



King County

**Mental Health, Chemical Abuse
and Dependency Services Division**

Department of
Community and Human Services
CNK-HS-0400

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**KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE
ADMINISTRATIVE BOARD (KCASAAB)
MEETING
June 2, 2011**

KCASAAB Members Present: Jim Benbow, Linda Brown, Pat Godfrey, Gina Grappone, Mary Ann LaFazia, Robyn Smith

KCASAAB Members Absent: Joan Clement, Mike Elsner, Roger Goodman, Esther Osborne, Sarah Swenson (excused); Ruvyn Munden (unexcused)

Guests Present: Ardi Bury, Therese Grant, Bob Leonard

Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Staff Present: Bryan Baird, Sean Davis, Amnon Shoefeld, Jim Vollendroff, Jenna Wolfstone-Hay

Board Vice Chair Pat Godfrey convened the King County Alcoholism and Substance Abuse Administrative Board meeting at 11:35 a.m. The meeting was held at Chinook Building, 401 5th Avenue, Seattle, conference room 117/119/120.

I. Welcome and Introductions ~ Pat Godfrey

Pat welcomed everyone and introductions were made by each person in attendance. A quorum was not present.

II. Review / Approval of Minutes ~ Pat Godfrey

Pat asked for a motion to approve the minutes. Jim Benbow motioned, seconded by Mary Ann LaFazia. The motion to approve the April 7, 2011 regular meeting minutes were approved by consensus.

III. Board Officers ~ Pat Godfrey

Pat asked to table the officer elections to give time for coordination.

IV. Division of Behavioral Health and Recovery (DBHR) Update ~ *Bob Leonard*

Bob announced the consensus budget is out and DBHR is looking at a \$7 million alcohol and substance abuse across the state budget reduction for the 2011-2013 biennium.

V. King County Health Reform Paper ~ *Amnon Shoenfeld*

Amnon distributed a concept paper to the group on how King County will plan for health care reform. Washington state is proceeding to plan and prepare for national health care reform coming to the state regardless of what happens at the federal level. King County is designing a system to propose to the state about how things will be done in King County.

Last fall, a group led by Doug Porter, Assistant Secretary for Health and Recovery Service in the Department of Social and Health Services (DSHS), put out a white paper, without the coordination of DBHR. This, now outdated proposal, stated substance abuse services would be managed at the state level, eliminating the county role by 2012. It also proposed mental health services, for everyone except the seriously mentally ill, would be managed through a process not utilizing the Regional Support Networks (RSNs), thus eliminating RSNs by 2014. This concept proposed these systems be managed at the state level or contract this management out to a managed care company over the Medicare population for the entire state of Washington. This led a number of counties to create a health initiative proposing to state legislators to have a plan to build a regional health authority to manage the health care in those areas.

The health reform paper is an invitation to community stakeholders to work with King County and Public Health, led by Amnon and Janna Wilson, to roll out an individualized plan to submit to the state by the end of 2011. The goals of reform at the national level and Washington state are to reduce costs, increase access to quality health care, and increase effectiveness. In order to do that, it's widely known people with mental illness drive the costs of health care upwards. To do this, King County will focus on more than just primary care and behavioral healthcare, but will incorporate addressing issues such as homelessness, employment, self image, and criminal justice diversion.

King County will be convening a large group meeting, possibly held in July. King County Executive Dow Constantine will be invited as well as CD providers, community health clinics, etc., for input gathering. Workgroups will be developed to work intensively over the next six months as something needs to be in place to start the program by January 1, 2014.

The vision of the program would allow everyone access to all the health care they need including all the various components: access to screening, prevention activities, intervention, brief intervention, ongoing treatment, residential housing, employment services, associated social services, and food to be healthy. Finally, he stated the future role of the board will be to advocate a voice for King County.

Jim suggested a health reform liaison be created to participate in this process, provide board input, and to report back to KCASAAB.

Amnon invited the board to contact him about any additional input at amnon.shoenfeld@kingcounty.gov.

To read the details of this reform paper, visit:

<http://www.kingcounty.gov/healthservices/SubstanceAbuse/Boards/AdministrativeBoard/Materials.aspx>

VI. **A/D Coordinator's Report ~ *Jim Vollendroff***

Jim spoke to the following points:

a. Budget Update

Jim distributed a copy of the consensus budget with the largest reduction to chemical dependency treatment services of \$7 million statewide, a \$3.5 million reduction per fiscal year in the biennium. Reductions will occur mainly for adult outpatient residential treatment and ADATSA; reductions will not occur to youth residential and pregnant/parenting women. It is possible reductions could be made to youth outpatient services. There is a meeting tomorrow at DBHR from 2-4 p.m. to discuss these 2011-2013 budgetary impacts with director David Dickenson. More information to come.

b. Recovery Oriented System of Care (ROSC)/Recovery Ordinance

This year, Jim plans to work with the mental health side of MHCADSD and revisit the King County recovery ordinance for mental health and have it rewritten to include substance abuse and prevention activities. He has begun talks with Jean Robertson and together they will champion this work. The Recovery Leadership team will be expanded to include Andrea LaFazia, Dan Floyd, and Sharon Toquinto and other ad hoc members as needed.

In May, MHCADSD invited Tom Kirk, a consultant, to come in May and provide consultation around this. This was a SAMHSA sponsored technical assistance opportunity. Mr. Kirk will return on Monday, June 20 at the Recovery Café, 2022 Boren Avenue, Seattle WA 98121 from 11 a.m. to noon. This meeting will give Mr. Kirk an idea of what the Recovery Café is, what the environment is like there, and how MHCADSD can utilize their services in the future. Jim distributed a Working Definition of Recovery handout to the board and encouraged members to look at the system elements before the June 20 meeting.

c. [Reclaiming Futures \(RF\) Update](#)

Jim attended the national RF conference in Miami two weeks ago. There are five fellowships within RF that make up the local Seattle team; Jim is the treatment fellow. Another local fellow, Hazel Cameron, who works for the Four C's Coalition, is the Community fellow. Jim has invited Ms. Cameron to attend KCASAAB meetings, participate as a potential board candidate, and possibly become a liaison to the RF model to this board.

d. [Performance Based Contracting](#)

The MHCADSD has finished negotiations with the state. When the state first came up with the notion of measuring client retention as a way of getting away from completion of treatment, one of the things not included in identified treatment activity was case management. The state did include case management as a treatment activity when they measure retention in treatment. This puts King County above the statewide average of retention in treatment. The statewide average for 90-day retention of youth in the state is 59 percent; King County's is at 69 percent. On the adult side, the statewide average is 59 percent; King County is slightly above at 60 percent. There is a financial penalty to counties below the average that is yet to be negotiated.

e. [Youth Expanded Assessment Rate](#)

The MHCADSD paid two different assessment rates for the youth assessment we conduct and if the agency does the assessment under the Global Appraisal of Individual Needs (GAIN), we pay a higher rate. Over the years we've increased the number of assessments that had to be done using the GAIN. When MHCADSD implemented the assessment, MHCADSD negotiated with the state the ability to pay a higher rate. The state requested outcome data be provided, (higher completion and retention rates), to consider whether they would continue to allow the County to pay the higher rate. The higher rate is \$177.69 for the reimburse rate for expanded assessment.

f. [Intensive Case Manager Request](#)

Jim submitted a request, now approved, to the state to continue funding one FTE intensive case manager at the 1811 Eastlake project for the next biennium.

g. [Screening, Brief Intervention, Referral and Treatment \(SBIRT\) Grant Update](#)

The MHCADSD successfully submitted a state SBIRT grant opportunity on May 24, 2011. The proposal MHCADSD put forward was to have the state apply for this grant in partnership with MHCADSD, to do a pilot here in King County to implement SBIRT amongst our community health clinics and other yet to be identified health facilities/partners. The state has chosen to move forward with King County with a pilot project to replicate the work done with Harborview Medical Center and other hospitals and ER's, but in the primary health clinics. This grant opportunity will provide \$1.6M a year for a 5 year period; funding will begin September 2011.

VII. Old Business ~ Pat Godfrey

MIDD Update

No reports.

VIII. New Business

a. Board Recruitment

Jim asked the board members to recruit anyone connected with the homeless youth population as a potential board member.

b. Board Retreat

Jim tasked Bryan to put out potential dates for a retreat when Joan returns from vacation.

c. Mental Health Advisory Board (MHAB) Liaison

An opportunity for a MHAB member to serve as liaison to the KCASAAB has been created. A MHAB member has not been identified at this time.

IX. Liaison Reports

No reports.

X. Agency and Other Concerns

Robyn Smith, board member, announced she has been hired at the Crisis Clinic overseeing the Washington State Recovery Helpline for DBHR to prevent any future conflict of interest. Should there be any board discussion about Crisis Clinic funding, Robyn will recuse herself from that conversation.

XI. Adjournment

There being no further business, the meeting was adjourned at 1 p.m.

Prepared by:

Bryan Baird
Recording Secretary

Attested by:

Pat Godfrey
Board Vice Chair