

*Attendance:
Members/
Designees*

Seats	Members	Designees
1-King County District Court	<input 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 checked="" 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 type="checkbox"/> Nathan Bays
8-King County Superior Court	<input checked="" 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	
14-King County Behavioral Health Advisory Board	<input checked="" 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'Allegrì	
17-Harborview Medical Center	<input checked="" 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 checked="" 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 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 checked="" 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 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 type="checkbox"/> Rowaida Mohammed
35-Unincorporated King County	<input 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: Scott Miller, Denise Mote, Nikki Nguyen, Ryan Black, Paul Charbonneau, Hali Willis, Jennifer Wyatt, Lisa Floyd, Sam Porter, Amanda Shi, Albert Wang, Gretchen Bruce, Laura Van Tosh, Brenda Hernandez, Nicholas Makhani, Deborah Stake, Christian Diaz, Rokea Jones

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 reviewing meeting logistics for members and other participants.</p> <p>Robin Pfohman and Laura Smith are out this week.</p> <p>Denise Mote announced that the 2023 Financial Disclosure form is due by March 15th. Please send to MIDD@kingcounty.gov or email Denise directly at dmote@kingcounty.gov. This form is only required for non-King County employees.</p>	
Review/Approve Meeting Notes	Co-chair Larsen gave everyone a moment to review the January meeting notes. The meeting notes were approved by consensus.	
Equity Focus <i>Darcy Jaffe, Washington State Hospital Association (WSHA)</i> and <i>Sarah Perry, King County Councilmember for District 3</i>	<p>Darcy Jaffe started the equity focus with a PowerPoint slide from the Washington State Hospital Association (WSHA), which represents 114 hospitals across the state. The Safe Deliveries Roadmap Initiative was presented, outlining the recent completion of a Perinatal Substance Use Disorder Learning Collaborative that had 52 birthing hospitals participate to learn how to improve care to birthing parents who have a substance use disorder: including decreasing stigma and using trauma informed care language.</p> <p>Jaffe announced a new partnership with Ballmer and Ariadne Labs called "TeamBirth", developed to improve safety, equity, and dignity for birthing families. Washington will be the first state to collect data on "TeamBirth" across all birthing hospitals in the state. This approach is effective in increasing a sense of agency and autonomy across all races and ethnicities,</p>	

	<p>and elicits patient preferences, uses a shared planning white board, and team “huddles” throughout the care of laboring patients.</p> <p>Sarah Perry, King County Councilmember for District 3, outlined the work of Crisis Connections during the equity focus. She shared their available phone lines: 988, 24-Hour Crisis, King County 211, Teen Link, Washington Recovery Helpline, Washington Warmline, Native American helpline, and the LGBTQ line, which are used to provide support, resources, and certified training.</p> <p>CM Perry described a 135% increase in call volumes across these crisis lines, which provides an equity response opportunity to build a workforce that is more reflective of the community that would utilize these programs. CM Perry encouraged thinking about how we could leverage MIDD dollars to support equitable access to education, training, and workforce retention for BIPOC providers to meet equity goals. She also encouraged the group to consider how MIDD investments could better respond to data driven outcomes outlining where behavioral health services are most needed. CM Perry proposed the idea of having a behavioral health action plan to track measurable goals over marked periods of time to compare funding outcomes to costs of future investments.</p>	
<p>Public Comment</p>	<p>No Public Comment.</p>	
<p>MIDD Financial Report <i>Scott Miller, Business and Finance Officer IV, DCHS</i> and <i>Ryan Black, Finance Manager DCHS</i></p>	<p>Scott Miller, Business and Finance Officer IV- DCHS, shared the December Financial Plan. The process for closing 2022 is still ongoing, and current estimates show that fund balances will continue to grow, additional revenue will post, expenses will be flat, and adjustments that reduce expenses posted to the MIDD fund will be seen. There will be an update to the revenue forecast in March, advising financial planning for the rest of the biennium.</p> <p>Ryan Black, Finance Manager- DCHS, further outlined that the fund balances continue to grow as FY 2022 closes and we transition into FY 2023. The 2023 undesignated balance has grown from what was expected when the budget was built. DCHS is considering a plan to reallocate the underspend and will share it with the MIDD Advisory Committee as soon as it’s developed.</p>	
<p>Initiative Briefing: SI-05 Emerging Issues in Behavioral Health <i>Nikki Nguyen, MIDD Community Partnerships Manager, BHRD, DCHS</i></p>	<p>Nikki Nguyen, MIDD Community Partnerships Manager, BHRD, DCHS, was on the agenda to share an analysis on the 49 letters of intent received for the MIDD Emerging Issues in Behavioral Health funding opportunity. As part of the MIDD 2 Service Improvement Plan, the MIDD Emerging Issues initiative recognizes that unexpected and urgent behavioral needs occur, so this funding is intended to address new or evolving behavioral health needs in King County that are not currently funded.</p>	

The programs awarded are expected to design and implement programs to address unmet needs among other initiatives. The funding is limited to two years, totaling \$1.3 million for the biennium, allowing each agency an award of up to \$200,000/year. The investment period is February 1, 2023-December 31, 2024.

The RFP launched September 30th and closed November 15th, receiving 49 LOIs, 23 of which were invited to submit a proposal, and 18 were received. 17 people participated in the review panel, ranging in areas of expertise and racial ethnic identities, and subject matter experts were consulted for a review of applications. After conducting six interviews, four agencies were recommended for funding and are currently under contract negotiations.

The four awarded projects are:

- YMCA of Greater Seattle- proposed to help non-profit staff become qualified behavioral health practitioners and obtain a Master's in behavioral health studies. Their focus is to increase workforce development.
- Seattle School District 1- supports students with education and information around opioids and fentanyl, through messaging, training, and videos.
- Lutheran Community Services Northwest- proposed to partner with the University of Washington to launch a program that provides culturally responsive, and trauma informed behavioral health services to the Afghan refugee community in King County. They will be doing a research analysis the first year and training counselors and will then reach out to the Afghan community to pilot projects and support groups for the second year.
- Tubman Center for Health & Freedom- proposed to address the need for implementing a model for developing behavioral health training programs and workforce rooted in Black communities.

LOIs came from a wide range of local partners proposing to address the topics of workforce development, training and education, system analysis, staffing to address ongoing gaps/expanding services, peer support, increasing trauma-informed and culturally responsive BH services, increasing behavioral health services or support, CQI effort, and address on-going service or system level gaps. The proposed populations to be served were LGBTQ-6%, Homeless-4%, BIPOC-14%, Diverse (everyone)-45%, High Acuity-8%, and Immigrants and Refugees-23%. Proposed support was for Youth, Adult and Senior age groups. Council districts to be served were also highlighted.

	<p><i>Claudia D'Allegri asked: "From the four groups that were selected, can you give us the location [they are serving]?"</i></p> <p><i>Nguyen answered: "The YMCA is providing services county wide, the Seattle School District is providing services for Districts 1,2,4 & 8, Lutheran Community Services Northwest are providing services county wide, and Tubman Center for Health & Freedom is focusing on south Seattle, District 2."</i></p> <p><i>Osman Salahuddin asked: "Of the organizations that applied for county wide funding, is there any follow-up done with them to see who they are affecting or the communities they are reaching out to, is there a tracking form?"</i></p> <p><i>Nguyen answered: "We have not gone into that level of detail with them yet. We are still in the stages of contract negotiation and will be meeting with them quarterly for support while brainstorming ideas for their success and ability to reach the community."</i></p> <p><i>Helena Stephens asked: "I thought when these projects were awarded, we selected one for each area of the county and it looks like we have not done that. My question is: what are the conversations with those who did not make this cut? Have there been any discussions with those agencies and what was their reaction to that?"</i></p> <p><i>Nguyen answered: "It was a very challenging process; they were difficult decisions to make, and we went above and beyond to talk to subject matter experts for consultation. We made the opportunity for feedback available with denial letters, and a few reached out. The responses were mostly positive because we offered support when we were able. We connected one agency with already existing MIDD resources to support their project."</i></p>	
<p>Emerging Issues Briefing: Community Practitioners, Community Solutions</p> <p><i>Amanda Shi, Research Fellow,</i></p> <p><i>Rokea Jones, Director of Community-Based Research, Tubman Center for Health & Freedom</i></p>	<p>Amanda Shi, Research Fellow, and Rokea Jones, Director of Community-Based Research, at the Tubman Center for Health & Freedom presented a PowerPoint titled: Community Practitioners Community Solutions.</p> <p>Tubman Health is a community organization committed to the principles of healing and people’s liberation from systems that make us unwell, working to advance health justice, culturally appropriate care, and integrative medicine, by addressing health and wellness from both systemic and clinical approaches. Tubman Health provides primary and preventative care, community resources, social services, political education, and advocacy.</p> <p>The application for MIDD funding was informed by community voices expressing a need for behavioral health services. Tubman Health is building a community owned and operated Workforce Development Center and Health Clinic. The last year was spent in the community design phase for the flagship clinic using a community directed research method, allowing for community ideas, insights, and priorities for creating health care from the</p>	

ground up, with a goal of promoting whole person health (mental, emotional, social, and spiritual health).

According to the data there is about one mental health practitioner for every 256 citizens in King County, and marginalized communities typically have lower accessibility to these services, often accompanied with mistrust in the healthcare system based on experience of structural racism and discrimination. Community conversations and data identify the need for more BIPOC practitioners.

Community members interested in becoming a BH practitioner need support, and pathways to these professional programs are often insufficient/misleading, not culturally relevant, and/or not affordable. Without community driven research and the development of new models, increased public investment will likely perpetuate BH workforce inequities rather than address them. The Community Practitioners | Community Solutions Project is a response to a systems level gap and analysis of system level needs to address future programming. Activities planned for the project are: Community-Directed Research on BH Career Pathways, Landscape Analysis of Regional Training Programs, and Model for Career Pathway Program for BIPOC Providers. Outcome goals are to create innovative models, providing culturally relevant care, and identify partnerships and capacity building.

Jasmmet Singh asked: “How did you come up with the heat map, were you using population density, and what groups were a part of that population density to determine where resources are supposed to go?”

Jones answered: “When people registered for our listening sessions, we asked them for their zip code and that is when we found a tool that allowed us to input the data onto a map and the heat map was created based on how dense the population is from the responses. Worth noting is the amount of people who responded coming from North Seattle, so we expect people will travel to receive the care we are providing.”

Singh asked: “What about the people that don’t respond? I feel like people who are responsive are engaged but how do we know about what’s going on in cases where people aren’t responsive, have you looked into that analysis?”

Jones answered: “We realize that there are so many affinity groups that we could be connecting with. This is a living document that is ongoing. Even though we have a very strong representation of the community that we intend to serve most, we intend to open our doors to everyone. We have enough data to know the need is there, but we could always benefit from more funding and research, especially for communities of color.”

Jeremiah Bainbridge commented: “Many nonprofit agencies on the ground doing the work are challenged with collecting and standardizing data due to time and skills gaps limitations. If government and non-profits could

	collaborate where the burden of funding isn't on the non-profit, then we could do more robust data collection giving the county feedback on where to invest for the future."	
Crisis Care Centers Levy and Co-Response Models <i>Michael Reading, Chief of Crisis Response Systems and Services, BHRD, DCHS</i>	<p>Michael Reading, Chief of Crisis Response Systems and Services, BHRD, DCHS presented on the King County Crisis Care Centers Levy.</p> <p>The purpose of the Crisis Center Levy is to offer a place where people can receive services and support to achieve recovery. The current needs assessment outlines: there are no urgent care centers when in crisis, a loss of MH residential capacity, and an unsustainable workforce.</p> <p>The core crisis system elements include: someone to talk to, someone to respond, and someplace to go. King County currently has a crisis line, mobile response teams, co-responders, and outreach teams, but does not have somewhere to go, outside of the ED. A place to go would offer more support and a safe place for those in crisis and would give hospitals more capacity to serve immediate medical needs.</p> <p>The Levy will create five Crisis Care Centers regionally and will preserve and restore loss of residential treatment beds and help to grow the BH workforce. The Crisis Care Centers would be spread across the county, and one would specialize in serving youth. The centers will have 24/7 walk-in capabilities, 23-hour observation units, 16 beds for 14-day crisis stabilization, and onsite access to a Designated Crisis Responder. The Crisis Care Centers would be operated by provider agencies under contract with BHRD.</p> <p>King County Council voted unanimously to include the Crisis Care Centers on the ballot April.</p>	
Updates		
Agenda Items for March Meeting		
Adjourned	1:36PM	
Next Meeting	Thursday, March 23, 2023, 12:00-1:30PM	