



**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) AND KING COUNTY MENTAL HEALTH ADVISORY BOARD
(KCMHAB)
JOINT MEETING
TUESDAY, OCTOBER 4, 2012
King County Chinook Building Room 121-123
Meeting Notes**

KCASAAB MEMBERS PRESENT: Linda Brown, Joan Clement, Pat Godfrey, Therese Grant, Kevin Kincaid, Mary Ann LaFazia, Esther Osborne, Sarah Swanson

KCASAAB MEMBERS ABSENT: Jim Benbow, Roger Goodman, (excused); Ruvin Munden, (unexcused)

KCMHAB MEMBERS PRESENT: Moz Benado, Nancy Dow, Alicia Glenwell, Toni Krupski, Eleanor Owen, Heather Spielvogle

KCMHAB MEMBERS ABSENT: John Holecek, Kristin Houser, Veronica Kavanagh, Allen Panitch (excused), Steve Williams, (unexcused)

GUESTS PRESENT: Dave Black (MH Ombuds); David Dickinson (SAMHSA); Bob Leonard (DBHR); Katelyn Morgaine (KCMHAB applicant); Peggy Papsdorf (PHS); Inga Manskopf (Prevention WINS); Al Sweeten (SIHB)

STAFF PRESENT: Bryan Baird, Dan Floyd, Jean Robertson, Susan Schoeld, Sharon Toquinto, Jim Vollendroff

I. WELCOME AND INTRODUCTIONS

KCASAAB Chair Pat Godfrey convened the annual joint board meeting at 11:45 a.m., welcoming the committee and introductions were made by each person in attendance.

II. **CRISIS SOLUTIONS CENTER (CSC) UPDATE**

Susan Schoeld, Crisis Diversion Manager, Mental Health, Chemical Abuse and Dependency Services Division, presented that King County has contracted with the Downtown Emergency Services Center to provide crisis diversion services. On August 6, 2012, the CSC opened with the intent to provide a therapeutic, community-based alternative to jail and hospital settings for individuals in behavioral health crisis. An open house of the facility was held on Friday, August 3, 2012.

There are three components to the CSC: Mobile Crisis Team (MCT), Crisis Diversion Facility (CDF), and Crisis Diversion Interim Services (CDIS). Referrals to the MCT and the CDF come only from first responders in King County, including:

- Any law enforcement
- Hospital emergency departments social workers
- Designated Mental Health Professionals
- Fire Departments/Medic One units

The MCT consists of two-person teams of mental health professionals that respond to referrals from first responders in the community. They provide crisis intervention services to individuals in a behavioral crisis in the community; help resolve crises; provide referrals to ongoing services and support; assist with arranging or providing transportation for individuals as needed; provide services throughout King County to any individual age 18 or older; and available to respond to a crisis 24 hours a day, seven days a week.

The CDF is a 16 bed, non-smoking facility, located at 1600 S. Lane Street in Seattle, Washington, within close proximity of I-5, I-90, Harborview Medical Center, the King County Jail, and local Metro bus routes. The CDF is able to accept people age 18 and over in mental health and substance abuse crisis in order to divert them from the jail and hospitals. The facility will accept individuals 24 hours a day, seven days a week, and can provide for stays up to 72 hours. Services here include crisis and stabilization services, case management, needs assessments, and linkage with community-based services. This provides first responders with an alternative to jail or hospital emergency departments for individuals who are experiencing a behavioral crisis. Participation is voluntary, drop-off at the CDF should take no longer than 15 minutes, unannounced walk-ups and individuals without a referral from first responders will not be accepted, and individuals do not have to commit a crime to be eligible for services at the CDF.

The CDIS is a 23 bed facility for individuals leaving the CDF who may be homeless, whose shelter situation may be dangerous, or whose life situation has the potential to send him/her into crisis again. Individuals are referred to the

CDIS only by CDF staff, and they can stay for up to two weeks. Services at the CDIS include case management services to identify all housing and support options available. Individuals who are served at the CDIS will be connected to services and supports in the community to help remove barriers to treatment and reduce involvement with first responders.

All programs of the CDF will work to coordinate with existing service providers to insure that individuals referred to the CDF are (re)connected with programs to meet their needs in the community. The CDF promotes collaboration and communication and will work with community-based partners to assist people in behavioral health crisis in planning for their return to their home community. A critical component will be making connections with service providers and housing programs to support effective and individually crafted discharge plans.

Together, these systems create opportunities for earlier intervention and continued support for our communities and the individuals within them.

For more information, contact:

Susan Schoeld, at susan.schoeld@kingcounty.gov, or the CSC mainline at 206-682-2371.

The full presentation can be viewed here:

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

III. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PRESENTATION

David Dickinson, SAMHSA Regional Administrator – Region 10, gave a brief overview of SAMHSA’s administrator roles, organizational functions, and strategic initiatives. View his presentation here:

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

For more information, visit <http://www.samhsa.gov/> or contact David at david.dickinson@samhsa.hhs.gov.

IV. MARIJUANA LEGALIZATION UPDATE

Inga Manskopf – Prevention WINS Coordinator, Adolescent Medicine, Seattle Children’s, spoke about the impact of marijuana usage in young people and also shared her thoughts about Initiative 502 (I-502). Even with a tightly regulated system, her belief is marijuana will not be treated or viewed any differently than that of tobacco or alcohol. The I-502 would legalize, tax, and regulate marijuana for people aged 21 and older, and create a new industry where the state would license businesses to grow, manufacture, and sell marijuana and marijuana-infused products. Revenue from I-502 does create a dedicated marijuana fund

for prevention, but it is not guaranteed. After two years, the state legislature can make changes to passed initiatives and as has been done in the past divert dedicated funds to the state general fund.

More information can be obtained from the Washington Association for Substance Abuse and Violence Prevention *Marijuana Toolkit*, found at: www.WASAVP.org

V. LEGISLATIVE FORUM/COMMITTEE

Joan Clement encouraged members to invite as many staff, friends, and clients to attend the forum as possible; great legislative turnout is predicted. Event priorities include maintaining the status quo on MH/SA funding as the state budget is not ideal.

This year, the Legislative Forum is scheduled for Thursday, November 15, at a new location: Town Hall, 1119 8th Avenue, Seattle, 98101.

VI. OTHER

For those interested in learning more on I-502 and hear both sides about whether marijuana should be legal in Washington state, Jim encouraged everyone to attend a meeting on October 18, from 5:30 p.m. to 7:30 p.m., at High Point Neighborhood House Center, 6400 Sylvan Way SW, Seattle 98126. Guest speakers include Roger Roffman and Steve Freng.

There being no further business, the meeting was adjourned at 1:00 p.m.

Prepared by:

Bryan Baird
Recording Secretary

Attested by:

Pat Godfrey, KCASAAB Chair

Toni Krupski, MHAB Chair