



**Mental Illness and Drug Dependency (MIDD)
Oversight Committee (OC)
June 24, 2010
11:45-12:15 networking lunch
12:15 p.m. – 2:15 p.m.
King County Chinook Building Rooms 121 & 123
Meeting Notes**

Members:

Rhonda Berry, Bill Block, Linda Brown, Kelli Carroll, designee for Councilmember Bob Ferguson, Catherine Cornwall, Merril Cousin, Steve Daschle, designee for Mike Heinisch, Zandrea Hardison, Judge Anne Harper, designee for Judge Barbara Linde, Shirley Havenga, V. David Hocraffer, Darcy Jaffe, Norman Johnson, Emily Leslie, designee for City of Bellevue Councilmember John Chelminiak, Jackie MacLean, Judge Richard McDermott, Karen Murray, designee for Donald Madsen, Mary Ellen Stone, Mary Taylor, designee for Barbara Miner, Janna Wilson, designee for David Fleming, Mark Wirschem, designee for Bruce Knutson

Other Attendees:

Michael Archer, Bryan Baird, John Baker, John Bruels, Wendy Cho Ripp, Megan Farwell, Andrea LaFazia, Sarah Lapp, Brandon Miles, Peggy Papsdorf, William Schipp, Cindy Spanton

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. Judge Richard McDermott, King County Superior Court, announced he is the assistant presiding judge and will be replacing Judge Helen Halpert on the MIDD OC.

2. Approval of the Meeting Notes from the May 27, 2010 Meeting, Co-Chair Havenga~

Minutes were approved by consensus.

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

A. Members sign in sheet change

OC Members will not be asked to sign in any longer and will be tracked by Andrea and Bryan. A guest sign in sheet will still be distributed.

B. Hospital partnership regarding MIDD data collection

Andrea reminded the OC, that Sheriff Rahr previously approached the Washington State Hospitals Association (WSHA) to assist with solutions to the MIDD evaluation regarding hospital data, WSHA through an existing workgroup of King County hospitals is exploring options. This process is still ongoing with very little details to report on at this time. Dr. Fleming had mentioned there might be data available through Public Health and he facilitated a meeting with Dr. David Solet, Lead Epidemiologist, who is responsible for the hospital data that Public Health has access to. Dr. Solet shared that they are not able to receive the individual level data on which the MIDD evaluation plan was designed. He did have ideas for ways to do an evaluation, should we not be able to acquire individual level data. Once we get back in touch with WSHA and discover the solutions the hospitals have come up with, we will be able to provide an update and recommendations at a future meeting.

C. MIDD OC Operating Rules

The OC Operating Rules that were originally adopted June 19, 2008 were distributed. Member Mike Heinisch sent his comments electronically, which Andrea incorporated into the handout. His revisions of the document are from specific sections of the OC Operating Rules. The original Operating Rules language, italicized, is paired with Mr. Heinisch's underlined revisions below:

i. Purpose

The MIDD Oversight Committee is a unique partnership of representatives from the health and human services, mental health, substance abuse, domestic violence, sexual assault, homeless, public health, hospital systems, health care, housing, cities, advocates and criminal justice communities.

ii. Responsibilities

7. At the end of the committee's third year of operation (June, 2011), collaborate with the executive on assessing the structure, membership, and responsibilities of the committee.

No change here as this was written into the original ordinance authorizing the OC. Mr. Heinisch suggested in light of this rule, the OC should form a subcommittee.

iii. Decision-Making

In this section, the word "*committee*" is suggested to change to "Oversight Committee" for language clarification purposes.

Linda asked if the Rules of Decorum mentioned in the document be attached to the OC Operating Rules. It was determined by Co-Chair Havenga that Andrea distribute them to OC members and later be attached.

For comments or revisions, send to Andrea. This will be an action item for the August OC meeting.

D. Co-Chair Shirley Havenga Term Extension

Andrea reminded the OC that voting is a consensus process.

A vote to extend Co-Chair Havenga's term for an additional one-year as MIDD OC Co-Chair, commenced. The purpose of this is to allow for staggered co-chair terms. Co Chair Havenga's renewal term was approved by consensus.

E. Judge Barbara Linde, Co-Chair Candidate

Judge Linde was approved by consensus vote to a two-year term as the new MIDD OC Co-Chair. She will be the King County governmental representative, replacing Sheriff Sue Rahr whose term is ending this month.

Sheriff Sue Rahr will remain on the OC as a member.

4. Co-Chairs Report, Co-Chair Havenga~

Co-Chair Havenga stated her appreciation and thanked the members for their participation over the last two years. She reminded the OC the importance of attending meetings and providing feedback.

She requested that members complete a designee form, in the event they foresee themselves being absent. The co-chairs will be reaching out to OC members when they have missed two meetings. The designee form is available through Bryan at 206.263.8663 or bryan.baird@kingcounty.gov.

5. **Committee to End Homelessness (CEH) Update, Bill Block, CEH Director~**

Bill reported on the numbers from the One Night Count survey held on January 28, 2010. Not only did the number of people on the streets drop by 5% (same area to same area comparison), the total number of people on the street and in emergency shelter dropped by 4%. Our 4% drop is in stark contrast to the counts in other cities. Few cities have released their numbers, but New York saw a 34% increase in street homelessness and a 7% increase in its sheltered population, Baltimore County saw a 25% increase in homelessness. A recent email from the National Alliance to End Homelessness stated that of jurisdictions reporting so far, Seattle/King County is the only large jurisdiction to show a drop.

Bill reported at length on CEH progress through housing production and funding efforts from such groups as The Funders Group; The Gates Foundation Families Initiative; Coordinated Entry for Chronically Homeless Single Adults; and Rapid Re-housing.

A number of important policy bills were passed and have been signed by the Governor. These legislative outcomes include: Reorganizing delivery of services to recipients of public assistance; Creating the Washington Works housing program; Modifying provisions relating to providing shelter to a minor; and Authorizing the housing of homeless persons on property owned or controlled by a church.

Even as CEH has helped thousands of people, we are in the middle of a great recession, and there are key challenges to overcome in order to continue progress and end homelessness as we know it. One of those challenges is effectively enlisting mainstream systems in supporting housing stability. That will be a focus of CEH in 2010 and 2011. The other key challenge is one that is often glossed over as a “given”, namely the need to maintain and restore funding.

For a look at the complete CEH update and CEH Annual Report, visit:

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

Member comments:

Bill stated it is time to do a MIDD plan check-in to discuss what has been done and has not been done. What strategies need changing and how we link with the new federal plan. This check-in would help assess the half way point, being five years in to the 10 year plan, and how we are going to proceed.

Kelli: What are you thinking as a mid-point check in with a survey or meetings?

Bill: Facilitated by an entity without a direct stake in it, such as corporations for supportive housing.

Kelli: Will you keep us in the loop?

Bill: Yes. There will be a lot of check in with all stakeholders.

Norman: When we get to the end, is there a concept of what that would look like?

Bill: Ending homelessness means you prevent homelessness as much as possible. When someone becomes homeless, you help them move rapidly to housing. The solution to change is not emergency shelter, it is housing.

Janna Wilson: Shared some community level indicators: Public Health has been tracking homeless deaths since 2004, and has been declining since 2005 with an all time low in 2009. These indicators are heading in the right direction with programs like the 1811 opening and other supportive housing projects.

Co-Chair Havenga: Noted she is happy to see the coordination between K12 Education and Child Welfare. She noted that the Wraparound teams, MIDD funded, created awareness to take this to her Wraparound teams to be watchful of homeless families and coordinate this through the K12 Education and Child Welfare systems.

Norman: Is there a way to have the OC send it to all of us?

Andrea: I'm happy to.

Bill: We are looking to cross train the mental health and social services in schools so they each know what each other is doing and how to communicate in cross referrals.

He also mentioned hospitals are paying cash to help run the respite program.

Janna Wilson: Gave a quick update on the hospital respite project (MIDD 12b): Currently in negotiations with Seattle Housing Authority, the hospitals are very supportive and close on the lease to begin renovations. No target opening date yet as timelines need to be revised. We have a dedicated staff person, Chris Hurley, led the development and opening of Bailey-Boushay House.

Bill: Pacific Court, in Tukwila, is fully populated with folks of severe and persistent mental illness and understands it is working well. It was an apartment building converted to condos, that King County Housing Authority was able to purchase at \$100,000 per unit.

Co-Chair Havenga: Thanked the presenters for sharing.

6. MIDD 5a Juvenile Justice Assessment Team (JJAT), Mark Wirschem, Dr. Michael Archer, and William Schipp, Juvenile Court Services~

The JJAT was developed to increase the availability of mental health and chemical dependency assessments for youth who enter the juvenile justice system and to increase access to appropriate care for these youth and therefore produce reductions in health care use and criminal justice involvement. The target population is for any youth with a current active case in Juvenile Court – Offender, Drug Court, Probation, Becca or Diversion. The presentation included a wide range of statistical information, the referral process, and other assessment data.

A. JJAT assessment & evaluation process

JJAT strives to deliver individualized, culturally appropriate adolescent assessment measures that provide insight into the best possible treatment outcomes/recommendations built on evidenced-based practices.

They do this by individually staffing each adolescent, gaining relevant background documentation, connecting with collateral contacts, looking at behavioral presentations across multiple environments, neurological development and examining the various cultural factors (age, disability, religion, ethnicity, SES, sexual orientation, indigenous heritage, national origin, gender and gender identity) that are important to understanding the unique make-up of the individual and his/her behavioral presentation, problems and concerns. JJAT evaluations incorporate a strengths-based approach to both treatment recommendations and increasing individual and family motivational investment in the treatment process. JJAT views each adolescent as unique and treats each evaluation as such and attempt to provide a non-judgmental and supportive atmosphere when engaging with the youth served.

B. Types of Evaluations/Assessments that can be done by JJAT

Mental Status Examinations; Mental Health Assessment; and Psych Evaluation.
Although JJAT members are always striving to increase both the quantity and cultural relevancy of the adolescent assessment tools they can administer, currently they can offer psychological testing that helps address anger issues, the impact of trauma, varying expressions of adolescent depression, personality issues, intelligence factors and diagnosis.

JJAT is continuously on the lookout for current evidenced-based research that can inform and enhance our evaluation process. Current areas of focus include TF-CBT and neurological studies related to adolescent impulse control and ability to understand longer-term consequences.

More information can be found online at:

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

Co-Chair Havenga: Thanked the presenters for sharing.

7. MIDD OC Member Check In

Norman publicly thanked DCHS/MHCADSD for allowing .50 FTE on Vashon Island for their Wraparound team.

8. New Business

No comments.

9. Public Comment

No comments.

Co-Chair Havenga thanked everyone for coming.

ADJOURN at 1:52 p.m.

July 22, 2010 meeting canceled.

Next Meeting

August 26, 2010

**King County Chinook Building
401 5th 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