KING COUNTY BOARD OF HEALTH
999 Third Avenue, Suite 1200
Seattle, Washington 98104-4039

Carolyn Edmonds, *Board of Health Chair*

KING COUNTY BOARD OF HEALTH MEETING PROCEEDINGS

October 17, 2003
King County Council Chamber

Members Present: George Counts, Carolyn Edmonds, Ava Frisinger, David Hutchinson, David Irons, Kathy Lambert, Frankie Manning, Bud Nicola

Members Absent: Richard Conlin, Dow Constantine, Jan Drago, Larry Gossett, Steve Hammond, Margaret Pageler

Staff: Alonzo Plough, Maggie Moran and Jane McKenzie.

I. Subject Call To Order

The meeting was called to order at 9:40 a.m. by Board Chair, Carolyn Edmonds

II. Subject Announcement of Alternates

No Alternates.

III. Subject General Public Comments

There were no public comments.

IV. Subject Chair's Report

Chair Edmonds provided a report on her attendance at the Joint Conference on Health held in Yakima. She specifically mentioned the presentation by the Yakima County Health Care Coalition and their impressive efforts to increase the health status of their communities. Chair Edmonds also mentioned the State Board of Health meeting agenda item related to obesity and nutrition. She announced her intentions of hosting a local summit on the subject with King County school districts.

Chair Edmonds announced that the State Department of Health was the recipient of a $250,000.00 grant from the Susan Komen Foundation to focus on breast cancer screening. She added that the Department's goal was to screen 10,500 women per year.

V. Subject Board Member's Updates

Board Member Lambert expressed her interest in mobile mammography, obesity in children - specifically as it relates to the lack of physical education in schools and the public education messages about diet and nutrition.

VI. Subject Approval of the Minutes [taken out of order]

A motion was made to approve the minutes of September 19th. The motion was seconded and the minutes were approved.

VII. Subject Director's Report

Dr. Plough, Director and Health Officer stated that Washington State had thus far dodged West Nile virus and that the likelihood of seeing a case late in the season was remote at best. Dr. Plough stated that the Department had responded to about 3,000 dead bird complaints and had forwarded 153 birds for lab testing.

Dr. Plough announced that King County was experiencing an elevated rate of pertussis. He stated that the Department had activated a call center to do follow up with people who may have been exposed. He stated that the spike in pertussis was yet another indication of the serious problem of under-immunization in Seattle and King County. He added that the County experienced a similar increase in pertussis in 2002.

Dr. Plough stated that the Department had formed a tuberculosis and homelessness coalition. He stated that in addition to continued case finding and follow-up activities, the Coalition would work closely with the Health Care for the Homeless Network, shelter providers, other community partners and human services departments to establish a long term strategy that would help eliminate the excess risk of TB in the homeless population.

Dr. Plough stated that he, Board Chair Edmonds and County Executive Sims had rolled up their sleeves for a flu shot during a scheduled media event. Dr. Plough encouraged all Board members to get a flu shot. He recommended that all adults aged 50 and over, children from 6 months to 2 years, and persons in high-risk categories [those with a chronic disease or immune compromised] get a flu shot.

Dr. Plough announced that under the leadership of Julie Gerberding, the CDC had developed a new strategic plan called “Futures Plan". He noted that a major part of the plan was the CDC's relationship with local Public Health Departments. He added that he anticipated that in the future there would be new findings and reports from CDC about their relationship with local public health departments.

Board Discussion:

Board Member Counts inquired of Dr. Plough about the increase in pertussis rates. He suggested that the increase suggested that current outreach strategies to parents about the importance of immunizations might need to be reevaluated.

Dr. Plough responded that parts of King County lead the nation in parents who had decided not to vaccinate their children. Dr. Plough stated that the Department's efforts have included editorials and targeted outreach with parents and school districts around the importance and safety of childhood immunization. He stated that it was important to assure that exemptions from immunization were only granted when absolutely necessary. Dr. Plough stated that the Department had lost the CDC I-3 Grant that provided additional funding for outreach activities. Dr. Plough stated that since the loss of those funds three years ago Seattle and King County had dropped in the ranks of urban areas with high immunization rates. Dr. Plough stated that he thought the outreach efforts and engagement efforts were good, but that the Department continued to face resistance from parents in certain parts of the County.

Board Member Counts stated that his organization faced some of the same issues in trying to get people on board about HIV messages. He added that they sometimes had to reshape the message and the messengers in order to reach certain parents.

Dr Plough responded that the issues were indeed the same. He stated that if the message and approaches were right, they would not be seeing the increases. He added that they better understood the source of the resistance; some of it was misinformation, some of it was strongly rooted beliefs that had nothing to do with the scientific evidence. He concluded by stating that the Department knew where the pockets of noncompliance were and would thus be able to focus on those communities.

Board Member Hutchinson suggested that perhaps Board members could assist in addressing the resistance if they knew what communities were non-compliant. Dr. Plough responded that one of the major areas where refusals of vaccination was high was Vashon Island, however he noted that there

were other pockets within King County. Dr. Plough thought it would be wonderful to have Board members engaged in the issue.

Board Member Nicola commented that Ed Marcuse from Children's Hospital had presented at the Joint Conference on Health on the subject of science, public opinion and policy in the context of sustaining immunization consensus. He suggested that Dr. Marcuse would be an excellent presenter at a future Board of Health meeting.

Chair Edmonds concurred with Board Member Nicola and asked that the Board Administrator make a note of Board Member Nicola's suggestion.

Board Member Lambert inquired as to whether the Department was undertaking any special outreach efforts related to chlamydia and syphilis, where rates had almost doubled.

Dr. Plough responded that the Department had recently held a meeting to discuss sexually transmitted diseases {STDs}. He noted that the Department had recently received a syphilis elimination grant from Centers for Disease Control. He added that the Department was focusing its' efforts on high risk communities, for example on the MSM population or "men who have sex with men" population. He stated that the Department had instituted a number of community outreach, education and screening efforts to address the disease in selected high-risk populations.

VIII. Subject Mental Health

Chair Edmonds introduced Jean Robertson, Assistant Director of the Division of Mental Health, Chemical Abuse and Dependency Services and Howard Miller, Chair of the King County Mental Health Advisory Board. Chair Edmonds indicated that she had invited Ms. Robertson and Mr. Miller due to her interest in learning about the Mental Health Advisory Board and increasing the awareness about possible areas of intersection between the two Boards. Chair Edmonds added that mental health issues were becoming increasingly significant to the Board of Health's work. She cited jail health and homeless population services as intersections between public health and mental health. Chair Edmonds stated that she had also scheduled a second briefing in November wherein a panel of community partners would address health care and mental health in communities of color.

Mr. Miller introduced the briefing by stating that he thought the Board of Health's interest was reflective of changing attitudes about mental health. He stated that mental illness was now recognized as a biological disease and not merely the result of bad mothering or aberrant social behavior. He read

remarks from a presentation that he had given several years ago. [see verbatim comments below]

"At any given time approximately 85,000 King County residents, or roughly 5% of the population, are affected by serious psychiatric disorders – schizophrenia, bipolar disorder, anxiety related disorders or clinical depression. Of the estimated 6,000 homeless wandering King County's streets, approximately 40% also suffer with mental illness. And in King County mental illness is the leading cause of hospitalization for children ranging in age from 5 to 19 years. This is all information that you probably already know. Mental illness chooses its victims without regard to economic or social status, age, race, sex or other demographic markers. Contrary to once held beliefs, bad mothering or other environmental factors do not bring it on. Medical research employing modern scanning imaging techniques has proven conclusively that most forms of mental illness are the result of biochemical abnormalities of the brain. Only one in three with a diagnosable mental illness seeks treatment. Chiefly many do not _____ an ironic kind of denial. In the most serious types of mental illness, particularly schizophrenia, the very natural of the disease cancels the brain's ability to recognize it as such. Others afflicted do not recognize that effective therapies exist and still others avoid treatment because of bureaucratic barriers – they couldn't get an appointment – or from fear of discrimination because of the certain stigma that is universally experienced by the mental ill. The ongoing costs of privately financed treatment can wipe out a family's life savings yet the impact on the National Budget in efforts to deal with schizophrenia on a national scale is also devastating. For the year 2000 in the U.S. both direct and indirect costs related to schizophrenia totaled approximately $40 million." Some of this data that I'm referring to here is probably pretty much out of date now.

"Many of the costs are indirect and cumulative over extended periods of weeks and months. Victims are cycled and then recycled through the criminal justice system from street to jail, through the courts into hospital emergency wards for quick stabilization, and back again into the street, what is appropriately called "the revolving door syndrome." The cost of incarceration per prison per day is $77 in King County jail. This translates into $28,000 per year. Treatment is a far better alternative. The average cost of out-treatment for one year by a mental health agency is a mere $2,000. Today the three largest psychiatric institutions in the U.S. are the Los Angeles County Jail; Chicago's Cook County Jail, and the Rykers Island Jail in New York City. The Los Angeles County Jail spends $10 million per year on psychiatric medications alone. The number of hospitalized mental patients in the U.S. has fallen from a high of 560,000 in 1955 to less than 80,000 today. On the other hand, the population of American prisons has tripled since 1980 and will double again by 2005 if present trends continue.

One clear explanation for this staggering increase can be discovered in another statistic. During the past half century the proportion of prisoners who suffer from mental illness has grown to five times that of the general population. The mentally ill are in jail because society fails to treat them before they are arrested. With proper medical intervention and follow-up care and support as many as 8 out of 10 could return to more normal, productive lives. Treatment works at most levels of the psychiatric dysfunction. But to give treatment a chance, there must be a change in the attitudes of the general public and its elected leaders."

Mr. Miller then segued into his formal presentation. Highlights of his presentation included the following:

- Enabling legislation for the King County Mental Health Advisory Board included in State WACs and local ordinances.
- Board membership has two focuses – geographic and demographic. 10 of the 13 King County Districts are represented. Not represented are Districts 7, 9 and 13.
- At least 51 % of the members must be consumers or family members as required by WAC. Current membership includes 75% consumers/family members.
- Membership also includes one psychiatrist, one clinical psychologist, two child and family therapists, one mental health case manager, and one emergency medical technician.
- The Board has an active and ongoing membership recruitment process. They work in close coordination with NAMI [National Alliance for the Mentally Ill] affiliates – NAMI Greater Seattle and NAMI Eastside, and to some extent NAMI South King County.
- Four standing committees – Nominations, Executive Committee, Quality Council and the Legislative Advocacy and Public Affairs Committee.
- Sample activities of the Quality Council include studies related to after-hours crisis response and reduction in funding to the mental health plan.
- Board actively engaged in a number of areas: advocacy, education and outreach.
- Board sponsors an annual legislative forum in collaboration with the Alcohol and Substance Abuse Board and other advocacy organizations.
- Board meets monthly and receives briefings on a number of subjects including a presentation by the Director of the Transitional Resources and another presentation by representatives from the Criminal Justice Initiatives Program.
- Mental Health Budget.
- In 2002 over 33,000 mentally ill consumers were served under the King County Mental Health Plan at a cost of $88 million or approximately $2,500 per client. Clients are principally covered by Medicaid;

- In last two years - 80% reduction in funding to support Medicaid for the mentally ill;
- Funding reallocation formula passed by the Legislature in 2001 resulted in a $40 million reduction in funding to King County over six years;
- Expecting a further reduction of an additional $10 million which was mandated by the 2002 Legislature; and
- 2003 legislative action that resulted in an additional loss of $1.7 million next year.
- Board desires to work collaboratively with the Board of Health to advocate for restoration of mental health funding in King County.

Highlights of Ms. Robertson's presentation included the following:

- King County Mental Health Plan is a publicly funded system-largely a Medicaid funded system.
- The Community Mental Health Services Act defines the priority population as the acutely mentally ill, the chronically and severely mentally ill, and seriously emotional disturbed children.
- Because it is a Medicaid funded system they are not able to serve all whom might need services and are unable to pay for them.
- Demographics - 2002 data
  - Department served 33,000; up from 28,000 in 1999.
  - Growth in numbers served a function of the growing population in King County and a commensurate increase in the number of people who are eligible for Medicaid. Believes that they are seeing a gradual increase in penetration rate, i.e., the number of people coming into the system. King County has one of the highest penetration rates of people who are on Medicaid who are actually receiving mental health services from the system.
  - 9,800 children were served, 19,000 adults and 4,000 older adults
  - African American children are served at a parity ratio of 4; American Indian children a parity ratio of 3. [Define parity as being reached when a group receives services at the same, equal to its percentage in the King County population. Parity ratio of 1 means that they were receiving services at the same rate at which they are represented in general population.] Working on access to services for Asian Pacific Islander community [ratio of .98] Parity for this population reached in 2003 [Footnote: ratio reflects the probability of these populations being in Medicaid not compared to prevalence of these problems in a general population]
  - Similar distribution pattern for adults: parity for Asian Pacific Islanders in this group and high parity ratio for African American and American Indian older adults.
  - Data not available for incarcerated population by ethnic group.

- Slight decrease in Medicaid population in outpatient services in 2002 over 2001. Significant decrease in ability to serve the non-Medicaid population by 25%.
- Outpatient services provided by tier benefits; each tier reimbursed at a different case rate. Tier benefit determined by client's needs. Provider reimbursed based on that tier.
- Tier 1A and 1B are the lowest level of service. Seeing a gradual reduction in services to "low need" clients.
- Data reveals a clear trend of increasing severity of illness of those clients served in the system. Concentration of services is going towards clients with chronic long-term mental health problems.
- Function of increase in demand for services and diminishing resources to pay for services.
- Able to serve an increasing number of people of other disabilities as well – an 8% increase of deaf and hard of hearing people in 2002; 22% increase in medically compromised and homebound; 22% increase in other disabilities such as physical disabilities, developmental disabilities, neurological traumatic brain injured folks. Seeing an increase in the severity of the mentally ill, and an increase in people with multiple disabilities.
- Contracts with 17 different outpatient providers in King County.
- Department places a high value on culturally appropriate services and culturally competent services.
- Crisis services are available 24 hours a day, seven days a week. 24-hour crisis telephone service contracted through the Crisis Clinic.
- Emergency rooms provide emergent care that people need when they're in a crisis situation. The Harborview Crisis Triage Unit is the primary psychiatric emergency room in the County, but there are other community hospitals who are prepared and equipped to deal with psychiatric emergencies as well.
- Crisis outreach services and involuntary commitment services that are provided by County staffed through the Crisis and Commitment Services. They fielded 6,800 referrals in 2002 and involuntarily hospitalized 2,200 of those referrals. Crisis Clinic handled 77,000 contacts last year and the Harborview Crisis Triage Unit counted 7,700 admissions.
- Residential Services provided through 15 residential providers - 318 facility-based beds for population. Not an adequate resource for the population, however would necessarily advocate for creating more facility-based beds because recovery vision is moving towards a supportive housing model.
- Authorized 3,000 people to voluntary hospitalization in King County last year, and over 2,000 involuntary admissions. Saw a decrease in local hospital capacity several years ago. Statewide there has been an overall trend in loss of local hospital beds. Results in greater pressure on local

hospital beds for voluntary hospitalization; seeing an increase in out-of-County admissions to King County hospitals. Each RSN allocated a certain number of beds - King County allocation in January 2002 was 259, now down to 217.

- 2002 Adult Justice Operational Master Plan made some policy recommendations to develop alternatives to secured detention by providing communities treatment alternatives for people with mental illness or chemical dependency. $2.2 million was set aside in 2003. Assessment and planning process to look at where the gaps in services were, to look at what services were available and what were some of the barriers for people who are leaving the criminal justice system to get into appropriate treatment. Resulted in identification of 9 or 10 initiatives referred to as "criminal justice continuum".
- Developed an assessment tool that can be used at the time of booking to identify early on those people with mental illness or chemical dependency that will need some treatment.
- Assigned three criminal justice liaisons at the two King County Jail facilities to engage, refer, link people to the mental health court, the drug court and to post-release treatment services.
- Assigned application workers in the jail to help establish eligibility for people who need chemical dependency services and to start working on those applications for Title 19 entitlements.
- Developed an intensive co-occurring disorders treatment program for people leaving the jail.
- Case management, linking people to employment and housing, and then gradually transitioning them to the existing treatment system and it's a six-month program.
- Methadone vouchers available for people who are leaving the jail to maintain the methadone that they need.
- Mental health voucher program for people who are going through the criminal justice system who aren't on Medicaid and need to get into treatment on discharge from the jail.
- Housing vouchers for people who have both mental illness and/or chemical dependency.
- Developed cross system training so that the mental health and chemical dependency treatment providers can better understand and more successfully work with the criminal justice system.

Outcome evaluation that we'll be doing on all these initiatives to evaluate their success.

IX. Subject Budget Overview

Kathy Uhlorn Chief Financial Officer for the Department provided an overview of the Department budget, as transmitted by the County Executive to the Council. Ms. Uhlorn reviewed the significant cost drivers and revenue changes. She identified specific program reductions and additions and described current expense changes in the City and County budget amounts.

Ms. Uhlorn stated that the starting point for the 2004 Budget was $10 million. She stated that the Department was asked by the City of Seattle to take a $281,00 target reduction. Areas of reduction were in maternal health care, Seattle day care screening, Seattle Access and Outreach and the Master Home Environmentalist program. Each Department asked to provide some level of support for new initiatives for children and youth; Public Health contributed $6,000 to that effort. Department added $210,000 to the Community Clinic program from the General Fund. In late summer the City, due to depressed revenue collections, asked departments in the City to take additional cuts. Public Health took an inflationary cut as well as a targeted reduction in the Epidemiology Planning and Evaluation (EPE) Division, thereby eliminating all General Fund money from EPE. Ms. Uhlorn also stated that the Department had taken a $480,000 reduction in the School Age Health program in both program support and administration. Ms. Uhlorn stated that a portion of General Fund to the Department of about $600,000 was for adult dental care, which was in very short supply, would be going into an RFP process in which Public Health and other Community clinics that provided dental care could compete. If awarded, Public Health would continue at 100% funding for adult dental services; if not it would be 75% with decreased amounts in future years.

Ms. Uhlorn stated that the proposed Budget that the City Council was looking at was $9,382,580.

Chair Edmonds stated that the reductions in the Mayor's proposed budget were pretty significant and of great concern to her. She stated her intentions of writing a letter to President Peter Steinbrueck of the Seattle City Council expressing concerns over those cuts and would ask for restoration of funding.

Board Member Manning concurred with Chair Edmonds.

Ms Uhlorn stated that on the county side the Department started with $14 million CX Budget and ended with $31 million. She added that the predominant factor was a $19 million shift from Jail Health, from Department of Adults and Juvenile Detection to the CX Fund, so it substantially increased the CX support of Public Health Services.

Ms.Uhlorn stated that the next step in the budget process was the City and County Councils review of Department budgets. She stated that the both the City and the County Councils usually complete their budget process in November.

X. Subject Title 10 Solid Waste Handling

The Sub Committee Report was distributed and summarized by Board Member Nicola.
Board Member Nicola stated that the four members of the Committee received extensive briefings from Public Health staff. These briefings included: a review of the current regulations that govern the solid waste system in King County; the solid waste collection system; changes in the Washington Administrative Code 173-350; the proposed new Title 10 and corresponding fees. Board Member Nicola announced the Sub-Committee's recommendations. They are noted as follows:

- Consider placing a link in the Seattle Municipal Code and the King County Solid Waste Codes, also called Title 10, which would direct interested parties to our Board of Health Code.
- Consider developing a long-term evaluation process to determine the overall effectiveness usability and relevance of our Code rather than waiting for State law to trigger a review.
- Asked for information related to the number and type of issues, which surfaced as a result of vehicle inspections over the past two to three years.
- Consider alternatives for formulating policy to address violators of the tire pile standards.

Dr. Ngozi Oleru, Chief of Environmental Health provided a detailed briefing on the proposed amendments to Title 10. She oriented Board Members to their workbook, reviewed the stakeholder process, and introduced them to the crosswalk between the old regulation and the new. She stated that Chapter 10.02 through 10.11 were sections of the old code that the Department wanted to retain and that the new section commenced with Chapter 10.12.

Dr. Oleru stated that the Board in November would be asked to consider a repeal of the current Title 10, adoption of a new Title 10 and adoption of WAC 173-351 and 304 which addressed solid waste handling landfills. She added that in addition the Department had made changes to definitions, fees, code merger amendments, and requirements for certain solid waste program activities and would be asking the Board to consider those changes as well.

Dr. Oleru stated that the last update to the solid waste program fees was in 1991. She added that in addition to the new activities outlined in the WACs there was expansion of the financial assurance requirements for tire piles, moderate risk waste facilities and limited purpose landfills. Dr. Oleru concluded her remarks by reminding the Board that local public health jurisdictions were required to have the new solid waste handling regulations adopted by February 2004.

Chair Edmonds inquired of Board staff as to whether the Board would adopt the entire Code in one action, or whether there would be multiple actions. Ms. Moran, Board Administrator responded that the Board would adopted the entire Code in one action. Ms. Moran further stated that a public notice of the November hearing had been mailed to over a hundred individuals and organizations listed on the stakeholder mailing list. She added that the notice included information about how to submit oral or written testimony.

Board Member Irons pointed out that due to the time constraints imposed by the State, it was essential that Board Members be prepared to take action in November.

Board Member Frisinger stated that as a Sub Committee member she had received excellent input from staff and had ample opportunity to ask questions. She stated that the Sub Committee discussed at considerable length the critical need to have stakeholder information provided to the Board. She stated that that information was provided along with documentation of the outreach undertaken by Department staff.

Board Member Irons stated that he felt the staff had done a very good job explaining and walking the Sub Committee through the supporting documents. He stated that the Sub Committee grappled with the identification of information to be brought forward to the Board and had recommend streamlining the presentation and providing selected documents only.

Dr. Oleru extended an offer to all Board members to contact her if there should be any additional questions prior to Board action in November.

Board Member Nicola commented that when the Sub Committee first tackled the information it appeared very complex; however he attributed the complexity to the fact that there were multiple things that the Department hoped to accomplish at once and that actual changes were relatively few. He stated that the Sub Committee members had a good grasp on what was proposed.

Chair Edmonds invited Dr. Plough to speak to the issue of the fees and the impact of said fees on the King County Solid Waste Division.

Mr. Greg Kipp, Chief Administrative Officer for Public Health responded that the contribution that King County Solid Waste made to Public Health operations came through the tonnage fees. He stated that the tonnage fee contribution was going down. He added that the proposed fees were in Solid Waste's Budget for '04 and should result in a reduced impact on that Department in terms of the amount of the tonnage fees that were needed to contribute to Public Health's inspection process.

XI. Subject Adjournment

Chair Edmonds adjourned the meeting at 12:21 p.m.

KING COUNTY BOARD OF HEALTH

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CAROLYN EDMONDS, CHAIR DATE