

Attendance:
Members/
Designees

Seats	Members	Designees
1-King County District Court	<input checked="" type="checkbox"/> Hon. Matthew York	
2-King County Department of Judicial Administration	<input checked="" type="checkbox"/> Barbara Miner	<input checked="" type="checkbox"/> Christina Mason
3-King County Regional Homelessness Authority	Vacant	
4-King County Uniting for Youth	<input checked="" type="checkbox"/> Jorene Reiber	<input type="checkbox"/> Paul Daniels
5-King County Prosecuting Attorney's Office	<input type="checkbox"/> Dan Satterberg	<input type="checkbox"/> Carla Lee <input type="checkbox"/> Leesa Manion
6-Department of Public Health	<input type="checkbox"/> Dennis Worsham	<input checked="" type="checkbox"/> Brad Finegood
7-King County Department of Public Defense	<input type="checkbox"/> Anita Khandelwal	<input type="checkbox"/> Katie Hurley <input checked="" type="checkbox"/> Tara Urs
8-King County Superior Court	<input checked="" type="checkbox"/> Hon. Ketu Shah	
9-King County Department of Community and Human Services	<input type="checkbox"/> Leo Flor	<input checked="" type="checkbox"/> Kelli Nomura
10-King County Council	<input checked="" type="checkbox"/> Sarah Perry	<input checked="" type="checkbox"/> Osman Salahuddin
11-King County Department of Adult and Juvenile Detention	<input checked="" type="checkbox"/> Steve Larsen	
12-the Executive	<input type="checkbox"/> Kelli Carroll	
13-King County Sheriff's Office	<input type="checkbox"/> Patti Cole-Tindall	<input checked="" type="checkbox"/> Mark Ellerbrook
14-King County Behavioral Health Advisory Board	<input checked="" type="checkbox"/> Stacey Devenney	
15-Puget Sound Educational Services District	<input checked="" type="checkbox"/> Minu Ranna Stewart	
16-Community Health Council	<input checked="" type="checkbox"/> Claudia D'Allegri	
17-Harborview Medical Center	<input type="checkbox"/> Sunny Lovin	
18-bona fide labor organization	Vacant	
19-City of Seattle	<input checked="" type="checkbox"/> Jeff Sakuma	
20-provider of culturally specific mental health services in King County	Vacant	
21-provider of sexual assault victim services in King County	<input checked="" type="checkbox"/> Laura Merchant	<input checked="" type="checkbox"/> George Gonzalez
22-domestic violence prevention services in King County	<input type="checkbox"/> Trenecia Wilson	<input type="checkbox"/> Carlin Yoophum <input checked="" type="checkbox"/> Alicia Glenwell
23-agency providing mental health and chemical dependency services to youth	<input type="checkbox"/> Anthony Austin	
24-National Alliance on Mental Illness (NAMI)	<input type="checkbox"/> Jeremiah Bainbridge	<input type="checkbox"/> (Katie Mahoney)
25-provider of culturally specific chemical dependency services in King County	<input checked="" type="checkbox"/> Mario Paredes	
26-organization with expertise in helping individuals with behavioral health needs in King County get jobs and live independent lives	<input type="checkbox"/> Kailey Fiedler-Gohlke	<input type="checkbox"/> Danielle Burt
27-representative from the Sound Cities Association	<input checked="" type="checkbox"/> Brenda Fincher	<input checked="" type="checkbox"/> Chris Stearns
28-City of Bellevue	<input type="checkbox"/> Lynne Robinson	<input checked="" type="checkbox"/> Helena Stephens
29-provider of both mental health and chemical dependency services in King County	<input checked="" type="checkbox"/> Karen Brady	<input type="checkbox"/> Don Clayton
30-King County Hospitals	<input type="checkbox"/> Darcy Jaffe	<input type="checkbox"/> Brooke Evans
31-philanthropic organization	Vacant	

32-organization with expertise in recovery	<input type="checkbox"/> Joshua Wallace	<input checked="" type="checkbox"/> Cody West
33-managed care organizations operating in King County	<input type="checkbox"/> Jessica Molberg	
34-grassroots organization serving a cultural population	<input type="checkbox"/> Fartun Mohamed	<input checked="" type="checkbox"/> Rowaida Mohammed
35-Unincorporated King County	<input checked="" type="checkbox"/> Laura Smith	
36-An individual representing behavioral health consumer interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group	Vacant	
37-An individual representing community interests from the mental illness and drug dependency advisory committee's consumers and communities ad hoc work group	Vacant	
28 Filled Seats; Quorum = 15 2 Nominations in process 7 Vacant Seats	13 members 1 impending member	7 designees (5 standing in for member)

Attendance: King County staff: Suamhirs Piraino-Guzman, Robin Pfohman, Chelsea Walch, Isabel Jones, Scott Miller, Brandi DeFazio, Margaret Soukup, Kapena Pflum, Hon. John McHale, Rebecca Roy, Bridgett Fields, Ryan Black
Others

NOTE: Non-members joined via PublicInput.

Notes by: Chelsea Walch

Issues	Discussion	Action Items:
Welcome	Claudia D'Allegrì, Co-Chair, began the meeting by welcoming attendees, reminding everyone that PublicInput is being used, and covering meeting logistics for members and other participants. D'Allegrì welcomed new MIDD Advisory Committee members: Judge Matthew York, Stacey Devenney, Minu Ranna Stewart, and Sarah Perry.	
Review/Approve Meeting Notes	Claudia D'Allegrì gave everyone a moment to review the draft February meeting notes. The meeting notes were approved by consensus.	
Equity Focus Moment	<p>Claudia D'Allegrì introduced the Equity Grounding Moment, an opportunity for members to share a recent experience where equity was in the forefront, either in their organization or in the community.</p> <p>Jorene Reiber shared what has been done in the Family Court, where they have been working on Equity and Social Justice (ESJ) work for the last couple years. Reiber talked about the Equity and Social Justice Postcard, where each of the program teams in the department looked at the values of ESJ that they were providing for clients and developed their own postcard based on the work they're doing, and customers being served. Reiber shared a few examples of postcards developed by some of the programs, including MIDD-funded programs like Family Treatment Court. The postcards were laminated and made available at each staff's workstation and posted on the walls of the work area so employees are reminded every day of the people that they're working with, including what ESJ mean to</p>	

	<p>them and how they can express it to the clients they serve. This is a way for staff to change how they interact with the public. Reiber shared that this has been effective in bringing the ESJ work to the forefront and incorporating it in their work.</p> <p>Laura Merchant shared a process that the Harborview Abuse and Trauma Center is going through to become an anti-racist organization. Merchant discussed that the Center is providing training to all their staff to be grounded in the same language, expectations, and knowledgebase. They are setting up a Diversity, Race, Equity and Inclusion workgroup, the purpose of which is to collaborate, leverage skills and expertise by pooling ideas, identify challenges and prioritize opportunities, with the goal of building consensus to move the organization forward. Merchant expressed that it is both challenging and exciting, and while there is a long way to go, they have already seen positive changes in staff interactions with each other. Merchant shared that COVID created an opportunity to look at providing services in a more equitable way and creating a more equitable work environment.</p> <p>D’Allegrì asked if there is a specific committee or position that is dedicated to equity and how they create this strategy plan. Merchant responded that they are a small organization within Harborview. They contracted with outside consultants to work with their staff as there is not a staff position within their immediate organization.</p>	
<p>Public Comment</p>	<p>Laura Van Tosh asked to make a public comment. Van Tosh commented on the concept of peer inclusion and the importance of infusing peer values and perspectives in this work. She specifically referred to the planning process she’s engaged in related to the development of the new crisis line for suicide prevention services. Van Tosh communicated a huge lived experience layer of involvement and inclusion is included in the planning process. Van Tosh referred to the ‘Health Through Housing’ program that was passed at the County level and stated that it lacks peer involvement. Van Tosh is hopeful that a greater role could be played in ensuring peer involvement in all programs that are funded by MIDD.</p> <p>D’Allegrì expressed agreement with Van Tosh, stating that one of the main concerns is making that as crisis services develop across the state, services that are responsive to the needs of underserved populations.</p> <p>Rebecca Roy, MIDD Operations Program Manager, noted that as we are all still adjusting to the PublicInput system, let’s offer flexibility to people who wanted to make public comment but are still connecting. Roy reminded people that if they want to make a verbal public comment, to look to the comments section within the live screen for instruction.</p>	

<p>MIDD Financial Report</p>	<p>Scott Miller, King County Department of Human Community Services (DCHS) Business and Finance Officer IV, provided an update on the financial plan. Miller presented the February 2022 Financial Plan, which reflects biennial revenue and expenses through February 28, 2022. The March update to the OEFA forecast was published on March 9, 2022. 2021/2022 forecasted revenue is up \$5.4 million from the August 2021 forecast. 2023/2024 revenues are up \$5 million, and 2025/2026 revenues are up \$3.8 million. It is now showing an estimated under expenditure for 2021/2022 of \$7.8 million. The ending designated fund balance shows as \$6.7 million, due to 2021 expenditures coming in lower than budgeted and new revenue- per the OEFA forecast. Reserves are fully-funded through the current period and future periods on this current financial plan.</p> <p>Brad Finegood asked what the total under expenditure for this year is and what the plans are for that. Claudia D’Allegrì responded that there will be an agenda item later on displaying what the plan for 2021 underspend recommendations. Finegood verified that the \$7.8 million under expenditure for this biennium is outside of the backfilling of the reserves. Miller confirmed that it, in part, contributes to backfilling the reserves. Finegood followed up by asking how much expenditures are left, after the reserves are fully funded. Miller stated that if they were to spend the entire budget -if they didn’t have the under expenditure- then it would wipe it down to zero.</p>	
<p>2021 Underspend Recommendations</p>	<p>Co-Chair Judge Ketu Shah introduced the conversation regarding the 2021 Underspend Recommendations, the goal of which is to develop a proactive and transparent process to for MIDD Advisory Committee members and the constituents they represent to more actively participate in soliciting and making recommendations about MIDD underspend.</p> <p>Steve Larsen asked (in writing) whether surplus would move to a new biennium or not. Scott Miller confirmed that the money stays within the MIDD fund if not spent.</p> <p>Robin Pfohman shared a PowerPoint presentation on the 2021 MIDD Underspend Recommendations. The agenda includes reviewing the status of the 2021 MIDD underspend projection and the proposed investments of underspent funds, and then discussed the process for investing anticipated 2022 designated funds and potential underspend. Pfohman stated they are seeking feedback and support from the MIDD Advisory Committee members. Pfohman noted that there are recommendations included that do not necessarily meet the threshold for MIDD Advisory Committee consideration, but they are seeking support for all the presented items regardless.</p>	

As discussed earlier, the March 2022 OEFA increased projected revenues by \$5.5 million. The total spending in 2021 was 38% of the 2021 budget, leaving \$12.8 million underspent, \$7 million of which is anticipated to be spent in 2022. What they are focused on is the \$5.8 million of underspend that is to be reinvested in 2022.

Pfohman shared that they assessed the underspend amount through targeted discussions with MIDD subject matter experts (SME; i.e., project or contract monitors working closely with MIDD initiatives) and over the course of two weeks, solicited proposals through a “Proposal/Idea Bank”. The MIDD Team applied the 2021 MIDD AC priority principles and submitted the recommendations to division leadership. Leadership approved over \$2 million from the list of proposals and \$4 million in one-time spending to address an emergent system priority and demonstrated ability to get off the ground quickly.

Regarding the emergent system priority: Kelli Nomura continued the presentation by sharing information about Cascade Hall, a mental health residential facility in King County, faced with a potential closure. Nomura specified that a one-time investment of \$4 million in MIDD funds will be braided with funding from the State legislature to support the purchase and renovation of Cascade Hall.

The following questions were posed during the meeting regarding Cascade Hall:

Brenda Fincher asked how many residential facilities are in King County, and where they are located. Nomura answered that there are multiple facilities scattered across King County, including in Seattle and South King County. Cascade Hall is one example.

Mark Ellerbrook asked who the operator of the facility will be. Nomura stated that they will see if the current provider will operate the facility or if there will be a need to launch a procurement process for an operator. Currently, there is no interest from other providers in providing those operations. Ellerbrook asked if \$4M is the purchase price or one of the multiple sources of investment. Nomura answered that they were able to secure support from the legislature to contribute funds in their capital budgets to accompany MIDD funds. Collectively, they will be able to purchase the facility.

Brad Finegood asked (in writing) if King County will own the building or if a provider will. Isabel Jones (Deputy Director, DCHS Behavioral Health and Recovery Division) responded that King County will own the building.

Chris Stearns asked (in writing) if Cascade Hall has sober living facilities and if those will be retained. Jones responded to Stearns that she does not believe this is designated as a sober living facility. It is mental health residential facility, the primary purpose and function of which is not to address SUD, but rather to address individuals with a need for 24/7 mental health support/services.

Darcy Jaffe asked if there are people currently living in Cascade Hall and if there are, how will the renovation impact them? Jaffe also asked about the County's intent to preserve Cascade Hall as a mental health residential facility. Nomura answered that there are individuals still living at Cascade Hall and they would need a plan for renovation to happen "around them", or there may be a need to temporarily move people to a larger facility for a period. Nomura confirmed it's the County's intent to continue to use Cascade Hall as a mental health facility, although adjustments may be made to the level of care currently offered.

Mario Paredes shared his appreciation for recognition of the need to support these efforts. There is a significant need for more inpatient residential mental health facilities, and he sees this as a great investment for the community.

Brenda Fincher asked for clarification regarding there being only one facility outside of the Seattle area (e.g., are they spread throughout the County, not just the Seattle area, aside from the one in South King County). Nomura answered that there are only a few facilities, many being in the Seattle including Northgate and Capitol Hill, and then some in South King County. Nomura stressed that locations are typically based on providers having their own facilities in the area that they provide services. This has led to the scattering around of facilities. Part of their goal with this process is to look at what the needs are and if more facilities can be added across the County.

Claudia D'Allegri asked is Cascade Hall is a Medicaid-only facility. Nomura stated that the current owner/operator has different funding sources - some is Medicaid and some from other sources. Going forward, it will be all Medicaid.

Via PublicInput, a question was submitted about what kind of numbers exist for youth with similar needs in King County. Isabel Jones answered that historically, this level of care has been provided for youth directly through the Children's Long Term

Inpatient Program (CLIP), which is managed by the State. There are 94 CLIP beds in Washington, however the legislature has recently recognized a need to invest in more CLIP beds. Additionally, for the first time this year the legislature has made an investment to begin building youth stabilization facilities in Washington, a level of care that has never existed previously.

Via PublicInput, a question was submitted about whether the owner indicated why they wish to sell? This question was not answered during the meeting.

Pfohman shared informational slides on the various recommended initiatives and their associated MIDD prioritized principles including:

- Community Driven Behavioral Health (SI-01)
- SUD Peer Support (RR-11b)
- Older Adult Crisis Intervention/ Geriatric Regional Assessment Team – GRAT (PRI-04)
- Prevention and Early Intervention Behavioral Health for Adults Over 50 (PRI-03)
- Trainings, staffing and miscellaneous projects (multiple initiatives)
- Mental Health First Aid (PRI-07)
- Culturally Specific Trauma Informed Healing Training (MIDD Admin)
- Behavioral Health Employment Services and Supported Employment (RR-10).

Pfohman stated that the MIDD SMEs will work with those initiatives discussed today to amend contracts and the Division will continue to solicit ideas from the SMEs and initiative partners to repurpose funds. At the April meeting, there may be additional recommendations for review and any updates will continue throughout the year.

Mario Paredes asked a question regarding geographical distribution regarding the Community Driven Behavioral Health grant program. Suamhirs Piraino-Guzman stated that there are currently seven grantees that are geographically spread throughout the county. Funding for an additional seven agencies will expand their access to the community.

Paredes commented that because retaining/recruiting a workforce right now is very hard for behavioral health providers, there is a need for an investment in inpatient behavioral health organizations and organizations, as well as organizations that are providing some level of care for patients. Paredes encouraged the Committee to consider an economic investment by allocating funding to support the effort to retain the workforce (i.e. retain current staffing and pay comparable wages in order not to lose more of the workforce).

	<p>Referring to the Culturally Specific Trauma Informed Healing Training, Brenda Fincher asked about the funding numbers of \$50,000 and \$100,000 because they seem low, especially considering a program that their agency did last year for youth training which cost \$200,000. Pfohman stated that she believes the \$50,000 is to start the planning phase, and as the work evolves, funding at a higher level is likely.</p> <p>Chris Stearns followed up on Councilmember Fincher’s question about culturally-specific training. Stearns asked if Pfohman could expand on the indigenous training. Pfohman clarified that she was communicating the vision of Lawrence Evans who acknowledges that it’s not only the African American or Black communities who have had their cultural roots erased and have that continue to show up in behavioral health issues. He recognizes the indigenous communities face this plight, as well. Evans wants that partnership in this program to be with other communities that have experienced that trauma of historical racism. Pfohman offered to connect Stearns with Evans, as she thinks Stearns’ expertise would be helpful.</p> <p>Karen Brady referred to Mario Parades’ previous comment regarding currently funded MIDD initiatives. Brady wondered if some of the underspend could be utilized to do an assessment of increased labor costs and general day-to-day things. In other words, is the amount originally allotted to MIDD initiatives sufficient at this point given increasing costs. Pfohman responded that they can consider that, and while they underestimated the amount of time needed for feedback on these recommendations at this meeting, they intend to create a forum for future input.</p> <p>Co-Chair Judge Shah asked the group if anyone has anything else to say, or if the presented underspend recommendations are approved by consensus. The recommendations were approved by consensus.</p>	
<p>Advisory Committee – Undesignated Fund Balance Planning</p>	<p>Due to time constraints, this agenda item was postponed to the April meeting.</p>	
<p>Briefing: Somali Health Board Mental Health Program</p>	<p>Rowaida Mohammed, Behavioral Health Program Manager at Somali Health Board (SHB), gave a presentation on the SHB Mental Health Program and its efforts to support the Somali community through goals and services.</p> <p>SHB’s Mental Health program is available to Somali residents in King County and is run mostly by volunteers. Somali people face cultural and language barriers on a daily basis that impact their access to resources and</p>	

	<p>advancements. Most refugees/immigrants suffer from post-traumatic stress disorder (PTSD), and many Somalis have depression. It is crucial to understand the Somali community's specific needs and provide the appropriate services. Services provided by the program include in-house mental health case management and referrals; community listening sessions; monthly culturally responsive workshops (i.e., community conversations); serving as resource hub; a Somali Youth Mental Health Awareness program; and trainings on drugs and substance abuse for community members.</p> <p>For a referral link, go to Somalihealthboard.com Rowaida can be contacted directly at rowaida@somalihealthboard.org</p>	
Agenda Items for March Meeting	Email Robin Pfohman with any desired agenda items for the April 2022 meeting.	
Adjourned	1:30 PM	
Next meeting	<p>Thursday, April 28, 2022, 12:00-1:30 p.m.</p> <p><i>Members and Designees access via Zoom</i></p> <p><i>Non-members access via PublicInput (link on MIDD website)</i></p>	