



# King County

1200 King County  
Courthouse  
516 Third Avenue  
Seattle, WA 98104

## Meeting Agenda Regional Policy Committee

**Councilmembers:** *Pete von Reichbauer, Chair; Claudia Balducci, Larry Gossett*  
*Alternate: Jeanne Kohl-Welles*

**Sound Cities Association:** *Suzette Cooke, Kent; Bill Pelozo, Auburn;*  
*Bernie Talmas, Woodinville; Amy Walen, Kirkland*  
*Alternates: Dave Hill, Algona; Dan Grausz, Mercer Island*

**City of Seattle:** *Debora Juarez, Kshama Sawant*  
*Alternate: Tim Burgess*

**Staff:** *Beth Mountsier, Lead Staff (206-477-0885)*  
*Angelica Calderon, Committee Assistant (206-477-0874)*

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3:00 PM

Wednesday, April 13, 2016

Room 1001

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Pursuant to K.C.C. 1.24.035 A. and F., this meeting is also noticed as a meeting of the Metropolitan King County Council, whose agenda is limited to the committee business. In this meeting only the rules and procedures applicable to committees apply and not those applicable to full council meetings.

1. **Call to Order**

2. **Roll Call**

3. **Approval of Minutes** pp. 3-6

*March 9, 2016 meeting minutes.*

4. **Chair's Report** pp. 7-16

*Response to request for information on:*

- *FIRS Juvenile Domestic Violence Alternative Center*
- *PSB Disproportionality Analysis of Domestic Violence for FIRS Proposal*

5. **Public Comment**

To show a PDF of the written materials for a agenda item, click on the agenda item below



*Sign language and communication material in alternate formats can be arranged given sufficient notice (206-1000).*

*TDD Number 206-1024.*

*ASSISTIVE LISTENING DEVICES AVAILABLE IN THE COUNCIL CHAMBERS.*



## Discussion and Possible Action

6. [Proposed Ordinance No. 2016-0156](#) pp. 17-44

AN ORDINANCE relating to the best starts for kids youth and family homelessness prevention initiative implementation plan.

**Sponsors:** Ms. Kohl-Welles

*Mary Bourguignon, Council Staff*

*Adrienne Quin, Director, Department of Community and Human Services*

## Briefing

7. [Briefing No. 2016-B0075](#) pp. 45-50

Planning for BSK Implementation Plan

*Scarlett Aldebot-Green, Council Staff*

*Sheila Capestany, Strategic Advisor, Children and Youth, DCHS, Director's Office*

*Jennifer DeYoung, Healthcare Reform Analyst, Public Health Seattle-King County*

8. [Briefing No. 2016-B0076](#) pp. 51-112

Planning for MIDD Service Improvement Plan

*Wendy Soo Hoo, Council Staff*

*Kelli Carroll, Strategic Advisor, Department of Community and Human Services*

*Merrill Cousins and Judge Johanna Bender, Co-chairs MIDD Oversight Committee*

9. [Briefing No. 2016-B0077](#) pp. 113-134

Interim Progress Report from the Regional E911 Strategic Plan Scoping Committee

*Lise Kaye, Council Staff*

*Laura Ueland, Executive Director, Valley Communications Center; Chair, Project Coordination Team*

10. [Briefing No. 2016-B0078](#) pp. 135-148

Oil Train Safety Issues Overview

*Lise Kaye, Council Staff*

*Walt Hubbard, Director, King County Office of Emergency Management*

*Jason Lewis, Transportation Policy Advisor, Utilities and Transportation Commission*

*Dale Jensen, Spills Program Manager, Washington State Department of Ecology*

## Other Business

## Adjournment



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## Meeting Minutes

### Regional Policy Committee

*Councilmembers: Pete von Reichbauer, Chair; Claudia Balducci,  
Larry Gossett*

*Alternate: Jeanne Kohl-Welles*

*Sound Cities Association: Suzette Cooke, Kent; Bill Pelozza,  
Auburn;*

*Bernie Talmas, Woodinville; Amy Walen, Kirkland  
Alternates: Dave Hill, Algona; Dan Grausz, Mercer Island*

*City of Seattle: Debora Juarez, Kshama Sawant  
Alternate: Tim Burgess*

*Staff: Beth Mountsier, Lead Staff (206-477-0885)  
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3:00 PM

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1. **Call to Order**

*Chair von Reichbauer called the Regional Policy Committee meeting to order at 3:00 p.m.*

2. **Roll Call**

**Present:** 8 - Ms. Balducci, Mr. Gossett, Mr. Talmas, Mr. von Reichbauer, Ms. Walen, Mr. Hill, Mr. Grausz and Ms. Kohl-Welles

**Excused:** 4 - Ms. Cooke, Ms. Juarez, Mr. Pelozza and Ms. Sawant

3. **Approval of Minutes**

*Mayor Walen moved approval of the February 10, 2016 meeting minutes. Seeing no objections, the minutes were approved as presented.*

4. **Chair's Report**

*The Chair welcomed all members to the March meeting.*

5. **Public Comment**

*The following individual provided public comment:*

1. Alex Zimmerman

## Discussion and Possible Action

### 6. Proposed Motion No. 2016-0162

A MOTION concerning the regional policy committee work program.

**Sponsors:** Ms. Balducci

*John Resha, Council Staff, briefed the Committee on the legislation and answered questions of the members. There was an amendment 1 moved by Councilmember Balducci as amended. The amendment to the motion was adopted.*

*The Committee also adopted the resolution 2016-2.*

*Due to the design of the legislative tracking software used to produce the proceedings, the vote on this item is misreported. The correct vote is:*

*Votes: Yes: 10 - Mr. von Reichbauer, Ms. Balducci, Mr. Gossett, Mr. Talmas, Ms. Walen and Mr. Hill voting as alternate for Ms. Cooke and Mr. Grausz voting as alternate for Mr. Pelozza who were excused  
No: 0  
Excused: Ms. Juarez, Ms. Sawant, Ms. Cooke and Mr. Pelozza*

**A motion was made by Councilmember Balducci that this Motion be Recommended Do Pass Substitute. The motion carried by the following vote:**

**Yes:** 8 - Ms. Balducci, Mr. Gossett, Mr. Talmas, Mr. von Reichbauer, Ms. Walen, Mr. Hill, Mr. Grausz and Ms. Kohl-Welles

**Excused:** 4 - Ms. Cooke, Ms. Juarez, Mr. Pelozza and Ms. Sawant

### 7. Proposed Motion No. 2016-0160

A MOTION approving the Independent Advanced Life Support (ALS) Study Scope of Work as identified in the Medic One/Emergency Medical Services 2014-2019 Strategic Plan.

**Sponsors:** Mr. von Reichbauer

*Rachelle Celebrezze, Council Staff, briefed the Committee on the legislation and answered questions of the members. Michele Plorde, Deputy Director, Emergency Medical Services Division, Public Health-Seattle & King County commented and answered questions of the members.*

*Due to the design of the legislative tracking software used to produce the proceedings, the vote on this item is misreported. The correct vote is:*

*Votes: Yes: 10 - Mr. von Reichbauer, Ms. Balducci, Mr. Gossett, Mr. Talmas, Ms. Walen and Mr. Hill voting as alternate for Ms. Cooke and Mr. Grausz voting as alternate for Mr. Pelozza who were excused  
No: 0  
Excused: Ms. Juarez, Ms. Sawant, Ms. Cooke and Mr. Pelozza*

**A motion was made by Councilmember Walen that this Motion be Recommended Do Pass. The motion carried by the following vote:**

**Yes:** 8 - Ms. Balducci, Mr. Gossett, Mr. Talmas, Mr. von Reichbauer, Ms. Walen, Mr. Hill, Mr. Grausz and Ms. Kohl-Welles

**Excused:** 4 - Ms. Cooke, Ms. Juarez, Mr. Pelosa and Ms. Sawant

### Discussion Only

**8. Proposed Ordinance No. 2016-0156**

AN ORDINANCE relating to the best starts for kids youth and family homelessness prevention initiative implementation plan.

**Sponsors:** Ms. Kohl-Welles

*Mary Bourguignon, Council Staff, briefed the Committee on the legislation and answered questions of the members. Adrienne Quinn, Director, Department of Community and Human Services commented and answered questions of the members.*

**This matter was Deferred**

### Other Business

*There was no other business to come before the Committee..*

### Adjournment

*The meeting was adjourned at 4:13p.m.*

Approved this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Clerk's Signature

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## FIRS Juvenile Domestic Violence Alternative Center

*Introduction:* The current intervention model for juvenile domestic violence cases is an impossible paradigm because families in crisis only receive services when triggered by arrest and/or formal charging. Parents who are experiencing violence from their child want to be taken seriously, they want to feel supported, they want to feel safe, and they want their child to be motivated to change his/her behavior, but they almost never want formal criminal charges.

*Background:* Unlike adult court, juvenile DV rarely involves intimate partner violence. The vast majority of the cases involve youth acting out in ways against their parents or siblings that meet the legal definition of a crime. Most situations involve misdemeanor offenses, such as Assault 4, Harassment, or Malicious Mischief 3. Family violence easily makes up the largest category of violent offenses that we see in King County Juvenile Court. The problem is particularly concerning in the City of Seattle where 38% of all juvenile arrests for persons crimes were for domestic violence related offenses. It is also the only category of juvenile offense in Seattle that has actually seen an *increase* in arrests between 2008 and 2012.

Furthermore, juvenile DV accounts for 17% of all admissions to juvenile detention and a staggering 32% of all new bookings (329 total). DV matters also follow the disturbing trend of racial disproportionality in the juvenile justice system.

### King County Juvenile Court

#### Admissions to Secure Detention on New Domestic Violence Offenses (2013)

Offense	American Indian	Asian/P.I.	Black	Hispanic	White	Total
ASSAULT 2	1	2	11	1	5	20
ASSAULT 4	16	13	71	27	116	243
HARASSMENT	0	0	5	0	4	9
FELONY HARASSMENT	0	1	10	6	8	25
MAL MISCHIEF 1 & 2	0	0	1	1	1	3
MAL MISCHIEF 3	1	3	5	2	17	28
OTHER	1	0	1	2	0	4
	<b>19</b>	<b>19</b>	<b>104</b>	<b>39</b>	<b>151</b>	<b>329</b>
<b>% of Total by Race</b>	<b>6%</b>	<b>6%</b>	<b>31%</b>	<b>12%</b>	<b>45%</b>	<b>100%</b>

*Problem:* While DV cases make up a significant portion of the work we do, we haven't reexamined the way we provide services for these youth and parents in more than 15 years. Families that resort to calling the police are typically in crisis and are seeking help for themselves as well as the offender. Many of these youth struggle with substance abuse and mental health disorders. Although these families look to the juvenile justice system for help, almost none of them want their children to end up with a criminal record. Parents/guardians/siblings routinely decline to assist or participate in the formal court system for this reason. Approximately 40% of juvenile DV referrals result in declines. While the immediate crisis may have been resolved with the removal of the child from the home, these families receive no services and are left to fend for themselves when the youth is returned home. Of the cases that proceed with formal processing, most end up in dismissals, SOCs or other forms of diversion long after the incident. Ultimately, these families receive little benefit from involving the courts. King County Juvenile Probation statistics confirm that needed services rarely reach these families in crisis under the current system. Of the nearly 500 juvenile DV referrals received in 2013, only 18 youth were referred to an evidence based treatment program. Most troubling is the fact that the current system fosters an environment where parents and guardians may be less likely to reach out for help in the future when the crisis returns.

*Solution:* The trigger for services should be the call for help, not an arrest or subsequent charging. Fortunately, we do not have to reinvent the wheel to fix this issue. There are other jurisdictions that have recognized the unique dynamics present in juvenile DV and have employed alternatives to formal processing. One model example comes out of Pima County, AZ, at their Domestic Violence Alternative Center (DVAC) where they have seen their juvenile DV booking numbers plummet from over 1000 youth annually, to just 82 in 2012. In King County, our DVAC will be an alternative to detention intake for youth who are arrested for misdemeanor domestic violence offenses. Law enforcement present youth to this 24/7 center located adjacent to the detention facility. Youth and families get immediate crisis intervention services and assessment by a master level social worker guided by the leading experts in family violence (King County Sep-Up Program). Respite care is available for a cooling off period and time to assess next steps. Probation officers (co-located at DVAC) will provide youth with an opportunity to sign a domestic violence evaluation contract. If the youth abides by all of the conditions of the contract their case is never referred to the Prosecuting Attorney's Office.

The DVAC approach already has universal support from all juvenile justice stakeholders:

- King County Prosecuting Attorney's Office
- King County Superior Court
- King County Department of Adult and Juvenile Detention
- King County Department of Judicial Administration
- King County Department of Public Defense

The physical space required for a non-secure respite facility currently exists in juvenile detention and can be made available quickly with nominal capital investment. DAJD is committed repurposing this space and to re-training existing detention staff to work with youth housed in a non-secure DVAC. Superior Court Probation Services are committed to redeploying existing probation officers specifically for this project. Step-Up Program experts are committed to providing the specialized training for those who will work with this unique population.

*Staffing Needs:*

Step Up Social Workers

Step-Up is a domestic violence counseling program for teens who have been violent with family members. The program has been in operation in King County since 1997. Step-Up social workers work with parents and teens together with other families in a unique group setting and facilitate safety plans with youth before they are released from detention.

It is anticipated that the Step Up Program will play a role in the new center. The Step Up role will include the addition of two Step Up social workers. The additional Step Up social workers will:

- administer family violence assessments and intakes, and facilitate safety plans for all youth and families presented to the center.
- staff an expansion of Step Up groups to accommodate the families that will best be served by the 20 week series of group counseling facilitated in the community by the Step Up Program.

The two FIRS Step Up social workers will staff FIRS Monday through Saturday from 8:30 to 4:30, facilitate another evening Step Up group and assist the current Step Up social workers with an expansion of existing groups as necessary.

Cost for the Step Up services related to FIRS Salary and benefits will be \$196,570, which includes \$179,570 for salary & benefits, plus miscellaneous costs of \$20,000 for (computer and IT support, phone, mileage, supplies, training).

DAJD Staffing (for current Z-Hall location)

During waking hours it is recommended that a minimum of two staff should be assigned to the FIRS to ensure adequate staffing resources for trauma induced youth. The FIRS is proposed as a “respite” for youth to de-escalate from the volatile situation that law enforcement had removed them from and to give the youth an opportunity to reflect on their actions. By providing this level of staffing, it ensures that youth receive the necessary services during their “time out” with minimal disruption while staff can effectively respond to any situation with a youth that requires immediate de-escalation. During non-waking hours, it is recommended that one staff is assigned to the FIRS while being observed by Central Control. If DAJD provides a staff to support the program for each shift, 7 days a week, an additional staff during waking hours, 7 days a week will need to be provided by Superior Court, Prosecutor’s Office or the City of Seattle as illustrated below.

<b>Shift</b>	<b>DAJD</b>	<b>Other Partners</b>
Dayshift (7 a.m. – 3 p.m.)	1 Staff (7 a.m. – 3 p.m.)	1 Staff (8 a.m. – 5 p.m.)
Swing shift (3 p.m. – 11 p.m.)	1 Staff (3 p.m. – 11 p.m.)	1 Staff (1 p.m. – 10 p.m.)
Nightshift (11 p.m. – 7 a.m.)	1 Staff (11 p.m. – 7 a.m.)	Not Required

The staffing plan assumes that DAJD staff would work an 8 hour shift with a ½ hour paid meal break. The plan also assumes that normal waking hours for youth residing at the FIRS would be 8 a.m. to 10 p.m.

Staffing coverage for 1 position, 24 hours a day, 7 days a week requires 4.5 FTEs not including backfill for scheduled/unscheduled leave. A JDO FTE costs approximately \$70,782 (salary-\$54,448/benefits-\$16,334). Total anticipated cost for 4.5 FTEs would be \$318,519. This cost estimate does not include backfill for scheduled or unscheduled leave.

*Conclusion:* The benefits of this common sense approach will be substantial:

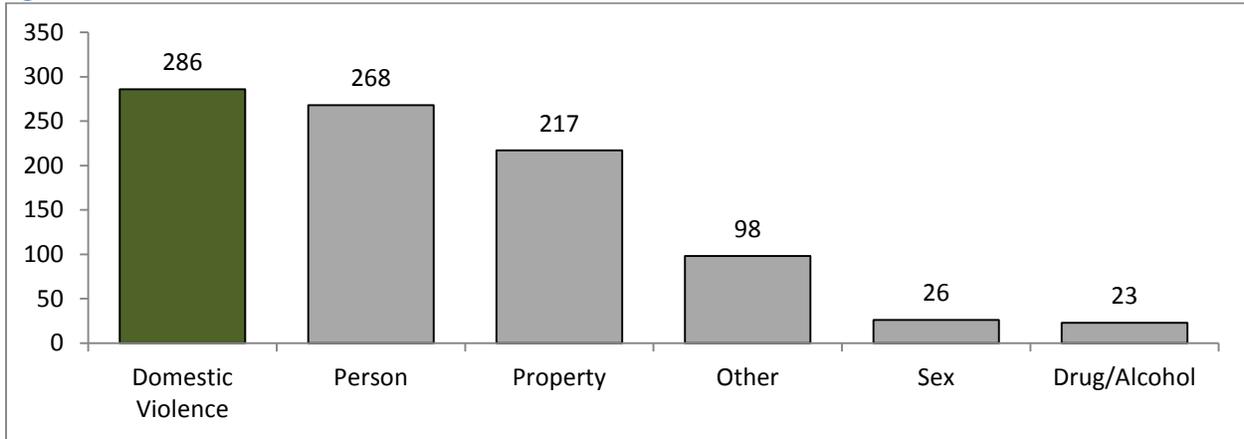
- Based on 2013 statistics, nearly 300 fewer youth will be booked into juvenile detention.
- 55% of these detention eligible youth would be youth of color.
- Nearly 500 families will bypass the delay created by formal court processing and receive earlier intervention services.
- Research has shown that formal processing in the juvenile justice system increases juvenile delinquency. DVAC will safely divert hundreds of youth out of this system every year.
- This approach draws from restorative justice principles that are widely supported by the community and have proven effective in addressing juvenile delinquency.
- Significant long-term savings will be realized as a result of foregoing costly formal court processing.

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**Youth admitted to detention for Domestic Violence (new offenses):**

Juvenile admissions to detention are categorized by the Prosecuting Attorney’s Office into one of six offense types (see Figure 1). For new offenses, Domestic Violence was the most common reason youth were admitted to detention in 2014. Thirty-five percent of all youth admitted to detention on new offenses in 2014 were admitted for Domestic Violence offenses.

Figure 1: Youth admitted to detention in 2014



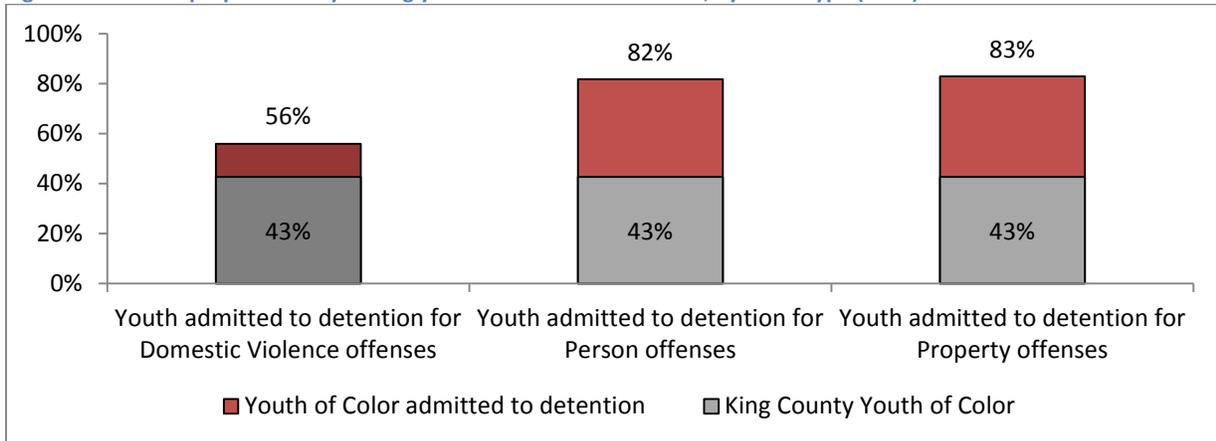
Source: Superior Court; new offenses only

Each count represents an individual booked for the given offense type within 2014. An individual admitted to detention multiple times for multiple offense types is counted multiple times. 808 unique individuals were admitted to detention in 2014.

**Disproportionality:**

Youth of color were overrepresented among youth booked for Domestic Violence, but compared to other offense types, it was the least disproportionate crime type for youth of color in 2014 (see Figure 2)<sup>ii</sup>.

Figure 2: Racial disproportionality among youth admitted to detention, by crime type (2014)



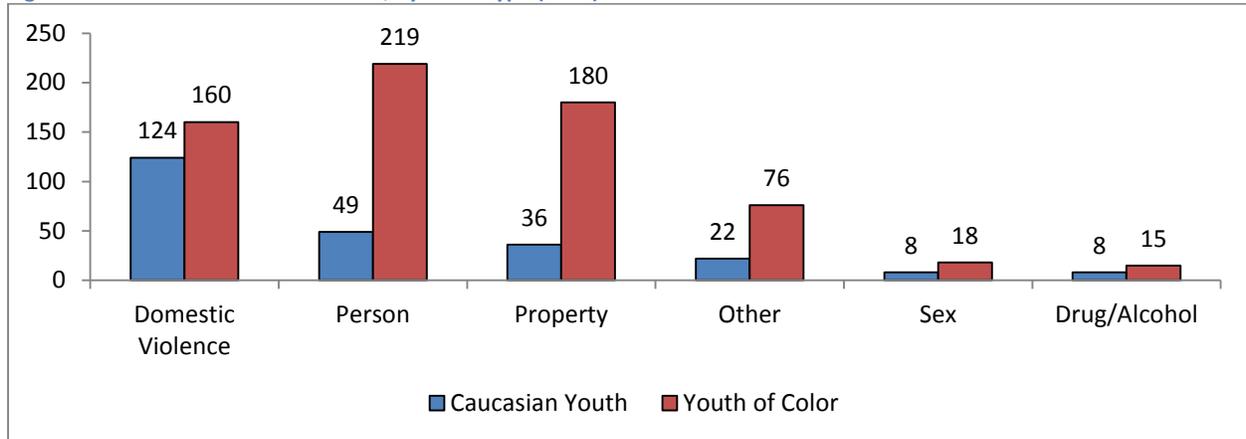
Source: Superior Court; new offenses only; population data is ages 10-17 in 2013

Does not include two youth admitted for DV crimes and one youth admitted for property crime with unknown races.

As shown in Figure 3, more Caucasian youth were admitted to detention for Domestic Violence than for any other crime. In contrast, more youth of color were admitted to detention for Person or Property

crimes than for Domestic Violence. Law enforcement is required to make an arrest in a domestic violence call if the youth is 16 or over and cannot use discretion in making arrests.

Figure 3: Youth admitted to detention, by crime type (2014)

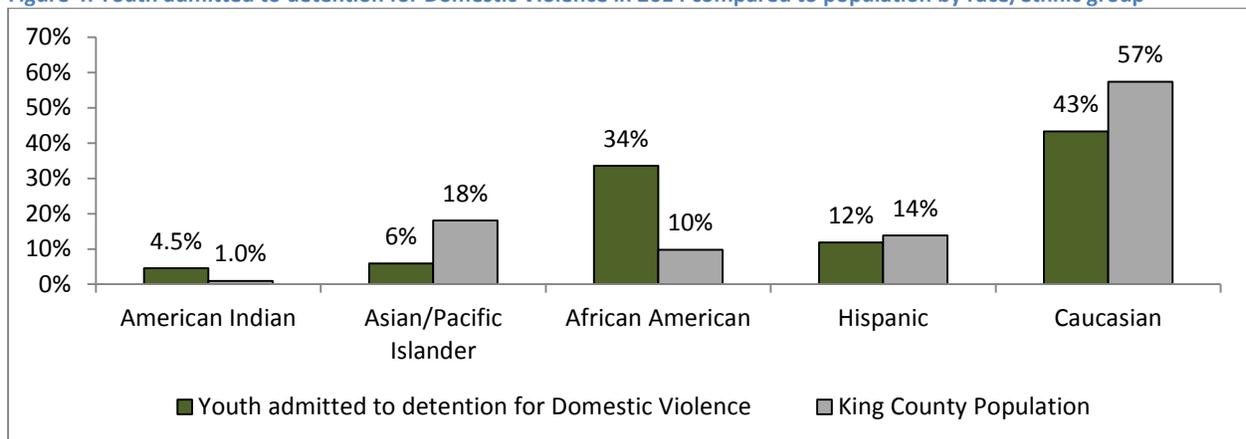


Source: Superior Court; new offenses only  
Does not include two youth admitted for DV crimes and one youth admitted for property crime with unknown races.

If the FIRS program diverted all youth admitted to detention for Domestic Violence in 2014 (not all would be eligible), overall disproportionality in youth admitted to secure detention for new offenses would have increased from 73% youth of color to 80% youth of color.

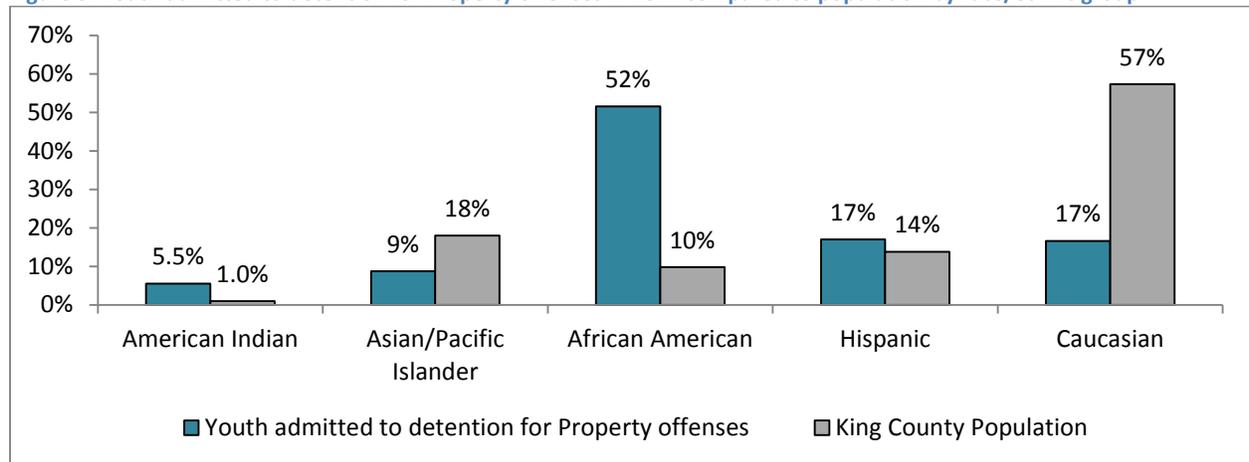
Grouping all youth of color together masks differences in disproportionality between ethnic and racial groups. African American and American Indian youth are overrepresented (relative to population representation) among youth admitted to detention for new offenses to the greatest extent, while Asian/Pacific Islanders and Caucasians are underrepresented. Hispanic youth are slightly overrepresented in Property offenses, but slightly underrepresented in Domestic Violence and Person offenses.

Figure 4: Youth admitted to detention for Domestic Violence in 2014 compared to population by race/ethnic group



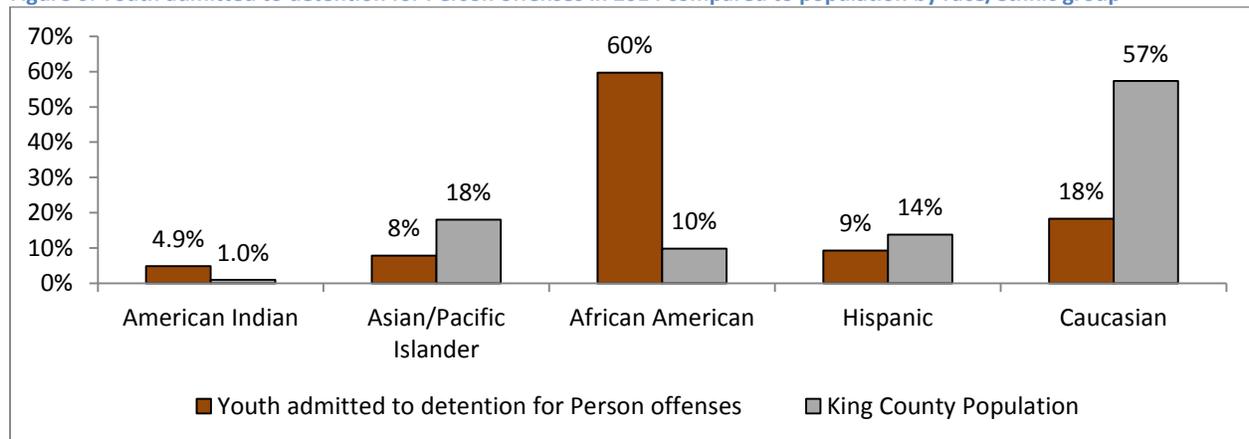
Source: Superior Court; population data is ages 10-17 in 2013  
Does not include two youth with unknown race.

Figure 5: Youth admitted to detention for Property offenses in 2014 compared to population by race/ethnic group



Source: Superior Court; new offenses only; population data is ages 10-17 in 2013  
Does not include one youth with unknown race.

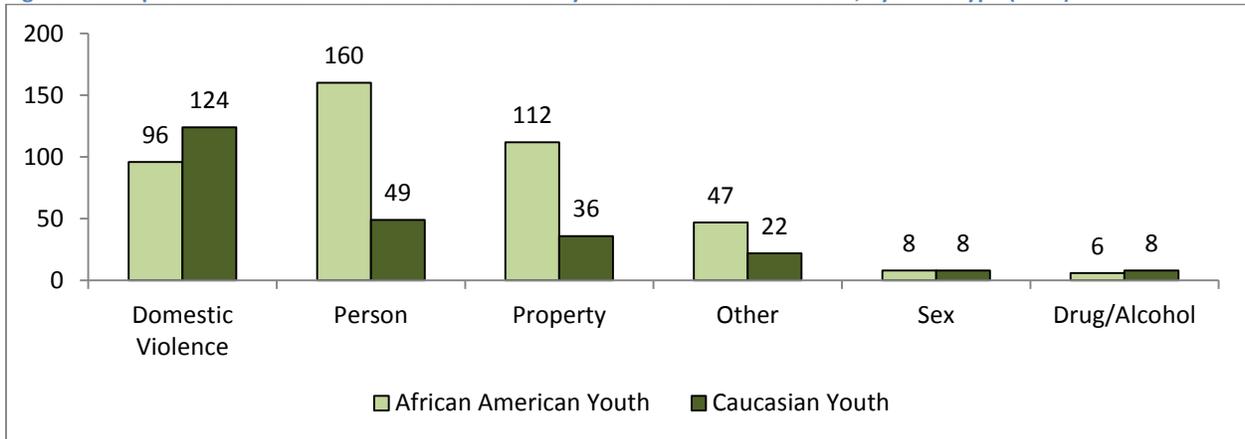
Figure 6: Youth admitted to detention for Person offenses in 2014 compared to population by race/ethnic group



Source: Superior Court; new offenses only; population data is ages 10-17 in 2013

African American disproportionality is most acute in Person offenses (see Figure 6). As shown in Figure 7, Domestic Violence and Drug/Alcohol offenses are the only crime types that led to admission to detention for more Caucasian youth than African American youth in 2014.

Figure 7: Comparison of African American and Caucasian youth admitted to detention, by crime type (2014)



Source: Superior Court; new offenses only

## Appendix: Data from Superior Court (JIMS)

### 2014 Secure Detention Admissions of Unique Youth on New Offenses Only by Offense Type and Race

OffType	American Indian	Asian/ Pacific Islander	Black	Hispanic	Unknown	White	Total
Domestic Violence	13	17	96	34	2	124	286
Drug/Alcohol	1	2	6	6		8	23
Other	3	7	47	19		22	98
Person	13	21	160	25		49	268
Property	12	19	112	37	1	36	217
Sex	2	2	8	6		8	26
<b>Total</b>	<b>44</b>	<b>68</b>	<b>429</b>	<b>127</b>	<b>3</b>	<b>247</b>	<b>918</b>

### Unique Youth Admitted 2014

CountOfJCN	Race/Eth
37	American Indian
60	Asian and Pacific Islander
352	Black
122	Hispanic
3	Unknown
234	White
<b>808</b>	<b>Total</b>

<sup>i</sup> Note: A previous PSB memo provided similar information based on the numbers of admissions to detention. This document reports unique individuals admitted by crime type, rather than number of admissions. Youth admitted to detention more than once for the same offense type are counted only once.

<sup>ii</sup> Sex, Drug/Alcohol, and Other offense types were also more disproportionate than Domestic Violence, but these offense types make up a relatively small proportion of admissions and are not included in Figure 2.

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**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	6	<b>Name:</b>	Mary Bourguignon
<b>Proposed No.:</b>	2016-0156	<b>Date:</b>	April 13, 2016

**SUBJECT**

Proposed Ordinance 2016-0156 would approve an implementation plan for the Best Starts for Kids Youth and Family Homeless Prevention initiative and require an annual report on outcomes from the initiative.

**SUMMARY**

The Best Starts for Kids (BSK) levy approved by King County voters in November 2015 includes \$19 million for a Youth and Family Homeless Prevention (YFHP) Initiative that is intended to "prevent and divert children and youth and their families from becoming homeless." The legislation that placed the BSK levy on the ballot required that the Executive transmit an implementation plan for this initiative by March 1, 2016.<sup>1</sup> Proposed Ordinance 2016-0156 would approve the proposed implementation plan for the YFHP Initiative and require an annual report on outcomes from the initiative.

According to the implementation plan, the YFHP Initiative would be modelled on a "best practice" program, the Domestic Violence Housing First program. The proposed YFHP Initiative would combine case management (advocacy) and flexible, client-centered funding to meet the needs of youth and families who are at imminent risk of homelessness, with funds being used for a wide range of services and supports from rental assistance to child care.

Implementation of the YFHP Initiative is proposed to begin with a competitive Request for Proposals process in 2016.<sup>2</sup> The implementation plan summarizes the steps proposed to be taken so that funds are disbursed to both urban and rural areas, as well as to disproportionately affected groups, particularly people of color and lesbian, gay, bisexual, transgender and queer (LGBTQ) youth.

The Regional Policy Committee's work plan calls for it to complete its review by April 13, 2016. This is the committee's second briefing on this proposed legislation.<sup>3</sup>

<sup>1</sup> Ordinance 18088

<sup>2</sup> Proposed Ordinance 2016-0157 would provide appropriation authority for \$3,166,667 in 2016.

<sup>3</sup> The staff report for the prior briefing on the legislation on March 9, 2016 can be found at:

[http://aqua.kingcounty.gov/Council/agendas/\\_RPC/20160309-RPC-packet.pdf](http://aqua.kingcounty.gov/Council/agendas/_RPC/20160309-RPC-packet.pdf)

## **BACKGROUND**

The Best Starts for Kids (BSK) levy that was approved by King County voters in November 2015 includes \$19 million for a Youth and Family Homeless Prevention (YFHP) Initiative that is intended to "prevent and divert children and youth and their families from becoming homeless."<sup>4</sup> Proposed Ordinance 2016-0156 would approve the required implementation plan for the YFHP Initiative and also establish a requirement for an annual report on initiative outcomes.

The implementation plan was developed, as required, in collaboration with the Children and Youth Advisory Board,<sup>5</sup> as well as with a Planning Committee of community members, stakeholders, and provider agencies.

The implementation plan proposes:

- **Prevention focus.** Consistent with the BSK Levy ordinance, the YFHP Initiative proposes to focus on preventing youth and families who are imminently at risk of homelessness. It would not serve people who have already become homeless – those people would be served by the homeless services system.
- **Best practice model.** The YFHP Initiative is proposed to be modeled on a program that has been identified as a statewide best practice, the Washington State Domestic Violence Housing First (DVHF) Program.<sup>6</sup> The DVHF Program provided a combination of case managers (called “advocates” by domestic violence organizations) and flexible funding to meet client needs (for child care, rental assistance, etc.). Evaluation of the DVHF program found that nearly 90 percent of participants had been able to obtain or maintain permanent housing as of the program’s conclusion.<sup>7</sup>
- **Outcomes measurement.** To determine whether the YFHP Initiative is succeeding at preventing people from becoming homeless, the implementation plan proposes three measures of success: (1) no future need for homeless services, as measured by absence from the Homeless Management Information System;<sup>8</sup> (2) an overall reduction in the number of youth and families becoming newly homeless; and (3) other measures of success and stability, such as ability to finish school.

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<sup>4</sup> Ordinance 18088

<sup>5</sup> Ordinance 18217, enacted in December 2015, created the King County Children and Youth Advisory Board for the purposes of 1) serving as the advisory body recommended by the youth action plan; and 2) serving as the oversight and advisory board for the Best Starts for Kids levy. Members of the Children and Youth Advisory Board were appointed in January 2016.

<sup>6</sup> <http://wscadv.org/projects/domestic-violence-housing-first/>

<sup>7</sup> Evaluations of first and second phases of the DVHF project, see <http://wscadv.org/projects/domestic-violence-housing-first/>

<sup>8</sup> A Homeless Management Information System (HMIS) is a locally administered database on people who use homeless services. An HMIS is required to be eligible to receive state and federal homeless services funds. The Seattle-King County region’s HMIS is in the process of transitioning from the Seattle Human Services Department to the King County Department of Community and Human Services. It is governed by All Home, which is the federally designated “continuum of care” for the region.

- **Disproportionality.** Local and national data show that LGBTQ youth and people of color are disproportionately at risk of becoming homeless. As a result, the implementation plan proposes to address the needs of these groups. The implementation plan also proposes to reach out to small, non-traditional agencies that provide services to specific ethnic and cultural communities.
- **Proposed disbursement of funds.** The implementation plan proposes that approximately \$3.1 million be appropriated for the initiative during 2016 (\$2.89 million to be competitively awarded to community-based provider agencies and \$275,000 for training, agency support, one County FTE, and County administration).

Executive staff have indicated an expectation that this allocation could be used to provide funding for approximately 25 agencies (approximately \$100,000 per agency, with some funds held back in case there is additional need).

The plan further recommends that the funding amount be increased during years two and three and that provider agencies receive contracts for three years, allowing them the certainty to invest in staff and training.

## **ANALYSIS**

### **How will the YFHP Initiative serve people in need?**

As noted above, the implementation plan proposes that the YFHP Initiative would be modeled on a program that has been identified as a “best practice” for homelessness prevention. That program, the Domestic Violence Housing First (DVHF) Program, employed a combination of client-centered case management/advocacy and flexible funds for client needs. The DVHF program was selected as a model because it served 900 domestic violence survivors and their children, and evaluation indicated that nearly 90 percent of those participants were able to obtain or maintain permanent housing.

### **How many people could be served?**

Preliminary information from Executive staff indicates that they anticipate that up to 750 clients could be served by the YFHP Initiative each year, with 75 percent of these clients being able to avoid homelessness. For 2016, that amount would be prorated, based on when contracts take effect.<sup>9</sup> By way of comparison, the DVHF program allocated \$2.95 million to 13 agencies over the course of five years and served a total of 900 households.

### **How much money is proposed to be distributed each year for YFHP?**

The implementation plan recommends allocating approximately \$3.1 million for the YFHP Initiative for the remainder of 2016 with appropriations for future years to be made through the Council’s budget process.<sup>10</sup>

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<sup>9</sup> Executive staff note that because the YFHP Initiative would be a new approach, some adjustments may need to be made to ensure that programmatic outcomes are met.

<sup>10</sup> Typically every two years, but could include supplemental appropriations at other times.

The implementation plan notes that this proposed level of spending could exhaust the \$19 million prior to the end of the BSK Levy, but that this level of spending is recommended due both to the significant need in the community and also to demonstrate the effectiveness of the initiative. Executive staff note that funding for prevention after the \$19 million is exhausted might come from a decrease in need for other homeless services.

Please note that the implementation plan does not recommend an amount to be allocated in years two and beyond. Funding decisions beyond 2016 would be made through the Council's budget process. Questions have been raised about the rate of spending, as well as the policy decision about whether the funds should be spent down before the end of the levy.

### **What is proposed to be funded?**

The implementation plan recommends funding to focus on client-centered case management/advocates and flexible funds for client needs, as well as funds for program management, technology, training, and capacity building. Specifically, the proposed appropriation ordinance that was transmitted as a companion to the implementation plan, requests a total of \$3,166,167 for the remainder of 2016 for the following uses:

- \$202,899 to fund training on the new program model, capacity-building, technology for provider agencies, and a new King County FTE to manage the program;
- \$75,275 for King County central rates; and
- \$2,888,493 to be allocated to provider agencies through a competitive process.<sup>11</sup>

As noted above, of the \$2.9 million proposed to be allocated to provider agencies, Executive staff has indicated the intent to provide funding to approximately 25 agencies, with each one receiving approximately \$100,000 for the remainder of 2016. Executive staff note that, based on the number of agencies selected by funding, there may be some funds held in reserve to be made available to agencies if there is a need for additional flexible funding for clients. Executive staff note that this proposed allocation strategy is based on the average amount received by agencies in the DVHF model, as well as the stated desire of Councilmembers when developing the levy proposal to make funds available to a wide variety of agencies.

### **How would funds be distributed within provider agencies?**

For the provider agencies that participated in the DVHF program (the proposed model for the YFHP Initiative), providers were instructed to split their funds 50/50, with half of the funding going to case managers and administrative costs and the other half going to flexible funds for clients. Most of the provider agencies in that program were awarded \$250,000 to cover three years, and dedicated \$125,000 to hire one case manager and fund administrative overhead costs for three years, and \$125,000 for flexible funds for clients for three years.

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<sup>11</sup> This information is taken from the fiscal note that was transmitted with Proposed Ordinance 2016-0157, the 2016 appropriation request for this initiative.

Typical County homeless services contracts funded in the past have used a 10/70/20 fund split, with agency administrative costs limited to 10 percent, direct program costs (such as case managers) at 70 percent, and participant costs (such as flexible funds) at 20 percent.

For the YFHP Initiative, Executive staff propose to take more flexible approach: instead of requiring either a 50/50 or 10/70/20 approach, they recommend allowing each agency to recommend a funding allocation strategy. They have made this proposal in recognition of the fact that agencies serving culturally-specific communities may be smaller and may have limited infrastructure and thus may need more administrative and technical support to succeed. (As noted above, when the levy proposal was originally developed, Councilmembers expressed a desire that program funds be allocated broadly throughout the County to ensure that people in all communities, and particularly in underserved communities, have the opportunity to benefit from levy programs.)

Executive staff note that the procurement process will be designed to favor partnerships between large and small agencies, as well as to prioritize agencies that can leverage other resources and programs for YFHP clients.

### **How will success be measured?**

The implementation plan proposes to measure success in three ways: (1) by entering clients into the Homeless Management Information System (HMIS) and then tracking to see that they do not return to the HMIS as literally homeless; (2) by measuring the number of newly homeless youth and families (because success with the YFHP Initiative should result in a decrease of people becoming homeless for the first time); and (3) through other measures of success for clients, such as success in school. This third set of measures is still being determined. Executive staff have indicated the intent of coordinating outcomes measurement for this initiative with the broader set of programs to be funded through the levy.

### **Would use of the HMIS for client data discourage clients from participating?**

Under Washington State's "opt in" law, providing personal information to the HMIS is optional for anyone who uses homeless services. Clients cannot be denied services because they do not wish to provide data. However, because of the importance of accurate data about the services people need, provider agencies have developed protocols to explain the nature of HMIS consent to clients and to inform them, if they consent, how their information will be used and how their confidentiality will be maintained. For the YFHP Initiative in particular, Executive staff have noted that since it is a prevention program rather than a homeless services program, data from clients is not required to be shared with the State and Federal governments.

Executive staff have indicated that a portion of the \$202,899 in YFHP funding to be allocated to King County would be used to support provider agencies new to the HMIS, to help them acquire and be trained on the necessary technology, as well as to learn the protocols and procedures for working with clients to receive consent for entering their information.

### **How will the program provide accountability to the public?**

The implementation plan notes that King County will administer, monitor, and evaluate the YFHP Initiative, including both financial and programmatic audits of provider agencies. The implementation plan also notes that data will be collected as part of the overall BSK Levy evaluation effort and will be evaluated as part of that overall effort.

Since the implementation plan was transmitted, Executive staff have begun work on a draft dashboard, which would be used in concert with overall BSK evaluation to track the services received and outcomes experienced by youth and families, as well as the additional measures of success that are proposed.

### **ATTACHMENTS**

1. Proposed Ordinance 2016-0156 (and its attachments)

### **INVITED**

1. Adrienne Quinn, Director, Department of Community and Human Services



**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**April 7, 2016**

**Ordinance**

**Proposed No. 2016-0156.1**

**Sponsors Kohl-Welles**

1 AN ORDINANCE relating to the best starts for kids youth  
2 and family homelessness prevention initiative  
3 implementation plan.

4 STATEMENT OF FACTS:

5 A. In July 2015, Ordinance 18088 submitted to the voters of King County  
6 a proposition known as the "best starts for kids levy," authorizing a regular  
7 property tax levy in excess of the levy limitation for six consecutive years,  
8 commencing in 2016, at a rate not to exceed fourteen cents per one  
9 thousand dollars of assessed value in the first year and with an increase of  
10 up to three percent in the five succeeding years, for the purpose of funding  
11 prevention and early intervention strategies to improve the health and  
12 well-being of children, youth and their communities.

13 B. The six-year levy commencing in 2016, has been approved by the  
14 voters for the express purpose of paying costs as outlined in Ordinance  
15 18088, Section 5, including: nineteen million dollars that shall be used to  
16 plan, provide and administer a youth and family homelessness prevention  
17 initiative.

18 C. Ordinance 18088 also directs the executive to submit to the  
19 metropolitan King County council for review and approval an  
20 implementation plan relating to the youth and family homelessness  
21 prevention initiative by March 1, 2016, which, to the maximum extent  
22 possible, shall be developed in collaboration with the oversight and  
23 advisory board.

24 D. The oversight and advisory board, referred to in this statement of facts  
25 as the children and youth advisory board, under the guidance of the  
26 department of community and human services, provided input on the  
27 development of the implementation plan, which is Attachment A to this  
28 ordinance. Before that input, the executive convened a planning group of  
29 citizens and stakeholders, several of whom are members of the children  
30 and youth advisory board to help shape the plan.

31 E. The growing homelessness crisis shows the great need for this youth  
32 and family homeless prevention strategy. During the 2016 annual One  
33 Night Count of people who are homeless held on January 29, 2016, four  
34 thousand five hundred five people were unsheltered. The numbers for  
35 people who are in shelter and transitional housing are not yet available,  
36 nor are the breakdown for the number of homeless youth and families.

37 F. Executive Constantine declared a state of emergency for homelessness  
38 on November 2, 2015.

39 G. The Homeless Management Information System, the database of all  
40 people accessing homeless services and housing, shows that fifty percent

41 of all people accessing homeless services are homeless for the first time.  
42 For the year in which the most recent data is available breaking out the  
43 data by homeless families and youth, 2014, the data show forty-six percent  
44 of families who were homeless were homeless for the first time. Sixty-  
45 four percent of homeless youth were homeless for the first time.

46 H. The data in the Homeless Management Information System also show  
47 that people of color and lesbian, gay, bisexual, transgendered and queer  
48 ("LGBTQ") youth are also disproportionately represented in the homeless  
49 youth population. Young people of color make up fifty to sixty percent of  
50 the homeless youth population while only twenty-nine percent of King  
51 County's population are people of color. At least twenty percent of the  
52 youth accessing homeless services identify as LGBTQ, while only four  
53 percent of Washington's general population identify as LGBTQ.

54 I. The Homeless Management Information System data showed that for  
55 newly homeless families, of those who report their race, thirty-one percent  
56 report that they are white and forty-seven percent report that they are black  
57 or African American. The remaining twenty-two percent report another  
58 race or multiple races, with the largest group reporting multiple races.

59 J. The services outlined in the implementation plan will provide services  
60 to youth and families before they become homeless through client-  
61 centered, outcomes-focused case management and flexible financial  
62 assistance.

63 K. The services identified in the implementation plan will address the  
64 disproportionality in race and LGBTQ orientation in people who are  
65 newly homeless by focusing on organizations and agencies that will easily  
66 be able to identify families and individuals who are at imminent risk of  
67 homelessness.

68 L. In 2010, the county enacted Ordinance 16948, transforming its work  
69 on equity and social justice from an initiative to an integrated effort that  
70 intentionally applies the King County Strategic Plan's "fair and just"  
71 principle in all the county does in order to achieve equitable opportunities  
72 for all people and communities. The services identified in the  
73 implementation plan are intended to meet the goals of King County's  
74 Equity and Social Justice Plan.

75 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

76 SECTION 1. For the purposes of this ordinance, "youth and family homelessness  
77 prevention initiative" means an initiative intended to prevent and divert children and  
78 youth and their families from becoming homeless.

79 SECTION 2. The family and youth homeless prevention implementation plan,  
80 Attachment A to this ordinance, is hereby approved.

81 SECTION 3. One year from the effective date of this ordinance, the executive  
82 shall submit to metropolitan King County council a report describing the people served  
83 and outcomes of the youth and family homeless prevention initiative. Thereafter, the  
84 executive shall include reporting for the youth and family homelessness prevention  
85 initiative in any annual report for the entire best starts for kids levy ordinance. Any report

86 required by this section shall be filed in the form of a paper original and an electronic

87 copy with the clerk of the council, who shall retain the original and provide an electronic  
88 copy to all councilmembers.  
89

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

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J. Joseph McDermott, Chair

ATTEST:

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Anne Noris, Clerk of the Council

APPROVED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Dow Constantine, County Executive

**Attachments:** A. Best Starts for Kids Youth and Family Homelessness Prevention Initiative  
Implementation Plan



**King County**

# **Best Starts for Kids Youth and Family Homelessness Prevention Initiative Implementation Plan**

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*Response to Ordinance 18088*

**Department of Community and Human Services**  
*March 1, 2016*

The Best Starts for Kids (BSK) Levy includes \$19 million for a Youth and Family Homelessness Prevention Initiative that is intended to “prevent and divert children and youth and their families from becoming homeless.” The BSK ordinance approved by the voters of King County, Ordinance 18088, directs the King County Executive to submit to Metropolitan King County Council for review and approval, an implementation plan relating to the Youth and Family Homelessness Prevention Initiative by March 1, 2016, which to the maximum extent possible, shall be developed in collaboration with the oversight and advisory board, referred to in this report as the Children and Youth Advisory Board.

The Youth and Family Homelessness Prevention Initiative is based on a highly successful pilot program implemented by the Washington State Coalition Against Domestic Violence and funded by the Bill & Melinda Gates Foundation and the Medina Foundation.

This implementation plan provides: (I) the background showing the need for a homelessness prevention program in King County, (II) a description of the successful Washington State Coalition Against Domestic Violence Housing First Initiative, (III) the proposed BSK Youth and Family Homelessness Prevention Model and (IV) the community process for developing the plan.

## **I. Youth and Family Homelessness in King County**

During the 2016 annual One Night Count of people who are homeless in King County held on January 29, 2016, 4,505 people were found to be unsheltered, that is, living in places unfit for human habitation such as the streets, cars or Metro buses. Although the detailed demographic data from the 2016 One Night Count is not yet available, the 2015 detailed data is available through the Homeless Management Information System (HMIS). The HMIS is the county-wide database that collects data on individuals and families receiving homeless services (e.g., shelter, case management and housing).

The 2015 One Night Count data reported that over 2,000 of the 9,776 people who access shelter or other homeless services were under age 17. Twenty-eight percent of the homeless population is families with children (approximately 2,800 people). Count Us In 2015, the survey of homeless youth and young adults, counted 134 unsheltered homeless young people and 824 that are unstably housed. These numbers represent young people who are in places unfit for human habitation, shelters or transitional housing.

The federal government uses a broader definition for counting homeless youth in the schools. In addition to defining homelessness as living in a place unfit for human habitation, shelter or transitional housing, under the McKinney-Vento Homeless Education Assistance Act, homelessness is defined as lacking a fixed, adequate place to sleep. This broader definition would include families or youth who are doubled up or “couch surfing.” Under this definition, over 6,000 students in King County public schools are homeless. Approximately 15 percent of these are not accompanied by an adult. Homelessness can have lasting effects on children.

According to the 2013 Annual Homeless Assessment Report to Congress:

- 83 percent of homeless children have witnessed a serious violent event
- 47 percent have anxiety, depression or withdrawal
- 43 percent have to repeat a grade
- Homeless children are far more likely to have significant health issues.

The HMIS also showed that half of all people who become homeless were homeless for the first time, which is the case for 46 percent of all homeless families. An even higher number of unaccompanied youth were homeless for the first time, 64 percent. Accordingly, if homelessness can be prevented, the number of people who are homeless would decline substantially.

Demographic data from the HMIS demonstrates that there are several issues that must be addressed in developing a youth and family homelessness prevention program – the disproportionate numbers of Native American/Alaskan Native, Native Hawaiian/Asian Pacific

Islanders and African Americans who become homeless and the disproportionate number of homeless youth who identify as lesbian, gay, bisexual, transgendered and queer (LGBTQ). Native Americans are seven times more likely to become homeless. African Americans are five times more likely to become homeless and Native Hawaiians/Asian Pacific Islanders three times more likely. Of the youth who are homeless, at least 20 percent of young people accessing services identify as LGBTQ, compared to 4 percent of the general population.



As discussed in more detail in the program model section, the Youth and Family Homelessness Prevention Initiative must address the disproportionality in race and LGBTQ identification of people who become homeless.

## II. Washington State Coalition Against Domestic Violence Housing First Initiative

As King County explored approaches to prevent youth and family homelessness, a local model – the Washington State Coalition Against Domestic Violence Housing First Initiative – was reviewed. This model, funded by the Bill & Melinda Gates Foundation, has been rigorously evaluated and found to have successfully prevented family homelessness. More information about the model can be found at <http://wscadv.org/projects/domestic-violence-housing-first>.

The Medina Foundation added additional funding to several agencies participating in the pilot and expanded the model to additional agencies that were not part of the original Gates cohorts.

This model was attractive to local funders because domestic violence is a leading cause of homelessness for families.

The Domestic Violence Housing First Initiative is a homelessness prevention program for survivors of domestic violence and their children, including survivors actively fleeing a domestic violence situation, and those who are on the brink of homelessness. At program entry, many were facing unemployment and a lack of income due to the domestic violence situation they were experiencing. The Domestic Violence Housing First Initiative was piloted from September 2011 through September 2014 in Washington state with two cohorts. One cohort was in King County and the other was the balance of state. In King County, LifeWire and InterImCDA participated in the pilot.

Flexibility of financial assistance and advocate/case management services are a key component of the program. Financial assistance could be used for a range of needs such as clothing for a job, cost of an employment-related license, a variety of housing and/or moving costs, cost to repair a car, urgently needed groceries and other expenses that may be impacting the safety and security of a family. Case management support could be very narrow and temporary or somewhat longer term to meet the true needs of program participants, using a progressive engagement approach. With very little financial assistance per household (average cost of \$1,250 per household) the safety, stability and well-being of victims and their families were increased through the pilot program.

A study of the Domestic Violence Housing First Initiative programs found successful outcomes related to survivors' ability to get and keep safe and stable housing. Nearly all program participants, including those with very low incomes, maintained permanent housing for a prolonged period of time:

- 96 percent were still stably housed 18 months after entering the program, allowing survivors to become self-sufficient quickly and without need for ongoing intensive services

- 84 percent reported an increase in safety for their family
- 76 percent of survivors requested minimal services from the domestic violence program at final follow-up
- Participants also expressed that housing stability had a profoundly positive effect on their children, improved the health and well-being for themselves and their children, and restored their dignity and self-worth.

The pilot program also focused on ensuring that services were culturally appropriate and delivered by a case manager/advocate who was from the same culture and spoke the same language as the survivors. According to the evaluation, survivors reported that working with an advocate who culturally and linguistically understood them was critical to getting the support they needed to become stable and enabling the survivors to feel understood, accepted and comfortable telling their stories.

While some of the survivors who participated in the Domestic Violence Housing First Initiative programs were youth, the program was focused primarily on adults fleeing domestic violence. There is less research on successful programs preventing youth from becoming homeless. Nonetheless, the All Home Youth and Young Adult Plan Refresh (May 2015) recommends prevention as a strategy to make youth homelessness rare, brief and one time. One of the strategies is “*flexible funding* to help YYAs live at home or with natural supports.”

### **III. Proposed Youth and Family Homelessness Prevention Model**

The Best Starts for Kids Ordinance 18088 provides the following guidance for the Youth and Family Homelessness Prevention Initiative:

*"Youth and family homelessness prevention initiative" means an initiative intended to prevent and divert children and youth and their families from becoming homeless.*

*It is the intent of the council and the executive that funding for the youth and family homelessness prevention initiative will allow the initiative to be flexible, client-centered and outcomes-focused and will*

*provide financial support for community agencies to assist clients.*

*Out of the first year's levy proceeds:*

*1. Nineteen million dollars shall be used to plan, provide and administer a youth and family homelessness prevention initiative.*

Based on this guidance, stakeholder input and research on successful prevention models, King County Department of Community and Human Services (DCHS) staff worked with a Youth and Family Homelessness Prevention Model Planning Committee (Planning Committee) and the Children and Youth Advisory Board (CYAB) to develop the framework for the King County Youth and Family Homelessness Prevention Initiative. This section discusses both the overall program model, as well as specific implementation details that were recommended by the Planning Committee and CYAB.

The proposed Youth and Family Homelessness Prevention Initiative has a strong client-centered focus, including mobile case management coupled with flexible financial assistance that is intended to address the immediate issue that is placing the family or youth at imminent risk of homelessness and build trust with the client. The model is based on the Washington State Coalition Against Domestic Violence Housing First Initiative, a successful model to preventing family homelessness in King County.

Key components to the Youth and Family Homelessness Prevention Model include:

- Client-centered intervention
- Progressive engagement approach to case management
- Flexible funding to prevent homelessness
- Targeting approach to address the root causes of homelessness among youth and families.

The agencies that demonstrated successful outcomes in the Washington State Coalition Against Domestic Violence study understood the importance of the case management support of the client, and successfully made the shift to having a client-centered focus. That is, the family or youth must be asked, “What do you need so that you do not become homeless?”

This is a significant cultural shift for the agencies administering the program because many government assistance and programs are based on a distrust of clients. For most programs, clients must prove that they meet a raft of program criteria and then are told what specific assistance they are eligible to receive even if they know something else will help them more. Because successful implementation of the model will entail changing organizational culture, training and learning circles will be part of the Youth and Family Homelessness Prevention Initiative.

In addition, the Domestic Violence Housing First Initiative programs study found that about one-third of the families needed minimal health supports, one-third needed a medium “touch,” and one-third needed more intensive case management, highlighting the need for a progressive engagement approach to case management.

Progressive Engagement is a nationally recognized best practice that provides customized levels of assistance to participants – providing the services needed, but not more than is needed to achieve housing stability. Progressive Engagement preserves the most expensive interventions for households with the most severe barriers to housing success. Progressive Engagement is a strategy to enable service delivery systems to effectively target resources. The case manager/advocates will work with the family/youth on the underlying issues that caused them to be at imminent risk of homelessness.

Case manager/advocates will be mobile, meeting the clients at locations of their choice. This approach is different than other models where the case manager/advocate tends to be place-based.

In order to ensure that agencies administering the program are equipped with the resources they need to be successful, sufficient funds will be provided to assure that experienced case manager/advocates are hired and are focused on this homelessness prevention program and not spread thinly over many programs. The Best Starts for Kids ordinance specifically states, “It is the intent of the council and the executive that funding for the youth and family homeless prevention initiative ... will provide financial support for community agencies to assist clients.”

## **Need for Adaptation and Flexibility for Preventing Youth Homelessness**

While the Washington State Coalition Against Domestic Violence Housing First Program was successful with youth who were parenting and who were at risk of homelessness due to domestic violence, the research shows that other factors are more predictive of a youth becoming homeless, e.g., LGBTQ, juvenile justice system involvement, school suspensions, and involvement with the foster care system. As a result, the CYAB and the Planning Committee recommended targeting the program to address the predictive factors of homelessness, collaborating with schools, organizations that work with LGBTQ youth and organizations working with youth involved in the juvenile justice system.

While these are the target areas for identifying youth at imminent risk of homelessness, this does not mean that the Youth and Family Homelessness Prevention Model would be administered by schools or the juvenile justice system. Rather, it is likely that nonprofits, community agencies or faith organizations would provide assistance and administer the funds, because they could provide services any time of day or night and be able to leverage additional supports. Any organization receiving the funds would have to show strong partnerships with the schools and/or the juvenile justice system.

In addition to providing feedback on the overarching program model, the Planning Committee and the CYAB both provided feedback on the specific program implementation details outlined below.

### **Who is Eligible?**

The program is intended for youth and families who are at *imminent* risk of homelessness. It is not intended for youth or families who are already homeless, nor is it intended for youth or families who are at risk for homelessness, but not facing *imminent* risk. Examples of imminent risk of homelessness are a young person or family who has been staying on friends' or families' couches, but may have exhausted all welcomes and will be on the street next week. Another example might be a youth who the school counselor knows will be thrown out of his parent's house if he comes out, or a youth exiting the justice system whose family refuses to take her

back home. The case manager/advocate will have to utilize judgment and experience in making the determination.

The outcomes measurements will be critically important in determining if the targeting was done appropriately. If people who are at imminent risk of homelessness are prevented from becoming homeless, we will see a decrease in the number of people who are newly homeless.

### **Should the Money Be Divided Between Youth and Families?**

The Planning Committee and CYAB advised that the money should not be divided between population groups. Many youth are parenting, and it is these young families who are often at imminent risk of homelessness. Because this program is intended to step away from rigid requirements, dividing the money and creating definitions and funding formulas for youth and families did not seem prudent.

### **What are the Eligible Uses of Funding? Should Anything be Excluded as Eligible from the Flexible Funds?**

Any expenditure that will prevent someone from becoming homeless should be an eligible use of funds. As noted in both the ordinance and discussion above, case management is an essential element of the Youth and Families Homelessness Prevention Model. Agencies will employ rigorous financial oversight to track where the funds are applied. The County will evaluate whether certain types of expenditures are more or less successful in preventing a family or youth from becoming homeless.

### **How Much Money Should Be Awarded in 2016?**

The CYAB recommended that approximately \$3.1 million be spent in the first year of the levy, with a ramp up during the second and third years to significantly reduce the numbers of families and youth who are becoming homeless. The CYAB was cognizant that the money would likely run out prior to the end of the levy. However, they recommended that more money was needed to firmly demonstrate that the model was effective.

Building organizational capacity and creating the organizational culture change will take time. As a result, the Planning Committee and CYAB recommended that the funding awards be three-year contingent commitments to agencies, meaning the agency will receive the money for all three years provided that the agency is achieving outcomes, participating in the learning circles and implementing the evaluation. It is hard for agencies to staff up and plan with annual commitments, and a three-year commitment will enable better staff recruitment and continuity for the agency and individuals seeking assistance. Finally, by making the three-year commitment contingent on achieving outcomes, the County will be able to reallocate the money if necessary.

Extensive training, ongoing learning circles and a rigorous evaluation will be part of the program design assuring agency and program success. Therefore, it is anticipated that reducing the commitment will be a rare occurrence.

In the initial stages of the program, it is likely that the domestic violence organizations that have been operating this program successfully for several years with the Gates and Medina Foundation money will be able to be up and running before organizations for which this initiative is new. Rather than awarding those agencies more money, the Planning Committee recommended that not all of the money be awarded at once in the first year, since the initiative will begin midyear anyway. Some of the funds from the first year will be reserved to grant additional funds to agencies that run out of the flexible funds before the next year's allocation.

The CYAB provided extensive feedback on how to assure that funds will truly address racial and LGBTQ disproportionality in homelessness. Their advice included:

- For many communities, including Native Americans and Asian Pacific Islanders, County staff making personal contacts and going to community leadership will be important.
- Meet with faith community leaders in the African American community.
- Ask that culturally-specific communities include funding/grant/RFP announcements in their newsletters.

- Send information to leadership tables for targeted populations such as the Minority Executive Directors or Pride Foundation and ask that they disseminate information.
- Use social media.
- The frequency of the ask is as important as where and to whom the ask is made.
- Use the CYAB to disseminate information.

### **Should All Recipients Have Data Entered into the Homeless Management Information System?**

All agencies receiving money will be required to enter client data into HMIS. It is only by entering client data into the HMIS system that we will know if a youth or family who receives services from the Youth and Family Homeless Prevention Model successfully avoided homelessness. Some agencies will need to be trained on HMIS and the County may need to provide additional funding for computers or other information technology support.

### **Should a Common Client Intake and Assessment Form Be Utilized?**

By utilizing HMIS, it assures that a common intake form will be utilized for program participants so that there is consistent information collected for evaluation purposes. In addition, it is likely that the common assessment form used for Coordinated Entry for All (a new approach adopted by the All Home Coordinating Board) to access homeless housing will also be utilized.

### **How Will Initiative Success Be Measured?**

The two key components for measuring success are 1) the individuals served do not show up in HMIS for homeless services; and 2) there is a reduction in the number of youth and families who are newly homeless. It is essential that both outcomes are measured because if the program measures only whether individuals show up in HMIS for homeless services or not, there is no way of knowing whether those individuals ever would have become homeless. However, if there is also a reduction in the number of newly homeless youth and families, it is clear that agencies are targeting the right individuals and families.

In addition, the CYAB and the Planning Committee recommended that the County evaluate at least one other factor besides “not becoming homeless.” Some of the suggestions included additional outcomes for youth such as no further engagement with criminal justice system or increased educational attainment. For families, additional factors suggested include safety and self-determination. The Department of Community and Human Services evaluation team will analyze which factors are measurable and work with other BSK evaluation teams to have consistent measures of success. Additionally, several CYAB members recommended training so that all fund recipients understood LGBTQ issues.

### **How Will Providers Be Trained?**

Training will be provided to agencies receiving money under this initiative. The experience of the Washington State Coalition Against Domestic Violence program was that developing a client-centered and outcomes-focused agency culture took extensive training and intentional organization effort and buy-in. For that reason, learning circles for agencies administering the funding will also be part of the program.

### **What Type of Agencies/Organizations Should Be Targeted for the RFP?**

Since the goal of the Youth and Family Homeless Prevention Model is to identify and intervene with youth or families who are at imminent risk of homelessness, the agencies receiving funding should be those most likely to already be working with families or youth most at risk of homelessness. When directly asked, the CYAB provided significant advice regarding the best way of assuring that the model funds were placed in agencies, organizations and geographic areas that would be able to identify families and youth *before* they became homeless and address the racial disproportionality in family homelessness, and the racial and sexual orientation disproportionality in youth homelessness.

Both the Planning Committee and the CYAB recommended targeting the issues and systems that lead to homelessness, e.g., domestic violence, juvenile justice and the populations most likely to become homeless, e.g., Native Americans, African Americans, Asian Pacific Islanders and LGBTQ youth. It will be imperative for any agency receiving the funds to be able to

demonstrate how the organization will administer the funds in a way that will address the extreme racial disproportionality of people of color who enter homelessness at a rate significantly greater than the general population. Similarly, organizations will have to show how they will address the disproportionality of LGBTQ youth who are at imminent risk of homelessness.

The Children and Youth Advisory Board also emphasized that small cultural or ethnic organizations should be targeted for the initiative. Suggestions ranged from partnering large and smaller organizations during the Request for Proposal (RFP) process, assuring application support. The Department of Community and Human Services has already been working toward implementing some of the suggestions to reduce barriers for small organizations. For example, staff have been partnering with the county's Risk Management Division to reduce insurance barriers for small agencies.

Examples of types of agencies that the CYAB suggested would be appropriate fund recipients or partner entities included:

- Domestic violence agencies
- Agencies serving youth, including youth homeless agencies
- Schools (particularly school counselors and those addressing absenteeism, expulsions and suspensions)
- Public utilities agencies, since delinquent utility payments can be a predictor of housing loss
- Culturally-competent/focused organizations
- Organizations serving LGBTQ youth
- Public Health and other health facilities and clinics
- King County education and employment programs
- Faith-based organizations
- Youth clubs and recreation centers
- Agencies serving families, particularly new moms
- Agencies serving youth who are involved in the juvenile justice system

- Food banks
- Regional Access Points for accessing housing/homelessness services
- “Natural helpers” in community, e.g., libraries, first responders as referral sources.

In addition to targeting specific types of organizations, the CYAB also discussed the need to recognize the difference between delivery of services in rural versus urban contexts. In order to make funds available to all areas of the County, County staff are considering releasing separate regional RFPs so that the initiative will be available county-wide and to account for the differences in how services may be delivered in an urban versus a rural area.

### **Administration, Fiscal Management, Monitoring and Evaluation**

The Department of Community and Human Services will administer, monitor and evaluate the Youth and Family Homelessness Prevention Initiative. Monitoring will consist of both financial and programmatic audits.

With respect to data and evaluation, the data that will be collected will mirror what is being collected for other programs or strategies in the community so that this initiative will not introduce a new data set being collected in the community.

## **IV. Collaboration with the Children and Youth Advisory Board and Homelessness Prevention Model Planning Committee**

Ordinance 18088 directs the County Executive, to the maximum extent possible, to develop the Youth and Family Homelessness Prevention Initiative in collaboration with the Children and Youth Advisory Board (CYAB). The Children and Youth Advisory Board members were approved by King County Council and became official on January 25, 2016. The Executive convened the CYAB on February 9, 2016, for an orientation, at which time the CYAB reviewed the Youth and Family Homelessness Prevention Initiative in an unofficial capacity. The Children and Youth Advisory Board reviewed the initiative again at its first official meeting on February 23, 2016, at which time they made formal recommendations about the Youth and Family Homelessness Prevention Initiative.

Because of the short time between approval of the CYAB and the March 1, 2016, deadline to submit the Youth and Family Homelessness Prevention Implementation Plan, executive staff also convened a Youth and Family Homeless Prevention Model Planning Committee (Planning Committee) to advise on the design for the plan. The Planning Committee met three times in January and February 2016 to help guide the implementation plan. Members of the committee (an \* indicates that the individual is also a member of the Children and Youth Advisory Board) include:

Alison Eisinger	Seattle King County Coalition on Homelessness
Edith Elion	Atlantic Street Center
Melinda Giovengo	YouthCare
Terry Pottmeyer*	Friends of Youth
Kira Zylstra	All Home
	King County Department of Community and Human
Hedda McLendon	Services
Colleen Kelly	City of Redmond
Jason Johnson	City of Seattle
Linda Olsen	Washington State Coalition Against Domestic Violence
Katie Hong*	Raikes Foundation
TJ Cosgrove	Public Health
Maria Williams	LifeWire
Barbara Langdon*	LifeWire
Calvin Watts*	Kent School District
Isabel Munoz	City of Seattle
Leilani Della Cruz	City of Seattle
Merrill Cousins	King County Coalition Against Domestic Violence
Aana Lauckhart	Medina Foundation



**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	7	<b>Name:</b>	Scarlett Aldebot-Green
<b>Proposed No.:</b>	2016-B0075	<b>Date:</b>	April 13, 2016

**SUBJECT**

A briefing on Best Starts for Kids implementation planning status.

**SUMMARY**

On November 3, 2015, King County voters approved a six-year property tax levy to fund Best Starts for Kids, a prevention-oriented regional plan. This briefing by executive staff will provide an overview of the status of implementation planning for Best Starts for Kids.

**BACKGROUND**

On November 3, 2015, King County voters approved a six-year property tax levy to fund Best Starts for Kids.<sup>1</sup> The property tax will be levied at a rate of \$0.14 per \$1,000 of assessed valuation in 2016, with an increase of up to three percent for each of the five subsequent years of the levy—2017 through 2021. The Best Starts for Kids levy is projected to generate a total of approximately \$392.3 million in revenues over the six year levy period.

Best Starts for Kids is a prevention-oriented regional plan that is aimed at supporting the healthy development of children and youth, families and communities across the county. The Best Starts for Kids levy would make expenditures for the following five categories: Youth and Family Homelessness Prevention Initiative, Early Childhood Allocation, School-Aged Allocation, Communities of Opportunity Allocation, and Data and Evaluation Allocation.

Under Ordinance 18088, out of the first year's levy proceeds, \$19 million will be set aside to fund the Youth and Family Homelessness Prevention Initiative as well as the amounts that are necessary to pay for election costs related to the levy. All remaining levy proceeds will be disbursed as follows: 50 percent for the Early Childhood Allocation (0-5 year olds); 35 percent for the School-Aged Allocation (5-24 year olds); 10 percent for the Communities of Opportunity Allocation; and 5 percent for the Data and

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<sup>1</sup> The Best Starts for Kids levy was certified by the Department of Election on November 24, 2015, with 56.2% of King County voters approving the Best Starts for Kids levy.

Evaluation Allocation (including amounts for metropolitan park districts subject to prorationing and fire districts subject to prorationing).

Under the ordinance, Best Starts for Kids levy proceeds may not be expended until the date on which the Council approves the applicable implementation plan by ordinance. Ordinance 18088 also created processes and timelines for oversight and implementation. Those processes and timelines are described below.

**Oversight and Advisory Board.** Ordinance 18088 required transmittal to Council by December 1, 2015 of a plan on the oversight and advisory board along with a proposed ordinance that identified the duties and composition of the oversight and advisory board. The King County Children and Youth Advisory Board (CYAB) was established by Ordinance 18217.<sup>2</sup> The CYAB was subsequently appointed by the Executive and confirmed by Council.<sup>3</sup>

The BSK-related duties of that board are: 1) to serve as the Best Starts for Kids children and youth strategies oversight and advisory body, including making recommendations on and monitoring the distributions of levy proceeds, except those related to the Communities of Opportunity initiative; 2) to collaborate, to the maximum extent possible, with the Executive on development of an implementation plan relating to the Best Starts for Kids Youth and Family Homelessness Prevention Initiative<sup>4</sup>; and 3) work in collaboration with the Executive to develop an implementation plan for the portion of the levy proceeds pertaining to best starts for kids children and youth strategies to be transmitted to the Council by June 1, 2016. The CYAB collaborated on the development of the Youth and Family Homelessness Prevention Initiative implementation plan and is currently collaborating on the general BSK implementation plan.

**Communities of Opportunity Interim Governance Group.** Ordinance 18088 required transmittal to Council of a plan relating to the Communities of Opportunity Interim Governance Group (IGG) and an ordinance that identified the composition and duties of the IGG, which would serve as the advisory body for levy proceeds used to plan, provide and administer Communities of Opportunity. Ordinance 18220 established the composition and duties of the IGG with respect to the Communities of Opportunity portion of the Best Starts for Kids levy. In addition, Ordinance 18220 established that the IGG would serve as the advisory board for the Communities of Opportunity elements of BSK until a successor group is established by ordinance.<sup>5</sup> The IGG has been meeting and is collaborating on the development of the Communities of Opportunity portion of the general BSK implementation plan.

**Youth and Family Homelessness Prevention Initiative Implementation Plan.** Ordinance 18088 required transmittal to Council by March 1, 2016 of an implementation

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<sup>2</sup> The duties of that board include, but are not limited, to serving in an oversight and advisory capacity for the BSK initiative.

<sup>3</sup> Motions 14504 through 14538.

<sup>4</sup> Required to be transmitted to Council by March 1 and presently before the Regional Policy Committee.

<sup>5</sup> Ordinance 18220 requires that, by June 1, 2016, the Executive transmit to the Council an ordinance on the composition and duties of a successor group to the Communities of Opportunity IGG.

plan that identifies the strategies to be funded and outcomes to be achieved relating to the Youth and Family Homelessness Prevention Initiative.

The Regional Policy Committee has chosen to place this item on its 2016 work plan as a non-mandatory referral and will complete its review by April 13, 2016. Today is the committee's second briefing on this proposed legislation.

**Implementation Plan.** Ordinance 18088 required transmittal to Council by June 1, 2016 of an implementation plan that identifies the strategies to be funded and outcomes to be achieved with the use of levy proceeds. As indicated above, the implementation plan must be developed in collaboration with the oversight and advisory board (the CYAB) and the Communities of Opportunity Interim Governance Group (the IGG), as applicable. The implementation plan should also take into consideration the county's Youth Action Plan adopted by Motion 14378 and recommendations of the county's steering committee to address juvenile justice disproportionality that are adopted into policy.

Executive staff will brief the committee on the status of implementation planning, specifically on progress related to the development of the general BSK implementation plan.

#### **ATTACHED**

1. Communities of Opportunity Overview – prepared and provided by executive staff

#### **INVITED**

1. Sheila Capestany, Strategic Advisory, Children and Youth, DCHS
2. Jennifer DeYoung, Health Care Reform Analyst, Public Health – Seattle & King County

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## Communities of Opportunity Update

Communities of Opportunity was launched in March 2014 in partnership between Seattle Foundation and King County. It is one of four initiatives aligned with King County's Accountable Community of Health. The Communities of Opportunity initiative is:

- Designed with the ambitious goal of creating greater health, social, economic, and racial equity in King County so that all people thrive and prosper.
- Based on identifying the census tracts with the greatest inequities in health, housing and economic opportunity measures. The maps confirmed that where you live within the County is strongly tied to your chances of living well and thriving, despite King County average measures being relatively high. For example:
  - Average life expectancy can be 10 years shorter in neighborhoods just a few miles away.
  - Average household income in one neighborhood can be \$100,000 less than one nearby.
  - Poverty rates can range from 6% to 54% by neighborhood and smoking from 5% to 20%.
- Designed to maximize positive impact by using cross-sector partnerships to co-design strategies with community leaders, and by catalyzing public and private resources to underinvested neighborhoods.
- Working on policy and systems change strategies side by side with place-based strategies to improve health, housing, economic opportunity and community cohesion indicators.

In October 2014, 12 **policy and systems change** grants were awarded to African American Reach & Teach Health Ministry, Futurewise, Global to Local, Got Green, Mockingbird Society, OneAmerica, Open Doors for Multicultural Families, Public Defender Association, Puget Sound Sage, Seattle Indian Health Board, Skyway Solutions and White Center Community Development Association. Ten capacity building grants were also made for a total investment of \$1.1 million. A second round of policy and systems change grants will be announced soon.

In February 2015, **place-based** investments were made to local cross-sector partnerships in the Rainier Valley area of Seattle (HomeSight), SeaTac and Tukwila (Global to Local), and the White Center/North Highline unincorporated area (White Center Community Development Association). Monthly co-design meetings with 50/50 representation of "context" experts and "content" experts are under way and development of strategies and evaluation measures for each site, and for COO overall will be completed soon. The place-based work is a five-year investment of at least \$2.5 million for backbone support to the site organizations leading the work.

A 17-member Interim Governance Group is overseeing the initiative. All of the COO work rolls up into an overall Results Based Accountability evaluation framework available at: [www.kingcounty.gov/coo](http://www.kingcounty.gov/coo).

Contacts: Kirsten Wysen, [Kirsten.wysen@kingcounty.gov](mailto:Kirsten.wysen@kingcounty.gov), 206-263-8757; Aaron Robertson, [a.robertson@seattlefoundation.org](mailto:a.robertson@seattlefoundation.org), 206-515-2135; Cheryl

Markham, [Cheryl.markham@kingcounty.gov](mailto:Cheryl.markham@kingcounty.gov), 206-263-9067; Alice Ito, [a.ito@seattlefoundation.org](mailto:a.ito@seattlefoundation.org), 206-515-2129.

## Data, Demographics and Assets

<b>Population Measures</b>	<b>Lowest ranked</b>	<b>Highest ranked</b>
Life expectancy	74 years	87 years
<b>Health, broadly defined:</b>		
Adverse childhood experiences	20%	9%
Frequent mental distress	14%	4%
Smoking	20%	5%
Obesity	33%	14%
Diabetes	13%	5%
Preventable hospitalizations	1.0%	0.4%
<b>Housing:</b>		
Poor housing condition	8%	0%
<b>Economic opportunity:</b>		
Income below 200% poverty	54%	6%
Unemployment	13%	3%

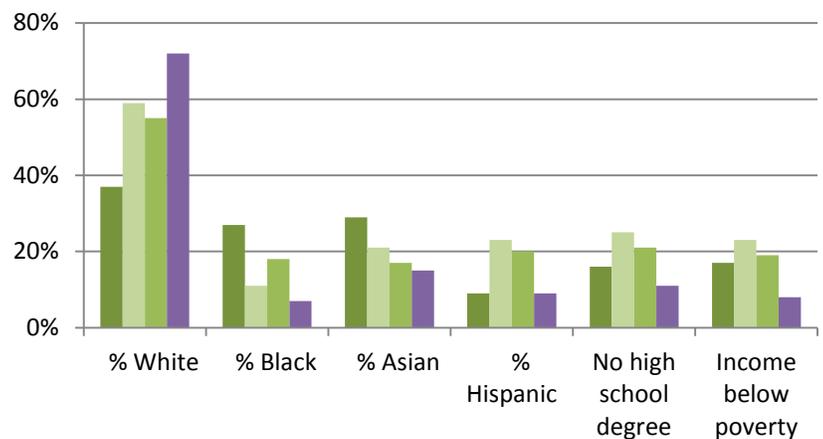
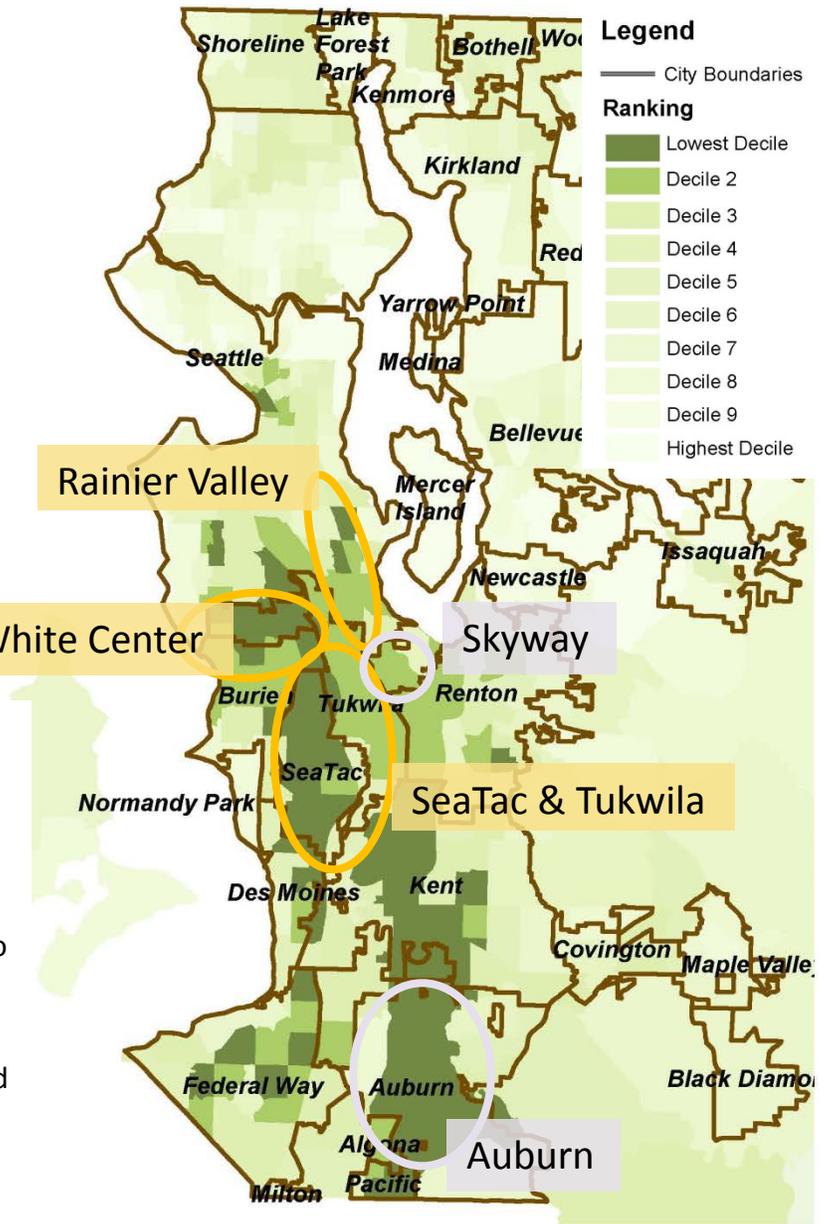
## Community Assets

**Rainier Valley, population 41,350:** Active business association, a community with deep cultural roots and a mosaic of immigrant communities, 59 languages, ethnic community centers, residents aim to thrive in place, youth/young adult initiatives.

**White Center, population 17,760:** Engaged resident leaders, institutional partnerships in place, ethnically & culturally diverse community with a well-supported community development association, vibrant multi-ethnic business district, two Hope VI communities, three parks, affordable housing, children and youth initiatives.

**SeaTac & Tukwila, population 46,321:** Diverse community, 70 languages, Food Innovation Network in place to create entrepreneurial and employment opportunities, residents interested in catering, food processing, baking, food trucks and urban farming.

**Auburn and Skyway:** Planning grants awarded.





**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	8	<b>Name:</b>	Wendy Soo Hoo
<b>Proposed No.:</b>	2016-B0076	<b>Date:</b>	April 13, 2016

**SUBJECT**

A briefing on the Mental Illness and Drug Dependency Sales Tax (MIDD) renewal process and development of a service improvement plan to guide the investment of a renewed MIDD sales tax.

**SUMMARY:**

In March 2015, the King County Council passed Ordinance 17988 setting requirements for a comprehensive review and potential modification of the strategies guiding the current MIDD (MIDD1) investments, and also setting forth requirements for an updated service improvement plan to guide investments of a renewed MIDD (MIDD2). This briefing will provide an overview of the status of implementation planning for MIDD2.

**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.<sup>1</sup> This tax is referred to as the Mental Illness and Drug Dependency sales tax (MIDD1) and is projected to generate approximately \$117 million in the 2015/2016 biennium.<sup>2</sup>

Ordinance 15949 also established a policy framework for measuring the effectiveness of the public's investment in MIDD1 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 MIDD1 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.

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<sup>1</sup> 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.

<sup>2</sup> Revenue estimate is the 2015/2016 Estimated Revenue from the November 2015 update to the Financial Plan for the Mental Illness & Drug Dependency fund.

**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)<sup>3</sup> and the MIDD Implementation Plan and MIDD Evaluation Plan (October 2008).<sup>4</sup>

#### Ordinance 17988 Passed by Council in March 2015

In March 2015, the King County Council passed Ordinance 17988 setting requirements for a comprehensive review and potential modification of the MIDD1 strategies described in the council-adopted MIDD1 Implementation Plan. The required review and reporting processes were intended to provide key information to decision makers in considering renewal of the MIDD sales tax in 2016, taking into consideration the changing landscape of mental health and substance abuse services and policy. Significant changes since MIDD1 was established include:

- the U.S. Affordable Care Act,
- reduced state funding for mental health and substance abuse, and
- the August 2014 Washington State Supreme Court decision on psychiatric boarding.<sup>5</sup>

While some of the implementation plan strategies have been modified over the life of MIDD1, most of the MIDD1 strategies have largely remained unchanged and the MIDD Oversight Committee and Executive have not undertaken a comprehensive review of the MIDD strategies to consider significant updates.

Ordinance 17998 requires a comprehensive review of the current MIDD1 strategies and analysis of the MIDD1 investments and sets forth a process and criteria for recommendations for new strategies to be considered for a renewed MIDD2. *Note that*

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<sup>3</sup> 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.

<sup>4</sup> In October 2008, the Council adopted the MIDD Implementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.

<sup>5</sup> The Washington state Supreme Court ruled in *Detention of D.W., WA. Sup. Court, Docket No. 9011-4 (2014)* that hospital boarding of individuals in mental health crisis, absent medical need, is unlawful.

*the Executive is anticipated to transmit legislation that would renew the MIDD sales tax in June 2016.*

**Deliverables Required by Ordinance 17998**

Summary	Components	Due Date
<p>A comprehensive, <u>historical review</u> and assessment report of the MIDD-funded strategies, services and programs in meeting the five policy goals outlined in Ordinance 15949.</p>	<ul style="list-style-type: none"> <li>-Comprehensive review of performance measurements targets and a summary of performance outcome findings by type by year</li> <li>-Proposed recommendations on improvements to MIDD performance measures, evaluation data gathering, including a review of the evaluation processes, timeframes, and data gathering</li> <li>-Proposed modifications to the MIDD policy goals outlined in Ordinance 15949 and the basis of the proposed modifications</li> </ul>	<p>Due no later than June 30, 2016 for review and approval by motion</p>
<p>A MIDD <u>service improvement plan</u> to guide the investment of a renewed MIDD sales tax</p>	<p><u>Part I: New and Updated Strategies</u></p> <ul style="list-style-type: none"> <li>-A detailed description of each strategy, service and program to be funded from the renewed MIDD beginning in 2017</li> <li>-A schedule for the implementation of the strategies, a spending plan with detailed explanation for the basis for the funding levels</li> <li>-An initial list of performance measures, outcomes, and/or evaluation data for each proposed strategy</li> </ul> <p><u>Part 2: Strategy Requirements:</u></p> <ul style="list-style-type: none"> <li>-Evidence and best or promising practice based</li> <li>-Incorporate the goals and principles of recovery and resilience within a trauma informed framework, as specified by K.C.C. chapter 2.43 and Ordinance 17553</li> <li>-Integrate and expand the sequential intercept model that addresses the criminalization of mentally ill individuals;</li> <li>-reflect the county's existing adopted policy goals included in Equity and Social Justice Initiative and Strategic Plan</li> </ul> <p><u>Part 3 Process and Administrative Improvements</u></p> <ul style="list-style-type: none"> <li>- Identify processes and procedures to add, delete or modify MIDD strategies, services and programs, including specifying how and when the MIDD oversight committee is to be engaged in the recommendations</li> <li>-Recommend MIDD fund balance reserve policies for the fund</li> <li>-Review and confirm or recommend modifications to the purpose, role, and composition of the MIDD Oversight Committee.</li> </ul>	<p>Due no later than December 1, 2016, for review and approval by ordinance <i>(Note: the Executive plans to transmit the service improvement plan in August 2016)</i></p>
<p>A <u>progress report</u> on the work called for by the legislation</p>	<p><i>Transmitted on November 5, 2015 – filed as 2015-RPT0164 (see Attachment 5 to this staff report)</i></p>	<p>Due no later than November 5, 2015</p>

The April 13, 2016 Regional Policy Committee briefing will focus on the renewal process and development of the service improvement plan that will guide MIDD2 investments, if the MIDD sales tax is renewed by the County Council.

**ATTACHMENTS:**

1. Ordinance 17998
2. MIDD II Process Overview (March 28, 2016)
3. MIDD Renewal Partner Update (February 29, 2016)
4. MIDD Review and Renewal Timeline (March 28, 2016)
5. MIDD Review and Renewal Progress Report (2015-RPT0164)

**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



**KING COUNTY**  
**Signature Report**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**April 7, 2016**

**Ordinance 17998**

**Proposed No. 2015-0049.1**

**Sponsors McDermott and Dembowski**

1 AN ORDINANCE relating to the mental health and drug  
2 dependency action and implementation plans.

3 STATEMENT OF FACTS:

4 A. In 2005, the Washington state Legislature authorized counties to  
5 implement a one-tenth of one percent sales and use tax to support new or  
6 expanded chemical dependency or mental health treatment programs and  
7 services and for the operation of new or expanded therapeutic court  
8 programs and services.

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

15 C. King County's one-tenth-of-one-percent MIDD sales tax was approved  
16 by the council November 13, 2007, in Ordinance 15949 and is scheduled  
17 to expire January 1, 2017.

18 D. Ordinance 16261, approved by the council October 6, 2008, adopted  
19 the MIDD Implementation Plan that was called for by Ordinance 15949.  
20 The MIDD Implementation Plan was developed through an extensive  
21 collaborative outreach process led by the department of community and  
22 human services, with input and guidance from the MIDD oversight  
23 committee and community stakeholders. The MIDD Implementation Plan  
24 described the MIDD funded strategies, services and programs and initial  
25 budget levels for the MIDD strategies. The MIDD Implementation Plan  
26 has been used to guide the investment of MIDD sales tax revenue from its  
27 adoption to the present.

28 E. In preparation for the council's potential consideration of a renewal of  
29 the MIDD sales tax, a comprehensive review and assessment of the MIDD  
30 funded strategies, services, and programs is necessary. The MIDD review  
31 and assessment is to include an evaluation of the effectiveness of the  
32 MIDD-funded strategies, services and programs in meeting the five policy  
33 goals outlined in Ordinance 15949, Section 3.A.

34 The executive, with input and assistance from the MIDD oversight  
35 committee, shall conduct this review.

36 F. The council recognizes that the mental health and chemical  
37 dependency landscapes have changed significantly since development and  
38 adoption of the 2008 MIDD Implementation Plan. Major factors that have  
39 resulted in national, statewide and local changes to the behavioral health  
40 system include:

- 41           1. Changes to behavioral health system funding and services initiated by  
42           the federal Affordable Care Act;
- 43           2. Enactment of amendments to the state's Community Mental Health  
44           Services Act found in Chapter 225, Laws of Washington 2014, that calls  
45           for the integration of mental health and chemical dependency services into  
46           one behavioral health contract by 2016 and primary care by 2020;
- 47           3. The county's growing use of involuntary treatment court and the  
48           August 2014 Washington state Supreme Court, in re Detention of D.W.,  
49           Wa. Sup. Court, Docket No. 9011-4 (2014), ruling that hospital boarding  
50           of individuals in mental health crisis, absent medical need, is unlawful;
- 51           4. The adoption of Ordinance 17553 that establishes a behavioral health  
52           recovery framework in King County;
- 53           5. Changes to the health and human services system as initiated by the  
54           county's Health and Human Services Transformation Plan; and
- 55           6. Continued state funding reductions for behavioral health services.
- 56           G. Because these and other factors have or will affect the strategies,  
57           services and programs supported by King County's MIDD sales tax, it is  
58           necessary that the executive, with input from the MIDD oversight  
59           committee and community stakeholders, review, update and revise the  
60           strategies outlined in the MIDD Implementation Plan adopted in  
61           Ordinance 16261 and submit a new MIDD service plan to the council for  
62           review and approval. The new plan, known as the MIDD Service  
63           Improvement Plan, will be used to guide MIDD investments beginning in

64 the 2017-2019 biennium should the MIDD sales tax be renewed by the  
65 council before the tax expires on January 1, 2017.

66 H. The strategies detailed in the MIDD Implementation Plan, along with  
67 updates and modifications to those strategies that have occurred over time,  
68 must be reviewed and revised to reflect the current and evolving  
69 behavioral health needs of King County's citizens, taking into account the  
70 changes to the behavioral health systems so that the investment of MIDD  
71 sales tax resources is efficient and effective and yields measurable results  
72 for the citizens of King County.

73 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

74 SECTION 1. A. No later than June 30, 2016, the executive shall submit for  
75 council review and approval by motion, a comprehensive, historical review and  
76 assessment report of the mental illness and drug dependency ("MIDD")-funded  
77 strategies, services and programs. The review and assessment report submitted to the  
78 council shall include the following:

79 1. An assessment of the effectiveness of the current MIDD funded strategies,  
80 programs, and services in meeting the five policy goals outlined in Ordinance 15949 and  
81 an explanation of the methodology used to make the determination of effectiveness;

82 2. An enumeration of all performance measurements and performance  
83 measurement targets used over the over the life of all MIDD funded strategies, programs,  
84 and services and a summary of performance outcome findings by type by year;

85 3. Identification of all MIDD funded strategies, programs and services that did  
86 not provide performance measurements on an annual basis or did not meet established

87 performance measurement targets, including for all an explanation of the basis for not  
88 providing performance measurements or not meeting the targets, including strategies,  
89 programs and services that received moneys that were supplanted by MIDD revenue or  
90 that experienced cuts in funding due to MIDD Oversight Committee prioritization  
91 review, steps taken to address underperforming MIDD funded strategies, programs and  
92 services and the outcome of the steps taken;

93           4. Identification of all MIDD funded strategies, programs and services that  
94 amended or adjusted performance measurement targets during the 2008-2015 MIDD  
95 funding period and an explanation of why changes were made and the results of the  
96 changed performance targets;

97           5. Identification of how performance measurement data was used in MIDD  
98 strategy, program and service revisions and a description of all revisions made to  
99 strategies, programs or services over the life of the MIDD;

100           6. Proposed recommendations on improvements to MIDD performance  
101 measures, evaluation data gathering, including a review of the evaluation processes,  
102 timeframes, and data gathering; and

103           7. Proposed modifications to the MIDD policy goals outlined in Ordinance  
104 15949 and the basis of the proposed modifications.

105           B. The executive shall ensure that recommendations in the comprehensive,  
106 historical review and assessment report of the MIDD-funded strategies, services and  
107 programs are developed with input from the MIDD oversight committee.

108            SECTION 2. A. No later than December 1, 2016, the executive shall submit for  
109 council review and approval by ordinance, a MIDD service improvement plan to guide  
110 the investment of a renewed MIDD sales tax revenue beginning in 2017.

111            B. The executive shall ensure that the proposed MIDD service improvement plan  
112 is developed with input from the MIDD oversight committee and community  
113 stakeholders.

114            C. The proposed MIDD service improvement plan shall include the following:

115            1. A detailed description of each proposed strategy, service and program to be  
116 funded from the MIDD sales tax beginning in 2017, including strategy goals, outcomes,  
117 expected number of individuals to be served and whether the services are provided by  
118 county or by a contracted provider;

119            2. Explanation of how each recommended MIDD strategy, service and program  
120 supports the adopted and/or recommended MIDD policy goals;

121            3. A schedule for the implementation of the strategies, programs, and services  
122 outlined in the MIDD service improvement plan;

123            4. A spending plan for each strategy, program and service outlined in the MIDD  
124 service improvement plan, including recommended 2017-2018 biennial budget levels for  
125 each proposed strategy, service and program and a detailed explanation for the basis for  
126 the funding levels;

127            5. An initial list of performance measures, outcomes, and/or evaluation data for  
128 each proposed strategy, service and program each that will inform annual reporting to the  
129 executive, the council, the MIDD oversight committee, and the public regarding the  
130 investment of MIDD sales tax funds; and

- 131           6. A proposed schedule for reporting to the council, at least annually, on  
132 progress and performance of the MIDD funded strategies, services and programs. The  
133 annual reports shall include at a minimum:
- 134           a. performance measurement statistics and updated performance measurement  
135 targets;
  - 136           b. service and program utilization statistics;
  - 137           c. request for proposal, revenue and expenditure status updates;
  - 138           d. an updated financial plan showing current year revenue and expenditure  
139 projections, along with adopted and actual expenditure, revenue and reserves identified;  
140 and
  - 141           e. recommendations on program and/or process changes to the funded  
142 strategies and the rationale for the recommendations.

143           SECTION 3. The proposed MIDD service improvement plan strategies, services,  
144 and programs shall:

- 145           A. Demonstrate that they are based on evidence related to successful outcomes  
146 for chemical dependency or mental health treatment programs and services;
- 147           B. Demonstrate that they are based on best or promising practices for chemical  
148 dependency or mental health treatment programs and services and that they incorporate  
149 the goals and principles of recovery and resilience within a trauma informed framework,  
150 as specified by K.C.C. chapter 2.43 and King County's adopted behavioral health system  
151 principles set out in Ordinance 17553;

152 C. Describe how they will integrate and expand the application of the federal  
153 substance abuse and mental health services administration sequential intercept model that  
154 addresses the criminalization of mentally ill individuals;

155 D. Demonstrate that they will reflect the county's existing adopted policy goals  
156 included in the Equity and Social Justice Initiative and Strategic Plan;

157 E. Demonstrate how they will expand, enhance, and integrate with the county's  
158 planning and policy endeavors such as, but not limited to, the Health and Human Services  
159 Transformation Plan, the Youth Action Plan, the Veterans and Human Services Levy,  
160 the Ten Year Plan to End Homelessness, and recommendations of the Task Force on  
161 Prevention, Early Intervention, and Least Restrictive Alternatives for Individuals in  
162 Mental Health and Substance Abuse Crisis; and

163 F. Demonstrate how they will leverage opportunities provided by the federal  
164 Affordable Care Act and the state's requirements for a single behavioral health contract  
165 with regional support networks as specified by Chapter 225, Laws of Washington 225.

166 SECTION 4. The proposed MIDD service improvement plan shall:

167 A. Identify processes and procedures to add, delete or modify MIDD strategies,  
168 services and programs, including specifying how and when the MIDD oversight  
169 committee is to be engaged in the recommendations;

170 B. Recommend MIDD fund balance reserve policies for the fund, taking into  
171 consideration the county's existing fund balance and reserve policies; and

172 C. Review and confirm or recommend modifications to the purpose, role, and  
173 composition of the MIDD Oversight Committee.

174            SECTION 5. The executive shall submit a progress report on the work called for  
175 by this ordinance no later than November 5, 2015, in the form of a paper copy with the

176 clerk of the council, who shall retain the original and provide an electronic copy to all  
177 councilmembers.  
178

Ordinance 17998 was introduced on 1/26/2015 and passed by the Metropolitan King County Council on 3/9/2015, by the following vote:

Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague,  
Ms. Lambert, Mr. Dunn, Mr. McDermott, Mr. Dembowski and Mr.  
Upthegrove  
No: 0  
Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

---

J. Joseph McDermott, Chair

ATTEST:

---

Anne Noris, Clerk of the Council

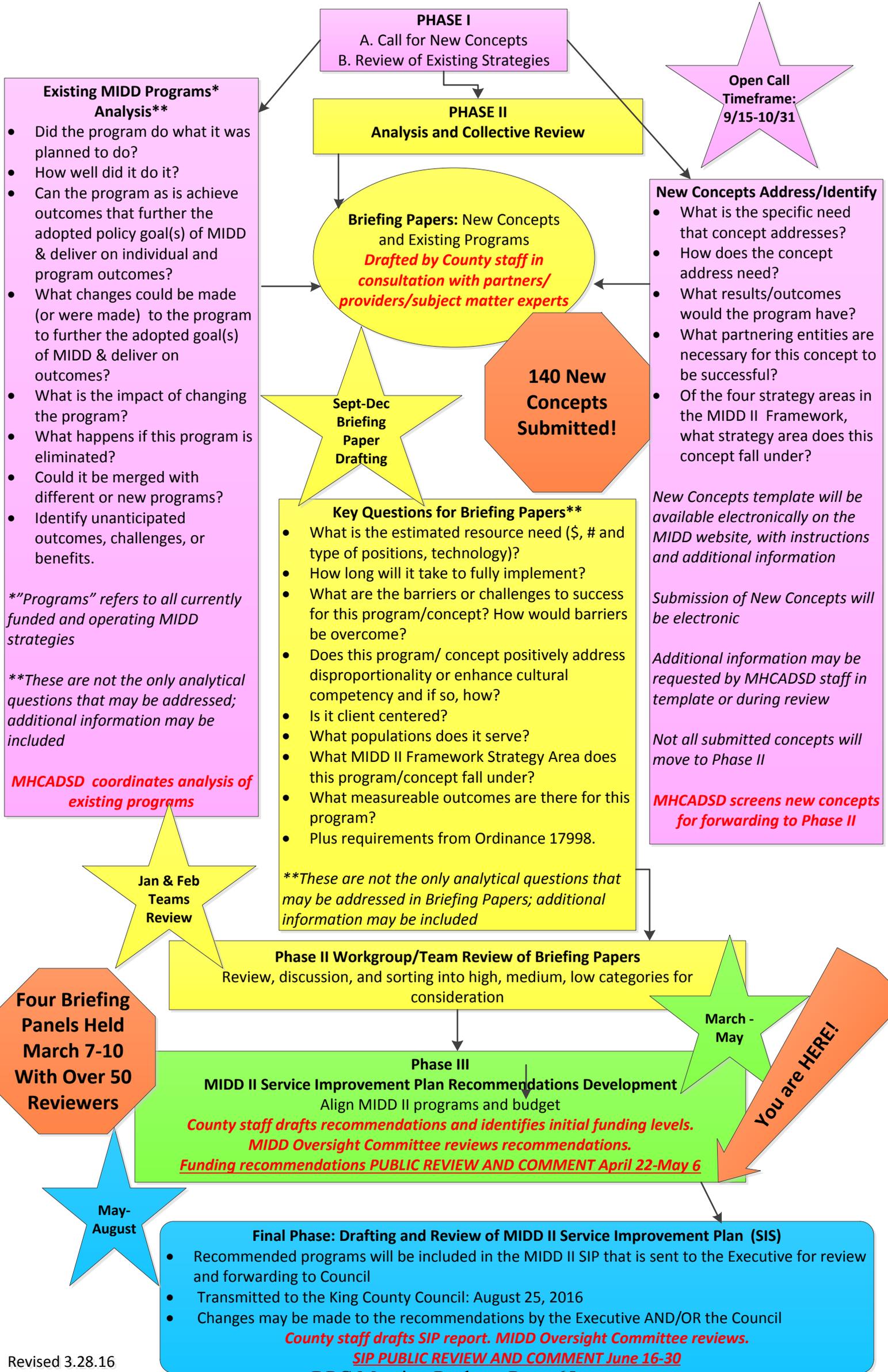
APPROVED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

---

Dow Constantine, County Executive

**Attachments:** None

**MIDD II PROCESS OVERVIEW**  
Revised 3.28.16







## King County

### Behavioral Health and Recovery Division

Department of  
Community and Human Services

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February 29, 2016

Dear Behavioral Health Partner, Community Members, and Stakeholders,

Work on Mental Health and Drug Dependency (MIDD) renewal continues. We are nearing the end of Phase II of our four-phased MIDD renewal process, the Analysis and Collective Review Phase. We have much to update you on, including sharing a revised timeline with you.

**Services Stabilization Pool:** We heard from providers last spring that stabilizing services to vulnerable people is important as the County transitions from MIDD I to MIDD II programming, assuming passage of a renewed MIDD by the King County Council. In response, and with collaboration from the Department of Community and Human Services Chief Financial Officer and leaders from the County's Office of Performance, Strategy, and Budget, we will be creating the MIDD Services Stabilization Pool. This pool will support services during the MIDD transition period between MIDD I and MIDD II. The pool funds will be used to continue services for a period of time as MIDD I programs are merged with new initiatives, end, or are re-RFPd between MIDD I and MIDD II. The pool will likely be comprised of a mix of 2016 & 2017 MIDD revenues, potentially including undesignated fund balance of the MIDD fund. The most important take away for providers is that MIDD funds won't end on 12/31/16. It is our goal that the people served by MIDD supported programs will experience little or no service disruptions during MIDD transition. We are still developing the details, and our commitment to you is to give you as much information and notice as possible around MIDD I and MIDD II changes, given the county budget process timeline.

**Community Engagement:** Informed by the MIDD Oversight Committee's MIDD Renewal Values and Guiding Principles, King County staff conducted a robust outreach and engagement process around MIDD renewal. From September 2015 through February 2016, King County invited communities to participate in five regional Community Conversations on MIDD<sup>1</sup>. Between October 2015 and February 2016, county staff held 14 focus groups involving specific communities, populations, or sub-regional areas, including a focus group with individuals in the King County Jail. The purpose of these engagement

---

<sup>1</sup> Community Conversations were held in partnership with King County staff planning for what became Best Starts for Kids.

efforts was to hear ideas about services and programs for people living with mental illness and substance use disorders from those who need, use, or engage with our county systems. The conversations were intentionally designed so that community members have a role in informing the County's decisions around its investments for children and youth and investments for mental health and substance use disorder services and programs. For the Community Conversations, participants engaged in small discussions based on birth to young adult age groups and MIDD Strategy Areas. Focus groups ranged in size from as few as four to over 100 participants. Groups included:

- Domestic Violence and Sexual Assault Service Providers
- Behavioral Health Organization Leaders
- Real Change Vendors (consumers)
- Southeast King County/Maple Valley
- Asian/Asian Pacific Islander Communities
- Hispanic Communities
- Recovery Café (consumers)
- Refugee Forum
- African American Communities
- Northeast King County/Snoqualmie Valley
- Native American Communities
- Trans\* Individuals
- Somali Community
- King County Jail Detainees

MIDD staff also conducted an electronic survey between September and February. Over 360 respondents took the time to answer key questions about MIDD. Summaries and themes from these groups are available on the MIDD Renewal website, along with the MIDD survey data.

**New Concepts and Briefing Papers:** As you know from your last MIDD update on December 10, we received 140 new concept forms from you: community members, behavioral health provider partners, and stakeholders. Dozens of staff from across King County, working in collaboration with system stakeholders and subject matter experts, have completed briefing papers on the concepts that are moving forward. The briefing papers are analytical summaries of new concepts and existing MIDD strategies that will be used to inform the decision making processes around identifying MIDD II initiatives.

A couple of key reminders: It is important to note that briefing paper content may look different than what was submitted as a new concept. You may remember that in the new concept process materials on our website, we stated that some concepts may be combined with others or integrated into existing MIDD strategies. We also stated that there were no guarantees that all concepts would advance to the next stage. A handful of new concepts were not moved forward to the briefing paper phase. I contacted each person who submitted one of the new concepts that did not move forward via email.

**Briefing Paper Review Panels:** The final step of Phase II are panel reviews of existing strategy and new concept briefing papers and sorting the strategies and concepts into high, medium, and low categories for potential funding consideration. Four panels, corresponding to the following four overarching MIDD II strategy areas, will be convened during the week of March 7<sup>th</sup>. Over sixty individuals have agreed to participate on the review panel teams. The panels were constructed to bring in a diverse array of lived experiences, skills, knowledge, perspectives, and insights to the sorting process. Each review panel team has about 15-18 members, with a mix of community members and MIDD Oversight Committee members or their designees. Guiding factors provided to the review panel team members to use as they conduct their reviews of the briefing papers include questions on community needs, equity and social justice, integration, and recovery and reentry. Briefing papers will be posted on the MIDD Renewal website during the week of March 14<sup>th</sup>.



Please check our website or email me (information below) if you have any questions or would like county staff to update your group on MIDD activities.

King County's MIDD II is being developed in a clear and straightforward way: four strategy areas that reflect a continuum from prevention to crisis services, linked to outcomes. We are intentionally collaborating with existing initiatives like Best Starts for Kids and the Health and Human Services Transformation work. We are focusing on increasing diversity and geographic availability of service providers. We are taking steps to integrate our behavioral health system and "busting silos" so that services are person, not program centered.

Thank you for your ongoing support of King County and of MIDD. I hope you find this update useful. We look to you as our partners and stakeholders to help us recommend meaningful changes to MIDD II that further our work to promote opportunities for all communities and individuals to realize their full potential.

Kind Regards,  
*Kelli Carroll*

Strategic Advisor  
Behavioral Health and Recovery Division  
King County Department of Community and Human Services

[kelli.carroll@kingcounty.gov](mailto:kelli.carroll@kingcounty.gov)

MIDD WEBSITE: <http://www.kingcounty.gov/MIDDrenewal>

**MIDD Review and Renewal Timeline**  
**REVISED March 28, 2016**

*This document reflects key deliverables for MIDD II. Dates or items on this document are subject to change.*

*Please note that in order to avoid a lapse in sales tax collections, an executed Ordinance (signed by Executive) due to the State Department of Revenue by October 18.*

*Public comment periods highlighted in red*  
<http://www.kingcounty.gov/MIDDrenewal>

Month	Item	Date
April	<ul style="list-style-type: none"> <li>• <b>DRAFT Service Improvement Plan (SIP) Recommendations to MIDD OC &amp; posted for public comment (4/22-5/6)</b></li> </ul>	April 22
	<ul style="list-style-type: none"> <li>• MIDD Oversight Committee meeting               <ul style="list-style-type: none"> <li>○ Review and discussion-DRAFT SIP Recommendations</li> <li>○ Review DRAFT Retrospective MIDD I Report</li> </ul> </li> </ul>	<b>**Friday, April 29**</b>
May	<ul style="list-style-type: none"> <li>• REVISIED FINAL Service Improvement Plan (SIP) Recommendations to MIDD OC</li> </ul>	Week of May 16
	<ul style="list-style-type: none"> <li>• MIDD Oversight Committee meeting               <ul style="list-style-type: none"> <li>○ Action on REVISIED FINAL SIP Recommendations</li> <li>○ Action on Retrospective MIDD I Report-MIDD OC</li> </ul> </li> </ul>	May 26
June	<ul style="list-style-type: none"> <li>• <b>Transmit Sales Tax Legislation to the Council</b></li> </ul>	June 8
	<ul style="list-style-type: none"> <li>• <b>DRAFT Service Improvement Plan (SIP) report to MIDD OC &amp; posted for public comment (6/16-6/30)</b></li> </ul>	June 16
	<ul style="list-style-type: none"> <li>• MIDD Oversight Committee meeting               <ul style="list-style-type: none"> <li>○ Review and discuss-DRAFT SIP Report</li> </ul> </li> </ul>	June 23
	<ul style="list-style-type: none"> <li>• <b>Transmit Retrospective Report to the Council</b></li> </ul>	June 30
July	<ul style="list-style-type: none"> <li>• REVISIED FINAL Service Improvement Plan (SIP) Report to MIDD OC</li> </ul>	Week of July 18
	<ul style="list-style-type: none"> <li>• MIDD Oversight Committee meeting               <ul style="list-style-type: none"> <li>○ Action on REVISIED FINAL SIP Report</li> </ul> </li> </ul>	July 28
August	Transmit Service Improvement Plan to Council	August 25
September- mid November	Council consideration of MIDD II Service Improvement Plan <i>Council processes include public comment</i>	Committee Dates TBD

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**King County**

# **Mental Illness and Drug Dependency Review and Renewal Progress Report**

*As Required by Ordinance 17998*

*November 2015*

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# Executive Summary

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## King County's Mental Illness and Drug Dependency Tax and Services

King County's Mental Illness and Drug Dependency (MIDD) is a countywide sales tax generating approximately \$53 million per year for mental health and substance abuse services and programs. As required by state legislation (Revised Code of Washington 82.14.460), revenue raised under the MIDD is to be used for certain mental health and substance use disorder services, including King County's therapeutic courts. King County's MIDD was passed by the King County Council in 2007, and MIDD-funded services began in 2008. Unless renewed by the Council, the MIDD will expire on December 31, 2016. King County is one of 23 counties in Washington State that has authorized the tax revenue.

Please note that in this report, the first eight years of the MIDD sales tax is referred to as MIDD I, while the potential renewal of MIDD for 2017 and beyond is referenced as MIDD II.

### Ordinance 17998

Ordinance 17998 calls for two major work products to be submitted to the Council:

**1. Comprehensive, Historical Review and Assessment of MIDD: Due June 30, 2016**

This work includes an extensive examination and assessment of MIDD I strategies, programs, and services. It also calls for recommendations on improvements to MIDD performance measures, evaluation data gathering and a review of the MIDD evaluation processes.

**2. MIDD Service Improvement Plan: Due December 1, 2016**

The MIDD II service improvement plan requires detailed descriptions of each proposed MIDD II program to be funded by a renewed MIDD sales tax. Spending plans, implementation schedules, performance measures, outcomes, and process changes are also to be included in the report. The programs recommended for funding in the MIDD service improvement plan must demonstrate that they are related to successful outcomes and best or promising practices, incorporate the goals and principles of recovery, reflect the County's policy goals, and integrate with other policy and planning endeavors.

The Office of Performance, Strategy and Budget (PSB) has requested that the MIDD II service improvement plan be transmitted concurrently with the 2017-2018 biennial budget in September 2016.

Each product requires major data gathering, synthesis, and determination of findings.

### Scope of This Report

This report outlines the approach and activities to date by King County and the MIDD Oversight Committee in fulfilling the requirements of Ordinance 17998.

This report also provides important contextual information, outlining the background and impacts of the changes to the behavioral health system in King County and Washington in recent years. Improvements and innovations initiated or influenced by King County and its partners, as well as coordination with other related work in the community, are detailed in this report.

## Approach and Progress to Date

The Department of Community and Human Services (DCHS) began work on MIDD I review and MIDD II planning in December 2014. Committed to transparency and broad stakeholder involvement, the department has engaged in a vigorous and inclusive planning process with the MIDD Oversight Committee and other stakeholders. Using a collaborative staffing approach to develop and share information and processes, DCHS works closely with Council and Executive staff, including staff from the Office of Performance, Strategy and Budget, along with Public Health, Department of Public Defense, Executive Office, and other agencies and departments in King County.

The MIDD Oversight Committee continues to play a critical role in advising and guiding staff on MIDD I review and MIDD II planning work. A Strategy Team comprised of individuals from the MIDD Oversight Committee meets twice a month with County staff to facilitate a higher degree of planning and collaboration between the County and the MIDD Oversight Committee. Each MIDD Oversight Committee meeting includes a briefing on the work of the Strategy Team at each meeting.

The Department of Community and Human Services determined that in order to develop a comprehensive, balanced, and forward-thinking MIDD II service improvement plan, and fulfill the requirements of Ordinance 17998, it was necessary to create extensive public and stakeholder input opportunities, along with detailed data gathering and careful data analysis. To these ends, DCHS, in collaboration with the MIDD Oversight Committee, has launched:

- dynamic and inclusive community engagement and information sharing activities that include a variety of in-person community and stakeholder conversations;
- a website hub where all things MIDD-related are available for the public, from meeting announcements to relevant policy documents;
- a survey (available electronically and hard copy) to gather feedback broadly; and
- a new concepts process whereby interested parties can suggest a new idea for potential consideration in the MIDD II service improvement plan.

Additionally, to support and instruct MIDD review and planning matters, the MIDD Oversight Committee has established values and guiding principles. The Department of Community and Human Services' staff and the MIDD Oversight Committee have developed a MIDD II framework that identifies and organizes the key components of MIDD moving forward. The MIDD II framework includes concepts from other county-wide policy and planning work, including behavioral health integration, Accountable Communities of Health (ACH), King County's Strategic Plan, Youth Action Plan (YAP), and Health and Human Services Transformation Plan (HHSTP). The framework was developed using Results Based Accountability (RBA) principles. The Results Based Accountability uses a data-driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems.

Foundational to the department's approach to MIDD I review and MIDD II planning work is the intentional effort to involve members of the King County Council and their staff in MIDD-related activities. In addition to offering individual member briefings and being available to brief Council committees, DCHS has established standing monthly MIDD meetings with Council staff.

## **Next Steps**

County staff, in partnership with the MIDD Oversight Committee, have developed and initiated comprehensive plans and processes to accomplish the tasks called for by Ordinance 17998. These plans and processes will result in delivering to Council and the public a thorough, clear, and strategic MIDD II Service Improvement Plan along with the detailed, objective assessment of MIDD I.

The next components of the MIDD review and renewal planning work consists of carrying out community and stakeholder meetings, and continuing to gather and review data, synthesize survey feedback, and begin the complex tasks of drafting briefing papers. Momentum is building around the results of the New Concepts suggestions, which are anticipated to result in exciting new ideas to consider for MIDD.

# Background

---

## State Authorizes Revenue Tool

The Washington State Legislature passed the Omnibus Mental Health and Substance Abuse Act in 2005. In addition to promoting a series of strategies to enhance the State's chemical dependency and mental health treatment services, the law authorized counties to levy a one-tenth of one percent sales and use tax to fund new mental health, chemical dependency, or therapeutic court services. Revised Code of Washington (RCW) 82.14.460 states:

*(1)(a) A county legislative authority may authorize, fix, and impose a sales and use tax in accordance with the terms of this chapter.*

*(b) If a county with a population over eight hundred thousand has not imposed the tax authorized under this subsection by January 1, 2011, any city with a population over thirty thousand located in that county may authorize, fix, and impose the sales and use tax in accordance with the terms of this chapter. The county must provide a credit against its tax for the full amount of tax imposed under this subsection (1)(b) by any city located in that county if the county imposes the tax after January 1, 2011.*

*(2) The tax authorized in this section is in addition to any other taxes authorized by law and must be collected from those persons who are taxable by the state under chapters 82.08 and 82.12 RCW upon the occurrence of any taxable event within the county for a county's tax and within a city for a city's tax. The rate of tax equals one-tenth of one percent of the selling price in the case of a sales tax, or value of the article used, in the case of a use tax.*

*(3) Moneys collected under this section must be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. For the purposes of this section, "programs and services" includes, but is not limited to, treatment services, case management, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service.*

*(4) All moneys collected under this section must be used solely for the purpose of providing new or expanded programs and services as provided in this section, except as follows:*

*(a) For a county with a population larger than twenty-five thousand or a city with a population over thirty thousand, which initially imposed the tax authorized under this section prior to January 1, 2012, a portion of moneys collected under this section may be used to supplant existing funding for these purposes as follows: Up to fifty percent may be used to supplant existing funding in calendar years 2011-2012; up to forty percent may be used to supplant existing funding in calendar year 2013; up to thirty percent may*

*be used to supplant existing funding in calendar year 2014; up to twenty percent may be used to supplant existing funding in calendar year 2015; and up to ten percent may be used to supplant existing funding in calendar year 2016;*

*(b) For a county with a population larger than twenty-five thousand or a city with a population over thirty thousand, which initially imposes the tax authorized under this section after December 31, 2011, a portion of moneys collected under this section may be used to supplant existing funding for these purposes as follows: Up to fifty percent may be used to supplant existing funding for up to the first three calendar years following adoption; and up to twenty-five percent may be used to supplant existing funding for the fourth and fifth years after adoption;*

*(c) For a county with a population of less than twenty-five thousand, a portion of moneys collected under this section may be used to supplant existing funding for these purposes as follows: Up to eighty percent may be used to supplant existing funding in calendar years 2011-2012; up to sixty percent may be used to supplant existing funding in calendar year 2013; up to forty percent may be used to supplant existing funding in calendar year 2014; up to twenty percent may be used to supplant existing funding in calendar year 2015; and up to ten percent may be used to supplant existing funding in calendar year 2016; and*

*(d) Notwithstanding (a) through (c) of this subsection, moneys collected under this section may be used to support the cost of the judicial officer and support staff of a therapeutic court.*

*(5) Nothing in this section may be interpreted to prohibit the use of moneys collected under this section for the replacement of lapsed federal funding previously provided for the operation or delivery of services and programs as provided in this section.*

The state statute has been amended several times since its origination in 2005. The first change (2008) allowed for housing that is a component of a coordinated chemical dependency or mental health treatment program or service. Most notably, the statute was amended twice (2009 and 2011) to allow for supplantation (backfill) of lost revenues by sales tax funds on a predetermined schedule, specifying a percentage of revenue per year allowed to be used as backfill. Another modification of the law specified the revenue may be used to support the cost of the judicial officer and support staff of a therapeutic court without being considered as supplantation. During the 2015 legislative session, transportation was added to the list of mental health programs and services that may be supported by the revenue.

## **King County's Mental Illness and Drug Dependency Sales Tax Enacted**

In 2006 after hearing from county criminal justice and human services agency leaders that many people with mental illness and chemical dependency were caught up in the costly justice system due to lack of access to appropriate treatment options, the King County Council called for the development of a three-phase action plan: "... to prevent and reduce chronic homelessness and unnecessary involvement in the criminal justice and emergency medical systems and promote recovery for persons with disabling mental illness and chemical dependency by implementing a full continuum of treatment, housing and case

management services” (Motion 12320). The action plan was accepted by the Council in 2007 and set the stage for subsequent Council action on the sales tax.

In 2007, the King County Council enacted the Mental Illness and Drug Dependency (MIDD) sales tax based on RCW 82.14.1460 via Ordinance 15949. In addition to authorizing the collection of sales tax revenue, Ordinance 15949 created a sunset date of January 1, 2017 for the sales tax. (The first eight years of the MIDD sales tax is referred to in this report as MIDD I, while potential renewal of MIDD for 2017 and beyond is referenced as MIDD II.) Ordinance 15949 states:

*The expiration of the tax is established to enable progress toward meeting the county’s policy goals outcomes, and to enable evaluations of the programs funded with the sales tax revenue to take place and for the county to deliberate on the success of meeting policy goals and outcomes.<sup>1</sup>*

Ordinance 15949 established five policy goals for King County’s MIDD sales tax shown below. These goals have guided and informed all aspects of the MIDD policy and services work since 2007.

#### **MIDD Adopted Policy Goals**

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

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

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

**Policy Goal 4:** *Divert 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.*

Ordinance 15949 also included the Council’s direction in two areas not addressed by the Action Plan. The Council required that the Implementation Plan address expansion of King County’s Adult Drug Diversion Court. The Council also required programs that supported specialized mental health or substance abuse counseling, therapy, and support for survivors of sexual assault and domestic violence for adults and children be integrated into the MIDD implementation planning.

### **MIDD Implementation: Oversight, Implementation, and Evaluation Plans**

Ordinance 15949 called for key foundational planning documents necessary to the successful and transparent implementation of the MIDD. The legislation called on the Departments of Community and Human Services, Adult and Juvenile Detention, Public Health, the Offices of the Public Defender and

<sup>1</sup> King County Ordinance 15949, section 1 H, lines 73-76.

Prosecuting Attorney, and Superior and District Courts to develop and submit to the Council MIDD oversight, implementation, and evaluation plans.

**The MIDD Oversight Plan**, adopted by Ordinance 16077, established the MIDD Oversight Committee. It set the role and duties of the Oversight Committee, and established the composition of the Oversight Committee. As described in legislation, the Oversight Committee is responsible for the ongoing oversight of MIDD services and programs funded with the sales tax revenue. It acts as an advisory body to the Executive and the Council, reviewing and making recommendations on the implementation and effectiveness of the sales tax programs in meeting the five established policy goals. It reviews and comments on all required reports and on emerging and evolving priorities for use of the MIDD funds. Ordinance 16077 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.”<sup>2</sup> Ultimately, the Oversight Committee’s purpose is to ensure that the implementation and evaluation of the strategies and programs funded by the tax revenue are transparent, accountable, and collaborative.

The 30-member MIDD Oversight Committee meets regularly to discuss, review, and at times make recommendations on MIDD-related matters. Membership purposely includes a wide array of subject matter experts and stakeholder groups, including the Sound Cities Association (formerly Suburban Cities Association), and the cities of Bellevue and Seattle. There are eleven King County government seats on the committee. A complete list of current MIDD Oversight Committee seats and current members are included in Appendix A.

**The MIDD Implementation Plan** was adopted via Ordinance 16261 on October 6, 2008. Per Ordinance 15949, the MIDD I Implementation Plan was developed in collaboration with the Oversight Committee. The Implementation Plan described the implementation of the programs and services outlined in the MIDD Action Plan. As required, it included a discussion of needed resources (staff, information, and provider), milestones for implementation of programs, and a spending plan. It also addressed expansion of Adult Drug Court and mental health and substance abuse services for survivors of domestic violence and sexual assault.

The Implementation Plan outlined the steps and timeline for creation of the comprehensive programming that became MIDD I programs. The Implementation Plan summarized the collaborative work of many entities over a two-year period to organize and develop the work that eventually became the MIDD. The document states that the Implementation Plan is “a product of a comprehensive, multi-jurisdictional plan to help youth and adults who are at risk for or suffer from mental illness or substance abuse.”<sup>3</sup>

The Sequential Intercept Model was used as an organizing framework to determine what services were needed under MIDD I to help prevent incarceration, hospitalization, and homelessness. The Sequential Intercept Model presents a framework for communities to examine the cross-systems “flow” of persons with mental health and co-occurring disorders as they come into contact with the criminal justice and behavioral health systems. Entities (such as law enforcement, hospitals, courts, jails, and community supports) within the systems are categorized into five “intercepts” based on the predictable order in which a person would come into contact with them. The Sequential Intercept Model has been adopted by a number of communities across the nation as an action blueprint for planning system change in the

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<sup>2</sup> Ordinance 16077 Section 1 E, lines 44-47.

<sup>3</sup> Ordinance 16261, Attachment A Mental Illness and Drug Dependency Implementation Plan Version 6 – Revised October 6, 2008 – FINAL, page 5.

way that communities address the problem of people with mental illness in their criminal justice systems.

The Implementation Plan grouped programs into five service areas: the first three were included in the MIDD Action Plan that was accepted by the King County Council in October 2007. The fourth service area of the MIDD Implementation Plan reflected the Council’s direction to address domestic violence and sexual assault, mental health and substance abuse programs and Adult Drug Diversion Court. The fifth and final service area addresses the housing needs of individuals with serious mental illness and chemical dependency based in a change in State law which clarified the use of sales tax collections for housing. The five areas are detailed below:

**MIDD I Service Areas and Programming**

<b>MIDD I Service Area</b>	<b>MIDD Programs and Strategies</b>
<b>Community Based Care</b>	<ul style="list-style-type: none"> <li>• Increase access to community mental health and substance abuse treatment for uninsured children, adults, and older adults</li> <li>• Improve the quality of care by decreasing mental health caseloads and providing specialized employment services</li> <li>• Provide supportive services for housing projects serving people with mental illness and chemical dependency treatment needs</li> </ul>
<b>Programs Targeted to Help Youth</b>	<ul style="list-style-type: none"> <li>• Expand prevention and early intervention programs</li> <li>• Expand assessments for youth in the juvenile justice system</li> <li>• Provide comprehensive team-based, intensive “wraparound” services</li> <li>• Expand services for youth in crisis</li> <li>• Maintain and expand Family Treatment Court and Juvenile Drug Court</li> </ul>
<b>Jail and Hospital Diversion</b>	<ul style="list-style-type: none"> <li>• Divert people who do not need to be in jail or hospital through crisis intervention training for police and other first responders and by creating a crisis diversion facility</li> <li>• Expand mental health courts and other post-booking services to get people out of jail and into services faster</li> <li>• Expand programs that help individuals re-enter the community from jails and hospitals</li> </ul>
<b>Domestic Violence and Sexual Assault and Adult Drug Court</b>	<ul style="list-style-type: none"> <li>• Address the mental health needs of children who have been exposed to domestic violence</li> <li>• Increase access to coordinated, early intervention mental health and substance abuse services for survivors of domestic violence</li> <li>• Increase access to treatment services for victims of sexual assault</li> <li>• Enhance services available through the King County Adult Drug Diversion Court</li> </ul>
<b>Housing Development</b>	<ul style="list-style-type: none"> <li>• Support capital projects and rental subsidies for people with mental illness and chemical dependency</li> </ul>

The Implementation Plan contained information on each individual program (strategy) including the following:

- A needs statement;
- A description of services;
- A discussion of needed resources, including staff, information and provider contracts; and
- Milestones for implementation of the program.

The plan also included a schedule for the implementation of programs, a 2008 spending plan, and a financial plan for the mental illness and drug dependency fund. Finally, each program (strategy) included a list of linkages to other programs and planning and coordinating efforts, highlighting critical collaboration and coordination are necessary to the successful implementation of the MIDD I Plan.

Additionally, the adopted MIDD Implementation Plan included two additional programs added by the Council that were not in the Executive's transmitted plan: Crisis Intervention Team/Mental Health Partnership Pilot Project and Safe Housing and Treatment for Children in Prostitution Pilot Project.

A list of all MIDD I programs & strategies are shown in Appendix B.

**The MIDD Evaluation Plan**, the third required component of Ordinance 15949, was adopted by the Council on October 10, 2008 via Ordinance 16262. As specified in Ordinance 15949, the Evaluation Plan submitted to the Council was to contain process and outcome evaluation components, a schedule for evaluations, performance measurements and performance measurement targets, and data elements used for reporting and evaluations. Detailed direction on performance measures was also outlined in Ordinance, along with a quarterly report schedule and the specific components of annual and quarterly reporting. The legislation that adopted the Evaluation Plan also outlined how and when revisions to the Evaluation Plan and processes, and performance measures and targets were to be communicated to the Council and the public.

The MIDD Evaluation Plan identified a framework for evaluating most of the programs (strategies) in the MIDD Implementation Plan except the two added by the Council: Crisis Intervention Team / Mental Health Partnership Pilot Project and Safe Housing and Treatment for Children in Prostitution Pilot Project. The Evaluation Plan stated that evaluation would be accomplished "by measuring what is done (output), how it is done (process), and the effects of what is done (outcome)."<sup>4</sup>

The approach to the MIDD I evaluation contained in the plan notes the role of quality management approaches used by the Department of Community and Human Services' Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) in fulfilling its responsibilities for the publicly funded mental health and substance abuse treatment systems:

*MHCADSD must demonstrate to federal, state, and county government the capacity to operate and monitor a complex network of service providers. This is accomplished through well-established quality assurance and improvement strategies, including contract development and monitoring, setting expectations for performance, conducting periodic review of performance, and offering continuous feedback to providers regarding successes and needed improvements. In that context, all MIDD contracts will specify what the provider is expected to do, including service provision, data submission, and reporting of key deliverables. The MIDD evaluation will extend beyond the contract monitoring process to assess whether services were performed effectively, and whether they resulted in improved outcomes for the individuals involved in those services.<sup>5</sup>*

The Evaluation Plan stated that evaluation matrices for strategies were developed from the programs and strategies outlined in the Implementation Plan. It also noted that some strategies were in the

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<sup>4</sup> Ordinance 16262 Attachment A Mental Illness and Drug Dependency Action Plan Part 3 – Evaluation Plan Version 2 REVISED 9-2-08, page 11.

<sup>5</sup> Ibid, page 18.

process of being developed at the time that the Evaluation Plan was finalized and the evaluation plan for those strategies would be revised as plans are finalized.

Updates to the Evaluation Plan were and continue to be included in the quarterly, bi-annual, and annual reports reviewed by the MIDD Oversight Committee and transmitted to the King County Executive and the Council.

In April 2012, a Supplantation Evaluation Plan was completed by DCHS. It outlined the approach and framework to completing evaluations for programs receiving supplanted MIDD funds. Supplantation is discussed below.

## **Supplantation**

The 2005 legislation that authorized counties to implement a one-tenth of one percent sales and use tax did not permit the revenues to be used to supplant other existing funding. During the 2009 and the 2011 Legislative sessions, Washington State Legislators approved changes to the state statute that modified the non-supplantation language of the law, and allowed MIDD revenue to replace (supplant) funds for existing mental health, chemical dependency, and therapeutic court services and programs, not only new or expanded programs. It also permitted MIDD funds to be used to support the cost of the judicial officer and support staff of a therapeutic court. The step down in supplantation funds was modified in 2011 as follows:

- 2015: 20 percent
- 2016: 10 percent
- 2017: 0 percent (the King County MIDD I expires in 2017; should MIDD I be renewed as MIDD II, the 2017-2018 budget would reflect it)

King County is currently budgeted to supplant about \$13.9 million in MIDD revenue during the 2015-2016 biennium for programs formerly supported by the General Fund. Programs currently supplanted by MIDD funds in 2015 are shown in Appendix C.

Please note that this figure does not reflect increased revenue projections over the biennium.

# MIDD Today

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The MIDD today is going strong, building on success and looking toward the future. Data from the Seventh Annual MIDD Report covering the period of October 1, 2013 to September 30, 2014 shows:

- Clients served by MIDD substance use disorder treatment programs reduced their jail bookings by 72 percent over the long term.
- Significant reductions in Harborview Emergency Department visits were seen in 11 strategies with longer term data.
- Intensive services provided to youth under strategy 7b helped more than 80 percent of youth in crisis remain at home rather than going to foster care, group care, or to relatives.
- At least 33,929 individuals (20,421 adults and 13,508 children) were served by one or more MIDD funded programs during the reporting period.
- Among programs/strategies where data about performance targets were available, 80 percent met more than 85 percent of goals.

Of the 37 original programs/strategies conceived by MIDD planners in 2006-2008, 32 are operational as of the writing of this progress report. Two strategies, Crisis Intervention Team/Mental Health Partnership (17a) and Safe Housing and Treatment for Children in Prostitution (17b) secured funding from other sources and did not require MIDD funds. Three youth strategies: Services for Parents in Substance Abuse Outpatient Treatment (4a); Prevention Services to Children of Substance Abusing Parents (4b); and Reception Centers for Youth in Crisis (7a) remain on hold. At the time of drafting this report, a modified version of Strategy 7a is under review by the Council for supplemental appropriation.

For the first time since 2008, the MIDD I fund had a modest undesignated fund balance this year. Compared to 2009 and 2011 when the Oversight Committee was asked to make recommendations on programmatic reductions necessitated by gravely reduced revenues resulting from the recession, the unplanned fund balance has resulted in the opportunity to restore programs and address other emerging needs. The Oversight Committee is initiating a standing Fund Balance Review subcommittee to have analysis and recommendations ready for future opportunities to utilize undesignated fund balance.

The MIDD Oversight Committee is also deeply engaged with the tasks required by Ordinance 17998, as described in subsequent sections of this report.

The current MIDD provides a strong foundation on which to plan MIDD II, building on the very best of what worked and positioning the County's behavioral health system to serve more people and achieve more notable outcomes even as conditions evolve.

# Policy and Environmental Changes Since 2007

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Since the passage of MIDD in 2007 there have been seismic shifts in the mental health and substance abuse worlds, including the forthcoming merging of mental health and substance abuse systems into one behavioral health system by April 2016 state legislation. The leading change factors necessitating retooling of MIDD I into MIDD II are highlighted below. Notably, many of the change drivers are interconnected.

## Affordable Care Act

The Affordable Care Act (ACA) builds on the Mental Health Parity and Addiction Equity Act of 2008 to extend federal parity protections to millions of Americans. The parity law seeks to establish conformity of coverage for mental health and substance use conditions with coverage for medical and surgical care. The ACA builds on the parity law by requiring coverage of mental health and substance use disorder benefits for people who lacked these benefits, and expanding parity requirements to those whose coverage did not previously comply with those requirements.

Since January 1, 2014, when Medicaid eligibility expanded under ACA implementation, King County has seen a significant increase in the number of people enrolled in Medicaid. As of August 1, 2015, approximately 146,000 individuals have become newly eligible for Medicaid services in King County; of those, about 10,000 have accessed outpatient mental health services from the King County Regional Support Network (RSN). As of August 1, 2015, there are approximately 395,000 Medicaid-covered individuals in King County's RSN.

Because the RSN is paid on a per member per month basis from the state, the increase in clients has resulted in revenue growth. This in turn has allowed the King County RSN to raise outpatient case rates paid to providers. It is important to recognize that although case rates went up, caseloads remain high. Unfortunately, the system is experiencing a bow wave, which is exacerbated because there were too few providers available before the advent of expanded ACA coverage. Because practitioners can still be paid more outside of the community mental health system, the mental health system is struggling to find and/or retain trained, licensed, and qualified staff to provide services to this expanded population. Providers statewide report difficulty hiring and retaining the additional staff they need to fill demand. Workforce development is discussed in detail a subsequent section of this document.

Prior to the advent of ACA, most people serviced in the substance use disorder system were not eligible for Medicaid, as substance use disorders were not considered as a "qualifying benefit". Those with a dual diagnosis (substance use disorder with mental health diagnosis) were required to prove that the mental health diagnosis was in existence and diagnosed prior to starting their substance use or had to have remained abstinent for a considerable amount of time to show the continued presence of a mental health condition. Thus, prior to the ACA, the ability to treat individuals for Substance Use Disorder (SUD) services was most often reliant on a finite pool of local and state funds. Additionally, people treated in the SUD disorder system without Medicaid, did not have access to medical and dental coverage, unable to treat conditions that may have been exacerbated by their use. Under the ACA, persons no longer need to qualify for eligibility based on diagnosis, but qualify for services based on income. This has resulted in a significant increase in clients becoming eligible for Medicaid-supported substance use treatment. In the most recent quarter, 63 percent of people receiving SUD treatment were on Medicaid, compared to 10-15 percent in 2013 prior to ACA implementation.

As with the mental health system, the large scale conversion to Medicaid has impacted substance use providers. On average, Medicaid reimbursement rates are 20-25 percent less than what treatment agencies were paid for the same clients for the same service provided prior to ACA. The previous rates were already low, but the Medicaid rate has been even more difficult to for providers. These lower rates prevent agencies from providing appropriate pay for well-qualified staff, hence leading to staff leaving, and the inability to hire qualified staff turning into a workforce drought. While the legislature did provide for some rate increases for substance use during the most recent session (\$6.8M statewide), the impact of reduced rates is still deeply experienced by providers.

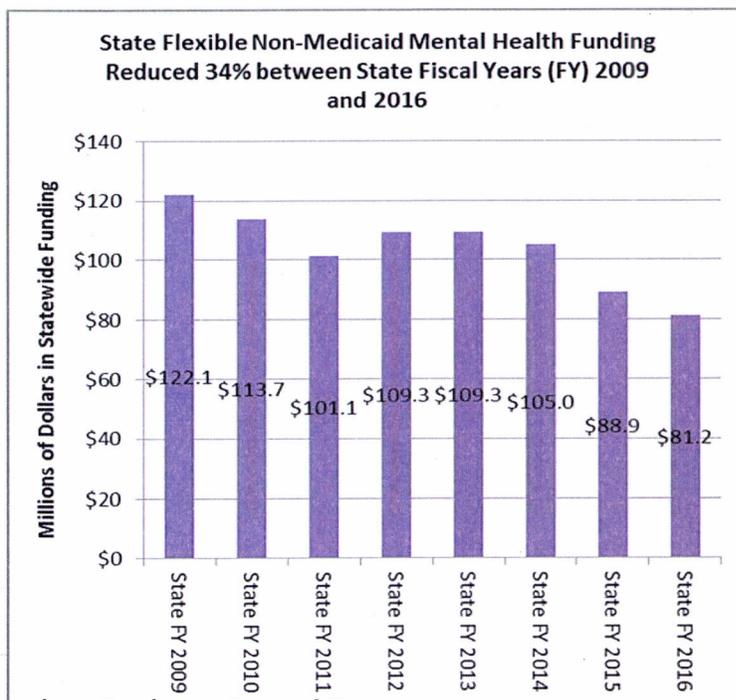
There is a common misconception that Medicaid expansion under the ACA would greatly reduce or eliminate the need for other revenue sources for behavioral health services. One important aspect to note with regard to Medicaid expansion is that despite expansion, there remains a portion of King County residents who are not covered by Medicaid or private insurance. Most refugees, along with any undocumented person, do not receive Medicaid insurance. Further, Medicaid does not always cover many essential services like long term (more than 30 days) inpatient hospitalization (such as at Western State), designated mental health professionals for crisis outreach, residential services, detoxification and sobering services, and emergency mobile outreach services for homeless adults.

## Resource Scarcity

Over the years since MIDD was first authorized, there have been significant reductions in a variety of critical resources. Major cuts to flexible non-Medicaid mental health funds from the state have deeply impacted access to behavioral health services. These non-Medicaid funds are prioritized for crisis, involuntary commitment, residential, and inpatient services and play an important role in creating and maintaining a comprehensive continuum of community-based behavioral care. They also enable King County to facilitate treatment access for individuals who do not have Medicaid.

As shown below, between state fiscal years 2009 and 2015, there was a loss of \$33.2 million (27 percent) statewide for these critical services. During the most recent legislative session there were further cuts to flexible non-Medicaid for the 2016-2017 biennium. Consequently, the reductions have had deep and dramatic effects on the community's ability to respond to growing needs and maintain or develop creative solutions to improve outcomes for individuals with mental illnesses or substance use disorders.

This severe resource scarcity has coexisted with a very high prevalence of treatment need in Washington as compared to other states. Analysis of data from the federal Substance Abuse and Mental Health Administration (SAMHSA) 2010-11 Mental Health Surveillance Survey found that



Washington ranked in the top three among states in the prevalence of any mental illness (24 percent of the population) and serious mental illness that substantially affected one or more major categories of functioning (7 percent).<sup>6</sup>

More and more people are seeking psychiatric care via hospital EDs – in 2007, 12.5 percent of adult ED visits were mental health-related, as compared to 5.4 percent just seven years earlier. Of psychiatric ED visits, 41 percent result in a hospital admission, over two and a half times the rate of ED visits for other conditions,<sup>7</sup> and between 2001 and 2006 the average duration of such visits were 42 percent longer than for non-psychiatric issues.<sup>8</sup> The growth in these figures may result from the difficulty people experience in accessing community mental health services before they are in crisis, as well as the dramatic reduction in inpatient psychiatric capacity nationally, that began as part of deinstitutionalization in the 1960s and has continued until very recently.<sup>9</sup>

**Population Growth:** The population of King County grew by an estimated 20 percent between 2000 and 2014 – almost 343,000 people. Meanwhile, the state’s population increased by approximately 20 percent as well – or nearly 1.2 million.<sup>10</sup> Just this one factor alone – the addition of so many additional residents – would have placed more pressure on an overstretched community behavioral health treatment system.

*In King County and Washington, resource scarcity has been driven by a confluence of factors: community and inpatient resources are scarce, while at the same time the treatment need is very high, the population is growing quickly, and laws are changing.*

## Behavioral Health Integration

In March 2014, the Washington State Legislature passed Senate Bill 6312 calling for the integrated purchasing of mental health and substance abuse treatment services through managed care contracts by April 2016, with full integration of physical and behavioral health care by January 2020. The law necessitated the creation of Behavioral Health Organizations (BHOs) to purchase and administer Medicaid funded mental health and substance use disorder services under managed care. BHOs are single, local entities that will assume responsibility and financial risk for providing substance use disorder treatment and the mental health services currently overseen by the counties and RSNs. BHO services will include inpatient and outpatient treatment, involuntary treatment and crisis services, jail provided services, and services funded by federal block grants. The King County Mental Health, Chemical Abuse and Dependency Services Division will serve as the BHO for the King County region.

Implementation of 2SSB 6312 will bring changes to how behavioral health (including both mental health and substance abuse treatment) services are administered and delivered in King County. The biggest changes will be to the substance use disorder treatment system as it moves from its current fee for service payment structure to managed care. This includes new “books of business” for the County as

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<sup>6</sup> Burley, M. & Scott, A. (2015).

<sup>7</sup> Owens P, Mutter R, Stocks C. Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007: Agency for Healthcare Research and Quality (2010), as cited in Abid et al. (2014). Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions. *Urgent Matters Policy Brief*, 1(2).

<sup>8</sup> Slade EP, Dixon LB, Semmel S. Trends in the duration of emergency department visits, 2001-2006. *Psychiatr Serv* 2010, 61(9), 878-84, as cited in Abid et al. (2014). Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions. *Urgent Matters Policy Brief*, 1(2).

<sup>9</sup> Abid et al. (2014). Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions. *Urgent Matters Policy Brief*, 1(2).

<sup>10</sup> U.S. Census Bureau State and County QuickFacts, retrieved from <http://quickfacts.census.gov/qfd/states/53/53033.html>, and Population for the 15 Largest Counties and Incorporated Places in Washington: 1990 and 2000, retrieved from [https://www.census.gov/census2000/pdf/wa\\_tab\\_6.PDF](https://www.census.gov/census2000/pdf/wa_tab_6.PDF).

well as changes to contracting, payment structures, data collection and reporting, and other administrative processes. An integrated behavioral health system will allow more flexibility to deliver holistic care especially for individuals with co-occurring mental health and substance use disorders. Notably, Senate Bill 6312 requires that King County's new behavioral health system provide access to recovery support services, such as housing, supported employment and connections to peers.

One notable 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 is making the conscious effort to use the term "behavioral health" when referencing mental health and substance use disorder systems, reflecting the joining of systems through behavioral health integration.

More information on statewide BHO development can be found here:

<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/developing-behavioral-health-organizations>.

## Other State Legislation and Court Rulings

**Psychiatric Boarding:** On August 7, 2014, the Washington State Supreme Court ruled that hospital boarding of individuals in mental health crisis, absent medical need, is unconstitutional. Psychiatric boarding or "boarding" became shorthand for the treatment access crisis that resulted when community need for inpatient mental health care – especially involuntary treatment – exceeded appropriate available resources. When appropriate treatment beds were not available, individuals were detained and waiting in less than optimal settings such as emergency departments until a psychiatric bed became available. This has been a nationwide problem that had been affecting Washington and King County since at least 2009.

The Washington State Supreme Court, in its 2014 *In re the Detention of D.W. et al* decision, defined psychiatric boarding as temporarily placing involuntarily detained people in emergency rooms and acute care centers to avoid overcrowding certified facilities. In doing so, the Court emphasized the inappropriateness of the placement, and the chief reason for not providing inpatient psychiatric care at the right time – lack of bed capacity.<sup>11</sup>

Psychiatric boarding is a treatment access crisis that hurts patients and drives resources away from community-based and preventive care. Nationally, studies show that prolonged waits in emergency departments for psychiatric patients are associated with lower quality mental health care, as the chaotic ED environment increases stress and can worsen patients' conditions<sup>12</sup> and due to the fact that adequate psychiatric services are often not provided.<sup>13</sup>

**Forensic Competency Evaluations:** In April 2015, a US District Court judge issued a permanent injunction ordering the Washington Department of Social and Health Services to provide competency evaluations to individuals in jails within seven days of booking. Judges order competency evaluations for individuals who are detained when they have concerns about whether the person arrested is able to assist with his or her defense. If the person is found incompetent, the judge orders treatment to have competency

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<sup>11</sup> *In re the Detention of D.W., et al*. Case 90110-4. Washington State Supreme Court, retrieved from <http://www.courts.wa.gov/opinions/pdf/901104.pdf>.

<sup>12</sup> Bender, D., Pande, N., Ludwig, M. (2008). *A Literature Review: Psychiatric Boarding: Office of Disability, Aging and Long-Term Care Policy*. Retrieved from <http://aspe.hhs.gov/daltcp/reports/2008/PsyBdLR.pdf>.

<sup>13</sup> American College of Emergency Physicians. ACEP Psychiatric and Substance Abuse Survey (2008), as cited in Abid, Z., Meltzer, A., Lazar, D., Pines, J. (2014). Psychiatric Boarding in U.S. EDs: A Multifactorial Problem that Requires Multidisciplinary Solutions. *Urgent Matters Policy Brief*, 1(2).

restored. Two key drivers impacting the length of time individuals spend in jails awaiting competency evaluation also impact bed capacity in King County's behavioral health system: lack of evaluation services and the lack of bed space and staffing at the state's two forensic hospitals.

## Community Behavioral Health Workforce in Crisis

As previously mentioned, there are many cascading effects of the expansion of services provided under ACA along with the realities of resource scarcity that are gravely impacting the workforce charged with providing services to a growing population. Major workforce challenges impact the functionality of the publicly funded behavioral health care system when trained, licensed, and qualified staff are difficult to find and/or retain in community provider organizations. High caseloads and low wages make it easy for qualified staff to be recruited away by entities like the Veteran's Administration and private health care systems that can pay more and/or forgive student loans. It is also difficult to recruit psychiatrists, nurse practitioners, and nurses to public sector behavioral health due to a small candidate pool and challenges in offering competitive salaries. The behavioral health workforce, particularly in public sector settings, also experiences high turnover due, in part, to burnout, stress, and lack of social support. Ongoing reductions in funding for public behavioral health contribute to staff turnover and recruitment challenges.

Without workforce improvements, King County will not be able to meet service needs. Individuals who require lifesaving services could go untreated, resulting in high costs, both human and financial. The County is uniquely positioned to both participate in and lead aspects of workforce development in partnership with providers, consumers, and policy makers.

## Other Change Drivers

The factors below reflect new directions or policies taken by King County in the provision of behavioral health services since 2007 when the MIDD was first authorized. In addition, each element echoes a MIDD Oversight Committee-identified guiding principle for the development of MIDD II.

**Recovery and Reentry:** A recovery-oriented framework has at its center the individual: a person-centered approach to services and treatment that is embedded in self-determination. The framework asks that each individual be honored for their own healing process, supported by the belief that people can and will recover despite winding up at the extreme ends of crisis systems – in jails or hospitals.

The initial MIDD was based on the concept of decriminalization of mental health and substance use following the National GAINS Center Sequential Intercept model. Building on the model and following emerging practices, King County embraces a recovery-oriented framework for all individuals served in its behavioral health system. This practice enables King County to better address the needs of individuals with complex behavioral and other health conditions who are incarcerated, or at risk of incarceration, throughout King County. It is well documented that individuals with complex behavioral conditions are overrepresented in criminal justice settings nationally. Reentry and transition from hospital or jail planning can work well when behavioral health and criminal justice systems collaborate to support recovery.<sup>14</sup>

MIDD-supported programs have resulted in reduced jail bookings and shorter hospital stays. However, individuals with mental health and substance use conditions continue to end up in jails and emergency

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<sup>14</sup> *Blanford, Alex M. and Fred C. Oshe. Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison. Delmar, NY: SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, 2013.*

services because other options are not available – to them or to first responders who come into contact with them – during times of crisis. Reentry begins at the point of initial jail booking or hospitalization, starting the reentry planning and engagement process as early as possible so as to divert individuals from further involvement in the criminal justice or crisis systems. Individuals with behavioral health conditions are often also impacted by homelessness, receive uncoordinated and fragmented services, and experience other significant barriers to getting the resources and supports needed in order to thrive in the community. Behavioral health conditions are further exacerbated by lack of diverse culturally and linguistically competent services available in the community.

King County recognizes that it is critical to view reentry from a recovery lens in order to best serve some of our most marginalized populations. Reentry services must be rooted in a recovery-oriented framework with interventions that include peer support, diverse culturally competent services, holistic healthcare that is integrated across mental health, substance use and primary care, along with housing assistance and employment support; it is also necessary to address essential and basic needs. As the Sequential Intercept model notes, community-based services are key for individuals leaving jails and hospitals, and successfully integrating into communities of their choice.

**Trauma-Informed Care Emphasis:** King County is moving to utilizing a trauma-informed care framework whenever possible. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma-informed care seeks to change the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?". Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors so as to be more supportive and avoid re-traumatization.

Most individuals seeking public behavioral health and other public services have histories of physical and sexual abuse and other types of trauma-inducing experiences. These experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

Providing services under a trauma-informed framework can result in better outcomes than "treatment as usual." A variety of studies have revealed that programs utilizing a trauma-informed model are associated with a decrease in psychiatric symptoms and substance use. Some programs have shown an improvement in daily functioning and a decrease in trauma symptoms, substance use, and mental health symptoms.<sup>15, 16</sup> Trauma-informed care may lead to decreased utilization of crisis-based services. Some studies have found decreases in the use of intensive services such as hospitalization and crisis intervention following the implementation of trauma-informed services.<sup>17</sup>

**Health and Human Services Transformation:** The 2013 King County Transformation Plan was developed in response to King County Council Motion 13768, passed in 2012, calling for the King County Executive, in partnership with community stakeholders, to develop a plan for an accountable, integrated system of health, human services, and community-based prevention, referred to as the Transformation Plan. The County's Transformation Plan charts a five-year course to a better performing health and human service system for the residents and communities of King County.

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<sup>15</sup> Cocozza, J.J., Jackson, E.W., Hennigan, K., Morrissey, J.B., Reed, B.G., & Fallot, R. (2005). Outcomes for women with co-occurring disorders and trauma: Program-level effects. *Journal of Substance Abuse Treatment*, 28(2), 109-119.

<sup>16</sup> Morrissey, J.P., and Ellis, A.R. (2005). Outcomes for women with co-occurring disorders and trauma: Program and person-level effects. *Journal of Substance Abuse Treatment*, 28(2), 121-133.

<sup>17</sup> Community Connections. (2002). Trauma and Abuse in the Lives of Homeless Men and Women. Online PowerPoint presentation. Washington, DC: Authors. Retrieved September 3, 2007, from [http://www.pathprogram.samhsa.gov/ppt/Trauma\\_and\\_Homelessness.ppt](http://www.pathprogram.samhsa.gov/ppt/Trauma_and_Homelessness.ppt)

The Transformation Plan is intended to help positively impact, along with other King County policy and planning work, the fragmented health and human services delivery system that inequities in health and well-being experienced by residents. It is the goal of the Transformation Plan that by 2020, the people of King County will experience significant gains in health and well-being because our community worked collectively to make the shift from a costly, crisis-oriented response to health and social problems, to a response that focuses on prevention, embraces recovery, and eliminates disparities. The Transformation Plan identifies two levels for system improvement, the individual and community level, and calls for alignment around outcomes. The Transformation Plan is a foundational component to the development of MIDD II. Its influence is particularly notable in the MIDD II Planning Framework, described in a subsequent section of this report.

**King County's Equity and Social Justice Agenda:** The County's Equity and Social Justice (ESJ) Agenda recognizes that race, place, and income impact quality of life for residents of King County. People of color, those who have limited English proficiency and who are low-income 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, institutional and structural racism and sexism. These factors, while invisible to some, have profound and tangible impacts for others.

At the same time, King County's adopted Strategic Plan identifies the principle of fair and just as a cornerstone incorporated into the work of all aspects of King County government. The region's economy and quality of life depends on the ability of all people to contribute and King County seeks to remove barriers that limit the ability of some to fulfill their potential. While King County government has made progress, especially with regard to pro-equity policies, there is still a long way to go. Though the County's ability to create greater levels of institutional and regional equity may be limited by the scope of its services and influence, by working collaboratively with providers, consumers, and other stakeholders, further improvements will be made.

In October of 2014 Executive Dow Constantine signed an Executive Order calling for the advancing of equity and social justice in King County, along with the development of a countywide Equity and Social Justice Strategic Plan. Planning of MIDD II is driven in large part by the County's commitment to enacting its ESJ Agenda.

# King County's Approach to Fulfilling Requirements of Ordinance 17998

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Transparency and collaboration were the hallmarks of MIDD I. The County's approach to fulfilling the requirements of Ordinance 17998 seeks to enhance transparency and expand collaboration, while planning for innovation and building on partnerships. The County is committed to conducting an open, inclusive, rigorous process to assess MIDD I and plan for a potential MIDD II.

At the same time, the world of behavioral health has evolved and continues to evolve. Positioning the County and our provider partners to respond nimbly to changes, while ensuring the right service is available at the right time, also frames the County's approach to fulfilling the requirements of Ordinance 17998.

Below are key components of how the County is working to complete a comprehensive historical review of the MIDD and prepare a deliberate, robust, planful MIDD II Service Improvement Plan.

## Driven by Shared Values and Guiding Principles

At the March 26, 2015 MIDD Oversight Committee meeting, Committee members participated in a collective discussion that included the question of what are the most important values and guiding principles necessary to engage in as the County moves into MIDD review and renewal work.

The following values and guiding principles were articulated by the MIDD Oversight Committee. The values and guiding principles are informing all aspects of the development of a renewed MIDD II. They were reviewed and discussed at two subsequent Oversight Committee meetings and may be reviewed and modified over time.

<b>MIDD Oversight Committee Values &amp; Guiding Principles</b> Revised August 6, 2015
<ul style="list-style-type: none"><li>• Cultural competency lens with an Equity and Social Justice (ESJ) focus</li><li>• Client centered; developed with consumer input</li><li>• Ensure voices of youth and disenfranchised populations are represented</li><li>• Self sustaining; partnerships that leverage sustainability when possible</li><li>• Community driven, not county driven</li><li>• Transparent</li><li>• Recovery focused</li><li>• Driven by documented outcomes</li><li>• Based in promising or best practices; evidence-based when possible</li><li>• Common goal(s) across all organizations</li><li>• Strategies move us toward integration and are transformational</li><li>• MIDD funding leverages criminal justice (CJ) system (youth and adult) changes</li><li>• Supports King County's vision for health care; reflects the triple aim: improved patient care experience, improved population health, and reduced cost of health care</li><li>• More upstream / prevention services</li><li>• Coordinated services</li><li>• Community based organizations on equal status with County for compensation</li><li>• Continue legacy of CJ/human services coming together</li><li>• Open to new ways of achieving results</li><li>• Build on strengths of the system</li><li>• Services are accessible to those with limited options</li></ul>

The Department of Community and Human Services' staff and Oversight Committee members rely on these values and guiding principles as benchmarks as well as checks and balances for all aspects of MIDD I review and renewal tasks, from developing outreach and communications plans, to developing written materials and policy documents for review by the MIDD Oversight Committee and others. The values and guiding principles serve as cues for the continued and expanded transparent and collaborative approach the County has for the review of MIDD I and planning for a potential MIDD II.

## The Oversight Committee

In addition to its ongoing oversight of the current MIDD, the Oversight Committee has a critically important role in MIDD I review and MIDD II planning. In March 2016, the MIDD Oversight Committee established values and guiding principles to inform all aspects of MIDD I review work and MIDD II renewal planning activities.

The Oversight Committee continues and expands its pivotal advisory role for MIDD review and renewal planning. Oversight Committee meetings that were taking place every other month were increased to monthly, given the fast paced nature of MIDD review and renewal planning activities, so that the Oversight Committee can review information and provide input and guidance to county staff. All MIDD Oversight Committee meetings are open to the public and a public comment period is included in each meeting. The monthly meetings include updates on MIDD I review and MIDD II renewal planning work.

All aspects of MIDD review and planning are brought before the Oversight Committee for discussion and feedback. County staff provide draft written materials electronically to members in advance of the Oversight Committee meeting so that members can spend meeting time in meaningful analysis and discussion. To date, the Oversight Committee has reviewed and provided feedback on all major MIDD review and renewal planning documents including:

- Milestone and Major Tasks Timeline (updated often);
- Values and Guiding Principles;
- MIDD II Organizing Framework; and
- MIDD II New Concept and Existing Program Review Process.

In addition to helping shape the components of MIDD review and planning, the MIDD Oversight Committee will have a critically important role in the months ahead of reviewing existing strategies and suggested new concepts for potential inclusion into MIDD II programming. The Oversight Committee will formally review all findings and recommendations related to the MIDD I retrospective report and the MIDD II programming and service improvement plan report that will be transmitted to Council in 2016.

**MIDD Oversight Committee Strategy Team:** In order to facilitate a higher degree of collaboration and input from the Oversight Committee, the Oversight Committee has appointed a Strategy Team, a diverse group of individuals from the MIDD Oversight Committee including community providers as well as staff from the County's Executive and legislative branches. The Strategy Team provides ongoing guidance and expertise for MIDD I review and MIDD II planning activities. Intended to augment Oversight Committee feedback and input, the MIDD Oversight Committee Strategy Team is comprised of eight Oversight Committee members, representing an array of populations and stakeholders. County staff from PSB, along with DCHS staff, supports the work of the Strategy Team. The Strategy Team meets twice a month with County staff, providing an in-depth review of all aspects of MIDD I review and MIDD II planning. The Strategy Team serves in part as a sounding board, helping to shape information and concepts for full

vetting and discussion at the MIDD Oversight Committee. The Strategy Team facilitates analysis, identifies issues, offers subject matter expertise, and helps problem-solve with County staff charged with completing the tasks required by Ordinance 17998. The full Oversight Committee receives a briefing on the work of the Strategy Team at each Oversight Committee meeting.

## Dynamic and Inclusive Community Engagement and Information Sharing

Ordinance 17998 requires the MIDD II service improvement plan be developed with input from the MIDD Oversight Committee and community stakeholders. The MIDD Oversight Committee's guiding principles also require MIDD II planning to be developed with consumer input and be community driven. Thus, in response to these imperatives, the County has developed and is implementing a multi-pronged approach to engage the wide array of communities and stakeholders impacted by King County's MIDD.

**Website Hub:** On September 4, 2015, DCHS launched the MIDD Review and Renewal website, the information hub for MIDD I review and MIDD II planning. The website provides accessible timeline information on all aspects of MIDD work, including meeting announcements, meeting notes and other documentation, reports, link to a community-wide MIDD survey, and historical documents. The website includes an "email us" button so members of the public can provide feedback to County staff and the Oversight Committee. The website can be found here: <http://www.kingcounty.gov/MIDDrenewal>.

**Intentional and Direct Community Engagement:** The Centers for Disease Control and Prevention defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."<sup>18</sup> During the County's 2014-2015 Youth Action Plan process, community feedback emphasized the need for more community conversations where the County goes to the people rather than making people come to the County. There was also strong conviction articulated that the County must both provide opportunities for community input and also listen to the input once given.<sup>19</sup> These findings are echoed by the MIDD Oversight Committee in their values and guiding principles statements and foundational to the County's approach to community engagement.

Therefore, the basis of community engagement and involvement around MIDD II planning is providing multiple in-person forums for community members, consumers, and other stakeholders to meet and participate in conversations on MIDD-related matters. The primary purpose of connecting with communities is to hear from them what they need, what works, what doesn't work, and what they don't need. These in-person discussions are planned to take many forms, including:

- Broad, geographically based facilitated community conversations in each region of King County;
- Smaller specific focus groups involving specific populations, issues, or service areas (such as domestic violence and sexual assault service providers, specific cultural or ethnic groups, or consumers of behavioral health services);
- 1-1 meetings/interviews with key stakeholders, elected officials, and municipal representatives; and
- Presentations and question-and-answer sessions with interest groups, forums, and other associations.

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<sup>18</sup> Principles of Community Engagement, Second Edition. Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee, Task Force on the Principles of Community Engagement. National Institute of Health Publication 11-7782 (June, 2011). Retrieved September 10, 2015, from [http://www.atsdr.cdc.gov/communityengagement/pdf/PCE\\_Report\\_508\\_FINAL.pdf](http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf).

<sup>19</sup> Youth Action Plan, pg. 47

Data will be gathered from each discussion, collated and synthesized for sharing, including posting on the website. Staff will identify themes, concepts, and suggestions articulated during the engagement sessions. All feedback will be taken under consideration. Every effort will be made to appropriately integrate suggestions into MIDD II planning and implementation when feasible.

The first Community Conversation occurred on September 22, 2015 at the Renton Community Center and was attended by over 90 people. As of the writing of this report, staff are collating and synthesizing the data gathered at the event. Planning is underway for additional Community Conversations across King County, in collaboration with other countywide community engagement efforts.

## **Council Involvement**

While the King County Council has a seat on the MIDD Oversight Committee with Councilmember Dave Upthegrove as the Council's representative, DCHS recognizes the need to provide opportunities for the Council to be more involved in MIDD I review and MIDD II planning work. Thus, in addition to the Council's participation on the MIDD Oversight Committee and on the Strategy Team, DCHS has offered individual briefings on the MIDD I review and MIDD II planning to all members and staff. DCHS has also established standing monthly briefings of Council staff to share information, discuss issues, provide input, and jointly develop options.

It is the intention of DCHS to work closely and collaboratively with the Council on all aspects of MIDD I review and MIDD II planning.

## **Answering the Questions Posed by Ordinance 17998**

Answering the questions posed in Ordinance 17998 necessitates comprehensive and thorough data gathering and analysis of all components of the MIDD, retrospectively and prospectively. County staff and Oversight Committee members have commenced this substantial work for the two reports called for in Ordinance 17998, as highlighted below.

### **Comprehensive, Historical Review and Assessment of MIDD: Due June 30, 2016**

Staff are methodically reviewing all evaluation data and findings gathered over the life of the MIDD, comparing it to legislative requirements, changed strategies, and evolution of performance measurement targets and outcomes in order to respond to the questions of the Ordinance.

The legislation specifically calls for a review of the MIDD evaluation process. To support this work, DCHS is engaging the assistance of an outside consultant to conduct an independent assessment the County's evaluation and reporting approach.

Another key element of conducting the retrospective analysis is seeking feedback from the community, providers, consumers, and others impacted by MIDD. To that end, DCHS is utilizing both a survey and in person meetings to better understand the strengths and challenges of MIDD and inform programming and processes moving forward. In order to capture feedback from consumers who may not have access to electronic devices, DCHS is distributing paper copies of the survey to community providers to share with consumers.

### **MIDD Service Improvement Plan: Due December 1, 2016**

The service improvement plan called for by Ordinance 17998 that will be provided to the Council for consideration entails creating detailed programmatic, evaluation, and implementation plans that reflect

findings and recommendations collected from analyzed data, community and stakeholder input, best and promising practices, and King County’s policies. In order to methodically and transparently accomplish these important planning tasks, DCHS has developed a timeline and milestones, a comprehensive planning framework and detailed processes to review existing and potential new MIDD programs. The MIDD II planning framework and review processes are described below.

The service improvement plan is due on December 1, 2016. It has been requested by PSB that the plan be transmitted to the Council concurrently with the Executive’s 2017-2018 biennial budget request. The timeline shown in Appendix D assumes a September 2016 transmittal of the MIDD service improvement plan.

**MIDD II Organizing Framework:** The MIDD II framework clearly identifies and organizes the key components of MIDD II: 1) its primary objective; 2) the theory of change behind it; and 3) key strategies and outcomes intended to achieve MIDD’s II objective. The framework is a communication tool and policy document intended to inform discussion of MIDD II with policymakers, stakeholders, and the public across the region. It is also a reference document for those who may wish to suggest new MIDD programming or service concepts to potentially be funded by MIDD II and to inform review of existing MIDD supported programs.

<b>MIDD Framework Highlights</b>
<p><b>MIDD Objective:</b> <i>Improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders.</i></p> <p><b>MIDD Theory of Change:</b> <i>When people living with mental illness and substance abuse disorders utilize culturally appropriate prevention and intervention opportunities, crisis diversion, and reentry and recovery services, they reduce their contact with the justice and hospital systems, improve their quality of life, and experience wellness and recovery.</i></p>

A major component of the MIDD framework is the creation of four MIDD strategy areas that echo the continuum of behavioral health care and services and includes a vital system support area.

<b>MIDD Strategy Area Name</b>	<b>Purpose</b>
Prevention and Early Intervention	Keep people healthy by stopping problems before they start and preventing problems from escalating
Crisis Diversion	Assist people who are in crisis or at risk of crisis get the help they need
Recovery and Reentry	Empower people to become healthy and safely reintegrate into community after crisis
System Improvements	Strengthen the behavioral health system to become more accessible and deliver on outcomes

Each of the framework’s four strategy areas includes sample program (performance) outcomes, sample, individual (population) outcomes, and sample measures and indicators. They are noted as “sample” because they are expected to change over time based on community and stakeholder feedback through 2016.

As noted earlier, the MIDD II Organizing Framework is deeply influenced by County's Health and Human Services Transformation Plan. The four MIDD strategy areas for MIDD II reflect a new emphasis of MIDD funds on prevention and early intervention work, along with focusing on recovery and reflective of the Transformation Plan vision. Additionally, the framework outlines potential alignment of MIDD outcomes.

The framework also includes concepts from behavioral health integration, Accountable Communities of Health, King County's Strategic Plan, and Youth Action Plan. The framework was developed using Results Based Accountability (RBA) principles. RBA uses a data-driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems, as is reflected in the MIDD framework.

<b>Results Based Accountability<sup>20</sup></b>
<p><b>What is RBA?</b></p> <ul style="list-style-type: none"><li>• <i>RBA is a disciplined way of thinking and taking action that communities and organizations use to improve the lives of children, families and the community as a whole.</i></li><li>• <i>RBA can also be used by agencies to improve the performance of their programs.</i></li></ul> <p><b>How does RBA work?</b></p> <ul style="list-style-type: none"><li>• <i>RBA starts with ends and works backward, step by step, towards means.</i></li><li>• <i>RBA is a process that gets from talk to action quickly.</i></li><li>• <i>It uses plain language and common sense methods that everyone can understand.</i></li></ul> <p><b>RBA's three questions:</b></p> <ul style="list-style-type: none"><li>• <i>How much did we do?</i></li><li>• <i>How well did we do it?</i></li><li>• <i>Is anyone better off?</i></li></ul> <p><b>RBA is an inclusive process where diversity is an asset and everyone in the community can contribute.</b></p>

The framework was shared with the MIDD Oversight Committee for review and input over the last few months and revised based on member feedback. It is expected that the framework will evolve over time with additional information and input. The Oversight Committee will review all substantive changes. (Please see Appendix E for the MIDD organizing framework.)

**MIDD II New Concept and Existing Programs Review Process:** As MIDD resources are finite; the County must assess existing programs and potential new concepts for fit, value, and ability to help the County achieve the MIDD Objective. The County, in collaboration with the MIDD Oversight Committee, developed a four phased process that enables the widest possible access to MIDD II funding and facilitates a structured analysis of new concepts and existing MIDD I programming. The process is outlined below.

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<sup>20</sup> Results Based Accountability Flyer. Retrieved May 15, 2015 <http://resultsaccountability.com/wp-content/uploads/2014/03/RBA-Brochure-2.0.pdf>

- **PHASE I**

Interested parties will submit a New Concepts form electronically to the County. The time frame for submission of forms is September 15, 2015 – October 31, 2015. DCHS staff will conduct an initial screening of the concept forms. The initial screening will review concepts to ensure that they are:

1. Allowable under MIDD’s statutory requirements under the RCW;
2. Feasible; and
3. Fit into the four MIDD II strategy areas.

Should the concept meet all three criteria, it will be forwarded to Phase II, the next phase of the process, detailed below.

Not all submitted concepts will be moved forward to Phase II. It is expected that some concepts may be combined with other ideas or programs. Additional information may be requested by the County from the person/or persons submitting the concept at any point in the consideration process. Decisions regarding new concepts, including which concepts advance to the Phase II, and the briefing paper phase are final.

- **PHASE II**

County staff will develop detailed briefing papers based on the information in the Concept Form and additional information and data (if needed). County staff will draft briefing papers in consultation with appropriate behavioral health partners, providers, and subject matter experts. Phase II briefing papers will be developed for new concepts and existing MIDD supported programs.

**Key Questions for Briefing Papers**

- What is the estimated resource need (financial, workforce or FTE, technological)?
- How long will it take to fully implement?
- What are the barriers or challenges to success for this program/concept? How would barriers be overcome?
- Does this program/concept positively address disproportionality or enhance cultural competency and if so, how?
- Is it client centered?
- What populations does it serve?
- What MIDD II Framework Strategy Area does this program/concept fall under?
- What measurable outcomes are there or would be for this program/concept?
- Plus requirements from Ordinance 17998

*Please note that additional analytical questions that may be addressed in Briefing Papers; additional information may be included.*

The Phase II briefing papers will be reviewed by a team comprised of MIDD Oversight Committee members, County staff including but not limited to DCHS, PSB, Public Health, Department of Public Defense, and other stakeholders as appropriate. The review teams will then sort the concepts into high, medium, and low categories for consideration. There will be no decisions made regarding programming or resource allocation during the team review of briefing papers.

- **PHASE III**

After the Phase II review teams have analyzed, discussed, and sorted the briefing papers, County staff will enter the Phase III work of aligning programs and concepts with available funds. County staff will be responsible for making programmatic and funding recommendations for the MIDD II service improvement plan, including initial budget recommendations. This work will be conducted internally by King County. These recommendations will be shared with the MIDD Oversight Committee during Phase IV.

- **PHASE IV**

The final phase of MIDD II Programming Process is a public and MIDD Oversight Committee review of the County's MIDD II programming and funding recommendations. Similar to other County plans, the draft service improvement plan that includes recommendations will be released electronically for a period of time so that a wide public review can occur, with feedback to County staff and the MIDD Oversight Committee. As with all MIDD matters, the Oversight Committee's recommendations will then be forwarded to Executive Dow Constantine who will transmit the final recommendations to the King County Council for final adoption.

This work will require a significant investment of time from MIDD Oversight Committee members and other parties through 2016, including participation and input of staff across King County, including but not limited to DCHS, Public Health, PSB, and Executive Office staff.

While every effort will be made to reflect the recommendations of the Oversight Committee and public feedback in the MIDD II Service Improvement Plan that is transmitted to the Council, please note that the Executive determines contents of the final Service Improvement Plan that will be transmitted.

Please see Appendix F for an overview of the MIDD II new concept and existing programs review process, including approximate timelines.

## Early Findings: MIDD I Assessment and MIDD II Planning

Though data gathering and assessment activities are ongoing, DCHS has identified early findings in some areas. These areas will be closely monitored as additional information is made available, with special attention given to developing collaborative solutions or options to undertake them. Issues include:

- Data challenges: Issues around data include availability, timeliness, quality, and compatibility.
- Workforce diversity: There are not enough providers offering culturally or ethnically appropriate services; few services available in languages other than English.
- Declining workforce: There is more need for trained, licensed personnel in community based agencies.
- Availability of services: Some areas of King County do not have accessible behavioral health services.
- Flexible spending and reserve: As the economy improves and MIDD resources grow beyond allocated budgets, there is a need to utilize fund balance for emerging needs through clearly defined and transparent processes.

Many of these issues point to the need for system wide improvements, something MIDD II could help to address.

## Conclusion and Next Steps

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County staff, in partnership with the MIDD Oversight Committee, have developed and initiated comprehensive plans and processes to accomplish the tasks called for by Ordinance 17998. These plans and processes include broad and specific community and stakeholder activities, extensive data gathering and analysis, and continuous feedback loops with the Oversight Committee and the Council. These plans and processes will result in delivering to Council and the public a thorough, clear, and strategic MIDD II Service Improvement Plan and detailed, objective assessment of MIDD I.

The behavioral health world is rapidly evolving. Actions such as state mandated behavioral health integration, court rulings and legislative statute changes, along with the implementation of the Affordable Care Act, require King County and its behavioral health and criminal justice partners to work together to make meaningful system improvements. The MIDD II planning processes have taken into account the changing landscape of behavioral health, while continuing to build on the strong foundation of MIDD I. County staff are prepared to lead the work necessary to re-envision and re-tool MIDD programs to achieve an even greater impact and outcomes.

The work of County staff and the Oversight Committee has resulted in major progress towards fulfilling the requirements of Ordinance 17998. MIDD II planning is guided by mutually agreed-upon values and guiding principles, informing all aspects of MIDD work. The MIDD II framework succinctly organizes MIDD's objective, theory of change, and strategies into one concise document, providing context and structure to MIDD II activities. The County's commitment to community engagement is expected to yield a wealth of information that will be used to further develop and enhance MIDD moving forward. Capitalizing on the collaborative culture of MIDD II planning, County staff are working to develop strategically significant areas where MIDD can have an broad and lasting impact.

The next components of MIDD review and renewal planning work consists of carrying out community and stakeholder meetings, and continuing to gather and review data, synthesize survey feedback, and begin the complex tasks of drafting briefing papers. Momentum is building around the results of the New Concepts suggestions, which are anticipated to result in exciting new ideas to consider for MIDD II.

# APPENDICES

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## MIDD Oversight Committee Membership Roster September 2015

<p><b>Johanna Bender</b>, Judge, King County District Court, (Co-Chair) Representing: District Court</p> <p><b>Merril Cousin</b>, Executive Director, King County Coalition Against Domestic Violence, (Co-Chair) Representing: Domestic violence prevention services</p> <p><b>Dave Asher</b>, Kirkland City Council President Councilmember, City of Kirkland Representing: Sound Cities Association</p> <p><b>Rhonda Berry</b>, Chief of Operations Representing: County Executive</p> <p><b>Jeanette Blankenship</b>, Fiscal and Policy Analyst Representing: City of Seattle</p> <p><b>Susan Craighead</b>, Presiding Judge, King County Superior Court Representing: Superior Court</p> <p><b>Claudia D'Allegri</b>, Vice President for Behavioral Health, Sea Mar Community Health Centers Representing: Community Health Council of Seattle and King County</p> <p><b>Nancy Dow</b>, Member, King County Mental Health Advisory Board Representing: Mental Health Advisory Board</p> <p><b>Lea Ennis</b>, Director, Juvenile Court, King County Superior Court Representing: King County Systems Integration Initiative</p> <p><b>Ashley Fontaine</b>, Director, National Alliance on Mental Illness (NAMI) Representing: NAMI in King County</p> <p><b>Pat Godfrey</b>, Member, King County Alcoholism and Substance Abuse Administrative Board Representing: King County Alcoholism and Substance Abuse Administrative Board</p> <p><b>Shirley Havenga</b>, Chief Executive Officer Community Psychiatric Clinic Representing: Provider of mental health and chemical dependency services in King County</p> <p><b>Patty Hayes</b>, Director Public Health—Seattle &amp; King County Representing: Public Health</p> <p><b>William Hayes</b>, Director, King County Department of Adult and Juvenile Detention Representing: Adult and Juvenile Detention</p> <p><b>Mike Heinisch</b>, Executive Director, Kent Youth and Family Services Representing: Provider of youth mental health and chemical dependency services in King County</p>	<p><b>Darcy Jaffe</b>, Chief Nurse Officer and Senior Associate Administrator Representing: Harborview Medical Center</p> <p><b>Norman Johnson</b>, Executive Director, Therapeutic Health Services Representing: Provider of culturally specific chemical dependency services in King County Representing: Council of Community Clinics</p> <p><b>Ann McGettigan</b>, Executive Director, Seattle Counseling Service Representing: Provider of culturally specific mental health services in King County</p> <p><b>Barbara Miner</b>, Director, King County Department of Judicial Administration Representing: Judicial Administration</p> <p><b>Mark Putnam</b>, Director, Committee to End Homelessness in King County Representing: Committee to End Homelessness</p> <p><b>Adrienne Quinn</b>, Director, King County Department of Community and Human Services (DCHS) Representing: King County DCHS</p> <p><b>Lynne Robinson</b>, Councilmember, City of Bellevue Representing: City of Bellevue</p> <p><b>Dan Satterberg</b>, King County Prosecuting Attorney Representing: Prosecuting Attorney's Office</p> <p><b>Mary Ellen Stone</b>, Director, King County Sexual Assault Resource Center Representing: Provider of sexual assault victim services in King County</p> <p><b>Dave Upthegrove</b>, Councilmember, Metropolitan King County Council Representing: King County Council</p> <p><b>John Urquhart</b>, Sheriff, King County Sheriff's Office Representing: Sheriff's Office</p> <p><b>Chelene Whiteaker</b>, Director, Advocacy and Policy, Washington State Hospital Association Representing: Washington State Hospital Association/King County Hospitals</p> <p><b>Lorinda Youngcourt</b>, Director, King County Department of Public Defense Representing: Public Defense</p> <p><b>Vacant</b> Representing: Labor, representing a <i>bona fide</i> labor organization</p> <p><b>Oversight Committee Staff:</b> Bryan Baird, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) Kelli Carroll, MHCADSD Andrea LaFazia-Geraghty, MHCADSD</p>
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## LIST OF MIDD I STRATEGIES

<b>Community Based Care</b>	
1a-1	Increase access to community mental health treatment
1a-2	Increase access to community substance abuse treatment
1b	Outreach and engagement to individuals leaving hospitals, jails, or crisis facilities
1c	Emergency room substance abuse early intervention program
1d	Mental health crisis next day appointments and stabilization services
1e	Chemical dependency professional education and training
1f	Parent partner and youth peer support assistance program
1g	Prevention and early intervention mental health and substance abuse services for adults age 55+
1h	Expand availability of crisis intervention and linkage to on-going services for older adults
2a	Workload reduction for mental health
2b	Employment services for individuals with mental illness and chemical dependency
3a	Supportive housing services
<b>Programs Targeted to Help Youth</b>	
4a	Services for parents in substance abuse outpatient treatment
4b	Prevention services to children of substance abusers
4c	School district based mental health and substance abuse services
4d	School based suicide prevention
5a	Expand assessments for youth in the juvenile justice system
6a	High fidelity wraparound initiative
7a	Reception center for youth in crisis
7b	Expansion of children's crisis outreach response service system
8a	Expand family treatment court services and support to parents
9a	Expand juvenile drug court treatment
<b>Jail and Hospital Diversion Programs</b>	
10a	Crisis intervention training program
10b	Adult crisis diversion center, respite beds, and mobile behavioral health crisis team
11a	Increase capacity for jail liaison program
11b	Increase services available for new or existing mental health court programs
12a	Increase jail re-entry program capacity
12b	Hospital re-entry respite beds
12c	Increase Harborview's Psychiatric Emergency Services capacity to link individuals to community services upon discharge from ER
12d	Behavior Modification Classes for Community Center for Alternative Programs clients
<b>Domestic Violence, Sexual Assault, and Expansion of Adult Drug Court</b>	
13a	Domestic violence and mental health services
13b	Domestic violence prevention
14a	Sexual assault and mental health services
15a	Adult drug court expansion
<b>Housing Development</b>	
16a	New housing units and rental subsidies
<b>New Strategies – 24 month Pilot Project</b>	
17a	Crisis Intervention Team / Mental Health Partnership (CIT/MHP) Pilot Project
17b	Safe Housing and Treatment for Children in Prostitution Pilot Project

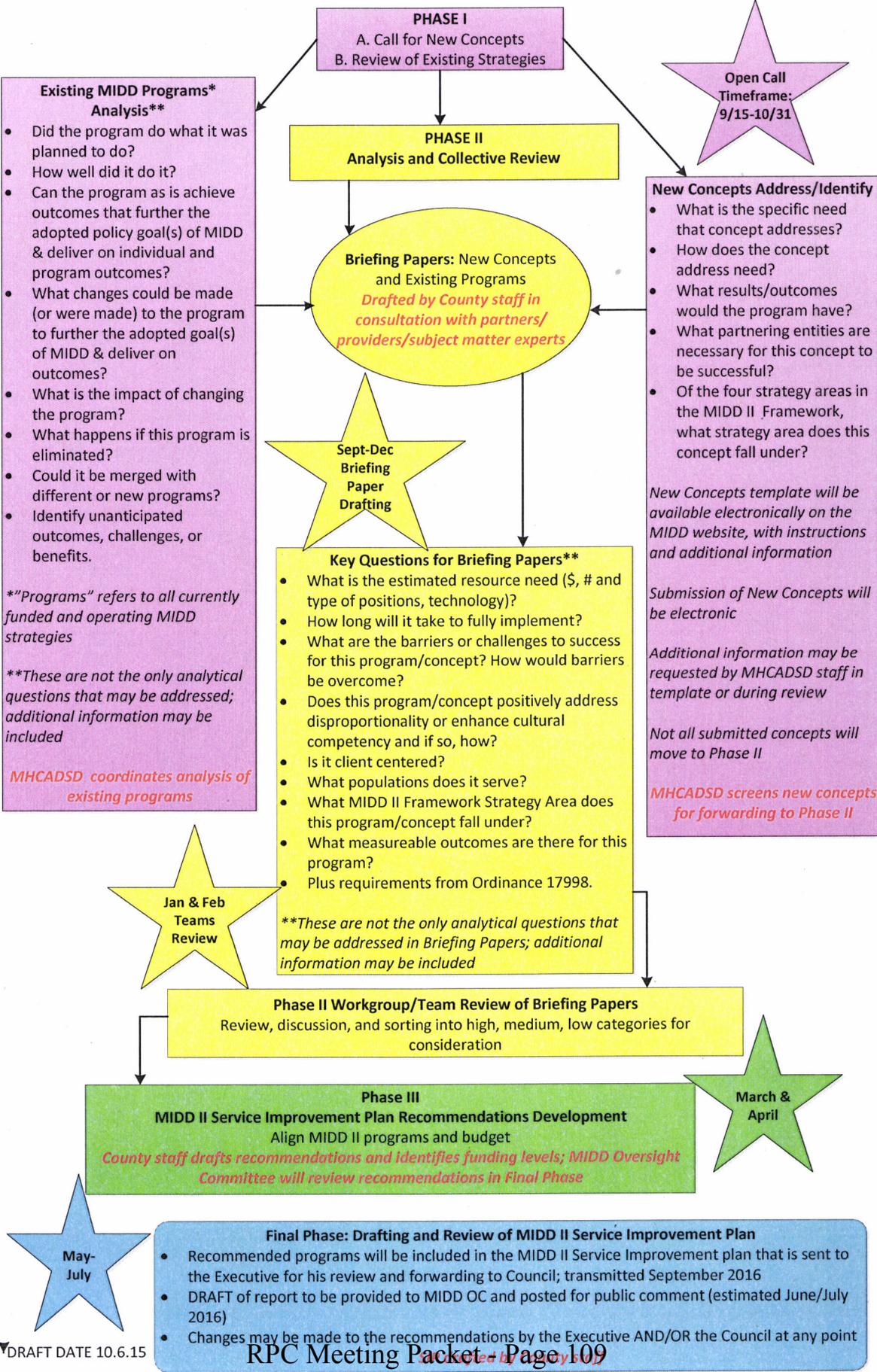
<b>MIDD Supplantation</b>
<b>Department of Adult and Juvenile Detention (DAJD)</b> Community Center for Alternative Programs Juvenile Mental Health Treatment
<b>Public Health: Jail Health Services</b> Psychiatric Services
<b>Mental Health and Substance Use Disorder MIDD Supplantation</b> Substance Use Disorder Administration Criminal Justice Initiative Substance Use Disorder Contracts Housing Voucher Program Substance Use Disorder Emergency Services Patrol Community Center for Alternative Programs Mental Health Co-Occurring Disorders Tier Mental Health Recovery Mental Health Juvenile Justice Liaison Mental Health Crisis Respite Beds Mental Health Functional Family Therapy Mental Health Mental Health Court Liaison

**MIDD Review and Renewal Timeline**  
September, 2015

Month	Major Tasks	Notes
September	MIDD Community Conversation Kick Off New Concept Window Open Existing Strategy Briefing Papers Started	Sept 22 Sept 15
October	Focus Group #1 Domestic Violence and Sexual Assault Provider Group Community Conversation #2 Community Conversation #3 New Concept Window Closes Briefing paper drafting begins (through mid January)	October 8  October 22 October 28 October 31
November <sup>21</sup>	Behavioral Health Legislative Forum Focus Group #2 – Behavioral Health Providers Community Conversation #4	November 5 November 5 November TBD
December	Behavioral Health Legislative Forum Focus Group #3 - TBD Community Conversation #5	November 5  November TBD
<b>2016</b>		
January	Focus Groups #4 & #5 – TBD Community Conversations #6 & #7 Briefing Paper Review Teams selected Report writing - Retrospective MIDD I Report begins	
February	Briefing Paper Review Teams Meet-review & sort briefing papers	
March	County staff drafts MIDD II Service Improvement Plan recommendations & align budget	
April	Draft Retrospective MIDD I Report to MIDD OC Draft Service Improvement Plan (SIP) Recommendations to MIDD OC Report writing- MIDD II SIP begins	April 26-REVIEW & DISCUSSION April 26-REVIEW & DISCUSSION
May	Final Retrospective MIDD I Report-MIDD OC Final Program Recommendations-MIDD OC Retrospective MIDD I Report to Exec	May 26-FOR APPROVAL May 26-FOR APPROVAL May 27
June	Draft Service Improvement Plan report to MIDD OC <b>***TRANSMIT RETROSPECTIVE MIDD I REPORT TO COUNCIL***</b>	June 23-REVIEW & DISCUSSION <b>June 30</b>
July	Draft Service Improvement Plan report posted for public comment Final Service Improvement Plan report-MIDD OC	Two weeks  July 28-FOR APPROVAL
August	Service Improvement Plan report to Executive	August 25
September	<b>***EXECUTIVE TRANSMITS SERVICE IMPROVEMENT PLAN TO COUNCIL WITH BUDGET***</b>	September 26



**MIDD II PROCESS OVERVIEW**  
**New Concept & Existing Programs Review**  
 Please note that this an OVERVIEW. This document should be paired with the MIDD II Framework.  
 Revised 10.6.15





MIDD II FRAMEWORK Updated 8.27.15	
MIDD OBJECTIVE	
<p>Improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders.</p>	
<p><b>MIDD THEORY OF CHANGE</b></p> <p>When people living with mental health and substance use disorders utilize culturally appropriate prevention and early intervention opportunities, crisis diversion, and reentry and recovery services, they reduce their contact with the justice and hospital systems, improve their quality of life, and experience wellness and recovery.</p>	
<p><b>2007 Adopted MIDD Policy Goals: (will be revised over the course of the MIDD II development process)</b></p> <ol style="list-style-type: none"> <li>1. A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.</li> <li>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.</li> <li>3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.</li> <li>4. Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.</li> <li>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.</li> </ol>	
MIDD Strategy Areas	SAMPLE <sup>1</sup> MIDD Program Outcomes (performance)
<p><b>Prevention and Early Intervention</b></p> <p><i>Keep people healthy by stopping problems before they start and preventing problems from escalating</i></p>	<ul style="list-style-type: none"> <li>• Increased access to person centered, culturally appropriate treatment, education, and training services</li> <li>• Increased availability of behavioral health information in non-traditional settings (day cares, schools, primary care)</li> <li>• Reduced risk factors for substance use and mental health disorders</li> <li>• Increased access to housing</li> <li>• Increased access to employment and education services</li> <li>• Increased access to primary care services</li> </ul>
<p><b>Crisis Diversion</b></p> <p><i>Assist people who are in crisis or at risk of crisis get the help they need</i></p>	<ul style="list-style-type: none"> <li>• Increased access to person centered, culturally appropriate outpatient treatment on demand</li> <li>• Increased access to: community alternative options; diversion and crisis centers including sobering and detox; youth reception, and/or other crisis centers</li> <li>• Increased availability of medication assisted treatment</li> <li>• Increased access to treatment courts</li> </ul>
MIDD Strategy Areas	SAMPLE <sup>1</sup> MIDD Individual Outcomes (population)
<p><b>SAMPLE<sup>III</sup> MIDD Measures &amp; Indicators</b></p>	<ul style="list-style-type: none"> <li>• Increased use of person centered, culturally appropriate prevention, treatment, and training services by individuals &amp; families</li> <li>• Reduced use of drugs &amp; alcohol in youth &amp; adults</li> <li>• Increased employment and education outcomes</li> <li>• Increased housing stability</li> <li>• Increased use of primary care services</li> <li>• Reduced barriers to services</li> </ul>
<ul style="list-style-type: none"> <li>• # Individuals and families utilizing person centered, culturally appropriate prevention, training, and information services</li> <li>• # Behavioral health information provided in non-traditional settings (day cares, schools, primary care)</li> <li>• # Youth reporting use of drugs and alcohol</li> <li>• # Employment and education</li> <li>• # Housing stability</li> <li>• # Crisis events</li> <li>• # Meaningful life activities</li> </ul>	<ul style="list-style-type: none"> <li>• # Parents and youth utilizing treatment services</li> <li>• # Detention, jail, and emergency department utilization (bookings &amp; length of stay)</li> <li>• # Community alternatives to detention available &amp; usage</li> <li>• # Reversed overdoses</li> <li>• # Narcan distributed</li> <li>• # Involuntary commitment</li> </ul>

MIDD Strategy Areas	SAMPLE MIDD Program Outcomes (performance)	SAMPLE MIDD Individual Outcomes (population)	SAMPLE MIDD Measures & Indicators
<b>Recovery and Reentry</b> <i>Empower people to become healthy and safely reintegrate to community after crisis</i>	<ul style="list-style-type: none"> <li>Increased person centered, culturally appropriate treatment services</li> <li>Increased availability of peer services</li> <li>Increased access to housing</li> <li>Increased access to employment and education services</li> <li>Increased access to reentry services from jail or hospital</li> <li>Increased application of recovery and resiliency principles in services provided</li> <li>Increased access to culturally appropriate recovery services</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in detention, jail, and ED utilization</li> <li>Increased utilization of appropriate treatment services</li> <li>Increased employment and education outcomes</li> <li>Increased housing stability</li> <li>Increased utilization of peer services</li> <li>Increased utilization of reentry services from jail or hospital</li> <li>Increased utilization of culturally appropriate recovery services</li> <li>Reduced barriers to services</li> </ul>	<ul style="list-style-type: none"> <li># Detention, jail, and ED utilization</li> <li># Diversions from jail, hospital, or court</li> <li># Re-hospitalization rates</li> <li># Peer services utilized</li> <li># Culturally appropriate recovery services utilized</li> <li># Reentry services from jail or hospital</li> <li># Recovery of function</li> <li># Employment and education</li> <li># Housing stability</li> <li># Providers utilizing recover and resiliency framework in services</li> <li># Meaningful life activities</li> </ul>
<b>System Improvements</b> <i>Strengthen the behavioral health system to become more accessible and deliver on outcomes</i>	<ul style="list-style-type: none"> <li>Increased provider workforce retention &amp; expanded workforce</li> <li>Increased cultural diversity of workforce and providers</li> <li>Reduced disproportionate representation in the criminal justice and emergency department systems and hospitalizations</li> <li>Increased geographic availability of services</li> <li>Increased accessibility of services &amp; treatment on demand</li> <li>Increased use of evidence based practices and assessment tools</li> <li>Improved care coordination</li> <li>Improved quality of care</li> <li>Improved client experience</li> <li>Recovery oriented system of care</li> <li>MIDD is funder of last resort</li> </ul>	<ul style="list-style-type: none"> <li>Right treatment, at the right time, in the right amount (service on demand)</li> <li>(and everything else above)</li> </ul>	<ul style="list-style-type: none"> <li># Turnover, time to hire, new positions</li> <li># Disproportionality</li> <li># Culturally diverse providers</li> <li># Services available by location/area</li> <li># Utilization of appropriate treatment resources</li> <li># Services available within one bus ride</li> <li># Client satisfaction rating</li> <li># Using shared care plan/shared data</li> <li>\$ Leveraged</li> </ul>

Please note that the contents of this document are subject to change and modification.

i, ii: SAMPLE OUTCOMES are not intended to capture an exhaustive list of outcomes. They are a representative example of the types of outcomes for the strategy areas. It is expected that outcomes will change over time based on community and stakeholder feedback as the MIDD II Review and Renewal work continues through 2015 and 2016.

iii: SAMPLE MEASURES AND INDICATORS are not intended to capture an exhaustive list of outcomes. They are a representative example of the types of measures and indicators for the strategy areas. It is expected that measures and indicators will change over time based on community and stakeholder feedback as the MIDD II Review and Renewal work continues through 2015 and 2016.



**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	9	<b>Name:</b>	Lise Kaye
<b>Proposed No.:</b>	2016-B0077	<b>Date:</b>	April 13, 2016

**SUBJECT**

A briefing on the progress report submitted by the E911 Strategic Plan Scoping Committee.

**SUMMARY**

The Leadership Group of the E911 Strategic Plan Scoping Committee, formed by King County Ordinance 18139, has submitted a report on its progress to date, as required by that ordinance. The Scoping Committee consists of a 16-member Leadership Group of elected officials and key stakeholders and a supporting staff Project Coordination Team. Ordinance 18139 charged the Scoping Committee with developing and recommending a Strategic Planning Process Report for transmittal to the Regional Policy Committee and all members of the County Council by May 31, 2016, as well as submitting a progress report from the Leadership Group to the members of the Regional Policy Committee and all members of the County Council by March 31, 2016.

The Project Coordination Team has been meeting since November 2015 and retained a consultant to facilitate the scoping process. The Leadership Group group established process parameters and a shared vision for the regional E911 system at its initial meeting and will meet three more times before finalizing the Strategic Planning Process Report.

Council staff and the Chair of the Project Coordination team will brief the committee on the progress report.

**BACKGROUND**

E-911 Program Office. King County's Enhanced 911 (E-911) Program Office reports to the King County Office of Emergency Management within the Department of Executive Services. "Enhanced" refers to the system's capability to selectively route incoming 911 calls to the appropriate Public Safety Answering Point (PSAP) to dispatch emergency responders. The Program Office administers the E-911 system in partnership with the 12 PSAPs in King County listed in Table 1.

The E-911 program is supported by excise taxes for land line, wireless and Voice-over-Internet phones. The E-911 Program Office distributes a portion of the excise taxes to

the PSAPs in accordance with state statute to defray the costs of 911 call handling. PSAPs are responsible for the costs of dispatching and other operations.

Table 1. PSAPs in King County

<b>Public Safety Answering Points in King County</b>	
Bothell Police Department	Redmond Police Department
Enumclaw Police Department	Seattle Fire Department
Issaquah Police Department	Seattle Police Department
King County Sheriff's Office	UW Police Department
North East King County Regional Public Safety Communication Agency (NORCOM) <sup>1</sup>	Valley Communications Center <sup>2</sup>
Port of Seattle Police Department	Washington State Patrol

Next Generation 911. The E-911 office is working with the PSAPs to transition to what is known as Next Generation 911 (NG911), a federal initiative to modernize existing, land line-based 911 technologies and upgrade systems to better work with wireless and Voice-over-Internet technologies. NG911 can allow better access, provide for text/photo/video-to-911, allow for better location identification, and receive automatic collision notification from vehicles and data from medical devices.

PSAP Consolidation Steering Committee. King County, with its partner agencies, recognized in 2011 that the increased costs of maintaining services and implementing NG911 changes was projected to exceed existing funding sources. As a result, the Executive initiated a process to develop options and recommendations to ensure sufficient resources are available for the 911 system into the future. A PSAP Consolidation Steering Committee, consisting of the directors from each of the twelve PSAPs and police, fire, and EMS representatives, was formed in July 2011. In July 2013, a consultant (GeoComm) hired by the E-911 Program Office in conjunction with the Steering Committee, presented final recommendations identifying different options for PSAP configuration and system enhancements for further consideration.

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<sup>1</sup> NORCOM serves the following emergency service providers: Bellevue Police and Fire, Bothell Fire, Clyde Hill Police, Duvall FD 45, Eastside Fire and Rescue, Fall City FD 27, Kirkland Police and Fire, Medina Police, Mercer Island Police and Fire, Northshore Fire, Redmond Fire, Shoreline Fire, Skykomish Fire, Snoqualmie Fire, Snoqualmie Pass Fire & Rescue (FD 51), and Woodinville Fire & Rescue as listed on their website: [www.norcom.org](http://www.norcom.org)

<sup>2</sup> ValleyCom serves the following emergency service providers: City of Algona Police, City of Auburn Police, City of Black Diamond Police, Burien/Normandy Park FD 2, City of Des Moines Police, City of Federal Way Police, City of Kent Police, Fire and EMS, King County Medic One, Maple Valley FD 43, Mountain View FD 44, North Highline Fire, City of Pacific Police, Palmer/Seleck FD 47, City of Renton Police, Fire and EMS, SeaTac Fire, South King Fire and Rescue, Skyway FD 20, City of Tukwila Police, Fire and EMS, Valley Regional Fire Authority, and Vashon Island Fire and Rescue as listed on their website: [www.valleycom.org](http://www.valleycom.org)

2013-2014 Biennial Budget Proviso Report. In 2012, during the 2013 Budget deliberations, the King County Council recognized that any recommendations for consolidating or otherwise modifying the current PSAP arrangement would have potential policy and budget implications. Consequently, the Council adopted the following budget proviso requiring that the Executive prepare a report that:

*“...shall include the King County enhanced 911 (“E-911”) program office's consultant's final report on public safety answering point consolidation feasibility and associated technical recommendations that is due to the Executive in December 2012. The report to the council shall include how the E-911 office developed, in collaboration with its public safety answering point consolidation work group, the plans for implementing the recommendations from the consultant's final report. The report shall include a description of the work of the review committee, how it developed its recommendations for optimum public safety answering point configuration in King County, any recommendations regarding plans for the consolidation of public safety answering points and timelines for any recommended consolidations.”<sup>3</sup>*

The 2013-2014 Biennial Budget proviso report was due to the Council on May 31, 2013. However, the work group had not come to any final conclusions, and the Executive requested an extension to the proviso. The deadline was changed to September 15, 2014, and the scope of the proviso was changed from reporting on recommendations to reporting on progress and plans for completion. In responding to the proviso, the Executive reported that a PSAP Future Configuration Recommendation Committee would be formed for the decision-making phase of the process. The PSAP Consolidation Steering Committee would become the Technical Committee to support the Recommendations Committee.

2015-2016 Budget Proviso. The Executive submitted the report called for in the 2013-2014 budget proviso on September 12, 2014. At that time, the Technical Committee was intended to forward refined proposals to the Recommendation Committee in the summer of 2015, and the Recommendation Committee would finalize their recommendations by September 2015. However, upon deliberation, the Council elected to pursue a different approach to resolving regional PSAP issues and adopted the following proviso in the 2015-2016 biennial budget, calling for a new PSAP Oversight Committee to develop a strategic plan for implementation, governance and operation of the Next Generation 911 system in King County.

*Of this appropriation, \$500,000 shall not be expended or encumbered until the Executive transmits an ordinance establishing the King County regional public safety answering point oversight committee and the ordinance is adopted by the council. The ordinance shall reference the subject matter, the proviso's ordinance, ordinance section and proviso number in both the title and body of the motion.*

*The ordinance shall include, but not be limited to:*

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<sup>3</sup> Section 72, Ordinance 17476.

*A. A description of the purpose, processes and role of the committee relative to recommending a strategic plan for the implementation, governance and operation of the Next Generation 911 system in King County, to include proposed governance structures, operating rules and infrastructure for countywide Enhanced 911 operations; and*

*B. Committee membership including the chair of the council, the vice chair of regional coordination of the council or her successor, the chair of the law, justice, health and human services committee or its successor, the Executive, a city of Seattle elected official appointed by the mayor, three elected officials from other jurisdictions to be appointed by the council, a representative of the Sound Cities Association, a representative of a public safety agency, which is police, fire or emergency medical services, to be appointed by the council and a nonvoting technical and facilitation consultant selected by the Executive; and*

*The department of Executive services and the office of policy, strategy and budget shall provide any necessary support to develop the ordinance required by this proviso.*

*The Executive must file the ordinance required by this proviso by July 1, 2015. <sup>4</sup>*

Auditor's Report. On June 23, 2015, the County Auditor published findings from its independent review of E-911 operations.<sup>5</sup> That report recommended

- 1) creation of a governance mechanism,
- 2) establishment of a financial baseline of required spending and estimated revenues,
- 3) suspension of NG911 projects pending creation of an NG911 implementation plan and vetting of the plan with stakeholders, and
- 4) that the E-911 Program Office should follow King County Information Technology policies, including use of the Project Review Board.

Regional Public Safety Answering Point Oversight Committee. On June 30, 2015, the Executive transmitted Proposed Ordinance 2015-0255 in response to the 2015-2016 budget proviso. The proposed ordinance would establish the King County Regional Public Safety Answering Point Oversight Committee. The proposed ordinance also defined a work plan for the Oversight Committee. The proposed ordinance received a dual referral first to the Regional Policy Committee and then to the Committee of the Whole.

Regional Policy Committee Deliberations. The Regional Policy Committee discussed the Executive's proposal at its September 7, 2015 meeting but did not take action. Representatives from the County Council, the Sound Cities Association, the King County Executive and the Public Safety Answering Points (PSAPs) subsequently worked collaboratively to develop a proposed ordinance setting forth a methodology and

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<sup>4</sup> Section 24, Ordinance 17941.

<sup>5</sup> The Auditor's report may be found at

[http://www.kingcounty.gov/~media/operations/auditor/documents/2015Documents/20150623\\_E911.ashx?la=en](http://www.kingcounty.gov/~media/operations/auditor/documents/2015Documents/20150623_E911.ashx?la=en)

committee structure to define the process to develop a King County regional E-911 strategic plan. =At its October 14, 2015 meeting, the Regional Policy Committee unanimously approved proposed Ordinance 2015-0403, with a do pass recommendation to the Committee of the Whole.

### Regional E911 Strategic Plan Scoping Committee

Responding to the proposed legislation from the Regional Policy Committee, the King County Council adopted Ordinance 18139 (formerly Proposed Ordinance 2015-0403) in October 2015 (Attachment 1), creating a Strategic Plan Scoping Committee comprised of a Leadership Group and a supporting Project Coordination Team (see membership lists on Attachment 2). The Committee includes representatives from King County, municipalities, PSAPs, and Fire Commissioners so that, collaboratively, the priorities of the regional King County E-911 system can be identified. The Scoping Committee is tasked with developing and recommending a Strategic Planning Process Report for transmittal to the Regional Policy Committee and all members of the County Council by May 31, 2016 with a progress report provided from the Leadership Group to the members of the Regional Policy Committee and the County Council by March 31, 2016.

### Strategic Plan Process Report

According to Ordinance 18139, the Strategic Planning Process Report developed by the Scoping Committee will address priorities for the regional portions of the King County E-911 system and guide the ongoing process for decision making, funding and implementing those priorities, including

- 1) the organizational structure for the strategic planning process;
- 2) a timeline and milestones for completion of the Strategic Plan;
- 3) a process to provide regular reports to project stakeholders;
- 4) recommended work group(s) and/or team(s); and
- 5) other issues as identified by the committee.

The report is to define the roles, shared vision and measurable goals of the regional King County E-911 system that are reflective of national best practices. In addition, the report is to address the planning processes and questions needed to:

- 1) Integrate with the State E911 system and the responsibilities of local jurisdictions in their delivery of E-911 dispatch services;
- 2) Develop a 10-year technology investment strategy for the regional King County E-911 system, with tactics and a process for adapting to evolving technology and service conditions;
- 3) Develop a 10-year sustainable financial plan for the regional King County E-911 system, with tactics and a process for adapting to evolving financial conditions; and
- 4) Define an ongoing decision-making or governance structure for implementing and achieving the vision and goals of the regional King County E-911 system, including a conflict resolution process.

## Interim Progress Report

The Leadership Group transmitted a progress report as required by Ordinance 18139 to the King County Council on March 30, 2016 (Attachment 3). The report includes

- Appointees to the Scoping Committee. The Scoping Committee is comprised of the Leadership Group and the Project Coordination Team.
- Consultant Selection. The Project Coordination Team selected through a competitive process a team to facilitate the Strategic Plan Scoping Process led by BDS Planning & Urban Design.
- Scoping Process and Schedule. The Leadership Group has met once and will meet three more times prior to submitting a final report by the May 31, 2016 deadline, with one-on-one outreach to individual members and other key stakeholders between meetings.

The Progress Report notes that the Leadership Group has agreed on a number of items to date, including process protocols and a finding that “Consolidation of PSAPs is a question for the PSAPs themselves, and will not be part of the Regional E-911 Scoping or Strategic Planning processes.” The Leadership Group has defined its shared vision for the regional E911 system as follows:

*The King County Regional E-911 System will be among the best in the country in terms of:*

- *Rapid and effective routing of requests for services*
- *Effective deployment of evolving technology*
- *Efficient use of public resources*

## **ATTACHMENTS**

1. Ordinance 18139
2. Regional E911 Strategic Plan Scoping Committee Membership Lists
3. Regional E911 Strategic Plan Scoping Committee Progress Report

## **INVITED**

1. Lora Ueland, Executive Director, Valley Communications; Chair, Project Coordination Team of the Regional E911 Strategic Plan Scoping Committee



KING COUNTY

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

Signature Report

October 27, 2015

Ordinance 18139

Proposed No. 2015-0403.1

Sponsors von Reichbauer, Hague, Lambert,  
Dembowski, McDermott, Dunn and Phillips

1 AN ORDINANCE establishing a planning framework to  
2 define the process to develop a King County regional 911  
3 strategic plan.

4 STATEMENT OF FACTS:

5 1. King County's E-911 system is delivered through two integrated functions:

6 a. The regional systems, infrastructure and databases to route 911 calls, which is  
7 delivered through King County E-911 program office; and

8 b. The dispatch of resources from the police, fire or emergency service agencies,  
9 or any combination thereof, which is delivered through public safety answer  
10 points ("PSAPs") as determined by local jurisdictions.

11 2. The King County E-911 system is funded by E-911 excise taxes  
12 throughout the county and local PSAP funding.

13 3. King County distributes a portion of the E-911 excise tax to the local  
14 PSAPs to support technology investments and impacts relative to call  
15 routing; however, the majority of PSAP funding is provided by their  
16 jurisdictions and contract agencies through sources other than the E-911  
17 excise tax.

18 4. Stewardship of the E-911 system and excise taxes requires balancing of  
19 the regional role of the E-911 program office with the role and

20 responsibility of the local PSAPs to ensure that E-911 service is provided  
21 throughout the county.

22 5. The King County E-911 system is facing a number of financial,  
23 strategic and technological challenges with the implementation of the Next  
24 Generation E-911 technology.

25 6. The King County council desires to establish, in partnership between  
26 the King County E-911 program office and the PSAPs, a King County E-  
27 911 strategic plan that will:

28 a. Collaboratively identify the priorities of the King County E-911  
29 system;

30 b. Guide the ongoing processes for decision making, funding and  
31 implementing those priorities; and

32 c. Mutually respect the county's regional and PSAPs' local roles and  
33 responsibilities within the system.

34 BE IT ORDAINED BY THE COUNCIL OF KING COUNTY:

35 SECTION 1. A. The King County E-911 strategic plan scoping committee,  
36 consisting of a leadership group and a project coordination team, is hereby established.

37 B. The committee's purpose is to recommend a strategic planning process report  
38 by May 31, 2016. The report shall be filed in the form of a paper original and an  
39 electronic copy with the clerk of the council who shall retain the original and provide an  
40 electronic copy to all councilmembers, members of the regional policy committee, the  
41 executive and the policy staff director. If the committee does not transmit the report by  
42 May 31, 2016, the executive is requested to transmit a report, meeting the criteria defined

43 in this section, by August 30, 2016. If the executive is filing a report, the report shall be  
44 filed in the form of a paper original and an electronic copy with the clerk of the council,  
45 who shall retain the original and provide an electronic copy to all councilmembers and  
46 members of the regional policy committee and the policy staff director.

47 C. The report shall recommend a collaborative process to develop a King County  
48 E-911 strategic plan to address priorities for the regional portions of the King County E-  
49 911 system and guide the ongoing process for decision making, funding and  
50 implementing those priorities, including:

- 51 1. The organizational structure for the strategic planning process;
- 52 2. A timeline and milestones for completion of the plan;
- 53 3. A regular reporting process to project stakeholders;
- 54 4. A recommended work group or groups and team or teams, or any  
55 combination thereof; and
- 56 5. Other issues as identified by the committee.

57 D. The report shall define the roles, shared vision and measurable goals of the  
58 regional King County E-911 system that is reflective of national best practices. In  
59 addition, the report shall also, at a minimum, address the planning processes and  
60 questions needed to:

- 61 1. Integrate with the state's E911 system and the responsibilities of local  
62 jurisdictions in their delivery of E-911 dispatch services;
- 63 2. Develop a ten-year technology investment strategy for the regional King  
64 County E-911 system with tactics and a process for adapting to evolving technology and  
65 service conditions;

66           3. Develop a ten-year sustainable financial plan for the regional King County E-  
67 911 system with tactics and a process for adapting to evolving financial conditions; and

68           4. Define an ongoing decision making or governance structure for implementing  
69 and achieving the vision and goals of the regional King County E-911 system, including  
70 a conflict resolution process.

71           SECTION 2.

72           A. The leadership group of the E-911 strategic plan scoping committee will  
73 finalize the recommendations to be included in the report. These recommendations shall  
74 be made by consensus, to the extent possible. In the absence of consensus, each member  
75 shall have one vote unless otherwise noted in this section.

76           The leadership group shall consist of:

77           1. Three King County councilmembers, consisting of the chair of the budget and  
78 fiscal management committee, the chair of the law, justice and emergency management  
79 committee and the council vice chair of regional coordination, or their successors;

80           2. Two city of Seattle councilmembers, recommended by the city of Seattle;

81           3. Three elected officials recommended by the Sound Cities Association;

82           4. One Bellevue councilmember, recommended by the city of Bellevue;

83           5. One fire district elected commissioner designated by the King County

84 Council in the appointing motion;

85           6. The King County sheriff;

86           7. The King County executive;

87           8. One representative of public safety answering points ("PSAPs")

88 recommended by Valley Communications and NORCOM;

89           9. One representative of the PSAPs recommended by the city of Bothell, city of  
90 Enumclaw, city of Issaquah, Port of Seattle, city of Redmond, University of Washington  
91 and Washington State Patrol;

92           10. One representative of the PSAPs recommended by the city of Seattle; and

93           11. One representative of the E-911 program office, recommended by the  
94 executive, to be the nonvoting ex officio member and technical advisor to all committee  
95 deliberations.

96           B. The council shall appoint the members of the leadership group by motion.  
97 Within 14 days of the effective date of this ordinance the recommending agencies shall  
98 transmit an electronic copy of their appointment recommendations to the clerk of the  
99 Council, who shall retain the original and provide an electronic copy to the chair of the  
100 Council. In the appointment of leadership group members, the King County council  
101 should strive to balance the geographic distribution of members, including specific  
102 representation for the unincorporated areas of King County.

103           C. The leadership group shall transmit a progress report to the King County  
104 council by March 31, 2016, identifying the committee's decisions to date and work  
105 remaining before completion of the strategic planning process report. The report shall be  
106 filed in the form of a paper original and an electronic copy with the clerk of the council,  
107 who shall retain the original and provide an electronic copy to all councilmembers and  
108 members of the regional policy committee and the policy staff director or the policy staff  
109 director's successor.

110           SECTION 3. A. The project coordination team of the E-911 strategic plan  
111 scoping committee shall:

112           1. Develop options related to or recommendations for items on the leadership  
113 group's agendas;

114           2. Provide recommendations to the King County executive regarding scopes of  
115 work, requests for proposals and selection of consultants to support the E-911 scoping,  
116 strategic planning and interim advisory committee processes; and

117           3. Develop draft agendas, review materials and identify the resources needed to  
118 support leadership group deliberations.

119           B. The project coordinating team shall make recommendations by consensus, to  
120 the extent possible. When consensus cannot be achieved, then options shall be identified  
121 and transmitted to the leadership group. In the absence of consensus, decisions shall be  
122 made by majority vote. The members of the project coordination team and their voting  
123 authority shall consist of staff recommended by their respective organizations, including:

124           1. One representative of the PSAPs operated by Valley Communications and  
125 NORCOM;

126           2. One representative of the PSAPs operated by the city of Bothell, city of  
127 Enumclaw, city of Issaquah, Port of Seattle, city of Redmond, University of Washington  
128 and Washington State Patrol;

129           3. One representative of the PSAPs operated by the city of Seattle;

130           4. One representative of the PSAPs recommended by the King County sheriff;

131           5. One representative of the King County council; and

132           6. One representative of the King County E-911 program office recommended  
133 by the King County executive.

134 C. The council shall appoint the members of the project coordination team by  
135 motion. Within 14 days of the effective date of this ordinance the recommending  
136 agencies shall transmit an electronic copy of their appointment recommendations to the  
137 clerk of the Council, who shall retain the original and provide an electronic copy to the  
138 chair of the Council.

139 SECTION 4. A. The King County interim E-911 advisory group is hereby  
140 established. The advisory group's purpose is to advise and consult with the King County  
141 E-911 program office regarding technology, financial and system operational issues until  
142 completion of the E-911 strategic plan and implementation of an ongoing decision making  
143 and/or governance system. The advisory group shall provide comment and  
144 recommendations on the county's E-911 program office 2017-2018 budget proposal and  
145 financial, capital, operating, technology, and other issues as they emerge associated with  
146 the regional King County E-911 system, but shall not provide recommendations  
147 regarding the day-to-day operational issues of the E-911 program office. The advisory  
148 group may create subcommittees, working groups, or both, as needed. The advisory  
149 group's recommendations shall be made by consensus to the extent possible. In the  
150 absence of consensus, decisions will be made by majority vote. The members of the  
151 advisory group and their respective voting authority shall consist of staff designated by  
152 their respective organizations, including:

153 1. One representative from the King County E-911 program office shall serve in  
154 a nonvoting capacity;

155 2. One representative of the PSAPs operated by Valley Communications and  
156 NORCOM may exercise one vote;

157           3. One representative of the PSAPs operated by the city of Bothell, city of  
158 Enumclaw, city of Issaquah, Port of Seattle, city of Redmond, University of Washington  
159 and Washington State Patrol may exercise one vote;

160           4. One representative of the PSAPs operated by the city of Seattle may exercise  
161 one vote;

162           5. One representative of the PSAP operated by the King County sheriff may  
163 exercise one vote;

164           6. Each PSAP without a designated voting member may designate a nonvoting  
165 member.

166           B. The King County executive shall provide written notice including rationale for  
167 the actions to the advisory group and the King County council prior to the next scheduled  
168 meeting of the advisory group implementing any actions contrary to an advisory group-  
169 voted recommendation or impasse. The notice shall be filed in the form of a paper  
170 original and an electronic copy with the clerk of the council, who shall retain the original  
171 and provide an electronic copy to all councilmembers and members of the regional policy  
172 committee and the policy staff director.

173           C. This advisory group shall remain in effect until an ordinance is enacted  
174 repealing this section.

175           SECTION 5. A. The strategic plan scoping committee shall be supported by a  
176 nonvoting project manager designated by the executive and an independent professional  
177 facilitator who is not an employee of King County or any of the PSAPs. The facilitator  
178 shall present recommendations and options from the project coordination team and  
179 provide a fair representation of the project coordination team's deliberations.

180           B. The strategic plan scoping committee may also be supported by an  
181 independent technical advisor who has expertise in national emergency number  
182 association standards for governance, Next Generation E-911 technology and PSAP  
183 operations, national, state and regional authorities such as the Federal Communications  
184 Commission, and the Association of Public-Safety Communications Officials  
185 International.

186           C. The strategic plan scoping committee may request that the executive retain  
187 other persons or organizations with additional subject matter expertise, as needed, which  
188 may include a strategic planning advisor or other persons.

189           D. The independent facilitator, independent technical advisor, or other resources  
190 per Section 5.C. requested to support the scoping committee shall be retained under  
191 contract by the executive, as recommended by the project coordination team and through  
192 the county procurement process.

193           SECTION 6. For the purposes of this ordinance, "consensus" means a decision  
194 that all members can generally support, even if it is not the preferred or specific choice of

195 an individual member or members. For all groups with consensus voting established in  
196 this ordinance, any voting member may reject consensus and require a vote.

197

Ordinance 18139 was introduced on 10/12/2015 and passed by the Metropolitan King  
County Council on 10/26/2015, by the following vote:

Yes: 9 - Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague,  
Ms. Lambert, Mr. Dunn, Mr. McDermott, Mr. Dembowski and Mr.  
Upthegrove  
No: 0  
Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

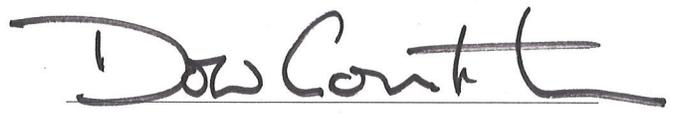
  
Larry Phillips, Chair

ATTEST:

  
\_\_\_\_\_  
Anne Noris, Clerk of the Council

RECEIVED  
2015 OCT 30 AM 9:35  
CLERK  
KING COUNTY COUNCIL

APPROVED this 28 day of OCTOBER, 2015.

  
\_\_\_\_\_  
Dow Constantine, County Executive

Attachments: None

**Attachment 1: Regional E911 Strategic Plan Scoping Committee Membership**

<b>LEADERSHIP GROUP MEMBERS</b>		<b>VOTES</b>
3 King County Councilmembers	Hon. Reagan Dunn Hon. Kathy Lambert Hon. Dave Upthegrove	3
2 City of Seattle Councilmembers recommended by the City of Seattle	Hon. Lorena González Hon. Bruce Harrell	2
3 Elected Officials recommended by the Sound Cities Association	Hon. Denis Law, City of Renton Hon. Tola Marts, City of Issaquah Hon. Liz Reynolds, City of Enumclaw	3
1 City of Bellevue Councilmember, recommended by the City of Bellevue	Hon. Jennifer Robertson	1
1 Fire District Elected Commissioner designated by the King County Council	Hon. Tim Osgood, Woodinville Fire and Rescue	1
The King County Sheriff	Hon. John Urquhart	1
The King County Executive	Hon. Dow Constantine	1
1 representative from the PSAPs recommended by Valley Communications and NORCOM	Tom Orr, NORCOM	1
1 representative from the PSAPs recommended by the City of Bothell, City of Enumclaw, City of Issaquah, Port of Seattle, City of Redmond, University of Washington, and Washington State Patrol	Erik Scairpon, Redmond Police Department	1
1 representative from the PSAPs recommended by the City of Seattle	Ronald Rasmussen, Seattle Police Department	1
1 representative of the E-911 program office, recommended by the Executive, to be the nonvoting ex officio member and technical advisor to all committee deliberations	Jody Miller, King County Office of Emergency Management	0
<b>TOTAL</b>		<b>15</b>

<b>PROJECT COORDINATION TEAM MEMBERS</b>		<b>VOTES</b>
1 representative from the PSAPs operated by Valley Communications Center and NORCOM	Lora Ueland, Executive Director, Valley Communications Center	1
1 representative from the PSAPs operated by the City of Bothell, City of Enumclaw, City of Issaquah, Port of Seattle, City of Redmond, University of Washington, and Washington State Patrol	Commander Chris Wilson, Issaquah Police Department	1
1 representative from the PSAPs operated by the City of Seattle	Captain Ron Rasmussen, Seattle Police Department	1
1 representative from the PSAP operated by the King County Sheriff's office	Patti-Cole Tindall, King County Sheriff's Office	1
1 representative of the King County Council	Lise Kaye, Senior Legislative Analyst	1
1 representative of the King County E-911 program office	Deb Flewelling, Program Manager	1
<b>TOTAL</b>		<b>6</b>

### **Attachment 3. Strategic Planning Process Report**

The Strategic Planning Process Report developed by the Scoping Committee will address priorities for the regional portions of the King County E-911 system and guide the ongoing process for decision making, funding and implementing those priorities, including

- 1) the organizational structure for the strategic planning process;
- 2) a timeline and milestones for completion of the Strategic Plan;
- 3) a process to provide regular reports to project stakeholders;
- 4) recommended work group(s) and/or team(s); and
- 5) other issues as identified by the committee.

The report is to define the roles, shared vision and measurable goals of the regional King County E-911 system that are reflective of national best practices. In addition, the report is to address the planning processes and questions needed to:

- 1) Integrate with the State E911 system and the responsibilities of local jurisdictions in their delivery of E-911 dispatch services;
- 2) Develop a 10-year technology investment strategy for the regional King County E-911 system, with tactics and a process for adapting to evolving technology and service conditions;
- 3) Develop a 10-year sustainable financial plan for the regional King County E-911 system, with tactics and a process for adapting to evolving financial conditions; and
- 4) Define an ongoing decision-making or governance structure for implementing and achieving the vision and goals of the regional King County E-911 system, including a conflict resolution process.



## PROGRESS REPORT TO COUNTY COUNCIL

### LEADERSHIP GROUP

Councilmember Jennifer Robertson  
CITY OF BELLEVUE

Mayor Liz Reynolds  
CITY OF ENUMCLAW

Councilmember Tola Marts  
CITY OF ISSAQUAH

Executive Dow Constantine  
KING COUNTY

Councilmember Reagan Dunn  
KING COUNTY

Councilmember Kathy Lambert  
KING COUNTY

Councilmember Dave Uptegrove  
KING COUNTY

Sheriff John Urquhart  
KING COUNTY

Jody Miller  
KING COUNTY OFFICE OF EMERGENCY MANAGEMENT

Executive Director Tom Orr  
NORCOM

Commander Erik Scairpon  
REDMOND POLICE DEPARTMENT

Mayor Denis Law  
CITY OF RENTON

Councilmember Lorena González  
CITY OF SEATTLE

Council President Bruce Harrell  
CITY OF SEATTLE

Captain Ronald Rasmussen  
SEATTLE POLICE DEPARTMENT

Hon. Tim Osgood  
WOODINVILLE FIRE AND RESCUE

### PROJECT COORDINATION TEAM

Executive Director Lara Ueland, Chair  
VALLEY COMMUNICATIONS CENTER

Deb Flewelling, Vice-Chair  
KING COUNTY E-911 OFFICE

Commander Chris Wilson  
ISSAQUAH POLICE DEPARTMENT

Chief Patti Cole-Tindall  
KING COUNTY SHERIFF'S OFFICE

Lise Kaye  
KING COUNTY COUNCIL STAFF

Captain Ronald Rasmussen  
SEATTLE POLICE DEPARTMENT

March 31, 2016

To: King County Council

From: Regional E-911 Strategic Plan Scoping Committee

Re: Progress Report

### Summary

As directed by Ordinance #18139, the King County Council appointed a Regional E-911 Strategic Plan Scoping Committee, including a Leadership Group and Project Coordination Team. The Committee selected a consultant facilitation team, and outlined the scoping process and schedule. The first meeting of the Leadership Group was held on March 17, 2016.

### Scoping Committee Membership

On December 14, 2015 and January 26, 2016 the County Council confirmed appointments of the following roster for the Regional E-911 Strategic Plan Scoping Committee. Both the Leadership Group and Project Coordination Team are representative of the County and local stakeholders, including the 12 Public Safety Answering Points (PSAPs) in the King County E-911 system.

### Leadership Group

**Councilmember  
Jennifer Robertson**  
City of Bellevue

**Mayor Liz Reynolds**  
City of Enumclaw

**Councilmember Tola Marts**  
City of Issaquah

**Executive Dow Constantine**  
King County

**Councilmember Reagan Dunn**  
King County Council

**Councilmember Kathy Lambert**  
King County Council

**Councilmember  
Dave Uptegrove**  
King County Council

**Sheriff John Urquhart**  
King County

**Jody Miller**  
King County Office of Emergency  
Management

**Executive Director Tom Orr**  
NORCOM

**Commander Erik Scairpon**  
Redmond Police Department

**Mayor Denis Law**  
City of Renton

**Councilmember Lorena Gonzalez**  
City of Seattle

**Council President Bruce Harrell**  
City of Seattle

**Captain Ronald Rasmussen**  
Seattle Police Department

**Hon. Tim Osgood**  
Woodinville Fire & Rescue

### Project Coordination Team

**Executive Director Lara Ueland, Chair**  
Valley Communications Center

**Deb Flewelling, Vice-Chair**  
King County E-911 Program Office

**Commander Chris Wilson**  
Issaquah Police Department

**Chief Patti Cole-Tindall**  
King County Sheriff's Office

**Lise Kaye**  
King County Council Staff

**Captain Ronald Rasmussen**  
Seattle Police Department

The Project Coordination Team has been meeting since December 16, 2015. The Leadership Group had its first meeting on March 17, 2016.

### ***Consultant Selection***

The Project Coordination Team requested proposals from consultant teams to facilitate the Strategic Plan Scoping process, and selected a team led by BDS Planning & Urban Design. This team includes:

<b>BDS Planning &amp; Urban Design</b>	<b>CBE Strategic</b>
– Brian Douglas Scott	– Tim Ceis
– Beth Dufek	– Andrés Mantilla
– Jennifer Rose	– Kate Nolan

### ***Scoping Process & Schedule***

The Project Coordination Team has been meeting weekly for several months, and will continue to do so through completion of this scoping process at the end of May. The Leadership Group met on March 17, and has meetings scheduled for April 14, April 28, and May 12, with the expectation that recommendations will be approved at the May 12 meeting and compiled into a final report by the Council's deadline of May 31, 2016.

The meeting schedule with preliminary agendas, tasks, and outcomes is illustrated in the process diagram that is appended to this report.

An important element of the process is an iterative approach that involves both full group meetings and one-on-one outreach to individual Leadership Group members and other key stakeholders. This one-on-one engagement allows individuals to ask questions, express concerns, and speak candidly in a manner that is difficult in large meetings. Each Leadership Group meeting is followed-up with meeting notes and an issue brief for the next meeting, and these materials are important tools for the one-on-one engagement. This iterative process is illustrated in the attached Leadership Group Meeting Cycle diagram.

### ***Decisions to date***

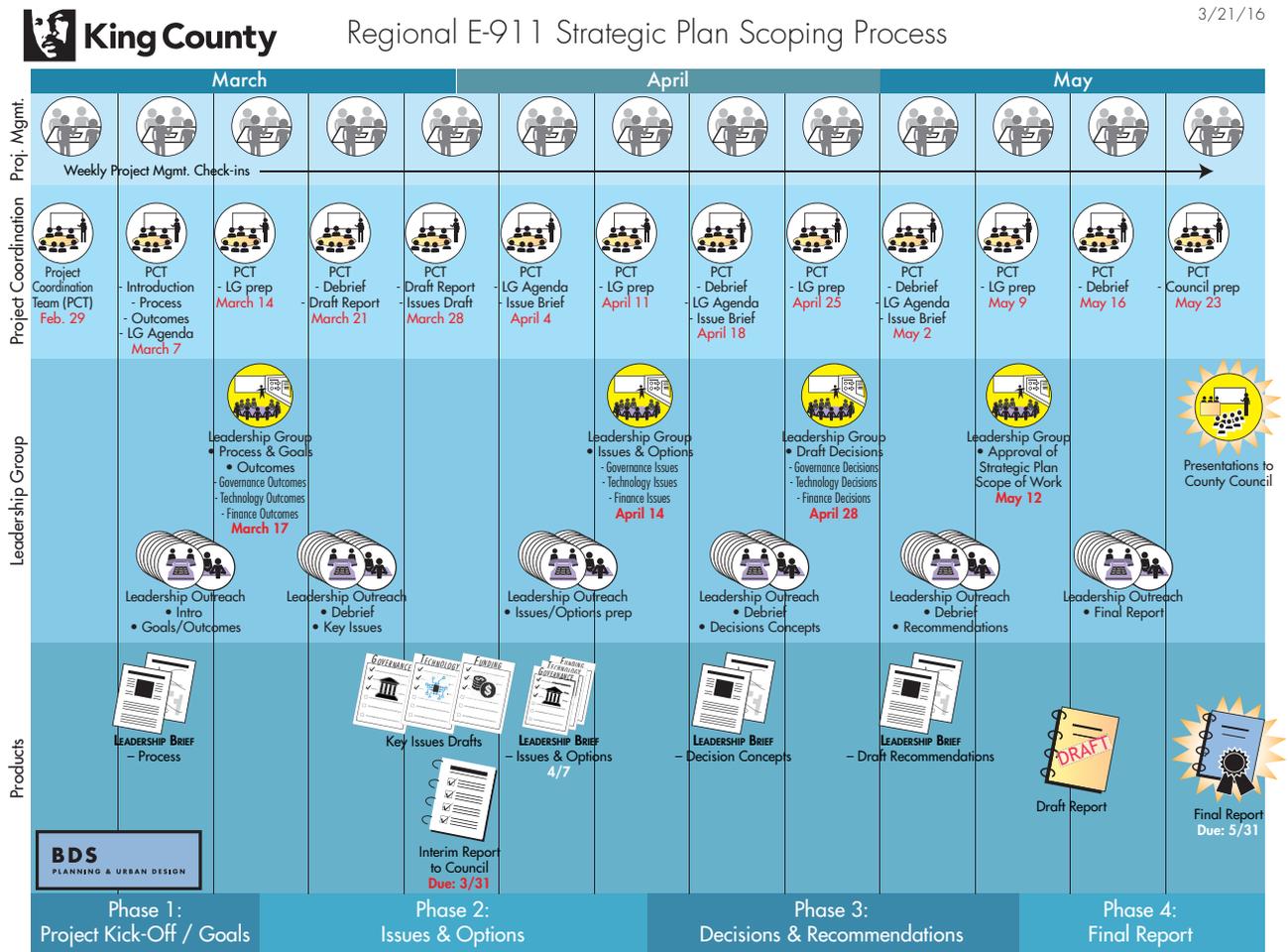
At its initial meeting, the Leadership Group agreed on a number of items that are outlined below. These include:

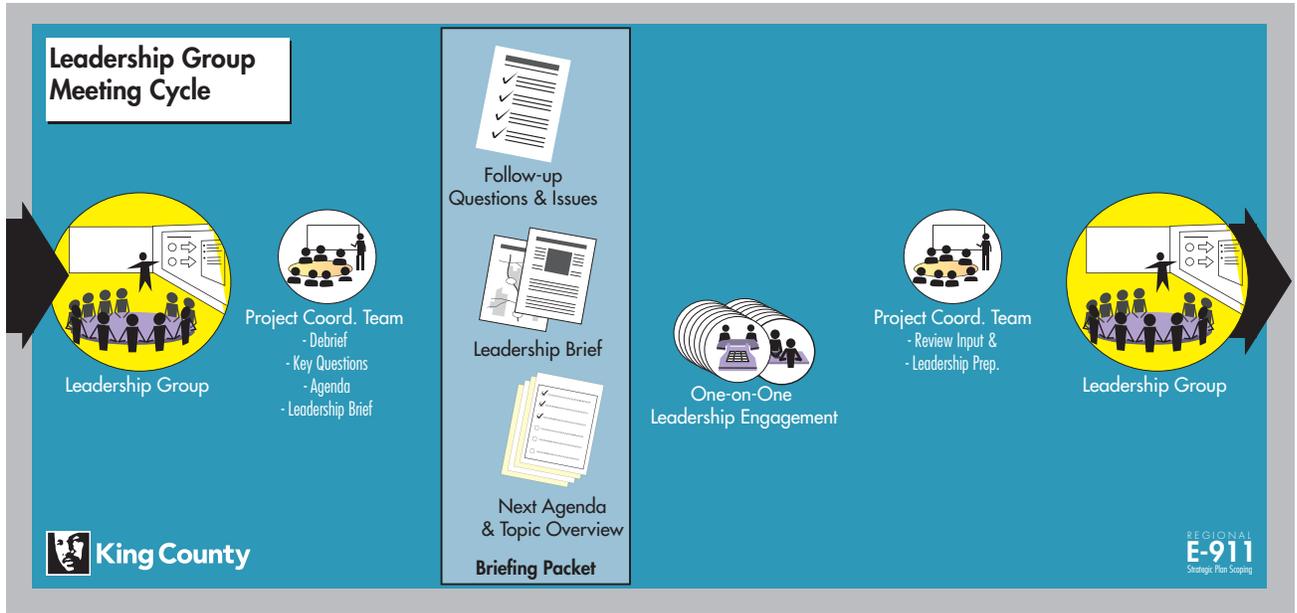
#### ***Summary of Decisions & Agreements***

- No alternates
- Consensus, or at least 80% of those in attendance
- Existing roles:
  - County: routing network
  - PSAPS: interrogation and dispatch
- Governance:
  - E-911 Program Office is housed within the County's Dept. of Executive Services
  - PSAPs are governed by local stakeholders
  - Consolidation of PSAPs is a question for the PSAPs themselves, and will not be part of the Regional E-911 Scoping or Strategic Planning processes

- **Funding:**
  - E-911 Program Office = dedicated excise taxes
  - Distribution of some dedicated excise taxes to PSAPs
  - Most PSAP funding is local
- **Shared Vision:**  
 The King County Regional E-911 System will be among the best in the country in terms of:
  - Rapid and effective routing of requests for services
  - Effective deployment of evolving technology
  - Efficient use of public resources
- **Progress Report Content:**
  - Leadership Group and Project Coordination Team Rosters
  - Consultant Selection
  - Process and Schedule
  - 1<sup>st</sup> Leadership Group Meeting

**Appendices: Process Graphic & Leadership Group Meeting Cycle**







**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	10	<b>Name:</b>	Lise Kaye
<b>Proposed No.:</b>	2016-B0078	<b>Date:</b>	April 13, 2016

**SUBJECT**

A briefing on the status of federal and state regulations with respect to rail transport of petroleum crude oil.

**SUMMARY**

Staff from the Washington State Utilities and Transportation Commission, the State Department of Ecology and the King County Office of Emergency Management will update the Committee on recent changes to federal and state regulations with respect to rail transport of petroleum crude oil.

**BACKGROUND**

**Oil Processing and Movement in Washington State**

Four refineries in Washington State process and refine crude oil from Alaska and other areas into products such as gasoline, diesel fuel, asphalt base, heating oil, kerosene and liquefied petroleum gas.<sup>1</sup> The Pacific Northwest is experiencing rapid changes in the movement of oil along railroad corridors for in-state refining and/or export to other U.S. west coast refineries. Attachment 1 is a map produced by the Washington State Department of Ecology (Ecology) showing oil transportation routes in and out of the state, including transport by pipeline, marine vessels and rail. Based on 2014 data<sup>2</sup>, the breakdown of crude oil imports to Washington by mode is as follows:

- Vessel – 59%
- Rail – 24%
- Pipeline – 17%

The Puget Sound region’s north-south rail lines carry oil, including highly flammable Bakken crude oil<sup>3</sup>, through densely populated areas, along shorelines, across rivers and

<sup>1</sup> BP at Cherry Point, Tesoro in Anacortes, US Oil in Tacoma, and Phillips 66 in Ferndale

<sup>2</sup> <http://www.ecy.wa.gov/programs/spills/OilMovement/SafetyActFAQs.html>

<sup>3</sup> The Bakken Formation is an interbedded sequence of black shale, siltstone and sandstone that underlies large areas of northwestern North Dakota, northeastern Montana, southern Saskatchewan and southwestern Manitoba. Source: <http://geology.com/articles/bakken-formation.shtml>

estuaries, and through or near heavily visited recreation areas and parks. On July 24, 2014, a train derailment near the Magnolia Bridge in Seattle involved tank cars carrying Bakken crude oil, but the accident did not release any oil. Much of the oil traveling by train is shipped in tank cars known as DOT-111s, an older design that the federal government has ordered to be retrofitted or replaced, as discussed below.

A recent map published by Ecology<sup>4</sup> showed 18 oil trains per week travelling through King County. It is unclear whether these volumes will change in the future. In December 2015, Bloomberg Business reported that, nationwide, the number of train carloads carrying petroleum has dropped 30 percent since peaking in December 2014, according to the American Association of Railroads.<sup>5</sup> However, it is possible that the December 2015 repeal of the U.S. crude oil export ban could again increase rail shipments.

### Recent Federal Regulations

#### *Title VII of the Fixing America's Surface Transportation (FAST) Act*

On December 4, 2015, President Obama signed into law the FAST Act, Title VII of which is known as the "Hazardous Materials Transportation Safety Improvement Act of 2015." The legislation strengthens several provisions of the May 2015 United States Department of Transportation (USDOT) final rule for safe transportation of flammable liquids by rail.

- **Safer Tanker Cars.** Over the next several years all tanker cars carrying crude oil (or other flammable liquids) must meet "DOT 117" specifications, which are designed to meet higher safety standards in the case of an accident. This standard goes beyond the USDOT rule which required that all trains with at least 20 consecutive (or 35 total) tankers carrying crude oil (or other flammable liquids) utilize new or retrofitted tank cars meeting the DOT 117 design standards.
- **Installation of Thermal Blanket and Top Fittings Protection.** All new and retrofitted tanker cars meeting the DOT 117 specifications must be equipped with "thermal blankets"—insulation technology designed to improve safety by better containing fires. The legislation also requires protective housing for top fittings on DOT 117 R tank cars and pressure relief valves.
- **Increased Reporting.** USDOT must issue regulations by end of 2016 requiring railroads to provide state emergency response officials with information regarding the transport of hazardous materials, including information on the type and quantity of materials, the train's point of origin and destination, and emergency contacts.

The FAST Act also suspended rules relating to electronically controlled pneumatic brakes pending completion of a study within two years.<sup>6</sup> It also establishes reporting requirements for rail tank modification, requires recommendations based on a completed Crude Oil Characteristics Research Sampling, Analysis and Experiment Plan, and requires a study on the levels and structure of insurance for railroad carriers transporting hazardous materials.

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<sup>4</sup> <http://www.ecy.wa.gov/programs/spills/OilMovement/Maps.html>

<sup>5</sup> <http://bloom.bg/1PvB9A6>

<sup>6</sup> Ibid., to be completed by the General Accountability Office and The National Academy of Sciences

## *Final USDOT Rule for Safe Transportation of Flammable Liquids by Rail*

On May 1, 2015, the USDOT announced a final rule for the safe transportation of flammable liquids by rail.<sup>7</sup> The final rule, developed by the Pipeline and Hazardous Materials Safety Administration and Federal Railroad Administration, in coordination with Canada, focuses on safety improvements that are designed to prevent accidents, mitigate consequences in the event of an accident, and support emergency response. The rule generally applies to “high-hazard flammable trains” - a continuous block of 20 or more tank cars loaded with a flammable liquid or 35 or more tank cars loaded with a flammable liquid dispersed through a train. The rule sets forth the following provisions:

### *New Tank Car Standards*

Enhanced standards for new and existing tank cars include the following requirements<sup>8</sup>:

- New tank cars constructed after October 1, 2015 are required to meet enhanced DOT Specification 117 design or performance criteria for use in a high-hazard flammable train (see Attachment 2 for a schematic of the new tank car).
- Existing tank cars must be retrofitted in accordance with the DOT-prescribed retrofit design or performance standard for use in a high-hazard flammable train.
- Retrofits must be completed based on a prescriptive retrofit schedule. The retrofit timeline focuses on two risk factors, the packing group and differing types of DOT-111 and CPC-1232 tank car. (Packing Groups I, II and III identify the risk level associated with the contents of the tank car, with “PG I” being the highest risk.)
- A retrofit reporting requirement is triggered if consignees owning or leasing tank cars covered under this rulemaking do not meet the initial retrofit milestone.

### *Operating Speeds*

The new rule sets reduced operating speeds, as follows:

- Restricts all high-hazard flammable trains to 50-mph in all areas.
- Requires high-hazard flammable trains that contain any tank cars not meeting the enhanced tank car standards required by the to rule operate at a 40-mph speed restriction in high-threat urban areas defined the Transportation Security Administration’s regulations<sup>9</sup>

### King County Comments on Proposed USDOT Rule

King County submitted Technical Comments to USDOT dated September 30, 2014 on the then- draft final rule. Attachment 4 is a table showing how the final rule and the FAST Act compare to the County’s recommendations. It appears that the new regulations do not significantly reflect the County’s comments.

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<sup>7</sup> <https://www.transportation.gov/briefing-room/final-rule-on-safe-rail-transport-of-flammable-liquids>

<sup>8</sup> As noted above, the FAST Act added new requirements for Thermal Blanket and Top Fittings Protection

<sup>9</sup> at 49 CFR 1580.3 see <http://1.usa.gov/210EyaL>

## Washington State Law and Regulations

Many of the recommendations from a 2015 study conducted by Ecology and the Washington State Utilities and Transportation Commission (UTC) on risks to public health and safety associated with oil transportation were incorporated into the Oil Transportation Safety Act (ESHB 1449), which became effective on July 1, 2015.

The Act includes the following additional provisions:

- Directs the UTC to require railroad companies to provide information on the company's ability to pay for a spill or accident in their annual report to the UTC. UTC is prohibited from using the information in the reports as a basis for developing economic regulations or issuing penalties against railroad companies.
- Directs the Emergency Management Division to assist Local Emergency Planning Committees develop and submit emergency response plans, with a focus on those communities where oil trains travel.
- Implements an "oil spill response tax" of one cent per barrel and an "oil spill administration tax" of four cents per barrel when crude oil or petroleum products are transferred from railroad tank cars to Washington terminals.
- Raises fees paid by railroads that haul crude oil to the UTC from 1.5% to up to 2.5% of their intrastate gross operating revenue.
- Funds additional federally certified rail inspectors.
- Allows state inspectors to enter private shippers' property without a federal escort.
- Gives the UTC regulatory authority to inspect and require safety signage at private crossings along oil routes.
- Ability for first-class cities to opt in to the UTC rail crossing safety program.

### *Ecology Rulemaking*

The Oil Transportation Safety Act directs Ecology to undertake five policy initiatives:

- Advance notice of oil movement
- Railroad contingency planning
- Geographic response plans
- Vessel traffic safety evaluation and assessment
- Equipment cache grants (for local fire responders to obtain spill response equipment caches and training)

The advance notice provision requires that facilities receiving crude oil from a rail car provide advance notice of the shipment to Ecology. The requirement does not apply to the railroad companies. The provision allows Ecology to share these notices with emergency response agencies upon request, and it directs Ecology to publish a quarterly report that aggregates the information statewide. The provision exempts from disclosure disaggregated information that contains proprietary, commercial, or financial information.

Ecology expects to complete rulemaking for these initiatives by fall 2016.<sup>10</sup>

### *Washington Utilities and Transportation Commission Rulemaking*

As directed by the Oil Transportation Safety Act (ESHB 1449), the UTC recently updated rail safety rules on crude oil being transported by train across the state, effective March 11, 2016.<sup>11</sup>

The new rules include

- Minimum safety requirements and inspections of private crossings located on oil train routes;
- Authorization of first-class cities, which are exempt, to opt into the UTC crossing inspection program; and
- Railroads that haul crude oil must provide financial verification that they have the means to address a reasonable worst case spill of oil

### **ATTACHMENTS**

1. Oil Movement In and Out of Washington State
2. DOT 117 Oil Train Tanker Specification
3. Minimum Factors to be Considered in the Performance of the Safety and Security Risk Analysis
4. King County Comments Compared to Final Rule on High-Hazard Flammable Trains

### **INVITED**

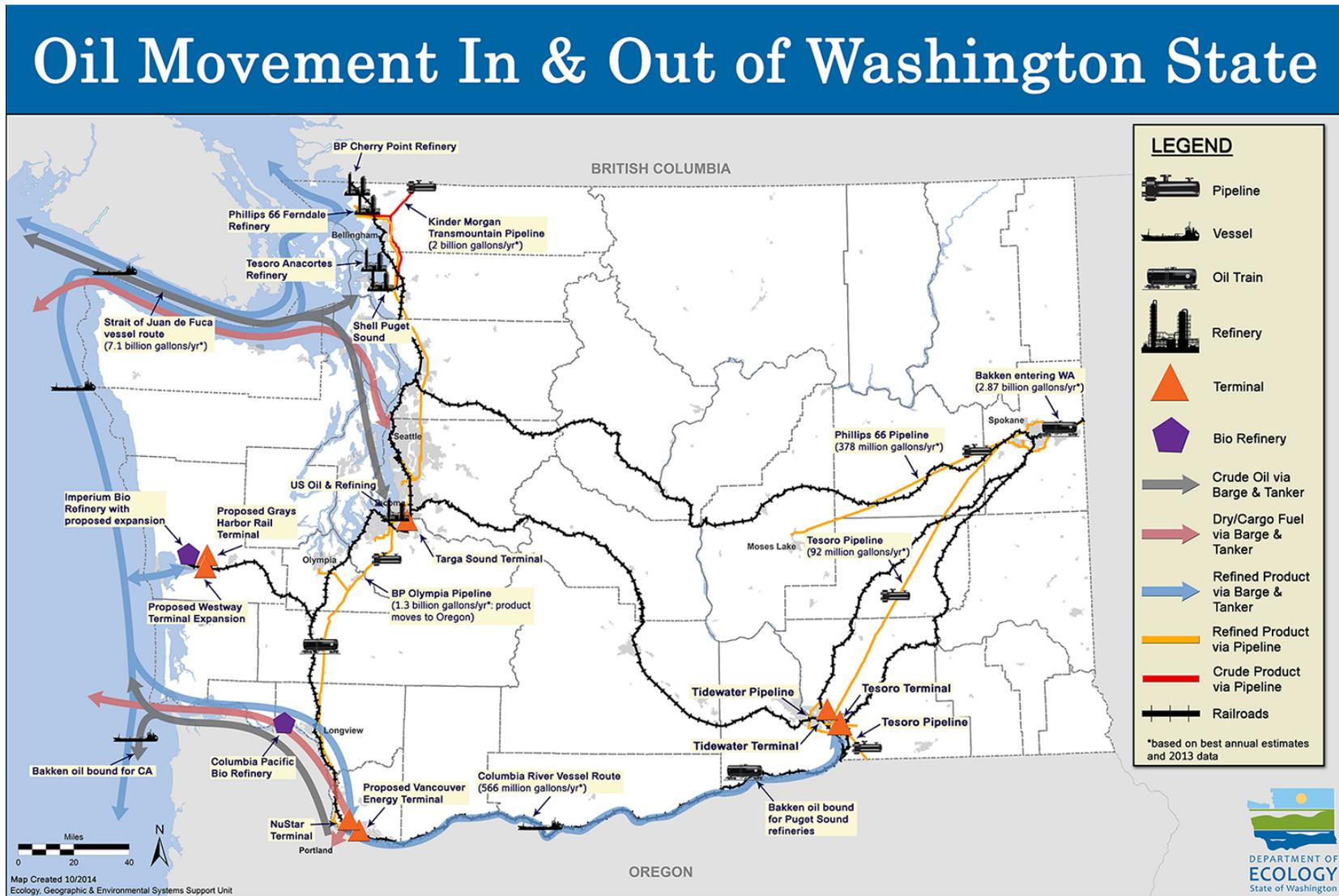
1. Walt Hubbard, Director, King County Office of Emergency Management
2. Jason Lewis, Transportation Policy Advisor, Utilities and Transportation Commission
3. Dale Jensen, Spills Program Manager, Washington State Department of Ecology

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<sup>10</sup> <http://www.ecy.wa.gov/programs/spills/rules/main.html>

<sup>11</sup> <http://www.railresource.com/content/?p=29202>

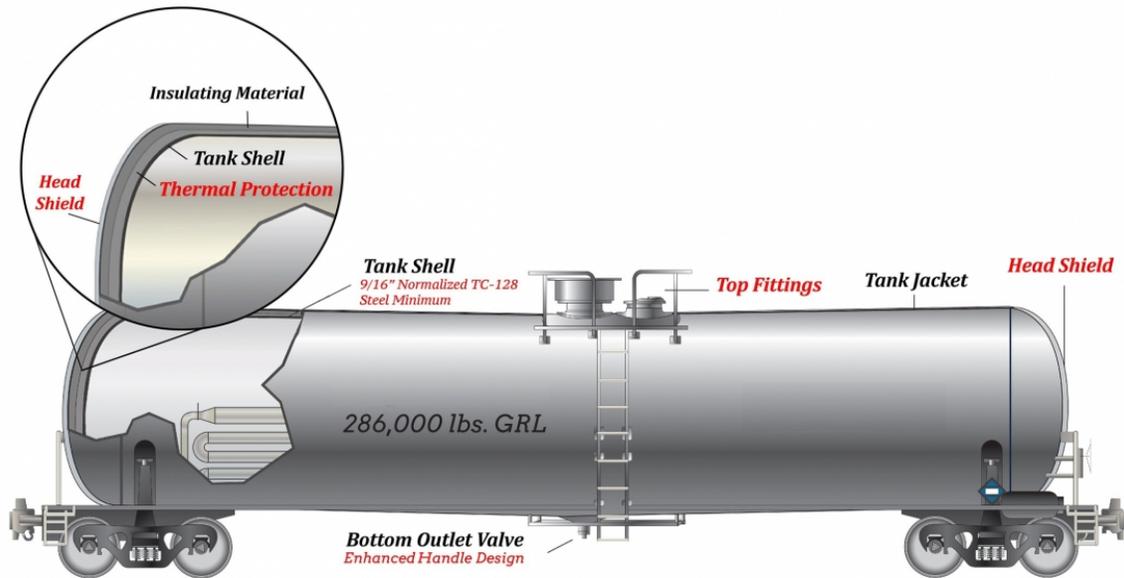
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Source: <http://www.ecy.wa.gov/programs/spills/OilMovement/OilMovementConceptualModel.pdf>, 2/24/16

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## DOT 117 Specification Car



### Safety enhancements of DOT Specification 117 Tank Car:

- Full-height ½ inch thick head shield
- Tank shell thickness increased to 9/16 inch minimum TC-128 Grade B, normalized steel
- Thermal protection
- Minimum 11-gauge jacket
- Top fittings protection
- Enhanced bottom outlet handle design to prevent unintended actuation during a train accident

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Attachment 3: Minimum Factors to be Considered in the Performance of the Safety and Security Risk Analysis

<b>Minimum Factors to be Considered in the Performance of the Safety and Security Risk Analysis Required by 49 CFR § 172.820</b>		
Volume of hazardous material transported	Rail traffic density	Trip length for route
Presence and characteristics of railroad facilities	Track type, class, and maintenance schedule	Track grade and curvature
Presence or absence of signals and train control systems along the route ("dark" versus signaled territory)	Presence or absence of wayside hazard detectors	Number and types of grade crossings
Single versus double track territory	Frequency and location of track turnouts	Proximity to iconic targets
Environmentally sensitive or significant areas	Population density along the route	Venues along the route (stations, events, places of congregation)
Emergency response capability along the route	Areas of high consequence along the route, including high-consequence targets	Presence of passenger traffic along route (shared track)
Speed of train operations	Proximity to en-route storage or repair facilities	Known threats, including any threat scenarios provided by the DHS or the DOT for carrier use in the development of the route assessment
Measures in place to address apparent safety and security risks	Availability of practicable alternative routes	Past accidents
Overall times in transit	Training and skill level of crews	Impact on rail network traffic and congestion

Source: HHFT Final Rule



Attachment 4. King County Comments Compared to Final Rule and FAST Act on High-Hazard Flammable Trains

Topic	King County Comment	Final Rule
High-Hazard Flammable Train Definition	Include a single train carrying one or more carloads transporting a PG1, Class 3 flammable material	A train comprised of 20 or more loaded tank cars of a Class 3 flammable liquid in a continuous block or 35 or more loaded tank cars of a Class 3 flammable liquid across the entire train.
Notification	Expand notification to include LEPCs	Reduced notification provisions (this change was suspended on 5/28/15 <sup>1</sup> FAST Act requires state to provide information upon request to a political subdivision of a State, or public agency responsible for emergency response or law enforcement.
Rail Routing	<p>In addition to the specified 27 safety and security factors, add the following:</p> <ul style="list-style-type: none"> <li>• Identify critical infrastructure needs;</li> <li>• include assessment criteria for human health;</li> <li>• apply to an expanded geographic area to capture densely populated areas (use Federally Designated Urban Areas instead of High Threat Urban Areas<sup>2</sup>);</li> <li>• identify speed reductions for HHFTs</li> </ul>	No change. Maintains 27 safety and security factors <sup>3</sup>

<sup>1</sup> On May 28, 2015, the Pipeline and Hazardous Materials Safety Administration issued a statement that “the May 2014 Emergency Order will remain in full force and effect until further notice while the agency considers options for codifying the May 2014 disclosure requirement on a permanent basis

<sup>2</sup> The 'High Threat Urban Area' used as a basis for the proposed route assessment excludes a .large portion of the urbanized Central Puget Sound region including the cities of Tacoma and Everett and its surrounding metropolitan areas.

<sup>3</sup> See Attachment 3 to this staff report

Attachment 3. King County Comments Compared to Final Rule on High-Hazard Flammable Trains (continued)

Topic	King County Comment	Final Rule
Classification/ Characterization of Mined Gases and Liquids	Third party verification of sampling results, with results available to state and local governments	<ul style="list-style-type: none"> <li>• Document the testing and sampling program outcomes</li> <li>• Make information available to DOT personnel upon request</li> </ul>
Speed Reduction	<ul style="list-style-type: none"> <li>• Speed reductions within Federally Designated Urban Areas instead of High Threat Urban Areas</li> <li>• Immediate speed restriction of 30 mph for DOT-111 tank cars</li> <li>• 30 mph for all HHFTs within Federally Designated Urban Areas, unless high speed is justified<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• All HHFTs 50 mph in all areas</li> <li>• HHFTs that don't meet enhanced design standards restricted to 40 mph in high-threat urban areas</li> </ul>
New Tank Cars	<ul style="list-style-type: none"> <li>• Support Option 1, DOT 117 tank car</li> <li>• Immediate phase out of DOT-111 tank cars for transporting PG 1, Class 3 flammable materials</li> </ul>	<ul style="list-style-type: none"> <li>• Cars constructed after 10/1/15 must meet DOT 117 specifications</li> <li>• Phased in retrofit schedule for existing tank cars (1/1/18 for non-jacketed DOT-111 cars in PG I service and 3/1/18 for jacketed DOT-111 cars in PG I service)</li> </ul>
HHFT Oil Spill Response Plans	<ul style="list-style-type: none"> <li>• Require comprehensive oil spill response plans for any oil tankers regardless of capacity</li> <li>• Response plans should be developed in consultation and shared with state, LEPC, and local emergency responders</li> </ul>	To be addressed in a separate rulemaking action, estimated January 2016 issue date <sup>5</sup>

<sup>4</sup> Unless it can be demonstrated through a route assessment that a 40 mph speed limit, combined with new tank standards (DOT Specification 117 tank car), can be supported without additional risk of derailment or explosion.

<sup>5</sup> See Docket PHMSA-2014-0105 at [www.regulations.gov](http://www.regulations.gov)