



**Mental Illness and Drug Dependency (MIDD)
Oversight Committee (OC)
February 28, 2013
11:45 a.m.-12:15 p.m. networking lunch
12:15 p.m. – 1:45 p.m.
King County Chinook Building Rooms 121 & 123
Meeting Notes**

Members:

David Black, Linda Brown, Councilmember John Chelminiak, Catherine Cornwall, Merril Cousin, Kelli Carroll, designee for Councilmember Rod Dembowski, Judge Mike Finkle, David Fleming, Shirley Havenga, Mike Heinisch, Councilmember Dennis Higgins, David Hocraffer, designee for David Chapman, Darcy Jaffe, Norman Johnson, Bruce Knutson, Barbara Linde, designee for Richard McDermott, Christine Lindquist, Jackie MacLean, Linda Madsen, Ann McGettigan, Dan Satterberg, Mary Taylor, designee for Barb Miner, Chelene Whiteaker

Other Attendees:

Julian Andrews, Dave Asher, Bryan Baird, Jeanette Blankenship, Kimberly Cisson, Shamonta Dean, Pat Godfrey, Katy Greenleaf, Lisa Kimmerly, Andrea LaFazia-Geraghty, Alex O'Reilly, Rose Quinby, Susan Schoeld, Amnon Shoenfeld, Laurie Sylla

1. Welcome and Introductions, Co-Chair Heinisch~

Co-Chair Heinisch called the meeting to order, welcoming the committee and introductions were made by each person in attendance.

2. Approval of the Meeting Notes from the December 13, 2012 Meeting, Co-Chair Heinisch~
Minutes were approved by consensus, no revisions.

3. MIDD Project Staff Report, Andrea LaFazia-Geraghty, MIDD Project Manager, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)

Ethics Board – 2012 Financial and Other Interests Report Form

The Statement of Financial and Other Interests Forms have been disseminated to members to complete, sign, date and hand in today. She advised the members to indicate their job title as well.

MIDD Prioritization Sub Committee Update, Kelli Carroll and Amnon Shoenfeld, Subcommittee Co-Chairs

Kelli announced the subcommittee is working to come to consensus around a series of recommendations or options for Executive Constantine and the King County Council to consider in the likelihood reductions need to be made for the 2014 budget. The subcommittee is in the process of scoping recommendations; several put out for contemplation. The subcommittee meets again in two weeks and will have a final report at the March 28th OC meeting.

Co-Chair Satterberg announced the subcommittee will try to get an update to OC members a week before the March meeting as there is a lot to read and consider. The deliverable for the group is a series of options to reduce the spending footprint, etc.

State legislative update, Amnon Shoenfeld, Division Director, MHCADSD~

Amnon started with the state Supreme Court decision made today that the two-thirds majority requirement for tax increases is unconstitutional.

Key Legislative Bills:

- Senate Bill 5176, and companion House Bill 1114, will amend the criminal insanity law (RCW 10.77). There is movement on some amendments to make it workable for law enforcement, jails, the state hospital, and the Regional Support Networks (RSN) as there are not enough beds for people to be transferred from the criminal system to the civil system. The MHCADSD is hoping the House Bill proceeds.
- Senate Bill 5480 and House Bill 1777 would speed up implementation of changes to the Involuntary Treatment Act that passed several years ago, but was delayed because these changes to the law would mean a huge increase in the number of people meeting criteria for involuntary commitment. House Bill 1777 would make those changes effective January 1, 2014 instead of the current law set to implement on July 1, 2015. Senate Bill 5480 will speed it up to July 1, 2014. Amnon testified against both bills as there is not enough capacity to serve this population. The fiscal note for the July 1 implementation is \$23 million in this biennium, and \$34 million for the next full biennium.
- Senate Bill 5732 significantly redesigns the adult behavioral health system that would create a task force to look at system improvements and increasing accountability measures, using evidence-based practices. This bill would also create an enhanced services facility which would serve individuals with dementia and other organic disorders who cannot be helped in a psychiatric hospital in a much less expensive facility setting. The MHCADSD is in support of this bill.
- Senate Bill 5282 would develop a statewide database of commitment information around gun permit checks. Currently, there is no reliable, centralized database; this bill proposed to get one up and running, to collect data in real time on a daily basis. The MHCADSD is in support of this bill.

4. Co-Chairs Report

The MIDD Fifth Annual Report

This report was distributed electronically to members for review and possible approval today.

Judge Michael Finkle noted in Section 11b, outcome measures for the expansion of the Mental Health Court. Judge Finkle has proposed to Amnon, Andrea, and the evaluation team, about breaking this into two parts and suggesting or modifying the way outcome measures are defined.

Andrea noted MHCADSD will revise how 11b is presented to ensure a clear distinction between the Seattle and the Regional Mental Health Court targets.

The MIDD Fifth Annual Report was approved, as revised, by consensus.

Provider Co-Chair term

Co-Chair Satterberg announced Co-Chair Heinisch's time as MIDD OC Co-Chair will end this June. His position is open to non King County members (provider represented) and expressions of

interest should be directed to Andrea LaFazia-Geraghty. A nomination for this position will commence this April.

5. Children's Crisis Outreach Response System (CCORS) Presentation, Rose Quinby, Director of Family Services, YMCA of Greater Seattle; Katy Greenleaf, Clinical Supervisor; Shamonta Dean, Family Advocate

The CCORS program is partially funded by MIDD Strategy 7b. It is mobile, short-term, and an immediate 24-hour, seven days a week in-person crisis service serving families in acute mental health crisis involving their children. The program helps families stay together safely, partnering with them to prevent future crisis and hospitalization, help link and engage families with long-term services, and have families learn and practice new skills and healthy responses. Family healthy living activities have been integrated at 13 branches county-wide. Program literature is available in Spanish, Vietnamese, and Somali.

In 2012, CCORS Families and Services have served approximately 2,376 family members: 46 percent were families of color (14 percent mixed race, 11 percent Hispanic/Latino, 10 percent African-American, 8 percent Asian/Pacific Islander, 3 percent American Indian/Alaskan Native), and 54 percent Caucasian. The average youth age is 12.9 years, (YMCA receives referrals for teens and younger children as well), an average length of service is about four weeks, and average weekly family visits in home or community are between three and four. Services are provided almost entirely in the community.

How does CCORS work?

- Culturally competent practice. Meeting families where they are. Interpreting crisis in context of culture.
- Centralized, strengths-based, solution-focused, crisis services designed specifically and proven to be more effective for families with children.
- Engagement of families where other systems were not yet able to. Use trained Peer Parent Partners.
- Increase readiness for long term mental health counseling, and other support, using Recovery Model.
- Crisis Prevention Plan, Family Action Plan, urgency, frequency, and intensity of service ensure family safety and prevent future acute crisis.

The YMCA uses these specific strategies:

- Selected evidence & research based practices: CALOCUS, Mental Health Status Assessment, Therapeutic Crisis Intervention (TCI), CBT, TF-CBT, effective parent skills coaching, and de-escalation skills.
- Selected wraparound collaborators: families, natural supports, law enforcement, DCFS, community agency partners, Y Parent Partners and Behavioral Support Specialists, Y counselors
- The CCORS program fulfills King County RSN responsibility to provide crisis services to all citizens; saves taxpayer money by safely diverting child psychiatric hospitalization, & other out of home placement; ensures linkage to longer term mental health and community services for families who are isolated, reluctant or fearful to access services; and avoids duplication: eligible families screened by Crisis Clinic do not have crisis services through another agency.

Outcomes include:

- 81 percent child hospitalizations diverted at the emergency room. Cost/benefit saving is approximately \$3,088 per day; \$1,127,176 per year in health care costs (2012).

- 88 percent of families referred out of concern for their child's safety in the home avoided out-of-home placement. Cost/benefit is approximately \$2 million in foster care prevention (2008-2011).
- 62 percent of families not previously engaged linked with a community mental health provider at discharge, (33% referred, not ready). (2011)

The YMCA helps families engage whenever possible by making calls and attending appointments with them.

This presentation can be found at:

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

6. MIDD OC Member Check-in

No reports/updates.

7. New Business

No reports/updates.

8. Public comment

No reports/updates.

ADJOURNED at 1:20 p.m.

Next Meeting

March 28, 2013

King County Chinook Building, Rooms 121 & 123

401 5th Avenue, Seattle, WA 98104

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

12:15 p.m.– 1:45 p.m. ~ Meeting