

CITY OF BELLEVUE
HUMAN SERVICES COMMISSION
MINUTES

March 20, 2007
6:30 p.m.

Bellevue City Hall
City Council Conference Room 1E-113

COMMISSIONERS PRESENT: Chairperson Hoople, Commissioners Beighle, Farsch, Huenefeld-Gese, Seltzer, Stout, Major Mike Pentony

COMMISSIONERS ABSENT: Commissioner Yantis

STAFF PRESENT: Alex O'Reilly, Camron Parker, Department of Parks and Community Services

GUEST SPEAKERS: Liz Quakenbush, Community Psychiatric Clinic; Yoon Joo Han, Asian Counseling and Referral Service; Mike McAllister, Seattle Mental Health; Laura Scott, Barb Thompson, NAMI-Eastside; David Downing, Youth Eastside Services; Amnon Shoenfeld, King County Mental Health, Chemical Abuse and Dependency Services Division

RECORDING SECRETARY: Gerry Lindsay

1. CALL TO ORDER

The meeting was called to order at 6:34 p.m. by Chair Hoople who presided.

2. ROLL CALL

Upon the call of the roll, all Commissioners were present with the exception of Commissioner Yantis who was excused.

3. APPROVAL OF MINUTES

A. February 22, 2007

Chair Hoople called attention to the fifth paragraph on page 2 of the minutes and noted that "Bill Woods" should read "Bill Wood."

Commissioner Beighle called attention to the last sentence of the third paragraph on page 2 and said “Some of the microbicides have passed their testing...” should read “Some of the microbicides have not passed their testing....”

Motion to approve the minutes as amended was made by Commissioner Stout. Second was by Commissioner Seltzer and the motion carried unanimously.

4. PETITIONS AND COMMUNICATIONS – None

5. STAFF AND COMMISSION REPORTS

It was agreed to move this item to later in the meeting.

6. DISCUSSION

A. Panel on Mental Health Care System

Grant Coordinator Camron Parker introduced the panelists and Major Mike Pentony who he explained has replaced Captain Bill Ferguson as the ex-officio member from the Police Department.

Amnon Shoenfeld, director of the King County Mental Health, Chemical Abuse and Dependency Services Division, said his division is responsible for planning and implementing publicly funded mental health services in the county. He explained that the state mental health division is the Medicaid contractor for Medicaid mental health services in the state. They match those federal dollars with state dollars and distribute them across the state to 13 different regional support networks, of which King County is one. King County Mental Health, Chemical Abuse and Dependency Services contracts with the state to provide managed care mental health services for the Medicaid population. Additionally, some funding flows to the division for non-Medicaid, state-only services; that funding represents a fairly small part of the overall mental health budget, but within that segment the division must provide all crisis and disaster response services, as well as mental health services for people not covered by Medicaid who meet the access criteria based on diagnosis and level of function. The division prioritizes those who are seriously and chronically mentally ill and emotionally disturbed; special prioritization is given to those who are at risk for hospitalization, those who are coming out of hospitals, those who are at risk for going to jail, and immigrants who have no other resources available to them and who will never qualify for Medicaid.

Mr. Shoenfeld said Medicaid is a managed care system. Accordingly, the division is required by contract to provide mental health services for anyone on Medicaid who meets the statewide definition for access to care. The provider agencies conduct interviews to determine a diagnosis and level of functioning before presenting them to

the division for a determination of eligibility for mental health services. Once the okay is given, the payment structure kicks in based on the level of services required; every person on Medicaid is assigned a per-month rate. The provider agencies provide the actual services. The division is required to serve whoever is eligible. If more people need mental health services than is funded by the rate, the division is at risk; if the persons being served require more services than the established rate, the agency is at risk.

Mr. Shoenfeld said once the division pays for all of the non-Medicaid things that are required to be covered, such as involuntary commitment, hospitalization and residential services, there is not much left for non-Medicaid persons. He said in the 1990s when the division first started managing Medicaid services, about ten percent of those served were not on Medicaid and were receiving outpatient services; by 2006, that figure had dropped to one percent, and currently the figure is closer to three percent.

Mr. Shoenfeld said one of his duties as director of the division is to plan for a system of care above and beyond the regional support network. Everything the division does must be integrated with other initiatives. He said he works closely with the jail system to make sure mental health services are being provided to inmates as needed; the ten-year plan to end homelessness to make sure projects will fund the homeless population that needs services; and with the Human Services and Veterans Levy Project.

Commissioner Huenefeld-Gese asked what the point of entry is for the King County system. Mr. Shoenfeld said there are a number of points of entry. People can walk into any of the mental health centers and ask for services. They can also be referred by caregivers, parents, relatives, neighbors and schools. Mental health providers must conduct the intake screening to determine if the access criteria for services are met. The time it takes to get into the system can vary by provider.

Ms. Yoon Joo Han with Asian Counseling and Referral Service said intake time depends largely on the capacity of the agency. In emergency situations, the screening can be done right away. Those who can afford to wait generally get intake appointments within a week of calling, though it can be as long as two weeks. Once the intake is completed, a case manager is assigned within three days, and the case manager must make contact with the client within three days. Everyone deserves immediate access to services, but the reality is the providers are being stretched thinner and thinner. Because the mental health system has been inadequately funded for many years, providers must carry higher case loads. The Asian Counseling and Referral Service case managers currently carry more than 50 cases each, and the agency is experiencing a very high turnover of case managers.

Commissioner Stout asked how long the treatments last once a client is cleared for

services. Mr. Shoenfeld said the benefit period is one year.

David Downing with Youth Eastside Services said his agency offers same day and next day crisis appointments. Much depends, however, on the current case load and the right clinical skills match. The tier benefit is for a full year, though some clients require services beyond that time period.

Mr. Shoenfeld said clients who still meet the access to care criteria at the end of the year can seek another year of benefits.

Commissioner Farsch asked what constitutes a crisis situation. Mr. Shoenfeld said ideally the crisis is defined by the person. If they feel they are in crisis, they are considered to be in crisis. Much depends, however, on the level of response required. For those already in the mental health system, the crisis response occurs at the agency level, generally through contact with a case manager. Calls to the Crisis Clinic can result in contact being made with the right professional. Calls also are received from police, hospitals, and directly from families.

Liz Quakenbush said the Community Psychiatric Clinic (CPC) offers services on the Eastside primarily to chronically mentally ill adults, though children are served as well. The services offered include therapy and case management. There is a psychiatric nurse practitioner on staff along with a psychiatrist. The agency also provides a day recovery program and therapy focus groups. The majority of services are provided onsite. The average age of the clients is late 40s to early 50s. They must have a primary access one diagnosis, such as bi-polar, or schizophrenia to be eligible for the tier benefit. Clients are funded primarily through Medicaid dollars, though services are also provided to Medicare clients.

Continuing, Ms. Quakenbush said CPC has a good working relationship with NAMI-Eastside. NAMI uses space at the agency to conduct support groups, and NAMI refers clients in crisis to the agency. CPC also has a good relationship with Crisis Clinic and with Hero House, a clubhouse model program offered in Bellevue that provides services to anyone with an access one diagnosis. CPC also makes referrals to community health providers and the social workers at Overlake Hospital.

Ms. Han said Asian Counseling and Referral Service (ACRS) is a multi-service agency offering eleven different programs. The adult mental health program primarily serves immigrants and refugees who have no income or very low income and who have limited English proficiency. Like other mental health agencies, ACRS provides individual, family and group counseling, has a psychiatrist on staff to provide evaluations and medication management, and provides a day activity program for people who are not fully ready to engage in society. Clients are culturally and ethnically matched to counselors. The agency incorporates what people believe from their cultures and history into their treatments, meshing the best of the West and the

East.

Ms. Han said about 75 percent of the ACRS clients are on Medicaid. Some 15 to 20 percent of the clients are non-Medicaid and have no insurance or health benefits; many of them do not meet the immigration qualifications and have no other resources. Even those clients that do have insurance benefits find that insurance does not pay for the full cost of treatment. In some instances the insurance companies refuse payment because the service providers are not qualified according to their standards. ACRS offers a sliding fee scale for those who can afford to pay something.

Ms. Han added that the heart and soul of ACRS is its staff. They work hard, save people's lives, and get paid less than some factory workers. The system does not recognize the value of the services performed.

Mike McAllister with Seattle Mental Health said the agency serves roughly a third of the Medicaid clients in King County. The agency has offices throughout King County, including in Bellevue, at the Family Resource Center in Redmond, and in Issaquah. Seventy-five percent of the clients are funded by Medicaid through the King County mental health plan; the other 25 percent have a mix of commercial insurance, private pay, and funded by local grants. The sliding scale falls to 60 percent, which is still not affordable to many clients. The Medicaid rates have not increased for several years, so Seattle Mental Health is just as strapped as all of the other providers. The case loads have gotten far more complex, and the case managers average about 60 cases, though some have as many as 80.

Continuing, Mr. McAllister said the mix is roughly 60 percent adults and 40 percent kids in the outpatient program. The agency is a dually licensed chemical dependency provider and provides those services throughout the entire service area. At the ground level, the agency is trying to merge the chemical dependency and mental health systems into one integrated service delivery system, which is easier said than done. The goal is to provide one comprehensive intake and assessment, one comprehensive set of services, and one comprehensive treatment plan. Other agencies are taking the same approach. Vocational and employment services are also intertwined with the service delivery system for all clients 16 and older, which is a requirement of King County. The agency also has an extensive array of services for children on the Eastside serving the most complex, multi-systemic kids.

As part of the recovery approach, Seattle Mental Health incorporates parent coordinators, who are parents who may have experienced the mental health system themselves and who have become certified to help define and lead certain services. The services they provide are offered at no charge to everyone. The agency also provides domestic violence services to offenders, collaborates with the Eastside Domestic Violence Program for non-offenders and children, provides some developmental disability services for both children and adults, and offers 24/7 crisis response for all clients.

Mr. McAllister said the Medicaid system administered by DSHS has become more complex and difficult to navigate for providers and clients. The recent requirement to choose a drug plan was incredibly complex. Adding to the complexity is the fact that clients on both Medicare and Medicaid have been put on spend-downs, which kicks in a whole new gear. Licensed therapists are having to spend more of their time managing coupon losses.

Chair Hoople asked how persons identified as veterans during the intake and assessment process are connected with services available to them. Mr. McAllister said he is not sure how the connections are made, but said the people are asked if they are veterans. Mr. Shoenfeld explained that if they are Medicaid they can receive services through the regional support network and do not have to be passed off to the veterans system. Chair Hoople noted that the veterans program does not offer clinicians, but as more funding is made available as a result of the levy providers should seek to contract to offer the services.

Laura Scott, a member of the Board of Directors for NAMI-Eastside, said the agency serves families that are dealing with mental illnesses, and provides anti-stigma education in the community. All of the services are offered at no charge and are paid for using grants, contracts, donations and membership fees in addition to fundraisers. NAMI-Eastside works with other service providers, primarily through referrals. Peer-to-Peer classes are offered to the teen population, and a children's program that previously was offered and which was well received is being started up again. Support is also provided to Spanish-speaking populations, and an effort is being launched that will provide support to the Russian-speaking community. Other programs offered include the Wellness Recovery Action Plan, which is an eight-week class, and Visions for Tomorrow.

Barb Thompson, also with NAMI-Eastside, explained that the Peer-to-Peer is taught by consumers. Family members are not allowed. The focus is on recovery and recognizing issues and problems that require help. The nine-week class includes talk about the services available in the community and medications. The Family-to-Family class has a similar approach and lasts 12 weeks. Educational forums are offered monthly. NAMI has a national training program that all facilitators must attend.

Mr. Downing said YES provides comprehensive counseling and mental health services to youths aged six to 18 and their families throughout the Eastside from offices in Kirkland, Redmond and Bellevue. Of the clients served in 2006, 47 percent were from ethnic minorities, an increasing number of which are from Spanish-speaking families. Many of them are not eligible for Medicaid, and 41 percent are from low-income families. Families are included in the treatment programs, and services are provided regardless of ability to pay. Reimbursement is through

Medicaid, private pay, and insurance coverage.

Mr. Downing said a variety of kids come from homes that are not necessarily supportive of their needs and where they may be experiencing abuse. Kids 13 and older can seek services without the involvement or knowledge of their parents. The agency offers anger management, grief and loss and parenting groups, along with a list of other group programs.

YES interfaces with a variety of agencies in the community, including the Eastside Domestic Violence Program, the Children's Response Center, Hopelink, Overlake Hospital and Fairfax. The agency also partners with the Lake Washington School District and the Bellevue School District to provide services in the schools, is part of the King County Youth and Family Service Network, and is part of the Highline Consortium.

YES receives funding through the Medicaid tier system, from the Youth and Family Service Network, from city contracts, from United Way, and through private fundraising. Like all agencies, YES finds the Medicaid system challenging; there is a large amount of paperwork involved that requires an incredible level of staff training. Medicaid reimbursement rates have not risen to track with increased costs; the same is true for private insurance coverage. The agency is seeing an increase in the number of clients who are not able to pay, largely because other agencies have stopped serving them.

Mr. Parker asked the panelists to comment on trends being seen in the populations being served.

Ms. Han said the cases are becoming more complicated, with the clients presenting with more problems, including criminal histories. Combined with poor credit, many are finding it very difficult to find housing. ACRS is also seeing an increase in the number of clients with pathological gambling problems, a trend that is particularly serious within the Asian community. Those in the Asian community tend to wait until there is a crisis before seeking help.

Mr. McAllister said Seattle Mental Health serves Russian-speaking clients who live in Bellevue. As population groups seek out services, they share what they have learned with others in their community, which tends to draw in more clients from the population group. Over time the clinicians and interpreters gain comfort in dealing with the people. Seattle Mental Health is also seeing an increased number of clients from war-torn parts of the world, and they are presenting with heart-wrenching stories and trauma symptoms; most have limited or no funding options.

Ms. Thompson said the demand for the Family-to-Family support groups and classes offered by NAMI-Eastside has been increasing. Only about 24 people can be served

in the classes, which are offered only twice a year, so there are now waiting lists. The agency is pushing to let the various communities know what services are provided.

Mr. Downing said YES is seeing more bullying and harassment among young people. The problem is being seen both across groups and generally.

Commissioner Huenefeld-Gese asked what is behind the trend toward seeing more gambling problems in the community. Mr. Downing said for young people it tends to start in the family or with friends, and that quickly grows to include internet gambling sites. While it is not legal for them to use internet gambling sites, there is no policing; youths will often use their parents credit cards and rapidly become addicted. Many of the kids present with issues of isolation and dropping grades, and the hidden problem is found to be gambling addictions.

Answering a question asked by Commissioner Huenefeld-Gese, Mr. Downing said the primary concern of YES relative to the internet is online predators. YES is currently organizing with the school district an educational forum for parents. Kids are at-risk for online violence in terms of dating relationships as well; YES staff are currently working with MySpace to include some guidance.

Ms. Han explained that gambling is a form of entertainment in the Asian community. The cultural belief of fatalism plays into it to some degree. Casinos openly market to the Asian community in a variety of effective ways, and when non-English speaking refugees and immigrants find that when they are there they do not have to speak English and everyone treats them nicely.

Major Pentony said mental health has always been an issue for police officers to face. Officers are often called to intervene with those who are acting out, and there are very few places where the offender can be transported. They can be brought to Overlake, but Overlake says they do not do involuntary commitments, and Harborview offers some resistance.

Major Pentony noted the need for officers to know who monitors adult group homes and who to contact when patients act out and repeatedly call 911. Ms. Thompson said NAMI-Eastside receives a lot of calls and has done some research on who to contact at adult group homes. She noted that not every adult home accepts the mentally ill, and when they do they want them to be able to take care of themselves to a large degree.

Mr. McAllister said Seattle Mental Health has good working relationships with the police department, making it easier for the officers to receive the assistance they need in making decisions about what to do. He suggested the department should seek to establish relationships with the individual group homes and their staff as well.

Major Pentony said it is always frustrating for officers dealing with persons showing signs of mental instability but who is not proving to be a serious public safety threat. In such cases, the officers need someone they can call. Anyone threatening to kill themselves or someone else can be involuntarily committed. Mr. Parker suggested that agencies may want to increase their outreach services to get the message out that they are available to help.

Mr. Shoenfeld allowed that there is a need to have safe houses where the police could bring persons who do not fit the category of involuntary commitment. The push to increase the sales tax in King County will make funding available for such facilities. At the legislature level, SB-5533 has been approved by the Senate and is being considered by the House. One of the provisions of the bill would authorize the designation of crisis stabilization facilities. The bill does not, however, provide any funding.

Mr. McAllister said it is remotely possible that persons showing signs of mental instability who the police must deal with are already in the mental health system. In those cases, the trick is to ferret out that information. Commissioner Huenefeld-Gese said that information can sometimes be gained by just asking the person who their case manager is.

Mr. Shoenfeld said there is a push to get funding for additional CIT training for police throughout King County.

Major Pentony reported that the Bellevue police department is currently working to make sure it is compliant with the Americans with Disabilities Act. He said he recently wrote a policy for the deaf and hard of hearing and is currently working on a policy that will require training for officers on how to handle emotionally disturbed people. The training is aimed at giving officers tools to work with.

Answering a question asked by Commissioner Farsch, Ms. Thompson said NAMI-Eastside offers support groups for Spanish-speaking clients. The group meets at Consejo.

Mr. Parker thanked the panelists for their participation.

5. STAFF AND COMMISSION REPORTS

Ms. O'Reilly said some 22 community conversations have been scheduled as part of the Needs Update process. She said she has participated in six so far, some in conjunction with Commissioners.

Ms. O'Reilly reported that the telephone survey has been completed. A total of 431

Bellevue households were contacted, 410 of which completed the survey in English. The other 21 were completed in languages other than English, nine in Spanish, three in Cantonese, two in Korean, two in Cambodian, one in Russian, one in Vietnamese, one in Japanese, and one in Farsi.

Ms. O'Reilly informed the Commissioners that she is working to schedule key informant interviews. She also said the consumer survey has been translated into about five languages and will be handed out in person at a variety of venues and either filled out on site or mailed in. The majority of those who fill out the consumer survey are low-income and do not speak English.

Finally, Ms. O'Reilly said she will be reaching out to veterans on the Eastside to gain their insights. She said she will have a table at the resource fair on March 31 that is being sponsored by Congressman Reichert's office.

Chair Hoople noted that the Bellevue police department recently received kudos from Children's Services for their practice of contacting the agency to determine where children's support services are located in checking out predator locations.

7. OLD BUSINESS – None
8. NEW BUSINESS – None
9. ADJOURNMENT

Chair Hoople adjourned the meeting at 8:41 p.m.

Secretary to the Human Services Commission

Date

Chairperson of the Human Services Commission

Date