



## Legislation Details (With Text)

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**Title:** An ORDINANCE approving the mental illness and drug dependency service improvement plan to guide the investment of mental illness and drug dependency sales tax revenue, in compliance with Ordinance 17998.

**Sponsors:** Jeanne Kohl-Welles

**Indexes:** Drugs, Mental Health, Taxes

**Code sections:**

**Attachments:** 1. 18406.pdf, 2. A. Mental Illness and Drug Dependency Service Improvement Plan dated November 1, 2016, 3. 2016-0427 legislative review form.pdf, 4. A. Mental Illness and Drug Dependency Service Improvement Plan dated November 1, 2016, 5. A. Mental Illness and Drug Dependency Service Improvement Plan, dated October 12, 2016, 6. A. Mental Illness and Drug Dependency Service Improvement Plan, 7. 2016-0427 transmittal letter.doc, 8. 2016-0427 revised SIP fiscal note.xlsx, 9. ATT7. Community\_Engagement\_Main\_Themes.pdf, 10. 2016-0427\_0428\_MIDD\_SIP\_Policy\_Goals\_SR\_08282016(final).docx, 11. ATT6. MIDD\_Fund\_Fin\_Plan\_July2016.pdf, 12. 2016-0427\_0428\_MIDD\_SIP\_Policy\_Goals\_SR\_10032016.docx, 13. A. MIDD Service Improvement Plan 10-6.pdf, 14. ATT2 Amendment 1 MIDD New Programs and Chapter iv Ritzen edits 10-06-16.docx, 15. ATT3 Gossett Amendment MIDD OC Ritzen edits 10-03-16.docx, 16. ATT4 Gossett Amendment MIDD Contracting Ritzen edits 10-03-16.docx, 17. ATT10 Community Conversations & Focus Group Themes.pdf, 18. ATT11 MIDD County Staff and Contract Status by Initiative RPC.xlsx, 19. 2016-0427\_0428\_SR\_MIDD\_SIP\_Policy\_Goals\_10202016.pdf, 20. 2016-0427\_0428\_SR\_dated\_11082016\_MIDD\_SIP\_Policy\_Goals.docx, 21. Amendment 1 MIDD SIP 10-27-16.docx, 22. HANDOUT AMENDMENT TO PO 2016-0427 11082016.docx, 23. 2016-0427\_0428\_REVISED\_SR\_dated\_11082016\_MIDD\_SIP\_Policy\_Goals1.docx

Date	Ver.	Action By	Action	Result
11/14/2016	3	Metropolitan King County Council	Hearing Held	
11/14/2016	3	Metropolitan King County Council	Passed	Pass
11/8/2016	2	Budget and Fiscal Management Committee	Recommended Do Pass Substitute	Pass
11/1/2016	2	Budget and Fiscal Management Committee	Deferred	
10/26/2016	2	Budget and Fiscal Management Committee	Deferred	
10/25/2016	2	Budget and Fiscal Management Committee	Deferred	
10/12/2016	1	Regional Policy Committee	Recommended Do Pass Substitute	Pass
9/14/2016	1	Regional Policy Committee	Deferred	
8/29/2016	1	Metropolitan King County Council	Introduced and Referred	

An ORDINANCE approving the mental illness and drug dependency service

improvement plan to guide the investment of mental illness and drug dependency sales tax revenue, in compliance with Ordinance 17998.

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 revenues levied under K.C.C 4A.500.300 and outlined in the attached service improvement plan, which is Attachment A to this ordinance, 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 programs 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.

Ordinance 17998 called for the King County executive to transmit to the council two reports in preparation for the council's consideration of an ordinance that would continue the MIDD sales and use tax: 1. A comprehensive, historical review and assessment report of the MIDD-funded strategies, services and programs; and 2. A service improvement plan to guide the investment of

a renewed MIDD sales tax.

The comprehensive, historical review and assessment report transmitted to the Council on June 30, 2016, recognized that in aggregate, MIDD sales tax-funded strategies, services and programs are successful and effective in meeting the established policy goals. Significant reductions in jail and emergency department use and psychiatric hospitalizations are reflected in the report as documented by MIDD evaluation data. The comprehensive, historical review and assessment report of the MIDD sales tax-funded strategies, services and programs was developed with input from, and was reviewed by, the mental illness and drug dependency oversight committee, as required by Ordinance 17998.

Ordinance 17998 called for the executive, with input from the MIDD oversight committee and community stakeholders, to review, update and revise the strategies outlined in the MIDD Implementation Plan adopted in Ordinance 16261, and to submit a MIDD service plan to the council for review and approval. The MIDD service improvement plan that is Attachment A to this ordinance is intended to be used to guide investments of taxes levied under K.C.C 4A.500.300 beginning in the 2017/2018 biennium should the MIDD sales tax be renewed by the council before the tax expires on January 1, 2017.

King County and its behavioral health and community stakeholders 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 MIDD service improvement plan, Attachment A to this ordinance, represents 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 to thoughtfully plan for the use of MIDD revenues for the next

service period.

Community voices and priorities significantly influenced the development of the funding and programmatic recommendations incorporated in the attached MIDD service improvement plan.

MIDD planning was conducted in a clear and straightforward way, involving the MIDD oversight committee at each step. As guided by the MIDD oversight committee, the county turned to citizens and community partners across the region for input and guidance in developing the recommendations.

Between October 2015 and February 2016, fourteen MIDD focus groups were held involving specific communities, populations or subregional areas, including a focus group with individuals in the King County jail. Five regional community conversations were also held in partnership with best starts for kids planning efforts. Between in person meetings, an electronic survey and other methods of feedback, close to one thousand two hundred citizens and community members provided direct input into the development of the MIDD recommendations reflected in the attached service improvement plan.

The attached MIDD service improvement plan builds on the success of the groundbreaking partnership between health and human services, criminal justice, King County government and community providers during the 2008-2016 MIDD funding period. The recommended MIDD initiatives, policies and processes as described in the MIDD service improvement plan and consistent with RCW 82.14.460 have been informed by community and MIDD oversight committee input; are grounded in the county's social justice and equity work; driven by outcomes; guided by the behavioral health continuum of care; and aligned with other county policy initiatives.

The recommended MIDD initiatives included in the attached MIDD service improvement plan are based in the theory of change that when people who are living with or who are at risk of

behavioral health conditions utilize culturally-relevant prevention and early intervention, crisis diversion, community reentry, treatment and recovery services and have stable housing and income, they will experience wellness and recovery, improve their quality of life, and reduce involvement with crisis, criminal justice and hospital systems.

As required by Ordinance 17998, the attached MIDD service improvement plan makes operational, programmatic, funding and policy recommendations for the implementation of the MIDD sales tax from 2017 through 2025. The recommendations contained in the MIDD service improvement plan reflect the current and evolving behavioral health needs of King County's citizens, behavioral health workforce challenges and a growing understanding of social justice and equity in the provision of behavioral health services.

The county's equity and social justice initiative recognizes many communities within King County face inequities in key educational, economic, and health outcomes. Consequently, equity and social justice considerations are a major component in the initiatives outlined in the attached MIDD service plan and a driving factor for all aspects of implementing the next years of MIDD work. Guided by the understanding that how the work of MIDD is approached and accomplished is as important as what MIDD supported programs and services accomplish, the planning and development of the MIDD service improvement plan was conducted with a deep focus on social justice and equity.

The initiatives in the MIDD service improvement plan, Attachment A to this ordinance, build on the successes of MIDD to date; ensure timely, affordable and culturally-appropriate access to behavioral health services that focus on recovery and resilience; improve community-based services and programs; and better meet the behavioral needs of people in need of services, thereby reducing costly incarceration and emergency room utilization.

BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

**SECTION 1. Findings:**

A. The initiatives contained in the service improvement plan attached to this ordinance or any future implementation plans may be expanded, revised or eliminated based on, but not limited to, the following reasons: changes to state law or county policy; performance data from the evaluation of sales-tax funded programs and strategies; recommendation from the county executive or the mental illness and drug dependency oversight committee; or county budgetary constraints.

B. The county recognizes that the needs of its residents may change over time and that new and innovative behavioral health programs and services are continually being developed and implemented across the country. Therefore, it is the policy of the county that the county's mental illness and drug dependency sales tax-supported programs shall maintain flexibility to respond to the changing needs of the county's population as well as to accommodate new behavioral health services and programs.

**SECTION 2.** The mental illness and drug dependency service improvement plan, as required in Ordinance 17998 and that is Attachment A to this ordinance, is hereby approved to guide the investment investments of taxes levied under K.C.C 4A.500.300. The mental illness and drug dependency spending plan and financial plan, including the next year's projected initiative allocations, is subject to review and possible modification in the county's budget process.