



Legislation Text

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AN ORDINANCE revising the King County mental illness and drug dependency policy goals; amending Ordinance 15949, Section 3, as amended, and adding a new section to K.C.C. chapter 4A.500.

PREAMBLE:

In 2005, recognizing the need for additional mental health and chemical dependency programs, the state Legislature authorized counties to implement a one-tenth of one percent sales and use tax to support new programs.

The one-tenth of one percent sales and use tax supporting new or expanded chemical dependency or mental health treatment programs and services and for the operation of new or expanded therapeutic court programs and services, known as the mental illness and drug dependency ("MIDD") sales and use tax, generates between fifty and sixty-five million dollars annually for King County.

King County council levied the one-tenth of one percent MIDD sales and use tax in Ordinance 15949, which was enacted November 26, 2007.

The intent of the sales tax is to support new or expanded mental health and substance abuse programs, now referred to as behavioral health programs, 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 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 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 MIDD-supported 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 meeting the needs of people rather than on meeting system needs and improving and supporting culturally-appropriate services. Proposed changes to the policy goals reflect recent advancements in recovery-oriented approaches to care, and actively support King County's equity and social justice aims.

At the same time as MIDD policy goals are proposed for amendment, the executive recognizes that MIDD-funded initiatives, programs and services alone cannot achieve policy goals. Due to the interrelatedness of the criminal justice, behavioral health, and housing systems, changes in any one of those systems or funding to those systems will impact MIDD-funded initiatives, programs and services.

Additional implementation planning is needed for proposed new and revised MIDD-funded initiatives, programs and services, of which many include community engagement components that need to be carried out in collaboration with providers and communities.

The initial MIDD evaluation plan adopted by the council in 2008 served as the blueprint for conducting the evaluation and assessment of MIDD through 2016. It was developed in conjunction with the initial MIDD implementation plan, after the individual MIDD strategies, programs and services were established in the council accepted MIDD Action Plan via Motion 12598.

Once the council makes MIDD funding and programmatic decisions with adoption of the county's 2017/2018 Biennial Budget Ordinance, a detailed MIDD evaluation plan for 2017 through 2025 will be prepared and transmitted to the council in 2017. Further, it is necessary to develop a MIDD evaluation plan for 2017-2025 that is built on the recommendations contained in the MIDD comprehensive historical assessment report (Proposed Motion 2016-0354), which

calls for stakeholder involvement in the development of an updated MIDD evaluation plan.

Much has changed in the eight years since the initial MIDD implementation and evaluation plans were completed, including behavioral health integration and technological advances. Yet the purpose for evaluating MIDD remains the same, which is providing the public and policy makers with the tools to evaluate the effectiveness of the MIDD strategies in meeting the established MIDD policy goals, as well as to ensure transparency and accountability

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. Ordinance 15949, Section 3, as amended, is hereby added to K.C.C. chapter 4A.500.

SECTION 2. Ordinance 15949, Section 3, as amended, is hereby amended to read as follows:

A. It is the policy of the county that citizens and policy makers be able to measure the effectiveness of the investment of these public funds. The county requires appropriate oversight, accountability and reporting on the status and progress of the programs supported with the sales tax funds. The programs supported with these funds shall be designed to achieve the following policy goals:

1. (~~(A reduction of the number of mentally ill and chemically dependent using costly interventions like))~~ Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals;
2. (~~(A reduction of the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency))~~ Reduce the number, length and frequency of behavioral health crisis events;
3. (~~(A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults;))~~ Increase culturally-appropriate, trauma-informed behavioral health services;
4. (~~(Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement))~~ Improve the health and wellness of individuals living with behavioral health conditions;
and

5. Explicit linkage with, and furthering the work of, ~~((other council directed efforts including, the adult and juvenile justice operational master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Services Improvement Plan and the county Recovery Plan))~~ King County and community initiatives.

B. To ensure the oversight, implementation and evaluation of the Mental Illness and Drug Dependency ~~((Action))~~ Service Improvement Plan is consistent with the county's policy goals outlined in subsection A. of this section and to ensure fulfillment of the requirements of RCW 82.14.460 which enables the sales tax, the ~~((office of performance, strategy and budget, the departments of community and human services, public health and adult and juvenile detention, superior court, district court, the prosecuting attorney, the public defender and the sheriff are requested, with assistance from council staff, to))~~ executive, in collaboration with the mental illness and drug dependency advisory committee and community stakeholders, shall develop and submit for council review and approval an ~~((oversight,))~~ 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 implementation plan((;)) 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 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, t))~~ The evaluation plan ~~((s))~~ 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 ~~((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 ~~((s))~~ and two ~~((and 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;
- e. geographic distribution of the sales tax expenditures across the county, including collection of residential ZIP code data for individuals served by the programs and strategies; ~~((and))~~
- f. updated performance measure targets for the following year of the mental illness and drug dependency initiatives, programs and services;
- g. recommendations on either program changes or process changes, or both, to the funded programs based on the measurement and evaluation data; and
- h. summary of cumulative calendar year data.

2.~~((a. The quarterly reports to the council are due to the council March 1, June 1, September 1 and December 1 for council review for years one and two and thereafter, every six months.~~

~~b.(1) The annual report to the council shall be submitted to the council by April 1, for council review and acceptance by motion. The annual report shall also include:~~

- ~~(a) a summary of quarterly report data;~~
- ~~(b) updated performance measure targets for the following year of the programs;~~
- ~~(c) recommendations on program and/or process changes to the funded programs based on the~~

~~measurement and evaluation data~~

~~(d) recommended revisions to the evaluation plan and processes; and~~

~~(e) recommended performance measures and performance measurement targets for each mental illness and drug dependency strategy, as well as any new strategies that are established. New or revised performance measures and performance measurement targets for the strategies shall be identified and included in the April 1, 2009, annual report and in each annual report thereafter.~~

3.) Twelve copies of the quarterly reports and the annual report 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 its successor.

E. Concurrent with the executive's ~~((2009))~~ 2017/2018 biennial budget proposal ~~((, and))~~ for each ~~((subsequent year))~~ biennia that the mental illness and drug dependency sales and use tax ~~((exists))~~ is levied, the executive shall submit a report on program expenditures and revenue as part of the county's ~~((annual))~~ biennial budget review process. The information submitted with the executive's budget shall include an ~~((annual))~~ updated and financial plan and a detailed spending plan for the tax funding, as well as revenue information. The ~~((elements of an annual))~~ mental illness and drug dependency spending plan ~~((, at a minimum,))~~ shall include(~~(:~~

~~1. A) a detailed list of ((funded activities along with)) mental illness and drug dependency sales tax-funded initiatives, programs and services supported by revenue levied under K.C.C 4A.500.300 and a budget (and revenue for each activity;~~

~~2. A reasonable estimate of cost per unit of service of activities;~~

~~3. The anticipated number of service units to be provided for each activity or item;~~

~~4. How many individuals are estimated to be served in each activity;~~

~~5. Whether the activity is to be completed by the county or by a contracted provider; and~~

6. ~~Full time equivalent or term-limited temporary employee impact if service is provided by the county)).~~