

*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 checked="" 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"/> Leesa Manion	<input type="checkbox"/> Carla Lee
6-Department of Public Health	<input type="checkbox"/> Dr. Faisal Khan	<input type="checkbox"/> Brad Finegood
7-King County Department of Public Defense	<input type="checkbox"/> Anita Khandelwal	<input checked="" type="checkbox"/> Nathan Bays
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"/>
10-King County Council	<input checked="" type="checkbox"/> Sarah Perry	<input checked="" type="checkbox"/> Osman Salahuddin
11-King County Department of Adult and Juvenile Detention	<input checked="" 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 checked="" type="checkbox"/> Minu Ranna Stewart	
16-Community Health Council	<input checked="" type="checkbox"/> Claudia D'Allegrì	
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 type="checkbox"/> Laura Merchant	<input type="checkbox"/> George Gonzalez
22-domestic violence prevention services in King County	<input checked="" 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 type="checkbox"/> Anthony Austin	
24-National Alliance on Mental Illness (NAMI)	<input checked="" type="checkbox"/> Jeremiah Bainbridge	<input type="checkbox"/> (Katie Mahoney)
25-provider of culturally specific chemical dependency services in King County	<input checked="" 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 checked="" type="checkbox"/> Lynne Robinson	<input checked="" type="checkbox"/> Helena Stephens
29-provider of both mental health and chemical dependency services in King County	<input checked="" type="checkbox"/> Karen Brady	<input type="checkbox"/> Don Clayton
30-King County Hospitals	<input checked="" type="checkbox"/> Darcy Jaffe	<input type="checkbox"/> Brooke Evans
31-philanthropic organization	<input type="checkbox"/> Jennifer Teunon	
32-organization with expertise in recovery	<input checked="" 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 checked="" 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: Deborah Stake, Laura Van Tosh, Marc Seligson, Nicholas Makhani, Mosen Haksar, Paul Charbonneau, Nykki Canete, Hali Willis, Scott Miller, Susan Schoeld, Jennifer Wyatt, Gretchen Bruce, Chelsea Baylen, Lisa Floyd, Denise Mote, Robin Pfohman

Notes by: Yuliya Shapiro

Issues	Discussion	Action Items
Welcome	<p>Co-chair Steve Larsen, Deputy Director for King County Department of Adult and Juvenile Detention, 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 Larsen announced that the group can expect to see the 2023 financial disclosure form sent by Denise. These are required for members who are not King County employees. King County employees will complete this requirement through a separate internal process.</p>	
Review/Approve Meeting Notes	Co-chair Larsen gave everyone a moment to review the December meeting notes. The meeting notes were approved by consensus.	
Equity Focus	<p>Co-chair Larsen introduced the Equity Focus, which is an opportunity to share a recent experience where equity was at the forefront of an organization or community group. A new equity focus schedule was sent out with the meeting packet. Please look at your assigned month, a reminder will be sent out a week in advance.</p> <p>Two speakers presented: Christina Mason and Rowaida Mohammed (designee for Fartun Mohamed). Barbara Miner was going to share, but passed the opportunity to Christina Mason, who had something to share with the group.</p> <p>Christina Mason, Manager at King County Adult Drug Court Program, shared that there is a drug court restitution fund starting February 1, 2023. The goals of the fund are to remove barriers and provide equitable access and outcomes, to incentivize enrollment and graduation from drug court, provide a community benefit for having participants enroll (reduced recidivism, decreased homelessness, increased employment), and provide</p>	

victims with compensation. Through the recommendation of the Drug Court Executive Committee, the King County Executive proposed the fund and Council approved it for MIDD funding starting in January 2024. By accessing state CJTA Drug Court funding, the funding was able to be released sooner.

Mason shared the previous restitution policy, which outlined inequities for participants, including paying full restitutions and/or pleading to a gross misdemeanor with deferred sentences and then shared how the new policy hopes to assist with increasing graduation rates by providing up to \$7,500 from the restitution fund (if funding is available), as participants hit key milestones and get promoted to different phases of the program. This will cover payments that participants may owe victims of property crimes, etc. This means that someone will be able to graduate drug court and have their victim fully compensated without the participant essentially paying out of pocket. Even though King County does not charge any optional fines or fees, the victims still need to be compensated for their damages to be made whole.

In terms of equity, the National Drug Court Organization has done research that shows that when drug courts have fines and fees there is an increase in disparity of 197% for black participants in terms of their ability to graduate the program compared to white participants. This also affects a percentage who are disabled or receiving SSI because they are unable to work. The new funding/policy will remove financial barriers and allow people to graduate the program in its entirety; further allowing participants to focus on treatment and stabilize their recovery without having to worry about employment or the financial aspect of the program right away.

Rowaida Mohammed, Behavioral Health Program Manager with Somali Health Board (SHB), shared the ways she was meeting and connecting with the Somali community-by focusing on meeting people where they are. She outlined how she reached out to several WhatsApp group chats, including youth and women groups, to promote their first in-person mental health workshops. She explained that the Somali community frequently uses WhatsApp and Mohammed thought it could be an effective method to reach out to the community with information, including sending voice texts, pictures, and IMs. Mohammed also highlighted visits to the Mosques during Friday prayers and requesting the Imam to mention a few words about the workshop. Rather than usual social media and website posts, the focus was to meet people where they are, leading to new outreach opportunities to the Somali community, which resulted in a successful turn out for the workshop.

Mohammed also shared information about the SHB's youth mental health cohort. There are 30 youth per cohort. The cohort operates on a first come first serve, and they usually have a waitlist, so participants are rotated in to allow new youth a chance to attend. A new attendance policy was created (more than two absences forfeits your spot), to give those who wanted to

	<p>participate a chance. This also motivates youth to attend and take all classes seriously.</p>	
<p>Public Comment</p>	<p>Laura Van Tosh shared information about an article in the Seattle Times. The article outlines changes that will be proposed through the state legislature to clarify the role of certified peer counselors, and outlines fair pay, the ability to have a career ladder and uniform education – outlined in HB1583, the Senate Companion Bill is 5555.</p> <p>Robin Pfohman shared the article link in the chat: How to fix the mental health workforce? WA has an underutilized resource: peer counselors The Seattle Times</p> <p>Van Tosh also commented on and is in support of the levy that Dow Constantine proposed for the new crisis centers. She is hoping that peers can be engaged in the development of these services, to assist with quality and accountability. She appreciated Councilmember Girmay Zahilay taking the lead on this and is excited to see what King County does. Link to read: King County Executive proposes levy to improve state of behavioral health availability The Waterland Blog</p> <p>Crisis Care Centers Levy link: 220926_13064w_crisis_care_1pgr (kingcounty.gov)</p> <p>Co-chair Laura Smith shared an event in the chat: Empower Youth Network (EYN) - 3rd Annual Resilience Rising Conference on Friday, March 3, 2023. Topics covered at the Resilience Rising Conference include supporting the development of resilience in youth, healing through storytelling and anti-racism strategies. For a more in-depth look at our developing program tracks, https://whova.com/web/Jtw%40PRw9oiHZr8m-VA-mWFTae0IPJ91eSBXbOOyqPbs%3D/</p> <p>Register at: EYN Resilience Rising Conference 2023 Registration (whova.com) Registration is free and funded by a grant from Premera Health. We hope you can join us to learn and grow together!</p>	
<p>MIDD Grounding- In <i>Steve Larsen, MIDD Co-chair</i></p>	<p>Co-chair Larsen shared key points through slides to remind members of the purpose of MIDD. The presentation outlined the background of MIDD 1: MIDD 1 was authorized in 2007 and the tax became effective April 1, 2008, with a sunset in 2017 we moved to MIDD 2. The presentation outlined Council’s unanimous extension of MIDD in 2016. The MIDD website outlines the full history of MIDD: Plans, Reports, and Briefing Papers - King County. The desired results of MIDD were shared: those living with, or at risk of behavioral conditions, are healthy, have satisfying social relationships and avoid criminal justice involvement.</p> <p>Larsen reviewed the role of the MIDD Advisory Committee (AC). The AC was built around the notion that getting participation and involvement from the community is an important piece of this work. The committee can provide ongoing review, comments, recommendations, and provide the ability to hear from community members who are doing the work. Larsen reflected</p>	

on the efforts of Councilmember Perry bringing committee members together to gather opinions regarding a plan she had. Larsen shared his optimism on the ability of the committee to have a voice to influence policy and programmatic decisions and reminded the group that we are advisory only. Item G on the Advisory Committee (continued) slide was highlighted, which states that members shall make decisions based on best interests of King County and its residents and we will avoid the appearance of a conflict of interest. Due to some members being the beneficiaries of MIDD funds, it's important to keep this top of mind.

The MIDD Advisory Committee guiding principles to utilize when developing and implementing MIDD activities were shared, including a list of prioritized principles developed by the committee over the last few years; including equity and social justice considerations, driven by outcomes and informed by data, strategies to serve our most disenfranchised populations, client centered care, prevention services, and community-based organizations on equal status with County regarding compensation.

If there are questions about the presentation, please don't hesitate to reach out to Robin Pfohman or one of the Co-Chairs. MIDD 2 ends in 2025, and Robin Pfohman is working on developing a plan around MIDD 3, although there are currently no specific timelines.

Mario Paredes commented: Paredes agreed that 2025 is around the corner and stated that the Advisory Committee needs to strategically work together to make recommendations to Council regarding MIDD 3. Paredes commented that behavioral health conditions are not going anywhere so we must address them in the best way possible. Paredes reflected on his comment about the equity focus and the importance of incorporating new communities that do not have infrastructure into the larger community, since mental health is across all cultures.

Sarah Perry, King County Council commented: CM Perry shared a conversation she had with Laura Smith and Robin Pfohman regarding the way MIDD AC comes to consensus decisions, outlining that it is very nondescript and casual, making it very hard to define or record. She highlighted her Co-chair involvement with Eastrail, sharing their use of nodding to acknowledge consensus on ideas. Past experience tends to tell us "if I don't hear any objections, we'll consider it good, and we'll move on", but to shift the culture of MIDD from being more of a rubber stamping with the work of the Council, the AC should consider a mechanism where there is an opportunity for MIDD confirming, not necessarily a vote but a recognition, and to have the option to say "no" to King County's ideas at any time and voice opinions on matters in front of the Committee. Having a healthy debate, discussion and open feedback is the goal.

Mayor Lynne Robinson commented: Mayor Robinson agreed with CM Perry's sentiments and wanted to remind her that the committee did

	<p>embrace her suggestion on mental health and arts programs. Mayor Robinson brought up the disconnect between the name of mental illness and drug dependency (MIDD), and the behavioral health programs that are funded, and how the ordinance doesn't mention behavioral health, but our goals do. The hope is that we can determine what their values and goals are and to amend the ordinance to reflect this in the future.</p> <p><i>Sarah Perry, King County Council commented:</i> CM Perry outlined that if the Crisis Care Centers levy does pass, MIDD should find new ways to form partnerships to stand up these five centers for behavioral health and crisis care centers and the several residential spaces of 16 beds each that do not have the crisis center connected to them, including augmenting the workforce and the certifications and operational costs. RFP's will go out for others to run these, but it feels appropriate for there to be liaisons and conversations that intersect with MIDD. If it passes it will be a monumental change.</p>	
<p>MIDD Financial Report <i>Scott Miller, Business and Finance Officer IV, DCHS</i></p>	<p>Scott Miller, King County Department of Human Community Services (DCHS) Business and Finance Officer IV, provided an update on the November 2022 financial plan. Expenses from biennium to date through November 30 were shared. 2022 books won't be closed for several more days. The next financial report will have provisional closing numbers for MIDD 2021-2022. The 2023-2024 adopted budget was also shared, and provisional closing numbers will be shared during the next meeting.</p> <p>A change from last month's report is a revised estimate of underspend (see column 5), from \$20 million to \$26 million, which will impact fund balances. Also, to note, there will be a new revenue forecast in March.</p> <p>Robin Pfohman acknowledged that knowing there is underspend this early in the biennium, enables us to engage in a more proactive process, and asked for volunteers interested in participating on a MIDD Fund Workgroup. The Workgroup could help with criteria setting and reviewing priorities for these one-time funds Pfohman recruited for volunteers.</p> <p><i>Sarah Perry, King County Council:</i> Volunteered to join the workgroup if it was appropriate, and asked what percentage of the underspend funds will be used to fund projects they were originally intended for?</p> <p><i>Pfohman clarified:</i> that existing initiatives are funded through the 2023-2024 budget. There might be additional underspend if they are not able to spend all those dollars. However, this extra funding is not necessarily earmarked for any other project at this point. Miller clarified that \$20 million was already assumed as a part of the underspend in the 23-24 adopted budget, so \$6 million is the provisional underspend that is a change from when the 23-24 budget was built through today.</p>	

	<p>Pfohman added that based on experiences with the last biennium and the continuing challenges that many initiatives face, additional underspend was likely throughout the biennium.</p> <p>Volunteers included CM Perry Helena Stephens, Jeremiah Bainbridge, Trenecia Wilson and Darcy Jaffe.</p>	
<p>23-24 MIDD Budget: Review of Expenditure Restrictions <i>Robin Pfohman, MIDD Coordinator, BHRD, DCHS</i></p>	<p>Co-chair Smith introduced the next item on the agenda. As part of the budget approval process, Council included three MIDD related expenditure restrictions that require MIDD AC review prior to funds being included in contracts. Robin Pfohman will talk us through the expenditure restriction language and entertain questions that we have. We won't engage in a consensus process on these items but will take notes on the discussion and share questions with the Council.</p> <p>Robin Pfohman acknowledge that shared While Ryan Black mentioned the expenditure restrictions at the December meeting, there was not time to officially review. Pfohman clarified that Council did not ask for the AC's consensus, approval, but that the review offered an opportunity to document concerns and/or questions. Pfohman noted she cannot speak to Council's reasoning behind decisions but will try to get the answers to any questions.</p> <p>The first restriction relates to two MIDD funded initiative related to sexual assault behavioral health and domestic violence behavioral health services. The Coalition for Ending Gender-Based Violence, sent the Executive a letter supported by the Women's Advisory Commission, requesting 2 million to support the specific mental health needs of victims and survivors. The Executive budget supported \$1 million, and the expenditure restriction added an additional \$1 million.</p> <p><i>Darcy Jaffe asked:</i> Of the appropriated money, what is the process of allocating it to the different services that provide behavioral health in DV? <i>Pfohman answered:</i> Deborah Stake is our MIDD lead and is working closely with the two MIDD initiatives. They jointly submitted the letter in which they referred to the additional funding would support approximately 7-8 additional therapists across King County.</p> <p><i>Jaffe asked a follow-up question:</i> Knowing the behavioral health workforce shortage that we have, what happens if they are unable to hire the additional staff? <i>Pfohman answered:</i> Any unspent funds will become will be additional underspend that will need to be reallocated or will be rolled over into the next biennium. BHRD staff will work closely with the initiatives to monitor their spending and will work to reallocate anticipated underspend as soon as possible.</p>	

Mario Paredes asked: Is this money for the domestic violence and sexual assault network or is this money for the two organizations?

Pfohman answered: This is for the two existing initiatives. When it's clear how the dollars will be spent, Pfohman will ask the for presentations from the two initiatives at the MIDD AC meeting.

Sarah Perry, King County Council commented that she plans to be a liaison from the MIDD AC to the County Council and that she will work to be more aware of requests for funding and expenditure restriction language asking for MIDD AC review. CM Perry would like to make sure feedback from experts in the field is being considered.

Trencia Wilson shared that withing the organization she works with that falls under the Domestic Violence Behavioral Health Services initiative the money is intended to be used to expand services. Other agencies may be looking into similar types of expansion.

Pfohman shared an additional expenditure restriction for the procurement and distribution of Naloxone. BHRD staff were consulted on this and had indicated that requests for Naloxone were much higher than anticipated. The expenditure restriction allowed for a \$250k increase from the Executive proposed amount of \$400k.

The last restriction shared was the RADAR program, which is a multi-city initiative. This expenditure restriction includes an additional \$300k for staffing.

Sarah Perry, King County Council commented: Looking at different models and how to work with Sherriff's/Police departments, RADAR is one option brought forward. Everyone is looking for their lane because of 9-8-8 Figuring out how to partner to get people to where they need to be with trained trauma informed professionals is the goal.

Claudia D'Allegri commented/asked: She has a responsibility to report back to the community health centers she represents on the MIDD AC. Sometimes there is too little no notice about funding opportunities, thus providers miss out on new opportunities. [to CM Perry] How can I better represent these centers and provide them with opportunities to request additional funding in in a timely manner?

Sarah Perry, King County Council answered: Robin is working on a framework on how we do this, and CM Perry would like to look at the system and how it works when ideas come forward, so when we have extra funding, we come back to the AC and ask what the MIDD priority should be and make recommendations. CM Perry asked D'Allegri and others to email her with questions to take to Council so there can be a meaningful and equitable approach. [Sarah.perry@kingcounty.gov/Communications Manager Osman.salahuddin@kingcounty.gov]

	<p><i>Mario Paredes commented:</i> Suggested deciding on a process to acquire funding that is approved by the AC, Council, and the Executive, so we can follow this to have equitable opportunities for all. If we have agencies going directly to Council and not following an approved process, we then must make it fit in as a budget priority, when it may not have been, and then the funding opportunities are not open to other organizations who may have an even greater need.</p> <p><i>Sarah Perry, King County Council commented:</i> This is difficult work, but she welcomes the challenge to make this a more informed process, with more access and opportunity, stating this is what she was elected to do. She encouraged everyone to come to her with feedback to learn and challenge the system to do something real with it.</p> <p><i>D’Allegri commented:</i> Thanking CM Perry for her acknowledgement to help with this change and encouraged looking back at a previous list of priorities that was directly filled out by community agencies to express their needs.</p>	
<p>Legislative Update <i>Isabel Jones, Interim Director, BHRD, DHCS</i></p>	<p>Isabel Jones, Interim Director of Behavioral Health and Recovery Division, presented on the Legislative Update. King County continues to work with the legislature to bolster the integrated managed care program which is the Medicaid managed care program. This is the primary funder for community behavioral health. The Health Care Authority proposed sometime in the near future they would open another procurement to bring in additional managed care plans to the state of Washington and open a new competitive process for managed care plans. We have a partnership with the five existing managed care plans in the County and have been working with Representative Macri to review a bill she recently introduced that would look at the procurement process and work to have foundational changes before the HCA would procure new managed care plans, or things that would be weighted or given extra importance in a procurement. Macri’s bill would require the state to go through a data driven process to look at capacity for BH services, i.e., how many services should we have, how many providers do we need to accurately serve the community, on a detailed level. This bill also promotes the use of value-based payment methodologies and capacity-based payment methods, rewarding providers for being open 24/7/365. This is HB 1515, with 17 co-sponsors.</p> <p>King County is proposing a levy that will be on the ballot for voters in April, if fully approved by Council. This will support the building and opening of five crisis care centers across the County. Senator Dhingra has introduced a bill that aligns with the goals of this levy, that creates a new facility license through DOH for a 23-hour crisis relief center (we don’t currently have these centers, but they show promising results in other states). The centers would also aim to incorporate tending to physical health needs as well. This is SB 5120.</p>	

	<p><i>Jeff Sakuma asked:</i> Regarding the first bill, you discussed network adequacy of current managed care plans, and then adding new managed care plans, can you help make the connection?</p> <p><i>Jones answered:</i> The bill states that before the state could bring in new managed care plans or conduct the procurement, they would need to do an analysis of capacity needs and develop a network of standards. Network standards state that a managed care plan would need to have a certain number of providers in network to meet requirements. Currently those network standards for BH are very high level and not robust, so tied to a procurement, new plans couldn't come in unless they met a more robust network standard. Macri's bill asks the state to evaluate if it would be more streamlined for providers if there were less managed care plans.</p> <p><i>Jeremiah Bainbridge asked:</i> Where can we find more detail about the new levy, so we can educate everyone as best as possible?</p> <p><i>Jones answered:</i> We can send follow-up information on that. Marc Seligson and Robin Pfohman shared links in the chat for more information: 220926 13064w crisis care 1pgr (kingcounty.gov) Crisis Care Centers Levy - King County</p> <p>Jones also added that crisis has been a big conversation with 9-8-8 passing at the federal level. King County is looking for opportunities during the legislative session to make more investments in the crisis system. Trueblood continues to be a challenge for the state because of a lack of competency restoration services. A bill has been proposed to push more responsibility onto counties rather than state departments, which is concerning without having appropriate resources. DCHS will also advocate for capital investment on the BH side, for new and renovation of existing buildings, to allow for more places for people to go.</p> <p><i>Sarah Perry, King County Council asked:</i> Can you speak about the additional certification process for the crisis centers with adding the aspect of providing physical care, and how this might delay start-up?</p> <p><i>Jones answered:</i> For DOH, it could take approximately a year to write the rules and come out with the new license (modeling facility standards in Arizona), which outlines how the building must be set up to meet the license requirements. This can delay start-up because we don't want to build these facilities incorrectly.</p> <p><i>Darcy Jaffe commented:</i> It might be helpful to reach out to DOH facility technical advisors to get initial advice for these buildings.</p> <p>A request was made to share the current bills BHRD is tracking. A list will be sent out with follow-up meeting materials.</p>	
<p>Initiative Briefing: SI-05 Emerging</p>	<p>Meeting time did not allow for this agenda item. This item will be added to the March agenda.</p>	

Issues in Behavioral Health <i>Robin Pfohman, MIDD Coordinator, BHRD, DCHS</i>		
Updates	We will be working to schedule new Advisory Committee orientations with those who have not yet been oriented.	
Agenda Items for February Meeting	<ul style="list-style-type: none"> • The Steering Committee is continuing conversations on how to approach the book mentioned in December’s meeting, <i>Social (In)Justice and Mental Health</i>, and more information as it becomes clear. • Initiative Briefing: SI-05 Emerging Issues in Behavioral Health 	
Adjourned	1:27PM	
Next Meeting	Thursday, February 23, 2023, 12:00-1:30PM	