



Members/ Designees: Co-Chair Judge Ketu Shah, Co-Chair Claudia D’Allegrì, Leo Flor, Mayor Lynne Robinson, Jeff Sakuma, Sunny Lovin, Victor Loo, Mario Paredes, Kailey Fiedler-Gohlke, Trenecia Wilson, Mayor Gary Harris, Laura Smith, Brenda Fincher, Joshua Wallace, Barbara Miner, Tara Urs designee for Anita Khandelwal, Leesa Manion designee for Dan Satterberg, Jorene Reiber designee for Lea Ennis, Rowaida Mohammed representing Fartun Mohamed

Other Attendees: Suamhirs Piraino-Guzman, Robin Pfohman, Chelsea Walch, Isabel Jones, Scott Miller, Heather Venegas, Helena Stephens, Jennifer Wyatt, Laura Van Tosh, Megan Farwell, Susan Schoeld, Anna Strahan, Brandi DeFazio, Bridgett Fields, Chan Saelee, Dave Murphy, Deborah Stake, Elly Slakie, Emmy McConnell, Hali Willis, Madeline Cavazos, Peggy Papsdorf, Rebecca Roy, Brooke Evans, Chelsea Baylan, Christina Mason, Diana Phibbs, Freyton Castillo, Glenda Coms, Halima Lozano, Jorene Reiber, Kapena, Pflum, Kelli Nomura, Larry F, Maggie Hostnick, Tony Lockhart, Jon Fowler, Brenda Freeman, Sam Porter, Steve Gustavson

Notes by: Chelsea Walch

Issues	Discussion	Action Items:
Welcome	<p>Co-Chair Judge Ketu Shah began the meeting by greeting everyone and providing an overview of how to use Zoom features and meeting logistics for members and other participants.</p> <p>Robin Pfohman introduced the newest employee on the MIDD team, Rebecca Roy, who will be filling in as Operations Manager for Kimberly Cisson who’s on special duty assignment through October 2022. Rebecca briefly shared that she’s been with King County, on the Homeless Housing Programs team, since 2017.</p>	
Review/Approve Meeting Notes	<p>Co-Chair Judge Shah gave everyone a moment to review the draft September meeting notes, if not done so already. The meeting notes were approved by consensus.</p>	
Equity Grounding Moment	<p>Co-Chair Judge Shah introduced the equity grounding moment and invited volunteers to share an equitable moment they experienced recently.</p> <p>Mayor Lynne Robinson shared a recent moment she experienced as introductory speaker at a business event. She noticed that out of the 250 people in the room including herself and two on-stage panels, everyone on stage but her was a man and all people except one was white. There were only a few women total in the room. She shared how this was not representative of the community and how that made her eager to find ways to educate private institutions and possibly provide an equity guidance checklist for future events.</p> <p>Co-Chair Claudia D’Allegrì shared a moment regarding the recent vaccination mandate and how so many people are requesting exceptions for religious or medical reasons. Claudia found that there are a lot people, especially those from Russia, where their culture affects the way they perceive the government. Their fears of getting vaccinated were directly related to their culture and history. She found it would be beneficial to have a space to understand their culture and explain why it’s difficult for some people to comply with the mandate.</p>	

<p>Public Comment</p>	<p>Co-Chair Judge Shah invited anyone interested in public comment to sign up in the chat box.</p> <p>Laura Van Tosh, of Washington Legislative and Policy Advocates (a non-partisan educational program that helps support people learn how to get engaged in policy and focuses on health and wellbeing), announced that there will be more upcoming virtual programs beginning in January 2022. These activities will be like the virtual trainings around the technology used in Olympia that took place this year. To sign up for the mailing list: walegislativepolicyadvocacy@gmail.com OR https://www.facebook.com/washingtonlegislativepolicyadvocates</p> <p>Additionally, Van Tosh shared that on November 8, 2021, three people from HCA and the Medicaid department will teach attendees about the state plan amendments, which opens the opportunity for new and different services to be paid through the Medicaid program. On November 20, 2021, the Behavioral Health Institute’s Ellie Franklin and Melody McGee will be talking about the major focus for the Institute, including many inpatient beds. On November 14, 2021, Representative Nicole Macri from the 43rd Legislative District will be the guest speaker, providing an update on her role in Olympia. On December 15, 2021, they will bring two public policy directors from their field: Darya Farivar from Disability Rights of Washington and Leslie Cushman from the Washington Coalition for Police Accountability.</p> <p>Co-Chair Judge Shah noted that Heather Venegas put some dates in the chat box for the King County Recovery Coalition events:</p> <ul style="list-style-type: none"> • November 9, 2021 @ 5:30 pm – 6:30 pm: King County Recovery Coalition meeting • November 30, 2021 @ 5:30 pm – 7:00 pm: Behavioral Health Legislative Forum pre-event (virtual) “Recovery in Action: Elevate Recovery Advocacy” 	
<p>MIDD Financial Report</p>	<p>Co-Chair Judge Shah introduced Scott Miller, KC DCHS Business and Finance Officer IV. Miller provided an update on the September 2021 financial report. As compared to last month’s report, Miller stated that this one is updated with the financial results through September 30, 2021. He reminded everyone that the August forecast update discussed last month demonstrated that revenues are slightly down from the July bi-annual forecast. This is not expected to impact budget planning. Lastly, Miller noted that the annual budget was submitted to KC Council, who are expected to act on it in late November/early December. After, MIDD will then be able to provide notifications of Initiative awards and amend 2022 contracts, as needed.</p> <p>Co-Chair Judge Shah asked if forecasting is done for the year and Miller responded that it is and MIDD does not expect major changes from KC Council.</p>	

<p>Impact of HB 1310 and MIDD Support of Crisis System</p>	<p>Co-Chair Claudia D’Allegrì introduced Leo Flor, Director of KC Department of Community and Human Services (DCHS), and Kelli Nomura, Director of DCHS’ Behavioral Health and Recovery Division (BHRD), to give a presentation about House Bill (HB) 1310 and its effects on the behavioral health crisis response.</p> <p>Director Flor addressed the larger, fundamental question, one that the MIDD Advisory Committee has been looking at since before HB 1310: <i>What is the proper level of involvement with the legal system versus the behavioral health system?</i> As a community, right now, law enforcement is being used in instances where it would be more appropriate to use health care intervention. However, the lack of resources to fund such interventions prevents that from being a reality.</p> <p>Director Flor encouraged the Advisory Committee to take the DCHS perspective that the ideal solution is not to go back to pre-HB 1310 times because there was already a crisis at that time. The overarching goal is to provide people with housing and the healthcare they need <u>and</u> focus on “right-sizing” the behavioral health crisis and legal system responses. We must figure out the best way to integrate law enforcement and behavioral health crisis response only when it is necessary, including building up alternatives. He acknowledged the impacts of structural racism in law enforcement and healthcare and noted the clear disproportionality that continues to exist. This is especially seen in how jurisdictions are interpreting or operationalizing HB 1310. The ability to provide crisis response has slowed and there are longer wait times.</p> <p>Nomura reinforced that this topic is much larger than just the legislative language and interpretation/implementation across communities. DCHS is working to bring a system lens and take this opportunity to assess what additional crisis services/crisis response are needed - not only in partnership with law enforcement, but other partners in the communities - and identify ways to expand and strengthen those. Their primary focus is on the day-to-day impact on crisis responders.</p> <p>Director Flor and Nomura reiterated that they are very aware of the impacts and conversations regarding HB 1310 at the County, city leadership, behavioral health providers, crisis providers, and other parts of the system. This is not limited to behavioral health. Nomura appreciates the feedback from various community and stakeholder to date. They’re taking concerns raised in conversations and using them to problem solve and reach more solutions.</p> <p>Director Flor added that behavioral health providers have come together and offered advice and recommendations about how they can address short- and long-term issues. KC is currently looking at a couple specific actions that they will set off in the near term. One such actions is to hold a meeting with leaders of local law enforcement. This will allow specific</p>	
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conversation around building a common understanding of what HB 1310 does and does not say, as well as a path forward to respond effectively to crises.

Mario Paredes asked a question regarding the legislature hearing back from everyone regarding changes or modifications to HB 1310. He asked if they have considered doing a coordinated approach with the BHA to present a joint response versus each advocating their own way for improvement. Director Flor responded that he does not think that conversation is underway. Nomura added that she doesn't think they have anything formalized, but representatives from each region are meeting on an ongoing basis, communicating information up to the State, legislators, and the Health Care Authority. Nomura supported the idea of formalized, impactful, and consistent messaging. She is happy to have a conversation with BH representatives.

Brenda Fincher commented that it could be good to have something to discuss in report-backs to staff at various cities (i.e., policing staff). Ask what each city is or isn't doing and why. Then, report up that information to the State so that they can be better informed.

Mayor Lynne Robinson asked how they can guide MIDD dollars towards successful pilot programs like the Bellevue CARES (Citizen Advocates for Referral and Education Services) or CCAT (Community Crisis Assistance Team), which has Police and Fire teaming up respond to members of the community dealing with mental health issues and connecting them to community resources. She also asked how that information gets shared with other cities when it is a successful project so that they might tailor it to each city's needs.

In response, Director Flor stated that the question of MIDD expenditures is largely controlled by the Council-enacted MIDD 2 Implementation. While there might be a question of restoration of funds or handling under-expenditure, the larger question is how MIDD, being a local resource, can correctly prioritize and balance amongst the MIDD fund.

Nomura added that she is aware of the programs that Mayor Robinson is describing and their success. She shared that workgroups have been looking at different models, not only locally but also in other parts of the Pacific Northwest. They do have conversations and participation in those meetings with Some Legislators, who see the value and need, are in those conversations and at meetings which brings hopes for future funding support.

Co-Chair Judge Shah reiterated that if BHRD can pilot an approach and look at what is going on in a microlevel with one agency while collecting quantitative data (e.g., how they responded, how many instances they didn't respond), then that can be used to educate and model for other

	<p>groups. Nomura replied that there is currently a project implemented with one of our behavioral providers and eight precincts/jurisdictions in South King County doing just that.</p> <p>Mayor Gary Harris wondered if there is or will be data on outcomes of 9-1-1 calls that are responded to versus not, specifically for local jurisdictions when they make funding decisions.</p> <p>Kailey Fiedler-Gohlke commented that many of the discussed programs follow the CAHOOTS model in Eugene, OR. She asked if there is an intention of creating a baseline for these programs. Fiedler-Gohlke added that HB 1477 ties into this for crisis response. The MIDD Advisory Committee should look both HB 1477 and 1310 to see what the committee can do. Have <i>that</i> conversation about setting a baseline for investing in these programs and their desired outcomes.</p>	
<p>Initiative Briefings: South County Crisis Diversion Services/Center (CD-04) and Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team (CD-06)</p>	<p>Maggie Hostnick, DESC Director of Clinical Programs, and Freyton Castillo, DESC Crisis Solutions Center Program Manager, gave a presentation on South County Crisis Diversion Services/Center (CD-04) and Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team (CD-06).</p> <p>Hostnick gave a brief overview of the implementation of the Crisis Solutions Center (CSC) in 2012. It was born from the desire to create programs that treating mental illness, substance use, and acute medical issues in the moment, thus avoiding ERs and jails.</p> <p>Castillo gave an overview of the three major programs that make up the CSC. The first of which is the Mobile Crisis Team (MCT), a crisis outreach component of the CSC programming. There are clinicians under the MCT that go out in pairs of two (for safety). They receive referrals from first responders, Crisis Connections, Designated Crisis Responders (DCR), and then go out and connect with people in the active crisis environment anywhere in King County. The extent of help could be getting their basic needs met with food; a quarter of the time people are brought to DESC's facility-based programs. There are different sub teams that that fall under the MCT. The first is called the Crisis Response Team (CRT), which essentially does MCT outreach work but with a clinician who's either a mental health professional or a bachelor's level case manager. They go out with police. The other sub-team is the Behavioral Health Response Team (BHRT) who are the behavioral health forward response to a post-crisis situation. Unlike MCT or CRT, they're able to hold a caseload of up to 30 people for up to 90 days. Their focus is trying to connect with people that are falling through the cracks and provide them with access to both traditional and nontraditional services to (re)connect them back to the community.</p>	

The second major program is the Crisis Diversion Facility (CDF). This is CSC's first residential-based program throughout the CSC's continuum. It focuses on crisis stabilization - providing people a safe space to eat, sleep, hydrate, bathe, do laundry, physically distance from a crisis environment, etc. There are 16 beds; people can stay for up to 3 days.

If it is determined that that a person at the CDF would benefit from being at CSC longer and they're working on concrete, realistic goals, then CSC will refer them to the Crisis Diversion Interim Services (CDI).

CDI, the third program, has a facility with 30 beds where people can stay for up to 14 days. The focus is to establish connections out in the community and picking up where CDF left off. They home in on what the specifics of each person's goals as that person transitions back into community.

Hostnick closed by providing detailed information on the different partnerships that make these three programs so successful:

- Crisis Connections
- First Responders, including fire and police
- DCRs.

Over the years, these partners have learned many lessons and have brought on additional partners to fill in gaps (e.g., non-Medicaid patients that need intervention).

Regarding COVID: The CRT, CDF, and CDI saw about 2,800 people during 2019-2020. In 2020-2021, they were down to 2,300. As COVID came, the population at CDF went down, partly due to social distancing: 46 beds between the two programs reduced to 25 beds. The opposite happened for MCT where in 2018-2019 saw ~4,100 people, 2019-2020 they saw ~ 4,200 people, and in 2020-2021 they have now seen 4,800 people. Now, they also see an increase in acuity amongst the people that they're treating. Lastly, workforce shortages have been an issue/barrier.

Castillo added that DESC is now serving more people with fewer staff and resources. With higher acuity, they're seeing more intense crises during outreach and in the facility. With quicker turnaround of clients, they've seen longer delays for people to access services. This is because there's a COVID process to maintain a safe and operational facility, as well as make sure that CSC clients and staff remain safe.

Castillo noted an impactful component of CSC is that the BHRT (post-crisis outreach team) is multidisciplinary and offers different types of mental health professionals. One thing CSC has able to do during outreach is to introduce and have their team be peer-led. This is impactful when connecting people with both formal and informal services Getting people (re)engaged in their community.

	<p>Laura Smith asked a question about how first responders are trained to use the Crisis Solutions Center. Castillo responded that as one of their main partners, CSC is highly involved with First Responder partners. They attend multiple meetings and calls to educate about accessing CSC services and appropriate referrals. They also train each precinct and other partners in King County.</p>	
<p>Equity Definition Next Steps</p>	<p>Co-Chair Claudia D’Allegrì reminded everyone of the presentation last meeting by Christina Caso, regarding the equity definition. A small group will be reviewing that report and making some changes as to recommendations and work to refine the definition.</p> <p>The small group will present and collect feedback at the upcoming November 5th Steering Committee. After, the discussion will be brought to the MIDD Advisory Committee meeting on December 9.</p>	<p>The refined equity definition will be presented at the 11/5 MIDD Steering Committee for feedback and then brought back to the MIDD AC at the next meeting on 12/9</p>
<p>Transition to PublicInput in 2022 – Demo</p>	<p>Rebecca Roy, new MIDD Operations Manager, gave a brief presentation on the transition to PublicInput beginning in January 2022. She announced that that MIDD will be using PublicInput to live stream their virtual meetings and in the future, the hybrid in-person virtual meetings, as a low-barrier way to better administer public comment periods as well as questions/requests and follow-up during the meetings. PublicInput will be used by non-members to log in via a URL. The MIDD Team will embed the login link on the MIDD website and share as needed.</p> <p>Co-Chair Claudia D’Allegrì asked how people will know that this is available and PublicInput is the way to join. Rebecca stated that they will communicate that information through MIDD communications as well as making it clear and accessible on the MIDD website.</p> <p>Suamhirs Piraino-Guzman added that it will be a lot easier for the MIDD team to message this out to communities because they can send the link out via text message or phone call. There are many ways for the public to utilize and leverage the platform, including archiving and translating transcripts, which adds to the accessibility regardless of location.</p>	
<p>Agenda Items for October Meeting</p>	<p>Please email Robin Pfohman with any desired agenda items for the November/December meeting.</p>	
<p>Adjourned</p>	<p>1:30 PM</p>	
<p>Next meeting</p>	<p>Thursday, December 9, 2021, 12:00-1:30 p.m., Zoom</p>	