## STAFF REPORT

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| **Agenda Item:** | 7-8 | **Name:** | Wendy Soo Hoo |
| **Proposed No**.: | 2016-04272016-0428 | **Date:** | October 12, 2016 |

**SUBJECT**

Proposed Ordinance 2016-0427 would approve the Mental Illness and Drug Dependency Sales Tax Service Improvement Plan.

Proposed Ordinance 2016-0428 would revise the MIDD policy goals and requires transmittal of a detailed implementation plan and an evaluation plan by August 3, 2017.

**SUMMARY:**

In March 2015, the King County Council passed Ordinance 17998 setting requirements for a comprehensive review of the strategies supported by current MIDD (MIDD 1) investments, and also setting forth requirements for an updated service improvement plan to guide investments of a renewed MIDD (MIDD 2). Proposed Ordinance 2016-0427, which would approve the MIDD SIP, was transmitted on August 25th, along with Proposed Ordinance 2016-0428, which would revise the MIDD policy goals.

This is the second of two discussions of the MIDD SIP by the Regional Policy Committee. Action is anticipated at the October 12, 2016 meeting.[[1]](#footnote-1)

**BACKGROUND:**

In 2007, the King County Council adopted Ordinance 15949 authorizing the levy and collection of an additional sales and use tax of one-tenth of one percent for the delivery of mental health and chemical dependency services and therapeutic courts.[[2]](#footnote-2) This tax is referred to as the Mental Illness and Drug Dependency sales tax (MIDD 1) and is projected to generate approximately $117 million in the 2015/2016 biennium.[[3]](#footnote-3)

Ordinance 15949 also established a policy framework for measuring the effectiveness of the public's investment in MIDD 1 programs, requiring the King County Executive to submit oversight, implementation and evaluation plans for the programs funded with the tax revenue. The ordinance set forth five policy goals for the programs supported with MIDD 1 funds:

**Policy Goal 1:** A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.

**Policy Goal 2:** A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

**Policy Goal 3:** A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.

**Policy Goal 4:** Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.

**Policy Goal 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 Service Improvement Plan and the King County Mental Health Recovery Plan.

Subsequent ordinances established the MIDD Oversight Committee (April 2008)[[4]](#footnote-4) and the MIDD 1mplementation Plan and MIDD Evaluation Plan (October 2008).[[5]](#footnote-5)

Ordinance 17998 Passed by Council in March 2015

In March 2015, the King County Council passed Ordinance 17998 setting requirements for a comprehensive review and potential modification of the MIDD 1 strategies described in the council-adopted MIDD 1 Implementation Plan. The required review and reporting processes were intended to provide key information to decision makers in considering continuation of the MIDD sales tax in 2016.

Ordinance 17998 required a comprehensive review of the current MIDD 1 strategies and analysis of the MIDD 1 investments and sets forth a process and criteria for recommendations for new strategies to be considered for a continued MIDD 2. Three deliverables were required by the ordinance:

1. a comprehensive historical review and assessment of MIDD 1 – transmitted to council in June 2016 and approved by the Council on September 6, 2016 (Motion 14712);
2. a MIDD service improvement plan to guide investments under a continued MIDD – Proposed Ordinance 2016-0427 was transmitted to council in August 2016 and dually referred to the Regional Policy Committee and the Budget and Fiscal Management Committee; and
3. a progress report on the first two deliverables, which was transmitted to council in November 2015 (2015-RPT0164).

Broad outreach was conducted in assessing the MIDD 1 and in developing the service improvement plan for MIDD 2. The outreach effort included surveys; five regional community conversations; and 13 focus groups ranging in size from four to 100 participants, involving specific communities, populations or sub-regional areas. More details regarding the outreach conducted can be found in Attachment 10.

King County Council Approved Extension of the MIDD Sales Tax in August 2016

Proposed Ordinance 2016-0287 was transmitted to the Council on June 6 and referred to the Budget and Fiscal Management Committee. On August 22, 2016, the King County Council voted to approved Ordinance 18333, extending collections of the MIDD sales tax through 2025. The sales tax is expected to generate approximately $134 million in 2017/2018 and $143 million in 2019/2020.[[6]](#footnote-6)

**ANALYSIS**

The King County Council via Ordinance 17998 required transmittal of a service improvement plan to guide investments of the extended MIDD sales tax. The ordinance required the plan to include (summarized):

* A detailed description of each proposed strategy, service and program to be funded from the MIDD sales tax beginning in 2017;
* Explanation of how each recommended MIDD strategy, service and program supports the adopted and/or recommended MIDD policy goals;
* A schedule for the implementation of the strategies, programs, and services outlined in the MIDD service improvement plan;
* A spending plan, including recommended 2017-2018 biennial budget levels for each proposed strategy, service and program;
* An initial list of performance measures, outcomes, and/or evaluation; and
* A proposed schedule for at least annual reporting to the council on progress and performance.

The ordinance also required that the proposed MIDD service improvement plan strategies, services, and programs demonstrate that they:

* Are based on evidence related to successful outcomes for chemical dependency or mental health treatment programs and services, or best or promising practices for chemical dependency or mental health treatment programs and services;
* Incorporate the goals and principles of recovery and resilience within a trauma informed framework;[[7]](#footnote-7)
* Integrate the sequential intercept model that addresses the criminalization of mentally ill individuals;
* Reflect the county’s equity and social justice agenda, and other county policy and planning endeavors; and
* Will leverage opportunities provided by the federal Affordable Care Act and the state's requirements for a single behavioral health contract with regional support networks as specified by Chapter 225, Laws of Washington 225.

Ordinance 17998 also required the SIP to identify processes for changing MIDD strategies, services and programs, including specifying how and when the MIDD oversight committee is to be engaged; recommend MIDD fund balance reserve policies; and review and confirm or recommend modifications to the purpose, role, and composition of the MIDD Oversight Committee.

This staff report summarizes the substantive chapters of the service improvement plan. Potential policy issues are highlighted at the end of the Analysis section of the staff report.

1. **Executive Summary**
2. **MIDD Key Environmental Changes**

This chapter describes the history of MIDD 1, which was enacted by the King County Council in 2007 via Ordinance 15949 as authorized under Revised Code of Washington (RCW) 82.14.460. The sales tax was authorized by the Washington State Legislature when it passed the Omnibus Mental Health and Substance Abuse Act in 2005.[[8]](#footnote-8)

This chapter also describes key changed conditions impacting MIDD, including behavioral health integration, the U.S. Affordable Care Act, and the 2014 Washington State Supreme court ruling regarding psychiatric boarding (In re the Detention of D.W. et al). In addition, King County has shifted to emphasizing a trauma-informed care framework, which recognizes the role that trauma has played in individuals’ lives. King County has also focused on equity and social justice and recognizing that race, place, income and other factors impact quality of life and health outcomes for residents of King County.

Chapter II also discusses the results of the MIDD 1 Comprehensive Retrospective Report.[[9]](#footnote-9) The report found that:

* Aggregating results from all relevant strategies, MIDD 1 is recognized as successful and effective in meeting the established policy goals.
* Significant reductions in jail and emergency department use, and psychiatric hospitalizations, are documented by MIDD evaluation data.
1. **Key Components of MIDD 2**

This chapter describes the collaborative process (developed jointly with the MIDD Oversight Committee) for creating the MIDD 2 framework. The process involved extensive community outreach and input.

Development of proposed MIDD 2 recommendations included a review of existing MIDD 1 strategies and a call for new proposals. Interested parties submitted new concepts to the county. County staff developed over 90 briefing papers on the new concepts determined to be eligible for MIDD funding and the briefing papers were reviewed and sorted by panels comprised of community members and MIDD Oversight Committee members.

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| **Table 1****Comparison of MIDD 1 Adopted Policy Goals and** **MIDD 2 Recommended Policy Goals** |
| **MIDD 1 Adopted Policy Goals** | **Proposed MIDD 2 Policy Goals** |
| A reduction of the number of mentally ill and chemically dependent using costly intervention like jail, emergency rooms and hospitals | Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals. |
| 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. |
| 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. |
| Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement | Improve health and wellness of individuals living with behavioral health conditions. |
| 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 Service Improvement Plan and the County Recovery Plan. | Explicit linkage with, and furthering the work of, other King County and community initiatives. |

This chapter also describes recommended policy goals for MIDD 2. The policy goals are provided in the table above. According to the SIP, the intent of the recommended policy goals is to “reflect a person centered language approach.”

Proposed Ordinance 2016-0428, a companion to the SIP, would amend Ordinance 15949 to reflect and update the proposed policy goals for MIDD 2.

The SIP also proposes a new framework for categorizing programs and services comprised of four strategies that are based on the continuum of care:

* Prevention and Early Intervention: People get the help they need to stay healthy and keep problems from escalating
* Crisis Diversion: People who are in crisis get the help they ned to avoid unnecessary hospitalization or incarceration
* Recovery and Reentry: People become healthy and safely reintegrate to community after crisis
* System Improvements: Strengthen the behavioral health system to become more accessible and deliver onoutcomes
1. **Proposed MIDD 2 Initiatives**[[10]](#footnote-10)

The MIDD 2 initiatives will be described further later in this staff report.

1. **Responses to Ordinance 17998**

The SIP makes recommendations in Chapter V on MIDD 2 implementation issues and processes as required by Council via Ordinance 17998. Note that program descriptions for MIDD 2 are preliminary at this time and the plan recommends transmittal of more detailed implementation plans and an evaluation plan in mid-2017.

MIDD Fund Financial Policy Recommendations

This chapter discusses recommendations related to MIDD fund financial policies. The SIP recommends a 60-day Rainy Day Reserve for the MIDD fund and proposes to fully fund the reserve in 2017/2018. The 60-day reserve was developed in consultation with the Office of Performance, Strategy and Budget to mitigate volatility in sales tax collections and is estimated at about $11.2 million for 2017/2018. When reserves are met, the SIP proposes to prioritize use of undesignated fund balance as follows:

1. Economic adjustments for providers without reducing services or existing initiatives.
2. Allocate up to $650,000 annually to an Emerging Issues initiative.

Adding, Deleting, or Modifying MIDD Initiatives, Strategies, Services and Programs

The SIP calls for a similar revision process as under MIDD 1. Currently, if one of three criteria is met, the MIDD Oversight Committee reviews the proposed revision. Table 2 below shows the current MIDD 1 revision criteria and proposed MIDD 2 criteria.

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| **Table 2****Comparison of MIDD 1 Criteria for MIDD Oversight Committee Review of Potential Revisions to Initiatives, Strategies, Services and Programs** |
| **MIDD 1 Revision Criteria** | **Proposed MIDD 2 Revision Criteria** |
| Proposed change in funding of 15% or more | No change |
| Proposed elimination of a strategy | No change |
| Changes to provider resources, processes, funding, methodology, FTE, RFP or contract processes | Changes to population served, outcomes or results, intervention or performance measures |

Emerging Issues Initiative Protocols

As noted previously, the SIP proposes to allocate funding annually for an Emerging Issues initiative whereby certain programs can seek funding for up to two years under MIDD 2 and recommends the MIDD Oversight Committee and the Deparment of Community and Human Services develop criteria for funding emerging issues, including:

* Allowable under RCW 82.14.460;
* Furthers the MIDD’s continuum of care;
* Based on best or promising practices;
* Reflects a recovery oriented system of care; and
* Demonstrates financial sustainability outside of MIDD reserves.

The SIP indicates that the Emerging Issues initiative is intended to be a flexible, short-term source of funds. Emerging Issues would be considered at least once each year by the MIDD Oversight Committee.

The SIP also indicates that if the Executive determines that MIDD revenues are expected to greatly outpace projections for a sustained period and that economic adjustments can continue for existing providers, BHRD (in collaboration with the MIDD Oversight Committee) may initiate a new initiative process. The SIP states that the process for identifying a new initiative would follow a similar approach as the Fund Balance Workgroup or MIDD 2 process to identify new concepts. The Fund Balance Workgroups have been comprised of MIDD Oversight Committee members and county staff and the workgroups have made recommendations on how to spend excess MIDD fund balance to the Oversight Committee. The Oversight Committee then makes recommendations to the Executive. The Executive considers the recommendations in proposing supplemental MIDD appropriations to the Council. The new concepts approach was a structured, time-limited invitation to suggest new ideas for MIDD 2 funding described earlier in this staff report (refer to “**Key Components of MIDD 2**”**)**. All new initiatives would ultimately need to be approved by the Council for funding via an appropriation ordinance.

Note that during the September 14, 2016 Regional Policy Committee meeting a committee member asked whether the Council would approve of emerging issues. Council staff indicated that the Council would effectively approve of emerging issues when they were put forward for funding via a supplemental appropriation. However, Executive staff have indicated that the intent is actually to appropriate $650,000 annually for emerging issues in the biennial budget rather than through a supplemental appropriation. This means that the Council would not review or approve which emerging issues receive funding throughout the budget period.

Schedule for Reporting

The SIP proposes a new reporting schedule. The SIP calls for annual reporting to the Council, with the report due August 1, rather than April 1.[[11]](#footnote-11) In addition, the SIP proposes shifting the reporting period to the calendar year rather than the current October through September reporting period. This would align MIDD reporting with local, state, federal and philanthropic reporting timelines, making the reporting process easier and more efficient for providers. The SIP also states the intention to develop a web-based data dashboard for more readily accessible and up-to-date information.

Recommended Changes to the MIDD Oversight Committee

The King County Council adopted Ordinance 16077 in 2008, establishing the MIDD Oversight Committee as an advisory body with the purpose of “ensur[ing] that the implementation and evaluation of the strategies and programs funded by the tax revenue are transparent, accountable and collaborative.” The ordinance also states that “the oversight committee should: promote coordination and collaboration between entities involved with sales tax programs; educate the public, policymakers and stakeholders on sales tax funded programs; and coordinate and share information with other related efforts and groups.” MIDD Oversight Committee members are appointed by the Executive and confirmed by the Council.

| **Table 3****MIDD 1 Oversight Committee Composition as Required by Ordinance 16077** |
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| \*King County Council | King County Mental Health Advisory Board | \*King County systems integration initiative |
| \*King County Executive | King County Alcoholism and Substance Abuse Administrative Board | The Community Health Council |
| \*Superior Court | A provider of both mental health and chemical dependency services in King County | Washington State Hospital Association, representing King County Hospitals |
| \*District Court | A provider of culturally specific mental health services in King County | Suburban Cities Association (now Sound Cities Association) |
| \*Prosecuting Attorney’s Office | A provider of culturally specific chemical dependency services in King County | City of Seattle |
| \*Sheriff’s Office | A provider of domestic violence prevention services in King County | City of Bellevue |
| \*Public Health | A provider of sexual assault victim services in King County | Labor representing a bona fide labor organization |
| \*Department of Judicial Administration | An agency providing mental health and chemical dependency services to youth | \*Office of the Public Defender (now Department of Public Defense) |
| \*Department of Adult and Juvenile Detention | Harborview Medical Center | The National Alliance on Mental Illness |
| \*Department of Community and Human Services | The Committee to End Homeless in King County (now All Home) | A representative from a public defender agency that the county contracts with to provide services |
| \* Denotes a King County government seat. |

The SIP calls for modifying the existing composition based on the following:

* Remove the King County Mental Health Advisory Board and King County Alcoholism and Substance Abuse Administration Board positions, as these boards have been dissolved.
* Add a position representing the King County Behavioral Health and Recovery Board, which replaced the two dissolved boards.
* Eliminate the position for the representative from a public defender agency, as public defense services have been brought into the county and the Department of Public Defense is currently represented on the committee.
* Updating the names of organizations.

In addition, the SIP recommends adding six new positions (a net of four additional positions with the changes discussed above):

* Two representatives of communities and consumers to reflect principles of community engagement
* Washington Recovery Alliance to enable a recovery-focused alliance with a broader view than a single agency
* Puget Sound Educational Services District to provide another linkage to children, youth and families
* Many Minds Collaborative to reflect increased partnering with philanthropic organizations
* Medicaid Managed Care Plans to reflect the increasing emphasis on managed care organizations as physical and mental health become increasingly integrated

Council staff requested information from DCHS on why the Washington Recovery Alliance, Puget Sound Educational Services District and Many Minds Collaborative were specified and whether other organizations could be considered for positions on the committee. DCHS’s responded, in part:

“Washington Recovery Alliance (WRA): This is a statewide organization working in the recovery field. The belief is this organization is the most organized and unified voice for recovery in our region and can bring the perspective of recovery to the work of the MIDD Oversight Committee.

Puget Sound Educational Services District (PSESD):  Having the perspective and voices of schools and the needs of school aged kids is a priority for the MIDD OC. PSESD is one of nine regional educational agencies serving school districts and state-approved private schools in Washington. Educational Service Districts are an essential regionaldelivery system for early learning and K-12 services in the state… Because there are multiple school districts serving King County, it would not be possible to add a seat for each region or district and PSESD is a way to ensure these perspectives and voices are present to inform MIDD. They were also involved with the Youth Action Plan Task Force and have been involved in various advisory capacities with King County initiatives in the past.

Many Minds: Is a new philanthropic organization focused on catalyzing meaningful and lasting improvement in the mental health of people in King County. They are partnering with other stakeholders across the region to invest in and create change in the behavioral health arena, and have been working with our provider community. Adding them to the table brings a focus on behavioral health services.

Note that the SIP proposes to establish a standing Consumers and Communities Ad Hoc Work Group comprised of “individuals with lived experiences of the behavioral health system (consumers) and individuals who are a part of communities with marginalized identities or experiences,” including but not limited to the following: transgender, youth, immigrant/refugee, African-American, Asian/Pacific Islander, Hispanic, rural, faith, previous justice system involvement, and peers.

The SIP also recommends changing the name of the MIDD Oversight Committee to the MIDD Advisory Committee to clarify the role of the body.

On August 25, 2016, the Executive transmitted Proposed Ordinance 2016-0429, which would implement these recommendations to amend the composition of the oversight committee. This ordinance was referred to the Health, Housing and Human Services Committee.

Other Policy Recommendations to Comply with Ordinance 17998

The MIDD SIP also makes recommendations in several other policy areas, as required by Ordinance 17998. Specifically:

* Categories of practices: Under the approach in the SIP, MIDD 2 initiatives may be funded if they are emerging practices – practices that are not based on research results, “but for which anecdotal evidence and professional wisdom exists.” MIDD 2 initiatives may also be funded if they reflect promising practices, best practices, or evidence-based practices.
* Incorporating Goals of Recovery, Resiliency in a Trauma-Informed Care Framework: The SIP defines “recovery” as 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. “Resiliency” is defined as 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. “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. The SIP indicates that the proposed MIDD 2 initiatives support people in all phases of recovery.
* Sequential Intercept Model in MIDD 2: As in MIDD 1, the Sequential Intercept Model is a guiding principle reflected in the SIP. This framework is used to identify services that can divert people from incarceration, hospitalization and homelessness. The MIDD 2 SIP further adapts this model to include people at risk of justice system involvement due to substance use but without mental illness, and to include diversion from emergency medical services as a priority.
* Equity and Social Justice in MIDD 2: The SIP indicates the county’s intent for MIDD 2 to be culturally responsive and specific and recognizing that focusing on evidence-based practices may perpetuate marginalization. MIDD 2 is also proposed to use a harm reduction model, which intends to “meet people where they’re at” and accept people regardless of their behavior – this approach, according to the SIP is linked to equity and social justice because it is intended to be non-judgmental and recognize realities of poverty, class, racism, trauma and other inequities. Finally, the SIP indicates that MIDD 2 should provide culturally responsive, specific services and reentry opportunities, recognizing disproportionality in the county’s justice system.
* Integration with Other County Policy and Planning Work: Ongoing county policy efforts are already reflected in the MIDD 2 initiatives recommended in the SIP, including the Multiprong Opioid Initiative, which is intended to support recommendations of the Opiate Task Force, and the Youth Behavioral Health Alternatives to Secure Detention initiative is intended to align with the Juvenile Justice Equity Steering Committee. The MIDD 2 detailed Implementation Plan (proposed in the SIP to be transmitted in 2017) will describe how each MIDD funded initiative will align with these other policy efforts.

Another area of policy recommendations required by Ordinance 17998 relate to leveraging Affordable Care Act (ACA) and Behavioral Health Integration opportunities. With Medicaid expansion under the ACA, the SIP indicates that MIDD 2 will focus on directing services not supported by Medicaid and individuals who remain uninsured.

In addition, under the state mandate (ESSB 6312) to integrate mental illness and chemical dependency services, the county’s Behavioral Health and Recovery Division (BHRD) has established itself as the region’s Behavioral Health Organization. BHRD is able to combine and leverage federal Medicaid, state general fund, mental health and substance use disorder block grant and MIDD dollars to provide a continuum of behavioral health services.

Note that one area of uncertainty for the future arises from a requirement set forth in ESSB 6312 to fully integrate Medicaid supported mental health, substance use, and physical health care by January 2020. Currently, Medicaid physical health is provided through Managed Care Organizations, while Medicaid mental health and substance use services are provided by Behavioral Health Organizations. How the integration will be implemented remains undetermined and could have implications for prioritizing MIDD 2 investments in the context of potential major changes to the system. According to the SIP, the County is currently considering timelines of achieving integration by July 1, 2018 or January 1, 2020.

1. **Next Steps**

The SIP identifies three specific next steps to be completed in collaboration with the MIDD Oversight Committee and other stakeholders: development of implementation plans for MIDD 2 initiatives, completion of an evaluation plan, and a process to change the name of the MIDD.

The implementation plans will provide details on each initiative, including how it aligns with MIDD 2 policy goals, performance measures, expected number of individuals served, spending plan, implementation schedule, whether it will be provided by the county or contractor, procurement details if applicable, and other relevant information. The implementation plans will be transmitted to Council in 2017, along with an evaluation plan. The SIP indicates that to the extent possible the MIDD evaluation plan will align with the BSK evaluation plan. DCHS has provided additional information to staff indicating that “both initiatives share many providers, so coordination of data and dashboards where progress is tracked would be helpful for the providers and for the community.” As an example, DCHS indicated that it plans to use similar structure, language and approach for the two evaluation frameworks so there is understanding across all initiatives.

Lastly, the SIP notes that stakeholder feedback indicated concern that the name of the sales tax, “the Mental Illness and Drug Dependency” sales tax is outdated and negative. The SIP indicates the Executive’s intent to seek community feedback on a new name and then work with the Council and the Prosecuting Attorney’s Office to revise the King County Code and other adopted legislation.

**MIDD 2 INITIATIVES – CHAPTER IV**[[12]](#footnote-12) **AND APPENDIX H**

According to Chapter IV of the SIP, the proposed MIDD 2 initiatives prioritize:

* Funding services and programs to keep people out of or returning to jail and the criminal justice system, including upstream prevention and diversion activities.
* Investing in a treatment on demand system that delivers treatment to people who need it, when they need it, so crises can be avoided or shortened.
* Creating community driven grants so geographic and culturally diverse communities can customize behavioral health services for their unique needs.

Successful MIDD 1 programs are proposed to continue into MIDD 2, though the SIP indicates that some will be merged or retooled. Twenty-one (21) new programs are proposed for MIDD 2:

1. Law Enforcement Assisted Diversion (refer to Appendices in the SIP – pg. 25 of 290)
2. South County Crisis Diversion (pg. 34 of 290)
3. Alternatives to Incarceration for Youth (pg. 50 of 290)
4. Family Intervention Restorative Services (pg. 44 of 290)
5. Community Driven Behavioral Health Grants (pg. 85 of 290)
6. Behavioral Health Services in Rural King County (pg. 90 of 290)
7. Multipronged Opioid Response (pg. 37 of 290)
8. Behavioral Health Urgent Care Walk-in (pg. 41 of 290)
9. Mental Health First Aid (pg. 60 of 290)
10. Zero Suicide Pilot (pg. 56 of 290)
11. Recovery Café (pg. 71 of 290)
12. Peer Bridgers/Peer Support (pg. 75 of 290)
13. Rapid Rehousing-Oxford House Model (pg. 64 of 290)
14. Emerging Issues Initiative (described on pages 47-49 of the SIP)
15. Youth and Young Adult Homelessness Services (pg. 31 of 290)
16. Young Adult Crisis Facility (pg. 53 of 290)
17. Jail-Based Substance Use Disorder Treatment (pg. 80 of 290)
18. Deputy Prosecuting Attorney for Familiar Faces (pg. 82 of 290)
19. Planning for a Therapeutic Community Court (pg. 95 of 290)
20. Involuntary Treatment Triage Pilot (pg. 47 of 290)
21. Behavioral Health Risk Assesment Tool for Adult Detention (pg. 67 of 290)

Note that the text in the SIP[[13]](#footnote-13) inadvertently identified Housing Capital and Rental Assistance as a new initiative and does not identify Involuntary Treatment Triage Pilot and Behavioral Health Risk Assessment Tool for Adult Detention.

Existing therapeutic courts are proposed to be fully supported by MIDD 2 due to the continued constraints on the General Fund.[[14]](#footnote-14)

Note that several of the new initiatives were added to the SIP by the Executive and were not part of the new concepts review process: Jail-based Substance Use Disorder Treatment, Young Adult Crisis Facility, planning for a new therapeutic Community Court, and a Deputy Prosecuting Attorney for Familiar Faces. These additional initiatives were proposed largely based on increased MIDD sales tax projections and scaling back the costs for some new initiatives that will need ramp-up time to implement. The new initiatives, as well as existing MIDD programs, are described in detail in SIP Appendix H.

Table 4 below lists all initiatives proposed for MIDD 2 funding, the MIDD 1 funding budgeted for 2015/2016, and proposed MIDD budget for 2017/2018.

| **Table 4****MIDD 2 Initiatives, 2015/2016 MIDD Budget and 2017/2018 MIDD Proposed Budget** |
| --- |
|  | **MIDD Initiative Title** | **MIDD 1 2015-2016 Budget** | **MIDD 2 Proposed 2017-2018 Budget** |
|   | Administration & Evaluation | 6,839,770 | 8,386,300 |
| **Prevention and Early Intervention****($37.0 million proposed for 2017/2018)** | Screening, Brief Intervention and Referral To Treatment-SBIRT (pg. 125 of 290, Appendices) | 1,664,345 | 1,453,655 |
| Juvenile Justice Youth Behavioral Health Assessments (pg. 128 of 290, Appendices) | 868,601 | 1,183,691 |
| Prevention and Early Intervention Behavioral Health for Adults Over 50 (pg. 131 of 290, Appendices) | 922,819 | 981,880 |
| Older Adult Crisis Intervention/Geriatric Regional Assessment Team – GRAT (pg. 134 of 290, Appendices) | 641,299 | 666,605 |
| Collaborative School Based Behavioral Health Services: Middle and High School Students (pg. 136 of 290, Appendices) | 3,021,931 | 3,187,204 |
| **NEW** Zero Suicide Initiative Pilot (pg. 56 of 290, Appendices) | - | 1,013,000 |
| **NEW** Mental Health First Aid (pg. 60 of 290, Appendices) | - | 405,200 |
| Crisis Intervention Training - First Responders (pg. 139 of 290, Appendices) | 1,890,496 | 1,661,320 |
| Sexual Assault Behavioral Health Services (pg. 141 of 290, Appendices) | 1,015,440 | 1,183,691 |
| Domestic Violence and Behavioral Health Services & System Coordination (pg. 144 of 290, Appendices) | 633,616 | 1,142,158 |
| Community Behavioral Health Treatment (pg. 148 of 290, Appendices) | 22,126,477 | 24,089,140 |
| **Crisis Diversion****($35.3 million proposed for 2017/2018)** | **NEW** Law Enforcement Assisted Diversion (LEAD) (pg. 25 of 290, Appendices) | - | 3,589,500 |
| **NEW** Youth and Young Adult Homelessness Services (pg. 131 of 290, Appendices) | - | 607,800 |
| Outreach & In reach System of Care (pg. 97 of 290, Appendices) | 1,007,241 | 830,660 |
| **NEW** South County Crisis Diversion Services/Center (pg. 34 of 290, Appendices) | - | 2,039,000 |
| High Utilizer Care Teams (pg. 100 of 290, Appendices) | 407,174 | 519,163 |
| Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team (pg. 103 of 290, Appendices) | 12,418,796 | 10,333,569 |
| **NEW** Multipronged Opioid Strategies (pg. 37 of 290, Appendices) | 420,000 | 2,289,000 |
| Children's Domestic Violence Response Team (pg. 106 of 290, Appendices) | 456,033 | 571,079 |
| **NEW** Behavioral Health Urgent Care-Walk In Clinic Pilot (pg. 41 of 290, Appendices) | - | 506,500 |
| Next Day Crisis Appointments (pg. 109 of 290, Appendices) | 533,985 | 622,995 |
| Children's Crisis Outreach and Response System – CCORS (pg. 113 of 290, Appendices) | 1,017,887 | 1,142,158 |
| Parent Partners Family Assistance (pg. 117 of 290, Appendices) | 788,271 | 851,427 |
| **NEW** Family Intervention Restorative Services – FIRS (pg. 44 of 290, Appendices) | - | 2,203,655 |
| **NEW** Involuntary Treatment Triage Pilot (pg. 47 of 290, Appendices) | - | 303,900 |
| Wraparound Services for Youth (pg. 120 of 290, Appendices) | 9,159,800 | 6,229,950 |
| **NEW** Youth Behavioral Health Alternatives to Secure Detention (pg. 50 of 290, Appendices) | - | 1,276,000 |
| **NEW** Young Adult Crisis Facility (pg. 53 of 290, Appendices) | - | 1,430,000 |
| **Recovery and Reentry** **($19.7 million proposed for 2017/2018)** | Housing Supportive Services (pg. 151 of 290, Appendices) | 4,101,416 | 4,146,712 |
| Behavior Modification Classes at CCAP (pg. 153 of 290, Appendices) | 152,688 | 157,825 |
| Housing Capital and Rental (pg. 156 of 290, Appendices) | 1,650,000 | 4,849,400 |
| **NEW** Rapid Rehousing-Oxford House Model (pg. 64 of 290, Appendices) | - | 1,013,000 |
| Housing Vouchers for Adult Drug Court (pg. 160 of 290, Appendices) | 227,819 | 468,282 |
| Jail Reentry System of Care (pg. 162 of 290, Appendices) | 812,734 | 882,576 |
| **NEW** Behavioral Health Risk Assessment Tool for Adult Detention (pg. 67 of 290, Appendices) | - | 954,043 |
| Hospital Re-Entry Respite Beds (pg. 165 of 290, Appendices) | 1,035,241 | 1,881,445 |
| **NEW** Recovery Café (pg. 71 of 290, Appendices) | - | 706,500 |
| BH Employment Services & Supported Employment (pg. 168 of 290, Appendices) | 2,300,708 | 1,972,818 |
| **NEW** Peer Support and Peer Bridgers Pilot (pg. 75 of 290, Appendices) | 590,000 | 1,557,488 |
| **NEW** Jail-based SUD Treatment (pg. 80 of 290, Appendices) | - | 900,000 |
| **NEW** Deputy Prosecuting Attorney for Familiar Faces (pg. 82 of 290, Appendices) | - | 192,602 |
| **System Improvements****($12.5 million proposed for 2017/2018)** | **NEW** Community Driven Behavioral Health Grants (pg. 85 of 290, Appendices) | - | 709,100 |
| **NEW** Behavioral Health Services In Rural King County (pg. 90 of 290, Appendices) | - | 709,100 |
| Workload Reduction (pg. 171 of 290, Appendices) | 8,202,832 | 8,306,600 |
| Workforce Development (pg. 175 of 290, Appendices) | 1,730,203 | 1,505,571 |
| **NEW** Emerging Needs Initiative (described in SIP, pgs. 47-49) | - | 1,316,900 |
| **Therapeutic Courts****($21.7 million proposed for 2017/2018)** | Adult Drug Court (pg. 178 of 290, Appendices) | 7,267,294 | 8,439,000 |
| Family Treatment Court (pg. 180 of 290, Appendices) | 2,412,116 | 2,908,000 |
| Juvenile Drug Court (pg. 183 of 290, Appendices) | 1,878,267 | 2,227,000 |
| Regional Mental Health and Veterans Courts (pg. 186 of 290, Appendices) | 7,691,761 | 7,832,000 |
| Seattle Mental Health Municipal Court (pg. 189 of 290, Appendices) | 176,000 | 188,722 |
| **NEW** Community Court Planning (pg. 95 of 290, Appendices) | - | 100,000 |

Proposed Ordinance 2016-0428

Proposed Ordinance 2016-0428 would amend Ordinance 15949 to revise the MIDD policy goals, as described in the SIP and in Table 1 of this staff report. Proposed Ordinance 2016-0428 would also require transmittal of detailed implementation plans and an updated MIDD evaluation and reporting plan by August 3, 2017 for review and approval by the Council by motion. The ordinance specifies that these plans shall be developed in collaboration with the MIDD Oversight Committee and community stakeholders. The proposed ordinance also requires annual summary evaluation reports to be submitted to the Council for review and approval by motion by August 1 each year starting in August 2018.

**ANALYSIS**

**Follow-up from September 14, 2016 Regional Policy Committee Meeting**

1. **Regional Policy Committee members asked whether the dollar amounts shown for each strategy in Table 4 include administrative/overhead costs.**

The Executive has provided the following response:  “No, we have not included overhead/administration costs in the non-administration MIDD initiatives. All of the administration/overhead charges – such as Facilities Management Division (FMD) space costs; King County Information Technology (KCIT) costs for phones, computer and software; Finance and Business Operations Division (FBOD) costs for payroll and access to finance software; DCHS department overhead; General Fund overhead, etc. – are included in the Administration and Evaluation initiative. In other words, the only County costs in any of the non-administration initiatives are the salaries/benefits of the staff working on those initiatives.”

1. **Please identify for all of the MIDD strategies which are county-staffed programs versus contracted programs.**

Attachment 11 (MIDD County Staff and Contract Status by Initiative) shows County staff full-time equivalents for each strategy.  DCHS was not able to determine how many jobs/positions are supported in the community through MIDD-funded contracts, as this information is not required to be provided by community organizations receiving MIDD funding through contracts.

1. **A clarification regarding Council approval of emerging issues.**

Note that during the September 14, 2016 Regional Policy Committee meeting a committee member asked whether the Council would approve of emerging issues. Council staff indicated that the Council would effectively approve of emerging issues when they were put forward for funding via a supplemental appropriation. However, Executive staff have indicated that the intent is actually to appropriate $650,000 annually for emerging issues in the biennial budget rather than through a supplemental appropriation. This means that the Council would not review or approve which emerging issues receive funding throughout the budget period.

The committee may wish to consider requiring reporting on emerging issues receiving funding each year or amending the plan to indicate that emerging issues funding should be held in reserve rather than appropriated with the biennial budget.

1. **The September 14, 2016 staff report indicated that Executive staff would provide comments on the timing of the implementation plan transmittal (August 3, 2017 per Proposed Ordinance 2016-0428) and how the legislative branch would be able to provide input prior to August. The Executive provided, in part, the following response.**

*“The implementation plan that we propose to submit to the Council in August, 2017 will include greater depth and detail the MIDD 2 initiatives and their roll out, particularly the new initiatives, than is included in the SIP. More than half (30+) of the initiatives included in MIDD 2 are continuations of MIDD 1 programs and services, and while many of them will move forward as they have in MIDD 1, some of them may be RFPd or otherwise modified in some way. All will have updated outcomes and deliverables to reflect updated policy goals. The proposed implementation plan will include updates and reporting on how and what we’ve modified for the MIDD 1 strategies continuing into MIDD 2.*

*Another component to the timeframe for the plans/reports is the linked development of the MIDD implementation and evaluation plans. As recommended in the Retrospective Report (pg. 58), the MIDD Evaluation Framework needs to be revised for MIDD 2, which includes involving stakeholders in the development of the framework. Performance measures, targets, and outcomes also need to be revised to reflect updated policy goals. Necessarily the two plans/reports inform each other.*

*As noted previously, many of these initiatives “start” on January 1 because they are continuations of MIDD 1 programming. It’s helpful to note that there are a range of implementation activities needed for the MIDD 2 initiatives: for some, we need to conduct intense stakeholdering and community outreach work with partners and stakeholders to detail the program components or identify physical locations lie  South County Crisis Diversion (CD-04) and Youth Behavioral Health Alternatives to Secure Detention (CD-16); for some, like LEAD (CD-01) or FIRS (CD-13), we need to contract the funds; and, for others, like Behavioral Health Urgent Care Pilot (CD-09), we want to look at how we have operated the existing Next Day Appointments program (NDA) (CD-10) to see if we can leverage the two initiatives in some way, potentially re-RFPing the NDA program with elements that relate to the Walk In Pilot. We have work to do to line out what the implementation path is for many of the MIDD 2 initiatives and it will take time and input to do it.*

*We understand that there may be a desire for the Council and RPC to provide meaningful input on implementation and evaluation plans, since some MIDD 2 strategies indicate they are to begin in January-August 2017. There are a couple of options to address this need:*

* *Similar to MIDD 1 implementation planning, and our approach to the MIDD renewal work, we could invite councilmember offices, council staff, and other interested stakeholders (RPC members) to participate in the planning and review of the implementation and evaluation plans (council staff was part of the implementation plan work group for MIDD 1 in 2007-2008).*
* *We could provide regular updates to RPC and the Council on our progress and approaches to implementation and evaluation planning in order to get their input.*
* *We could provide interim reporting points leading up to July when the implementation plan/report would be completed.*

*Finally, please note that we expect that the Oversight Committee will be very involved in the development of the implementation and evaluation plans---and Council and the Sound Cities Association are both on the Committee.*

*It is our goal that the MIDD implementation and evaluation plans are developed with the same level of engagement and transparency that the MIDD SIP was developed, while balancing the need to get services out on the street as soon as possible.*”

**AMENDMENT**

Staff has prepared a technical amendment that attaches a revised SIP that corrects the chapter number for the “Proposed New Initiatives” chapter, which was labeled as chapter VI rather than chapter IV, and also corrects the list of new initiatives in the “Proposed New Initiatives” chapter.

In addition, at Councilmember Gossett’s direction, staff has prepared two amendments to the SIP. The first would add language describing an additional seat (a total of five new seats with the four additional seats proposed by the Executive’s SIP) to the MIDD Oversight Committee. This additional seat would be for a representative from a “grassroots organization representing cultural populations.” The specific entity is not identified.

The second amendment would add a paragraph in Chapter V, “Responses to Ordinance 17998” stating that “King County will encourage organizations receiving MIDD 2 funds to provide technical assistance and/or sub-contract with smaller community groups and organizations to increase by community groups and organizations that may have difficulty meeting the County’s contracting requirements. In addition, when possible, King County will utilize flexible contracting approaches to reduce barriers that make it more difficult for small organizations to participate.”

**ATTACHMENTS:**

1. Proposed Ordinance 2016-0427 and Attachment A
2. Amendment 1 – Technical Amendment
3. Amendment 2 – Oversight Committee
4. Amendment 3 – Contracting
5. PO 2016-0427 Fiscal Note
6. Proposed Ordinance 2016-0428
7. PO 2016-0428 Fiscal Note
8. Transmittal Letter
9. MIDD Financial Plan July, 2016
10. MIDD Community Conversations & Focus Group Themes
11. MIDD County Staff and Contract Status by Initiative

**INVITED:**

1. Adrienne Quinn, Director, Department of Community and Human Services
2. Jim Vollendroff, Division Director, Department of Community and Human Services
3. Kelli Carroll, Strategic Advisor, Department of Community and Human Services
1. Regional Policy Committee Resolution 2016-2 [↑](#footnote-ref-1)
2. In 2005, the Washington state legislature authorized counties to implement a one-tenth of one percent sales and use tax to support 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. [↑](#footnote-ref-2)
3. Revenue estimate is the 2015/2016 Estimated Revenue from the November 2015 update to the Financial Plan for the Mental Illness & Drug Dependency fund. [↑](#footnote-ref-3)
4. The MIDD Oversight Committee was established in Ordinance 16077 and is an advisory body to the King County Executive and the Council. The purpose of the Oversight Committee is to ensure that the implementation and evaluation of the strategies and programs funded by the tax revenue are transparent, accountable and collaborative. [↑](#footnote-ref-4)
5. In October 2008, the Council adopted the MIDD 1mplementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262. [↑](#footnote-ref-5)
6. MIDD Financial Plan July, 2016 (Attachment 9) [↑](#footnote-ref-6)
7. As specified by K.C.C. chapter 2.43 and King County's adopted behavioral health system principles set out in Ordinance 17553. [↑](#footnote-ref-7)
8. The statute has been amended several times since 2005, allowing for housing as a component of a coordinated chemical dependency or mental health treatment program or service; allowing for supplantation of specific percentages of lost revenues on a predetermined schedule; allowing MIDD sales tax revenue to the cost of the judicial officer and support staff of a therapeutic court without being considered as supplantation; and adding transportation to the list of mental health programs and services that may be supported by the revenue. [↑](#footnote-ref-8)
9. Proposed Motion 2016-0354 [↑](#footnote-ref-9)
10. The chapter entitled “Proposed MIDD 2 Initiatives” was mislabeled as Chapter VI. Council staff plan to correct this during the amendment process. [↑](#footnote-ref-10)
11. Ordinance 15949 [↑](#footnote-ref-11)
12. The chapter entitled “Proposed MIDD 2 Initiatives” was mislabeled as Chapter VI. Council staff plan to correct this during the amendment process. [↑](#footnote-ref-12)
13. Proposed Ordinance 2016-0427, Attachment A,”Mental Illness and Drug Dependency Service Improvement Plan,” Page 38 [↑](#footnote-ref-13)
14. Adult Drug Court, Family Treatment Court, Juvenile Drug Court, Regional Mental Health and Veterans Courts, and Seattle Mental Health Municipal Court [↑](#footnote-ref-14)