of services that are already very helpful to them, and she would also like to distribute the relevant drafted recommendations to the Eastside Human Services Forum membership for feedback as well. Ms. Carroll responded that 31 of the 47 initiatives are already existing strategies that we have data for; it will be more difficult to know where to place the new initiatives because there is a to-be-determined hold while we gather community input on the development of the RFIs and RFPs. Ms. Carroll committed to trying to pull something together that responds to that great question about location of services.
- King County Sexual Assault Resource Center Director Mary Ellen Stone asked for confirmation that there was not yet a dollar figure or a percentage per category or “bucket” and she advocated for placing direct services into the prevention and early intervention category as a more logical place than system improvement category.
- Committee Co-chair Merrill Cousin asked members to please email Ms. Carroll with feedback regarding the placement of different programs in the five different buckets. She acknowledged that given the fact that many programs span several categories or buckets, it is hard to know which category they belonged in.
- Judge Tucker asked about changes from MIDD I: Are we focusing a higher percentage on a certain area? Do we have new priorities? Ms. Carroll responded that it was difficult to say as the categories have changed between MIDD I and II. About 83 percent of MIDD II is for existing programs and 17 percent is for new programs. She suggested it might be more useful to compare within MIDD II.
- Mr. Heinisch remarked on how far the discussion has come in one year. The zero suicide initiative is a tremendous idea, given recent CDC statistics. Young adult homelessness services and south King County crisis diversion service center is also an important addition. He singled out retaining prevention programs and crisis outreach through first responders in south King County, new alternatives to detention, and Recovery Café. Community-driven behavioral health grants and BSK as well will be a great way to say, Communities, what do you need?
- Co-chair Cousin voiced her awareness of the complexity of the process and how each step in the process has brought in new perspectives. Her question involved how community input (as heard in the briefing paper panels) corresponds to the

recommendations or doesn't seem to correspond: in this draft, are there recommendations of programs that did not get rated highly in a briefing paper panel, and are there highly rated programs that the recommendations do not promote for funding or expansion? There could be very good reasons for either of these decisions, but we need to be transparent about those reasons. For example, community input was strongly in favor of increasing resources to community and addressing racial disparities directly as opposed to increasing funding to the criminal legal system. Ms. Cousin underscored that, given the responsibilities of decision-makers that might lead them to make decisions at variance with the briefing paper panel recommendations, and given that MIDD may not be designed to address all community goals, these are real questions rather than challenges to the draft so far. As Co-chair and member of the OC, Ms. Cousin wants to be able to answer these questions if asked. Ms. Carroll responded that she wants to answer that question comprehensively after reviewing the recommendations through that lens and commits to producing that information for the next meeting.

- Jeanette Blankenship stated she is especially encouraged by the proposed MIDD II funding of law enforcement training, the Involuntary Treatment Act (ITA) at Harborview piece, alternatives to detention, and opioid task force funding. Her question related to treatment on demand: Is there a way to make it flexible enough to include behavioral health specialists in mobile medical vans in addition to walk-in clinic access? Ms. Carroll stated that is something that could be brought into the RFP discussion. Director Quinn responded that the Vets and Human Services levy pays for the mobile medical vans, It is being assessed how behavioral health services could be integrated into mobile medical vans and also how to extend mobile medical vans into rural areas.
- Ms. McGettigan acknowledged the need to pull out therapeutic courts into a separate funding bucket or category. Given that the two briefing paper panels she participated in emphasized community needs, she requested that an inflationary rate increase be applied to providers' community-based programs similar to the 3.5 percent inflationary increase being applied to the therapeutic courts.
- Kirkland Councilmember Dave Asher asked about the requirement for therapeutic court funding under MIDD. Is MIDD required to fund the therapeutic courts 100 percent? Is there also a General Fund contribution? Co-chair Judge Bender responded that to some extent the requirement is statutory: therapeutic courts are called out in statute as one of the designated programs for MIDD funding. Ms. Carroll added that prior to 2008 and the recession that began that year, the majority of therapeutic courts were supported by the General Fund. Since then the General Fund has experienced a severe structural deficit (\$50 million). Policymakers (the Council and the Executive) have said therapeutic courts need to be maintained and that MIDD needs to be the funding source, although there is a little additional funding from the state (paying for portions of judicial officers), grants, and other small sources. Judge Craighead noted the \$50 million deficit in the General Fund this year, 75 percent of which is used to fund the criminal justice system which is as a result having to lay off lawyers and police officers and make other cuts as well.

4. Public Comment

Ms. Carroll noted that five people had signed up to give public comment and asked if there were any other people who wanted to give public comment who had not signed up. There

were none. Ms. Carroll reminded people that they would have two minutes each for their comments, and she asked them to stand in the middle area of the aisle so all could hear.

- Judy Strong, Evergreen Health Geriatric Regional Assessment Team (GRAT). Ms. Strong spoke from two pages of prepared comment. She noted that GRAT is one of only two MIDD II recommendations directed to the geriatric population, and that the current recommendation drafted by the Oversight Committee is to cut GRAT's funding. GRAT is a crisis response team for vulnerable older adults with behavioral health issues. GRAT receives referrals from first responders, police, designated mental health professionals, Adult Protective Services, the Crisis Clinic, the court system, mobile crisis teams, and hospital emergency rooms; it responds to first-responder referrals within 24 hours and all others within three business days, making assessments of the person's mental health, substance abuse, housing, and safety. Ms. Strong shared stories of individuals and families helped by GRAT: one of an elderly woman showing up at a school every day, the school called police and police called GRAT; another of a 90-year old man experiencing increased difficulty caring for his wife, who called police who in turn called GRAT, who worked with the entire family to set up appropriate care for the elder in need of care; and another story of a woman in her 60s with known mental illness, living in her car at a church, where the church called GRAT, and GRAT arranged for the client to go to the hospital. GRAT is not a program-based intervention but a person-based intervention that assesses people and connects them with services, arranges hospitalizations, provides education to families – going everywhere in King County to do so. No one else is providing this service, and it is crucial to the crisis prevention network. Ms. Strong asked the Oversight Committee in its recommendations to restore funding for GRAT at its current levels and consider GRAT in planning for any expansion of services for older adults in King County.
- Kathleen Sullivan, Director of a new organization called Generations with Pride that is working to reduce isolation and increase accessibility for aging Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) seniors in King County. Ms. Sullivan voiced gratitude for the support that is being shown for this important population. As the University of Washington School Of Social Work study has shown, there are clear disparities in care for this group within the older adult population in the county, and this group is expected to double in the next 20 years. Research has shown that a lifetime of victimization and internalized stigma leads to greater mental health needs of LGBTQ older adults. Isolation, feelings of loneliness, and no sense of belonging increase likelihood of depressive syndromes in this vulnerable population. Generations of Pride encourages the Oversight Committee to create a comprehensive early detection protocol for depression and suicidality; this work is not being done as far as she knows anywhere else in the country.
- Jim Marshall, a licensed independent clinical social worker and Chemical Dependency Professional (CDP), recently retired from Harborview Medical Center after 27 years of witnessing the devastating consequences of mental illness and substance abuse on older adults. Mr. Marshall encouraged the Oversight Committee to support prevention and early detection intervention for LGBTQ older adults (60 and over) in particular because of the disproportionate rates of depression in that population: over 40 percent say they have seriously contemplated suicide at some point in their lives, with higher rates among LGBTQ older adults with racial and ethnic minority backgrounds and with lower education, due to stigmatization, victimization, and in many cases criminalization. Mr. Marshall respectfully requested funding for comprehensive, evidence-based mental health and

substance use disorder training programs for mental health professionals, caregivers, and families.

- George Dicks. Geriatric specialist at Harborview, also representing the aging with pride component of the older adult people in the system. Early intervention and prevention programs are important, given the prevalence of depression in older adults, especially in communities of color. We have well-established evidence-based programs that through sheltering and socialization enhance wellness and fitness, reducing the severity and prevalence of depression in older adults. He urged the Oversight Committee to keep in mind the high cost of depression in respect to its effects on multiple aspects of health and he asked for continued funding that supports the mental health of older adults. He noted especially the expansion in south King County that will help communities of color. Mr. Dicks also voiced his support of GRAT and that older adult programs will affect everyone in the room.
- James Hopkins, Member of Recovery Café. Mr. Hopkins shared his life story, how he began to drink at age 9 and to smoke weed and use drugs beginning at age 13. When he first came to Recovery Café, he was homeless, struggling with addiction, hearing voices and hallucinating. Now he has permanent housing, in September he will have been sober for four years, he is employed full-time at Ross, and he is looking for additional part-time work. He is no longer has Type 2 diabetes because of changes in his lifestyle. All this is because of Recovery Café. Recovery Café makes him feel like he belongs and can be his genuine, authentic, essential self without being judged, and he commends King County for including Recovery Cafe in MIDD II and supporting Recovery Café becoming available to more people in King County.

David Coffey from Recovery Café announced that the *Seattle Weekly* donated the space for a special event at Recovery Café, on Monday for Frontline special “Chasing Heroin” followed by a panel of experts, and we’re going to encourage everyone who comes to also weigh in on MIDD II.

Co-chair Cousin asked if anyone on the phone had anything to add. Kathleen Southwick (on the phone): said the process was excellent and addressed the priorities that have been talked about for a long time.

Co-chair Judge Bender thanked everyone for the work over the last year, knowing the complexity and challenges of the discussion when everyone has a particular piece of the behavioral health and recovery puzzle that they own. Co-chair Cousin reminded everyone that this is a critical time to stay on top of everything that is posted on line. Please come prepared to discuss the revised MIDD II recommendations at the next meeting.

Next Meeting: Thursday, May 26, 2016
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.–2 p.m. (extended to 3 p.m. for public comment) ~ Meeting