



# 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*  
*Alternates: Tim Burgess and Bruce Harrell*

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

3:00 PM

Wednesday, July 13, 2016

Room 1001

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**

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

2. **Roll Call**

3. **Approval of Minutes**

*June 8, 2016 meeting minutes. pp. 3-6*

4. **Chair's Report**

5. **Public Comment**

### Discussion and Possible Action

6. **Proposed Ordinance No. 2016-0281 pp. 7-8**

AN ORDINANCE approving the Best Starts for Kids Implementation Plan.

**Sponsors:** Ms. Kohl-Welles and Mr. Dembowski

*Scarlett Aldebot-Green, Council Staff*



*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.*



## Briefing

7. [Briefing No. 2016-B0144](#) pp. 9-42  
Planning associated with a MIDD Renewal  
*Wendy Soo Hoo, Council Staff*
  
8. [Briefing No. 2016-B0145](#) pp. 43-57  
PSERN Quarterly Briefing  
*Hiedi Popochock, Council Staff*

## Other Business

## Adjournment



# King County

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Seattle, WA 98104

## 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  
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1. **Call to Order**

*Chair von Reichbauer called the Regional Policy Committee meeting to order at 3:05 p.m.*

2. **Roll Call**

**Present:** 11 - Ms. Balducci, Ms. Cooke, Mr. Gossett, Ms. Juarez, Mr. Pelozza, Mr. Talmas, Mr. von Reichbauer, Ms. Walen, Mr. Hill, Mr. Grausz and Ms. Kohl-Welles

**Excused:** 1 - Ms. Sawant

3. **Approval of Minutes**

*Councilmember Pelozza moved approval of the April 13, 2016 meeting minutes as amended. Seeing no objections, the minutes were approved as amended.*

4. **Chair's Report**

*The Chair welcomed the members to the meeting. He announced that there will be a joint meeting with the Health, Housing and Human Services Committee on July 13, 2016 for the purpose of discussing the Best Starts for Kids Implementation Plan.*

5. **Public Comment**

*The following people were present to comment before the Committee:*

1. Alex Zimmerman
2. Abigail Echohawk

## **Briefing**

### **6. Briefing No. 2016-B0121**

King County Regional E-911 Strategic Planning Process Report

*Lise Kaye, Council Staff, briefed the committee and answered questions of the members. Lora Ueland, Executive Director of Valley Communications and Chair of the Project Coordination Team, and Diane Carlson, Director of Regional Initiatives, Executive's Office, were present to comment and answer questions from the members.*

**This matter was Presented**

### **7. Briefing No. 2016-B0109**

Mental Illness and Drug Dependency (MIDD): A current retrospective and Planning associated with a MIDD Renewal

*Wendy Soo Hoo, Council Staff, briefed the Committee and answered questions of the members. Kelli Carroll, Strategic Advisor, Department of Community and Human Services (DCHS), and Merrill Cousins, Coalition Ending Gender-Based Violence, were present to comment and answer questions from the members.*

### **8. Proposed Ordinance No. 2016-0281**

AN ORDINANCE approving the Best Starts for Kids Implementation Plan.

**Sponsors:** Ms. Kohl-Welles and Mr. Dembowski

*Scarlett Aldebot-Green, Council Staff, briefed the committee on the legislation and answered questions of the members. Sheila Capestany, Strategic Advisor for Children and Youth, and Betsy Jones, Health and Human Potential Policy Advisor, DCHS, were present to comment and answer questions from the members.*

**This matter was Deferred**

**Other Business**

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

**Adjournment**

*The meeting adjourned at 4:26 p.m.*

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

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

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**King County**

**Transportation, Economy and  
Environment Committee**

**July 13, 2016**

**Agenda Item No. 6  
Proposed Ordinance No. 2016-0281**

**AN ORDINANCE approving the Best Starts  
for Kids Implementation Plan**

**Materials for this item will be available before  
the meeting.**

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**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	7	<b>Name:</b>	Wendy Soo Hoo
<b>Proposed No.:</b>	2016-B0144	<b>Date:</b>	July 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. In its 2016 work program, the Regional Policy Committee identified development of the MIDD implementation plan as a subject matter area for monthly briefing.<sup>1</sup>

**SUMMARY:**

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>2</sup> This tax is referred to as the Mental Illness and Drug Dependency sales tax (MIDD I) and is projected to generate approximately \$117 million in the 2015/2016 biennium.<sup>3</sup>

The MIDD I sales tax is set to expire at the end of 2016 and the King County Council is considering legislation (Proposed Ordinance 2016-0287) that would enable continued collections of the MIDD sales tax through 2025. In order for collections to continue without interruption, Proposed Ordinance 2016-0287 would need to be effective by October 18.<sup>4</sup>

To guide consideration of an extension of the sales tax, in March 2015, the King County Council passed Ordinance 17998 (Attachment 1) setting requirements for a comprehensive review and potential modification of the strategies guiding the current MIDD (MIDD I) investments, and also setting forth requirements for an updated service improvement plan to guide investments of a continued MIDD (MIDD II).

<sup>1</sup> Regional Policy Committee Resolution 2016-2

<sup>2</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>3</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.

<sup>4</sup> The Department of Revenue requires notification 75 days before January 1, 2017 if the MIDD is renewed to ensure uninterrupted collections.

## **BACKGROUND:**

In 2007, the King County Council adopted Ordinance 15949 authorizing the MIDD sales tax to be collected until January 1, 2017. The MIDD is projected to generate approximately \$117 million in the 2015/2016 biennium. Ordinance 15949 also established a policy framework for measuring the effectiveness of the public's investment in MIDD I programs, requiring the King County Executive to submit oversight, implementation and evaluation plans for the programs funded with the tax revenue. Subsequent ordinances established the MIDD Oversight Committee (April 2008)<sup>5</sup> and the MIDD Implementation Plan and MIDD Evaluation Plan (October 2008).<sup>6</sup>

### **Ordinance 17998 Passed by Council in March 2015**

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

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

- 1) a comprehensive historical review and assessment of MIDD I – due June 30, 2016;
- 2) a MIDD service improvement plan to guide investments under a continued MIDD – due December 1, 2016, though transmittal is anticipated in late August; and
- 3) a progress report on the first two deliverables, which was transmitted in November 2015.<sup>7</sup>

Broad outreach was conducted in assessing the MIDD I and in development of the service improvement plan for MIDD II. County staff conducted a broad community outreach and engagement process. These efforts included surveys; five regional community conversations; and 13 focus groups ranging in size from four to 100 participants, involving specific communities, populations or sub-regional areas. The results are summarized in Attachment 2.

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<sup>5</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>6</sup> In October 2008, the Council adopted the MIDD Implementation Plan and the MIDD Evaluation Plan via Ordinance 16261 and Ordinance 16262.

<sup>7</sup> 2015-RPT0164

## **TIMELINE FOR CONSIDERING CONTINUATION OF MIDD & STATUS OF DELIVERABLES:**

Key dates related to consideration of extending the MIDD are summarized as follows:

- June 8, 2016: Transmittal of Proposed Ordinance 2016-0287, which would extend the MIDD sales tax
- June 28, 2016: Transmittal of historical review and assessment of MIDD I required by Ordinance 17998 for approval by Council (Proposed Motion 2016-0354)
- ~August 25, 2016: Transmittal of service improvement plan for MIDD II – *draft of 2017 funding and programmatic recommendations issued in April 2016 and revised in May 2016*
- October 18, 2016: Deadline for Council action on renewal ordinance to ensure uninterrupted collections

Since the June Regional Policy Committee meeting, the Executive has transmitted legislation (Proposed Ordinance 2016-0287), which would extend the MIDD sales tax and the final Mental Illness and Drug Dependency Comprehensive Retrospective Report.

### **Extension of MIDD Sales Tax**

Proposed Ordinance 2016-0287 would extend the MIDD sales tax to January 1, 2026. Since 2008, the MIDD sales tax has generated approximately \$425 million revenue to support mental health and chemical dependency services. The April 2016 MIDD Financial Plan, with guidance from the Office of Economic and Financial Analysis, assumes projected revenues of \$129.6 million for 2017/2018 and \$139.8 million for 2019/2020 if MIDD is continued.

If the Council chooses to extend the MIDD expiration date, the Department of Revenue requires notification by October 18, 2016 to allow for uninterrupted collections.

### **MIDD Comprehensive Retrospective Report**

On June 28, 2016, the Executive transmitted Proposed Motion 2016-0354 approving the final Mental Illness and Drug Dependency Comprehensive Retrospective Report. The report recommends revisions to the MIDD policy goals, which were adopted in Ordinance 15949, as shown in Table 1 below. The link to the report can be found at <http://mkcclegisearch.kingcounty.gov/View.ashx?M=F&ID=4546176&GUID=2A34E91F-1482-49CE-928C-FC3C79DEAD1A>

**Table 1  
Comparison of MIDD I Adopted Policy Goals and  
MIDD II Recommended Policy Goals**

<b>MIDD I Adopted Policy Goals</b>	<b>Proposed MIDD II Policy Goals</b>
<ul style="list-style-type: none"> <li>• A reduction of the number of mentally ill and chemically dependent using costly intervention like jail, emergency rooms and hospitals</li> <li>• A reduction of the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency</li> <li>• A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults</li> <li>• Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement</li> <li>• Explicit linkage with, and furthering the work of, other Council-directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the County Recovery Plan.</li> </ul>	<ul style="list-style-type: none"> <li>• Divert individuals with behavioral health needs from costly interventions such as jail, emergency rooms and hospitals.</li> <li>• Reduce the number, length and frequency of behavioral health crisis events.</li> <li>• Increase culturally-appropriate, trauma-informed behavioral health services.</li> <li>• Improve health and wellness of individuals living with behavioral health conditions.</li> <li>• Explicit linkage with, and furthering the work of, other King County and community initiatives.</li> </ul>

Consistent with the adopted policy goals for MIDD I, the MIDD Comprehensive Retrospective Report indicates that MIDD I achieved significant reductions in emergency department, psychiatric hospital, and jail utilization, a notable reduction in mental health symptom severity, and intentional linkages with other County initiatives.

Staff analysis of the report is ongoing.

Development of the MIDD II Service Improvement Plan: Draft MIDD II Funding and Programmatic Recommendations for 2017

In April 2016, the Department of Community and Human Services issued draft funding and programmatic recommendations for 2017 (Attachment 4). Based on feedback from the community and stakeholders, the department issued revised recommendations in late May. Table 2 below summarizes the current draft recommendations.

**Table 2**  
**Summary of Draft MIDD II Funding and Programmatic Recommendations**

<i>Prevention &amp; Intervention</i>	Screening and Assessment: \$3.6M Education and Training: \$1.5M Community-based Behavioral Health Treatment: \$12.7M  <i>Total: \$17.8M</i>
<i>Crisis Diversion</i>	Outreach and Engagement: \$2.6M Services and Treatment: \$8.3M Youth Crisis Services: \$6.0M  <i>Total: \$16.9M</i>
<i>Recovery and Reentry</i>	Housing: \$4.6M Care During Transitions: \$2.0M Community Supports: \$1.9M  <i>Total: \$8.5M</i>
<i>System Improvement</i>	Community Access: \$0.7M Workforce Development: \$4.7M  <i>Total: \$5.4M</i>
<i>Therapeutic Courts</i>	Adult Drug Court: \$4.2M Regional Mental Health and Veterans' Court: \$3.4M Family Treatment Court: \$1.5M Juvenile Drug Court: \$1.1M Seattle Muni Mental Health Court: \$0.1M  <i>Total: \$10.3M</i>
<i>Administration &amp; Evaluation</i>	<i>Total: \$4.0M</i>
<b>Total Recommended MIDD Expenditures for 2017</b>	<b>\$63 million (including \$1.4 million in unspent MIDD I funds)</b>

As currently proposed, \$10.3 million in 2017 MIDD II funds would be spent to support the therapeutic courts.<sup>8</sup> Other initiatives that would be supported by MIDD include: the Law Enforcement Assisted Diversion program (\$2 million); south County crisis diversion (\$1.5 million); youth alternatives to detention (\$1 million); opioid response (\$1.5 million); and community-based and rural behavioral health services grants (\$700,000).

**ATTACHMENTS:**

1. Ordinance 17998
2. Mental Illness and Drug Dependency Community Conversations and Focus Group Themes
3. Proposed Motion 2016-0354 – Mental Illness and Drug Dependency Comprehensive Retrospective Report
4. Draft Initial MIDD II Funding and Programmatic Recommendations

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<sup>8</sup> Adult Drug Court, Regional Mental Health and Veterans Court, Family Treatment Court, Juvenile Drug Court, and Seattle Municipal Mental Health Court

**INVITED:**

1. Kelli Carroll, Strategic Advisor, DCHS
2. Merrill Cousin, Executive Director, Coalition Ending Gender-Based Violence
3. Honorable Johanna Bender, Judge, King County Superior Court



**KING COUNTY**

**Signature Report**

**March 10, 2015**

**Ordinance 17998**

**ATTACHMENT 1**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**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



Larry Phillips, Chair

ATTEST:



Anne Noris, Clerk of the Council

APPROVED this 12<sup>th</sup> day of March, 2015.



Dow Constantine, County Executive

RECEIVED  
2015 MAR 13 PM 3:33  
KING COUNTY COUNCIL CLERK

Attachments: None

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***Mental Illness and Drug Dependency (MIDD)  
Community Conversations & Focus Group Themes***

County staff have conducted a robust outreach and engagement process around MIDD renewal. From September through December 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 13 focus groups involving specific communities, populations, or sub-regional areas. The purpose of these engagement efforts was to hear ideas about services and programs for people living with mental illness and substance use disorders. The conversations were intentionally designed so that community members could 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. A summary of their thoughts on MIDD Strategy Areas are below. Conversations were flexible and welcome to all ideas to allow participants to fully engage.

<b>Community Conversations September – December 2016</b>		
<b>MIDD Strategy Area Table</b>	<b>What's working?</b>	<b>What's not working or needed?</b>
<b>Prevention &amp; Early Intervention</b>	<ul style="list-style-type: none"> <li>• Wraparound</li> <li>• Peer Mentors/Counselors</li> <li>• School-based Services</li> <li>• Trauma Informed Care</li> <li>• Suicide Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Family/In-home Support</li> <li>• Youth-Young Adult Support</li> <li>• Culturally Diverse Resources</li> <li>• Crisis Line Texting</li> <li>• Provider Trainings</li> </ul>
<b>Crisis Diversion</b>	<ul style="list-style-type: none"> <li>• Mental Health First Aid Training</li> <li>• Police De-escalation Training</li> <li>• Crisis Clinic</li> <li>• Crisis Solution Services</li> <li>• Children's Crisis Outreach Response System/Geriatric Regional Assessment Team</li> </ul>	<ul style="list-style-type: none"> <li>• Waiting for Services</li> <li>• Mental Health Aftercare for Young Adults</li> <li>• Mobile Van for Mental Health</li> <li>• Respite Housing/ Crisis beds</li> <li>• Culturally Sensitive Services</li> </ul>
<b>Recovery &amp; Reentry</b>	<ul style="list-style-type: none"> <li>• Non-Medicaid services</li> <li>• Wraparound</li> <li>• Recovery Café</li> <li>• Peer/Mentoring Support</li> <li>• Clubhouses</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Medicaid Services, more needed</li> <li>• Restorative Justice</li> <li>• Recovery House/Oxford House</li> <li>• Treatment on Demand</li> <li>• Recovery High Schools</li> </ul>
<b>System Improvement</b>	<ul style="list-style-type: none"> <li>• Harm Reduction Programs</li> <li>• Specialty Population Behavioral Health Services</li> <li>• MIDD Mental Health/Substance Use Disorder funds</li> <li>• Staff Trainings</li> <li>• Behavioral Health/Physical Health Integration</li> </ul>	<ul style="list-style-type: none"> <li>• High Staff Turnover and Burnout</li> <li>• Caregiver/Parent Resources are lacking</li> <li>• Lack of services in south and rural county areas</li> <li>• Culturally Competent Services</li> <li>• Facility-based Mental Health/Substance Use Disorder services limit access</li> </ul>

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

**Focus Groups:** Groups ranged in size from as few as four to over 100. Groups included:

- Domestic Violence and Sexual Assault Service Providers
- Behavioral Health Organizations
- 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

A summary of themes from the focus groups on MIDD and behavioral health services are below.

- 1. Culturally specific organizations and groups need to be a central part of development and delivery of programs and services.**
- 2. Stigma is a barrier to seeking services.**
- 3. Outreach and engagement services are needed. Outreach is needed to educate people about available resources. Engagement is important to develop trust to increase commitment and active involvement in services.**
- 4. More affordable housing/housing programs are needed.**
- 5. Non-Medicaid services are necessary to fill a significant gap in the service system since many people still do not qualify for Medicaid.**

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**Primary Needs and Gaps Identified by Respondents to the  
Mental Illness and Drug Dependency (MIDD) Review and Renewal Survey  
September 2015 – February 2016**

As part of the Mental Illness and Drug Dependency (MIDD) renewal work by King County, an electronic survey was made available between September 2015 and February 2016. The purpose of the survey was to gather feedback on a number of aspects of MIDD. The County received 362 responses.

One question specifically asked respondents to describe in narrative the specific mental health or substance abuse service gaps in their communities where new or expanded mental health, substance abuse, or therapeutic court services could make a difference.

Narrative responses to this question from 262 survey participants identified the following as the top 12 areas of need. Please note that not all survey respondents elected to answer this question.

**MIDD SURVEY: TOP AREAS OF NEED OR SERVICE GAPS**

- 1. Outpatient mental health and substance abuse treatment access, including funding for people who do not have Medicaid**

- 2. Housing, including housing supports and improved services for homeless individuals**
- 3. Services for youth, especially in schools, including prevention**
- 4. Culturally and linguistically competent services**
- 5. Support for families**
- 6. Inpatient substance use disorders treatment capacity/access**
- 7. Crisis services and diversion, including mobile crisis teams**
- 8. Support for people with behavioral health needs whose private insurance is insufficient or too expensive**
- 9. Improved coordination and continuity of care**
- 10. Inpatient mental health treatment capacity/access**
- 11. Workforce challenges including high caseloads and turnover and low salaries**
- 12. Hospital re-entry services including stepdown options**

Additional information from the survey will be made available as it is reviewed.

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

**ATTACHMENT 3**  
1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**July 7, 2016**

**Motion**

**Proposed No.** 2016-0354.1

**Sponsors** Kohl-Welles

1           A MOTION approving the comprehensive, historical  
2           review and assessment report of the mental illness and drug  
3           dependency funded strategies, services, and programs, in  
4           compliance with Ordinance 17998.

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

9           WHEREAS, in November 2007, Ordinance 15949 authorized the levy collection  
10          of and legislative policies for the expenditure of revenues from an additional sales and  
11          use tax of one-tenth of one percent for the delivery of mental health and chemical  
12          dependency services and therapeutic courts, and

13          WHEREAS, Ordinance 15949 defined the following five policy goals for  
14          programs supported through sales tax funds:

15           1. A reduction of the number of mentally ill and chemically dependent using  
16          costly interventions like jail, emergency rooms and hospitals;

17           2. A reduction of the number of people who recycle through the jail, returning  
18          repeatedly as a result of their mental illness or chemical dependency;

19           3. A reduction of the incidence and severity of chemical dependency and mental  
20 and emotional disorders in youth and adults;

21           4. Diversion of mentally ill and chemically dependent youth and adults from  
22 initial or further justice system involvement; and

23           5. Explicit linkage with, and furthering the work of, other council directed efforts  
24 including the adult and juvenile justice operational master plans, the Plan to End  
25 Homelessness, the Veterans and Human Services Levy Services Improvement Plan and  
26 the county Recovery Plan, and

27           WHEREAS, Ordinance 15949 established a sunset date for the ordinance  
28 authorizing the mental illness and drug dependency ("MIDD") one-tenth of one percent  
29 sales and use tax of January 1, 2017, while acknowledging that the county may amend  
30 the expiration date to provide for continued collection of the sales and use tax, and

31           WHEREAS, in preparation for the King County council's potential consideration  
32 of an amendment to ordinance 15949 to provide for continued collection of the MIDD  
33 sales and use tax, and

34           WHEREAS, Ordinance 17998 called for the King County executive to transmit to  
35 the council a comprehensive, historical review and assessment report of the MIDD-  
36 funded strategies, services and programs that includes an evaluation of the effectiveness  
37 of the MIDD-funded strategies, services and programs in meeting the five policy goals  
38 outlined in Ordinance 15949, and

39           WHEREAS, the comprehensive, historical review and assessment report of the  
40 MIDD-funded strategies, services and programs recognizes that in aggregate, MIDD-

41 funded strategies, services and programs are successful and effective in meeting the  
42 established policy goals, and

43 WHEREAS, significant reductions in jail and emergency department use and  
44 psychiatric hospitalizations are reflected in the report as documented by MIDD  
45 evaluation data, and

46 WHEREAS, the comprehensive, historical review and assessment report of the  
47 MIDD-funded strategies, services and programs submitted by the executive with this  
48 motion has been developed with input from, and has been reviewed by, the mental illness  
49 and drug dependency oversight committee;

50 NOW, THEREFORE, BE IT MOVED by the Council of King County:

51 The comprehensive, historical review and assessment report of the mental illness  
52 and drug dependency funded strategies, services and programs, which is Attachment A to  
53 this motion, is hereby approved.

54

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

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J. Joseph McDermott, Chair

ATTEST:

Motion

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Anne Noris, Clerk of the Council

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

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Dow Constantine, County Executive

**Attachments:** A. Mental Illness and Drug Dependency Comprehensive Restrospective Report

### Summary of May 20, 2016 Changes to MIDD II Draft Funding and Programmatic Recommendations

- On April 22, King County released its initial draft MIDD II funding and programmatic recommendations for public review and comment.
- On May 20, King County released revisions to the draft MIDD II funding and programmatic recommendations. These revisions were made due to a number of factors, including due to feedback from community members and internal King County government stakeholders, and also due to revised 2017 operating costs for King County's Therapeutic Courts. A revised draft MIDD II funding and programmatic recommendations can be found on the MIDD renewal website.
- \$1,404,062 of additional program costs are included in the May 20, 2016 draft of the MIDD II funding and programmatic recommendations.
- These costs are supported by programming of the Rainy Day reserve funds and of the Emerging Issues reserve/initiative. It is planned that these items will be funded in 2017 by unspent MIDD I funds.

The table below summarizes the changes to the draft MIDD II funding and programmatic recommendations.

Summary of May Revisions	Amount
Restore older adults services (GRAT) to 2016 level	100,000
Restore J. Justice Assessments to 2016 level	70,000
Expand Family Treatment Court to S. County	234,062
Therapeutic Court Cost Update	1,000,000
<b>Total Adds</b>	<b>1,404,062</b>
Program Rainy Day Reserve Funds	(750,000)
Program Emerging Issues Reserve/Initiative	(650,000)
<b>Total Reprogramming</b>	<b>(1,400,000)</b>

- In addition to the substantive funding and programmatic recommendation adjustments above, the following other amendments were made to the MIDD II draft funding and programmatic recommendation documents:
  - Moved some initiatives from one overarching strategy area to another as recommended by stakeholders and/or feedback
  - Revised numbering system
  - Revised certain initiative titles to reflect or include "behavioral health"
  - Revised Emerging Issues from reserve to initiative
- Please note that further changes may occur to the draft MIDD II funding and programmatic recommendations prior to the transmittal of the Service Improvement Plan. Changes may be based on a number of factors, including but not limited to revenue projections from the King County Office of Economic Forecasting and Analysis and/or updated Medicaid projections. Such changes would necessitate revisions to the draft MIDD II initiatives and/or funding levels of the initiatives.
- The MIDD II funding and programmatic recommendations will be included in the MIDD II Service Improvement Plan that is scheduled to be transmitted to the King County Council in August. The initial draft of the MIDD II Service Improvement Plan will be released for public comment on June 17<sup>th</sup>. Please also note that the King County Council may elect to further amend the proposed MIDD II Service Improvement Plan and/or the MIDD II funding and programmatic recommendations.

**REVISED May 20 2016 DRAFT MIDD II Funding and Programmatic Recommendations**

<b>MIDD II Rec Funding</b>		
<b>Prevention &amp; Intervention</b>		
Screening and Assessment		3,604,943
Community Based Behavioral Health Treatment		12,720,000
Education and Training		1,500,000
<b>Strategy Total</b>		<b>17,824,943</b>

<b>Crisis Diversion</b>		
Outreach and Engagement		2,600,000
Services and Treatment		8,325,000
Youth Services Continuum		5,960,000
<b>Strategy Total</b>		<b>16,885,000</b>

<b>Recovery and Reentry</b>		
Housing		4,625,499
Care During Transitions		1,971,900
Community Supports		1,950,000
<b>Strategy Total</b>		<b>8,547,399</b>

<b>System Improvement</b>		
Community Access		700,000
Workforce Development		4,725,000
<b>Strategy Total</b>		<b>5,425,000</b>

<b>Therapeutic Courts</b>		
Adult Drug Court		4,255,000
Regional Mental Health & Veteran's Court		3,375,000
Family Treatment Court		1,481,000
Juvenile Drug Court		1,075,000
Seattle Muni MHC		93,150
<b>Strategy Total</b>		<b>10,279,151</b>

<b>Administration &amp; Evaluation</b>		<b>4,038,379</b>
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<b>Items to be funded by unspent MIDD I funds</b>		
Rainy Day Reserve		750,000
Emerging Issues Initiative		650,000
		<b>1,400,000</b>

<b>2017 MIDD Revenue</b>	<b>63,000,000</b>
5-20-16 Draft Recommendations Total	<b>62,999,872</b>
Balance	128

<b>Summary of May 20 Revisions</b>	<b>Amount</b>
Restore older adults services (GRAT) to 2016 level	100,000
Restore J. Justice Assessments to 2016 level	70,000
Expand Family Treatment Court to S. County	234,062
Therapeutic Court Cost Update	1,000,000
<b>Total Adds</b>	<b>1,404,062</b>
Program Rainy Day Reserve Funds	(750,000)
Program Emerging Issues Reserve/Initiative	(650,000)
<b>Total Reprogramming</b>	<b>(1,400,000)</b>

<b>Key Policy Initiatives</b>	<b>Amount</b>
Housing Capital and Rental Asst.	1,900,000
LEAD	2,000,000
Opioid Response	1,500,000
S. County Crisis Diversion	1,500,000
Alt. to Secure Detention for Youth	1,000,000
Treatment on Demand	800,000
FIRS	700,000
Community Behavioral Health Svcs Grants	350,000
Rural Behavioral Health Services Grants	350,000

<b>Key Assumptions for MIDD II 2017 Recommendations</b>
1. Medicaid replaces MIDD revenue in certain areas: \$4.8 M.
2. MIDD allocations may change with revised Medicaid Assumptions
3. Supporting Therapeutic Courts: 2016 budgets + 3.5% inflator & other updated costs
4. Expanding Family Treatment Court to S. King County
5. Proposing Best Starts for Kids funds \$1.2 M new programs for children and youth
6. Emerging Issues initiative and Rainy Day reserves to be funded with unspent MIDD I funds

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

<b>Prevention and Intervention</b>				
<b>MIDD II Number</b>	<b>MIDD II Initiative Title</b>	<b>High Level Program Description</b>	<b>MIDD II Recomm. Amnt.</b>	<b>Notes</b>
<b>PRI-1</b>	Screening, Brief Intervention and Referral To Treatment-SBIRT	Early intervention and referral to treatment for those with less severe addiction issues who are admitted to hospital emergency rooms in order to reduce the risk of more serious chemical dependency.	700,000	
<b>PRI-2</b>	Juvenile Justice Youth Behavioral Health Assessments	Mental health and substance use disorder assessments for youth who enter the juvenile justice system.	570,000	This item was increased by \$70,000 from the 4/22 draft plan.
<b>PRI-3</b>	Prevention and Early Intervention Behavioral Health for Adults Over 50	Prevention and intervention services for older adults; screening for depression, anxiety and substance use disorder for older adults receiving primary medical care in the health safety net system. Positive screens are enrolled in the Mental Health Integration Program (MHIP), a short-term behavioral health intervention based on the Collaborative Care Model.	472,819	
<b>PRI-4</b>	Older Adult Crisis Intervention/Geriatric Regional Assessment Team - GRAT	Provides specialized outreach crisis and mental health assessment, including a substance use screening for King County residents age 60 years and older experiencing a crisis in which mental health or alcohol and/or other drugs are a likely contributing factor and/or exacerbating the situation, and who are not currently enrolled in mental health services.	321,000	This item was increased by \$100,000 from the 4/22 draft plan.
<b>PRI-5</b>	Collaborative School Based Behavioral Health Services: Middle and High School Students	Prevention/early intervention for school-based services provided in middle schools and School Based Suicide Prevention providing students and schools suicide prevention trainings.	1,541,124	Merging of two MIDD I strategies; Best Starts for Kids proposed to support expansion of services beyond this base amount.
<b>PRI-6</b>	NEW Zero Suicide Initiative	Comprehensive systems based approach to suicide prevention involving behavioral health and health care system and hospital and healthcare systems.	500,000	Expansion of pilot anticipated in future years.
<b>PRI-7</b>	NEW Mental Health First Aid	Mental Health First Aid training provided by community based agency teaching skills to help someone who is developing a mental health problem or experiencing a mental health crisis.	200,000	
<b>PRI-8</b>	Crisis Intervention Training - First Responders	Provides intensive training to law enforcement and other first responders to effectively assist and respond to individuals with mental illness or substance use disorders, and better equips them to help individuals access the most appropriate and least restrictive services while preserving public safety.	800,000	
<b>PRI-9</b>	Sexual Assault Behavioral Health Services and System Coordination	Provides mental health services of at two of King County's community sexual assault programs, increasing access to early intervention services for mental health issues, and prevention of severe mental health issues for survivors of sexual assault throughout King County, and increase coordination between programs serving sexual assault survivors who are experiencing mental illness, substance abuse and domestic violence.	620,000	
<b>PRI-10</b>	Domestic Violence Behavioral Health Services & System Coordination	Co-locates a Licensed Mental Health Professional with expertise in domestic violence and substance use disorders at four community-based domestic violence victim advocacy programs around King County. Also provides Systems Coordinator/Trainer to coordinate ongoing cross training, policy development, and consultation on DV and related issues between mental health, substance abuse, sexual assault and DV agencies throughout King County.	500,000	
<b>PRI-11</b>	Community Behavioral Health Treatment	Provide behavioral health services to those who are not receiving and/or eligible for Medicaid. Provides services that are part of the treatment continuum that are not Medicaid funded such as sobering, outreach, clubhouses, and drug testing.	11,600,000	
<b>Prevention and Intervention Sub Total</b>			<b>17,824,943</b>	

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

Crisis Diversion				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	MIDD II Recommendation Amount	Notes
CD-1	NEW Law Enforcement Assisted Diversion (LEAD)	Diverts individuals engaged in low-level drug crime, prostitution, and other collateral crime due to drug involvement, from the justice system. Bypassing prosecution and jail time, directly connecting individuals to case managers who provide immediate assessment, crisis response, and long term wrap-around services to address individuals with behavioral issues from cycling through the criminal justice system.	2,000,000	
CD-2	NEW Youth and Young Adult Homelessness Services	A coordinated approach supporting youth and young adults experiencing homeless with acute behavioral health needs and/or a history of trauma to succeeding in safe and stable housing.	300,000	
CD-3	Outreach & In reach System of Care	Includes integrated outreach framework that is focused on individuals across King County who are experiencing homelessness and crisis system involvement. Focuses on integration of various outreach efforts.	300,000	May be Medicaid Waiver eligible.
CD-4	NEW South County Crisis Diversion Services/Center	Provide a crisis diversion multi-service center or services in south King County to serve individuals in behavioral health crisis who are coming into contact with first responders, as well as those individuals in South King County who may need a location for preventative and pre-crisis support and/or outreach.	1,500,000	Assumes MIDD funds are leveraged with Medicaid resources.
CD-5	High Utilizer Care Teams	Provides Screening, Brief Intervention and Referral to Treatment (SBIRT), financial counseling, and benefits application assistance at Harborview's Emergency Department High Utilizer Case Management Program (HUP) at Harborview Medical Center, serving individuals who are frequently seen at Harborview's emergency department (ED) or psychiatric emergency service (PES).	250,000	
CD-6	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	Provides King County first responders with a therapeutic, community-based alternative to jails and hospitals when engaging with adults who are in behavioral health crisis. The CSC has three program components; Mobile Crisis Team, Crisis Diversion Facility, and Crisis Diversion Interim Services. The programs are intended to stabilize and support individuals in the least restrictive setting possible, identifying & linking them to appropriate and ongoing services in the community.	4,000,000	MIDD resources are reduced in anticipation of Medicaid resources.
CD-7	Multipronged Opioid Strategies	Includes a continuum of health services and supports for opioid users in King County: based in part on Opioid Task Force recommendations and may include targeted educational campaigns, Medication Assisted Treatment expansion, increase access to Naloxone, enhanced and expanded community needle exchanges and other options to be identified.	1,500,000	
CD-8	Children's Domestic Violence Response Team	Provides a cross-system collaborative model teaming mental health therapists and domestic violence advocates delivering early intervention for children who have been exposed to domestic violence and for their non-abusive parent.	275,000	
CD-9	NEW Behavioral Health Urgent Care-Walk In Clinic Pilot	Creates an Urgent Care walk-in Clinic for any adult resident of King County experiencing a behavioral health crisis and is in need of immediate assistance.	500,000	Expansion of pilot anticipated in future years.
CD-10	Next Day Crisis Appointments	A clinic-based, follow-up crisis response program providing assessment, brief intervention and linkage to ongoing treatment. Provides an urgent crisis response follow-up (within 24 hours) for individuals who are presenting in emergency rooms at local hospitals with a mental health crisis, or as a follow-up to the Designated Mental Health Professionals (DMHPs) who have provided an evaluation for involuntary treatment and found the person not eligible for, or could be diverted from detention with follow-up services.	300,000	

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

<b>CD-11</b>	Children's Crisis Outreach and Response System - CCORS	A countywide crisis response system for King County youth up to age 18 who are currently a mental health crisis. Services provided to children, youth, and families where the functioning of the child and/or the family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption.	700,000	
<b>CD-12</b>	Parent Partners Family Assistance	Provides parent training and education, 1:1 parent partner support, 1:1 youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy.	410,000	
<b>CD-13</b>	NEW Family Intervention Restorative Services - FIRS	The Family Intervention and Restorative Services (FIRS) program is an alternative to court involvement that provides services for King County youth who are violent towards a family member.	700,000	
<b>CD-14</b>	Involuntary Treatment Triage Pilot	Enables local evaluation process for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense and are found not competent to stand trial; supports system improvement for involuntary commitment process.	150,000	
<b>CD-15</b>	Wraparound Services for Youth	Provides a team and strength based approach for youth with complex needs who are multi system involved and their families; supports youth in their community and within their family culture.	3,000,000	MIDD resources are reduced in anticipation of Medicaid funding based on Washington State implementation of WISe (Wraparound with Intensive Service program model).
<b>CD-16</b>	NEW Youth Behavioral Health Alternatives to Secure Detention	Will establish a community placement specialized alternative to secure detention (SASD) beds for children and youth who are detained in juvenile detention and who have mental health, substance use disorder (SUD) related or other behavioral health needs. The youth utilizing the beds would be supported with a full continuum of therapeutic behavioral health services.	1,000,000	
<b>Crisis Diversion Sub Total</b>			<b>16,885,000</b>	

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

<b>Recovery and Reentry</b>				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	MIDD II Recommendation Amount	Notes
RR-1	Housing Supportive Services	Provides an array of supportive services assist individuals with extremely low income households with mental illness and/or substance abuse issues remain successfully housed.	2,000,000	
RR-2	Behavior Modification Classes at CCAP	Provides behavioral health education and intervention, and addresses criminogenic risk factors specifically associated with domestic violence (DV)Community Center for Alternative Program (CCAP).	76,000	
RR-3	Housing Capital and Rental	Creates housing for with extremely low income households with mental illness and/or substance abuse issues.	1,900,000	
RR-4	NEW Rapid Rehousing-Oxford House Model	Provides vouchers for clean and sober housing for individuals in recovery. This program pairs two critical needs, access to housing and a recovery model for people who have a substance use disorder. The rapid rehousing element will ensure timely placement and reduce the risk of people exiting drug treatment facilities and institutions into homelessness.	500,000	
RR-5	Housing Vouchers for Adult Drug Court	Provides housing Vouchers for Adult Drug Court participants, enabling better treatment outcomes and stability.	225,499	
RR-6	Jail Reentry System of Care	Provides integrated services for individuals at the point of release from a jail facility within King County and reentry into communities. Services include facility-based release planning function, a short-term facility and community-based re-entry/boundary spanning function, and a discharge continuity function.	425,000	
RR-7	Behavioral Health Risk Assessment Tool for Adult Detention	Would implement a comprehensive jurisdictional risk/need assessment tool for King County that, when applied countywide, will identify the risk of re-offense but will specifically categorize the criminogenic needs of the individual.	470,900	
RR-8	Hospital Re-Entry Respite Beds	Supports Edward Thomas House Medical Respite Program providing comprehensive recuperative care after an acute hospital stay for people who are living homeless, focusing particularly on those with disabling substance use and mental health conditions.	1,000,000	
RR-9	NEW Recovery Café	Supports services provided at Recovery Café, an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and other mental health issues.	250,000	
RR-10	Behavioral Health Employment Services & Supported Employment	Provides employment Services for Individuals with behavioral health conditions, also known as “Supported Employment”.	950,000	
RR-11	NEW Peer Support & Peer Bridgers Pilot	Enhances the behavioral health treatment system through the provision of peer to peer services. Trained peers assist in supporting recovering people and their families to stay in recovery longer and become part of the recovery community. Quality, well-trained, and supervised peers have the potential to decrease the severe complications. Includes Peer Bridger program.	750,000	Expansion of pilot anticipated in future years.
<b>Recovery and Reentry Sub Total</b>			<b>8,547,399</b>	

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

System Improvements				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	MIDD II Recommendation Amount	Notes
SI-1	NEW Community Driven Behavioral Health Grants	Provide funding, technical assistance, and evaluation for grants supporting targeted community-initiated behavioral health-related services or programs designed by particular cultural or ethnic communities to address issues of common concern. This approach would replicate the structure of the successful King County Community Service Area (CSA) Program’s existing Community Engagement Grants, except that this concept would be organized around particular populations rather than by geographic locations.	350,000	
SI-2	NEW Behavioral Health Services In Rural King County	Provide grants to facilitate access to community-driven behavioral health programs and services in rural King County, especially but not limited to the seven community service areas (CSAs) that experience a lack of access to behavioral health services. These CSAs are: Bear Creek/Sammamish, Snoqualmie Valley/Northeast King County, Four Creeks/Tiger Mountain, Greater Maple Valley/Cedar River, Southeast King County, West King County unincorporated areas, and Vashon/Maury Islands. Programs and services in certain rural cities and towns adjoining these CSAs, such as Skykomish, Duvall, Carnation, Snoqualmie, North Bend, Covington, Maple Valley, Black Diamond, and Enumclaw, will also be eligible for funding.	350,000	
SI-3	Workload Reduction	Provides workload reduction support to increase the number of direct service staff in participating community mental health agencies. By funding more or different staff positions, overall caseload size can be reduced with the goal of improving the frequency and quality of services delivered to clients.	4,000,000	Assumes revision of existing caseload reduction strategy
SI-4	Workforce Development	Training, education, and workforce development support.	725,000	Assumes revision of existing training and education strategy
<b>System Improvement Sub Total</b>			<b>5,425,000</b>	

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

<b>Therapeutic Courts</b>				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	MIDD II Recommendation Amount	Notes
TX-FTC	Family Treatment Court	Family Treatment Court is an alternative to regular dependency court and is designed to improve the safety and well being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family.	1,481,000	2016 budget with 3.5% inflator; This item was increased \$420,562 from 4-22 draft plan
TX-ADC	Adult Drug Court	Adult Drug Diversion Court is a pre-adjudication program that provides eligible defendants the opportunity to receive drug treatment in lieu of incarceration.	4,255,000	2016 budget with 3.5% inflator; This item was increased \$314,599 from 4-22 draft plan
TX-JDC	Juvenile Drug Court	Juvenile Drug Court's team approach helps young people get help for substance abuse via 9- to 24-month intensive community-based treatment programs, family engagement, and frequent court monitoring, which together motivate participants to maintain school or employment and complete community service or other court-ordered conditions.	1,075,000	2016 budget with 3.5% inflator; This item was increased \$200,672 from 4-22 draft plan
TX-RMHC	Regional Mental Health and Veterans Courts	Regional Mental Health Court engages, supports and facilitates the sustained stability of individuals with mental health disorders within the criminal justice system, while reducing recidivism and increasing community safety, using a wraparound approach to needs assessment, positive feedback, problem solving, and accountability.	3,375,000	2016 budget with 3.5% inflator; This item was increased \$298,229 from 4-22 draft plan
TX-SMC	Seattle Municipal Court	The Seattle Mental Health Court seeks to improve community safety, reduce jail use and decrease interaction with the criminal justice system, connect participants to mental health services, improve access to housing and provide linkages with other community agencies, and enhance quality of life as defendants become stable in housing and treatment.	93,150	2016 budget with 3.5% inflator
<b>Therapeutic Courts Sub Total</b>			<b>10,279,150</b>	This category was increased \$1,234,062 from 4/22 draft plan.

**REVISED May 20 DRAFT MIDD II FUNDING  
PROGRAMMATIC RECOMMENDATIONS REVISED**

<b>Administration</b>				
MIDD II Number	MIDD II Initiative Title	High Level Program Description	MIDD II Recommendation Amount	Notes
ADM	Administration & Evaluation	Staffing, fiscal, contracting, internal support, and evaluation	4,038,379	
<b>Sub total</b>			<b>4,038,379</b>	

<b>Items to be Funded By MIDD I Underspend</b>				
MIDD II Number	MIDD II Title	High Level Program Description	MIDD II Recommendation Amount	Notes
	Emerging Needs Initiative	Funds budgeted to be available for unexpected or evolving needs	650,000	A process to request these funds will be recommended in the SIP
	Expansion of Rainy Day Reserve	Reserve to support strategies in case of economic downturn	750,000	In addition to existing reserve of 5.25% of MIDD revenues
<b>Sub total</b>			<b>1,400,000</b>	

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**King County**

**Metropolitan King County Council  
Regional Policy Committee**

**STAFF REPORT**

<b>Agenda Item:</b>	8	<b>Name:</b>	Hiedi Popochock
<b>Proposed No.:</b>	2016-B0145	<b>Date:</b>	July 13, 2016

**SUBJECT**

A briefing on the status of Puget Sound Emergency Radio Network (PSERN) implementation.

**SUMMARY:**

The PSERN project will replace and upgrade the county's current emergency radio network. King County is responsible for leading and implementing the PSERN project through completion, which is expected in late 2020.

The PSERN project is a complex project with multiple tasks over the course of the implementation period including radio site design, acquisition and construction, as well as the acquisition of radios, consoles, and data systems.

Today's briefing provides an update on the status of the implementation of PSERN.

**BACKGROUND:**

On April 28, 2015, King County voters approved a nine-year, \$273 million property tax levy to fund PSERN, the replacement of the King County emergency radio communications system.

PSERN will replace and upgrade King County's nearly 20-year old emergency radio communications system, which is used to dispatch responders to incidents and allow responders to communicate with each other at those incidents. Countywide, the current system consists of 26 transmitter sites and multiple interconnecting microwave and fiber systems, and it supports over 100 agencies and approximately 17,000 radio users, each with a portable radio handset and/or installed mobile radio in a vehicle. The current system is owned in equal shares by King County, the City of Seattle, Valley Communications Center (ValleyCom), and the Eastside Public Safety Communications Agency (EPSCA).

Once completed, PSERN will replace the current countywide emergency radio network. PSERN will improve and upgrade the countywide emergency radio network by providing

increased system reliability, increasing coverage capacity from 94 percent coverage to 97 percent coverage, providing better security on the network, and nearly doubling the number of radio transmitter sites.

### PSERN Implementation

**Implementation Interlocal Agreement.** Under the terms of the PSERN Implementation Interlocal Agreement ("Implementation ILA")<sup>1</sup>, King County will be responsible for leading and implementing the PSERN project on behalf of the four owners of the current emergency radio network<sup>2</sup> through completion of the project. Oversight during that implementation period, which is expected to take approximately five years, will be conducted by a Joint Board, composed of one non-voting chair (the Executive or the Executive's designee) and four voting representatives, one representing each of the current system's owners. The four voting members of the Joint Board may appoint two additional non-voting participants: a chief of a police agency and a chief of a fire agency.<sup>3</sup>

The PSERN project management team includes a project director and information technology and construction managers, a communications manager, a government relations official, technical support technicians and inspectors. King County Information Technology's Business & Finance Section and the Office of Performance, Strategy and Budget will provide financial support. Under the terms of the \$112 million, 20-year contract between Motorola and the County, Motorola will provide design, development, implementation, testing and ongoing support, maintenance and upgrade services for the PSERN project. In addition to the primary contract with Motorola, the Executive has hired a consultant to develop the site design and intends to retain a firm to provide construction management oversight.

**Operations Memorandum of Agreement.** Under the terms of the Memorandum of Agreement Regarding Future Operation of The Puget Sound Emergency Radio Network<sup>4</sup> ("Operations MOA"), ownership and operation and maintenance of PSERN after completion would be vested in a new, nonprofit organization governed by a Board of Directors.

### Oversight of PSERN Implementation

**Council Committee Oversight.** Motion 14437, enacted in October 2015, requires the Executive to brief the Law, Justice and Emergency Management Committee (or its successor)<sup>5</sup> on a quarterly basis on the status of the PSERN project in relation to the project's identified milestones.

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<sup>1</sup> Ordinance 18075.

<sup>2</sup> The existing system is owned in equal shares by King County, the City of Seattle, Valley Communications Center (ValleyCom), and the Eastside Public Safety Communications Agency (EPSCA).

<sup>3</sup> As of May 2, 2016, the members of the Joint Board are as follows: Fred Jarrett, non-voting Chair; Bill Kehoe, King County voting member; Patti DeFazio, Seattle voting member; Kurt Triplett, EPSCA voting member; Lora Ueland, ValleyCom voting member; Chris Elwell, non-voting fire agency member; and John Vinson, non-voting police agency member.

<sup>4</sup> Ordinance 18074.

<sup>5</sup> In 2016, the Law, Justice and Emergency Management Committee was changed to the Law and Justice Committee.

PSERN project staff presented their second quarter update to the Law and Justice Committee on May 10, 2016.

Table 1 below shows the 13 major project milestones identified in the report transmitted by the Executive in September 2015 (2015-RPT0134) that remain to be completed during the PSERN implementation process, along with the original expected date of completion and the revised expected date of completion.

**Table 1: Future PSERN Implementation Milestones including the Original Expected Completion Dates and the Revised Expected Completion Dates**

<b>Project Milestone</b>	<b>Original Completion Date</b>	<b>Revised Completion Date (as of 5/10/16)</b>
<del>Group 1</del> Site Leasing and Final Site Design	March 2016	May 2017*
Construction Permitting	August 2016	April 2017*
<del>Site Construction Mid-point</del>	<del>September 2016</del>	Milestone eliminated
<del>Group 2</del> Site Leasing	<del>August 2017</del>	Milestone eliminated
Factory Acceptance Testing	September 2017	<i>No change</i>
Site Construction Complete (all sites)	October 2017	May 2019 (incl. U.S. Forest Service Sites)
Backhaul System Implementation	November 2017	November 2017*
Land Mobile Radio System Implementation	September 2018	September 2018*
System Optimization and Testing	May 2019	<i>No change</i>
PSERN Non-profit Operator Formation	September 2019	<i>No change</i>
Transition Users to PSERN System	March 2020	<i>No change</i>
Full System Acceptance	September 2020	<i>No change</i>
Project Closeout	September 2021	<i>No change</i>

\*Expected completion date for non U.S. Forest Service land sites only

***Revised Expected Completion Dates***

As noted in Table 1, the expected date of completion for three milestones have changed since September 2015.

*Site Leasing and Final Site Design.* According to PSERN project staff the “site leasing and final site design” milestone is expected to be completed in May 2017 for the non U.S. Forest Service land sites instead of the original expected date of March 2016 for all radio sites. PSERN project staff indicated that the reason for the extension relates to the length of time necessary to develop ten radio sites located on U.S. Forest Service land.

Also, PSERN project staff eliminated “Group 1” in the milestone title. PSERN staff state that the project’s expected approach to transmitting leases to the Council for approval has evolved since September 2015. At that time, PSERN project staff intended to transmit all the leases necessary for the PSERN project to the Council in two bundles or groups (i.e., Group 1 site leasing and Group 2 site leasing). PSERN staff now intend to

transmit leases to Council as they are completed. According to PSERN staff, the project will require 55 agreements, the majority of which will require Council approval since the term of the lease agreements will exceed five years.<sup>6</sup>

*Construction Permitting.* PSERN project staff stated that the expected completion date for the “construction permitting” milestone has changed from August 2016 for all sites to April 2017 for the non U.S. Forest Service sites only. PSERN project staff indicate that this is due to slow progress in completing lease agreements, conditional use permits and zoning issues with local municipalities.

*Site Construction Complete.* The expected date of completion for all radio sites has been extended from October 2017 to May 2019. PSERN project staff expect to complete development of all radio sites in the area known as the Primary Coverage Bounded Area or Metropolitan Seattle area sites by June 2017. This area includes all radio sites west of the 1250’ Cascade ridge line (including the Issaquah Alps). Radio sites located on U.S. Forest Service land are expected to be developed by May 2019.

*Backhaul System Implementation.* One of the first subsystems the system vendor will install is the backhaul subsystem. The backhaul subsystem routes communications among sites, as opposed to transmitting communications between radios and sites. PSERN project staff indicate that the expected completion date to implement the backhaul system is November 2017 for the non U.S. Forest Service land sites only. Originally, the expected completion date for this milestone was for all radio sites including the ten U.S. Forest Service land sites.

*Land Mobile Radio System Implementation.* The implementation of the land mobile radio system, which enables the communication between a tower and a radio or console will be completed in September 2018 for the non U.S. Forest Service land sites only as opposed to all radio sites including the U.S. Forest Service land sites.

### ***Eliminated Project Milestones***

In addition to the changes discussed above, PSERN project staff are no longer following two milestones that were initially identified in the September 2015 report.

*Site Construction Mid-Point.* PSERN project staff have stated that the “site construction mid-point” milestone no longer makes sense given the extended work required for the ten U.S. Forest Service sites and therefore, they will no longer utilize this milestone.

*Group 2 Site Leasing.* As mentioned previously in this staff report, since the site leasing agreements will be transmitted to Council as they are completed versus being transmitted in groups as originally planned in late 2015, PSERN project staff will no longer utilize this milestone.

**King County Auditor Capital Projects Oversight.** On November 10, 2015, the Capital Projects Oversight Program of the King County’s Auditor’s Office released a report on PSERN. The report focused on project schedule and cost risks. The Auditor’s

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<sup>6</sup> K.C.C. 4A.100.070D.4

Office presented the report to the Government Accountability and Oversight Committee on November 10, 2015.

The report included five recommendations for the PSERN project:

*Recommendation 1.* The PSERN project team should revise the project schedule and communicate it to stakeholders before the end of 2015 to include reasonable time to accomplish the remaining tasks necessary to finish tower site construction. The schedule should be based on progress to date and identify the impact on the remainder of the project schedule.

*Recommendation 2.* The PSERN project team should improve reporting to clearly demonstrate to stakeholders the progress on leasing and constructing radio tower sites. Reporting should show how current cost and schedule forecasts compare to the assumptions used in the preliminary project estimate.

*Recommendation 3.* The PSERN project team should establish and document a project baseline prior to signing any construction contract. The baseline should use the certainties from the Motorola contract, best available information for tower site costs and schedule, and refined estimates of other costs.

*Recommendation 4.* The Finance and Business Operations Division (FBOD) should provide ongoing technical assistance to the PSERN project team to help manage the cost risks of any construction work order contracts for this project.

*Recommendation 5.* Before seeking bids on a work order construction contract for the radio tower sites, the PSERN project team and FBOD should evaluate the relative benefits, costs, and risks specific to each site of inclusion in a work order contract or a traditional design-bid-build contract. This evaluation should be documented and result in a recommended approach for each individual site for consideration and approval by the project sponsor.<sup>7</sup>

The PSERN project staff indicated that the PSERN project generally agreed with these recommendations.

The Capital Projects Oversight Program staff indicate that they expect to release the next report on the PSERN project in September or October 2016.

#### **ATTACHMENTS:**

1. PowerPoint Presentation “Puget Sound Emergency Radio Network (PSERN), Regional Policy Committee, July 13, 2016”

#### **INVITED:**

1. David Mendel, PSERN Project Director, King County Information Technology

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<sup>7</sup> 2015-B0210: A briefing on the Capital Projects Oversight Report regarding PSERN.

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# Puget Sound Emergency Radio Network (PSERN)

Regional Policy Committee Briefing  
July 13, 2016

By: David Mendel, PSERN Project Director



# Project Status

Scope- ● Schedule - ● Budget- ●

- **Schedule** = We have established a new internal baseline as of 4/3/16, which the above dashboard reflects
- **Key Accomplishments during Q1& Q2 2016:**
  - Motorola work on final system design continues
    - Received three major deliverables from Motorola
  - Continued site development activities
  - Procurement for shelters/generator vendor complete
  - Procurement for general contractor (site construction) complete
  - Completed design for shelters & submitted to WA Labor & Industry for "Gold Seal" approval
  - Mitigated site viability concerns previously reported
  - Significant progress on a contract change order
  - Project Documents Updates:
    - Project Charter
    - Communications Plan
    - Risk Plan

# Civil Site Development Progress

## ▶ Current Situation:

- ▶ 52 radio sites, County to develop 42, Motorola to develop 10
- ▶ Lack of technical data from Motorola has delayed the current phase of the project. The overall schedule has not been impacted.
- ▶ Permitting and leasing activities have been slow as well
  - ▶ Local regulations related to tower heights complicate permits
- ▶ 9 sites are programmed for construction over this summer
- ▶ We will finish the Seattle metropolitan area on time, by July 2017
- ▶ Mountain Highway sites will continue to be developed in parallel as implementation rolls out





# Agreements Progress

- For the 42 radio sites and 3 (9-1-1) centers, 55 agreements are needed
- All 55 agreements are in progress
- 5 agreements are completed
- Several sites have current leases that allow us to construct as needed
- Leases have taken significantly longer than planned for
- As a result we have streamlined our internal processes and developed an escalation plan
- The first lease (Norway Hill) was transmitted to Council 6/29 and more are expected to be transmitted to Council in the next several weeks





# 3<sup>rd</sup> Quarter Activities

- Continue civil site development work (site design, construction & leases)
- Continue system design work
- Continue Federal Communications Commission licensing and Federal Aviation Association permitting process
- Development of Operations board



Key Milestone Dates	Original Completion Dates	Revised Completion Dates
Site Leasing <sup>1</sup> and Final Site Design <sup>2</sup>	03/2016	5/2017
Construction Permitting <sup>2</sup>	08/2016	4/2017
Site Construction Mid-point <sup>2</sup>	09/2016	Milestone Eliminated
Group 2 Site Leasing	08/2017	Milestone Eliminated
Factory Acceptance Testing	08/2017	No Change
Site Construction Complete (all sites including <sup>2</sup> )	10/2017	05/2019
Backhaul System Implementation <sup>2</sup>	11/2017	No Change
Land Mobile Radio System Implementation <sup>2</sup>	09/2018	No Change
System Optimization Testing	05/2019	No change
PSERN Non-Profit Operator Formation	09/2019	No Change
Transition Users to PSERN System	03/2020	No Change
Full System Acceptance	09/2020	No Change
Project Closeout	09/2021	No Change

1. Formerly "Group 1 Site Leasing & Final Design"

2. Non-Mountain Hwy Sites

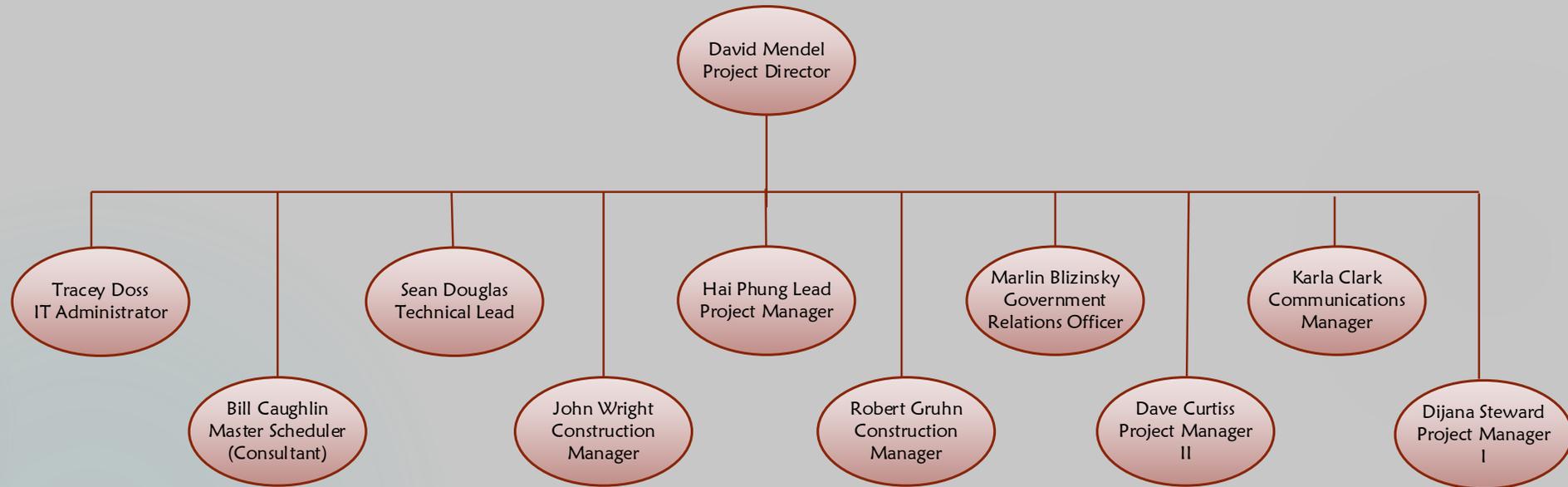


# Risk Management Issues

- 1. Site Development delays
  - Conditional Use Permits and zoning issues with local municipalities
  - US Forest Service application process is very long
  - Slow Lease Progress
  - Adverse weather conditions need to be planned for
- 2. There is a concern that the system may not perform in a way that meets some users needs in certain failure modes
  - We are working to make sure this is mitigated but are currently showing it as an issue



## PSERN Project Team Organizational Chart



# Questions?



**PUGET SOUND EMERGENCY  
RADIO NETWORK**

**Coverage \* Capacity \* Capability \* Connectivity**