



King County

Mental Health, Chemical Abuse and Dependency Services Division

Department of
Community and Human Services

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KING COUNTY MENTAL HEALTH ADVISORY BOARD (KCMHAB) AND KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE ADMINISTRATIVE BOARD (KCASAAB)

JOINT MEETING

TUESDAY, OCTOBER 11, 2011

King County Chinook Building Room 126

Meeting Notes

KCASAAB MEMBERS PRESENT: Jim Benbow, Linda Brown, Joan Clement, Pat Godfrey, Gina Grappone, Mary Ann LaFazia, Esther Osborne, Robyn Smith, Sarah Swenson

KCASAAB MEMBERS ABSENT: Mike Elsner, Roger Goodman, (excused); Ruvin Munden, (unexcused)

KCMHAB MEMBERS PRESENT: Moz Benado, Nancy Dow-Witherbee, Alicia Glenwell, Kristin Houser, Veronica Kavanagh, Toni Krupski, Eleanor Owen, Steve Williams

KCMHAB MEMBERS ABSENT: Allen Panitch, (excused); Nicole Cederblom, (unexcused)

GUESTS PRESENT: Janet St. Clair (ACRS); Jen Finkle-Weaver (CARDEA-Seattle); Therese Grant (KCASAAB applicant); John Holecek (KCMHAB applicant)

STAFF PRESENT: Bryan Baird, Terry Crain, Dan Floyd, Jean Robertson, Karen Spoelman, Jim Vollendroff

I. WELCOME AND INTRODUCTIONS

KCMHAB Chair Nancy Dow-Witherbee convened the annual joint board meeting at 4:35 p.m., welcoming the members and introductions were made by each person in attendance.

Jim Vollendroff shared that in recognition of National Recovery Month, Prevention and Community Organizing staff secured individual proclamations

from 23 cities and King County in support of September 2011 as National Recovery Month. These proclamations can be found at:
<http://www.kingcounty.gov/healthServices/MHSA.aspx>.

II. 2012 RECOVERY PLAN DISCUSSION ~ Terry Crain, Dan Floyd, Jean Robertson, and Jim Vollendroff.

Terry Crain, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Recovery Specialist, shared the successes of the 2011 Recovery Conference in September with approximately 430 attendees combined for this two-day event. Two-thirds of those who attended were consumers/family members and youth; one-third mental health workers. Other conference tidbits include:

- 30 student volunteers from the Community and Human Services Program at Seattle Central Community College.
- Nationally known speakers: Amy Long, Rick Shepler and Terre Garner.
- 36 workshops on themes of wellness, leadership, and skill building. Of those, 11 were specific to children, youth, and families; six were specific to employment.
- 44 overall evaluations were received; 100 percent of those responses said the conference gave them hope, strengthened their ideas about recovery and resilience, showed them a path to wellness for themselves and others, and recommended the conference be presented again next year.

Nancy Dow-Witherbee recognized Terry Crain for her tireless work to coordinate such an epic, first-time event.

Jean Robertson, MHCADSD Assistant Division Director, provided each member with a rough draft outline of what will be included in the next recovery plan, and summarized how to incorporate this system change plan into the MH and SA systems. The goal is to present this new phase of the planning process before the King County Metropolitan Council for a new 2012 ordinance that will replace the 2005 ordinance.

Jean noted these are the guiding principles of recovery from the Recovery Oriented System of Care (ROSC) model, geared toward the substance abuse system. She also stated that the Substance Abuse and Mental Health Services Administration (SAMHSA) unveiled a consensus statement outlining principles necessary to achieve mental health recovery. The consensus statement was developed through deliberations by over 110 expert panelists representing mental health consumers, families, providers, advocates, researchers, managed care organizations, and local public officials and others.

The current mental health recovery plan is a four phase plan and talks about building consensus and having shared understanding of recovery. The

MHCADSD spent about 18 months with agencies and consumers to build that consensus and developing the plan for change, then putting systems in place to build incentives, policies and procedures, contract terms, and education.

Jim Vollendroff shared the work that has been done to date to transition the substance abuse section of the division to a ROSC including securing funds for technical assistance to develop a strategic plan. In addition specific examples were provided of what a combined recovery plan would help achieve including a combined recovery conference next year.

Dan Floyd, MHCADSD High Utilizer Manager and Sobering Center Supervisor, gave a quick overview of ROSC: a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. Key elements of this presentation include:

- a. Integrating strategies to: Prevent the development of new substance use disorders; Reduce the harm caused by addiction; Help individuals transition from brief experiments in recovery initiation to sustained recovery maintenance; Promote good quality of life, community health and wellness for all
- b. The ROSC model is: Person centered; Self-directed; Strength-based; Participation of family members, caregivers, significant others, friends and community; Individualized comprehensive services and supports; Community based services and supports
- c. Includes Operational Elements such as: Collaborative decision making; Continuity of services and supports; Service quality and responsiveness; Multiple stakeholder involvement; Recovery community/peer involvement; Outcomes driven; Adequately and flexibly funded
- d. Outcomes for the system include: Increased access to services; Proper placement; Improved quality of care; Improved retention; Addition of peers; Use of evidenced based practices

For more information on ROSC, contact Dan Floyd at daniel-DCHS.floyd@kingcounty.gov.

III. HEALTH CARE REFORM ~ Karen Spoelman

Karen presented on Health Care reform, using slides and information she collected from Barbara Mauer, the Children's Alliance and Dale Jarvis. She addressed the key elements of health reform are Universal Coverage, Payment Reform, and Delivery System Redesign. The overall framework has two goals:

- Transform delivery system and financing to support integrated systems delivering coordinated services through health homes
- New financing agreement with the federal government

The five priority areas for reform are:

- Value-based benefit and payment reform
- Delivery system reforms
- Consumer engagement
- Prevention and wellness
- Administrative Simplification

Each area includes an intent statement, actions within the existing authority, and actions needing federal flexibility, resources, and/or assistance, including specific requests.

For more information on Health Care Reform, contact Karen Spoelman at karen.spoelman@kingcounty.gov.

IV. LEGISLATIVE FORUM ~ Jim Vollendroff, Jean Robertson

Members were informed of the 15th Annual King County Legislative Forum, Thursday, November 17, 2011, from 6:30 p.m. to 8:30 p.m., at St. Mark's Cathedral, Bloedel Hall, 1245 10th Avenue E, Seattle. Representation from each board present at the forum is critical. All members were encouraged to attend.

Some legislative priorities are: to maintain our current funding in the current funding environment; and possibly a proposal for an alcohol tax. MHCADSD has a lot of research and supporting data to fund treatment from such a tax and this has been a prior legislative priority of the board. Jim Vollendroff, MHCADSD Assistant Division Director, offered to proceed by drafting a briefing paper; members agreed. Jim will work to complete the briefing paper and seek approval to move forward.

V. BUDGET UPDATES ~ Jim Vollendroff, Jean Robertson

Jim reported the proposed substance abuse reductions are quite severe, and would essentially eliminate all adult substance abuse funding for non PPW clients. He shared biennial figures for the period January 2012 to June 2013. King County would lose approximately \$15 million in substance abuse (state) funding. This translates to the following adult programs (not including pregnant / parenting programs, and youth programs), being eliminated:

- 2,200 opiate clients in methadone treatment would be placed in administrative detox; all would be discharged from treatment
- 4,000 individuals in outpatient treatment would cease and all would be discharged from treatment
- Involuntary commitment services discontinued

- Recovery Centers of King County serves about 3,300 admissions each year: this 40-year King County program would lose funding and be closed
- 154 residential beds eliminated in King County. These beds are from a combination of long-term recovery house and residential treatment programs.

A substance abuse delivery system that was once the envy of the nation is on the brink of destruction. This crisis would destroy the substance abuse system as we know it today and is all the more reason for a large showing of individuals at the Legislative Forum.

Jean Robertson reported the proposed mental health reductions such as Medicaid rate reductions, a potential \$2.5 to 3 million cut to King County. Other reduction proposals include closing two decertified dementia wards at Western State Hospital, as well as three additional wards at Western, and one ward at Eastern State Hospital. The clients currently housed at these facilities would be released back into the community. Another budget cut with a huge impact would be eliminating the pharmacy benefit for adults.

VI. GRANT UPDATES ~ Jim Vollendroff, Jean Robertson

Jim updated the boards on these six substance abuse grants:

Assertive Adolescent Family Treatment (AAFT - 3) grant is in its final year, and was implemented with transition aged youth. The MHCADSD has been working Central Youth and Family Services for treatment and with the University of Washington (UW) on the evaluation and outcomes. The UW will develop a white paper talking about what we've learned about the needs of transitioned aged youth in substance abuse programs. The MHCADSD is very pleased with the participation of the programs as all targets have been met.

The AAFT- 4 grant for youth aged 12-18. This grant was implemented with Center for Human Services, entering its second year. All targets have been met.

Juvenile Drug Court Enhancement grant: The MHCADSD is implementing evidence-based practices among seven providers and is proving to be very challenging in training and recruitment. The numbers on this grant have trailed behind in performance numbers and a corrective action plan has been submitted.

Recovery-Oriented System of Care (ROSC) grant: where peer-to-peer services are being implemented; target numbers met. MHCADSD is working with Community Psychiatric Clinic, PTS, and PCAP.

Communities Putting Prevention to Work (CPPW) grant: addressing tobacco cessation is coming into its final months, ending in March 2012. This grant has made tremendous progress in addressing the issue of tobacco addiction among individuals with substance abuse and mental illness. Providers have been very

supportive and there has been little resistance in implementing strategies to address this important issue.

Screening, Intervention, Brief Intervention and Referral to Treatment (SBIRT) grant is a state grant being piloted in King County. This five year, \$8.3 million SAMHSA grant for the implementation of SBIRT in primary care clinics in King County.

Jean updated the boards on the following mental health grant:

Mental Health Transformation Grant, five-year SAMHSA grant to deliver trauma-informed care in the mental health treatment system. The MHCADSD is starting with two primary agencies, Community Psychiatric Clinic and Valley Cities Counseling and Consultation as study sites, and also piloting with Asian Counseling and Referral Service to evaluate the model's applicability to the Asian Pacific Islander population. The MHCADSD has engaged a consultant to provide training in Risking Connection, and the peer aspect, The Essence of Being Real. Three week-long trainings, have been provided already.

VII. OTHER CONCERNS

Members briefly discussed topics such as: the importance of prevention, writing and inviting everyone to the upcoming Legislative Forum and the excitement surrounding this event, hospital representation at board meetings, a one-page letter to Governor Gregoire addressing the potential budget cuts that will be disseminated to the group electronically, and a Washington State Budget and Policy Center editorial that will also be circulated to meeting attendees at a later date.

There being no further business, the meeting was adjourned at 6:25 p.m.

Prepared by:

Bryan Baird
Recording Secretary

Attested by:

Nancy Dow-Witherbee, KCMHAB Chair

Jim Benbow, KCASAAB Chair