

*The Human Services Commission approved these minutes on November 4, 2014*

CITY OF BELLEVUE  
HUMAN SERVICES COMMISSION  
MINUTES

October 7, 2014  
6:30 p.m.

Bellevue City Hall  
City Council Conference Room 1E-113

COMMISSIONERS PRESENT: Chairperson Perelman, Commissioners Bruels, Kline, McEachran, Villar

COMMISSIONERS ABSENT: Commissioners Beighle, Plaskon

STAFF PRESENT: Emily Leslie, Alex O'Reilly, Joseph Adriano, Mary Jayne Walker, Department of Parks and Community Services; Council Liaison John Chelminiak

GUEST SPEAKERS: Jim Vollendroff, Mental Health King County; Barb Thompson, NAMI Eastside; Kristie Neklason, Substance Abuse Treatment Services; Jaime Garcia, Consejo; Norm Johnson, Therapeutic Health Services; Yoon Joo Han, Asian Counseling and Referral; Jenna Genzale, Sound Mental Health; Erica Horn, HERO House

RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:30 p.m. by Chair Perelman who presided.

2. ROLL CALL

Upon the call of the roll, all Commissioners were present with the exception of Commissioners Beighle and Plaskon, both of whom were excused.

3. APPROVAL OF MINUTES

- A. September 4, 2014
- B. September 16, 2014

Commissioner Kline noted that she should be indicated as having been present at the September 16 meeting rather than absent.

A motion to approve the September 4, 2014, minutes as submitted and the September 16, 2014, minutes as amended was made by Commissioner Villar. The motion was seconded by Commissioner McEachran and it carried unanimously.

4. PETITIONS AND COMMUNICATIONS - None

5. STAFF AND COMMISSION REPORTS

Commissioner McEachran said he attended the Congregations for the Homeless fundraiser lunch. The event was successful and raised over \$100,000. He also noted his intent to attend the Imagine House Velocity grand opening at the South Kirkland park and ride.

Commissioner Bruels said he volunteered recently at the Congregations for the Homeless shelter. He said he continues to be impressed with how the organization has the operation down to a science.

Chair Perelman said she along with Commissioner Kline attended the fire station open house and was able to see the old fire truck that is being restored.

Grant Coordinator Joseph Adriano introduced Mary Jayne Walker, new graduate student intern. Ms. Walker said she is in her second year at the University of Washington School of Social Work.

6. DISCUSSION

A. Panel on Mental Health/Substance Abuse Trends and Issues

Human Services Planner Alex O'Reilly welcomed the panelists and asked them to introduce themselves.

Mr. Jim Vollendroff, Director, King County Mental Health, said his specific background is in substance abuse. He said substance abuse and mental health are important issues that are touching the lives of people personally or through family members and friends. Investments in both substance abuse and mental health are well documented as having solid returns on investment; for every dollar invested, multiple dollars are returned.

Mr. Vollendroff said the Mental Health and Substance Abuse division of King County has 120 employees, down six FTEs due to recent budget cuts. The \$228 million annual budget combines mental health funds, substance abuse funds, and Mental Illness and Drug Dependency (MIDD) funds. The total does not include Medicaid matches or federal grants. The large organization is ultimately responsible for the delivery and procurement of a provider network for indigent and low-income individuals, which means working primarily with the Medicaid and uninsured/

underinsured populations in the County. The unit currently has two separate contracts with the State to deliver services: one for mental health and one for substance abuse. That is about to change significantly as a result of the last legislative session and SB 6312, a bill that integrates behavioral health services with primary health care. Over the next few years a significant amount of work will be put into integrating the systems. Currently, all contracts with providers for substance abuse are based on fee for service, while the mental health side is a managed care system; starting in 2016 there will be a move away from the fee for service environment and into a managed care environment for all services.

Mr. Vollendroff explained that within the department there are 28 individuals who are designated mental health professions who have the statutory authority to detain individuals who are either a danger to themselves or others as a result of their mental illness. Over the years the law RCW 71.05, the mental health law, has been changed nine times specific to the ITA portion, each time making it easier to detain people. However, while it has become easier to detain persons, funding sources have been cut and it has been a challenge keeping up with the volume of services. For one thing, the designated mental health professionals have not always been able to respond to cases within the prescribed statutory timelines.

Another issue involves psychiatric boarding. Psychiatric boarding occurs when a designated mental health professional determines that someone meets the criteria for involuntary commitment and they detain them but there is no place to send them. What happens is the individual ends up staying in a hospital, either the emergency department or in a regular room, even though they are not receiving psychiatric services. They are transferred as soon as a bed opens for them but that can be a matter of hours or weeks depending on various factors. A lawsuit filed in King County made its way to the State Supreme Court where it was determined that psychiatric boarding is unconstitutional. The court said where the State concludes someone meets the criteria for involuntary commitment, it has an obligation to provide the treatment services. King County believes the court made the right decision.

A number of steps are being taken to alleviate the problem. The legislature in its last session provided funding to open additional psychiatric beds. An RFP was put out and two 16-bed evaluation and treatment facilities will be opening soon in south King County. The County is also working with its partners at the Washington State Hospital Association to open additional in-patient psychiatric beds at hospitals. On occasion persons who are involuntarily committed actually have co-existing medical issues and are not eligible for admission to an ENT as a result.

Mr. Vollendroff informed the Commissioners that a task force has been co-convened by the office of the Governor and the office of the King County Executive to identify alternatives to involuntary commitment. All are committed to diverting as many people as possible to the least restrictive alternatives.

With regard to the Affordable Care Act, he said there are a lot of opportunities

associated with Medicaid expansion for the County to serve a lot more clients. Effort has been put into expanding the provider network and record numbers of individuals are being seen in the system.

Mr. Vollendroff said a legislative forum is planned for November 13 and he invited the Commissioners to attend. Last year 500 attended and the goal is to increase that number to 800. Twenty legislators from King County have committed to attending, and family members will be present to share their stories. What the priorities should be for the next legislative session will be discussed. Capital funding will be sought to help fund additional in-patient psychiatric beds in evaluation and treatment facilities. Additionally the legislator will be asked to consider integrating the Involuntary Treatment Act substance abuse law and the Involuntary Treatment Act mental health law, and to fund a secure detox center in King County. The legislature will also be asked to restore some of the non-Medicaid funding cuts. Even though the Affordable Care Act expanded Medicaid, not everyone is eligible, especially immigrant populations. Additionally, not all services are Medicaid reimbursable even if an individual is on Medicaid and that has created funding gaps in the system. The legislature will be asked to consider a tax on alcohol and marijuana sales and dedicate the funds to substance abuse prevention and treatment services. There is a particular concern regarding psychiatric patients and their response to marijuana and their stabilization and recovery. The legislature will also be asked to consider raising to 21 from the current 18 the age persons must be in order to purchase tobacco products. Consideration is being given to asking the legislature to revise the Involuntary Treatment Act to allow for sufficient time to respond to hospital cases. MIDD funds are used to address 38 different strategies, but the tax will sunset at the end of 2016; support from cities to see the tax renewed will be appreciated.

With regard to trends, Mr. Vollendroff said rates of heroin and opiate addiction among youth and young adults is on the rise, particularly in east King County, and specifically in the rural areas of east King County. That is on the radar as something to address.

Ms. Kristie Neklason, Director of Substance Abuse Treatment Services for Youth Eastside Services, said she began her career as a mental health clinician working with substance abuse clients. She said she has always had the sense that clients present with integrated problems and that an integrated way to respond to them is needed. YES has been developed its capacity in that arena in a few different ways. The agency has always been organized in terms of having outreach/education/prevention services, substance abuse/co-occurring services, and youth and family mental health programs. That has allowed the agency to have a diversity of approaches and to be able to use a diversity of funding sources to reach the needs in the community. YES specializes particularly in youth and families. The mental health programs see children as young as six, and the substance abuse and co-occurring program is focused on youth aged 12 to 19.

Ms. Neklason said the funding silos that have for years kept many agencies from

doing truly integrated work has been very limiting. It is exciting to see them going away. The provision of more integrated services, however, for youth and families brings with it the need to invest in training staff in evidence-based practices where the focus is on using what has been learned to better serve people in the community. King County has been wonderful in securing funds and supporting workforce development and training in some of those practices, and it has been possible to access grants and to work with UW-Harborview in terms of CBT training for professionals, but evidence-based practice training is expensive and needs to be sustained over time.

YES has always utilized a variety of funding sources from grants to private donations to private pay and Medicaid. On the surface it sounds good to say that Medicaid has been expanded, but that has resulted in eligibility shifts and pockets of people who do not meet the criteria. The legislature needs to be asked to reinstate the non-Medicaid funds.

Ms. Neklason underlined the concern regarding the use of opiates among young people. She said providers from a number of agencies work together to identify best practices, to receive training, and work with the County to meet all objectives. Agencies openly make referrals and often confer with each other, especially where specialties are needed. No one agency can be all things to all people.

YES works closely with Friends of Youth on opiate abuse and heroin addiction issues. There has been an increase in high schoolers and occasionally middle schoolers who are smoking heroin and who think because they are not injecting it they will be okay. Heroin is often easier to get than prescription medications and certainly is less expensive. There is room for all agencies to grow and respond to the trend, but City and County support is needed for things such as education about drug use and the kinds of treatments that are available and how to connect with them. Medication assisted treatment has not yet been exploited to the degree it might be, particularly with regard to the youth. YES is working to ally with the County and other agencies to front a response in that area.

The legalization of marijuana is impacting adolescents particularly in the area of attitude. Many kids now perceive that because of the public debate that marijuana is no big deal. YES has in conjunction with the City of Bellevue invested in an educational pamphlet for parents that addresses the concerns relating to the youth. There are additional concerns for children around edibles and liquids, as well as e-cigs and nicotine, and vaping other substances.

Ms. Neklason said agencies have come a long way toward destigmatizing substance abuse and mental health issues, but there still is a long way to go. YES has people working in many different capacities in the community, including in the schools and teen centers. Their focus is on reducing barriers to accessing services. It is challenging to look toward full integration, particularly with regard to primary health, but inroads have been made in regard to partnering with local pediatricians and

strengthening referral abilities back and forth.

Raising the legal age for purchasing tobacco to 21 makes a lot of sense. The prefrontal cortex is not fully developed before that age and any kind of substance, even nicotine and caffeine, can affect the fundamentals of brain formation. Evidence-based practices take advantage of all the science and developments that have occurred that point out how significant brain development is and how the issues might be addressed most efficiently.

Jaime Garcia, founder and executive director of Consejo, said he came to the Northwest from Albuquerque where he worked with substance abuse at an in-patient unit. He noted that funding from the city over the years has allowed the agency to serve vulnerable domestic violence survivors and their children. The agency, which has been around for 36 years and which is headquartered in Seattle's Columbia City neighborhood, has six sites in King and Pierce counties. Consejo is part of the RSN in King County and is currently under petition to join the RSN in Pierce County. The agency offers mental health and substance abuse services for adults and children, domestic violence services, housing and a youth service program. The youth service program in South Park is located next door to a tavern and just two doors away from a medical marijuana dispensary. The staff believe the location is appropriate in that it teaches the clients the refusal skills they face every day.

Consejo has had a presence in Bellevue for the past 16 years on Bel-Red Road. The office there provides children, adult and family mental health services; domestic violence services to survivors and their families; referral to shelter and housing as well as other social and legal services; legal assistance related to protection orders around domestic violence; and help in obtaining visas. The agency offers school-based counseling in 12 Bellevue School District sites. Services are provided to unaccompanied children as well as to children in the foster care system.

Bellevue's Latino population has increased rapidly, growing from 5827 in 2000 to 8524 in 2010, an increase of 46.6 percent. Statewide the Latino population has increased 71.2 percent over that same period. In King County the growth rate was 82 percent, and both Redmond and Kirkland saw a 66.6 percent increase. Hispanics and Latinos in 2010 made up seven percent of Bellevue's population. The largest concentration of Latinos in Bellevue is in the Crossroads and West Lake Hills areas.

Mr. Garcia said passage of the Affordable Care Act and recent State legislation has triggered several issues and trends. He said Medicaid expansion is not benefiting the community Consejo serves, primarily refugees. There has been an increase in the number of undocumented individuals seeking services while at the same time funding has leveled and decreased. Consejo receives a quarterly allocation of MIDD funds to serve undocumented and non-Medicaid folks, and within the first month of each quarter those funds have all been spent. The lack of funding has made it necessary to turn away 370 people. Using the percentages from the overall mental health census, that means that some 59 individuals living on the Eastside will not receive

mental health services.

There has been an increase in the number of individuals exhibiting co-occurring mental health and chemical dependency. There has also been an increase in alcohol use among children, adults and parents, along with an increase in the use of marijuana and other controlled substances. There is a great deal of parental confusion around the laws related to marijuana, especially among those who do not have English as their first language.

There have also been a limiting of domestic violence services to Eastside residents due to the categorical nature of restricted funding from local cities. The result has been a barrier to people seeking mental health and chemical dependency services. It was recently observed that clients are increasingly having difficulty in scheduling appointments due primarily to their part-time jobs and/or variable work schedules. Clients who live in the city of Bellevue are experiencing higher rents and a loss of affordable housing, thus forcing many into south King County and as far south as north Pierce County while still employed on the Eastside.

Mr. Garcia said Consejo has a strong working relationship with area agencies, including Sound Mental Health, Lifewire, Eastside Legal Assistance, YMCA, Hopelink and the Salvation Army. He shared a story about a particular client that highlighted the degree of collaboration.

Ms. Barb Thompson, Executive Director of NAMI Eastside, said the agency, which has been in existence for 13 years, has as its mission improving the quality of life for those affected by mental illness through advocacy, education and support. Services are focused on those aged 18 and up, though the agency does offer programs to help the families with young children who have mental illness. The agency's support groups have been shown to have a therapeutic affect on and the fostering of connections between family members. Support groups led by individuals who also have an illness helps those with co-occurring disorders get connected with those who can really understand where they are coming from.

NAMI Eastside offers educational programs for family members of adult loved ones who have a mental illness. There are also educational programs for those with a mental illness that helps them recognize what their triggers are and teaches them what they need to do to help themselves.

The agency has been engaged in advocacy for a long time, but over the last two years the efforts have gained traction. A legislative forum was held recently for candidates from Districts 41, 45 and 48. Questions were asked about how they feel about certain issues and it was good to hear the viewpoints expressed.

Ms. Thompson said NAMI Eastside believes more needs to be done to get rid of the stigma that comes along with mental illness. Mental illness needs to be addressed as the disease it is. Until it becomes part of the ordinary conversation, people will

continue to be afraid of it. The agency's outreach program goes into high schools, and presentations are given to different organizations. Educational forums are held periodically that are open to the public; all of the programs are offered for free.

Ms. Thompson said people are still coming to the agency and saying they do not qualify for healthcare under the Affordable Care Act. Because NAMI Eastside is not an expert in the Affordable Care Act, it often refers people to those who are. The truth, however, is that many are not in fact eligible for various reasons. There are some drug companies that are willing to provide medications for free or at a greatly reduced cost, and the agency helps to get people connected with those resources.

With regard to in-patient involuntary commitment status, Ms. Thompson said the agency has heard numerous horror stories. She shared with the Commission a story about a young man whose parents tried to get him seen by a mental healthcare professional. Because they could not get him admitted, the parents took the young man home and later that night he committed suicide. A change is needed in the area of commitment only for those deemed to be a danger to themselves or others.

Ms. Thompson said many who attend NAMI Eastside support groups have used different drugs and alcohol to mask their symptoms. That likely will continue to happen and NAMI Eastside does not screen for that.

The agency does not receive any funding from King County or the state, nor does it receive any funding from NAMI Washington or the national organization. It does receive contract funds from the city, and the rest of the funding comes from memberships, sponsorships and donations. Fundraisers make up almost half of the total budget.

The lack of psychiatric beds is the biggest problem NAMI Eastside hears about. Often people waiting for a bed find out the bed is in Walla Walla or Spokane. Clients also complain about transportation difficulties owing to recent service cuts. There are also a lot of ethnic and cultural barriers faced by clients. There is not enough affordable housing and certainly not enough supportive housing for persons with mental illness. There is a lack of employment opportunities as well. NAMI Eastside collaborates extensively with HERO House but also works with the Alliance of People with Disabilities, Healthpoint, the Eastside Interfaith Social Concerns Committee, various faith communities, the hospitals, and the local police department.

Ms. Yoon Joo Han, Behavioral Health Program Director at Asian Counseling and Referral Service, said the multi-service agency provides some 13 different social service programs through 240 staff who speak 40 different Asian and Pacific Islander languages and dialects. She offered her appreciation for the continued support offered to the agency by the city over the years. The agency provides mental health services, including school-based programs for youth.

Ms. Han said most of the Behavioral Health Program clients are no- or low-income

immigrants and refugees who do not speak English very well. While the focus is on the most disadvantaged, there is a small counseling and therapy program for those who can afford to pay for the services. Overall, the program serves some 1700 per year. The 70 staffers working in the program collectively speak some 20 different Asian and Pacific Islander languages.

Over the past five years or so, the program has transformed into a whole health program. Much is said statewide about integrated care between mental health and substance abuse and the agency already does. A paper written about five years ago indicated that people with a mental illness die on average 25 years earlier than the general population. The staff took that information to heart and began asking questions about client health that went far beyond the specific mental health issues; they now ask about diabetes, high blood pressure, and cholesterol levels. It was learned that some 70 percent of clients in the behavioral health program either had diabetes or were at risk for diabetes. The program partners with the Bellevue branch of International Community Health Services and their primary care services are offered the Behavioral Health Program office where people are already coming for mental health services and where they have a trusting relationship with their case managers and counselors. In order to effect permanent change, a series of wellness activities and health education programs have been developed. Over 500 clients are participating in primary care services and the wellness programs, and over 50 percent have lost weight, 30 percent have reduced their blood pressure, and clients are reporting less psychological distress and fewer in-patient hospitalizations for psychiatric episodes. Medicaid has not previously covered dental services but now it is. The program is partnering with Medical Teams International and ICHS to provide dental care to clients.

Ms. Han said the Affordable Care Act has increased access to healthcare overall, but many within the refugee and immigrant populations are not receiving care for various reasons. Many who need mental health services are not receiving them. Support from the city and King County has been and continues to be very important.

The ACRS private pay program has been seeing a lot of family issues. Many are moving to the area because of the husband's job, but the wives and children are experiencing social isolation and social barriers.

Ms. Jenna Genzale, a clinician with Sound Mental Health, said the mission is strength focused. That means the clinicians seek to find the strengths within individuals and their families to find the resources they need to bring about their recovery. She agreed that heroin use is on the rise as a gateway drug in high schools, but the program is also seeing a lot of gap scores and people not improving over a year of treatment, which is evidence that clients are facing multiple factors along with mental health issues. The program collaborates with Lifewire in responding to the support needs of domestic violence survivors and their children.

The Affordable Care Act has resulted in an increase in the number of persons who

are able to access mental health services. In order to meet the challenge, the agency has developed a rapid access intake process for adult services. Clients can simply walk in to the office Monday through Friday between 8:00 a.m. and 1:00 p.m.; they do not need to first contact the access line and make an appointment, though contact by phone is still encouraged in order to get the billing set up. Mental health intakes are offered Monday through Friday, and chemical dependency intakes are offered on Monday and Wednesday. Rapid access for youth is more complicated and has not been initiated yet.

Ms. Genzale said she developed an infant mental health program and has attended many mental health conferences around the State to build the program. Many young moms are presenting with mental health issues and the program is helping them keep their children with them. The program includes attachment therapy for mothers of young children. Unfortunately, one of the trends that has been observed is that mental illness and chemical dependencies often follow young pregnancies. Some of the grants received by the agency have made it possible for an increased number of staff to become trainers in parent-child interaction therapy. Even so, Sound Mental Health has had a difficult time keeping up with the number of referrals received.

Sound Mental Health has a large IOP program for adults. The program includes a recovery center people can walk into and form a community with each other. The clients actually run a café and are able to sell goods to each other. There are also client-run support groups. The agency is facing too much need and not enough output due to not having enough staff. The agency also has a Level I and Level II IOP out-patient program for youth and works very closely with the school districts. Outreach staff go into the schools as well as individual homes to provide treatment for clients who have difficulty getting to the agency site. There is a great need for a youth detox program given the increased use of heroin as a gateway drug. Clients need some clean time before they can fully access treatment. Many families do not want to send their teens to in-patient treatment, preferring them to get sober on an out-patient basis where they can be closely involved. The agency has parent/family programs alongside the IOP programs.

Along with the use of heroin, there has been an increase in amphetamine usage. Many youth take the attitude that marijuana is not a big deal given that it is legal in the State and so they choose not to use it and jump straight to heroin. The trend is very scary in that many kids are using lethal amounts of heroin. An increase in the legal age for purchasing tobacco products would be welcomed by Sound Mental Health. Many kids are vaping and they do not end up smelling like cigarettes.

Ms. Erica Horn, Executive Director of HERO House, said the local organization serves adults 18 and above who are living with mental illness. The program works with members to create a community where people can reclaim their lives from their illness and build self confidence and self worth. One of the signature programs offered is focused on employment. One key to recovering from mental health is staying productive and keeping the mind busy. Focus is given to supportive

employment and prevocational training. A day program runs Monday through Friday and offers vocational skill building in a natural environment that mimics a business; everything done in a business is done in the clubhouse with members and staff working side by side, and the focus is on moving people into outside employment.

Ms. Horn said all members and staff work together as colleagues. The members are empowered and ownership of the program rests within the members of the program. All program decisions are made at the program level, and the board includes members of the organization. Members serve in every part of the program, from driving the van to shopping for the reduced lunch program to doing data entry and billing.

To date in 2014 there have been 45 HERO House members placed or retained in employment through the supported employment program. Those members have clocked 31,519 hours on the job and have collectively earned over \$329,000. Most of the members were previously considered to be unemployable by other programs, other employers, or by their families. Additionally, over 40 percent have maintained permanent employment, which is 30 percent above the national average. There have been only 13 replacements during 2014 and the 90-day attendance runs around 130. Some 200 individuals are seen annually.

Ms. Horn said the agency currently has seven staff members, some full time and some part time. The agency certainly could use more staff and is working to increase the number. Even so, the staff offer language fluency in Russian, Spanish and four African dialects.

Ms. Horn informed the Commissioners that mental illness is a social illness as much as it is a chemical imbalance and medical problem. The death of Robin Williams triggered a great deal of discussion and there is starting to be more awareness on the part of the general populace and with that awareness there is more of an understanding that funds are lacking to pay for services that help people who have mental illness diagnoses.

HERO House offers no clinical services, rather it works in partnership with many local agencies and programs. There is, however, a lack of continuity of care in the current system. Those who work to provide community support and a wraparound social support network see the breaks in the system. HERO House has made the commitment to visit every member who ends up in the hospital and to provide follow-up visits as well. King County has been very supportive of HERO House along with most of the Eastside cities. The city of Bellevue was the first to step up to the plate and offer support. The program receives MIDD dollars for supported employment services and the result has been more buy-in on the part of community providers. The program serves all who seek help, but it does not bill insurance and does not receive Medicaid funding. Clients are screened only for violence. There is no sobriety rule other than no member can be under the influence while at the HERO House site. HERO House is often the place where people come once they realize

they need help, and the program links them with all of the community providers.

Mr. Norm Johnson, Executive Director of Therapeutic Health Services, said he has been with the agency for 40 years. Through its nine locations, including Bellevue, the agency offers a number of programs. The dependency program works with the young mothers of some 75 babies annually. Youth detox is a huge issue and programs are badly needed to address it.

In Bellevue a methadone/suboxone clinic was opened two years ago to treat opiate users. Oxycontin was recently moved to a higher level of control, and Walgreens will no longer fill prescriptions for the drug. That is a move in the right direction, especially for young people. The Bellevue clinic has faced some challenges but it seems to be working. It is operating in a location that has been offering services for many years. The support from Bellevue is greatly appreciated. Access and parking is one of the key challenges; that issue has been faced in part by having people monitoring and directing the traffic using staff from HERO House.

Mr. Johnson said Therapeutic Health Services offers alcohol, drug and mental health outpatient services for adults and youth. The agency does not provide housing. The agency has been at the forefront in dealing with co-occurring issues. Starting in January the agency will include primary care at its Capitol Hill location. In February or March the same will be offered in Bellevue, followed by Everett later in the first quarter of the year. The intent is to reduce the number of persons using emergency rooms. There are some 400,000 people in the United States on methadone, and in the course of any year 50 percent of them use the emergency rooms in their area, and the cost at a minimum is \$2000 per visit. By offering primary care, the agency believes the local number can be reduced significantly. The agency will be offering primary care in conjunction with ICHS, both on a prevention basis and on a primary care basis.

Mr. Horn noted that drug court used to be handled by about eight different agencies, but as the result of a request for proposals Therapeutic Health Services provides the service throughout King County. The court recently talked about the importance of MRT and how effective it has been and has actually resulted in a substantial reduction in the rate of recidivism.

Mr. Horn commented that with the African American community there is quite a lot of denial. For years Eleanor Owens has been working to get a NAMI-type organization happening for that community; it has not been easy but progress is being made.

Commissioner Villar thanked the panelists for their participation. She said she was excited to hear about programs that are integrating primary care and mental health care or are taking steps to do so. She asked if any programs have mental health care that ties back to specialists for low-income who might have chronic physical diseases that may impact them in the long term. Ms. Han said ACRS is seeing a high prevalence of diabetes. Smoking cessation programs are offered, but the

number of those who smoke is far less than the number of those with diabetes. Suffering from chronic conditions such as diabetes and high blood pressure directly affects mental health.

Mr. Johnson said everyone who comes through the program for alcohol and drug services are referred to mental health programs. Many of those in methadone programs have physical problems and by getting them connected with primary care it will be easier to get true evaluations. Ms. Neklason concurred and said GAIN is a used as a primary and comprehensive assessment tool that looks at mental health, physical health, environment and substance abuse.

Chair Perelman asked if agencies are concerned about having a shortage of staff with the necessary expertise in both disciplines once substance abuse and mental health are combined. Mr. Vollendroff said the workforce is certainly critical to the idea of integration. Unless that is addressed, the agencies will not have sufficient staff to meet the needs. Through the MIDD, King County invests more than half a million dollars a year in workforce development and has for the past six years been paying for education and training. Mental health professionals wanting to become chemical dependency professionals can have their training expenses paid by the County, and in the next addition of the MIDD the plan is to expand that to mental health credentialing. The County is also working with the State around long-term legislative fixes that will benefit credentialing.

Mr. Garcia said at Consejo there is the added challenge of getting bilingual and bicultural staff certified in both chemical dependency and mental health. Ms. Neklason said that is a challenge for her organization as well. She said that while there has been good support for the training on the part of the County and the State, it still is not possible to pay the staff very well which makes competing with private practice and big hospitals a difficult reality.

Commissioner McEachran encouraged the panelists to develop a glossary of terms common to the world of mental health and substance abuse professionals as a reference tool when making presentations.

Councilmember Chelminiak thanked the panelists for all they do on behalf of the citizens of Bellevue and the region. He said the work of making people's lives better is incredibly important. The Council has as a priority investing in human potential; too often the emphasis is on steel, concrete and asphalt and less on what actually makes up a city, which is the people.

Commissioner Bruels allowed that reauthorizing the MIDD plan will be huge. One issue that will need to be addressed is how to handle questions about the plan in light of the system continuing to be overrun by the number of people in crisis. The overall centerpiece of the plan has been to divert people out of crisis, out of the criminal justice system, and out of the emergency medical system, but some strategies will be needed. Mr. Vollendroff said the MIDD was approved in 2008 at the height of the

economic downturn. All of the strategies that were in place were put in place at a time when they enjoyed fairly stable funding from the State. Once gaps and holes in the system were identified, the infrastructure began to erode. In addition, funding for many of the strategies dried up. Now seven years later the economy has turned around and revenues are back up. Reauthorization of the MIDD will be emphasized in 2015 through a completely open public process. Each strategy will be carefully reviewed and a determination will be made regarding which should no longer be funded, which should continue to be funded, and what new opportunities exist.

Commissioner Bruels commented that the Commission has identified transportation as a major issue affecting human services on the Eastside and countywide. He asked what is being done to draw in the public eye the connection between transportation and human services given the funding crisis King County Metro is facing. Ms. Horn said the Eastside Easy Rider Coalition and the King County Mobility Coalition are focused on making the link known. Ms. Genzale pointed out that Hopelink provides transportation for mental health appointments for Medicaid clients. Mr. Vollendroff allowed that the issue is huge and that is one reason why the County partnered with Therapeutic Health Services to bring opiate services to east King County; previously many were having to travel to downtown Seattle for treatment.

## 7. DISCUSSION

### A. Proposed Change in CDBG Public Services Funding

Mr. Adriano suggested four changes to the 2015-2016 funding recommendations before taking them to the Council. The first change was to fund the YWCA Family Village only through the Human Services Fund and not through the CDBG. By having it funded with Human Services Fund dollars, it will receive a COLA increase in 2016. HUD strongly encouraged using CDBG funds for programs that serve Bellevue residents.

Human Services Manager Emily Leslie informed the Commissioners that even though the city has been funding the Family Village with CDBG funds for many years, HUD has concluded that transitional housing is not an eligible use of the dollars.

Mr. Adriano said the second proposed change is related to the first. For a long time at least two social services have been funded with CDBG funds, but he proposed removing the YWCA Family Village from that list. That would mean the entire allocation of CDBG dollars to social services would fall on Jewish Family Service, making their funding balance strongly in favor of CDBG. That issue likely will need to be addressed in the next funding cycle.

Mr. Adriano proposed a change to the contingency plan as well. He said as of three months ago the thinking was that program income would come in at \$870,000, but the current thinking is that program income will be less than expected. He suggested adding language to the contingency plan to the effect that if the total amount available



in 2015 is different from the projected \$870,000, adjustments will be made to the Home Repair Program; all other funding recommendations would remain the same.

Ms. Leslie clarified that the proposed changes would have no impact on the total dollar amount, but the funding sources would shift.

Commissioner Kline asked if any organization other than Jewish Family Service would be eligible to switch over. Mr. Adriano said the most obvious would be Healthpoint given that they receive a lot of federal funding and is already subject to federal audit requirements. However, staff concluded that because the proposed changes are occurring at the last minute, it would be simpler to go with the current portfolio rather than adding a new agency. Because of the different funding levels for Healthpoint, such a change would trigger the need to make revisions to the Human Service Fund recommendations by taking \$5000 from some other organization.

A motion to approve the three proposed changes was made by Commissioner Bruels. The motion was seconded by Commissioner Villar and it carried unanimously.

Ms. Leslie informed the Commission that the winter shelter utility costs can be covered using some of the cash flow for the Human Services Fund, in conjunction with \$6000 from the city of Redmond. Given that, the only thing left on the table in the proposed ask to the Council was the \$10,000 annually needed to bring the International Community Health Services dental program up to its full request. It has been determined, however, that there is funding available and that the Commission will not need to make a special request of the Council for the dollars.

A motion to approve increasing the Human Services Fund allocation to accommodate the additional funding for the International Community Health Services dental program was made by Commissioner Kline. The motion was seconded by Commissioner Bruels and it carried unanimously.

A motion to approve the change to the International Community Health Services dental program allocation, the new funding for the Jewish Family Services allocation, and the revised contingency plan was made by Commissioner Bruels. The motion was seconded by Commissioner Villar and it carried unanimously.

## 8. OLD BUSINESS

Ms. Leslie reported that a lease with Sound Transit is being negotiated for the winter shelter. The intention is to have the shelter ready to open on November 15. Catholic Community Services will be operating the winter shelter for women and children and their hope is open on November 15. It likely will be located at St. Peters Methodist Church in Bellevue.

Ms. Leslie informed the Commissioners that Congregations for the Homeless has submitted a proposal to ARCH for capital funding for a permanent winter shelter. That will get the ball rolling relative to siting and additional funding.

9. NEW BUSINESS

Commissioner McEachran reported that KITH has rebranded itself with a new name. They are now called Attach.

Councilmember Chelminiak reported that he was tapped to draft the Council Corner in the latest version of *It's Your City*. He said he focused on two of the Council's vision statements, including the human potential in which he mentioned the permanent shelter.

Councilmember Chelminiak also reported that the meeting with the city council in Redmond went very well.

10. PETITIONS AND COMMUNICATIONS - None

11. ADJOURNMENT

A motion to adjourn was made by Commissioner Bruels. The motion was seconded by Commissioner McEachran and it carried unanimously.

Chair Perelman adjourned the meeting at 8:52 p.m.

\_\_\_\_\_  
Secretary of the Human Services Commission

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairperson of the Human Services Commission

\_\_\_\_\_  
Date