

KING COUNTY

1200 King County Courthouse 516 Third Avenue Seattle, WA 98104

Signature Report

November 15, 2016

Ordinance 18407

	Proposed No. 2016-0428.1 Sponsors Kohl-Welles
1	AN ORDINANCE revising the King County mental illness
2	and drug dependency policy goals; amending Ordinance
3	15949, Section 3, as amended, and adding a new section to
4	K.C.C. chapter 4A.500.
5	PREAMBLE:
6	In 2005, recognizing the need for additional mental health and chemical
7	dependency programs, the state Legislature authorized counties to
8	implement a one-tenth of one percent sales and use tax to support new
9	programs.
10	The one-tenth of one percent sales and use tax supporting new or
11	expanded chemical dependency or mental health treatment programs and
12	services and for the operation of new or expanded therapeutic court
13	programs and services, known as the mental illness and drug dependency
14	("MIDD") sales and use tax, generates between fifty and sixty-five million
15	dollars annually for King County.
16	King County council levied the one-tenth of one percent MIDD sales and
17	use tax in Ordinance 15949, which was enacted November 26, 2007.
18	The intent of the sales tax is to support new or expanded mental health and
19	substance abuse programs, now referred to as behavioral health programs,

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reflective of the integration of mental health and substance use disorder programs and services; and the operation of the county's therapeutic court programs. In March 2014, the Washington state Legislature passed Senate Bill 6312, which became Chapter 225, Laws of Washington 2014, calling for the integrated purchasing of mental health and substance abuse treatment services. Implementation of this law has brought about changes to how mental health and substance abuse treatment services are described and administered and delivered in King County. An integrated behavioral health system allows more flexibility to deliver holistic care especially for individuals with co-occurring mental health and substance use disorders. One change initiated by behavioral health integration is the evolution of terminology used to define and describe the mental health and substance use disorder systems. King County uses "behavioral health" when referencing mental health and substance use disorder systems, reflecting the joining of systems through behavioral health integration. The MIDD sales tax-funded initiatives, programs and services supported by taxes levied under K.C.C 4A.500.300 continue the county's work to transform the approach to health and human services by improving health and well-being and creating conditions that allow residents of King County to achieve their full potential. Much has changed locally, at the state level and nationally in the realm of behavioral health the eleven years since the state Legislature authorized

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counties to implement a one-tenth of one percent sales and use tax to support new program and enhance the state's chemical dependency and mental health treatment services, and in the nine years since King County subsequently authorized the MIDD one-tenth of one percent sales and use tax levied under K.C.C. 4A.500.300: the formerly separate mental health and chemical dependency services are integrated into one behavioral health system; the nation and region experienced a severe economic downturn and recovery; the federal Affordable Care Act was enacted; and there have been several changes in state laws impacting behavioral health services. Throughout all of these change events, King County's MIDD work became a platform for cross system engagement and improvement. collaboration and policy dialogue between the criminal justice, and health and human services sectors. King County, its behavioral health and community stakeholders and the MIDD oversight committee embraced the opportunity to review and learn from the MIDD work accomplished between 2008 and 2016, and plan for a robust, forward-looking MIDD for the next service period. The collaborative efforts over a nearly two-year period from a wide range of stakeholders including representatives from communities, provider agencies, courts, law enforcement, public health, the prosecuting attorney. public defense, juvenile and adult justice systems, staff and elected officials from jurisdictions in King County, council staff and many others

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thoughtfully informed the recommendations to modify the policy goals for MIDD for 2017 through 2025. The 2007 through 2016 MIDD policy goals were the foundational expression of what policymakers expected MIDD-funded programs to achieve, or work towards achieving. The policy goals provided the essential framing for all elements of the MIDD, including the 2008 through 2016 MIDD implementation and evaluation plans. The primary focus of the MIDD evaluation was to determine progress of MIDDsupported programs toward meeting the five policy goals. Calling for proposed modifications to the MIDD policy goals through Ordinance 17998, the council recognized that the behavioral health and criminal justice environments have changed since 2007 when the MIDD policy goals were established via Ordinance 15949 and that revised policy goals may be necessary. As required by Ordinance 17998, modifications to the adopted MIDD policy goals were submitted to the council in the Comprehensive Historical Assessment Report on June 30, 2016. The recommended revised MIDD policy goals use a person-centered language that strives to avoid using dehumanizing terms for individuals and groups that demean or create barriers to inclusion. This approach also aligns with RCW 44.04.280, a statute that directed the state code reviser to avoid disrespectful language used in reference to individuals with disabilities. Recommended changes to the MIDD policy goals including preserving the outcome driven focus of the goals, while focusing on

88 meeting the needs of people rather than on meeting system needs and 89 improving and supporting culturally-appropriate services. Proposed 90 changes to the policy goals reflect recent advancements in recovery-91 oriented approaches to care, and actively support King County's equity 92 and social justice aims. 93 At the same time as MIDD policy goals are proposed for amendment, the 94 executive recognizes that MIDD-funded initiatives, programs and services 95 alone cannot achieve policy goals. Due to the interrelatedness of the criminal justice, behavioral health, and housing systems, changes in any 96 97 one of those systems or funding to those systems will impact MIDDfunded initiatives, programs and services. 98 99 Additional implementation planning is needed for proposed new and 100 revised MIDD-funded initiatives, programs and services, of which many 101 include community engagement components that need to be carried out in 102 collaboration with providers and communities. 103 The initial MIDD evaluation plan adopted by the council in 2008 served as 104 the blueprint for conducting the evaluation and assessment of MIDD 105 through 2016. It was developed in conjunction with the initial MIDD 106 implementation plan, after the individual MIDD strategies, programs and 107 services were established in the council accepted MIDD Action Plan via Motion 12598. 108 109 Once the council makes MIDD funding and programmatic decisions with 110 adoption of the county's 2017/2018 Biennial Budget Ordinance, a detailed

111	MIDD evaluation plan for 2017 through 2025 will be prepared and
112	transmitted to the council in 2017. Further, it is necessary to develop a
113	MIDD evaluation plan for 2017-2025 that is built on the recommendations
114	contained in the MIDD comprehensive historical assessment report
115	(Proposed Motion 2016-0354), which calls for stakeholder involvement in
116	the development of an updated MIDD evaluation plan.
117	Much has changed in the eight years since the initial MIDD
118	implementation and evaluation plans were completed, including
119	behavioral health integration and technological advances. Yet the purpose
120	for evaluating MIDD remains the same, which is providing the public and
121	policy makers with the tools to evaluate the effectiveness of the MIDD
122	strategies in meeting the established MIDD policy goals, as well as to
123	ensure transparency and accountability
124	BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:
125	SECTION 1. Ordinance 15949, Section 3, as amended, is hereby added to K.C.C
126	chapter 4A.500.
127	SECTION 2. Ordinance 15949, Section 3, as amended, is hereby amended to
128	read as follows:
129	A. It is the policy of the county that citizens and policy makers be able to
130	measure the effectiveness of the investment of these public funds. The county requires
131	appropriate oversight, accountability and reporting on the status and progress of the
132	programs supported with the sales tax funds. The programs supported with these funds
133	shall be designed to achieve the following policy goals:

134	1. ((A reduction of the number of mentally ill and chemically dependent using
135	costly interventions like)) Divert individuals with behavioral health needs from costly
136	interventions such as jail, emergency rooms and hospitals;
137	2. ((A reduction of the number of people who recycle through the jail, returning
138	repeatedly as a result of their mental illness or chemical dependency)) Reduce the
139	number, length and frequency of behavioral health crisis events;
140	3. ((A reduction of the incidence and severity of chemical dependency and
141	mental and emotional disorders in youth and adults;)) Increase culturally-appropriate,
142	trauma-informed behavioral health services;
143	4. ((Diversion of mentally ill and chemically dependent youth and adults from
144	initial or further justice system involvement)) Improve the health and wellness of
145	individuals living with behavioral health conditions; and
146	5. Explicit linkage with, and furthering the work of, ((other council directed
147	efforts including, the adult and juvenile justice operational master plans, the Plan to End
L48	Homelessness, the Veterans and Human Services Levy Services Improvement Plan and
L49	the county Recovery Plan)) King County and community initiatives.
L50	B. To ensure the oversight, implementation and evaluation of the Mental Illness
l51	and Drug Dependency ((Action)) Service Improvement Plan is consistent with the
152	county's policy goals outlined in subsection A. of this section and to ensure fulfillment of
L53	the requirements of RCW 82.14.460 which enables the sales tax, the ((office of
L54	performance, strategy and budget, the departments of community and human services,
155	public health and adult and juvenile detention, superior court, district court, the
L56	prosecuting attorney, the public defender and the sheriff are requested, with assistance

dependency advisory committee and community stakeholders, shall develop and submit for council review and approval an ((eversight,)) implementation and evaluation plan for the Mental Illness and Drug Dependency ((Action)) Service Improvement Plan accepted by council by ((Motion 12598)) (Proposed Ordinance 2016-xxxx).

- C. The ((oversight)) implementation and evaluation plan shall have ((three)) the following parts:
- 1. Part One: ((Oversight Plan. Part one of the oversight, implementation and evaluation plan shall be an oversight plan. Part one, the oversight plan, shall propose an oversight group that will be responsible for the ongoing oversight of the mental illness and drug dependency action plan. The oversight group shall include representation from other county, state and community agencies and entities involved in the mental health, substance abuse, domestic violence and sexual assault, homeless, justice, public health and hospital systems. The oversight plan shall also identify the proposed role of the oversight group and how the oversight group will link and coordinate with other existing county groups such as the Criminal Justice Council, the Committee to End Homelessness and the veterans and human services levy oversight groups. Part one of the oversight, implementation and evaluation plan shall be submitted to the council by April 1, 2008, for council review and approval by motion. Twelve copies of the part one oversight plan shall be filed with the clerk of the council, for distribution to all councilmembers and to the lead staff the law, justice and human services committee or its successor;
- 2. Part OneTwo:)) Implementation Plan. Part ((two)) one of the ((oversight,)) implementation and evaluation plan is an implementation plan. ((Part two, t))The

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implementation plan($(\frac{1}{2})$) shall describe the implementation of the initiatives, programs and services outlined in the Mental Illness and Drug Dependency ((Action)) Service Improvement Plan. ((This)) The description shall include: a schedule of the implementation of initiatives, programs, and services outlined in the Mental Illness and Drug Dependency ((Action)) Service Improvement Plan as approved by the council under Ordinance xxxx (Proposed Ordinance 2016-xxxx); a discussion of needed resources, including staff, information and provider contracts; outcome and performance measures; procurement and contracting information; community engagement efforts; and ((milestones for implementation of the programs. The implementation plan shall address how adult drug diversion court, one of the county's therapeutic courts, may also utilize sales tax revenue for program expansion. Additionally, because the council recognizes that there is a strong correlation between sexual assault and domestic violence victimization and subsequent mental health problems, substance abuse, homelessness, incarceration and usage of the emergency medical system, the implementation plan shall include a proposal on how to integrate programs that support specialized mental health or substance abuse counseling, therapy and support groups for victims of sexual assault, victims of domestic violence and children exposed to domestic violence, provided by or in collaboration with recognized sexual assault and domestic violence services providers)) how the initiative, program or service advances the county's mental health and chemical dependency policy goals. An ((revised 2008)) updated 2017-2018 biennial spending plan and financial plan for the mental illness and drug dependency fund shall be included in ((part two)) the implementation plan that is transmitted to the council. Part ((two)) one-shall be developed in collaboration with the ((oversight group)) mental illness

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and drug dependency advisory committee and community stakeholders. Part ((two)) one of the ((oversight.)) implementation and evaluation plan shall be submitted to the council by ((June 1, 2008)) August 3, 2017, for council review and approval by motion. Twelve copies of the part ((two)) one implementation plan to the council shall be filed with the clerk of the council, for distribution to all councilmembers and to the lead staff of the ((law, justice)) health, housing and human services committee, or ((their)) its successor((s)); and ((3.)) 2. Part ((Three)) Two: Evaluation Plan. Part ((three)) two of the ((oversight,)) implementation and evaluation plan is an evaluation plan. ((Part three, \mathfrak{t}) The evaluation plan((\mathfrak{z})) shall describe an evaluation and reporting plan for the ((programs funded with the sales tax revenue)) mental illness and drug dependency sales tax-funded initiatives, programs, and services supported by revenue levied under K.C.C. 4A.500.300. Part ((three)) two shall specify: process and outcome evaluation components; a proposed schedule for evaluations; performance measurements and performance measurement targets; and data elements that will be used for reporting and evaluations. Performance measures shall include, but not be limited to: the amount of funding contracted to date, the number and status of request for proposals to date, individual program status and statistics such as individuals served, data on utilization of the justice and emergency medical systems and resources needed to support the evaluation requirements identified in this subsection C.((3.))2. The evaluation plan shall describe overarching principles, evaluation framing questions and approaches that will guide mental illness and drug dependency evaluation and performance measurement for 2017 through 2025. Part ((three)) two shall be developed in collaboration with the

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((oversight group)) mental illness and drug dependency oversight committee and community stakeholders. Part ((three)) two of the ((oversight,)) implementation and evaluation plan shall be submitted to the council by August ((1, 2008)) 3, 2017, for council review and approval by motion. Twelve copies of the part ((three)) two evaluation plan to the council shall be filed with the clerk of the council, for distribution to all councilmembers and to the lead staff the ((law, justice)) health, housing and human services committee or their successors. D.1. In addition to reviewing and approving the parts one($(\frac{1}{2})$) and two ($(\frac{1}{2})$) and two ($(\frac{1}{2})$) three)) of the ((oversight,)) implementation and evaluation plan outlined in subsection C. of this section, in coordination with the ((oversight group)) mental illness and drug dependency advisory committee, the executive shall submit ((four quarterly progress reports and)) an ((one)) annual ((summary)) mental illness and drug dependency evaluation summary report each year for the initiatives, programs and services supported with the sales tax revenue ((to the council)). The annual summary evaluation report shall be submitted to the council by August 1 each year for council review and approval by Motion, starting in August 2018. The ((quarterly)) annual report((s)) shall include at a minimum: a. performance measurement statistics; b. program utilization statistics; c. request for proposal and expenditure status updates; ((and)) d. progress reports on evaluation implementation;

247	e. geographic distribution of the sales tax expenditures across the county,
248	including collection of residential ZIP code data for individuals served by the programs
249	and strategies; ((and))
250	_f. updated performance measure targets for the following year of the mental
251	illness and drug dependency initiatives, programs and services;
252	g. recommendations on either program changes or process changes, or both, to
253	the funded programs based on the measurement and evaluation data; and
254	h. summary of cumulative calendar year data.
255	2.((a. The quarterly reports to the council are due to the council March 1, June
256	1, September 1 and December 1 for council review for years one and two and thereafter,
257	every six months.
258	b.(1) The annual report to the council shall be submitted to the council by
259	April 1, for council review and acceptance by motion. The annual report shall also
260	include:
261	(a) a summary of quarterly report data;
262	(b) updated performance measure targets for the following year of the
263	programs;
264	(c) recommendations on program and/or process changes to the funded
265	programs based on the measurement and evaluation data
266	(d) recommended revisions to the evaluation plan and processes; and
267	(e) recommended performance measures and performance measurement
268	targets for each mental illness and drug dependency strategy, as well as any new
269	strategies that are established. New or revised performance measures and performance

270	measurement targets for the strategies shall be identified and included in the April 1,
271	2009, annual report and in each annual report thereafter.
272	3.)) Twelve copies of the quarterly reports and the annual report to the council
273	shall be filed with the clerk of the council, for distribution to all councilmembers and to
274	the lead staff of the ((law, justice)) health, housing and human services committee, or its
275	successor.
276	E. Concurrent with the executive's ((2009)) 2017/2018 biennial budget proposal
277	((, and)) for each ((subsequent year)) biennia that the mental illness and drug dependency
278	sales and use tax ((exists)) is levied, the executive shall submit a report on program
279	expenditures and revenue as part of the county's ((annual)) biennial budget review
280	process. The information submitted with the executive's budget shall include an
281	((annual)) updated and financial plan and a detailed spending plan for the tax funding, as
282	well as revenue information. The ((elements of an annual)) mental illness and drug
283	dependency spending plan ((, at a minimum,)) shall include((:
284	1. A))a detailed list of ((funded activities along with)) mental illness and drug
285	dependency sales tax-funded initiatives, programs and services supported by revenue
286	levied under K.C.C 4A.500.300 and a budget (and revenue for each activity;
287	2. A reasonable estimate of cost per unit of service of activities;
288	3. The anticipated number of service units to be provided for each activity or
289	item;
290	4. How many individuals are estimated to be served in each activity;
291	5. Whether the activity is to be completed by the county or by a contracted
292	provider; and

Attachments: None

293 6. Full time equivalent or term-limited temporary employee impact if service is provided by the county)). 294 295 Ordinance 18407 was introduced on 8/29/2016 and passed by the Metropolitan King County Council on 11/14/2016, by the following vote: Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn, Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles and Ms. Balducci No: 0 Excused: 0 KING COUNTY COUNCIL KING COUNTY, WASHINGTON J. Joseph McDermott, Chair ATTEST: Melani Pedroza, Acting Clerk of the Council Dow Constantine, County Executive