



## Legislation Text

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AN ORDINANCE renaming and revising the King County mental illness and drug dependency oversight committee; and amending Ordinance 16077, Section 4, as amended, and K.C.C. 2.130.010.

### 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, health and human services sectors.

King County, its behavioral health and community stakeholders, and the mental illness and drug dependency oversight committee ("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 composition of the MIDD oversight committee.

The executive recommends no changes to the purpose and role of the MIDD oversight committee, maintaining the committee's role as an advisory body to the executive and council as established in Ordinance 16077 and K.C.C. 2.130.010. The executive recommends amending the name of the MIDD oversight committee to the MIDD advisory committee, commensurate with the previously established purpose and role of the committee via Ordinance 16077 and K.C.C. 2.130.010.

Throughout the course of planning for the 2017-2025 MIDD service period, the MIDD oversight committee members and stakeholders were exceedingly clear about the need to have the voices, perspectives and experiences of behavioral health consumers, youth, immigrants and refugees, faith communities and specific cultural populations represented on the MIDD advisory committee. The result of this direction is that a consumers and communities ad hoc work group will be convened and two members of the ad hoc work group will serve, if confirmed by the council, as members of the MIDD advisory committee.

Utilizing an ad hoc work group for consumers and communities recognizes that no one person should be asked to speak for an entire population or experience, particularly in an environment

where lay people are sharing decision- or recommendation-making platforms with those who have significant positional authority, such as elected officials. Given the number of communities identified as needing a voice on the MIDD advisory committee, and because there are many diverse lived experiences involved with behavioral health, an additional twelve to twenty consumer and community positions to the MIDD advisory committee would have been necessary. A MIDD advisory committee of fifty or more would not be feasible to operate as the MIDD oversight committee has operated, and more so given the operational improvements planned; therefore, the recommendation to convene an ad hoc consumers and communities work group balances the need to enable a greater number of experiences and perspectives to be brought forward to the MIDD advisory committee with efficiency and effectiveness of operation.

The recommended additional members of the MIDD advisory committee are also driven by the county's equity and social justice agenda which finds that race, place and income impact quality of life for residents of King County and people of color, and those who have limited English proficiency and/or low-incomes persistently face inequities in key educational, economic and health outcomes. These inequities are driven by an array of factors including the tax system, unequal access to the determinants of equity, subtle but pervasive individual bias, and institutional and structural racism and sexism. These factors, while invisible to some, have profound and tangible impacts for others, particularly those who also may be living with behavioral health conditions and experiencing criminal justice involvement.

Each of the recommended sector additions to the composition of the MIDD advisory committee: recovery, education, philanthropy and managed care is intended to enrich and deepen the advice and guidance provided by the committee to the King County executive and council. The added seats expand the expertise around the table and strengthen system connections.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

SECTION 1. Ordinance 16077, Section 4, as amended, and K.C.C. 2.130.010 are hereby amended to read as follows:

A. There is hereby established a King County mental illness and drug dependency ~~((oversight))~~ advisory committee.

B.1. The ~~((oversight))~~ advisory committee shall act as an advisory body to the county executive and council. The ~~((oversight))~~ advisory committee ~~((is responsible for oversight of))~~ shall conduct reviews, provide comment on and make recommendations on the mental illness and drug dependency tax-funded ~~((strategies))~~ initiatives, services, programs and policy goals outlined in Ordinance 15949, Section 3, as amended, and K.C.C. ~~((chapter 4.33))~~ 4A.500.300 through 4A.500.340 and consistent with the mental illness and drug dependency ~~((action))~~ service improvement plan that is approved in accordance with Ordinance 17998. The ~~((oversight))~~ advisory committee shall provide ongoing review, comments and recommendations on ~~((oversight of))~~ mental illness and drug dependency tax-funded programs until all sales tax revenues have been expended and the final evaluation of the mental illness and drug dependency programs and services has been submitted to the council.

2. The ~~((oversight))~~ advisory committee shall:

a. review and provide written recommendations to the executive and the council on the implementation and effectiveness of the county's sales tax funded programs in meeting the goals established in Ordinance 15949, Section 3, as amended, and K.C.C. ~~((chapter 4.33))~~ 4A.500.300 through 4A.500.340;

b. review and report to the executive and the council on ~~the quarterly~~, annual and evaluation reports as required by Ordinance 15949, Section 3, as amended, and K.C.C. ~~((chapter 4.33))~~ 4A.500.300 through 4A.500.340;

c. review and make comment on emerging and evolving priorities for the use of the mental illness and drug dependency sales tax revenue;

d. serve as a forum to promote coordination and collaboration between entities involved with sales tax programs;

e. educate the public, policymakers and stakeholders on mental illness and drug dependency sales tax funded programs; and

f. coordinate and share information with other related efforts and groups.

C. The (~~oversight~~) advisory committee shall be composed of one representative from each of the following (~~in addition to two members from the King County behavioral health advisory board~~):

1. The council;
2. The executive;
3. The superior court;
4. The district court;
5. The prosecuting attorney's office;
6. The sheriff's office;
7. The department of public health;
8. The department of judicial administration;
9. The department of adult and juvenile detention;
10. The department of community and human services;
11. A provider of both mental health and chemical dependency services in King County;
12. A provider of culturally specific mental health services in King County;
13. A provider of culturally specific chemical dependency services in King County;
14. A representative of an organization with expertise in helping individuals with behavioral health

needs in King County get jobs and live independent lives;

15. A provider of domestic violence prevention services in King County;

~~(15-)~~ 16. A provider of sexual assault victim services in King County;

- ~~((16-))~~ 17. An agency providing mental health and chemical dependency services to youth;
- ~~((17-))~~ 18. Harborview Medical Center;
- ~~((18- The Committee to End Homelessness in King County))~~ 19. All Home;
- ~~((19-))~~ 20. King County systems integration initiative, which is an ongoing work group established by the executive for addressing juvenile justice matters;
- ~~((20-))~~ 21. The Community Health Council;
- ~~((21-))~~ 22. The Washington State Hospital Association, representing King County hospitals;
- ~~((22-))~~ 23. The ~~((Suburban))~~ Sound Cities Association;
- ~~((23-))~~ 24. The city of Seattle;
- ~~((24-))~~ 25. The city of Bellevue;
- ~~((25-))~~ 26. Labor representing a bona fide labor organization;
- ~~((26-))~~ 27. The office of the public defender;
- ~~((27-))~~ 28. The ~~((n))~~National ~~((a))~~Alliance on ~~((m))~~Mental ~~((i))~~Illness; ~~((and))~~
- ~~((28- A representative from a public defender agency that the county contracts with to provide services~~
- ~~))~~ 29. Puget Sound educational services district;
30. A representative of a philanthropic organization;
31. The King County behavioral health advisory board;
32. A representative of an organization with expertise in recovery;
33. A representative of the five managed care organizations operating in King County;
34. An individual representing behavioral health consumer interests from the mental illness and drug dependency advisory committee’s consumers and communities ad hoc work group;
35. An individual representing community interests from the mental illness and drug dependency advisory committee’s consumers and communities ad hoc work group;

36. A representative of a grassroots organization serving a cultural population or cultural populations;  
and

37. A representative of unincorporated King County.

D.1. Separately elected officials and King County agency directors or their designees are not required to be appointed or confirmed.

2. A member of the ~~((oversight))~~ advisory committee who has been confirmed to serve on another county board or commission is not required to be confirmed to serve on the ~~((oversight))~~ advisory committee.

3. All other members of the ~~((oversight))~~ advisory committee are subject to appointment by the county executive and confirmation by the county council.

4. The executive shall appoint ~~((oversight))~~ advisory committee members to staggered terms in accordance with K.C.C. 2.28.010.C.

E.1. The ~~((oversight))~~ advisory committee shall adopt rules governing its operations at its first meeting.

~~((1-))~~ 2. The committee shall elect a chair or cochair.

~~((2-))~~ 3. Subcommittees and workgroups may be formed at the discretion of the ~~((oversight))~~ advisory committee.

~~((3-))~~ 4. At each meeting of the ~~((oversight))~~ advisory committee, the ~~((oversight))~~ committee shall provide an open comment period.

F. The ~~((oversight))~~ advisory committee shall coordinate with other county groups including, but not limited to, ~~((the Committee to End Homelessness in King County))~~ the All Home coordinating board, the regional human services levy citizen oversight board, the veterans levy citizen oversight board, the children and youth advisory board, the behavioral health and recovery board, the board of health and the adult and juvenile justice operational master plan advisory groups, or their successors, to ensure that information is shared and, when appropriate, efforts are ~~((linked))~~ coordinated and not duplicated.

G. The office of performance, strategy and budget and the behavioral health and recovery division of

the department of community and human services shall provide staffing of the ((~~oversight~~)) advisory committee.

H. Members of the ((~~oversight~~)) advisory committee who are not full-time county employees may be reimbursed for parking expenses in the King County parking garage when attending meetings of the committee.