



Legislation Text

File #: 2013-0018, **Version:** 1

Clerk 12/31/2012

AN ORDINANCE adopting a framework for behavioral health services in King County, amending Ordinance 15327, Section 3, and K.C.C. 2.43.005, Ordinance 15327, Section 4, and K.C.C. 2.43.015 and Ordinance 15327, Section 5, K.C.C. 2.43.025 and adding a new section to K.C.C. chapter 2.43.

STATEMENT OF FACTS:

1. The World Health Organization reported in 2004 that the United States has the highest annual prevalence rate of twenty-six percent mental illness among a comparison group of fourteen developing and developed countries.
2. According to the 65th World Health Assembly held in May 2012, adolescents are perceived as a healthy age group, yet an estimated twenty percent of them experience a mental health problem. Depression is the main cause of worldwide disability among adolescents, and suicide is the second most common cause of death among young people.
3. In the King County results of the statewide 2010 Healthy Youth Survey, twenty-four percent of eighth graders, twenty-seven percent of tenth graders and twenty-six percent of twelfth graders self-reported feeling depressed. Poor mental health is strongly related to other health conditions and affects development outcomes in young people, including lower educational achievements, substance abuse, violence and poor reproductive and sexual health.
4. According to the 2009 federal Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health, 23.5 million people aged twelve or older needed

treatment for illicit drug or alcohol abuse problem. Only 2.6 million, or eleven percent, of those who needed treatment, received it at a specialty facility.

5. States adopting recovery concepts as the guiding policy for their behavioral health systems include Texas, Vermont, Nebraska, Massachusetts, Delaware, California, New York, Ohio, Pennsylvania and Wisconsin. The recovery approach is also guiding services in New Zealand, Australia, Israel, the United Kingdom and the Republic of Ireland, among other countries.

6. In August 2010, using guidance from behavioral health leaders and behavioral health system consumers in recovery, the Substance Abuse and Mental Health Services Administration ("SAMHSA") defined recovery as "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential."

7. Additionally, SAMHSA delineates four major dimensions that support a life in recovery that a recovery and resiliency-oriented behavioral health system should include:

Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;

Home: a stable and safe place to live;

Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

Community: relationships and social networks that provide support, friendship, love, and hope.

8. A recovery and resiliency oriented behavioral health system must be trauma-informed.

Multiple studies have demonstrated strong links between trauma, substance abuse and mental illness. People with histories of trauma are more likely to face homelessness, addiction and mental illness, placing them at further risk for victimization and trauma. Homelessness, substance abuse and mental illness are outcomes of, and risk factors for, future trauma.

9. The values, principles and goals of a trauma-informed, recovery and resiliency oriented

framework fit well within the vision, mission, principles and goals of the King County Strategic Plan: Working Together for One King County. The vision statement of the Strategic Plan states, "A diverse and dynamic community with a healthy economy and environment where all people and businesses have an opportunity to thrive." The mission statement goes on to state "King County government provides fiscally responsible, quality-driven local and regional services for healthy, safe, and vibrant communities." The explicit purpose of a recovery and resiliency oriented behavioral health system is to assist people to thrive by providing quality services with a focus on health, safety and connection to community.

10. In 2000, King County recognized the desirability of moving beyond maintenance as a goal and adopted Ordinance 13974, establishing recovery as the goal, defining recovery and requiring reporting of client progress for working age adults based on definitions of dependent, less-dependent and recovered and outcomes related to housing stability and employment.

11. Ordinance 13974 was adopted early in the process of development of the recovery model and was based on a limited understanding of the concepts of recovery, without the benefit of research on best practices and the experience of other systems in providing successful transition and limited only to working age adults.

12. The Washington state Legislature amended the Community Mental Health Services Act, chapter 71.24 RCW, to include recovery concepts in 2005.

13. In 2005, the council adopted Ordinance 15327, which approved a recovery plan that included an implementation plan for the period of 2005-2010.

14. The goals of the 2005 recovery plan have been achieved.

15. While much progress has been made, the five year recovery plan for mental health was the first stage in changing to a recovery and resiliency oriented behavioral health system that includes recovery for both mental illness and substance use disorder.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. Ordinance 15327, Section 3, and K.C.C. 2.43.005 are each hereby amended to read as follows:

~~((A. The goal of the mental health system is to promote recovery of normal functioning and participation in family and community life for persons with serious and persistent mental illness.~~

~~B. For the purposes of this chapter, "recovery" means a process whereby an individual not only achieves management of their symptoms but regains or develops sufficient skills and autonomy to enable the individual to live, work, learn and participate fully in the community in an age appropriate manner. "Recovery" means a way of living a satisfying, hopeful and contributing life, even with illness caused limitations.~~

~~C. In order to succeed in promoting recovery for persons in need in King County, the mental health service system shall transform itself from one based on the goals and principles of community support and maintenance to one based on the goals and principles of recovery and resilience. The mental health system shall, therefore, strive to:~~

- ~~1. Reach out to and engage persons at risk due to serious, disabling mental illness;~~
- ~~2. Focus on the whole person, including strengths, capabilities, latent abilities and aspirations, not just symptoms and pathologies;~~
- ~~3. Reduce the stigma experienced by people with mental illness;~~
- ~~4. Develop treatment goals and service plans based on mutual respect for the consumer's aspirations and capabilities and the provider's knowledge, skills and assets.~~
- ~~5. Help people with serious mental illness develop personal understanding and control of their symptoms.~~
- ~~6. Pursue activities in the larger community, rather than the clinical setting, to foster full integration in the community;~~
- ~~7. Help persons with serious mental illness develop or restore normal life roles and functions, by:~~

- ~~a. focusing on family and school for children;~~
- ~~b. establishing and maintaining a household, work and peer support systems for adults; and~~
- ~~e. continuing community and social involvement for seniors;~~
- ~~8. Develop and involve natural supports, including peer, family and community support;~~
- ~~9. Employ recovering persons in the service system;~~
- ~~10. Collaborate with other services and systems to improve results and reduce costs by coordinating and integrating services whenever appropriate;~~
- ~~11. Reduce formal mental health system supports as people recover and build their own natural support systems; and~~
- ~~12. Identify and implement best practices, both evidence-based and promising programs, for~~

~~subsection B. 1. through 11. of this section.))~~ The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

A. "Behavioral health" means mental health and a life free of substance use disorders.

B. "Behavioral health system" means those agencies that only provide mental health services, those that only provide substance use disorders treatment, or those agencies that provide both types of services.

C. "Recovery" means a process in which an individual achieves management of the individual's symptoms and regains or develops sufficient skills and autonomy to enable the individual to live, work and participate fully in the community.

D. "Resiliency" means an innate capacity that empowers people across the life span to successfully meet life's challenges with a sense of self-determination, mastery and hope.

E. "Trauma-informed framework" means an approach to engage an individual with a history of trauma that recognizes the presence of trauma symptoms and acknowledges the impact that trauma has had on the individual's life.

NEW SECTION. SECTION 2. There is hereby added to K.C.C. chapter 2.43 a new section to read as

follows:

A. In order to succeed in promoting resiliency and recovery, the behavioral health service system shall be based on the goals and principles of recovery and resilience within a trauma-informed framework. A trauma-informed, recovery and resiliency focused system offers respect, information, connection and hope.

B. The behavioral health system shall:

1. Reach out to and engage individuals at-risk due to serious, disabling mental illness or substance use disorders, or both;

2. Focus on the whole person, including strengths, capabilities, latent abilities, and aspirations, rather than symptoms and pathologies;

3. Ensure behavioral health is integrated with physical health, including diet, exercise, social activities and coordination and collaboration with primary care providers;

4. Reduce the stigma experienced by people with behavioral health disorders;

5. Develop goals and service plans based on mutual respect for the consumer's aspirations and capabilities and the provider's knowledge, skills and assets;

6. Help individuals with serious mental illness or substance use disorders, or both, to develop personal understanding and control of their symptoms;

7. Assist individuals to pursue activities in the community, rather than the clinical setting, to foster full integration in the community;

8. Help individuals with serious mental illness or substance use disorders, or both, to develop or restore normal life roles and functions, by:

a. focusing on family and the developmental needs of children, including school;

b. establishing and maintaining household, work and peer support systems for adults; and

c. continuing community and social involvement for seniors;

9. Develop and involve natural support, including peer, family and community support;

10. Employ recovering individuals in the service system as peer support specialists and other positions for which they may qualify;

11. Collaborate with other services and systems to improve results and reduce costs by coordinating and integrating services whenever appropriate;

12. Reduce formal system supports as individuals recover and build natural support systems; and

13. Identify and implement best practices, both evidence-based and promising programs for subsection B.1. through 12. of this section.

SECTION 3. Ordinance 15327, Section 4, and K.C.C. 2.43.015 are each hereby amended to read as follows:

~~((A. The Recovery Plan for Mental Health Services dated August 2004, which is Attachment A to this ordinance, is adopted as an overall guide and a five-year work program for transforming King County's mental health service system from one based on community support and maintenance to one based on recovery and resilience.~~

~~B. The department of community and human services, or its successor, shall complete a detailed recovery system implementation plan. The department shall submit, by June 2007, an ordinance to the council for approval of the plan. The plan shall result from completion of work described in Phase I of the Recovery Plan for Mental Health Services and shall include:~~

~~1. A progress report on developing a shared vision of recovery concepts and principles at all levels in the system;~~

~~2. Identification and analysis of best practices and promising practices for replication in such areas as outreach and engagement, assessment and case planning, medication and symptom management, housing, employment, peer support, consumer involvement in service planning and provision and collaboration and integration of services with other key systems, including housing and homeless intervention, substance abuse treatment and recovery services, employment and employment training and criminal justice;~~

~~3. Assessment of existing services, resources, reimbursement and contract models in light of best practices to identify needed service, resource alignment and modifications to the reimbursement and contracting model. In addition, this assessment shall identify any county, state and federal restrictions that pose obstacles to full implementation of the recovery model;~~

~~4. Strategies, goals, action steps and timelines for implementing the identified system changes necessary to achieve a fully recovery-oriented service system;~~

~~5. Defined outcome and other appropriate performance measures; and~~

~~6. The system for monitoring, evaluating and reporting progress in implementation of the recovery model.)) The Recovery and Resiliency-Oriented Behavioral Health Services Plan 2012-2017 dated June 2012, which is Attachment A to this ordinance, is adopted as an overall guide and a five-year work program for transforming King County's behavioral health system from one based on community support and maintenance to one based on recovery and resiliency.~~

SECTION 4. Ordinance 15327, Section 5, and K.C.C. 2.43.025 are each hereby amended to read as follows:

A. ((Subsequent to the council's approval of the detailed implementation plan required in K.C.C. 2.43.015.B, †))The mental health, chemical abuse and dependency services division, or its successor, shall provide to the council an annual written progress report. The report shall describe progress in implementing the recovery and ~~((shall contain detailed information on programs, budgets and outcome and other performance measures. Twenty-three copies of the report shall be filed with the clerk of the council for distribution to all members of the law, justice and human services committee, or its successor and the committee's lead staff and to all members of the regional policy committee, or its successor, and the committee's lead staff))~~ resiliency model and shall include:

1. The status of strategies, goals, action steps, and timelines for implementing the identified system changes necessary to achieve a fully recovery and resiliency oriented service system;

2. Detailed information on programs and activities; and

3. Outcomes and other appropriate performance measures.

B. The report shall be filed in the form of a paper original and an electronic copy to the clerk of the council, who shall retain the original and provide an electronic copy of the report to all councilmembers, all members of the regional policy committee, the council chief of staff and the lead staff for the council's law, justice, health and human services committee, or its successor, and for the regional policy committee, or its successor.