

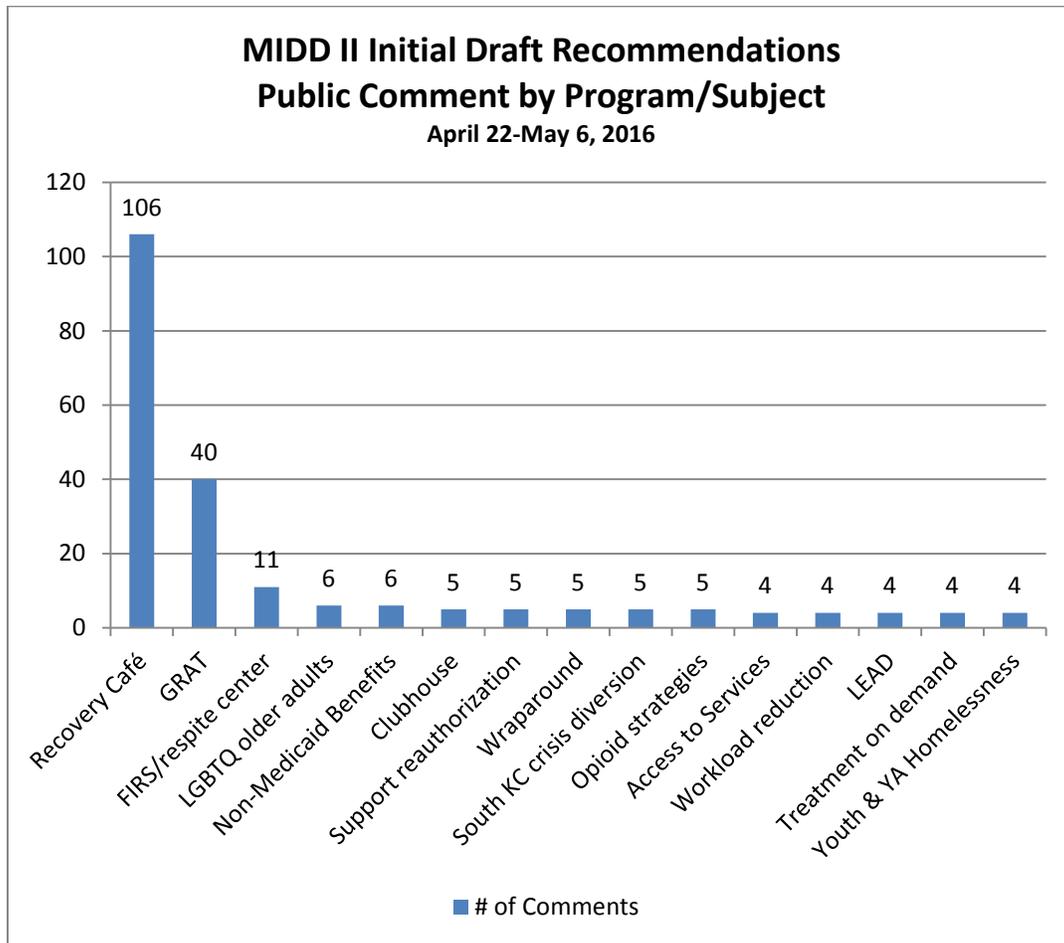
MIDD II Initial Programmatic and Funding Recommendations

Public Comment Summary: April 22-May 6, 2016

A total of 205 comments on the initial draft MIDD II programmatic and funding recommendations were received by King County. The comments were provided online April 22-May 6 through a survey portal or via the midd@kingcounty.gov email address, or in person at the MIDD Oversight Committee meeting on April 29.

The vast majority of comments endorsed or supported particular programs that appeared the recommendations, in some cases advocating for additional funding. Notably, over half of commenters expressed gratitude for Recovery Café's inclusion in the funding recommendations. Nearly 20 percent of public comment participants advocated for funding of the Geriatric Regional Assessment Team (GRAT). About five percent of respondents supported the Family Intervention and Restorative Services (FIRS) including its respite center feature.

Other programs or subjects supported by four or more commenters are shown in the chart below.



Q2 Please share your comments about the initial draft MIDD II program and budget recommendations here.

Answered: 205 Skipped: 2

#	Responses	Date
1	<p>CJ Diversion Housing Tx Opioid Strategies I am a Judge in King County District Court, East Division. I am writing to urge King County to allocate MIDD funding to combat the drastic increase in heroin addiction that we see here in King County District Court. The number of defendants that we see in District Court who are heroin addicts is truly staggering. Each and every week here in Redmond I see dozens of defendants who are heroin addicts. One of the remarkable things about this is that not only do I see defendants charged with crimes that one might expect of a heroin addict, such as Driving Under the Influence (of heroin) or Possession of Drug Paraphernalia, but I also see defendants charged with other crimes such as theft and assault, including domestic violence. So very often the genesis of the criminal activity is the addiction. Many of the people in the criminal justice system who are heroin addicts are indigent and without stable housing. Without stable housing it is nearly impossible for these individuals to participate in, and be successful in, substance use disorder treatment. I urge King County to use MIDD funding to prevent further needless deaths due to heroin overdoses and to combat increasing risks to public safety. Ideally, a criminal justice diversion program in District Court would help defendants to address legal issues while engaging in treatment arranged through the program and while living in stable housing arranged through the diversion program. I realize that such a diversion program would be an expensive proposition, however. At a minimum, I urge King County to use MIDD funding to develop programs that will provide treatment and housing options for defendants in the District and Municipal courts.</p>	5/20/2016 1:55 PM
2	<p>Alt to Secure Detention BH Urgent Care Walk-In CIT Comm Driven BH Grants crisis diversion Drug Ct Housing vouchers Housing capital Involuntary Tx Triage Medicaid assumptions NDAs Rapid Rehousing/Oxf. Recovery Cafe South KC Crisis Diversion Treatment on demand YYA Homelessness Zero Suicide Many thanks to King County DCHS staff for the amount of time and effort spent on the MIDD II draft and programmatic recommendations. On behalf of the residents of the City of Kent, we appreciate and support the inclusion of the vast majority of the Initiatives, including: • upstream prevention and diversion activities; • treatment on demand; • community driven behavior health services (We support the concept of cultural communities being able to initiate programs that address their unique needs.); • new Zero Suicide Initiative Pilot; • Crisis Intervention Training for first responders (Kent Police Department prioritized this for their officers and it has been very valuable.); • new Multipronged Opioid Strategies (Treatment options should be available and accessible throughout the County.); • new Youth Mental Health Alternative to Secure Detention; • new Involuntary Treatment Triage (System improvements to the involuntary commitment process are critical and our jails are not funded or equipped to properly serve individuals with severe and persistent mental illness.); • new Recovery Café ; and • new South County Crisis Diversion Services/Center (Recognizing that siting may be a challenge and close coordination with the community will be required.) Points of concern include: • any assumptions related to leveraged Medicaid to replace MIDD funding (Recognizing that County staff is certainly mindful of this, and simply urging extreme caution moving forward.); • new Youth and Young Adult Homelessness (Urging increased investment and close coordination with Best Start for Kid's Youth and Youth Adult and Families Homelessness Initiative.); • clarity of where MIDD II Initiative Titles are best placed within the MIDD II Framework Strategies; • clarity of the differentiation between the Next Day Appointments and New Urgent Care-Walk In; and • Housing Capital and Rental, New Rapid Rehousing-Oxford House Model, Housing Vouchers for Adult Drug Court (Urging close coordination with All Home and consideration of the variety of other funding sources available for housing capital.)</p>	5/20/2016 1:52 PM
3	<p>Non-Medicaid Benefits I am a clinical supervisor at Asian Counseling and Referral Service. I also worked as a case manager before I became a supervisor. As I worked with client who suffer from chronic mental health issues directly and indirectly, I can't say more how MIDD helped clients who do not have means to get the service from public agencies such as ours. I personally witnesses clients with chronic mental health issues who find a job, get tx from a doctor and a counselor, and even get housing. I strongly believe in second chance and opportunities in life. I wish our clients continue to get their second chance and opportunity in their life.</p>	5/20/2016 1:50 PM

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4	<p>CJ DiversionHousingTx Opioid Strategies I am serving in my 17th year as a judge in the King County District Court on the Eastside. While I have always seen defendants who have alcohol or drug addictions, the significant increase in the number of misdemeanor offenders with a severe substance use disorders is astonishing. Last week I was on after-hours search warrant duty for King County. Most of the search warrant calls were for drivers who were committing serious driving offenses on freeways and were under the influence of drugs, typically heroin. For example, a driver was going the wrong way on Highway 520, a driver was involved in an accident on I-90, and another driver was speeding on I-5 at 80 mph and weaving in and out of traffic. While I am a strong proponent of early intervention measures to prevent and treat substance use disorders outside of the criminal justice system, the fact of the matter is that we have many people in the criminal justice system who are in serious need of treatment and housing. I see many people on the Eastside, of all ages, who are homeless and drug-addicted. It is truly a tragedy. I know from experience that unless the person has some kind of stable housing it is highly unlikely she/he will be able to effectively engage in substance use disorder treatment. I have defendants ask me NOT to release them from jail until they can be released into an inpatient treatment program. They know that even one day on the street will, in all likelihood, lead to heroin use. Many of the adult offenders in the criminal justice system in the District and Municipal courts serve their jail sentences in municipal jails such as SCORE, Kirkland and Issaquah. These facilities are ill-equipped to handle offenders with substance use disorders. Finding treatment placements for these offenders is a daily challenge for our court system. While I am glad to hear there is a proposal to increase treatment options at the Maleng Regional Justice Center jail, that enhancement does virtually nothing for most of the offenders in our District and Municipal Courts. I strongly urge King County to use MIDD funding to develop programs that will provide treatment and housing options for adult offenders in the District and Municipal courts. Most, if not all these offenders, are indigent. Without enhanced services for this population, we will continue to see an increase in loss of life due to substance abuse and serious risks to public safety. Thank you for your consideration of these comments.</p>	5/20/2016 1:48 PM
5	<p>Recovery Cafe 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 and he is looking for additional part-time work. He is no longer at risk for Type II 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 self, and he commends King County for including Recovery Cafe in MIDD II and supporting Recovery Café becoming available to more people in King County.</p>	5/9/2016 10:33 AM
6	<p>GRAT LGBT Seniors 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 especially. Mr. Dicks also voiced his support of GRAT. All older adult programs will affect all of us, even in this room.</p>	5/9/2016 10:32 AM
7	<p>LGBT Seniors 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 effects of mental illness and substance abuse on people. Mr. Marshall encouraged the Oversight Committee to support for LBGTQ people in particular because of the disproportionate rates of depression in that population: 40 percent say they have considered suicide, with higher rates among minority populations, due to stigma, victimization, and in many cases criminalization. Mr. Marshall respectfully requested funding for comprehensive, evidence-based mental health and substance use disorder training programs.</p>	5/9/2016 10:29 AM
8	<p>LGBT Seniors • Kathleen Sullivan, Director of a new organization called Generations with Pride that is working to reduce isolation and increase accessibility for the aging Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) population in King County. Ms. Sullivan voiced gratitude for the support that is being shown for this important population: as the UW SSW study has shown, there are clear disparities in care for this group within the older adult population in our County, and this group is expected to double. Research has shown that a lifetime of victimization and internalized stigma leads to greater mental health needs of LGBTQ. Isolation and feelings of loneliness increase likelihood of early death of all older adults, but especially LGBTQ older adults.</p>	5/9/2016 10:28 AM

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9	<p>GRAT Ms. Strong spoke from two pages or 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 receives referrals from first responders and other entities, responding to first-responder referrals within 24 hours and all others within three business days. They do assessments for cognitive functioning She shared stories of individuals and families helped by GRAT: one of an elderly woman showing up a school every day, 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 in a church, where the church called GRAT, and GRAT arranged the client to go to the hospital. GRAT is not a program-based service but a person-based service that connects people with services, arranges hospitalizations, provides education to families – going everywhere in King County. No one else is providing this service, and it is crucial to the crisis prevention network. Ms. Strong asked the Oversight Committee to restore to current levels GRAT funding in its recommendations.</p>	5/9/2016 10:27 AM
10	<p>FIRS/respite center I am writing regarding the FIRS program and the recommendations to fund it. Family Intervention and Restorative Services represents a paradigm shift in the response to family violence that significantly reduces the number of youth being presented to King County's Juvenile Detention. FIRS is also a departure from formal court processing that allows for an immediate response to families in crisis. It will be necessary to re-address the funding proposals in order to maintain FIRS under MIDD II. Without additional funding, the model will revert to once again booking youth into detention for family violence incidents.</p>	5/6/2016 5:46 PM
11	<p>Access to Services CCORS Juvenile BH Assessments Wraparound We are very pleased to see the MIDD II recommendations that emphasize investments in mental health and behavioral supports for youth who are involved in the justice system. Investments that are targeted to diverting children out of the justice system and into supports that show better evidence for health and well being will have a positive impact on reducing the racial disparities in the justice system. New concepts like the Family Intervention Restorative Services and the dedicated funding for alternatives to detention are excellent approaches. As the strategies are developed, we hope that they include flexibility so that supports can be tailored for the individual needs of children who are in conflict with the law. There is opportunity to achieve a tailored approach that provides meaningful, timely and lasting support to children and families. CORS, behavioral assessments, and wrap around services have potential for such alignment. We believe that they can be better aligned to ensure that youth are getting services when they need them. We also hope to see clear directives around supports that actually meet the needs of underserved children, including children of color and children with disabilities. Racial disparities persist in all of our public systems - education, health care, child welfare, and juvenile justice. MIDD II investments can make a difference, but there needs to be clear direction about improving outcomes for these groups. Finally, missing in the recommendations are a system of ensuring that people who are marginalized and not able to access the system are able to. Legal aid and other advocates are a critical service that could ensure that the systems we create to support people are actually serving those most in need. Advocacy can also play a role in ensuring that individuals are able to transition into state and federally funded programs for longer term support than those services provided by the county. A portion of MIDD II should be dedicated to helping adults and children with access to the MIDD and other behavioral health services.</p>	5/6/2016 5:04 PM
12	<p>FIRS/respite center The addition of a Respite Center component to the Family Intervention Restorative Services program at Juvenile Court is a sensible and purposeful way to significantly reduce the number of youth in detention and the criminal justice system. It will provide more opportunity and time for youth and families to safety plan, learn family violence prevention skills and engage in restorative process to begin re-building relationships. Parents and youth will gain strategies to prevent further violence in the home. If our court, county and community is committed to keeping these youth out of the criminal justice system, this is an attainable and meaningful way to make it happen.</p>	5/6/2016 5:02 PM
13	<p>Stigma reduction This is a terrific and important set of recommendations. It represents an inclusive process and a tremendous body of work by the BHRD division. Thank you! I think it would be incredibly strategic to invest a small amount of money (\$50-75K) to hire a young professional to organize activities for a King County Recovery Coalition, as described in the briefing paper. As proposed, this coalition would operate under the oversight of the Washington Recovery Alliance (WRA), which is a statewide network of behavioral health recovery coalitions. The WRA has the ideas and expertise, but not the time to carry out a planned stigma reduction campaign. Proposed activities include training a speakers bureau of people in recovery and affected families to speak at public meetings, to help ease concerns of neighbors when treated facilities are being sited. The WRA also seeks to host public recovery events and to create a social marketing campaign to reduce stigma. Stigma presents an obstacle to the fulfillment of nearly every strategy proposed in MIDD 2. For example, stigma creates road blocks to the creation and siting of new treatment facilities and it prevents individuals in distress from seeking care. It also isolates families and friends who are supporting a loved one in crisis. We would be remiss not to dedicate a small portion of funds toward its eradication.</p>	5/6/2016 5:00 PM

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14	<p>RADAR Outreach Public Comment Kim Hendrickson, City of Shoreline May 6, 2016 I am writing to urge the reconsideration of the City of Shoreline Police Department’s request for a RADAR Outreach Coordinator. This request was not one of the programs recommended by the MIDD Oversight Committee. I believe it should be. I was brought on this year, by the City of Shoreline, to help its police department respond to individuals with behavioral health issues. It’s been a troubling experience. Deputies encounter people, every shift, who have untreated or poorly managed mental illness. They are asked to respond to situations, every day, involving people who are visibly suffering and without the ability to help themselves. What they tell me, to an officer, is that there is very little they can do in these critical situations. ITA criteria is high. The mobile crisis team is useful but response time is long and their ability to respond is limited. The crisis diversion center is an option but the distance is significant—and many people in need of help will not willingly be taken. There is no one with the time and training, within the department, to provide counseling, give professional advice, or conduct follow up visits—and/or connect people to needed treatment and services. A single Outreach Coordinator assisting deputies in Shoreline will not help all people in all situations. But if this person is a social worker, or other type of MHP, it will give Shoreline police a person to call who can counsel individuals in need of care, and link them to resources and services. One of the central purposes of MIDD dollars is to divert people from jails and emergency services, and provide them access to care. I urge the MIDD Committee to understand the importance of the Outreach Coordinator in this context, and to reconsider our application. Thank you for your consideration. Kim Hendrickson</p>	5/6/2016 4:56 PM
15	<p>FIRS/respite center LEAD South KC Crisis Diversion I first want to thank BHRD for its extraordinary work. The MIDD II process has felt thorough and transparent and I truly believe that our community will be healthier as a result of the programming that is eventually implemented. In going through the MIDD process, it seems like there are two implicit but core principles underlying the recommendations and I thought it might make sense to articulate them and apply them explicitly going forward. 1) any organization or program funded by MIDD II should first look to Medicaid to see if federal dollars can pay for the programming. All programming that could be paid for by Medicaid should be. MIDD II funds should only be used to pay for programming that Medicaid will not pay for; 2) all programs should provide trauma-informed care and should apply principles of harm reduction. This is important because consistency across the continuum of care will more likely result in successful outcomes for individuals. Mixed messages about expectations regarding, for example, abstinence may confuse and frustrate recipients of service; Regarding specific programming, I want to particularly applaud the creation of a Crisis Diversion Center in South King County and funding for respite beds and mobile behavioral health crisis teams. Given the explosion in the volume of Involuntary Treatment Act cases, it is critical that the County fund programs that could divert individuals away from that system. I also want to applaud LEAD expansion, which will help keep low-level offenders out of the system and accessing services that they need. Finally, I note that while the draft recommends funding FIRS, it fails to provide enough money for the residential component of the program. The full benefits of the program cannot be realized without adequate funding for the residential component of the program. Thank you again for your work!</p>	5/6/2016 4:48 PM
16	<p>Alt to Secure Detention BH Urgent Care Walk-In MH first aid Opioid Strategies YYA Homelessness Thank you for the opportunity to comment on Programmatic Recommendations for MIDD II Funding. YouthCare is appreciative of the inclusive community process and deep thought that went into forming these recommendations, and are supportive of both the program categories, and the specific strategies and recommendations within each category. In particular, we are supportive of the following interventions that we feel will greatly benefit the homeless, unstably housed, and system-involved young people we serve. • PRI-VII – Mental Health First Aid – we hope that youth providers can access this training, as our staff can serve as first responders to youth who are decompensating. • CD-II – Youth and Young Adult Homelessness Services – We believe this strategy provides the necessary supports to ensure we can safely provide housing services to youth with acute behavioral health needs. • CD-VII – Multipronged Opioid Strategies – we are hopeful that these strategies also consider the needs of homeless youth and young adults. • CD-IX – Behavioral Health Urgent Care Walkin Clinic Pilot – This proposed pilot meets a huge need in our community, and we hope our young adult clients might access these services. • CD-XVII – Youth Mental Health ASD This list isn’t intended to be exhaustive, as we see many positive elements in the proposed funding list, and look forward to ensuring that our community’s homeless youth, young adults, and their families have the behavioral health supports they need to successfully move beyond homelessness into thriving adulthood.</p>	5/6/2016 4:46 PM
17	<p>FIRS/respite center The goal of the Family Intervention and Restorative Services (FIRS) is to provide interventions and services to youth and families that are designed to: 1) decrease violence in the home, 2) decrease further police contact and detentions, and 3) minimize court involvement. The FIRS process allows youth an opportunity to divert their legal matter out of the formal juvenile court and detention system while connecting the youth and family with needed services. As a Juvenile Probation Counselor who works directly with this population, I can personally attest to the positive impact this program has had with youth and families involved in family violence. We are able to intervene and provide alternatives to court process immediately, while putting in place direct services more quickly and effectively. The current proposal includes the addition of a non-secure respite center for youth who would normally be detained. Funding this important piece of the program will be key, as it will eliminate the need for detention in these cases, while allowing families needed respite time and an increased opportunity to engage youth and families in needed services.</p>	5/6/2016 4:41 PM

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<p>18</p>	<p>FIRS/respite center Family Intervention and Restorative Services (FIRS) represents a example of a needed and appropriate shifting of our focus to assessing needs/services up front and a path of prevention/decreasing recidivism vs. the previous long-standing approach: waiting for more criminal referrals to pile up and what can be a slow and lengthy court process to get to court supervision and services (while the youth/family and surrounding community, in the mean-time, can often continue to struggle immensely). FIRS attacks the number one driver of youth in detention - domestic violence/assault - one of the most intense, complex and difficult to intervene in issues in our community. It needs more funding to allow its full vision to be realized, including "Z-hall" at juvenile detention, a non-secure respite/shelter "unit" for youth involved in DV incidents at home. This will be a staffed/supervised place that promotes entry into an outside-of-court intervention process where they can access support and services in lieu of secure detention and in lieu of initiating the formal court and charging/filing process. FIRS puts a large dent in the number of kids sitting in detention for DV/assault-related referrals and connects youth and families with timely and often immediate support, assessments, safety planning and services. It has shown positive results in it's first 4 months and we continue to assess how best to serve youth and families embroiled in intense conflict in their homes. This team approach combines immediate staffing, risk/violence assessments, negotiating, family/team meetings and truly tailored/matching service referrals, sometimes within hours of the DV incident occurring. Only funding a promising new program and approach like FIRS for a short period of time and/or only funding part of what it demands in order to truly flourish doesn't make much sense. We are moving towards a more informed, family-empowering and healthy approach to domestic violence in our community FIRS is and can continue to be a part of this shift towards something that makes more sense and is more effective for our families and communities. But it simply can't develop or even stick around if it is not fully/appropriately funded.</p>	<p>5/6/2016 4:28 PM</p>
<p>19</p>	<p>Comm Driven BH Grants Overall, the budget looks fine, however, I think the NEW Community Driven Behavioral Health Grants (SI-IX) should be allocated more funding in providing technical assistance, evaluation and support with community initiated behavioral health programs. I should also point out that due to strong stigma associated with mental/behavioral health within certain ethnic communities, self driven, grassroot efforts such as the Somali Health Board should be given direct access to funding rather than larger organizations that receive findings simply by stating they're culturally competent. Small CBOs with a proven track record of working within the community should be encouraged and financially supported on their work - in order to better serve the community on such needed work. MIDD number SI-IV, peer to peer training is a great model that I see can work really in limited English proficiency communities- it's a pilot, anticipated and hope to see it materialize. I'm also encouraged by the Parent Partners Family Assistance, I'd suggest increasing the funding in that area - \$1M, simply because I'm aware of the direct positive impact it has with getting families support their loved and reducing stigmatization.</p>	<p>5/6/2016 4:16 PM</p>
<p>20</p>	<p>Alt to Secure Detention Comm Driven BH Grants Family Tx Court FIRS/respite center I wish to comment wearing two different "hats." First, as a member of the Juvenile Justice Equity Steering Committee, I am pleased to see the focus on youth and alternatives to secure detention. However, the recommendations themselves are insufficiently detailed for members of the Steering Committee to be able to evaluate their merits versus the merits of other ideas. It is difficult to discern how well the existing programs or the new programs will serve highly marginalized populations. I suspect the Committee will be pleased to see the recommendation for Community Driven Mental Health Grants, but would ask why this strategy is not embedded in all of the recommendations. Different parts of our community may need services from small, community based organizations that can be more culturally sensitive. It is important not to relegate cultural sensitivity to a \$300k program. The Steering Committee will need more information (perhaps a visit by Kelli Carroll at our next meeting) and time to present comments on behalf of the Steering Committee as a whole. Speaking as the Presiding Judge, I want to express my gratitude on behalf of the Court for the generosity that these recommendations demonstrate for the criminal and juvenile justice systems. My comments need to be taken in this light. First, it appears that FIRS was funded at 50% of the actual cost; the \$700k allocated will pay for the professional staff and evidence-based services, but not a home for FIRS. Without an additional \$700k (which could come partly from sources other than MIDD) the youth would have to go back to staying in detention for the "cooling off" period before they can return home. Second, with regard to the Mental Health Alternatives to Secure Detention: we are very supportive of this idea, but we would encourage you to add runaways to the list of youth who might be suitable for these beds. Most of those who arrested on warrants and placed in detention suffer from PTSD; without a safe temporary place to put them, DSHS places them in hotels or the next available foster placement, which may not be appropriate and will cause them to run again. The funding recommended for Family Treatment Court does not allow it to be expanded to South King County. Superior Court obtained a grant to allow us to expand because our cases increasingly come from South King County. The grant requires matching funds from MIDD. Without those dollars, we will have to return grant money. For everyone's information, Family Treatment Court is not a diversion from the criminal justice system. Rather, it enables families in the dependency system to reunite rather than have children grow in foster care. FTC offers the best chance for family reunification and beneficiaries are young children who get to be raised by their biological parents. Superior Court is happy to work with MIDD staff to see if there are other ways to raise money for some of these objectives, such as grant funding or contributions from our city partners. We welcome these discussions. Thanks very much to the entire MIDD staff and DCHS for the hard work that has gone into this list of recommendations</p>	<p>5/6/2016 3:52 PM</p>
<p>21</p>	<p>Recovery Cafe I applaud King County for including Recovery Cafe in MIDD II. Everyday here at the Cafe I see people transforming their lives- staying drug and alcohol free and stabilizing their mental health to embrace a life of wellness. Thank you King County for investing in this incredible program.</p>	<p>5/6/2016 2:28 PM</p>

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22	<p>Recovery Cafe One purpose of the mission team of my faith community, of which I am a member, is to research organizations which may need help in maintaining their programs for the homeless, addicted and those with mental health problems. With this in mind, I want the King County Council to know why I definitely think the Recovery Cafe should be included in your funding decisions. First, the work of the Cafe saves the county money by reducing the number of 911 calls, emergency room visits, and police interventions because they give people meals, support, friendship, and other opportunities for healing and safety. Their many classes offer people dealing with homelessness, addiction, and other mental health challenges opportunities to learn anger management, yoga, meditation, and others for stress reduction and emotion regulation. Thank you for considering my comments, Patricia Sayed</p>	5/6/2016 2:05 PM
23	<p>LGBT Seniors The draft shows the work and thoughtfulness of the Advisory Committee and Staff. I would like to again urge you to consider the LGBT senior community. Mental health disparities are compounded with the lack of early detection and prevention programs for this group.</p>	5/6/2016 1:54 PM
24	<p>FIRS/respite center Please consider adding additional funding to the FIRS concept to allow this innovative and effective program to operate at full capacity as a non-secure, pre-booking, pre-filing juvenile diversion program for youth, many of whom, are struggling with chemical dependency and mental health challenges that cause them to lash out physically against parents or siblings. The \$700,000 allocated in the Draft MIDD II Funding and Programmatic Recommendations is not enough to adequately serve the 400 or more youth a year that FIRS can effectively divert out of the criminal justice system.</p>	5/6/2016 1:16 PM
25	<p>Wraparound Please reconsider the planned 33% reduction in funding for Wraparound. I know the impending availability of Medicaid funding presents an apparent opportunity to shift funds elsewhere. BUT: the Medicaid reimbursement elsewhere in the state has not been able to cover costs; the state requires King to drastically increase the number of Medicaid youth receiving wraparound in the future. Over the lifespan of the MIDD- II funding, the service level for all Wraparound youth will gradually degrade.</p>	5/6/2016 1:03 PM
26	<p>Older adult prevention School-based services Neighborcare Health currently operates two program under MIDD I initiatives: 1.g.) Prevention/early intervention mental health and substance abuse services for older adults, and 4.c.) School district based mental health and substance abuse services. This funding has allowed us to provide very specific, focused treatment for older clients as well as population-based strategies in the schools, which can then be complemented by group or individual therapy for those students most in need. We are grateful to the MIDD Oversight Committee for their recognition of the significant, life-saving work being done in these areas and their commitment to include a similar focus in MIDD II funding. As Neighborcare Health continues to refine its behavioral health program to respond to the needs we see in our community, increased access is a continual concern. To that end, we are introducing even further integration of SBIRT, MAT, and brief intervention focused behavioral health into our primary care model, and bringing services to locations such as supportive housing, schools, and our homeless clinic locations. These creative approaches aim to reduce barriers to accessing services and provide care to patients along the entire continuum of need. It is our hope that MIDD II will include flexibility in service provision, such as models other than MHIP, to allow organizations to respond to populations-specific needs more efficiently and effectively.</p>	5/6/2016 12:02 PM
27	<p>FIRS/respite center We are very concerned about the lack of funding for the FIRS respite center. We will be opening this non-secure, residential option for youth involved with family violence case in July of 2016. Without the full funding requested in our proposal we will have to shut down the residential component and revert to booking youth into detention. The respite center provides a mechanism for youth to receive services without spending time in secure detention and entering the juvenile justice system. It is also a resource for law enforcement since some youth do not meet the detention intake criteria.</p>	5/6/2016 12:01 PM
28	<p>Recovery Cafe We are grateful to be able to be part of the MIDD program, we believe it has been very helpful for our members that we serve!</p>	5/6/2016 11:29 AM
29	<p>Recovery Cafe I support the initial draft MIDDII program for Recovery Cafe.</p>	5/6/2016 11:15 AM
30	<p>SBIRT School-based services MIYFS recently partnered with the U.W. Center for the Study of Health and Risk Behaviors to create a novel, on-line individualized normative feedback tool for high school aged youth. This tool allows youth to take a short on-line survey that provides them immediate feedback on their drug and alcohol (and potentially mental health) risk in relation to risks of their peers (normative feedback let's youth know if, for example, drinking 5 beers a weekend is "normal" or not among peer their age--it is not normative behavior in King County but many youth think it is). MIYFS funded the first phase of this study. It needs approximately \$50K for the next phase. Once completed it can be implemented to youth across the county for almost no cost, except for local schools or human service organizations helping upload local normative data into the system so local youth can see how they compare not only to peers across the county, but to peers in their own school. This is prevention tool that has been studied at UW--its efficacy can be best explained by Dr. Jason Kilmer. It is an extremely cost effective prevention tool that borrows from Motivational Interviewing and SBIRT. Youth who take the quick survey are given feedback about their substance use issues, where to get help, linked to educational videos, etc.</p>	5/6/2016 10:47 AM
31	<p>Older adult prevention I am a family physician and Geriatrician in Seattle. The services funded by this program/budget are critical for many of our vulnerable elder populations. Please continue this important funding.</p>	5/6/2016 9:57 AM

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32	<p>Recovery Cafe I first volunteered (and became a donor) at the Recovery Cafe two years ago. My charge was to be a Minister of Presence, a concept quite foreign to me at the time, though not now. It is to be present, to be "there," in whatever capacity is needed. It is an extraordinary charge, but one that I see fulfilled by staff and volunteers at the Cafe every day I am there. To be there, to meet needs, to listen, to support, to care, to grieve when necessary, to challenge, to celebrate, to love unconditionally. To walk into the Cafe is to walk into an embracing warmth like no other: a safe place, a nurturing place, a place of fresh starts and healing. To me, the Cafe is the most remarkable place I have encountered in decades of volunteering. I see a motivated, profoundly caring staff, volunteers who are drawn into the experience ever more powerfully, members who are thriving and caring for each other. This incredibly innovative organization is most worthy of public support. It is not magic, but it is possibly as close to that as is humanly possible.</p>	5/6/2016 9:55 AM
33	<p>Recovery Cafe I just want to say that I really support the work and good people at the Recovery Café. I strongly encourage a continued partnership between them and the MIDD.</p>	5/6/2016 9:04 AM
34	<p>Access to Services Wraparound I have always been thankful that MIDD covered families with private or no insurance and for those who have two systems that did not necessarily include mental health. With decreased funding, those things would be gone, which would likely increase the cost in other areas, such as criminal, ER visits, etc.</p>	5/6/2016 8:58 AM
35	<p>CIT I am supportive of continued funding for Law Enforcement and first responder Crisis Intervention training. First responders are the only service consistently available to respond to incidents of people in mental health crisis in the community, where they are, during the crisis- and 24 hours a day, seven days a week. The opportunity to leverage virtually ALL of the other identified programs and interventions starts with having first responders who understand the concepts of CIT as well as the resources that are available. We see all around the country the results of first responders not having this training, knowledge and skill. We are ahead of the curve in King County but we are also in the midst of a hiring spike that the police profession hasn't seen in over 30 years- a significant number of officers are retiring and we MUST train the new ones. I strongly support full continued funding for CIT training for first responders. The need is not diminishing.</p>	5/6/2016 7:28 AM
36	<p>Recovery Cafe I am on the board and staff at Recovery Cafe. Everyday I see the crucial role the Cafe plays in providing recovery support to men and women in our community struggling to heal from homelessness, trauma, mental illness, and addiction.</p>	5/5/2016 5:14 PM

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<p>37</p>	<p>Juvenile BH Assessments King County Juvenile Justice Assessment Team Response to MIDD II Funding Recommendations May 2016 The Programmatic Recommendations for MIDD II Number PR1-11, Juvenile Justice Youth Behavioral Health Assessments, dated 4/28/2016 provides for a proposed budget of \$500,000, which is substantially less than the amount at which the Juvenile Justice Assessment Team (JJAT) is currently funded (- \$63, 820). With program enhancements that would increase clinical services to youth from assessment through referral and enrollment, the amount requested from MIDD II is \$730, 650.00. Absent these enhanced services, it appears that the program would be funded at a rate lower than currently funded, which would greatly impact the program's ability to meet the needs of our youth and the court, as well as our ability to meet the target numbers required. To date, JJAT has served over 2500 unique youth through its screening, assessment, consultation and referral to community based services. For each year of MIDD 1, JJAT has met or exceeded its targets for screenings (GAIN Short Screener and Trauma Screenings), mental health and chemical dependency assessments, psychological evaluations, and made numerous referrals to community based services for psychiatric and neuropsychological evaluations. We provide cross disciplinary consultations for Juvenile Court Services staff, as well as community partners working with our youth. As the number of youth referred for filings and the number of youth held in secure detention continue to decline, thanks to the many Alternatives to Secure Detention (ASD) opportunities, the severity of Behavioral Health and Substance Use Disorder affected youth increase proportionately. JJAT serves this population and cannot continue to provide the required services if we are funded at a level where we cannot sustain current staffing levels. Fully staffed, JJAT is comprised of a 1.0 FTE Program Coordinator, a .8 FTE Clinical Psychologist, 2.5 FTE Mental Health Liaisons, and 1.0 FTE Chemical Dependency Liaison. Historically, we have also relied upon 1.0 FTE contracted on a fee for service basis through a community based agency. With our target for Mental Health Assessments set at 140/MIDD year, each Mental Health staff is expected to complete approximately 56 assessments. Our Chemical Dependency assessment target is set at 165 assessments per year, and each Chemical Dependency Liaison is expected to complete approximately 83 assessments. Reductions in staff would greatly impact not only our ability to meet these targets, it would also result in fewer youth being served. With the recent Behavioral Health Integration changes that have been implemented just recently, it is not clinically sound to continue to conduct assessments under the old system of separate Mental Health and Chemical Dependency structure. Under the guidance of our Clinical Psychologist and with input from the King County Behavioral Health and Recovery Division, Department of Community and Health Services, JJAT has developed an integrated Behavioral Health Assessment Tool and programmatic approach to completing assessments and evaluations for referred youth. This tool and approach will look at the clinical needs of the whole child, provide diagnoses where appropriate, and make recommendations that will address the complete Behavioral Health needs of the young person. This approach will assist youth from initial screening, through assessment, referral to services and ongoing clinical oversight to assure that the youth is receiving the necessary services. Serving as a support to the youth, family, the court and the community based agencies, our clinician will provide this additional service to further ensure progress in treatment, family preservation, and compliance with court requirements. At a time when the availability of in-patient Substance Use Disorder resources has decreased significantly, the court is seeing an increase in the number of Opioid Use Disorders and Amphetamine Use Disorders among the youth referred for evaluation and assessment. While some of these youth may benefit from enhanced Juvenile Drug Court Services, not all youth are able to participate in these services. From a Behavioral Health approach to these issues, it is difficult to address the comprehensive needs of the youth and family from a standard Juvenile Court Services approach. These youth need the additional clinical oversight to ensure success, enhancements and fine tuning to clinical case plans when needed, and additional clinical support to increase familial involvement and ultimately a successful treatment experience. JJAT has seen an increase in the number of referrals for youth involved in Truancy actions in the court. While some may believe that any youth involved in the Juvenile Justice System is beyond the scope of preventions services, it is our experience that these youth, as well as those involved in At Risk Youth petitions, are in a particularly vulnerable position to become involved in the well-publicized "School to Prison Pipeline," in which youth rapidly progress from school failures to criminal activities, often with lifelong consequences. JJAT intervention, with Behavioral Health recommendations at this stage may serve to reduce the causes behind truant behavior and familial dysfunction and prevent further Juvenile Justice System involvement. A reduction in funding for the Juvenile Justice Assessment Team will have a direct impact on staff and resources that will hinder JJAT's ability to provide the scope of these necessary services. Our proposed programmatic enhancements cannot effectively be implemented absent the funding for these services. A reduction of over \$63,000 from our current funding level will decrease our ability to provide the kind of cross-disciplinary approach mandated through Behavioral Health Integration. Please consider fully funding the Juvenile Justice Assessment Team at its requested budget levels.</p>	<p>5/5/2016 3:39 PM</p>
<p>38</p>	<p>FIRS/respite center The draft recommendations do not provide the full funding for FIRS. FIRS is a respite center model - a non-secure 24/7 receiving facility that eliminates the need for detention bookings on the majority of family violence cases. The approach represents an entirely new way of doing business, keeping kids out of detention and providing services at the time of crisis. I have been involved in the planning of FIRS since the spring of 2014 as the supervisor of the step up program. Having a physical location to temporarily house the teens, while connecting the family to services and developing safety plans, is the most critical element of the proposal. Without full funding, King County will miss a valuable opportunity supported by the community and juvenile justice professionals, to truly make a difference in an immediate way in the lives of youth and their families.</p>	<p>5/5/2016 3:29 PM</p>

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<p>39</p>	<p>CCORS CIT GRAT MH Court I like that some of the current programs are still being considered for MIDD II. Please look at continuing the CIT training for first responders as we have just begun the process of implementation of Corrections and Fire/EMS into the training program. With the implementation of new users to the training courses, it has also increased our training need across the county, and we will work as hard as we can to meet that need. We are also looking at new ways to develop sustainability with first responders so that the training continues and collaboration with resources like the MHP, DMHP, hospitals, courts, etc. continues and is strong across the county. We also value the resources available in King County and find the communication and education on resources such as GRAT, CCORS, and King County Mental Health Court have brought a lot of light to available resources many first responders did not know even existed. As a result with more of our training, it has caused a rise in their need to support the referrals from first responders. Please support those crisis resources as they are extremely valuable partners. During MIDD II I would like to expand implementation of training to also include security and other first responders (e.g. Emergency room personnel), transit security, and more to continue to grow the program even further.</p>	<p>5/5/2016 3:25 PM</p>
<p>40</p>	<p>Wraparound As someone who has worked closely with the MIDD Wraparound program in multiple capacities, I object to the reduction of this program's budget. An assumption has been made that "Medicaid dollars" (aka WISE program funding) will enhance or supplement the current Wraparound delivery model, and therefore the overall budget for this program could be reduced without changing the service delivery. What this assumption fails to take into account is twofold: 1. The WISE funding model is not sustainable in itself, and does not provide adequate funding for the program design, and 2. MIDD Wraparound dollars provided key program elements which are not at all funded in the WISE model. One of these key elements funded through the MIDD funding is Flex Funds. Flex Funds help to fill "gaps" in a client's care plan, and address needs that would not be otherwise paid for through categorical services. Examples of this would be sports fees to allow a youth in CD treatment to engage in prosocial activities which the family could not pay for, or items needed to create a safe living space for a child with Autism, or camp fees for a child with profound behavior needs to engage in "typical" summer activities, build skills, and give parents a needed break. Flex Funds are a crucial part of the service delivery model specifically because they are flexible. The child's team can decide to use them in a way that is culturally appropriate and clinically indicated. A second key element of the MIDD Wraparound program includes "following" a youth who has been admitted to a CLIP facility. Under the WISE program model, Wraparound would end when a youth enters long-term residential treatment facility. However with MIDD funding, the Wraparound team could continue to support this family and enhance the treatment and discharge planning of the youth. Our experience has found that this is crucial in ensuring that the expert clinical work done at the CLIP facilities can be effectively "translated" back to the child's family, school, outpatient mental health team, and natural support network. We have received feedback from more than one CLIP facility that they see more parent engagement, increased support network involvement, and an overall better prognosis for the future when Wraparound has maintained involvement throughout a youth's stay. Finally, and perhaps most importantly, MIDD funding allows families who do not have Medicaid to have access to the Wraparound program. In our community we serve families across a socioeconomic spectrum, because mental health, substance abuse, and behavioral needs affect all communities. Reducing this funding would limit access for our non-Medicaid families, and eliminate their opportunity to engage in this research based, team-based planning process. There are many families in our community who do not receive Medicaid, yet have children with profound emotional or behavioral disturbances. Wraparound supports these families in navigating the complex mental health, DDA, Juvenile Justice, Children's Administration, Special Education or Substance Abuse systems. The process also supports the family in developing robust proactive crisis and care plan which reduce the need for hospital or detention stays, and allow youth to remain in appropriate school and home settings. Please consider restoring the MIDD Wraparound budget to its original funding level. This program is unique in that it supports youth up to age 21, and enhances the work of providers across a variety of child-serving systems. By appropriately funding this single program, the efficiency of several others are increased, and the burden on our hospitals, schools, social workers, and therapists can be distributed across a team of cross-agency supports. Thank you for your consideration.</p>	<p>5/5/2016 2:52 PM</p>
<p>41</p>	<p>LEAD Peer Support Pilot Recovery Cafe Great to see some really helpful and innovative programs being funded. I have heard from several participants in the LEAD program about how positive their experience is and their motivation to stick with the program. I hope it continues to expand. I see new funding for the Recovery Cafe. I am very pleased to see this. I am a volunteer, supporter, and fan of the Recovery Cafe. I have heard countless stories of struggle and have heard and seen improvement in people's lives through the supportive services offered at the Recovery Cafe. This organization offers crucial support for people struggling with trauma, mental illness, addiction, poverty, and homelessness. The Recovery Cafe uses resources, including volunteers, more effectively than any organization I have ever been involved with. They will stretch this funding far. For this reason, I would like to see their work better funded by the county. I hope that revisions to the MIDD budget will include an increase in funding of their efforts. For example, I see that \$800k is budgeted for a peer support pilot. While I have no doubt that this is important work, I wonder why this pilot is receiving significantly more funding than the Recovery Cafe, an organization that already incorporates peer support into all of their programming. The day-to-day engagement with people from the community by the Recovery Cafe significantly responds to the needs identified not only in the recovery and reentry strategy area, but also in the strategy areas of crisis diversion and prevention and intervention. This is a key program that deserves significant support. Please consider increasing funding for the Recovery Cafe in revisions to the budget. Thank you again for funding important community programs and organizations like the Recovery Cafe to invest in improving the lives of people in our community.</p>	<p>5/5/2016 1:47 PM</p>

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42	<p>Recovery Cafe I am writing in support of including Recovery Cafe in the MIDD Tax Levy, which will be considered for renewal in November. As an organization founded to help those living on the margins of society, Recovery Cafe is a key member of the "Reentry and Recovery" strategy area being consider for funding. The Cafe not only provides meals to those who are struggling with homelessness and addiction but helps them find a path to recovery, self-respect, and stability. The program has won three community and State awards for its work and has become a nationally-recognized model for other communities working to end the cycle of addiction, suffering, and despair. Over the years I have been impressed and moved by the stories of Recovery Cafe members who credit the cafe with leading them to recovery and supporting their determination to remain drug-free and able to believe in themselves once again. This is a program that benefits both the recipients of the effective on-going support the Cafe and its many programs provide and the greater Seattle community as a whole. I sincerely hope that the Cafe and its remarkable leadership and staff will be selected to continue and expand their life changing work by receiving funding as part of the MIDD Tax Levy. All the best, Diana Forman, Seattle</p>	5/5/2016 12:32 PM
43	<p>Recovery Cafe We need Recovery Cafe's throughout the city providing support to those seeking to attain and maintain stability in recovery from substance use disorder and other mental health challengers.</p>	5/5/2016 9:40 AM
44	<p>Recovery Cafe I have been involved with The Recovery Café as a volunteer for over 10 years. I have witnessed the success the Café has had in helping those dealing with drug dependency and mental illness to recover stability and a sense of meaning in their lives. I fully support the Café receiving MIDD funds, and I respectfully request that the MIDD program consider increasing the proposed funding for the Café to provide it with the support necessary to open and operate a Café in South King County.</p>	5/5/2016 8:58 AM
45	<p>GRAT Continue with GRAT services as they are a huge benefit to the community.</p>	5/5/2016 7:54 AM
46	<p>Recovery Cafe As a Recovery Cafe board member I was thrilled to learn this organization is still being considered for MIDD support. Recovery Cafe is one of but a very few programs that truly helps people with addition clean and sober for the long run, which is a cost savings for King County in the long run. There is a great recent report that supports this claim that the Department of Public Health has seen. Not only should MIDD support this organization, the amount of support should be greater than currently indicated. It's a smart investment of public dollars and is a cost savings in the fight against addiction in the long run and big picture.</p>	5/5/2016 1:23 AM
47	<p>Recovery Cafe I am delighted to see that the Recovery Cafe is included in this. Their work is phenomenal and I hope that this model can be spread throughout the county.</p>	5/4/2016 8:16 PM
48	<p>Recovery Cafe I support the renewal of the levy and urge funding of Recovery Café as part of Recovery and Reentry.</p>	5/4/2016 7:38 PM
49	<p>Recovery Cafe Please fund Recovery Cafe's request for funding to build an additional Recovery Cafe site. Recovery Cafe offers a unique setting for members in recovery. Without a safe place to go, to be known and to work daily on recovery and mental wellness, individuals struggling with mental illness and substance addiction are lonely, lost, isolated and at very high risk of relapse. I have been in primary care for over 20 years and have worked with many patients that may get short term treatment but there is nothing to hold them and support them as they leave the treatment program and relapse inevitably occurs again and again. The Cafe model is simply incredible and offers radical hospitality, accountability, support for those in recovery. It is the vital missing piece on the recovery journey which so many need. I often say I wish there were a Recovery Cafe (instead of a Starbuck's) on every corner because it too serves great coffee but offers something much more important for all of us, a place of healing and hope for every single person that walks through the doors--members, donors, volunteers all receive so much from this incredible model. Please fund Recovery Cafe, it is a model that will be replicated across the country and Seattle will be proud that we continue to offer innovative solutions for those struggling with mental illness and addiction.</p>	5/4/2016 5:38 PM
50	<p>Recovery Cafe Please include Recovery Cafe in the MIDD. I have been a weekly volunteer teacher at the Cafe for over four years and can attest to the miraculous work they are doing there. They are a true, bright light in our community. MIDD funding will help to ensure that they are able to continue their life-changing, transformative work. I am convinced that Recovery Cafe is a most effective model for the highest positive change in the world.</p>	5/4/2016 5:05 PM
51	<p>Recovery Cafe Morefield I was a volunteer at Recovery Cafe for over a year and in that time I was continually amazed at the quality of care provided to some of the most marginalized in our society. Day after day the remarkable staff goes the extra mile to insure quality service for their clients/customers. Dental care, quality delicious food, AA groups, yoga classes, employment counseling...the list just goes on and on. This past Monday I was visiting a prisoner in the Pierce County jail. On my side of the window I could here visitors talking about how wonderful Recovery Cafe is in Seattle and how excited they were about the Tacoma venture. Amazing to hear such testimony from people in real need. I strongly recommend including Recovery Cafe in the MIDD II funding. Thank you. John Morefield</p>	5/4/2016 4:31 PM
52	<p>Involuntary Tx Triage The Seattle City Attorney's Office supports the funding for the involuntary treatment triage. This program, which was previously operated at Harborview's expense, has improved the process for timely evaluating for civil commitment purposes defendants whose Seattle Municipal Court criminal cases were dismissed for lack of competency. These evaluations play an important role in ensuring that individuals with mental illness receive treatment and improving public safety in King County.</p>	5/4/2016 4:22 PM

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53	<p>Recovery Cafe I am so pleased to see Recovery Cafe in theMiDD. It is an asset in the downtown neighborhood. It needs more funding to increase services! Thanks.</p>	5/4/2016 3:28 PM
54	<p>Recovery Cafe Please make sure to include Recovery Cafe in the MIDD. Thank you.</p>	5/4/2016 3:22 PM
55	<p>BH Urgent Care Walk-In FIRS/respite center Housing capital LEAD Medicaid assumptions NDA's Rapid Rehousing/Oxf. Recovery Cafe Rural Services South KC Crisis Diversion YYA Homelessness Zero Suicide</p> <p>o: King County Community and Human Services, BHRD MIDD Staff From: Mike Heinisch Re: Public Comment: MIDD II initial draft funding and programmatic recommendations Date: May 4, 2016 Thank you for the opportunity to provide public comment on the initial draft funding and programmatic recommendations. And for the vast amount of work, by staff, stakeholders, the public, and many, many others to move the MIDD Review and Renewal Process leading to MIDD II along to this point. My comments follow. The MIDD II Funding and Programmatic Focus Areas" and "Key MIDD II Assumptions" capture well the community voices and priorities as well as the current environment, 2016 v. 2008, as the County embarks on MIDD II. I am particularly pleased to see the inclusion of "upstream prevention and diversion activities;" "treatment on demand;" "community driving grants processes so geographic and culturally diverse communities can customize behavioral health services for their unique needs." The overarching MIDD ii framework "Strategies" that seems to be well designed to implement to the extent MIDD II resources are available those focus areas. I would encourage a cautious approach to the MIDD II assumptions that "leveraged Medicaid replaces MIDD funding..." Previous such assumptions with the implementation of federal ACA and Wahingtonhealthplanfinder Exchange were overly optimistic, particularly for SUD leveraged Medicaid treatment, and has led to continuing extensive financial stress, if not actual continuing crisis, in the publicly funded SUD treatment services and providers. Even with the recognition of needing to get the leverage Medicaid assumptions "right is so important" that KC has engaged a consulting firm to review, be very cautious and very conservative with these assumptions. They can always be revised should they prove to be wrong in a favorable direction for the County and the providers and clients access to services. It will no doubt be much more difficult if not impossible should the assumptions prove to be wrong in an unfavorable direction however. On the "Initial Draft MIDD II Funding Programmatic Recommendations: Overall it appears to me that more thought needs to be given to which MIDD II Framework Strategies each MIDD II Initiative Title is best placed. This is particularly true for the "Systems Improvement" Framework Strategy MIDD ii Initiatives listed under Systems Improvement. I am very pleased to see the New Zero Suicide Initiative Pilot. Very timely with the continuing population (demographic) wide escalations in suicide attempts/completions. The New Youth and Young Adult Homelessness I would hope will work in close coordination with BSK's Youth and Youth Adult and Families Homelessness Initiative. Also I would like to see consideration of a significant proposed budget increase for the initiative title. Fully endorse the New Law Enforcement Assisted Division (LEAD) into MIDD II. I would hope that LEAD efforts will be extended to none hot spots throughout the County, particularly of course here in SKC. New Behavioral Health Urgent Care-Walk In Clinic, while I am supportive I would encourage a clear and distinct differentiation between the MIDD II Initiative (and MIDD I Strategy) Next Day Appointments. "NDA's", long a feature of the mental health center system, understandably are agency based and have always been a valued immediate crisis intervention/prevention. The should remain so and be a very important part of MIDD II. Seemly be cautious to differentiate between this New Urgent Care-Walk In and NDA's. Fully support New Family Intervention Restorative Services – FIRS. What has been developed with MIDD II fund balance funding (as well as the long existing "Step Up" Program) has proven to be a very successful intervention with these youth who are violent towards a family member. Fully support New Youth Mental Health Alternative to Secure Detention. So many of these Alternatives to Secure Detention efforts were originally implemented and demonstrated early positive results after the adoption of JJOMP in the late 1990s/early 2000s and then abandoned due to budget constraints. We are well past time ASD's should be restored as a proven effective part of the services system. I have some concerns and urge careful consideration of MIDD II Initiative Titles: Housing Capital and Rental, New Rapid Rehousing-Oxford House Model, Housing Vouchers for Adult Drug Court. Coordinate closely with All Home on these, if eventually implemented. My caution, particular with making MIDD II (or MIDD I initially for that matter) is that there are significant other "pots" for access to capital for housing, albeit not enough for the need being experience in the Crisis of Homelessness" in King County. I am not in favor of MIDD being looked to repeatedly for access to capital for housing. Fully support New Recovery Café. I realize that it may appear unusual or otherwise bias/favoritism to one particular agency. However Recovery Café has proven itself with complex chronically mentally ill and SUD individuals well deserving of being called out as a MIDD II Initiative. New South County Crisis Diversion Services/Center would be a huge benefit to all MH/SUD involved systems and providers in SKC. From first responders through treatment providers, schools, family members, etc. of individuals in crisis as a preventative and pre-full blown crisis. Similar to my comments on the New Behavioral Health Urgent Care-Walk in Clinic Pilot, I urge clear differentiation between the SKC Crisis Diversion Center and the Urgent Care-Walk in. I would not want, nor would any of us in SKC I trust, a dilution of the SKC Crisis Diversion Center simply because there is a (perceived duplication of services) with the Walk in Center. Supportive of the New Behavioral Health Services in Rural King County Initiative. Thank you, on behalf of SKC unincorporated residents for its inclusion. Thank you again for the opportunity to comment. Continue the fine work on the MIDD II processes.</p>	5/4/2016 2:19 PM

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56	<p>CJ DiversionHousingTx Opioid Strategies Dear MIDD Oversight Group, I am a Judge in King County District Court, East Division. I am writing to urge King County to allocate MIDD funding to combat the drastic increase in heroin addiction that we see here in King County. The number of defendants that we see in District Court who are heroin addicts is truly staggering. Each and every week here in Redmond I see dozens of defendants who are heroin addicts. One of the remarkable things about this is that not only do I see defendants charged with crimes that one might expect of a heroin addict, such as Driving Under the Influence (of heroin) or Possession of Drug Paraphernalia, but I also see defendants charged with other crimes such as theft and assault, including domestic violence. So very often the genesis of the criminal activity is the addiction. Many of the people in the criminal justice system who are heroin addicts are indigent and without stable housing. Without stable housing it is nearly impossible for these individuals to participate in, and be successful in, substance use disorder treatment. I urge King County to use MIDD funding to prevent further needless deaths due to heroin overdoses and to combat increasing risks to public safety. Ideally, a criminal justice diversion program in District Court would help defendants to address legal issues while engaging in treatment arranged through the program and while living in stable housing arranged through the diversion program. I realize that such a diversion program would be an expensive proposition, however. At a minimum, I urge King County to use MIDD funding to develop programs that will provide treatment and housing options for defendants in the District and Municipal courts. Thank you for your consideration. Judge Lisa O'Toole King County District Court 8601 – 160th Ave NE Redmond, WA 98052 206-477-2718</p>	5/4/2016 1:59 PM
57	<p>GRAT Please excuse my earlier blank submission. I am writing in support of increased funding for the Geriatric Regional Assessment Team (GRAT). As the homeless population grows and ages, it is critically important that the mental health needs of older adults are able to be met immediately. It is totally unacceptable for our elders in King County to spend one night without shelter. We must fund the GRAT program at a level that allows immediate response to a mental health crisis among our aged in order to avoid that possibility.</p>	5/4/2016 1:51 PM
58	<p>211 Rural Services South KC Crisis Diversion Zero Suicide On behalf of Crisis Clinic, I want to extend our thanks to Kelli Carroll and her team for such a great job on shepherding this process and conducting the extensive community outreach. It gives us confidence in the recommendations made! Overall, I think the recommendations were very good and build on the success of many existing programs. I understand that some new elements may be added to existing programs, but it is difficult to tell from the just the titles so I hope there will be time for more comment when the service improvement plans are developed. In particular, Crisis Clinic supports these new initiatives: PRI-VI: New Zero Suicide Initiative. We are highly supportive of this new initiative and gave suggestions for program elements that we hope will be included. Our 24-Hour Crisis Line received more than 5,000 calls last year from people seriously considering suicide so we know this is an important public health issue and we applaud the county for taking a community-wide approach to building systems and supports to address this issue. We are especially excited about the plans to provide immediate follow-up support to people discharged from the hospital after a suicide attempt. This is the most vulnerable time for people and they are at a high risk for re-attempting. We have proposed a telephone-based follow up service, along with a on-going support group , both are evidence-based practices which have shown to be highly effective in reducing a future attempt. CD-IV New South County Crisis Diversion Services/Center & SI-X New Behavioral Health Services in Rural King County. We know from the calls we receive on the 24-Hour Crisis Line and King County 211 that there is a tremendous need for more services in south, southeast and rural King County. We are glad that MIDD is making this a priority. I want to address a gap in the continuum of behavioral health services that was not selected as a priority, but which is foundational to the success of the clients receiving these services. Stabilizing and Expanding Access to Community Services: King County 211 Each of the programs recommended for continued or new funding in some way depends on the effectiveness of King County 211, yet there has been no funding to help support this service through the behavioral health system. MIDD funding would provide an opportunity to remedy that. King County 211 is the county's comprehensive information and referral call center. It also maintains the database of all the health, behavioral health and community services in King County. This is the database that case managers, ED social workers, educators, court personnel, and public safety officials depend on when they are seeking resources for their clients. For example, in April, the King County District Court judges asked for a presentation on 211 because they recognized that many of those appearing before them are there because of crimes related to their poverty, mental illness and lack of housing and basic needs service. They wanted to learn more so they could refer those appearing before them to 211 to get help. The characteristics and needs of those with behavioral health/criminal justice challenges fit the profile/needs of 211 callers. Many probably already use 211 services. Addressing mental health/substance use disorders is significantly easier if the person has stable housing, food, transportation, training/employment. King County 211 helps them create a solid foundation from which to address their health concerns. A few of the specialized human services systems fund 211 as a key entry point to their array of services including rental assistance, family homelessness, and civil legal assistance, the new Community Living Connections program (aging and disability services) But the health/behavioral health system does not provide funding to the 211 system and this is a significant gap in our funding mix, especially since Medicaid clients are likely high users of 211. Even DCHS provides only minimal funding through the Vets and Human Services Levy. The 211 system is at serious risk and needs investments from MIDD, BSK and the Vet and Human Services Levy. When the County had general fund monies, 211 received \$100,000 annually and we would like to see MIDD fund 211 at that level. King County 211 is the 911 of the health, behavioral health and human services and it is important that the County invest to assure it can continue to support the rest of the programs/providers funded by MIDD. Thank you</p>	5/4/2016 10:55 AM

Public Comment: Draft MIDD II Funding and Programmatic Recommendations

59	<p>FIRS/respite center The Family Intervention and Restorative Services (FIRS) needs to be fully funded. Currently the draft MIDD II recommendation only funds 57% of what is needed and provides zero funding for operations of a 24/7 respite center. The pilot FIRS respite center will open on July 1, 2016 as a result of a one time contribution from the City of Seattle. The respite center model is a non-secure 24/7 receiving facility that eliminates the need for detention bookings on the majority of family violence cases. This model allows flexibility for families to receive respite services that are not tied to the criminal justice system and will greatly reduce booking and formal charging. The respite center will provide a welcome resource for law enforcement as many youth who do not meet the stringent detention intake criteria are turned away and law enforcement is forced to make the difficult decision to leave the violent offender in the home with his/her victim. This often results in subsequent 911 calls for help that strain emergency services. Without this respite center we will return to the ineffective and harmful practice of booking these youth into juvenile detention. FIRS is not a concept or an idea. It is presently a fully functioning program that is providing immediate services to youth and families in crisis and it is serving as a beacon for juvenile justice reform. It is a partnership between the courts/prosecutors/defense/probation/law-enforcement/community that has never been seen in King County. It is a program that bucks the county's reputation as an entity that just likes to talk a big game, but takes no action. A failure to fully fund FIRS will do more damage than simply being further evidence of county government's inability to act. Failing to fully fund FIRS will harm youth and families, and will make our communities less safe.</p>	5/4/2016 9:47 AM
60	<p>Prevention coalitions One thing that is working and a gap that I do not see addressed in the summary of recommendations is that we have successful prevention coalitions in that provide early intervention and prevention services however these coalitions currently only serve a handful of communities and the funding provided does not cover the full costs of providing the service. These types of coalitions are proven effective through the communities that care model, Drug Free Communities Program, and CPWI. King County should use MIDD funds to expand these coalitions to additional communities in King County and use MIDD funds to cover the cash match and indirect costs required to run these coalitions that are currently not paid for by state or county dollars. This funding gap has prevented King County from being able to start new coalitions and threatens the sustainability of existing ones. A small investment in this area can leverage 7 state dollars for every 1 dollar invested by MIDD funding as well as have a long term return on investment by preventing future addiction and delinquent behavior.</p>	5/3/2016 10:24 PM
61	<p>Recovery Cafe The Recovery Cafe should be needs to be included in the MIDD. The Cafe is a vital part of mental health recovery in greater Seattle area.</p>	5/3/2016 8:15 PM
62	<p>Caseload reduction CDVRT Drug Ct Housing vouchers Housing capital LEAD MH first aid Non-Medicaid Benefits Opioid Strategies Rapid Rehousing/Oxf. South KC Crisis Diversion Workforce development YYA Homelessness The are a lot of great programs/funding recommended. Crisis Diversion initiatives 1,2,4,7,8 seem especially important, as do housing supports in RR-2,4,5. I am concerned however about the significant cut to CIT funding given that SPD and other first responders play such a crucial role in diverting consumers to appropriate services and away from the criminal justice system. Without proper training this has potential to create tragic situations (as it has in the past). It is great that the proposal includes funding PRI-7 to essentially create community first responders. A few other areas of concern to me are the cut to GRAT given the rapid increase in the elderly population and the high likelihood of increased need for their services; the cut to supported employment programming given that meaningful work is important for recovery; and the amount available for non-Medicaid funding of MH given that the current funding level is very quickly exhausted given the high level of need for these consumers. Finally, I'd like to comment that in community mental health we struggle constantly with funding training to create good providers but lose most of the investment as they move on to better positions. The funding of caseload reduction and workforce development is crucial in this perpetual struggle.</p>	5/3/2016 3:59 PM
63	<p>LGBT Seniors I write to you today as a concerned citizen and advocate for one of our area's consistently at-risk and underserved communities, our LGBTQ older adult population. Despite being an at-risk group in itself, the LGBTQ community includes many particularly high risk groups, some of whom are: LGBTQ veterans, trans* older adults, LGBTQ older adults of color, those living with HIV, those of limited ability status, those living in poverty, as well as the 'oldest old' and caregivers. In King County, LGBTQ older adults represent about 2.4% of the older adult population and are expected to double by 2030. Numerous reports and studies, several of them conducted here at the University of Washington, confirm that the LGBTQ aging community faces considerably higher rates of mental health challenges (including suicidality), substance use, and isolation than their heterosexual counterparts. Troublingly, LGBTQ identities and behavioral health challenges continue to be highly stigmatized, even in a progressive region like King County. This continued stigmatization translates to an increased threat of victimization and discrimination for our local LGBTQ older adults, who often face a combination of challenges as they move through their daily life. We know that the LGBTQ aging community can be both resourceful and resilient when provided with the supports and resources they need. At present, our local LGBTQ older adults rely primarily on their informal peer groups and networks for support, few of which are equipped to address the mental health and substance use challenges that so often affect members of this community. This is because programming that could serve them more comprehensively does not yet exist. Several core components of MIDD's programmatic focus areas would directly address the unmet needs of this growing population. As the MIDD moves forward with plans for new prevention, intervention, and systems improvements that will address the behavioral health challenges experienced by King County constituents, I urge you to forge programming specifically tailored to the needs of our LGBTQ aging community. Thank you for your time in taking my public comment into consideration.</p>	5/3/2016 3:10 PM

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64	<p>Recovery Cafe I would like to recommend that the Recovery café be a recipient of some of these funds. I worked as an intern there for two years and now that I am a licensed mental health counselor, I continue to recommend the café to many of my clients. The mission of the café fills a need in the city that is not met by any other agency in the same way. It truly is a school of "transformation" and works hard to move people along on their journeys back to recovery and independence and healing. They offer their members a "hand up" as opposed to a "hand out" which I believe instills a sense of self efficacy, self-respect and dignity that is hard to find in other organizations helping this same population. They promote kinship there like no other place I have worked. It provides a community of loving caring individuals who are all working together to enhance the lives of one another.</p>	5/3/2016 2:11 PM
65	<p>Recovery Cafe I am writing to support the funding of Recovery Cafe. I cannot thank Killian and Recovery Cafe's staff enough for what they do. Recovery Cafe is so valuable in part because there is no other place like it, and I found that it helped to support the other services available for me when I was recovering from addiction, mental illness, homelessness and trauma.</p>	5/3/2016 2:09 PM
66	<p>process concerns Surprised how little the public comment was taken into account on this draft. Seems like re-funding existing programs rather than looking to expand successful programs, or decrease funding to non- successful programs was a consideration.</p>	5/3/2016 2:05 PM
67	<p>Recovery Cafe I urge you to include Recovery Cafe in MIDD II funding. This organization has made a phenomenal difference in the lives of people who are struggling with addiction and homelessness. Theirs is a model that works. At the core, it works on healing the trauma that is the cause of addiction and homelessness and helping people find their dignity, self-respect, and self-power. Many organizations and programs treat a symptom. Recovery Cafe is presenting a cure, one that ripples out from the people it serves. Please support what works and makes a -sustainable- difference in people's lives.</p>	5/3/2016 1:52 PM
68	<p>GRAT I would like to express my sincere gratitude for the Geriatric Regional Assessment Team (GRAT) and convey by public comment that the importance of this highly-skilled and highly-motivated team has had an immeasurable influence on service access and protective services for those suffering from mental illness, as well as the elderly. Their work is a challenging, necessary service and we are very fortunate to have them in the King County region. I sincerely hope that the Geriatric Regional Assessment Team is allocated the funds they need to continue or advance the irreplaceable public service that they provide.</p>	5/3/2016 1:36 PM
69	<p>Recovery Cafe Please consider funding for Recovery Café and the brilliant work that they do in providing a safe community for folks to come together on their journeys. Thank you.</p>	5/3/2016 12:57 PM
70	<p>Recovery Cafe My comment is pertaining to the allocation of resources. I am not in the profession of recovery, however I have understanding and have witnessed the methods that impact positively on this challenged community. The Recovery Cafe provides a pivotal need in the mental health community, a sober and healing place of refuge. The percentages of people who Recover from the disease of addiction is abysmal. However, the availability of a community of addicts in recovery increases the chances of recovery exponentially. The Recovery Cafe provides this necessary component and keeps the me mentally ill and those suffering with disease off the streets and communing with abusers. Please grant to this remarkable organization. Thank you.</p>	5/3/2016 12:16 PM
71	<p>Recovery Cafe I am writing in support of the Recovery Cafe in Seattle. This organization is a valuable partner in the community for our homeless clients who are recovering from chemical dependency disorders. They provide a much-needed service to the community and work well with other programs. They are well-managed, and well-integrated into the broader community.</p>	5/3/2016 11:57 AM
72	<p>Recovery Cafe I volunteer at the Recovery Cafe and am always moved by the embracing, supportive , non judgmental atmosphere that pervades the cafe. it provides its members, not only with lunch and dinner, but with a place to be accepted as a fellow human being. All to often, for those who suffer from mental illness and/or addictions the rest of society ignores them as if they do not exist. The Recovery Cafe helps them realize that they do count and can be active in their own lives and a part of their own recovery. Please continue funding the Cafe and other entities that provide important services for this portion of our population.</p>	5/3/2016 11:49 AM
73	<p>Recovery Cafe I am a ministry director at University Presbyterian Church. I have helped coordinate young people and adults to experience Recovery Cafe, learn about it's mission, and get involved. I have not only been consistently impressed with it's proven effectiveness, but also it's exceptional quality. Recovery Cafe aligns well with the goals of MIDD II. It leverages many resources into results and is an asset for our community.</p>	5/3/2016 10:55 AM
74	<p>Sexual assault Tx I am pleased to see sexual assault therapy is continued in the MIDD II plan. Community sexual assault programs provide holistic trauma informed services including mental health treatment to victims and their families. Both the holistic venue and specialized treatment are essential to the positive outcomes our agencies produce. With trauma informed mental health treatment, victims are able to reduce their debilitating symptoms and live productive lives.</p>	5/3/2016 10:52 AM
75	<p>GRAT as an APS investigator, who works with many elderly, who has dementia or could have dementia, I truly appreciate and need GRAT help.</p>	5/3/2016 10:27 AM

Public Comment: Draft MIDD II Funding and Programmatic Recommendations

76	Recovery Cafe I strongly support including Recovery Café in the “Reentry and Recovery” strategy area and providing ample funding for the Café.	5/3/2016 10:04 AM
77	Recovery Cafe I believe providing support to The Recovery Cafe will in the end be a cost saving proposition. All one needs to do is travel around the city to see how desperate the need is for these kinds of services.	5/3/2016 9:18 AM
78	Recovery Cafe Please include Recovery Cafe in your program allocations. It is a very effective organization I have personally sponsored for years.	5/3/2016 9:16 AM
79	Recovery Cafe My wife and I have been supporters of the Recovery Cafe for the last seven years. I feel that it provides excellent outreach and assistance in an area that is so critical in the Seattle area. I would strongly urge continued support for the fine work that this group is doing to improve our city. Brad Harris	5/3/2016 9:12 AM
80	GRAT As an RN, I used GRAT team in an Adult Day Health setting. Their service is a great resource and support to health care providers/caregivers in assessing and managing mental health issues.	5/3/2016 8:47 AM
81	Recovery Cafe I recommend that Recovery Cafe be funded as part of the Reentry and Recovery” strategy. Myself and many others have experienced the Recovery Cafe as a place of hope, healing and life transformation. Please consider my support for funding to go towards the Recovery Cafe. Thank you so much	5/3/2016 8:45 AM
82	Recovery Cafe I fully support the MIDD program and budget and urge you to include the Recovery Cafe in designating budget funding. The Recovery Cafe is a vital source of healing and recovery in building our community. Thank you.	5/3/2016 7:31 AM
83	Recovery Cafe Please include Recovery Cafe in the budget for MIDD funding.	5/3/2016 7:11 AM
84	Recovery Cafe We are grateful for your support of the amazing work of the Recovery Cafe, and hope that this continues to be well-funded.	5/3/2016 6:54 AM
85	Recovery Cafe I would like to see Recovery Cafe included in the funding.	5/3/2016 5:40 AM
86	Employment Recovery Cafe I highly recommend recovery cafe. They have been doing a great job. Also the funding should go to organization that help people finding job. Finding the jobs will help them become more independent. It is a win win situation. Corporation should be able get a tax credit if they hire people with disabilities, mental health, drug addiction or alcohol related issues. Building the bridge for employment will be a win win for those people and to the society as a whole.	5/3/2016 12:51 AM
87	Recovery Cafe As someone very familiar with the benefits of recovery, I urge you to support the Recovery Cafe at every level possible---particularly the financial.	5/2/2016 11:15 PM
88	Access to Services Treatment on demand It is imperative that this be made apart of the funding so many people don't want to live as an addict however they got there at some point it's not a fun thing is becomes an illness that is out of control. Myself, I have great insurance and have money to put down for my son....he can get a bed asap and go any place for treatment. My sister on the other hand, has WA. Basic health and is told she has to wait their not sure when help will be available? This is all too common and its appalling!!!!!!	5/2/2016 10:29 PM
89	Recovery Cafe Please include funding for Recovery Cafe. My family and I have been supporters of the cafe for years. Their work is tremendous. It's transformative for the members who receive services (and find a community!) and it promotes public health and safety.	5/2/2016 10:11 PM
90	Recovery Cafe Please include Recovery Cafe in the MIDD. Recovery Cafe offers a unique supportive community for those who desperately need it. Our community cannot afford to lose this valuable resource.	5/2/2016 9:17 PM
91	Recovery Cafe I am writing in support of the Recovery Cafe. An amazing group of people helping to provide a place of hope, healing and life transformation for those in need. They do a tremendous job collaborating and partnering with individuals and other organizations that can help assist in their mission in serving their clientele. The "program" is so successful it is being modeled by other cities throughout the country. The Recovery Cafe is most deserving of funding in the "Reentry and Recovery" strategy area. Thank you.	5/2/2016 8:57 PM
92	Recovery Cafe Please include Recovery Cafe in the new MIDD budget. Thank you! Jamie Shilling	5/2/2016 8:56 PM
93	Recovery Cafe Please include the Recovery Cafe in the MIDD. They provide an important refuge for folks seeking addiction services.	5/2/2016 6:38 PM
94	Recovery Cafe I support Recovery Café being included in the MIDD. Recovery Café's inclusion in the MIDD is a critical part of their strategy to ensure that they can continue to be a place of hope, healing and life transformation for thousands of people into the future.	5/2/2016 5:43 PM
95	Recovery Cafe Recovery Cafe is an amazing organization	5/2/2016 5:40 PM
96	Recovery Cafe I would ask that you provide funding for The Recovery Café. The work they do with regarding recovery and reentry is truly amazing. They continue to help countless numbers of women and men who suffer mightily addiction, mental illness, and the related issues (i.e. homelessness). Thank you for your consideration.	5/2/2016 5:37 PM

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97	<p>Recovery Cafe Thank you for the good work you do. I am writing to put in a strong word for Recovery Cafe. Everything I know about this place, the staff, members of the community has impressed me. I helped teach a couple of classes there and was touched by the sincerity of the members to grow and change and approach their recovery with integrity and the general sense of compassion, accountability and effectiveness. There seems to be something magical going on there ... and whatever the magic is, it works!! I hope you will continue to include Recovery Cafe in your funding program.</p>	5/2/2016 5:27 PM
98	<p>Recovery Cafe Please include Recovery Café the MIDD, thank you!</p>	5/2/2016 5:20 PM
99	<p>Recovery Cafe I strongly support including the Recovery Cafe in the MIDD funding. Their wholistic program of empowering individuals in recovery through the support of Community has great success.</p>	5/2/2016 5:16 PM
100	<p>Recovery Cafe I'm very familiar with the many ways that Recovery Café helps people with broken lives--to pick themselves up and become whole again--so they can become productive members of our community again. This wonderful organization has depended greatly on the past resources they've received from MIDD II Funding. I strongly recommend Recovery Café's inclusion in MIDDII Funding and Programmatic Recommendations. These funds have been, and hopefully will continue to be, a critical part of their strategy to ensure that Recovery Café can continue to be a place of hope, healing and life transformation for thousands of people into the future.</p>	5/2/2016 4:44 PM
101	<p>LGBT Seniors To whom it may concern: I am writing today to urge the MIDD Oversight Committee to recognize and continue to support the ever-growing needs of the aging LGBT community. As a community that is facing pronounced mental health and behavioral health disparities, the aging LGBT community is in dire need of preventative and supplemental services. Despite the growth of the this community, now making up about 2.4% of the older adult population in Seattle/King County, no services exist that address their unique needs. LGBT are at higher risk for poor health as mental health related issues and therefore need specialized resources as well. Poor mental health can lead to other health related issues such as increased drug use and higher risk for suicide. One of the themes that came up in MIDD focus groups was the stigma that is often associated with using mental health care services. This stigma is even more prominent with the LGBT community given stigma surrounding identifying as LGBT is still outstanding. Older adults face these and other hardships, such as mobility issues and economic instability, in attempting to access services. For these reasons, it is critical that programming be dedicated to the older LGBT community in King County. I would like to commend the efforts of the Committee to include our aging community in the initial MIDD recommendations and would ask that we recall that the LGBT aging community should be specifically addressed in these efforts as well. With more efforts in behavioral health services focused in prevention and early intervention, our aging LGBT community can have a better chance of aging in a healthy and dignified manner.</p>	5/2/2016 4:27 PM
102	<p>Recovery Cafe I'm writing to advocate particularly for the Recovery Café as a critical resource for recovery care, and effective community re-entry for those who suffer addictions. Recovery Cafe's unique presence and services were affirmed in the community surveys and are critical to continue in the next round of program funding.</p>	5/2/2016 4:21 PM
103	<p>Recovery Cafe Please include the Recovery Cafe in the funding list for the MIDD II Funding and Programmatic Recommendations. As a supporter of this innovative work for the better good of all, I think the model this institution/ organization employs is one that many could benefit from learning.</p>	5/2/2016 4:09 PM
104	<p>Recovery Cafe I am a recently retired clinical psychologist. While working at Cornish College of the arts, I referred several students to Recovery Cafe. These students reported substantial benefit from participating in that community, benefit that was clearly apparent in my contacts with them. I urge you to be generous in your support of recovery café, in that it provides a unique and effective atmosphere for people struggling with addiction problems. Barry Eben, Ph.D.</p>	5/2/2016 4:04 PM
105	<p>Recovery Cafe I strongly support ensuring that Recovery Cafe receives the resources it needs to continue its excellent Reentry and Recovery work in the County.</p>	5/2/2016 3:58 PM
106	<p>Recovery Cafe The Recovery Café is an amazing success story, helping homeless and addicted people be in relationship with caring RC staff and volunteers who help them turn their lives around. The RC is committed to fostering change through relationships, personal support, social services, addiction recovery, and life and job training skills. The programs at RC WORK! The RC model has inspired similar programs in other cities and in other countries. My husband and I have been making annual pledges to RC for seven years. RC is a model of hope. This is a very important and successful Recovery and Reentry program. I STRONGLY SUPPORT its being included in the MIDD II budget so it can continue to help many more people heal and recover from addiction and homelessness in the future.</p>	5/2/2016 3:53 PM
107	<p>Recovery Cafe I strongly urge you to include the Recovery Café in this program. They do remarkable work in supporting individuals who want to make a change in their lifestyle, providing ongoing assistance with maintaining a clean and sober life. The staff and volunteers are marvelous, helpful and caring.</p>	5/2/2016 3:46 PM
108	<p>Recovery Cafe Please consider adding Recovery Café to the budget allocations from the MIDD II program. They are doing significant work here in Seattle and it would be amazing to see them grow into multiple locations.</p>	5/2/2016 3:28 PM
109	<p>Recovery Cafe The services provided by the Recovery Cafe are critical for those in recovery and those afflicted with mental health challenges. Please retain funding for the Recovery Cafe in your plan.</p>	5/2/2016 3:00 PM

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110	<p>Recovery Cafe I heartily endorse Recovery Cafe for their stunning work in recovery and addiction. I volunteered for them and have sent numerous people their way - both as clients and staff. Please support them through the funding available.</p>	5/2/2016 2:49 PM
111	<p>Recovery Cafe thank you for this important funding. We wanted to voice our support for your funding for Recovery Cafe - we have seen time and again the effectiveness of this recovery model in sustainable, long term healing of community members struggling with addiction/mental health/homelessness. we feel it is cost effective and deeply needed. We need more of this model.</p>	5/2/2016 2:47 PM
112	<p>Recovery Cafe Please include the Recovery Cafe in MIDD. The organization does amazing work by providing a loving community and skills that will help sustain long term recovery from addiction.</p>	5/2/2016 2:43 PM
113	<p>Recovery Cafe Please include the Recovery Cafe in your funding stream. The Cafe has a unique and successful program for people in recovery in our communities. I am a part of a KC nursing project and do foot care, health screening and referral at the Recovery Cafe once a month. They are a critical organization for those patients who are looking to stay sober! thank you, Cheryl Berenson RN, MS, MPH</p>	5/2/2016 2:42 PM
114	<p>Recovery Cafe I strongly support the inclusion and funding of the Recovery Cafe. I have been a volunteer once a week there for three years, and have witnessed first hand the incredible help the Cafe provides to those living with mental illness and the many related difficulties they face. The Cafe provides community and normalcy for all its members.</p>	5/2/2016 2:40 PM
115	<p>Recovery Cafe I want you to continue to support the Recovery Cafe in Seattle. The work it does helps so many people in so many ways!</p>	5/2/2016 2:36 PM
116	<p>Recovery Cafe Recovery Cafe - I would like to add my voice in support of the services provided by Recovery Cafe. I have seen the incredibly positive impact the Recovery Cafe has had on the lives of its members and the community. I urge King County to continue supporting the Recovery Cafe and the great work they do for individuals in our community that need recovery support and services.</p>	5/2/2016 2:24 PM
117	<p>GRAT It is vital that older adult continue to be supported through the use of MIDD II funding, specifically the GRAT program. There is no other available crisis outreach program that specializes in older adult issues. The older adult population is quickly growing in King County and the need for appropriate evaluation and assessment is necessary. Please ensure funding is available to GRAT for continued service provision and growth to accommodate the ongoing needs of our seniors.</p>	5/2/2016 2:06 PM
118	<p>Recovery Cafe Please include Recovery Café has in MIDD II in the "Reentry and Recovery" strategy area to receive funding.</p>	5/2/2016 2:06 PM
119	<p>Recovery Cafe Please support the Recovery Cafe, it's changed the lives of so many people I know in a positive way.</p>	5/2/2016 2:01 PM
120	<p>Community court Therapeutic courts Considering the MIDD Policy Goal 1 and 2 to reduce the number of mentally ill and chemically dependent people using costly interventions such as jail and further considering the current opiate crisis along with the highest property crime rates in the nation – it is difficult to understand why there is no recommendation to expand therapeutic courts in King County. The King County Executive's commitment to the people of King County is to invest in what works and to apply proven approaches that produce remarkable results. Studies of therapeutic community courts at the San Francisco Community Justice Center, at the Neighborhood Justice Center in Yarra, Melbourne Australia, and the Red Hook Community Justice Center in New York are all showing successful results. The National Institute on Drug Abuse revised report from April 2014 on the Principles of Drug Abuse Treatment for the Criminal Justice Populations provides a research-based guide in providing effective treatment for offenders suffering from chemical dependence and/or mental health conditions. The research shows that a large percentage of those admitted to drug abuse treatment cite legal pressure as an important reason for seeking treatment. Most studies suggest that outcomes for those who are legally pressured to enter treatment are as good as or better than outcomes for those who entered treatment without legal pressure. Individuals under legal pressure also tend to have higher attendance rates and remain in treatment for longer periods, which can also have a positive impact on treatment outcomes. A local treatment educator explained that "forced treatment" does work because dealing with addiction in treatment will ultimately require the individual to deal with really difficult areas in their lives and when entering into treatment without an 'outside force', like the courts or threat of criminal conviction, it is much easier to abandon treatment and walk away. Therapeutic community courts provide not only the incentive but also the guidance and support system needed for drug addicted and mentally ill individuals who are committing crimes to address their underlying issues. Unfortunately, in King County there are many individuals in the criminal justice system with untreated addictions/mental illness who have engaged in misdemeanor and gross misdemeanor criminal activity, while under the influence and/or done to support the addiction. These criminal activities put others in the community at risk for harm to persons or property. For way too long, the only response available has been the use of jail with very little resources to provide real help to address the underlying problems to the criminal behavior. MIDD funding has the ability to recognize this reality and make a change by supporting and/or expanding the existing therapeutic courts and reaching more of those in desperate need, though the development of a therapeutic community court with the King County District Court.</p>	5/2/2016 1:59 PM

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121	Recovery Cafe Recovery Cafe in Seattle has become an intergral player in the effort to form community with, and support for, individuals struggling with mental health and addiction. Recovery Cafe is a vital part of providing care, services, and support for recovery to at risk individuals in our community. Please fund the efforts they are making.	5/2/2016 1:58 PM
122	Recovery Cafe Recovery Cafe provides a valuable resource to our community as a whole, particularly members struggling with mental health issues. Please continue to include their work in your funding. They do their work with such excellence!	5/2/2016 1:49 PM
123	Recovery Cafe I highly recommend Recovery Cafe!	5/2/2016 1:43 PM
124	Recovery Cafe I strongly recommend that Recovery Cafe be funded through MIDD 11. It is a unique organizations that offers safe environment and the opportunity to stay sober while giving the opportunity to better each person's life. No other program does this in quite the same way.	5/2/2016 1:40 PM
125	Recovery Cafe Please ensure that funding for Recovery Cafe is sustained in the allocation decision for the MIDD tax levy. This organization provides daily stability in the lives of hundreds of individuals in the Seattle Metro area who need assistance during the recovery process. As a volunteer, I see their work in action every day firsthand. Recovery Cafe manages an irreplaceable system of services (daily hot meals, spiritual support in every capacity, and references for additional services) to ensure that our most vulnerable citizens meet and exceed their personal goals for recovery. Without funding from this levy, Recovery Cafe will be less equipped to provide these extraordinary services and community connections every week.	5/2/2016 1:37 PM
126	Recovery Cafe I am writing in support of the Recovery and Reentry Briefing Paper for Recovery Cafe, B 91, B92. As a long-time volunteer at Recovery Cafe, I can attest to the value of this loving community, meeting people "where they are." Not everyone who comes through leaves in a better place, but for someone who is ready to improve their life, the Cafe offers the best wholistic model I have seen for providing support. I help out with a writing class where people find their "lost" voices and heal through words. I run with the running club, "Sole Train," and hear people attest to how this healthy activity has helped them eat better, calm the voices in their head, and just help them feel better all around. The Cafe addresses a population that has exhausted or never had the support of family and friends. When there is no place else to go, people can come to the Cafe and find immeidate loving care. Health food, a Circle that helps them be accountable, and access to meditation, art, writing classes and more that help heal the whole body, not just "fix" a temporary problem. Members travel long distances to come to the Cafe. As housing gets more expensive and transitional housing fills up, this type of resources in other places (south King County especially) is essential. Please fund Recovery Cafe.	5/2/2016 1:35 PM
127	Recovery Cafe I have been involved with Recovery Cafe for over 10 years as a staff member and volunteer and, knowing its important work in the Seattle community, urge policymakers to designate funding to the organization as part of the MIDD. Recovery is the cornerstone of healthy communities and needs to be funded alongside effective housing, mental health, medical, and workforce programs. As stakeholders are aware, drug addiction has significantly increased in Seattle and threatens the stability of residents throughout the city. Recovery Cafe has a long-term record of excellence and would be an excellent investment by the city and its taxpayers. Thank you for your consideration. Best, Alexis Nelson	5/2/2016 1:24 PM
128	Recovery Cafe Please make sure to include Recovery Cafe. They have the best program in the county for recovery efforts.	5/2/2016 1:11 PM
129	Recovery Cafe Please oh please include Recovery Cafe, and its amazing results that help so many individuals turn around their lives, by including it in MIDD II. You will be so happy you did, I promise!	5/2/2016 1:03 PM
130	Recovery Cafe Support reauthorization As a taxpayer, I support the MIDD program. I would like to call out Recovery Caf� as a worthy part of the Re-entry and Recovery strategy.	5/2/2016 12:45 PM
131	Recovery Cafe I would like to recommend that Recovery Cafe be included in MIDD II. The organization has a shown itself to be a high-impact organization, especially in relation to the recently declared "State of Emergency" regarding homelessness in Seattle.	5/2/2016 12:37 PM
132	Recovery Cafe Please include the Recovery Cafe	5/2/2016 12:33 PM
133	Recovery Cafe Please include Recovery Cafe in your funding. They do amazing work creating community amongst those who are in most desperate need of it to literally save their lives.	5/2/2016 12:32 PM
134	Recovery Cafe Please maintain funding for the Recovery Cafe in Seattle. They do important, life changing work using a model that prioritizes loving accountability, community support, and compassion. We need this program!	5/2/2016 12:28 PM
135	Recovery Cafe The Recovery Cafe plays an important part in servicing those working through addiction. The Recovery Caf� needs to be included in the MIDD.	5/2/2016 12:21 PM
136	Recovery Cafe Please continue support and include funds for Recovery Caf�. Thank you!	5/2/2016 12:21 PM

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137	Recovery Cafe Since relocating to Seattle from Miami FL in 2014, we have been supporting the Recovery Cafe as volunteers, contributors, and have taken part in many of the activities offered to members. As an artist and artist educator with what is referred to as "long term sobriety" I appreciate and support the RC Cafe in its offering the opportunity for those living on the margins of society, but also in its ability to facilitate a venue for people like myself to give back.	5/2/2016 12:20 PM
138	Recovery Cafe I have first hand knowledge how effective The Recovery Cafe is at helping people turn their lives around. Please fund this program as it is doing a good job of getting the addicted off the streets and into productive lives. Thank you.	5/2/2016 12:19 PM
139	Recovery Cafe As a member of the Recovery Café's Young Professionals boards, I've witnessed how the Cafe is central to destigmatizing and building community with those suffering from addiction, mental health issues and homelessness. I'd recommend funding the "Reentry and Recovery" program so that Recovery Café can be beacon of hope for those suffering in our community and for starting the healing process.	5/2/2016 12:17 PM
140	Recovery Cafe Please include funding support for Recovery Cafe in the MIDD. It provides such essential and compassionate service to those in need in our community. There is nothing quite like Recovery Cafe, and they have saved so many lives and returned people to being productive and happy members of our County.	5/2/2016 12:15 PM
141	Recovery Cafe I hope that robust funding will be included for recovery café. They provide a valuable service for people with addiction and their families. They are a model that offers low barrier services, which is an important need not meet by many organizations.	5/2/2016 12:15 PM
142	Recovery Cafe I am a volunteer at the Recovery Cafe. Please continue to fund this organization at the maximum level that you can. I have seen how the Cafe transforms people's life and have been transformed myself by the process. Thank you	5/2/2016 12:11 PM
143	Recovery Cafe I am in strong support of Recovery Café's inclusion in the MIDD is a critical part of our strategy to ensure that Recovery Café can continue to be a place of hope, healing and life transformation for thousands of people into the future.	5/2/2016 12:07 PM
144	Real Change Recovery Cafe Please include Recovery Cafe and Real Change in the MIDD funding!	5/2/2016 12:05 PM
145	Recovery Cafe I wish to support Recovery Cafe's inclusion in the MIDD Tax Levy.	5/2/2016 12:01 PM
146	Recovery Cafe Recovery Cafe is fantastic and deserving of full support.	5/2/2016 12:01 PM
147	Recovery Cafe The continued support for Recovery Cafe is a crucial issue. Recovery Cafe provides support to help people into recovery (and grow into healthy and productive lives). Recovery Cafe is very active and vital in providing a safe place for vulnerable individuals in our community. Funding their efforts is crucial.	5/2/2016 12:00 PM
148	Recovery Cafe As a past Recovery Café volunteer and follower of their work since their inception, I can attest to the success of their programs. Their approach ensures full compliance with behavior changing principles, and, they address many root problems of addiction, which helps lessen the impact on homelessness.	5/2/2016 12:00 PM
149	Recovery Cafe Please include Recovery Cafe in the MIDD II tax levy renewal. This is a vital service for so many in our community.	5/2/2016 12:00 PM
150	Recovery Cafe Please consider including Recovery Cafe in the MIDD and allocation a portion of the funding towards this very worthy and well run organization. I have spent many years watching the growth and operation of this center and been amazed at the positive impact that Recovery Cafe has in our Seattle community.. The outreach, assistance and resources that exist at Recovery Cafe is nothing short of amazing. The stories of healing and hope are an inspiration for all. Those struggling with substance abuse and addition have a true home and partner at Recovery Cafe. An allocation of money provided in the MIDD would be so beneficial for this organization and the impact would be substantial and visible. Thank you for considering my request.	5/2/2016 11:59 AM
151	Recovery Cafe Please include the Recovery Cafe in the MIDD II budget. The cafe offers incredibly important services to the recovery community. Thanks.	5/2/2016 11:55 AM
152	Recovery Cafe I strongly support the Recovery Cafe' being included in the MIDD based on their exceptional results in improving the lives of so many of our marginalized citizens. As a downtown worker, I have witnessed the dramatic improvements made by the Recovery Cafe'.	5/2/2016 11:54 AM
153	Recovery Cafe Recovery Café needs this financial support continue to be a place of hope, healing and life transformation for thousands of people into the future.	5/2/2016 11:54 AM
154	Recovery Cafe I am writing in support of recovery Cafe is inclusion and funding under this appropriation. I have seen firsthand its good work as know that it provides an essential support for those who have made the difficult decision to step onto the path of recovery. I advocate strongly for their inclusion in this funding. There's a welcoming and supportive environment, both physically and in terms of staff and volunteers support, for those who have decided to make this change.	5/2/2016 11:51 AM

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155	<p>Recovery Cafe Please continue public support for Recovery Café and its many important programs. We have too many homeless people in Seattle and many/most of them are homeless due to addiction and other mental health problems. This program makes a difference for this population.</p>	5/2/2016 11:51 AM
156	<p>GRAT Please support services for older adults including GRAT.</p>	4/29/2016 8:44 PM
157	<p>GRAT I am interested in making certain that the impact that Evergreen's Geriatric Regional Assessment Team be supported in funding. They are often the only contact that vulnerable seniors have available at a time of mental health crisis and their services are invaluable to our case management program in both providing clear assessment of cognitive functioning and also educating and consulting with us on difficult cases. It would be a terrific loss to the community if this service was not to be funded.</p>	4/29/2016 12:28 PM
158	<p>Clubhouse Please do not decrease the clubhouse funding of Hero House. It is the only organization in King County that provides a non-clinical way of recovery to mentally ill patients and provides them the ability to get a job. Save Hero House by not decreasing the funding.</p>	4/28/2016 6:59 PM
159	<p>Clubhouse Proposed clubhouse funding of \$230K for Hero House is 36% reduction from the current budget of 362K. This is extremely low and will make the Hero House in Bellevue unsustainable. Hero House is unique in King County as we are the only organization that provides a non-clinical approach to mental illness recovery and help them get a job. Hero House offers a very diversity rich environment to support the diverse community of King County. Lastly, the proposed decrease of funding for IPS Supported employment will directly impact the ability of recovering patients to get back into employment. We need the funding for Clubhouse and Supported Employment to increase so we can serve more.</p>	4/28/2016 6:51 PM
160	<p>Employment Non-Medicaid Benefits I support increased \$ to MIDD II. AT ACRS we serve the community of non-English speaking Asian/Pacific Islanders who suffer from serious mental illnesses. Many of these people don't have the resources to apply for Medicaid. Due to the MIDD II funding, we can serve this population and get them the services they need such as mental health counseling, medication management , case management.....and more delivered to them in their own Asian language. Please increase the funding for the MIDD II so that we can serve more of the population that needs services. In addition, we help these clients get jobs through our Supported Employment program, so please increase funding for this through the MIDD II.</p>	4/28/2016 3:08 PM
161	<p>Clubhouse Hello, Here are my comments on the initial draft MIDD II program and budget recommendations: (1) For clubhouse funding, the county is suggesting \$230,000 per year serving 20/30 members per day. This is extremely LOW since at HERO House, we serve this number of members already and our budget for MIDD is currently \$362,000 a year. (2) HERO House is a unique organization in King County because it is the only clubhouse that is accredited by Clubhouse International and it also includes the IPS Supported Employment Program. HERO House provides a non-clinical approach to recovery which puts people back to work and keeps them there. We increase access to community services through our clubhouse supports such as bus passes, the SE program, and our education program.)3) At HERO House, our staff represents the community we serve at large. Our staff provides support in more than eight languages. This creates a diverse culture and is reflected in our continued growth for members and staff. (4) For IPS Supported Employment, the county has suggested \$950,000 per year. This is \$50,000 less than the previous year. In order to expand the IPS program within the county, this shortfall will negatively impact how many individuals we are able to serve. Last year, all 7 IPS programs (including HERO HOUSE) served approximately 1,000 individuals combined in employment. All of the funds were used. The county cannot and should not expect to increase the employment rate among individuals with mental illness by decreasing the funding by \$50,0000. Thank you for allowing the feedback and for serving the community of adults who live with mental illness. Deb Lewy President, HERO House Board of Directors</p>	4/28/2016 1:15 PM
162	<p>GRAT Our main service that we have a close working relationship with is the Geriatric Regional Assessment Team. They have provided excellent services in assessing seniors with a mental health crisis and I feel that this service is essential to APS and the community at whole. Without their assessments, it would be difficult to obtain the information on the cognitive limitations of vulnerable adults and to determine the need for APS to file a guardianship if warranted.</p>	4/28/2016 9:32 AM
163	<p>GRAT As a geriatric case manager with a masters degree in mental health counseling, I have seen first hand the amazing work done by the GRAT program. It is very clear to me that clients who otherwise would have been hospitalized or a significant threat to themselves or others have been provided stabilizing services not offered by any other program. The GRAT team rocks and should be give a very high funding priority.</p>	4/28/2016 8:24 AM

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164	<p>GRAT I have been an Adult Protective Services worker going into my 16th year, and 10 years in Children's Administration. I have seen a variety of programs come and go over the years with varying results. I wish to give an editorial comment on GRAT and the need to continue this very appropriate program for the King County geriatric population. In contrast to King County, Snohomish County does not have such a program with direct service delivery. Absent GRAT, APS social workers will have to fall back on RCW 71.05.153 "Emergent detention of persons with mental disorders" to request police to involuntarily take a person to an emergency room for a mental health evaluation. Herein lies the problem: Without good information to show the vulnerable adult is gravely disabled and in a setting impacting their health and welfare, a Mental Health Professional is more likely to release the person after ER contact. GRAT has been extremely helpful networking with APS and other agencies to help establish a need for additional intervention. Early intervention means a cost savings to the immediate medical, long term care and governing health care authorities which provides quality of life to vulnerable adults in King County. Losing GRAT means one less link in the chain of agencies that assist gravely disabled people in need. On my wish list is a request for GRAT to expand their program to include Snohomish County as well. I know, "If wishes were horses, beggars would ride." My wish remains for GRAT to help us here in Snohomish County as well. A case example may help to illustrate: An elderly lady was assigned to me in south King County some years back. There was also an administrative lock on the case. In addition to the extra security required to address the case confidentiality concerns internally, GRAT involvement during this case was extremely helpful as a credible, reliable and relevant source of information gathered from the alleged victim, alleged perpetrator and other non-professional witnesses. GRAT helped with baseline information to provide a positive outcome for this case. The GRAT model is invaluable. As Washington State is one of the top states which heads the nation in quality of care to vulnerable adults, so is King County the model for the rest of this state. Budget constraints aside, there is every reason for GRAT to continue their good work. Please contact me if I can be of further assistance to keep GRAT.</p>	4/28/2016 8:09 AM
165	<p>GRAT My comment is to attest to the invaluable service of the GRAT program. I work as an advocate for seniors who have been abused, neglected and or exploited. This program has been a phenomenal help to myself and the detectives that investigate the cases. The expertise, hard work, professionalism and compassion shown by the GRAT personnel is invaluable to us and to the older people that they come into contact with and serve. Please, keep this extremely valuable service to our older community up and running! We cannot imagine our job without their expertise and assistance.</p>	4/28/2016 7:24 AM
166	<p>GRAT I'm glad to participate in this survey. I was employed with the Geriatric Regional Assessment Team from 6/2008 - 6/2013 as their substance abuse specialist. I worked with hundreds of clients impacted with addiction and other co-occurring disorders who would have otherwise not received any support as they were significantly impacted and unable to leave their residence. The GRAT team has a significant impact in the community and offers services for people in crisis as well as clients taking care of people they love (Caregiver support) I implore you to continue this service and continue funding; it's valuable, needed and helps more than you can quantify in a spreadsheet or debate in a legislative session. Thanks, Todd</p>	4/27/2016 8:35 PM
167	<p>GRAT The Geriatric Regional Assessment Team is and has been a vital service to our case management program. GRAT's availability, capacity to respond, assess and consult on how to best serve those in our community who find themselves in difficulty and at significant health, physical or emotional risk is a critical part of the continuum of support in helping people in our community.</p>	4/27/2016 4:26 PM
168	<p>Unknown subject Very, very helpful resource for our patients! Fred in Seattle is so caring and did all he could to help one of my pts.</p>	4/27/2016 3:49 PM
169	<p>Wraparound MIDD Wraparound should not be reduced because of WISE funding. WISE Programming has requirements and is intensely costly as compared to the MIDD Wraparound. The funding for this program needs to remain the same in order to continue these services to those clients who do not qualify for WISE, but need the support of Wraparound services.</p>	4/27/2016 1:20 PM
170	<p>GRAT GRAT provides excellent mental health assessments for my agency, Aging and Disability Services. Their assessments and expert insight into mental health disabilities give ADS counselors essential information for effective case management. This service cannot be matched. Please, for the sake of the elderly and disabled residents we serve, do not eliminate this important piece of social service care.</p>	4/27/2016 12:29 PM
171	<p>GRAT PLEASE PROVIDE FUNDING FOR THE GERIATRIC REGIONAL ASSESSMENT TEAM! (GRAT). GRAT has been invaluable to those of us in the ADS case management program who work with older adult populations, many vulnerable due to cognitive deficits and other mental health issues. GRAT clinicians and their assessments have been critical to inform us and others involved as to options for the client in living independently (or not), what the appropriate services would be given their challenges and strengths, and help inform those at Adult Protective Services when a guardianship is recommended due to capacity issues, etc. If GRAT were to lose funding and were no longer able to serve the clients they do, we at ADS (and our clients) will lose an extremely valuable service.</p>	4/27/2016 11:39 AM
172	<p>GRAT I am writing to support continued funding for the GRAT program. We refer to GRAT on a regular basis as they are the only service that goes to see our older/homebound clients in their homes. This is a vital service and many clients will lose access to critical mental health services if funding is cut. Please continue to fund GRAT. The system does not have the capacity to absorb this loss.</p>	4/27/2016 11:37 AM

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173	Detox Quality of treatment RE: Treatment on Demand: It's a really great concept but I would like the actual quality of treatment to be addressed. At this point, there really are few treatment options in King County. The ones that exist do not, in general, keep up with best practices as put forth by the federal government. Most treatment facilities are entrenched in only the AA model and that leaves many people out of luck if they do not embrace that model. Many of the providers are rigid in their approaches and clients leave treatment early or relapse immediately. The lack of detox and SUFFICIENT number of days for detox is sorely lacking--many people (alcoholics, opiate users) end up starting treatment while still dealing with post acute withdrawal syndrome and they are not ready to do the hard work. They don't feel better for a good 10 plus days and are half way through treatment by the time their brain really starts to clear. Also, I have yet to hear a client tell me that they worked on coping skills around re-entry to their same housing or living situation. Sorry, but our SU treatment system is quite broken.	4/27/2016 11:00 AM
174	Support reauthorization I believe it is absolutely necessary for the city to renew the MIDD program. There are many gaps in our city's services for those experiencing mental illness and/or drug dependency, and I believe there would be serious repercussions if the MIDD program renewal is not put into place.	4/27/2016 10:39 AM
175	Caseload reduction Non-Medicaid Benefits I like the proposal. Case load reduction and Non-medicaid PHP funding for behavioral health clients are the two most important issues, I think. This is based on my daily work experience with my clients and my Southeast Asian American community.	4/27/2016 10:27 AM
176	GRAT Geriatric Regional Assessment Team (GRAT) is a much needed service and should continue to receive funding. The GRAT team is able to evaluate clients quickly and help start services in place for the client. Adult Protective Services uses GRAT services and evaluations on a weekly basis. GRAT is able to reach some of our most vulnerable elderly populations, which would normally not get services.	4/27/2016 9:48 AM
177	crisis diversion recovery supports Without the funding for mental health crisis, diversion and recovery support the 10,000+ homeless will continue to grow in King Co.	4/27/2016 9:29 AM
178	Caseload reduction Non-Medicaid Benefits As a mental health case manager for the past 10 years, I have been through many ups and downs with my clt as the funding fluated, I strongly believe that more funding should be located for non Medicaid and reduce caseload because there are still many people in the community that needs the mental health service but d/i limited of funding we cannot serve everyone who are in needs. I, myself, many years ago had received outpatient mental health treatment and as a result of treatment, I was able to lift myself up, went through grad school and got my MSW and has been serving in the mental health field since 2005, if I didn't get the treatment that I have gotten, I probably not end up where I am today (back then I have made many suicides attempts). Speaking of reducing caseload, right now I have close to 50 caseload and with 40 hrs/week and some of those hours are used for meetings and other necessary trainings, I don't have much time left to meet all of my clts needs, I have to struggle with prioritize my clt's needs and that is very sad because some of them would have making much more progress if they get more support from me. Therefore, pls allocate more funding for non-Medicaid and reduce caseload.	4/27/2016 8:54 AM
179	GRAT GRAT is a great resource please don't take money away from them. We need all the mental health resources we can get. Its very limited and mental health issues are increasing to a hazard. Peoples lives depend on more mental health resources.	4/27/2016 7:37 AM
180	GRAT Older adult prevention I noticed there are only two programs providing support to older adults, the fastest growing population. With issues like dementia, housing, and access to services, our elders are in great need of support. Please consider expanding support to seniors.	4/27/2016 7:36 AM
181	GRAT I hope funding will be continued for the GRAT. As the President of an HOA, we were very concerned about one of our elderly owners who called 911 at least 3 dozen times over about 4 months and who had signs of dementia. The advice GRAT offered was most helpful. They came out did an on-site assessment that was also valuable. We needed, and appreciated, that we had someone to call and advise us on how to deal with this owner.	4/27/2016 4:41 AM
182	Access to Services School-based services Treatment on demand I strongly support development of a treatment on demand system. For youth, please consider placing treatment on demand in public schools where access to treatment is currently woefully lacking. Young people who are experimenting or already in addiction have great difficulty accessing appropriate substance abuse counseling and referrals. We have long waiting lists for mental health counseling. School-based treatment on demand would meet these challenges effectively, saving many lives.	4/26/2016 8:14 PM
183	Unknown subject This service is invaluable without it, our vulnerable population would not receive much needed services.	4/26/2016 5:41 PM
184	GRAT I am writing in support of the GRAT at Evergreen. It has been a life-saver to me and many of my clients over the years. I believe this worthwhile and much-needed program deserves all the support, financial and otherwise, that it needs to serve the people of King County and the greater Seattle area.	4/26/2016 3:42 PM
185	GRAT I have used GRAT services to assist in determining whether vulnerable adults need a guardianship in order to protect their interests. This service is very much needed in order for us to timely serve our aging adult population.	4/26/2016 3:40 PM
186	GRAT It is critical to continue to have GRAT provide the needed mental health services to all clients in our community to help them access and provide better services etc.	4/26/2016 3:32 PM

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187	GRAT I believe it is essential that GRAT continue to get MIDD money. It is a program of great value in the community and the only one that deals specifically with isolated older adults in crisis. The population is growing older so there will be more and more need for GRAT.	4/26/2016 3:31 PM
188	GRAT I support the Geriatric Regional Assessment Team (GRAT) efforts to continue to receive MIDD funding (Mental Illness and Drug Dependency levy). I have experienced the value that the GRAT team provides through their support of our family's issues. They fill a need, and should be fully funded!	4/26/2016 3:10 PM
189	Support reauthorization We need to continue to support mental health therapist and government agencies because the Mental Health crisis is growing in our state as well as our country. If we don't help the therapist the provider's the nurses Etc do what they do best things can only get worse.	4/26/2016 3:05 PM
190	GRAT Support reauthorization As a social worker at the Wallingford Community Senior Center, I encourage MIDD decision makers to support the Mental Illness and Drug Dependency levy/ funding. In my job, I am noticing an increase of older adults with and without support systems in desperate need of mental health assessments, interventions and services. Too often I see and hear from concerned family members, friends, professionals and neighbors regarding elders with limited resources in critical life and death situations. Personally, I have relied on the Geriatric Regional Assessment Team for help when seniors are in crisis. Professionally, I would not know what to do or who to call (other than 911) when working with an individual who is suicidal, suffering from memory loss or is incoherent. Without this funding, these situations will need to be dealt with by local fire departments, law enforcement and medical facilities. This put a strain on services that are already stretched beyond capacity, ultimately costing the County more in the long run. Furthermore, organization like GRAT have the knowledge and experience with aging populations. Please value seniors in need by fully funding these programs.	4/26/2016 2:05 PM
191	GRAT GRAT is a key program to help support our residents, we are at a loss if we do not have this program.	4/26/2016 1:48 PM
192	GRAT I highly recommend the Geriatric Regional Assessment Team (GRAT) be included as a provider in the MIDD process. GRAT is one of the few Behavioral Health (mental health and substance abuse) organizations to serve older adults. In the not so distant future, older adults will increase to 25% of the overall population. As the demographics shift there will be a huge need for practitioners with geriatric experience, knowledge of dementia and understanding of the affects of psychotropic medications on the elderly. GRAT continues to be a leader in the field of geriatrics. Much of their work is done in the client's home. They are connected to the medical community through it's umbrella organization Evergreen Health. As a former contract specialist and agency assessor I always found GRAT's Administrative work to be high quality and appreciated their willingness to maintain flexibility regarding data collection. I strongly urge you to incorporate the needs of older adults in the MIDD planning process. Thank you.	4/26/2016 1:27 PM
193	GRAT Would love to see the GRAT Program funded from the MIDD II program as it is a program which has benefitted the service structure in King Co for many years. Currently, the program is slated to go away due to Evergreen Care Network discontinuing their community service programs.	4/26/2016 1:20 PM
194	GRAT GRAT is essential to assist our community in making sure that vulnerable adults have their needs being met. All of our society benefits from their critical work.	4/26/2016 1:19 PM
195	GRAT As a community health nurse, I have worked in partnership with GRAT many times to provide crucial services to our underserved aging population in crisis. This program is vital to keeping our communities healthy and decreasing the burden of emergency services provided to older adults who benefit from the support provided by GRAT.	4/26/2016 1:07 PM
196	GRAT I feel strongly that the Geriatric Regional Assessment Team is a vital resource for frail elders in King County and should continue to be funded. This is a life saving service for elders at risk who live alone, or vulnerable elders who are being exploited by others. Please continue this funding.	4/26/2016 1:04 PM
197	GRAT My program (I&A for Seniors and younger folks with disabilities) has been working with GRAT closely, with the capacity as an referral agency. There has been huge volume of crisis calls (daily basis) from concerned community members who does not know where to turn. GRAT is the one who was there to go out to the community and help out the senior individuals who's in crisis while no other could reach out that effectively and fast (within 3 days). I'd like to advocate for GRAT in your decision to keep funding the much needed program like GRAT.	4/26/2016 12:53 PM
198	GRAT I would encourage you to continue funding the Geriatric Regional Assessment Team. These evaluators provide cognitive assessment to elderly and vulnerable adults in crisis (such as those who are victims of the crimes of neglect and financial exploitation), and direct them into services to better their lives. As prosecutors, we often rely on cognitive assessments done by GRAT evaluators of our victims, as they are often first on the scene following discovery of the crisis. Prosecuting crimes against the elderly would be exponentially more difficult without this resource available to law enforcement, social workers, and APS/DSHS.	4/26/2016 12:45 PM
199	GRAT The Geriatric Regional Assessment Team provides an incredible service to the community. In the prosecutor's office, there are many elders in the community that are not currently in the mental health system but are experiencing crisis due to evolving cognitive impairments (as victims and offenders). GRAT is the agency where we can refer families whose elders are in crisis to have a competent mental health assessment done in order to plan next steps for these individuals. They are an incredible resource for our community.	4/26/2016 12:42 PM

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200	<p>GRAT In my 3 years with SHAG as Resident Services Manager we have found the GRAT team to be an invaluable resource and service. The caliber of the team is extraordinary in their efficient, skill and compassion. As a state with below standard services for mentally challenged individuals, they are often falling to unskilled options - housing not meant for the challenges they face as one example. It is often humiliating for our residents to be a person with a mental health issue being shunned in a community where they simply want to make a home - because of behavior issues or habits. We need to do better by those with mental health challenges and it is of vital importance to have programs like GRAT and DMHP for this reason.</p>	4/26/2016 12:20 PM
201	<p>Caseload reduction Cultural competency Non-Medicaid Benefits There is great need for mental health services for minority community members as many are not eligible for Medicaid or health benefit. We would like to see increased amount designated for Non-Medicaid funding for mental health and CD outpatient services. Workload reduction funding has been very helpful in addressing workload of our case managers who carry such a high caseload. Although it is not enough to solve the problem, certainly it has been helpful as it can be used in a creative way for each agency. We would like to see an increase in workload reduction fund and the kind of support to support the infrastructure. I would have liked a focus on cultural competency, whether it is to increase the level of cultural competency in the system or providers' level, or in direct service staff. I am not sure how or whether this MIDD II took equity, social justice and cultural competency into consideration. There is more need to address these important values and issues that we all share. Thank you for the important work!</p>	4/25/2016 3:47 PM
202	<p>Support reauthorization I fully support renewal of the MIDD.</p>	4/25/2016 3:00 PM
203	<p>Mobile medical svcs Treatment on demand The treatment on demand should also allow for mobile medical services. The urgent care clinic is a good start, but expand the funding eligibility to help with funding the new mobile medical van.</p>	4/25/2016 8:25 AM
204	<p>Clubhouse It is very important to keep in mind the most important factor that benefits the club house members, and the community -- as it is so eloquently written in the MIDD II Recommendations: "Seattle Clubhouse is well- positioned to overcome the challenges faced by past programs and fully support those working towards their own long-term, SUSTAINED RECOVERY (emphasis added)."</p>	4/23/2016 3:12 PM
205	<p>Clubhouse I believe the recommendations are appropriate and help focus on preventative treatment rather than reactive treatment. It is imperative that the Clubhouse Model of Recovery that is accredited by Clubhouse International is at the forefront of MIDD II funding. The clubhouse model has proven outcomes to reduce hospitalization, cost effective in treatment and reduces individuals in jail. This is one area which the county has determined is vital to improving our mental health system.</p>	4/22/2016 4:05 PM