

*The Human Services Commission approved these minutes on June 7, 2017*

CITY OF BELLEVUE  
HUMAN SERVICES COMMISSION  
MINUTES

May 16, 2017  
6:00 p.m.

Bellevue City Hall  
City Council Conference Room 1E-113

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

COMMISSIONERS ABSENT: Commissioners Mercer, Oxrieder, Perelman

STAFF PRESENT: Emily Leslie, Alex O'Reilly, Dee Dee Catalano, Patrick Foran, Department of Parks and Community Services

GUEST SPEAKERS: Brad Finegood, King County Behavioral Health and Recovery; Andrea Frost, Youth Eastside Services; Stephanie Benson, Healthpoint; Ken Schlegel, Therapeutic Health Services; Arden James, Sound Mental Health

RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:00 p.m. by Chair Villar who presided.

2. ROLL CALL

Upon the call of the roll, all Commissioners were present with the exception of Commissioners Mercer, Oxrieder, Perelman, all of whom were excused.

3. APPROVAL OF MINUTES

A. April 18, 2017

A motion to approve the minutes as submitted was made by Commissioner Kline. The motion was seconded by Commissioner Kline and the motion carried unanimously.

4. PETITIONS AND COMMUNICATIONS - None

## 5. STAFF AND COMMISSION REPORTS

Commissioner McEachran reported that he attended the recent Lifewire gala and auction at which \$533,000 was raised. He said he planned to attend the Eastside Legal Assistance Program breakfast for justice the morning of May 18. He also informed the Commissioners that Imagine Housing has chosen a new executive director.

Human Services Manager Emily Leslie noted that Commissioner Bruels was attending his final Commission meeting, having served two full terms. She said she first met him when he was a graduate student working with the North Urban Human Services Alliance. She said Commissioner Bruels's healthcare perspective has enriched the work of the Commission.

Commissioner Bruels said he and his family moved to Bellevue in 2002 and had certain ideas of what life in Bellevue would be like, including a strong community with safe streets. He said since then he has learned the high degree to which the city of Bellevue cares about the disadvantaged. That became abundantly clear when he began his tenure on the Commission, along with the general needs in the community and the length to which Bellevue goes to do what it can to take care of the most vulnerable. He said he was proud to have been part of that effort.

Commissioner McEachran said Commissioner Bruels would always be Chair Bruels to him. He said at his first meeting he was provided with three binders of materials and Commissioner Bruels told him it was going to be okay. Since that day, Commissioner Bruels has had a consistent calming presence. Through his strong leadership, decisions made by the Commission were always made by consensus.

Chair Villar said she had always been impressed by Commissioner Bruels's dedication to the Commission, his warmth and his sense of humor. She said she always appreciated his point of view about the mental healthcare system and the healthcare system in general. She thanked him for all he had done for the Commission.

Department of Parks and Community Services Director Patrick Foran said the Commission does difficult work that has direct impact on thousands of lives in the community. The Commission does the heavy lifting in making the funding decisions that are critical to 40 to 50 non-profit organizations. The City Council has always been clear in its appreciation for the deliberate, intelligent and systematic way the Commission goes through the process. He said Commissioner Bruels had for the past eight years been a very big player in the work of the Commission whose individual contribution is a legacy unto itself.

Mr. Foran also noted that Ms. Leslie was attending her last Commission meeting before retiring at the end of the month after 22 years with the Human Services Division. He said she worked first as the grant coordinator and then as division

manager. He said his use of the term “continuum of services” came from Ms. Leslie as staff was working on a presentation to the Council about some fundamental questions around human services policies and strategies. That has been the department’s strategy for the past 17 years. Human services has always been well supported by the city, but it has not always been given high priority. Over the years, Ms. Leslie has worked quietly but persistently, and at times passionately, with other staff and regional leaders to bring the Eastside as a whole along on the journey to raise awareness of the importance of human services. The result is that Bellevue as an organization is highly respected and regarded in the region as a collaborative player, and that is largely due to the leadership of Ms. Leslie. He offered Ms. Leslie his congratulations for moving on to other ventures and said she would truly be missed.

Grant Coordinator Dee Dee Catalano said she felt somewhat robbed for having only been able to work with Ms. Leslie for 18 months.

Commissioner McEachran said he first met Ms. Leslie when she pulled a grant for a hot meal program away from his faith community because it was being used to feed people outside of the city. He said he had come to realize that Ms. Leslie is someone who always stands beside those in need and those who are being mentored. The Commission has been operating for 30 years, having been started by Nan Campbell eight years before Ms. Leslie arrived on the scene. What Ms. Leslie has created is a pathway of continuance that deepens human services in remarkable ways. Ms. Leslie mentors every new Commissioner appointed to the Commission and equips them to serve, which is a great gift. He said he attended with Ms. Leslie a meeting of the Lynnwood Human Services Commission at which she presented a way for them to take Bellevue’s most effective practices and run with them in trying to find their own way. In doing so, she bolstered her legacy. He said Ms. Leslie’s model of service and as a peacemaker would be missed.

Commissioner Bruels voiced his appreciation for the efforts Ms. Leslie put into mentoring him over the years. He said he would not have had the opportunity to serve on the Commission without having first known Ms. Leslie. He said the fact that Ms. Leslie has been with the city for 22 years means she is competent.

Commissioner Kline said her reaction upon hearing that Ms. Leslie was going to retire was to wonder what Ms. Leslie would do next given that human services is in her DNA. Ms. Leslie has always been a leader in the human services field and it is difficult to imagine not having her involved on a day-to-day basis with the Commission. She said she was sure Ms. Leslie would find other ways to continue to be involved in human services. She said her personal relationship with Ms. Leslie goes back close to 30 years and remembered when Ms. Leslie first came to work as Grant Coordinator. She said it was at Ms. Leslie’s urging that she applied for the Commission. She congratulated Ms. Leslie on her retirement.

Chair Villar added her thanks to Ms. Leslie for her savvy and guidance. She said like Commissioner McEachran, she walked into her first meeting and was handed three large binders full of applications. She said Ms. Leslie's guidance helped her feel that she would not in fact drown. Over the past few years, Ms. Leslie's counsel as to how to proceed has always been helpful. Ms. Leslie's passion for human services is evident.

On behalf of the Commission, Chair Villar provided Ms. Leslie with a token of appreciation and a standing ovation.

Ms. Leslie said she was working at United Way King County at the time the Bellevue Human Services Commission was formed. She said she knew the Bellevue staff at the time and was invited to attend a Commission meeting to testify on the topic of child care. She said her interest in coming to work for Bellevue was based largely on the fact that Bellevue was at the time the only city that had a Human Services Commission, and volunteer citizen review groups are one of the most effective and powerful ways of making decisions about human services. She said over the years she has encouraged other cities to form their own commissions. Issaquah was first, then Redmond, and now Kirkland will have a commission. She said it has been a joy over the years working with those who have a clear passion for working on behalf of others.

## 6. DISCUSSION

### A. Panel on Substance Abuse & the Heroin/Opioid Epidemic

Ms. Leslie said since the initial briefing before the Commission in February regarding the heroin and opioid epidemic, more has been learned about how Eastside and King County generally has been affected. That briefing was done by Andy Adolphson with the Bellevue Fire Department, who was a member of the King County Task Force, and included the recommendations of that group. The Commission has also heard from the city's Police Department as well as from adult probation officers regarding some of the challenges they face.

Ms. Leslie said the epidemic has touched many lives in various ways. She said some have had personal experience in the form of family members who have lost their lives, adding that she lost her niece four years ago.

Mr. Brad Finegood, Assistant Division Director, King County Behavioral Health and Recovery Division, said his division is responsible for the Medicaid and low-income population. The division serves as the Medicaid pass-through for all behavioral health treatment services and administered the Mental Health and Drug Dependency tax revenues. He said the King County Heroin and Opiate Task Force was formed in response to the 2014 drug trends report that was produced by the University of Washington Alcohol and Drug Abuse Institute. At the time, King County had reached an all-time high in the number of overdose deaths. Early in 2016, Seattle Mayor

Murray and King County Executive Dow Constantine formed the task force to address the issue.

Mr. Finegood said one of the things about opiate use disorder is that there are treatment options and various approaches that work. Where the options that are proven to work are put into play, it is possible to get ahead of the problem. It takes money and resources, but it also takes reducing the stigma. He said he lost his brother to a heroin overdose ten years ago. He was 26 years old, college educated, worked at a bank, and was a good kid, but he had a problem that no one knew about. One of the reasons heroin and opiate use has received such high visibility is because it has involved many white folks, including white middle class folks, across the nation. The nation has been unsuccessfully fighting a war on drugs for 30 years, and the main result has been the incarceration of people of color. The task force worked from the start to avoid having anything it did increase disparity on anyone with a substance abuse disorder. The members recognized the need to get to a place of destigmatizing substance abuse disorder, mental health conditions, opiate use disorder and other conditions, and it utilizes a public health approach rather than treating people as criminals.

The task force began with some 40 members, including law enforcement officers, fire department officers, social workers, primary care physicians, human service providers, and even some who identified as active drug users. From the start it was clear how far and wide the problem ranges. One of the biggest benefits of the task force was bringing people together to coordinate efforts.

Between 2009 and 2014 things switched. While in 2009 people were dying from prescription drug overdoses, by 2014 the drug of choice was heroin. Some 80 percent of those who start using heroin began by abusing prescription drugs. A large percentage of them were teens who by the age of 18 or 19 had run out of money or were no longer able to access prescription drugs and found it to be less expensive and easier to get heroin and opiates. Drug seizures grew exponentially between 2008 and 2015, and the rise in the use of heroin was clear. King County has an active needle exchange program that has been proven to keep various health risks from happening; between 2000 and 2015, the number of needles exchanged countywide grew from two million to almost seven million. By 2015, opiates had become the primary drug of choice among those presenting for detox; 2016 was the first year opiates were the drug of choice among people entering the publically funded substance abuse system.

Mr. Finegood said a major trend is the increase in the number of younger people who are accessing the substance abuse system. Many under the age of 30 are seeking detox for opiates at much higher rates. People who are housed have better treatment outcomes than those who are not housed, primarily because it is hard for those who are not housed to access the treatment and counseling they need. There are treatment options that work. For those who are on medication-assisted treatment, the risk of overdose is cut in half. People who use drugs are not bad people, rather they

have an illness. It is often the depths of despair their illness causes that sometimes leads people to criminal behavior.

The task force was divided into three workgroups: prevention, treatment and user health. The work of the individual workgroups resulted in a total of eight recommendations. The prevention workgroup offered up recommendations about increasing awareness of opiates and opiate use disorder by working with doctors around prescribing practices, by educating the general population around the fact that pain is normal, and by educating the public that those being treated for opiate use disorder are people who need help rather than zombies. There is a treatment clinic in Bellevue that has operated quietly for many years. The prevention workgroup also had recommendations and safe storage and secure medicine returns; there are currently safe disposal sites in some 95 pharmacies countywide, and there are take-back programs at various city hall sites. In conjunction with the Best Start for Kids levy, work is under way to provide increased screening and intervention in every single middle school in the county to better get ahead of the curve.

There were three recommendations made around expanding treatment services. The first was about making Buprenorphine more accessible. Buprenorphine and methadone are both medications used to treat opiate use disorder. The main difference between the two is that Buprenorphine can be prescribed by a doctor in a doctor's office, while methadone must be issued by a freestanding clinic. By focusing on Buprenorphine, there is no need to set up new clinics. It does take a Drug Enforcement Agency waiver for doctors to prescribe Buprenorphine. There are not currently enough doctors with the necessary waiver, and those who do have it are limited in the number of prescriptions they can write. The task force is working with doctors to help them prescribing Buprenorphine to those who are in need of it.

Making treatment on demand available is another recommendation of the prevention workgroup. For more than 20 years, Recovery Centers of King County was the county's detox facility. In early 2015 they called on a Friday to announce that as of the following Monday they would no longer be taking new clients. That triggered the need to scramble in search of a new provider. An agency called Valley Cities will be moving into the old Recovery Centers of King County facility with 35 beds, and a voluntary treatment center is starting up in Kent. By May 2018 there should be some 65 detox beds in the county making all kinds of treatments available.

A recommendation was also made about alleviating artificial barriers to finding opiate treatment programs. Mr. Finegood said earlier in the day he was in Olympia to witness the Governor signing into law a bill that will relieve some of the barriers on medication system treatment programs setting set up and access to them once they are set up. The bill will also make the prescription drug monitoring program more effective to use in determining who is overprescribing.

Making Naloxone available far and wide was one of the recommendations. Naloxone is a miraculous drug used in reversing the effects of opioid overdoses. Many

pharmacies are allowed to write prescriptions for the drug. He said the task force is encouraging everyone to have a Naloxone kit, particularly EMF and law enforcement agencies, but also for those who are active users. Passage of the Good Samaritan law in 2014 allows anyone who witnesses an overdose to spray Naloxone up someone's nose and bringing them back to life without fear of being arrested even if they were using with the person who overdosed.

Finally, a recommendation was made to create community health engagement locations (CHEL sites), also known as supervised consumption spaces or supervised injection sites. The idea is to have one site in Seattle and one outside of Seattle where people can safely use opiates. There are more than 100 such sites worldwide and they have been proven to be one of the most effective tools for reducing overdoses. The one in Vancouver, B.C. has been in operation for 20 years and sees some 600 users daily, all without ever having an overdose on site. The sites do not encourage the use of drugs, they only address those who are using drugs anyway. It is unfortunate that the media has latched on to supervised consumption spaces than prevention or treatment.

Ms. Arden James, Substance Abuse Disorder Manager for Sound Mental Health, said many doctors are simply not interested in obtaining the necessary DEA waiver to prescribe Buprenorphine to opiate uses because of the stigma to which it could subject their practices. They often do not want to do anything that would attract users to their waiting rooms.

Commissioner Bruels pointed out that chronic pain patients are getting on board with having Naloxone kits in hand, because they are overdosing too.

Chair Villar asked if a parent whose child is still on their insurance can go to a doctor for a Buprenorphine prescription. Mr. Finegood said that would be unlikely given the need for evaluation and instruction by the doctor. They can, however, get a Naloxone prescription either from a doctor or from a pharmacy. In order for a pharmacy to write a prescription for Naloxone, a physician must write what is called a standing order in the form of a prescription to the pharmacy. Every attempt is being made to locate Naloxone kits near to where people might be using, including homeless housing and shelters.

Commissioner McEachran asked what is keeping pharmacies from routinely having Naloxone available. Mr. Finegood said many do not know they can get a standing order for Naloxone, the trade name for which is Narcan. There are even doctors who do not know they can write a standing order prescription to a pharmacy. He said his department has a doctor on staff who is willing to write a standing order to a pharmacy. Even once pharmacies have a standing order, there is the need to let the community know where they can get the drug.

Commissioner McEachran asked if how to get Naloxone could be advertised in places like Metro buses. Mr. Finegood said that could be done, though the bus might

not be the right place. He said his department is planning to conduct some online social media advertising. There is also a need for doctors and pharmacists to have conversations with people.

Commissioner Kline asked who has traditionally had access to data concerning which doctors have been overprescribing opiates and what they have done with the information. Mr. Finegood said nothing has been done with the information. In 2016 the Seattle Pain Clinic was raided and found to be prescribing statewide, something that was not picked up by the prescription drug monitoring program. The new law allows for aligning with electronic health records. Currently the process doctors can use to track prescriptions their patients have had is cumbersome and is not used much. The program will allow for an automatic push to track the information, and will allow for monitoring prescriber behavior at the local level.

**\*\*BREAK\*\***

Ms. Andrea Frost, School-Based Program Supervisor for Youth Eastside Services (YES), said the organization has been around for 49 years and has its main office in Bellevue, with satellite offices in Kirkland and Redmond. The agency offers mental health counseling, substance abuse treatment, and psychiatric services to youth and families. The substance abuse program serves youth aged 11 to 22. Individual and family based services are provided, along with school-based prevention and intervention services in both the Bellevue School District and the Lake Washington School District. Global Assessment of Individual Needs (GAIN) assessments are performed that look at the whole person as an individual relative to mental health, social and emotional wellness, and substance abuse. The GAIN assessments are done at the agency offices as well as in the schools. The Lake Washington School District recently went to in-school suspensions which requires suspended students to be at school every day and stay caught up with their homework. Referrals come from the schools, the courts and community resources, other agencies and families. YES accepts individuals at all points of recovery. If they need more treatment than can be provided on an outpatient basis, referrals are made to inpatient options.

Ms. Frost said the list of barriers to inpatient treatment of the youth include limited options within King County relative to insurance and Medicaid. Many organizations simply do not accept Medicaid. Admission criteria rules out some clients because of their behaviors or the substances they are misusing. Bed dates are often not available at the time clients request treatment; at times the wait is 60 to 90 days. Paperwork is required from clients prior to admission, and in some cases they are required to be already attending some kind of treatment. In the spring months there is often a lack of access to involuntary treatment.

The increased use of heroin and opiates and combining substances is addressed in a flyer created by the agency. The flyer talks about what to do in overdose cases, signs to look for, how to get help, and how to get a prescription for Narcan. Every student

worked with in the schools receives a copy of the flyer and is made aware of the Good Samaritan law.

The agency has seen an increase in the number of co-occurring clients, which are those with both mental health and substance abuse issues, and client deaths relating to overdoses. Just in the Lake Washington School District in the last five years there have been six or seven overdose deaths related to opiates and the mixing of and combining with other substances, including alcohol. There are few prescribers willing to see youth for medication-assisted treatment, thus there it is difficult to get information regarding success rates involving youth.

YES works in the community with International Community Health Services (ICHS), King County Behavioral Health, Cross Paths, Friends of Youth, Navos, Allegro Pediatrics, and Seattle Children's Hospital. YES also works with King County Best Start for Kids and between January and March has seen 14 families who were formerly homeless. The agency also works with school students who are living on the streets and connects them with the help they need.

Ms. O'Reilly asked if there have been any overdose deaths in the Bellevue School District. Ms. Frost said it has been a couple of years since there have been any in the district.

Mr. Randon Aea, Behavioral Health Manager for International Community Health Services (ICHS), said the agency has been around for some 44 years and has a clinic in Bellevue as well as in Shoreline, Holly Park and Chinatown. He said about 90 percent of the patients are people of color, and 64 percent have limited or no English skills. Close to 50 different languages are spoken by ICHS clients. Services were first offered to the Asian/Pacific Islander community, but that focus has expanded over time; the clinic in Bellevue serves the Asian/Pacific Islander, Chinese, Vietnamese, Russian and Spanish-speaking communities.

ICHS is in the middle of a multi-year grant that allows for the provision of screening through the SBIRT (Screening, Brief Intervention & Referral). The grant also allows the agency to provide Suboxone. The Bellevue clinic will begin providing Suboxone in June.

Mr. Aea said health clinics is one way people can get treatment for medical needs and mental health needs. Currently, the behavioral services offered at ICHS clinics are usually accessed through the provision of medical services. Patients are screened for anxiety and depression in determining if their needs can be met at the clinic. If they cannot, ICHS works with Therapeutic Health Services, Sound Mental Health and others to make sure the patients are connected to services.

Mr. Aea explained that when a patient comes to an ICHS clinic for Suboxone, the first visit will entail talking to a doctor who will try to determine if the person is a good match for the medicine. The medical provider will decide if the patient is eligible to

keep coming in to see the provider, if they are already in counseling or if they are willing to talk to a counselor. Those patients who are not fully engaged can be challenging, but that does not mean they are automatically turned away. Those who are using heroin must stop using it before getting treatment, but when they do so, they begin to get physically sick. It is at the most horrendously painful part of the process is when Suboxone is administered, and that is where the change happens and people tend to get better. That occurs at the second visit. Once the patient is at the right level of medicine, follow-up visits are scheduled and at those subsequent visits is where screening for anxiety and the like occurs. Services are provided and referrals are made as needed. The medical clinic serves as the gateway to other services.

One of the barriers to services is the lack of information about available services. There is also the issue of providers not wanting to be seen writing prescriptions for drugs that may or may not be part of the drug problem. Additionally, most patients are using other substances along with heroin and physicians are not always comfortable adding another drug to the mix. Once the drug issues are dealt with, it becomes necessary to address the behavioral health issue that the drugs were masking, and that is where the counseling comes in. The waiver process has been another barrier given that up until recently, one had to be a physician in order to prescribe Suboxone, and many providers in the system are physician's assistants.

Ms. Arden James, Substance Use Disorder Manager for Sound Mental Health, said the agency has been around for 51 years and has a number of clinic locations and about 20,000 clients in the King County area. Clients can self-refer and receive same-day assessments, which is where everything starts. One problem is that clients that have behavioral health disorders do not always attend appointments regularly. Most Sound Mental Health clients are on Medicaid and if they miss an appointment there is no fee charged, which makes no-shows not very cost-effective for the agency. Walk-in assessments has proven to be a far more successful approach. Exceptions are made for priority populations, such as people who are severely traumatized. After the initial assessment with a clinician, clients are assigned a case manager.

Persons who are actively using or who are having psychotic symptoms are taken in at any point, and Sound Mental Health works with them to alleviate the symptoms. If they are suicidal and actively using, the focus is on getting them hospitalized so they can receive the right type of care. Clients are not required to stop using before seeking help, and no one is turned away even if they continue to use.

Sound Mental Health does not provide Suboxone to clients but does refer clients to doctors who will provide it. Doctors that accept Medicaid clients for Suboxone are very few and far between, so that is a gap in the system. Several Sound Mental Health doctors will be getting the waiver in the next several months, however. Medication-assisted treatment was not even on Sound Mental Health's radar twelve years ago. Now some simply refer to it as med management.

Mr. Finegood said he has been working in the substance abuse field for 20 years and has seen a huge change in philosophy. Starting with an abstinence philosophy to understanding that medication to treat organic brain disorders is acceptable and can help a lot of people. There is, however, still a long way to go. Ms. James added that medication-assisted treatment is a much more humane way of treating people who are ready to make changes in their lives even if it means going through withdrawals.

Ms. James said one trend the agency has experienced lately is finding clinicians with the right credentials to provide the treatment. One of the reasons why is low compensation rates.

Sound Mental Health collaborates with other providers, including Therapeutic Health Services, that have specialized services.

Many of the Sound Mental Health clients are experiencing homelessness and the case managers work hard to get them connected to housing.

Mr. Ken Schlegel, Chief Development and Marketing Officer for Therapeutic Health Services, said the agency has been around for 45 years and has ten service locations in the greater Puget Sound area. Nine of the locations are in King County and one is in Snohomish County. Three of the locations offer services to youth, particularly at-risk youth and youth of color. Five of the locations provide medication-assisted treatment, primarily in the form of Methadone. The agency also offers a full complement of substance abuse counseling, and has a robust adult and youth mental health program. Therapeutic Health Services is the largest provider of King County drug court services and has successfully graduated a lot of students through that program. A number of referrals are made to the agency from healthcare delivery systems for pregnant opioid-addicted women, and unfortunately that program is well populated. The goal is to help the women deliver a healthy a baby and then to cope with recovery and learning parenting skills.

The Therapeutic Health Services clinic in Bellevue is located on 140th Avenue NE and currently sees about 550 patients on a regular basis. Of those, 430 are receiving medication-assisted treatment in the form of Methadone, and 25 of them are receiving Buprenorphine.

Mr. Schlegel said the stigma of medication-assisted treatment is huge for all of the reasons previously stated. He said he does a lot of public education as part of his job and has provided extensive training for first responders in Snohomish County. Over the course of ten months, more than 500 people in Snohomish County were trained about a host of things, not the least of which was the burgeoning opioid epidemic. In working with all those people, it became clear that everyone has a different picture of what a heroin user looks like. There are parts of the nation and parts of the region that are dealing with opioid addiction in ways they never thought they would have to. Similarly, there are all kinds of people from all walks of life who are having to deal

with serious addictions and/or overdose deaths. The job of Therapeutic Health Services is to get people as stable as possible and to set them on the path to substantive recovery. Once they are stable, they can address the underlying issues they face in their lives. In most cases, the underlying issues cannot be addressed until the clients are afforded some stability in their lives.

Mr. Schlegel said one barrier currently being faced is the number of persons who can be seen at each location. That problem will be eased somewhat as a result of the legislation that was just signed into law. Another barrier is finding enough qualified people to provide treatment; there are not enough chemical-dependency professionals and not enough nurses.

Therapeutic Health Services works closely with other social service organizations, including Sophia Way, HERO House and Compass Point. One challenge, however, is making sure every agency knows what the other agencies provide.

Ms. Stephanie Benson, a nurse practitioner with Healthpoint, said the agency runs community health centers all over King County. On the Eastside, there are clinics in Redmond and Bothell. Within the last year Healthpoint began offering Suboxone treatment for patients in King County. The waiver has opened new doors to mid-level providers, including nurse practitioners and physician's assistants. There still is a barrier associated with providers having to cap the number of people they can provide services for; some cap at 20, others at five. The two Healthpoint clinics on the Eastside only have two providers that offer Suboxone treatment and both are capped at five.

Mr. Finegood said it is ironic that a doctor, a physician's assistant or a nurse practitioner can prescribe Oxycontin to thousands of patients but are capped when it comes to the number of Suboxone people they can see. The new law allowing mid-level practitioners to prescribe will help.

Ms. Benson said the gap between the need and the treatment available stems from a lack of providers able or willing to provide the treatment. Additionally, there is a lack of mental health facilities and providers to do the work that needs to be done. Most users have underlying mental health issues that trigger a self-medication response.

Healthpoint works with other agencies on the Eastside, including Sound Mental Health, Friends of Youth, Youth Eastside Services, and the Eastside women and children's shelter.

Commissioner McEachran asked how the various agencies interact with Bellevue College. Ms. James said they have an alcohol and drugs program that includes a year of classes. Ms. Benson said Healthpoint has interaction with Bellevue College students only insofar as students come into a clinic. Mr. Aea said the same was true of ICHS.

Mr. Finegood said there is a recovery high school in the Eastside called the Eastside Academy, which is a private school. There are two additional publicly funded recovery high schools, one in the Queen Anne district in Seattle and one in Kent. The recovery schools offer a choice to youth who want to attend school in a abstinence and recovery environment.

Ms. Frost said Youth Eastside Services has provided educational presentations at those schools over the years and also works with students in the running start program at Bellevue College. Ms. Schlegel added that the Therapeutic Health Services branch manager teaches in the chemical dependency program at Bellevue College and makes frequent presentations to the student body regarding addiction.

Commissioner Bruels asked if the county has thought about something along the lines of the 1811 program for folks with alcohol problems. Mr. Finegood said the issue has come up, particularly around supervised consumption. There is a lot of low-barrier housing first programs that exist in which use is known to occur. It is not safe for people to be using in their rooms alone and thus it would be better to have a common area for residents of a building. There have been some conversations about permanent support low-barrier housing for people who use opiates in a harm reduction manner. There is nothing in the immediate future, but there are conversations. Commissioner Bruels said 1811 has been resoundingly successful on a number of different levels.

Chair Villar commented that while drug addiction is not a crime, it frequently leads to criminal behavior. She asked if there are services offered in prisons for existing clients and if there are transitional services offered. Ms. James said many of the Sound Mental Health clients have legal involvement. The agency has forensic teams that work with the clients depending on the types of crimes committed. There are some clients who left to their own devices would be on the streets all the time and would not seek help. The forensic teams are available 24/7 and they work with clients to make sure they are well supported. Where necessary, clinicians visit clients in jails or hospitals to get them assessed. There is also a program that works with clients who are in prison for having committed crimes to prepare them for being released.

Ms. Frost said Youth Eastside Services hold a contract with the King County Juvenile Court Diversion Division. Any youth on the Eastside who is under 18 who gets a minor in possession or minor in consumption can be offered a diversion. The agency conducts a full GAIN assessment and if the youths following through with the recommendations, their record remains clean.

Mr. Schlegel said Therapeutic Health Services has a lot of involvement with the criminal justice system. In addition to the King County drug court program, the agency operates additional diversion programs for clients who do not qualify for drug court. The agency also offers jail dosing in which incarcerated persons in need of Methadone or Suboxone can get what they need and can get connected to counseling.

Mr. Finegood said King County is vested in moving upstream. The law enforcement aid to diversion program gives law enforcement options, such as crisis diversion and sobering centers. The more diversion services can be offered to those with crisis behavioral health issues, the more people can avoid jail and future trauma.

7. OLD BUSINESS

Ms. O'Reilly invited Commissioners to attend the Bellevue College community conversation on June 30 from 2:30 p.m. to 3:30 p.m. She noted that Commissioner McEachran had agreed to go, and Commissioner Kline said she would go as well.

8. NEW BUSINESS

Grant Coordinator Dee Dee Catalano reported that the 2018 CDBG capital application process will open on May 25. It will remain open for four weeks and close on June 20. The Commission is slated to review the applications on July 6.

Chair Villar said she and Councilmember Robinson would be meeting on May 17 with three candidates for the vacant Commission seat.

9. PETITIONS AND COMMUNICATIONS – None

10. ADJOURNMENT

A motion to adjourn the meeting was made by Commissioner Kline. The motion was seconded by Commissioner Bruels and the motion carried unanimously.

Chair Villar adjourned the meeting at 8:11 p.m.

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Secretary to the Human Services Commission

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Date

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Chairperson of the Human Services Commission

\_\_\_\_\_  
Date