

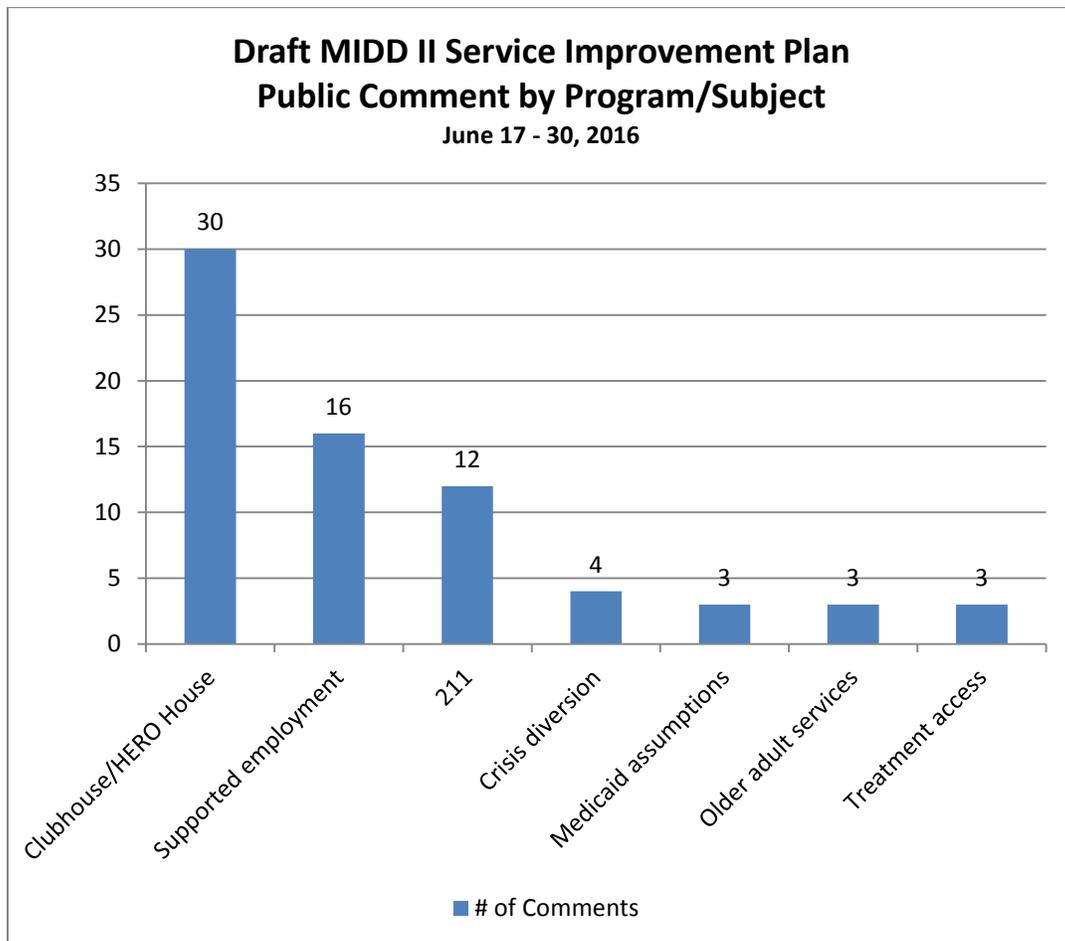
## Draft MIDD II Service Improvement Plan

### Public Comment Summary: June 17 – 30, 2016

A total of 65 comments on the draft MIDD II Service Improvement Plan were received by King County. The comments were provided online June 17-30 through a survey portal, via email, or in person at the MIDD Oversight Committee meeting on June 23.

The vast majority of comments endorsed or supported particular program(s), in some cases advocating for additional funding. Notably, 46 percent of commenters (30 total) advocated for additional funding for clubhouse/HERO House. About one quarter of public comment participants (16 total) advocated for increased funding for supported employment services. About 18 percent of respondents (12 total) supported MIDD funding for 211 services.

When comments referenced multiple subjects, they were counted under each subject discussed. Programs or subjects mentioned by three or more commenters are shown in the chart below.



---

## Public Comment on Draft MIDD 2 Service Improvement Plan (June 2016)

---

**Name:** Kelly Rider, Alison Eisinger, Janet Pope, Paul Lambros, Daniel Malone, Matt King, Bill Hallerman, and John Hickman

**Organization:** Housing Development Consortium Seattle-King County, Seattle/King County Coalition on Homelessness, Compass Housing Alliance, Plymouth Housing Group, DESC, YMCA Seattle | King | Snohomish, Catholic Community Services, and Catholic Housing Services

---

**Comment:** Thank you for the opportunity to comment on the forthcoming draft of the MIDD II Service Improvement Plan (SIP). We appreciate that the current MIDD II proposal would invest a significant amount of funding in permanent supportive housing and related uses. In particular, we are grateful the proposal identifies sufficient funding to create an ongoing allocation of capital funding, compared to the one-time allocation in MIDD I. That said, we are concerned that the proposed funding level does not sufficiently respond to the crisis level of homelessness our County is experiencing. At a time when the One Night Count of unsheltered homeless individuals has increased by 20% over one year, the proposed funding does not bring this proven best practice to scale. Unfortunately, it would create fewer permanently affordable homes over the life of MIDD II than were created over the life of MIDD I due to increased costs and reduced external leveraging resources. We recognize MIDD II is being shaped to respond to a variety of needs our communities are facing. However, we recommend the following actions to better address homelessness among our county's population facing mental illness and substance abuse challenges.

**Unallocated Funds:** We strongly urge the County to prioritize permanent supportive housing capital dollars in the Service Improvement Plan's policy regarding additional allocations, underspending, and/or recapture of funds. A similar policy is currently in place for the Veterans & Human Services Levy and serves as a best practice for promoting enhanced housing outcomes over time should additional funding opportunities become available. This serves our community well as recipients do not require ongoing funding of capital dollars.

**Flexibility of Housing-Related Funds:** While we respect the County's need to create predictability and accountability within the Service Improvement Plan, we encourage you to create more flexibility within the housing-related funding allocations. Services and operating dollars in particular are incredibly challenging to identify and have reached a "cliff," where the current service dollars available have already been committed to current sites, leaving a shortage of funding available to commit to new permanent supportive housing sites. Given King County's position among a variety of other funders with varying priorities, flexibility will allow you to best leverage other funding sources to create the desired outcomes. In addition, this would align well with the unallocated funds policy recommended above, allowing the County to increase yearly funds for service dollars above \$2 million if recaptured or other funds are identified to allocate toward capital funds. Thank you for your leadership throughout this important process. We look forward to continuing to work with you and other County leaders to advance a successful MIDD II proposal later this year and to identify the other funding sources necessary to bring our homelessness strategies to scale. [Stakeholder letter submitted to MIDD June 15, 2016]

**Name:** Corrina Reily

**Organization:** HERO House

---

**Comment:** It has helped me get along with people. I learned how to do the right thing and to be honest and not steal. I have learned how to listen here and how to work well with others.

**Name:** Carol Bashaw

**Organization:** HERO House

---

**Comment:** HERO House lets me do reception when I'm there. HERO House allows me to have lunch too. I feel a sense of belonging to the clubhouse. Greg or Matt give me rides here and back because I can't get here otherwise.

**Name:** Alex Odesskiy

**Organization:** HERO House

---

**Comment:** I met a lot of new people. I had a volunteer job for 3 school years. I like the staff and get along well with them. I help out with shopping and go on socials. I also participated in a conference two years ago in Canada. HERO House helps me with my recovery.

**Name:** Joseph C.

**Organization:** HERO House

---

**Comment:** HERO House is a great place for people who have a mental illness to come and be accepted and feel at home here. It serves as a good foundation to help you sort of get on with life, move forward with life. The socialization aspects are really crucial. Also, the work activities are meaningful and it provides an atmosphere of comradery which is motivational. I'm getting a whole lot more interaction with people so it's really helped me to engage with people and brought me out of my shell. It's been very satisfying socially, which that when I go home, I can focus on other things and not feel isolated. It's eliminated the feeling of isolation, which has allowed me to be more productive.

**Name:** David Honrath

**Organization:** HERO House

---

**Comment:** It keeps me more active and more stable. I work well with a standard. HERO House helps me keep my body moving. I've met quite a few people at HERO House. Segregated place that lives up to standards. I appreciate HERO House and what it's done for me. I have a better living situation thanks to HERO House. Good things and bad things about work ordered day.

**Name:** Susan Ericksen

**Organization:** HERO House

---

**Comment:** I like the people here. It's helped me get along with people. I get to help with stuff, like cooking, setting the table, and my self-worth. I like the friends here.

**Name:** Anthony Gomez

**Organization:** HERO House

---

**Comment:** I'm not drinking and using drugs anymore. HERO House makes me feel like I'm a part of something. I'm able to ask for someone's help to explain things to people what don't want to listen to me. Peer support and advocacy. I feel like I have something to do now. It feels like I'm worth something now. Before, I was depressed, because I felt like I wasn't worth anything, but now I have someplace to go. They accept me for who I am. I get to cook anything I want to for the members if they have it. I'm developing skills and I hope to get a job. It's a new standard on my life.

**Name:** Michelle Ragan

**Organization:** HERO House

---

**Comment:** HERO House got me a real job. It's the only way I get paid. If I wasn't working, I wouldn't have any money in my bank account. I've been working for six months. This is my first job in a long time. I like the activities they do. They give me two free shirts I can keep at my work.

**Name:** Ben Miksch

**Organization:** Seattle/King County Coalition on Homelessness

---

**Comment:** Ben Miksch, representing the Seattle/King County Coalition on Homelessness, spoke on behalf of the groups who signed the letter regarding the MIDD II Service Improvement Plan (Kelly Rider of the Housing Development Consortium Seattle-King County, Janet Pope of Compass Housing Alliance, Daniel Malone of Downtown Emergency Service Center, Bill Hallerman of Catholic Community Services, Alison Eisinger of Seattle/King County Coalition on Homelessness, Paul Lambros of Plymouth Housing Group, Matt King of YWCA Seattle/King/Snohomish, and John Hickman of Catholic Housing Services [included in the packet everyone received for today's meeting]). He thanked the Oversight Committee for their work which is hugely appreciated by everyone in the community. He described permanent supportive housing, which was supported by MIDD I, as a national best practice for some of the most vulnerable people in our community, who often cannot be served without housing and cannot get housing without supportive services. He expressed the hope of the Coalition on Homelessness that some of the unallocated MIDD dollars be used to raise funding for permanent supportive housing or, given the current draft of the Service Improvement Plan, that money from emerging issues category could be considered for use in supportive housing. His other request was for flexibility of spending: comparing housing to a three-legged stool – capital projects, operations and maintenance, and services – with varying requirements at the federal and local levels, flexibility of spending MIDD dollars would be very helpful in respect to supportive housing.

**Name:** Alicia Tillery

**Organization:** Valley Cities Behavioral Health

---

**Comment:** Alicia Tillery, Vocational Specialist at Valley Cities Behavioral Health, thanked the MIDD Oversight Committee for their support of Supported Employment. She shared a success story about a consumer from DVR [the state Division of Vocational Rehabilitation] whom she was able to place at a CVA store where he boosted book sales by over 30 percent. Originally, this consumer had been unable to communicate, had no friends, and had never worked, at 25 years of age. But as a result of the job at CVA, his life has turned 180 degrees: his verbal communication has increased, he has friends, he is self-sufficient, his symptoms have decreased, and he is a productive citizen. This is why we are asking for an increase of \$250,000 from the present Service Improvement Plan. We need to continue building our success numbers.

**Name:** Sue Wyder

**Organization:** Valley Cities Behavioral Health

---

**Comment:** Sue Wyder of Valley Cities Behavioral Health thanked the MIDD Oversight Committee for the work they have done on the budget, which she also has some experience with. Her public comment was in support of the Supported Employment Program at Valley Cities Behavioral Health, requesting the MIDD Oversight Committee recommend \$250,000 more in funding for this program. She described the spiral effect that follows decreased funding has: low performance leads to low outcomes leads to decreased services from South King County and Auburn to Northgate, the area that Valley Cities serves. A large number of consumers at Valley Cities are motivated to work because of the time that staff spends supporting them. And employment works: it establishes routines, boosts confidence, lifts people out of homelessness and addictions, and they become role models for others. These are signs of what that extra funding can do and we want everyone to have the opportunity to work.

**Name:** Katharine Wisner

**Organization:** HERO House

---

**Comment:** Katharine Wisner, a consumer giving public comment about Hero House, described the critical importance of Hero House in helping her to live with severe anxiety and panic disorder after leaving a very stressful job last year. At Hero House, she has felt safe and accepted. No one asked questions about her mental health; they asked her to edit the newsletter and answer the phones, so that she felt like she was contributing even while she was still experiencing symptoms, which she while working through her symptoms. Thanks to her involvement in Hero House, some therapy, and other things, she began to feel better and spoke with Isabelle at Hero House about Supported Employment. She is now working part time in something that feels meaningful to her, and she is gaining confidence; her plan is to work full time by the end of the year with the help of Supported Employment. She advocated for funding of the Supported Employment Program at the \$1.25 million level rather than the proposed \$950,000 level. Working for her is the next step in reclaiming full recovery.

**Name:** Earl Peterson

**Organization:** HERO House

---

**Comment:** Earl Peterson, a consumer giving public comment about Hero House and the Supported Employment Program, described how Hero House has helped him greatly over the past seven years in his recovery from drug addiction, homelessness and severe depression. To live and be successful in life is important and not easy for anyone. Since joining Hero House, he's been able to attend college and initiate a new charter with the Kiwanis Club to donate funds to Hero House. Other members are regularly employed and also volunteer for nonprofits. More recently, he has committed to a new workshop at the Clubhouse on life goals, sponsored by Hero House. For most in recovery, progress is slow. The improvements he has been able to observe in himself and others within the Clubhouse environment seem directly proportional to the growth of this organization. Helping people be all they can be is the business of this organization; lives are being changed for the better, to be more constructive, clear, with a purpose. My hope is to convey how important funding dollars are to this program.

**Name:** Greg Davis

**Organization:** HERO House

---

**Comment:** Hi my name is Greg Davis i am a peer support Generalist at HERO House, HERO House is a safe place for people who have special needs we give hope to our members,we offer opportunities for people with special needs to rejoin their communities.

**Name:** Matt Valdespino

**Organization:** HERO House

---

**Comment:** Hi, my name is Matt Valdespino and I'm a staff member at HERO House here in Bellevue. I have been working at the Clubhouse for a little over a year and it has been a truly incredible experience. The work we do helps transform lives every day, and as we have expanded our services over the past year new people from all over the county are being rehabilitated through the unique recovery-through-work model that is unparalleled in Western Washington. It is for that reason that I urge you to, at the very least, maintain funding for HERO House at the current level through MIDD II, if not expand it. We are a proven, cost-effective method of psychosocial rehabilitation that helps individuals return to the workforce and re-engage with the community at large: a year of services from HERO House costs roughly the same as a 2 week stay at a psychiatric hospital. If the funding is cut, we will be forced to ration our services to the point where we will have to turn away individuals seeking assistance. This will not only damage that individual's recovery but damage the relationship of trust the members have in our program that if they want to get back to work, we will do everything to get them back to work. It is this trust, based on the strong individual relationships built through member-staff participation in the work ordered day, that distinguishes us from any other program in the area. When members come into the Clubhouse, they know they are dealing with people who will treat them as individuals and work to support them based on their goals, their personalities, and their strengths. Our diverse staff is representative of the community at large, with eight languages between our staff members and even more from our active members. By supporting HERO House, the county is supporting a holistic approach

to recovery that engages the strengths of individuals with mental illnesses rather than fixating on their weaknesses. I urge you, on the behalf of adults living with mental illness throughout King County who have not given up on reaching their full potential, to keep supporting our wonderful program.

**Name:** Olga Yarmoshik

**Organization:** HERO House

---

**Comment:** I am so thankful for MIDD funding as it vitally helped our program - HERO House to survive and prosper. My hope is that everyone could see the importance of continuing to fund this unique program at current level the least. Our clubhouse is currently the only clubhouse in King County that is accredited by Clubhouse International and it also includes the IPS Supported Employment Program. HERO House provides a nonclinical approach to recovery from mental illness. Members have opportunity to be active part to reach their goals, whether it is employment education, skills, meaningful life, connection to others and most importantly increased self esteem and confidence. Members and staff run the program side by side, resulting in many of the members returning to work, being less isolated and finding meaning in life. Over the past 10 years I have witnessed dozens of members going to work for the first time in very long time or even in their lifetime. These members are being able to be successful because of the many layers of support provided by HERO House program - prevocational building of skills and confidence, support from peers, encouragement from staff and opportunities to participate in social activities in safe and familiar environment. For members that are not interested in employment there is everyday support dealing with personal advocacy, community resources, and opportunity to participate in meaningful work of running the clubhouse. Clubhouse is effective and cost efficient option for those recovering from mental illness. Please do continue to fund our agency.

**Name:** Gail Kowall

**Organization:** HERO House

---

**Comment:** Would like to ask for King County/MIDD 11 to continue the current funding level of Hero House at \$362,489 per year. Ask for funding of SE at \$1,250,000-250k above previous MIDD 11 level  
Thank you

**Name:** Riley Holbrook

**Organization:** HERO House

---

**Comment:** HERO House has given me access to computers, found clothing in which to go to interviews. Provide cheap lunches and free pastries. Normally, I come to the morning meeting and sign up for 1-2 tasks and meet with Isabelle who is an employment generalist and go on a wellness walk with Corey. I got a job at PCC because of HERO House, developed friendships, volunteer at an organic farm, which is part of my chosen career.

**Name:** Kuong Quach

**Organization:** HERO House

---

**Comment:** I started 2 years ago. I heard about HERO House from my roommate who said HERO House is good for getting out of the house and getting a job. Kaz helped me get a job at Ross. I am proud to have work. It makes me happy to come here and it makes my recovery stable. Because of HERO House I have something to do every day. Also I get to socialize with the members. HEROHouse refreshes my job skills.

**Name:** Monika Swanson

**Organization:** HERO House

---

**Comment:** HERO House has given me a place to go each day so I don't isolate. I have found a place where I get a sense of belonging. I also get to do things that help me gain both social and job skills. I also find that I get support and encouragement in all my situations.

**Name:** Susie Willard

**Organization:** HERO House

---

**Comment:** HERO House helps me stay out of trouble and gives me something to occupy my time. HERO House has also been instrumental in assisting me to gain friendships. The computer skills I have learned will be helpful when I become employed.

**Name:** Kellen Ryan

**Organization:** HERO House

---

**Comment:** Helped me develop a sense of belonging. Helped me find and retain a part-time job. Helped me develop friendships. Helping me grow as a person (inter/intrapersonal growth). Share feelings

**Name:** Sei Obara

**Organization:** HERO House

---

**Comment:** There's a lot of social activities at HERO Hosue. I like being with people and in a friendly environment. HERO House helps me with resumes and applications for getting a job. It gives me time to reflect on my own self. I run the snackbar and help set up the Daily Dish. I also am the Lunch List attendant when I'm here.

**Name:** Jeffrey Parr

**Organization:** HERO House

---

**Comment:** It helps me in three ways: I'm not staying at home; it's a place in the community that I feel I'm doing something productive for the community if not for myself; it keeps me off the streets. We're learning to be training to go out and work and be part of the community, instead of sitting at home vegetating.

**Name:** Earl Peterson

**Organization:** HERO House

---

**Comment:** I have something to do to keep my mind off the problems in Seattle and the communities, and the chaos that spreads. It's like an oasis in the sewer, like a protective bubble.

**Name:** Michael Given

**Organization:** Hero House

---

**Comment:** I do a lot more in the computer, more than I did before. I've learned at HERO House how to do 3-D photos. I make the member cards for HERO House. In the past, I did a lot of movies, but never have people to help me. I do a lot of slide shows. HERO House helps those with mental illness to function better. It gave me the space to learn and people to help me. I was working as a drafter. I'm working with employment services to try to get back to work and to improve my CAD skills.

**Name:** Ann Allen

**Organization:** Harborview Medical center

---

**Comment:** This is a service that is vital to getting people with serious and acute mental illness out of jail. I provided the service for my agency at one point, please consider our efforts to get treatment for those in need.

**Name:** Idabelle Fosse

**Organization:** Sound Generations

---

**Comment:** Having read through the materials, I would like to comment on some of the themes that you outlined. Given the lack of access to hospitalizations, I think that the continuum of care would benefit greatly from using a system of crisis homes that are more effective and less expensive to run than trying to add more hospital beds. This idea would also help discharge planners from hospitals access a supportive transitional living environment for clients who need more services in order to become stabilized. San Diego has (or used to have) an excellent model for this. We need more services for folks who are homebound because of their mental illness, and need help to access services in order to prevent their becoming homeless, And lastly, we need more services that will help support older adults

with mental illness remain in their homes. The specific needs of older adults with mental illness is not addressed in any of the programming that is listed.

**Name:** Ursula Whiteside

**Organization:** NowMattersNow.org

---

**Comment:** Please include \$200,000 to support King County 2-1-1 in the MIDD process. 2-1-1 is a foundational and critical part of the behavioral health system and deserves to be fully funded.

**Name:** Kristin Middleton

**Organization:** None

---

**Comment:** Please include \$200,000 to support King County 2-1-1 in the MIDD process. 2-1-1 is a foundational part of the behavioral health system and deserves to be funded.

**Name:** Janice Tufte

**Organization:** Hassanah Consulting

---

**Comment:** Please fund MIDDII and fully fund 2-1-1 both organizations help many with a hands up, resources

**Name:** Mindy Brown

**Organization:** OESD 114

---

**Comment:** 211 is very important to the clients we serve. Without resources available to our families, they will never see the bigger picture that they could be part of.

**Name:** Gary Davis

**Organization:** None

---

**Comment:** I urge the King County Council to include \$200,000 in support of King County 2-1-1 in the MIDD process. 2-1-1 saves lives, money, and critical time in serving our neighbors in need of crucial behavioral health care and is a vital resource in accomplishing the MIDD goals. Thank you for your advocacy for 2-1-1.

**Name:** Jason Austin

**Organization:** None

---

**Comment:** Please fully fund the \$200,000 proposal to King County 2-1-1. 2-1-1 is a foundational element of King County behavior health safety net and should be strengthened to better meet the needs of King County residents.

**Name:** Dennis Raymond

**Organization:** None

---

**Comment:** Funding is needed for the 211 line in King County. This is a vital service for those needing social services, and don't know who to contact.

**Name:** Cynthia Drover

**Organization:** None

---

**Comment:** Please set aside 200,000 for 2-1-1. As a professional human service worker with direct contact with clients, I have utilized this resource many times when asked for resource and referral.

**Name:** Bonnie Thane

**Organization:** Olympic Educational Service District 114

---

**Comment:** Please include \$200,000 to support King County 2-1-1 in the MIDD process. 2-1-1 is a foundational part of the behavioral health system and deserves to be funded. This service is VITAL to our community. Thank you.

**Name:** Lori Vanderbilt

**Organization:** None

---

**Comment:** 211 is critical to our infrastructure. I have volunteered for the crisis line, offered it as a resource as a therapist, and donated money to support it! Please keep it going--so many people in desperate straits rely on it daily for resources!

**Name:** Jerilyn Anderson

**Organization:** 14834 119th PI NE

---

**Comment:** The 2-1-1 service is underwritten financially by other line items in the Crisis Clinic budget. It is a value of it's own, serving so many thousands of residents. It should be funded sufficiently on its own so it can continue to provide this essential referral service for our community.

**Name:** Tanya McGee

**Organization:** Sound Generations

---

**Comment:** Working for 12 years with Senior Services now Sound Generations, I interact daily with client's 60 and over and clients 18-59yrs old who are struggling with depression and other mental health issues. Most are unable to access free or low cost mental health services and are struggling to maintain households, relationships, and get safe and secure placements when they are in a crisis. I also talk frequently with caregivers of client's with mental health needs and the caregivers are overwhelmed with navigating mental health systems; especially involuntary commitment. More wrap around services, care coordination, and crisis diversion services (like GRAT) are needed for older adults and younger disabled client's. I see firsthand that many clients could be assisted if there was more funding, more intensive supports, and more creative housing environments. The alternative being costly hospitalizations where no specialized treatment is being received, becoming homeless, or living in unsafe living environments frequently calling 911 and going in and out of the hospital with no follow up or care plans. I have several client's that are not in a mental health crisis, but have undiagnosed mental health conditions and need care coordination including home visits, and assistance to get connected to a doctor. I have researched current options but so far can't find the assistance they need to live safely in the community. Washington State is one of the best places to live. It needs to be one of the best places to live to access mental health services also. There are so many great ideas for the MIDD funding....all of them should be funded.

**Name:** Debbie Fuller

**Organization:** Mom

---

**Comment:** This specific funding needs to be addressed for its Unique ability to address very Basic and REAL needs. You can have Housing ,Food, Education, etc. needs met but if a Mom needs her hair cut to feel REAL to herself or a front door needs repair so a family entering doesn't have to be reminded that their Dad slammed their Mom's head into that space....THIS is the Funding that is not OUT THERE....THIS is the funding that precedes ALL the other interventions. ....this is the funding that is the platform for CHANGE.....lasting/fundamental /genuine Change! Please HEAR THIS !

**Name:** Tina Budell

**Organization:** None

---

**Comment:** I have read through the draft and am still thinking there is more focus on overhead and oversight than getting more treatment centers open. I have a friend who's brother is struggling with addiction and can't get into treatment. He is waiting to hopefully get in at Yakima, he is from federal way and has been a homeless addict in and around Seattle to Tacoma. He has been in the methadone program to no success and keeps slipping back to heroin due to ease of access. The clinics don't always work for people who are working and need access quickly, the waiting months to get in a treatment center if you are low income is counter productive to offering poor and lower income people with REAL options for getting help and getting treatment for their addictions. As a person who's own older brother struggled with addiction for over 20 years of his life and became homeless and addicted I know first hand the struggle for addicts who are ready to get help. The waiting game only makes it easier to go

back to the drugs and lifestyle that they desperately want to leave behind. The idea that all this reporting is going to make the addiction problem in our county/state/country go away is foolish and a waste of tax dollars. We need more treatment centers, we need intake centers that can take an addict in when they are ready and get this on the road to recovery that day, not 6 weeks later. Watching your loved one spiral into a drugged out zombie is heart breaking and destroys families, not just the addict. While my brother was trying to get into treatment was relapsed and stole jewelry from my mother who was in the hospital fighting for her life in her struggle with cancer. Had my brother been able to get in treatment when he realized he was ready and tired of being a drain on the family, he might not have been homeless for 7 years and addicted for over 20 years. Your plan needs to think about not just the future, it needs to have a concrete plan for NOW. How do we get these folks into treatment NOW, not 6 weeks from now and in a different part of the state.

**Name:** Gail Stone

**Organization:** King County

---

**Comment:** Thank you for the herculean effort. It is clearly the result of a sustained, deep fact-finding and challenging moral discussions. Please accept my comment on one item in particular. MIDD II Number: CD-14, ITA Triage: Too long ago to admit in public, a group of CJ actors, DCHS, state and local hospitals came together to address the escalating, intractable problem of people waiting in jail unconstitutionally long periods of time for an evaluation bed to open up at Western State Hospital. While this is clearly the State's obligation, it wasn't happening and wasn't going to be happening in the foreseeable future. The group developed the triage model in CD-14. Harborview Medical Center generously stepped into the gap and committed staff to do jail-based evaluations, cutting the wait time significantly and, unexpectedly, resulting in better outcomes for people needing evaluation. The rest of the group committed to find ways to fund this service, which Harborview continued to provide until they simply couldn't sustain within current capacity. Our workgroup hasn't found any other funding source. This program works, Harborview has the expertise and the geographic proximity to make it successful. On behalf of our workgroup, thank you for including the ITA Triage project in the MIDD II SIP, and please keep it in as you wrestle with the difficult choices before you.

**Name:** Jobyna Nickum

**Organization:** Enumclaw Senior Center

---

**Comment:** As a direct service provider, for 25 years in rural South East King County, providing person to person assistance to older adults, I am submitting the following comments/input on the MIDD II Service Improvement Plan: GRAT: Geriatric Regional Assessment Team is an extremely valuable resource for King County for our most at risk elders. Continued funding is essential. Would recommend a South King County based GRAT team to better address growing senior population. Mental Health Services/Case Management Model: I urge King County- MIDD II SIP to develop/support innovative strategies to address the growing "silver tsunami" that we are woefully unprepared for: the mental health needs of older adults Strategies and programs regarding older adults and homelessness Strategies and programs regarding older adults and heroin and opiate addiction

**Name:** Harry J. Mccarthy

**Organization:** Retired King County Superior Court judge

---

**Comment:** The single most important thing MIDD can do is to lobby strongly for many more residential mental health facilities, both inpatient and outpatient, in King County. We have all heard for years that both the King County jail and the juvenile detention facility are the de facto residences for the mentally ill. Indeed, the King County jail houses more mentally ill people than any facility other than Western State Hospital. Unless and until the Legislature commits to many more community mental health facilities, the mentally ill will continue to be incarcerated in our jails. That intolerable situation must end before any meaningful treatment and counseling can begin . We have been lobbying for this for many years with no change. Frankly, it leaves us who have been fighting for changes in the care for the mentally ill somewhat doubtful that the legislature will make the necessary commitment, particularly in light of their long standing failure to fund public education, their first duty.

**Name:** Amanda Clark

**Organization:** League of Women Voters, Seattle-King Co.

---

**Comment:** The League of Women Voters of Seattle-King County urges King County to support and fund the King County Mental Illness and Drug Dependency (MIDD) Improvement Plan for inclusion in the 2017-2018 biennial budget. The League of Women Voters of Washington supports measures to expand and fund drug abuse prevention education and drug abuse treatment programs as a means to reduce the demand for drugs. In particular, we support integrated services as appropriate, including long-term treatment, counseling and mental health services, to all drug abusers and to meet the needs of individuals with co-occurring disorders. As a community, we are all stronger by supporting the mental health of all of our citizens. Thank you for your continued support for drug dependency programs in King County through MIDD.

**Name:** Mike Heinisch

**Organization:** Kent Youth and Family Services

---

**Comment:** Comments submitted on the draft MIDD II SIP issued for public comment June 17, 2016  
First off, thank you for the opportunity to provide comment once again as well as compliments on the thoroughness and thoughtfulness that went into development of the draft. It is clear through reading it that a great amount went into it's development, as with the entire planning process design of MIDD II development.

- I note very positively recognizing the challenges of King County MH providers sustaining a qualified, expert workforce and applaud the explicit inclusion of provider Economic Adjustments to the extent of referencing the situation as a workforce crisis.
- I am very much supportive of creating community driven grants and the opportunity this initiative presents for locally responsive, culturally competent MH services.

- I am supportive of expanding crisis diversion and mobile crisis services through the establishment of a crisis center in South King County. You will find tremendous support throughout the first responders and municipalities in SKC for this initiative.
- The draft SIP clearly calls out the BH Medicaid rate, “20-25% lower than pre ACA adoption, making it even more for providers to operate” (dovetailing legitimately and, in part, fueling the workforce capacity and sustainability cited elsewhere in the report. It has been obvious for years, well before ACA era, as the draft SIP states, “the system continues to be significantly underfunded.”
- I applaud the recommended revision to the MIDD policy goals as well as the new Strategic Framework of MIDD II.
- I appreciate the recognition of the need that results in the expansion of Family Treatment Court to South King County.
- I ask you to be cautious with assumptions on Medicaid, the likely MIDD savings projections (whatever amount however cited as \$4.8M in the draft SIP). Continue to think thoroughly through any assumptions and recommendations from any consultant(s) contracted to work with the County staff on Medicaid assumptions.

In general the array of NEW MIDD II projects/programs is very much reflective of the current BH care environment. Well done on crafting them with the extensive community and key stakeholders input.

**Name:** Laura Collins

**Organization:** None

---

**Comment:** Re: MIDD Initiative CD-14: Involuntary Treatment Triage Project which serves mentally ill individuals who have committed a serious misdemeanor and are found not competent to assist in their defense. This project provides a safer, more efficient and local evaluation process for these individuals, and has demonstrated great impact in multiple spheres – including diversion from costly ER visits and State hospital admissions, improved utilization of local resources and ensures compliance with the requirements of the civil commitment evaluation process outlined in RCW 10.77. This project has brought the required evaluation process back in-line with the Statute, which requires that these persons be evaluated for possible long term civil commitment (90 day inpatient treatment) vs. a shorter 72 hour commitment. If funded, this program will hire the providers that are qualified to file and testify for the possible 90 day commitment as required by law. Without this project, these individuals will continue to be evaluated for the 72 hour commitment only. Prior to December 2013, these individuals were either referred to Western State Hospital or Harborview’s Emergency Department for these evaluations. Both processes were costly, risking longer lengths of stay (at Western State) and safety of patients and staff by treating these persons in an unpredictable emergency department environment of highly vulnerable patients. This project would bypass transfers to Western State or the Emergency Department, by allowing the evaluation to take place in the jail – a more safe and cost effective process. The other strong benefit of this project is its promotion of local care – both inpatient and outpatient. This project includes in the evaluation a thorough coordination with both existing and new outpatient providers, and encourages the development of a safe outpatient alternative plan that can prevent unnecessary hospitalizations. One discovery Harborview made when piloting this process, was that a majority of these individuals were already connected with care, and with some extra leg-work, the evaluators were

able to ensure that connection was in place in creating an outpatient plan. For the individuals who were believed to require inpatient level of care, this process ensured the admission to a local psychiatric facility (rather than the State hospital), in turn promoting shorter lengths of stay by keeping these persons in their own community. Moreover with this local process This supports fewer State Hospital admissions. In the original pilot of this project, it was found that a very small percentage (10%) of these individuals were actually ultimately placed on the long term (90 day) commitment and only 4% ultimately transferred to Western State Hospital. Please support the funding of the Involuntary Treatment Triage Project! Thank you, Laura Collins

**Name:** Jennifer Phillips

**Organization:** None

---

**Comment:** It appears that some of the new initiatives proposed may address what we've experienced as parents of a teen with mental illness. But I didn't find the details explained in the report or missed if there were fuller descriptions. As part of preventing ED visits/hospitalizations, our personal experience is that much clearer and quickly responsive gap services are needed. She has a behavioral health team but we've repeatedly been in a situation where we see several warning signs that mean a 911 call or journey to the ED is imminent and yet the ability to get a very rapid intervention to try preventing this is non-existent. There's no where else we can take her in these situations. And we've also been left without intensive outpatient services upon her discharge, basically teetering on the edge of crisis during fragile weeks after hospitalization. I'm not sure if a behavioral health urgent care center would be a twist on an ED but will be curious to learn more. Information about what is available in services and how to match to needs also feels fractured. Hope this is part of the next wave of improvements, so professionals can more easily advise patients/families on options. Also couldn't tell from the report whether those with developmental and intellectual disabilities and/or parents and guardians were consulted as part of this process. Hoping yes. This also is a dimension to our situation and it creates complicated situations in receiving services. Thanks.

**Name:** Bradley K Benson

**Organization:** Member NAMI

---

**Comment:** My son 25 year old Chad R Benson was diagnosed type 1 bipolar and schizophrenic at 19 years old. Chad has been hospitalized twice and taken into custody twice by the police for manic mental events. Chad has been stable and medically compliant for nearly three years. Any all programs that support mental health awareness and services in our city, state and nation deserve attention. Washington state ranks 49th in the nation for mental health services. Washington state has the fastest growing economy and population in the nation. One in Five people in our city, state and nation suffer from a mental illness. Prisons and two week inpatient treatment facilities are not the answer. For the sake of our city, state and nation vote to improve the services of our most misunderstood citizens.

**Name:** Tsegaye Gebru

**Organization:** Horn Of Africa Services

---

**Comment:** Every SINGLE day we are using 211 for our clients to find several resources. I am not sure how to put in word but it is very critical that 211 is fully funded. We can not do the work we are doing for over 4000 client we are serving at HOAS without 211. Thank you

**Name:** Elizabeth Krijger

**Organization:** None

---

**Comment:** Thank you so much for all the effort you are putting into the well being of our community. I especially appreciate the emphasis on prevention. While looking over the MIDD II proposal, I noticed the inclusion of housing and treatment, but didn't see anything on specific life skill development that would enable people to have more satisfying & productive lives. If it's not already included, I encourage you to consider inclusion of services that can provide life skill training, such as community-based occupational therapy.

**Name:** Christopher S

**Organization:** HERO House

---

**Comment:** I think HERO House benefits me in terms of being more social, accepting my mental illness, and helping me find a job, employment-wise. I've been out of work for three years, and I imagined one day I would go back to work. HERO House is an integral part of making that happen. I'm developing job skills with my activities at HERO House. I've spoken at a few NAMI meetings and other community type organizations as a HERO House representative. These opportunities have helped me regain confidence in myself. Because it's a non-clinical environment, I like that. I like the clubhouse environment, because it's a real friendly atmosphere, people are equal, people are treated like peers to the staff.

**Name:** Denise

**Organization:** n/a

---

**Comment:** we must continue to keep funding MIDD II! this is more important than throwing away money on "dumb" projects, like bertha, for instance! those with a mental illness and/or addiction problems, need continuous help! not only with initial hospitalizations, but also continuously follow-up treatment .... no matter how many months and/or years it takes to have the clients get well .... and healthy .... and back to being contributing members of society again!

**Name:** Michael J. Brown

**Organization:** HERO House

---

**Comment:** I graduated not knowing that there was a resource in mental health as personal and community oriented as HERO House. The work that clubhouse does is unprecedented in making people with mental illnesses feel wanted, needed, and included, which is something that society is not good at. I've seen mental illness in my family a lot and I only wish that I had known about organizations like HERO House as a resource for everyone I know with mental illness. Every resource here is used sparingly and wisely. There is no waste here. We'd love to stick around longer and be able to grow to be a front runner in mental health in King County. I work as a Program Generalist at HERO House and as such I am intimately involved in the workings of the everyday clubhouse. The King County/MIDD II current funding level of HERO House at \$362,489 per year is essential to our running smoothly and not a cent is wasted. Here are a few of the ways I believe that we merit such funding.

1. 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 nonclinical 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.
2. 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.
3. One year of recovery at HERO House costs the same as a 2 week psychiatric hospital stay: Clubhouse is cost effective.
4. Forty-two percent employment rates are achieved at Accredited Clubhouses, like HERO House which is double the average employment rate for people in the public mental health system.

Although I am in wise a SE specialist I do know that there are a few of the specifics that we are seeking in regards to funding of Supported Employment at \$1,250,000.

1. If funded at 950K this would be a decrease by 210K compared to the previous year's funding level. If funding at the 950k level currently proposed, this successful employment program would need to reduce enrollments and turn people away who are seeking jobs as part of their recovery journeys.
2. Performance/Cuts: This program routinely outperforms performance benchmarks for job placements and job retention expectations. In a performance based payment program, when we cut performance based payments, we decrease performance. With this funding, we are likely to employ and retain less people at work. In total we've received \$1,375 in cuts per employed person for the same job placements and job retentions because we are achieving them in greater numbers today. We cannot continue to provide the same level of services or expand this high performing program with less funding.

**Name:** Elizabeth Archambault

**Organization:** The DoVE Project

---

**Comment:** My comment is more general. At DoVE, our mission is domestic violence. Many of our clients need therapists to be sure and many cannot afford private therapists and cannot, for many reasons, go to VYFS (past trauma, their abuser goes there, abuser's "people" are there). This is very limiting. Last year after the most recent youth suicide, I had community members coming up to me saying that their teens were sitting around tables with their friends saying "What if it's me next?" It was like there was no control over suicide and that was horrifying to parents. So. Two things happened. We started sending teens (as prevention) and adults (as intervention) to Axiom Equine Assisted Education (not exactly therapy -- and with great results). We have sent approximately 30 folks through and we get requests for this weekly even though the money for this program is gone. Also, because of the bleak situation on the island, a family foundation approached us in December and gave us \$15000 to develop and implement a plan where we pay for islanders to attend therapy with a therapist (private) of their choice. This also covered substance abuse counselling. This program was crazy popular and half way through the year, the money is gone and we have more people asking us for it. My point here is that on Vashon different methods can work. We must be innovative because there is no other choice. I hope that MIDD can allow room for innovative projects that help the overall health of the community in the ways that they need and want.

**Name:** Kailey Fiedler

**Organization:** HERO House

---

**Comment:** 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. This program routinely outperforms performance benchmarks for job placements and job retention expectations. In a performance based payment program, when we cut performance based payments, we decrease performance. With this funding, we are likely to employ and retain less people at work. In total we've received \$1,375 in cuts per employed person for the same job placements and job retentions because we are achieving them in greater numbers today. We cannot continue to provide the same level of services or expand this high performing program with less funding. We are asking for funding of SE at \$1,250,000---250k above previous MIDD 1 level. HERO House provides a nonclinical 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. 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. One year of recovery at HERO House costs the same as a 2 week psychiatric hospital stay: Clubhouse is cost effective. Forty-two percent employment rates are achieved at Accredited Clubhouses, like HERO House which is double the average employment rate for people in the public mental health system. I am asking For King County/MIDD II to at least continue the current funding level of HERO House if not, increase the funding.

**Name:** Ramona K. Graham

**Organization:** Center for Human Services

---

**Comment:** I am gravely concerned about two issues in the SIP. One, Wraparound services are being considered for a cut, which will affect those youth in King County who are in Crisis. By cutting the MIDD wraparound, the flex funds that are vitally important to this EBP will not cover the MIDD Wraparound families needs and WISE does not include these funds at all. Two, the North end of the county is being overlooked for many of the SIP services especially the services for children and youth. The North part of the county also has needs and it would be a huge blow to our community to be excluded.

**Name:** Guy Andrews

**Organization:** None

---

**Comment:** 1. 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 nonclinical 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. 2. 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. 3. One year of recovery at HERO House costs the same as a 2 week psychiatric hospital stay: Clubhouse is cost effective. 4. Forty-two percent employment rates are achieved at Accredited Clubhouses, like HERO House which is double the average employment rate for people in the public mental health system.

**Name:** Caprice Andrews

**Organization:** None

---

**Comment:** The ASK: Funding of SE at \$1,250,000---250k above previous MIDD 1 level.

1. If funded at 950K this would be a decrease by 210K compared to the previous year's funding level. If funding at the 950k level currently proposed, this successful employment program would need to reduce enrollments and turn people away who are seeking jobs as part of their recovery journeys.

2. Performance/Cuts: This program routinely outperforms performance benchmarks for job placements and job retention expectations. In a performance based payment program, when we cut performance based payments, we decrease performance. With this funding, we are likely to employ and retain less people at work. In total we've received \$1,375 in cuts per employed person for the same job placements and job retentions because we are achieving them in greater numbers today. We cannot continue to provide the same level of services or expand this high performing program with less funding.

On Clubhouse: The ASK: For King County/MIDD II to continue the current funding level of HERO House at \$362,489 per year.

1. 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 nonclinical 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.

2. 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.

3. One year of recovery at HERO House costs the same as a 2 week psychiatric hospital stay: Clubhouse is cost effective.

4. Forty-two percent employment rates are achieved at Accredited Clubhouses, like HERO House which is double the average employment rate for people in the public mental health system.

**Name:** Kaz Uchimura

**Organization:** HERO House

---

**Comment:** I am an Employment Generalist at HERO House (Non profit organization working with people who got mental health challenges) and follow IPS (Individual Placement and Support) model for our members' job placements. We also follow the fidelity scales supported by King County, Mental Health, Chemical Abuse and Dependency Services Division. Now I would like to share my opinions about the draft MIDD II Service Improvement Plan.

1. If funded at 950K this would be a decrease by 210K compared to the previous year's funding level. If funding at the 950k level currently proposed, this successful employment program would need to reduce enrollments and turn people away who are seeking jobs as part of their recovery journeys.

2. Performance/Cuts: This program routinely outperforms performance benchmarks for job placements and job retention expectations. In a performance based payment program, when we cut performance based payments, we decrease performance. With this funding, we are likely to employ and retain less people at work. In total we've received \$1,375 in cuts per employed person for the same job placements and job retention because we are achieving them in greater numbers today. We cannot continue to provide the same level of services or expand this high performing program with less funding. I truly believe that Supported Employment program works well with individuals who have mental health challenges not only they start earning money, but also they find their desired goal in employment. I placed 7 members at work since last November and would like to work with more individuals who are willing to get back to work and we will appreciate your support. Thank you.

**Name:** Beratta Gomillion

**Organization:** Center for Human Services

---

**Comment:** There is a major flaw in the thinking behind reducing Wraparound funds. WISE program funds will not adequately fund the deficit created by the reduction proposed. This must be reconsidered immediately. Thank you.

**Name:** Ashley Fontaine

**Organization:** NAMI Seattle

---

**Comment:** I fully support the addition of seats to the MIDD Oversight Committee, especially those which ensure the voices of traditionally underrepresented groups are heard. Behavioral Health Workforce Shortage, Behavioral Health on Demand, Behavioral Health Urgent Care Walk in Clinic – We have to find a way to address our workforce shortage in King County. While the behavioral health walk in clinic does not directly address this issue, it has the potential to mitigate a huge barrier to treatment: waiting. When someone is seeking help and ready to walk through that door, we have to have a mechanism to keep that door open. A walk in clinic is a vital middle-of-the-road entry point and will support our commitment to recovery by helping create a “no wrong door” approach to care. Community Driven Grants - I am extremely happy to see that creating community-driven grants so geographic and culturally diverse communities can customize behavioral health services for their unique needs is a listed priority for MIDD II. Clubhouse - the Clubhouse model needs ongoing support from MIDD and should not have funding reduced. Currently, Hero House is the only place in King County accredited by Clubhouse International, and acts as a model for other Clubhouses in the county. We desperately need a clubhouse on the west side of the county, to provide employment training and support, social engagement and friendship, and a sense of purpose for people working the path to recovery. We know that employment is a crucial component of recovery for so many people, and we know that social isolation can contribute significantly to negative mental health outcomes. Clubhouses provide much needed services outside the clinical/medical model - we need more this type of community based care, and we need to ensure that Clubhouses are not subjected to the changing whims of Medicaid funding. First Episode Psychosis Programs - Multiple research studies from around the world show that the longer psychosis goes untreated, the more serious it becomes. Other states, including our neighbor Oregon, have implemented FEP programs with great success. While Washington has its first FEP program pilot underway in Yakima, we need FEP here in the most densely populated county in our state. I interact with countless families whose lives have been turned upside down by psychosis in their teens and young adults, who are frustrated that this type of programming isn't available to them. This is a prime opportunity to pair MIDD funds and Best Starts for Kids funds to create a robust FEP program. Early interventions like FEP programs are a game changer that can dramatically improve the trajectory for young people experiencing psychosis.

**Name:** Deborah Lewy

**Organization:** HERO House

---

**Comment:** On SEP: The ASK: We are asking that funding of SE be at \$1,250,000 which is 250k above previous MIDD 1 level.

1. If funded at the only 950K, this would be a decrease by 210K compared to the previous year's funding level. If only funded at 950K, our SEP employment program would need to reduce enrollments and turn people away who are seeking jobs as part of their recovery journeys. Jobs are critical for our members to feel like they are back in the community; it increases their self esteem and lowers society's costs for supporting them.
2. Performance/Cuts: This program routinely outperforms performance benchmarks for job placements and job retention expectations. In a performance-based payment program, when we cut

performance-based payments, we decrease performance. With this funding, we are likely to employ and retain less people at work. In total we've received \$1,375 in cuts per employed person for the same job placements and job retentions because we are achieving them in greater numbers today. We cannot continue to provide the same level of services or expand this high performing program with less funding.

On Our Clubhouse: The ASK: We are asking for King County/MIDD II to continue the current funding level of HERO House at \$362,489 per year.

1. 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 nonclinical 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 and training programs.
2. 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.
3. One year of recovery at HERO House costs the same as a 2-week psychiatric hospital stay: Clubhouse has been shown to be cost-effective.
4. Forty-two percent employment rates are achieved at Accredited Clubhouses, like HERO House, which is double the average employment rate for people in the public mental health system.

We sincerely hope you continue to support HERO House and our funding needs over the next years, helping adults in King County with mental illness get back on track and recover their lives and jobs.