



**Mental Illness and Drug Dependency (MIDD)  
Oversight Committee (OC)  
March 25, 2010  
11:45-12:15 networking lunch  
12:15 p.m. – 2:15 p.m.  
King County Chinook Building Rooms 121 & 123  
Meeting Notes**

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**Members:**

Kelli Carroll, designee for Councilmember Bob Ferguson, City of Bellevue Councilmember John Chelminiak, Catherine Cornwall, Merrill Cousin, Nancy Dow-Witherbee, Ed Dwyer O'Connor, designee for Darcy Jaffe, David Fleming, Jaime Garcia, Russ Goedde, designee for V. David Hocraffer, Zandra Hardison, Shirley Havenga, Mike Heinisch, Major Corinna Hyatt, designee for Hikari Tamura, Norman Johnson, Bruce Knutson, Judge Barbara Linde, Leesa Manion, designee for Dan Satterberg, Terry Mark, designee for Jackie MacLean, Barbara Miner, Mario Paredes, Burns Petersen, designee for Donald Madsen, Crystal Tetric

**Other Attendees:**

Bryan Baird, John Bruels, Kathy Crane, Laura Garcia, Alicia Glenwell, Andrea LaFazia, Brandon Miles, Alessandra Pollock, Amnon Shoenfeld, William Schipp, Cindy Spanton, Laurie Sylla, Sandy Tomlin, Janna Wilson, Mark Wirschem, Declan Wynne

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**1. Welcome and Introductions, Co-Chair Havenga~**

Co-Chair Havenga called the meeting to order, welcoming the committee and introductions were made by each person in attendance. New member Catherine Cornwall, City of Seattle, was welcomed to the committee. She will be replacing Marilyn Littlejohn.

**2. Approval of the Meeting Notes from the February 25, 2010 Meeting, Co-Chair Havenga~**  
Minutes were approved by consensus.

**3. MIDD Project Staff Report, Andrea LaFazia~**

Andrea thanked everyone for completing their Statement of Financial and Other Interests forms.

MIDD Strategy Updates

The purpose here is to provide members with monthly updates. This month, two strategies were selected to report updates and/or revision to the OC.

**a. Strategy 1f: Peer Support and Parent Partner Family Assistance**

This strategy was included as a means to divert children and youth with emotional or behavioral disorders and/or substance use disorders from initial or further involvement with justice system, emergency rooms and hospitals. This strategy seeks to improve the lives of these children, youth and families by providing therapeutic alternatives in the community, resulting in reduced admissions to jails, hospital emergency departments and psychiatric hospitals.

**Target Population**

- ◆ Families whose child and/or youth experiences emotional or behavioral disturbances, and/or a substance use disorder, or,

- ◆ Youth who experience emotional or behavioral disturbances and/or a substance use disorder and,
- ◆ Who have requested assistance to successfully access services and supports.

**Timeline and Staffing Update**

In March 2009, the King County MHCADSD staff person was hired to fill the Parent Support Specialist role and planning for the parent partners and youth peer support strategy began. The Family Support Organization service provider for the strategy will be determined by a Request for Proposals (RFP) process. An RFP for a Family Support Organization was released in early November 2009 and there were no successful proposals in response to this RFP.

On January 25, 2010, county staff offered an orientation for stakeholders and potential bidders for the Family Support Organization RFP with the goal of reaffirming the model for the strategy. The RFP was updated and reissued on March 4, 2010, with proposals due April 8, 2010. The goal is to make the award to the successful bidder in April; with a contract executed in May 2010.

This update can be found at:

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/OCMeetingMaterials.aspx>

Member comments

**Kelli Carroll:** How many RFP responses were received?

**Kathy Crane:** Two.

**Bruce Knutson:** MIDD is also supporting the peer parent program in family treatment court, implemented about six months ago. This program is already making a significant difference. All parties are reporting back that the parents in family treatment court are becoming much more engaged and understanding of the system so I think we're on the right track by supporting this program.

**b. Strategy 5a: Increase Capacity for Social and Psychological Assessments**

This strategy was designed to increase and infuse the availability of mental health and chemical dependency assessments for youth who enter the juvenile justice system. This leads to an increase in the link and access to appropriate care for these youth and the outcome we hope for will produce reductions in health care use and criminal justice involvement through mental health and CD services.

**Target Population**

Any youth with a current active case in Juvenile Court - Offender, Drug Court, Probation, Becca, or Diversion.

**Outputs/Outcomes**

- Screening and assessment of up to 1,230 youth per year to include the expanded and enhanced capacity to provide:
 

75 psychiatric consultations	200 psychological evaluations or consultations
140 MH assessments	165 CD assessments (GAIN-I)
- Linkage to treatment services for those youth identified with a treatment need.
- Reduction in future involvement in the juvenile justice system.

**Timeline and Staffing Update**

The Juvenile Justice Assessment Team (JJAT) consists of a Social Worker (hired in July 2009), two Mental Health Liaisons contracted through Seattle Children's Home, two Chemical Dependency Professionals contracted through WAPI Community Services, and one Clinical Psychologist (hired in October 2009) to coordinate and provide a range of assessments for youth involved in Juvenile Court. In April 2010, the team will be enhanced through the addition of a Mental Health Liaison and Chemical Dependency Professional assessment services in order to further address mental health and chemical dependency issues of minority youth and to develop assessment and linkage capacity for youth impacted by trauma and community violence. This expansion will be done through the existing contracts that are providing these services within the court.

This update can be found at:

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/OCMeetingMaterials.aspx>

Member comments

**Bruce Knutson:** Noted that 65-70% of juvenile offenders have MH issues, and more than 80% have CD issues. The people at Juvenile Court who work with youth and families are very happy about having this service expanded.

**c. Update from Dwight Thompson, Suburban Cities Association (SCA) representative, regarding SCA and MIDD 10b**

Andrea distributed an update written by Dwight Thompson, regarding policy statement/support from SCA on MIDD 10b. The public issues committee of the SCA has appointed a subcommittee in regards to the MIDD to work on supporting language for the Crisis Diversion Facility (CDF). SCA supports the CDF and Crisis Diversion Interim Service Facility (CDIS) and believes that the siting process developed by the MIDD should be respectful of the needs and zoning of individual cities. SCA supports locating the CDF and CDIS in a location that is easily accessible by all SCA member cities. SCA prefers a location which is centrally located within the County, which could include South Seattle, has good vehicle access and has good transportation alternatives. SCA requests that the MIDD partner with cities that may wish to house these much needed facilities, to allow cities and their stakeholders to be fully engaged, and to have the ability to provide meaningful and thoughtful input that will create a better project outcome. Additionally, SCA requests that the MIDD ensure that proper funding is provided to address any specific impacts that may be created for the city or cities that house these facilities. Furthermore, SCA expects the city or cities that house these facilities be invited to sit on any sub-committee of the MIDD that is formed to oversee the facilities operations.

Member comments

**Merril Cousin:** Did he mention if he anticipates how this will go over with the full board?

**Andrea:** He anticipates that it will go over fine. The members that were part of the subcommittee included Lake Forest Park, Tukwila, Auburn and SeaTac.

**Kelli Carroll:** I don't think this goes to the Regional Policy Council, this is just SCA.

**Andrea:** Correct. The SCA.

**Mike Heinisch:** Expressed concern regarding the statement from Mr. Thompson's report "Additionally, SCA requests that the MIDD ensure that proper funding is provided to address any specific impacts that may be created for the city or cities that houses these facilities."

**Jaime Garcia:** Commented on the timeline and staffing update portion of the Strategy 5a handout regarding assessment services for minority youth. Mr. Garcia wanted to ensure cultural competency will be taken into consideration and bring awareness to Community Based Organizations that serve high concentrations of youth and recommended he come and give a presentation to the OC on what data is currently available.

**4. Co-Chairs Report, Co-Chair Havenga-  
Crisis Diversion Services update**

MIDD 10b update – The RFP was released on March 11, 2010, and is due on May 6, 2010. At this point, any questions about the RFP should be directed to Roy Dodman at Roy.Dodman@kingcounty.gov in Procurement.

The strategy calls for an advisory subcommittee that will provide detail of evaluation plans and implementation of the project to the OC.

Co-chairs to identify chair/co-chair of subcommittee and will ensure there is leadership and expertise that is diverse and relevant to the subcommittee's charge.

Email Andrea if interested in participating.

#### Hospital partnership regarding MIDD data collection

Andrea gave an overview that MHCADSD has started the process of trying to obtain hospital data and has learned it is not as simple as our policy goals/evaluation plan describes and thought that it would be good to explore this topic with the OC and generate ideas/solutions to finding mechanisms to receive the data.

Sheriff Rahr has started initial conversations with the Washington State Hospital Association (with Randy Revelle) about assisting the MIDD OC with pulling KC hospitals together to assist with this. This is a great step to moving this forward; however, we still think that it's important to involve the OC in these discussions as we determine the best course of action. It is also important for members to understand the patient privacy laws that are mandated both at the State and Federal level for hospitals which make sharing individual client data very difficult.

Andrea spoke to Darcy Jaffe, Assistant Administrator at Harborview Medical Center regarding the strict patient privacy Health Insurance Portability and Accountability Act (HIPAA) laws in place that restricts what data cannot be obtained for evaluation purposes.

The members had a lengthy discussion of many possibilities such as: asking experts to come to the OC and give a presentation, HIPAA requirements, provisions within the law as a potential solution using existing agreements, possible collaborations between agencies and even shifting expectation due to the fact that some information may not be available.

**Laurie Sylla**, MHCADSD System Performance Evaluation Coordinator: One of the challenges with using trend data, which we do want to look at, is that the percentage of the people using ER or jail that are MIDD funded compared to the general population using these services is very small; being able to say the MIDD is responsible for any changes in trends; or being able to see any changes will really be difficult. For example, if you have a change in policing practices, that will affect what you are going to see in jails. Even with the small percentage of the MIDD funded ER population--how much of that is mental illness or substance abuse related? We are limited by both 42 CFR and HIPAA so we keep coming up against some significant system problems. We are having all kinds of meetings and discussions with privacy officers, attorneys and are looking for ways to find creative solutions while respecting patient privacy rights.

**Kelli Carroll**: The nine councilmembers are not interested in obstacles, but how it is going to work.

**Co-Chair Havenga**: As an OC, we will keep this on our agenda.

**David Fleming**: Offered Public Health as a resource to assist with gathering data.

#### **5. Strategy 6a – Wraparound Services Presentation, Kathy Crane and Sandy Tomlin, MHCADSD Staff**

Kathy Crane, MH Clinical & Quality Management Coordinator and Sandy Tomlin, MIDD Wraparound Specialist, gave a presentation of Wraparound services.

The full Wraparound presentation can be found at:

<http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDCommittees/OCMeetingMaterials.aspx>

Wraparound is a coordinated planning process that leads to an individualized care plan and development of a child and family team. It is for youth and families who have tried everything in the past, and have still not met with success. Plans may include a mix of natural supports such as family and friends, as well as formal supports. The Mental Illness and Drug Dependency (MIDD) Action Plan provides funds to support these services.

## Eligibility

Any child or youth (up to age 21) experiencing an emotional and/or behavioral disturbance, including substance use or abuse, is eligible for the program if he/she:

- resides in King County
- receives services from two or more of these child serving systems - child welfare, developmental disabilities, juvenile justice, mental health, special education programs, substance abuse
- would benefit from wraparound, and
- agrees, both the youth and family, to participate in the wraparound process.

Also eligible is any child or youth residing in King County (up to age 17.5) who has a severe emotional or behavioral disturbance who has been receiving mental health services appropriate to their needs across multiple life domains and is considering admission to a more restrictive setting such as the Children's Long-term Inpatient Program (CLIP).

## Service Providers

Service providers and the areas they cover are:

- Center for Human Services - Shoreline, Northshore, Lake Washington, Riverview and Skykomish School Districts
- Community Psychiatric Clinic - Seattle School District north of Madison Street and west of the Duwamish River
- Sound Mental Health - Bellevue, Mercer Island, Renton, Issaquah and Snoqualmie Valley School Districts
- Therapeutic Health Services - Seattle School Districts south of Madison Street and east of the Duwamish River, Tukwila, Highline and Vashon Island School Districts
- Valley Cities Counseling & Consultation - Federal Way, Kent, Tahoma, Auburn and Enumclaw School Districts

## Referral Process

There is a centralized referral process through the Mental Health, Chemical Abuse and Dependency Services Division Wraparound Program Specialist. Referrals will be prioritized based on need. Due to limited capacity, there will be a waitlist.

For questions or additional information regarding Wraparound, contact Sandy Tomlin at 206-263-8957 or visit <http://www.kingcounty.gov/healthservices/MentalHealth/Services/Youth/Wraparound.aspx>

## Member comments

**Merril Cousin:** Inquired who is in charge of each case (i.e., the youth, the parent, or the coordinator?)

**Sandy:** It is family voice and family choice, but there are many factors that can decide that, for example if the youth is over 13 or not, does the family need to sign for that youth, etc.

**Barb Miner:** With the age group moved up to 21, are those individuals included in the adult justice system as well?

**Sandy:** I am looking at the referrals for this age group, a lot of them aren't in school anymore, so special education is no longer a qualifier; are they in mental health or adult justice. Do they have a probation officer. What I'm looking for is who will be available to sit on the Wraparound team.

**Barb Miner:** We struggle a lot within the adult drug court with this age group, and individuals as old as 27 years of age. It might be worthwhile to look into whether clients that could be referred, but it says they have to be served by Superior Court Juvenile Justice.

**Sandy:** I am primarily looking at systems. Because we have expanded that age group, some individuals fall outside some parameters, they are no longer eligible for special education, DCFS generally, etc., and then I am looking at what adult programs are available.

**Shirley Havenga:** How many families a year is your goal?

**Sandy:** With our current staffing capacity, we can serve 300 families. When we're at full capacity, it will go up to about 690. This time last year, we were serving 120 a year.

**Mike Heinisch:** King County has always believed in this dream of an interagency team even when the state backed off. A couple of things about Wraparound, typical evolution having a team around him/her is going to be testing. They will scrutinize whether someone is really going to commit to them, and then see if they really will stay. When they do stay, the youth begins to flourish. The downside issue is that staff capacity can be a problem.

One question I have is what districts are not currently participating in Wraparound?

**Sandy:** Snoqualmish, Auburn, Tukwila, Vashon, but some of those districts do not really have a lot of youth involved.

**Jaime Garcia:** I would challenge you to look beyond the K-12 system and look at the community college system. Ages 17-20 mean jobs, so we can get them into trades right away. The Community colleges are a great partnership.

**Zandrea Hardison:** What is the timeframe of Wraparound?

**Sandy:** There is no time limit. It ends when the family/youth is ready to transition. The national model and all the statistics suggest 12-18 months where somebody on that team emerges as a natural leader. I meet with the five coaches regularly and we look at how long has this family been in services.

**Zandrea Hardison:** Within the team, hopefully a leader steps up.

**Sandy:** Yes, to take over the facilitation role - perhaps the parent or youth or other team member.

**Jaime Garcia:** Did you look at the family support groups the Seattle schools have?

**Sandy:** They still exist. I have been meeting with the school districts to inform them about Wraparound. We have parent partners as additional supports and unfortunately, we do not have enough to go with every facilitator for every family. So we are looking at how to best use that resource and with Strategy 1f, we're hoping we'll have a whole network of parent partners soon.

**Shirley Havenga:** Within these teams, if it's identified one of the parents has a domestic violence problem or a mental health or chemical dependency issue, what is the referral process?

**Sandy:** The facilitator on that team would identify that the parent needs their own treatment which would be part of the care plan. Then there would be someone there to follow through and making that referral.

## **6. MIDD OC Member Check In**

**Merril Cousin,** Executive Director, King County Coalition Against Domestic Violence, introduced Alicia Glenwell, Systems Coordinator to the OC. Ms. Glenwell will be stepping in as Merrill's designee.

**Councilmember John Chelminiak,** City of Bellevue, is a new member to MIDD OC. He was appointed by the mayor in January and is replacing Councilmember Mike Creighton.

**Kelli Carroll:** The Annual Report (AR) will be transmitted to Council April 1, 2010. There will be a briefing on the AR that includes a motion to accept the report (motions do not have public hearings, only ordinances). It will go through both committees and go to the full Council at the end of April.

**Barbara Linde:** Officially renamed the court from King County Mental Health Court (KCMHC), to Regional Mental Health Court (RMHC). RMHC has already accepted cases from a handful of cities. We did go live with allowing cities to use and access the court in October 2009. When the funds were released at the beginning of this year, we've been trying to get an outreach campaign to the cities. This morning we probably had 30 people from a variety of cities such as: municipal court judges, city prosecutors, city public defenders, and city probation officers. Our entire RMHC team went and comprised a panel for these folks to go through every aspect of RMHC, how cases are referred, what happens once it's there, etc. Acknowledged there may be communications gaps in the beginning as there are 38 jurisdictions that will be accessing the RMHC. Seattle has its own MHC and we are also intending to talk more with Seattle about identifying those cases where the individual has cases in both systems and how we can collaborate to make sure we are using resources effectively.

I also really appreciated the wraparound presentation. A lot of the values I've heard identified resonated with what Mental Health Court (MHC) tries to do. It is not to deal with a crisis or get a case through the system. It is not the traditional way in dealing with criminal justice which is getting the case resolved. It is a long term approach. It's intended to be life changing, get the person stabilized. It's a different model in court because you have prosecutors, the public defender, mental health professionals, probation officers and social workers to collaborate each case and share information about that individual's life. It's really Wraparound's values wrapped up in the MHC system. Tomorrow we go to Bellevue City Hall to have our second training, 9:30 a.m. to noon, with our north end and eastside who are coming to find out more about how to access MHC. Hope to report more about how it's working next month.

## **7. New Business**

No comments.

## **8. Public Comment**

**Brandon Miles**, City of Tukwila. Mr. Miles commented that the city or cities that are selected to house the CDF facilities should be given a spot on the CDF/CDIS subcommittee.

**Co-Chair Havenga**: That was discussed at previous meetings that took place over a year ago and has been part of the original plan.

Co-Chair Havenga thanked everyone for coming.

**ADJOURN 2:05p.m.**

### **Next Meeting**

**April 22, 2010**

**King County Chinook Building**

**401 5<sup>th</sup> Avenue, Seattle, WA 98104**

**11:45 a.m.– 12:15 p.m. ~ Networking Lunch**

**12:15 p.m.– 2:15 p.m. ~ Meeting**

**Rooms 121 & 123**