

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

CITY OF BELLEVUE  
HUMAN SERVICES COMMISSION  
MINUTES

February 7, 2017  
6:00 p.m.

Bellevue City Hall  
City Council Conference Room 1E-113

COMMISSIONERS PRESENT: Chairperson Villar, Commissioners Bruels, Kline, Mercer, Oxrieder, Perelman

COMMISSIONERS ABSENT: Commissioner McEachran

STAFF PRESENT: Emily Leslie, Dee Dee Catalano, Department of Parks & Community Services; Andy Adolfson, Fire Department; Marcia Harnden, Police Department; Brandon Moore & Janet Dole, Probation Division of Parks & Community Services Department

GUEST SPEAKERS: None

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 Commissioner Oxrieder, who arrived at 6:02 p.m.; Commissioner Perelman, who arrived at 6:13 p.m.; and Commissioner McEachran, who was excused.

3. APPROVAL OF MINUTES

A. January 3, 2017

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

B. January 19, 2017

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

unanimously.

4. PETITIONS AND COMMUNICATIONS – None

5. STAFF AND COMMISSION REPORTS

Commissioner Mercer said the visit to the men's homeless shelter on January 19 was helpful. She said it was interesting to see the facility all set up. It was clear the site does not have enough space, but all involved are making the best of what they have.

Chair Villar commented that a sign was posted on the door indicating the risk of possibly having to turn folks away. There is still a need for portable showers and the like, all of which hopefully will be resolved before the next shelter season. She commended Congregations for the Homeless for doing as much as they do with the limited resources they have.

Human Services Manager Emily Leslie said one client came out and thanked the Commissioners, shared his story, and indicated how much the shelter means to him.

Commissioner Mercer said the shelter staff commented that they are making the best of the space, which is constraining and is a good argument in favor of a permanent shelter site.

Ms. Leslie said bunk beds have been ordered and should be arriving soon and that will help. She noted that a couple of the rooms were only being used for storage and said she spoke with the property manager about the possibility of other rooms that could be used for that purpose, freeing up those rooms for additional sleeping space. She said she was informed that a nearby vacant office may be leased and used for storage.

Grant Coordinator Dee Dee Catalano reported that she would be attending an emergency shelter training class on February 8 along with other Parks staff. The training is sponsored by the Red Cross and will take place at the Bellevue Service Center.

Ms. Leslie reported that city staff who are involved in some of the permanent shelter siting work have been going around visiting other shelters in the region. Nativity House in Tacoma has been visited, and on February 8 the group will travel to Portland. The staff have also been meeting with the police in those jurisdictions to get their take.

6. DISCUSSION

A. Trends on Heroin and Prescription Opiate Addiction In Bellevue

Ms. Leslie introduced Andy Adolfson, Battalion Chief and EMS Division Commander

for the Bellevue Fire Department, who served as Bellevue's representative on King County's Heroin and Prescription Opiate Addiction Task Force. She also introduced Captain Marcia Harnden with the Bellevue Police Department, and Probation Division staffers Janet Dole and Brandon Moore.

Mr. Adolfson said the task force began its work in March 2015 and finished up in September. The group, however, is continuing to meet on an irregular basis to make sure there is follow-up. The task force had some 40 members representing law enforcement, fire services, local hospitals and emergency departments, prescription drug companies, social service workers, and community liaisons, particularly the opioid addiction community.

Mr. Adolfson said the history of opioids as medications dates back to Mesopotamia in about 3400 BCE. They were used both recreationally and as functional medications. Diamorphine, the clinical name for morphine, was first synthesized in 1874. In 1897 Bayer was looking for a less addictive form of codeine and came up with heroin, and for a period of about 25 years the drug was available over the counter. Oxycontin was introduced in 1992 and was determined to be non-addictive based on a very small group of people who were largely bed-bound; it was prescribed as a non-addictive form of opioid pain relief that could be given in dosages large enough to require intake at most three times per day. Soon after its introduction, the oxycontin was generating \$45 million annually, but by 2003 it was bringing in \$2.3 billion in annual revenues.

The drug was eventually shown to be highly addictive. In 2008 it was reformulated to release slowly over a period of time. Crushing the pills and ingesting them to force a quicker release did not work.

Substance abuse disorder should be viewed as a disease. Police and Fire Departments have reached that conclusion. Just as alcoholism is now considered a disease, many are moving in the same direction for heroin addiction. Those suffering from the disorder cannot be cured and must be on a maintenance program for the rest of their lives. One in four persons who take oxycontin and opioid pain relievers become addicted to them. People with certain genetic factors are much more susceptible, as are people who experienced childhood trauma.

Mr. Adolfson said 2015 was the first year in King County in which more people entered rehab for heroin addiction than for alcohol addiction. It is estimated that about 80 percent of the people currently using heroin started out with prescription opioids. Mental health issues often coexist with addiction factors; poverty appears to be a factor as well.

A new trend in the United States involving Carfentanil and Fentanyl is particularly frightening. In 2015 alone, there were 900 deaths in British Columbia involving Fentanyl, which has a potency 40 to 50 times higher than heroin; Carfentanil is about 100 times more powerful than Fentanyl. Carfentanil is what was used in the Moscow

theater raid a number of years ago in which the drug was aerosolized and pumped into the ventilation system, killing almost everyone inside. Recently there was a police raid in Connecticut where Carfentanil was accidentally aerosolized, sickening some officers.

Mr. Adolfson shared with the Commissioners a map showing the distribution of overdose deaths in King County. He pointed out that the number of occurrences is highest in Seattle and the southern part of the county. It is not seen as much on the streets of Bellevue, but it is there and at a much higher rate from five or ten years ago. In 2014 in King County, heroin overtook other opiates associated with drug-related deaths. The reformulating of Oxycontin in 2008 triggered a drastic reduction in the number of drug-related deaths, but as people realized the drug would no longer give them what they wanted, they turned to heroin. In 2010, it was far less expensive to purchase heroin, and the drug provided a much better high; heroin is currently in many ways less expensive than a six-pack of beer.

Commissioner Perelman asked why heroin is so inexpensive. Mr. Adolfson answered that it is still fairly easy to smuggle in the drug, and the fact that it is plentiful means the price is low. About two-thirds of the drug is coming in from Afghanistan, but quite a lot also comes in from China. Most of it is filtered through Mexico, and the I-405 corridor serves as a mainline for the West Coast of the United States. It is harvested from poppies using what comes close to being classified as slave labor, and converting it into a usable street drug is inexpensive. The producers often cut it with substances ranging from sugar to strychnine to make it go further. Fentanyl is being cut into heroin, making just a little heroin far more powerful, and that also extends the profit margin.

Commissioner Perelman asked if any cities along the I-5 corridor have found ways to successfully insulate themselves from having heroin flow into them. Mr. Adolfson said much depends on the market. In some places in Europe where they have changed how they deal with heroin, they have met with some successes in putting a cap on it, but not an absolute cap. The problem exists across the United States and not just along main freeway corridors. Captain Harnden added that the main pushers of the drug are the cartels. In addition to a growing heroin problem, cities are seeing a resurgence of methamphetamine, which is easily manufactured in Mexico and which is flowing into the United States in a variety of ways, including through the US Postal Service. The drugs are also crossing the border from Canada into the United States. In the late 1990s when there was a crackdown on the precursors for making meth, the meth problem began to go away. Until Mexico also cracks down on some of the precursors, the drug will continue to make its way into the United States.

Commissioner Oxrieder asked if Fentanyl always kills. Mr. Adolfson said any of the drugs can kill but they do not typically always kill. With any opioid, in addition to the calming high, the drugs have a tendency to shut down the breathing center of the brain. Just a little bit of heroin or Carfentanil or Fentanyl in the system will not trigger that response to a lethal degree.

Mr. Adolfson provided the Commissioners with a handout titled *Opioid Medication and Pain*. He noted that the flyer was put together to address some of the problems the primary prevention group wanted to look into. Up until five years ago, physicians were not coached much on how to cut down on opioid pain medication use. The task force identified a clear need to better educate physicians, pharmacists and the public about the fact that even small amounts of opioids in some people can cause issues with addiction. The recommendation of the task force was to get physicians to write fewer prescriptions for opioids, or prescriptions for smaller amounts of opioids.

Mr. Adolfson shared that recently his wife and his son had relatively minor surgeries performed for which their respective physicians wrote out prescriptions for 30 pills each of Vicodin. He said his wife used none and his son used only three, leaving a 57 unused pills. To compound the problem, up until just the last couple of weeks the pills could not be disposed of without taking them to a police station on a sanctioned day, which occurred only once per year.

Commissioner Bruels pointed out that the number of days that opioid pain medications are effective in treating pain is only seven. Mr. Adolfson said that is because the body builds up a tolerance very quickly. Only those with long-term issues, such as those on hospice care, should have prescriptions for more than about a week.

Mr. Adolfson said the recommendation of the task force was to promote the safe storage and disposal of medications. Just within the last week, drug take-back boxes have been placed in several locations; there are currently 80 of the boxes in place and the goal is to have 100 of them. In Bellevue there are about eight of the boxes, and there are 12 in the general fire services area which extends out to North Bend. Any medications people want to dispose of can be placed in the boxes. The task force favors a large-scale take-back program with boxes widely distributed. QFC is on board with the program, and there are some in drugstores and at the Bellevue Group Health.

The task force highlighted the need to leverage and augment existing screening practices in schools and healthcare settings. The idea is to educate those who start off while young and immature. By identifying the youth who have started misusing drugs and by intervening early, the chance of avoiding or reversing the addiction issue can be improved. Training is needed for the teachers and staff to identify individuals better, as are options for what they can do when they do identify a young person who might be using medications inappropriately.

With regard to giving better access to the use of Suboxone, which is an opioid that carries with it a much lower addiction issue, Mr. Adolfson said the intent is to wean users off the more dangerous drugs onto a drug it is easier to get off of. Suboxone can also be used for the long-term treatment of those individuals, and it can hopefully be a treatment on demand. There are various programs in place, some of which

require clients to be dry for a week prior to entering treatment. The latter are problematic because people who become addicted to opioids will be what is called 'drug sick' once they lose their high, resulting in extreme gastrointestinal discomfort, vomiting and diarrhea; they do not feel comfortable at all until they get some sort of opioid back in their systems. Treatment on demand programs stand a much better chance of getting clients onto Suboxone. Methadone is a good option as well but it must be dispensed on a day-by-day basis from a central location; it cannot just be mailed out to people. There is far more flexibility where Suboxone is concerned given that it can be prescribed by private physicians.

Commissioner Bruels commented that many physicians in primary care practices are reluctant to start writing prescriptions for Suboxone out of concern that it will attract undesirables or low-paying patients.

Answering a question asked by Commissioner Mercer, Mr. Adolfson explained that the requirements for dispensing Suboxone are much more liberal. Methadone and Suboxone are both administered orally, but whereas methadone can be dispensed only from a methadone clinic, a Suboxone prescription can be taken home for self administration. Captain Harnden added that methadone is typically more potent and is used primarily by the more hardcore users. Suboxone can be used by people to successfully manage their addictions for a period of years.

Mr. Adolfson said there are different methods of substance abuse disorder treatment services. For some, detoxification withdrawal management works, while for others the best approach is residential therapy. Either approach moves the clients in the right direction. Often when people are using drugs, particularly opioids, there are multiple issues. In addition to substance abuse, they often have psychological issues and problems ranging from homelessness to poverty and employment. Regardless of the treatment method employed, the co-existing factors also need to be addressed.

Up until a year and a half ago, the only people who were carrying Naloxone or Narcan were the paramedics; that was because the EMTs respond quickly and are usually first on the scene. Because opioids shut down the body's breathing system, the thing that must be done first is to breathe for the patient. Narcan is not given until the patient is breathing, even if only artificially. When Naloxone or Narcan is given, the patient may wake up from their overdose and be extremely upset at having lost their high. They may also have co-existing factors that can trigger combative reactions. Additionally, giving Naloxone and Narcan can cause pain to return and instant withdrawal symptoms. EMTs are trained to start an IV and administer very small doses of the drugs to restore breathing and then to transport the patient to the hospital where they can be entered into a treatment program.

There has been a push to have Naloxone delivered to the very first responders level and the police as a way of improving save rates. King County has taken that approach to gauge its effectiveness. The increase in the popularity of Naloxone across the country has triggered an increase in price from \$5 per vial to \$45 per vial.

The nasal spray version costs about \$100 per dose. There has also been a push to have Naloxone more available to the general public. For the past two years it has been legal for pharmacists to dispense it without a prescription, and those who are around known opioid users have been encouraged to have it on hand.

Mr. Adolfson said the European model is based on supervised consumption sites at which people can get needles and inject or smoke their drug. Rehab and counseling services are offered at the sites. It has been found that those who are moved over to smoking the drugs rather than injecting them wean off the drugs altogether much better. Getting people to smoke the drugs can serve as a bridge to rehab services. The model has been shown to be effective in Germany, the Netherlands, Spain, Norway, Canada and Australia. The number of overdose deaths have fallen sharply, and the number of problems related to sharing needles and needles being left in the public realm have also dropped off dramatically.

Commissioner Bruels said what is needed is a recognition of what the problem really is, which is that drug addiction is a public health issue. Accordingly, it needs to be managed in the same way the state would manage a tuberculosis outbreak or something similar. Mr. Adolfson said a bill has been introduced at the legislature, SB-5223, that would preclude allowing consumption sites anywhere in Washington state. It will be interesting to see how that plays out. He said he hopes the opportunity will be given to allow one or two consumption sites just to see how they work. The facility in Vancouver, BC, opened in 2003 and its effectiveness has been questionable. If sites are allowed in the state, they will hopefully act in a more effective manner. The Vancouver site is simply a place for addicts to go to shoot up and does not include counseling and other services.

Captain Harnden said she heads up the Special Operations group for the Police Department, which consists of narcotics detectives, special enforcement team, the vice detectives, and the joint terrorism task force detective. She said the number of heroin and other opioids deaths in King County was on the rise prior to 2013, and has since begun to level off. Meth use has begun to increase again. Opioid deaths is second only to alcohol deaths. The use of Narcan throughout the county has significantly reduced the number of deaths. There were four heroin deaths in Bellevue in 2015, and only one in 2016; of course that does not factor in the total number of calls made to either fire or the police for instances involving the drug. Calls focus on crime hotspots. Often shoplifters at Bellevue Square will immediately hand off items taken to dealers in exchange for a fix that is shot up in their car. The downtown library has for a long time been a sanctuary for the homeless population, and there is a correlation between homelessness and heroin use; the hiring of additional security at the library has resulted in a reduction of the number of calls and complaints.

The low-barrier men's homeless shelter in 2015 signed an agreement with the Police Department under which the shelter staff did their best to combat any usage within the shelter, though there was still some. Shelter staff also agreed to deal with any

issues that affected the businesses and neighborhoods in areas directly surrounding the shelter, which at the time was off of 120th Avenue NE. Lowe's Hardware on a daily basis sent staff out to collect used needles from their garden storage units. There have also been issues with needles under the old railroad tracks under SR-520 and Northup Way and near NE 12th Street where there are homeless encampments. Abandonment of the rail lines increased issues of homelessness and drug use along the corridor, but the issues increased once the homeless shelter was in place.

Captain Harnden said her department is closely monitoring the statistics as they relate to the current men's shelter on 116th Avenue NE. It is too early to reach any conclusions. The circumstances are different given the shelter's proximity to retail uses and businesses. There have been some issues around the methadone clinic. Most of the clients visit the site to treat their addiction, but because clients who visit on a Friday or a Saturday receive two-day doses, there have been some issues with selling. There have been some incidents of shoplifting and stolen cars at Evergreen Shopping Center where the methadone clinic is located. It is perplexing why Congregations for the Homeless staff and the methadone clinic staff are not having conversations about working together to quell the negative issues.

Bellevue patrol officers focus on the crime related to addictions, such as car prowls, burglaries and thefts. The officers care more about the supply end of things than the user end. Property crimes have skyrocketed in Bellevue over the last couple of years in direct correlation with the rise in opioid addiction rates. Almost all property crimes are related to those with addiction issues. It is not at all uncommon to find user kits with stolen property. In Bellevue, the police are working with the Redmond police in targeting the low- and medium-level dealers. The police are also going after the suspects in thefts and burglaries, who use their take to purchase drugs from the dealers. Taking away the source of the money and getting the dealers in custody has the effect of stemming the impacts on the community. Bellevue police are also going after serial car thieves. Car thefts have risen precipitously and the recoveries are primarily taking place in the south county areas of Renton, Kent and Auburn. There is full cooperation with regional agencies on shared problems.

Captain Harnden said Fentanyl use scares both the police and fire departments. It is a huge safety risk for everyone. British Columbia saw 900 deaths in 2016 from the use of the drug. The city of Cleveland, Ohio, saw 45 deaths in a single month. If the drug makes its way to Bellevue on any large scale, it could trigger huge issues. Methamphetamine use is on the rise again and it is figuring largely in many of the crime trends. The cartels are driving the upswing and will continue to do so as the states clamp down on heroin.

Commissioner Oxrieder asked about drug use among high school students. Captain Harnden said the school resource officers are seeing drug use among high schoolers. There is a clear need to make a fundamental culture change where high school athletes are concerned, namely to turn away from routinely prescribing pain killers in seeking to move them on to the next competitive level.

Commissioner Perelman asked if the police and fire departments are partnering with the hospitals to educate them. Captain Harnden said there have been a couple of diversion cases in which an authorized person diverted drugs for illicit purposes. There have been doctors accused of taking money for prescriptions; a neurologist at Overlake was picked up on a drug-related DUI and was found to have with him a prescription pad along with a ledger of who he had been writing prescriptions to. Medical professionals are by no means exempt from addictions given their easy access to drugs.

Mr. Adolfson commented that during the time the task force was working the United States Surgeon General visited and talked with members. Soon after his visit, he drafted a letter to all physicians in the United States encouraging them to decrease the use of opioid prescriptions. The Washington state Department of Health sent a similar letter to all state physicians within the last few months. Physicians can only write something like a hundred prescriptions for Suboxone, but they are not limited at all in regard to the number of prescriptions they can write for Oxycontin, Vicodin, Percocet and the like.

Commissioner Perelman asked if analytics are being used at any level to determine abuse when it comes to the writing of prescriptions. Mr. Adolfson said there was a problem at an Everett clinic which was labeled a pill mill. Physicians at the clinic were found to be writing prescriptions so people could abuse the medications. There was a similar clinic recently closed down in Renton and it is occurring throughout the United States.

Commissioner Kline pointed out that when a person purchases Sudafed from the drug store they must sign for it. She said she always assumed that the information was supplied to the state and was used to determine abuse. She asked if prescriptions written for addictive drugs are being funneled into some sort of database. Mr. Adolfson allowed that they are, but the monitoring has not led to a complete stoppage.

Commissioner Bruels explained that the state runs a prescription management program website physicians can access. When they see a new patient who says they need a prescription for Oxycontin, the physician can look them up on the database and learn about their past histories with prescriptions. He said he assumed someone at the state level is using the data to track abuses. That is likely how the clinic in Renton recently got closed down.

Chair Villar asked if persons observing someone trying to break into a car should engage with the person or not engage and simply call the police. Captain Harnden said many of the perpetrators are desperate, and there is far more going on than just greed. The suspects involved in the recent incident in Sammamish were well known to the police, having hit the Botanical Gardens a number of times. The police recommend that those who observe a crime in progress should stay back and be

really good witnesses by taking video or writing down license plate numbers. Most cases are solved based on videos. Digital IP cameras set up for home use are more effective than alarm companies. The truth is, 75 to 80 percent of all crime is driven by drugs and the need to feed an addiction. Car burglaries are not generally carried out by opportunists.

Mr. Moore said the Probation Department serves between 400 and 500 clients who are on active probation. About 80 percent of the clients are on probation for drug and alcohol cases. Lately the department has seen more of a revolving door, with clients put on probation for a drug case also being picked up for other offences that are related to feeding their addiction. Drug cases involving cocaine, meth and alcohol still outweigh cases involving opioids. However, the probation clients themselves have reported how easy it is to obtain drugs in the jails they are being released from.

The King County courts are trying to find alternatives to imposing more jail time. There has been recognition of the fact that each individual is unique and what works for one may not work for another. Bellevue Probation offers a lot of evidence-based programs for people on probation. Risk and needs assessments are conducted to determine what they need in order to be successful. More often than not, when a class is offered it is usually sanctioned by the court or comes as a recommendation from a probation officer.

Mr. Moore said the department has been tracking recidivism rates and is up to 2014. The probation manager conducted record checks of all past probation clients to determine if they had been involved in any more crimes since completing their supervision.

Ms. Dole said the City of Bellevue Probation office contracts services with King County. It is necessary for the city to make its relationship with the judges and stakeholders mutually beneficial. Most offenders have co-occurring problems and disorders, as well as socioeconomic issues. Most are not Bellevue residents. Every effort is put into finding the right balance between jail and recovery. Many of the clients are in the methadone program, some are on Suboxone and Vivitrol.

Commissioner Bruels asked if the city offers anything by way of direct services or only case management and working with community providers. Ms. Dole said the city provides referrals and resources. There is a desire to be more in touch with some of the agencies supported by the city. In-patient programs cost around \$6000 minimum, most of which comes from Obamacare. Offenders with money of their own pay up to \$10,000 to \$12,000 for a 30-day in-patient program. Many offenders are also in domestic violence counseling, which can cost \$1500, and court fees can run in the thousands as well. For many, especially those who are not working or who make only a minimum amount of money, it seems overwhelming and often they elect not to come back seeking resources.

Chair Villar asked if persons caught conducting car prowls in Bellevue, Kirkland and

Issaquah will ultimately end up with three different probation officers. Ms. Dole said that is a potential. Sometimes the court takes that into consideration in sentencing or sanctioning. Chair Villar asked if there is a risk of one jurisdiction ordering community service and another ordering home detention. Ms. Dole said Bellevue does its best to stay in touch with other probation offices and the courts to avoid overlap. A lot of money is being spent on offenders who are homeless. They are oftentimes unsure if they are being charged with something. The court might send them a summons but they do not receive it because they do not have a place to live, so then they get in trouble for not answering the summons.

Ms. Leslie asked if the information about heroin and opioids use matches with the offenders being seen. Mr. Moore said the probation office is starting to see an uptick in certain areas, particularly with regard to meth and alcohol. There has been an increase in the number of clients involved with opioids, but not a huge increase.

Ms. Dole added that with the recent changes in the state's laws regarding marijuana, some judges have begun working with treatment providers to consider whether or not marijuana might be a safer option, particularly for those addicted to opiates because of a legitimate pain issue.

Answering a question asked by Commissioner Perelman, Ms. Dole said offenders are typically on probation for two years. They are typically required to check in with their probation officer and their treatment providers on a monthly basis to see what options are available for them. The probation officers invest a lot of time trying to help people find the right approach that will work for them and their families.

Commissioner Mercer asked how many clients graduate and then stay clean. Ms. Dole said during any given month she has had 90 and 100 clients on her caseload. She estimated that more than half of them graduate and stay out of the system. Those struggling with both mental health and substance abuse disorders find it particularly difficult to stay out of the system.

Commissioner Mercer asked what effect if any the new marijuana law have had. Captain Harden said the DUI numbers have been steadily increasing since the law went into effect. Usage is certainly up. She noted that earlier in the day another illegal grow house was identified in the city, but the King County prosecutor's office has clarified it will no longer be enforcing illegal grows unless the owner of the property can be tied to the actual grow operation. The grow operations are putting Bellevue residents in danger. A fire involving an illegal grow occurred last year in the Crossroads area. Most of the houses are owned by Chinese nationals, leaving the city no recourse to go after anybody. Marijuana is a good alternative to treating some substance abuse and pain issues, but the state jumped into the deep end of the pool without realizing that there are complicating factors.

Commissioner Perelman said she had heard that because marijuana is legal, it is no longer cool for kids to get involved with it, so they are jumping directly to heroin.

Captain Harnden said marijuana is considered a gateway drug. She added that any solution will need to go back to the original usage of opiates. Many heroin users start with pills, and once they get desperate enough they begin using needles. Suboxone is a great thing but it can be used illicitly by smoking it. What is needed is a change in the fundamental views about prescribing drugs that can lead to addictions.

## 7. OLD BUSINESS

Intern Kayla Valy reported that staff are continuing to work on the providers survey for the Needs Update. It has been suggested that different questions should be put to agency CEOs and their direct service staff. The survey will hopefully go out toward the end of March.

Ms. Valy said she and Human Services Planner Alex O'Reilly met recently with Christina Faine, the Parks Department Public Information Officer, who is going to assist in putting out a survey through NextDoor. It will go out after the desired number of telephone surveys have been completed.

Several community conversations have been scheduled. The groups signed up to participate include the Diversity Advisory Network, the Sophia Way day center, Congregations for the Homeless, the Bellevue College vice president of diversity, the LGBTQ community, the Alzheimer café at Tutta Bella restaurant, and a support group for families with autistic children.

Ms. Valy said the first Bellevue Community Resource Fair was held recently. Forty persons attended, which was quite good. The next one is slated for February 28.

Answering a question asked by Commissioner Mercer, Ms. Leslie said the report on the annual One Night Count will be released in the spring. The new vendor utilized new methodologies in addition to usual method for counting. Commissioner Mercer said her experience with the count differed from last year because she switched from Factoria to Newcastle which entails a significant number of very dark areas. Ms. Leslie said the approach used was to cover every single census tract. That change will mean the new numbers will not necessarily correlate with the old numbers, but rather they will form a new baseline. Commissioner Mercer added that previously homeless persons were in some cases hired to serve as guides.

## 8. NEW BUSINESS

Ms. Leslie said the Commission's meeting on February 23 would include a public hearing regarding needs in the community. She said the city's demographer would also attend and share the latest demographic information.

## 9. PETITIONS AND COMMUNICATIONS – None

10. ADJOURNMENT

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

Chair Villar adjourned the meeting at 8:07 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

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Date