



King County

**Mental Illness and Drug Dependency Oversight Committee
Structure, Membership and Responsibilities**

**Department of Community and Human Services
Mental Health, Chemical Abuse and Dependency Services Division**

May 2011

Mental Illness and Drug Dependency Oversight Committee Structure, Membership and Responsibilities

Executive Summary

King County Ordinance 16077 directs the King County Executive, in collaboration with the Mental Illness and Drug Dependency (MIDD) Oversight Committee (OC), to assess the structure, membership and responsibilities of the oversight committee. The MIDD OC is an advisory board to the King County Executive and the King County Council, which monitors the implementation and evaluation of the programs, strategies, and services funded by the one-tenth of one percent sales tax revenue in King County (the MIDD sales tax).

The following recommendations are being made in order to ensure a transparent, accountable, and collaborative oversight process of the programs, strategies, and services funded by the MIDD sales tax revenue:

- Continue regular oversight meetings, which allows for timely monitoring of the implementation and evaluation of strategies and programs funded by the MIDD.
- Continue the 30-member membership for the OC, which allows for a broad and diverse group of community and government stakeholders to provide oversight, and continue the consensus decision making model used by the MIDD OC.
- Continue to have OC meetings open to the public and continue to include time for public comment.
- Enhance community outreach activities to increase knowledge and awareness about mental illness and chemical dependency and the MIDD strategies, programs, and services available in King County.

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Establishment of the Mental Illness and Drug Dependency Oversight Committee

In July 2006, the King County Council, recognizing the need for additional mental health and chemical dependency programs and specialty courts serving people with mental illness and chemical dependency, passed Motion 12320 calling for the development of a Mental Illness and Drug Dependency (MIDD) Action Plan. The Council acknowledged receipt of the action plan by accepting it with Motion 12598 in October 2007. King County Ordinance 15949, enacted on November 15, 2007, authorized the collection of a sales and use tax to fund the MIDD Plan.

The MIDD Oversight Committee (OC) was formally established with approval of Ordinance 16077, passed by the Council on April 28, 2008. The ordinance approved an oversight plan for the MIDD, which included a description of the required membership for the MIDD OC and its roles and responsibilities. Ordinance 16077 also required that the Executive submit a report to Council by June 1, 2011, regarding the structure, membership and responsibilities of the OC, as follows:

“The executive, in collaboration with the oversight committee, shall assess the structure, membership and responsibilities of the oversight committee. By June 1, 2011, the executive shall report to the council on the assessment, the need for and benefits of modifying the structure, membership and responsibilities of the oversight committee. The report shall contain the major accomplishments of the oversight committee, as well as the executive's recommendations for ensuring a transparent, accountable and collaborative oversight process of the programs, strategies and services funded by the tax revenue. Eleven copies of the report shall be filed with the clerk of the council for distribution to all councilmembers.”

Overview of the MIDD OC

The MIDD OC is an advisory body to the King County Executive and Council. Its purpose is to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative, and effective. The MIDD OC is a unique partnership of representatives from health and human service providers, elected representatives, consumers and advocates, and law and justice representatives. Recognizing that King County is the countywide provider of mental health and substance abuse services, the committee is designed to ensure that access to mental health and chemical dependency services is available to those who are most in need throughout the County, regardless of geographic location.

Membership of the MIDD OC

The MIDD OC is comprised of 30 members, representing the following organizations:

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1. King County Council
2. King County Executive
3. Superior Court
4. District Court
5. Prosecuting Attorney's Office
6. Sheriff's Office
7. Department of Public Health
8. Department of Judicial Administration
9. Department of Adult and Juvenile Detention
10. Department of Community and Human Services
11. King County Mental Health Advisory Board
12. King County Alcoholism and Substance Abuse Administrative Board
13. A provider of both mental health and chemical dependency services in King County
14. A provider of culturally specific mental health services in King County
15. A provider of culturally specific chemical dependency services in King County
16. A provider of domestic violence prevention services in King County
17. A provider of sexual assault victim services in King County
18. An agency providing mental health and chemical dependency services to youth
19. Harborview Medical Center
20. The Committee to End Homelessness in King County
21. King County Systems Integration Initiative, which is an ongoing workgroup established by the Executive for addressing juvenile justice matters
22. The Community Health Council
23. The Washington State Hospital Association, representing King County hospitals
24. The Suburban Cities Association
25. The City of Seattle
26. The City of Bellevue
27. Labor representing a bona fide labor organization
28. Office of the Public Defender
29. National Alliance on Mental Illness
30. A representative from a public defender agency that the County contracts with to provide services

Responsibilities of the MIDD OC

The purpose of the OC is to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD sales tax revenue are transparent, accountable, collaborative, and effective.

The OC shall act as an advisory body to the King County Executive and Council. The OC is responsible for oversight of the MIDD tax-funded strategies, programs and goals outlined in Ordinance 15949 and consistent with the MIDD Action Plan. The OC shall provide ongoing oversight of mental illness and drug dependency tax-funded programs until all revenues have been

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expended and the final evaluation of the MIDD programs and services has been submitted to the Council.

The OC shall:

- Review and provide written recommendations to the Executive and the Council on the implementation and effectiveness of the County's sales tax funded programs in meeting the goals established in Ordinance 15949.
- Review and report to the Executive and the Council on the quarterly, annual and evaluation report, as required by Ordinance 15949.
- Review and comment on emerging and evolving priorities for the use of the MIDD sales tax revenue.
- Serve as a forum to promote coordination and collaboration between entities involved with sales tax programs.
- Educate the public, policymakers and stakeholders on sales tax funded programs.
- Coordinate and share information with other related efforts and groups.

The MIDD OC uses, reviews, and renews operating rules for the committee annually. Operating rules include the use of a consensus model for decision making. The OC does not make funding related decisions, but rather monitors the implementation and evaluation of the programs and strategies of the MIDD.

Major Accomplishments of the MIDD OC

The MIDD OC has been meeting regularly since its inception in 2008, and has had many accomplishments. Below is a summary, by year, of the accomplishments of the OC.

2008 Major Accomplishments

- On June 19, 2008, the OC adopted the operating rules and elected its Co-Chairs, King County Sheriff, Sue Rahr, and Shirley Havenga, Chief Executive Officer of Community Psychiatric Clinic.
- In accordance with Ordinance 16077, members of the OC met as an interim oversight group in April and May 2008 to collaborate with the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) in the development of the implementation and evaluation plans until the full OC could be seated. Jackie MacLean, Director of the Department of Community and Human Services, chaired the interim group. The full OC

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met for the first time on May 29, 2008, and on that date the interim group expired. The OC met in May and June 2008 to develop the committee's operating rules.

- The MIDD OC members contributed over 1,000 individual hours to committee business, including leading and participating in many subcommittees and strategy planning workgroups. Subcommittee and workgroup involvement included discussions and recommendations on the following issues: housing needs (MIDD Strategy 16a); Crisis Diversion Facility strategy planning workgroup (MIDD Strategy 10b); Mental Health Court strategy (MIDD Strategy 11b); new strategy request workgroup; School Based Mental Health and Substance Abuse Services strategy (MIDD Strategy 4c); Historical Control Group workgroup; Medical Respite Advisory Committee (MIDD Strategy 1b); Domestic Violence and Sexual Assault Planning workgroup (MIDD Strategies 13a, 13b and 14a); City of Seattle New Strategies Development workgroup (MIDD Strategies 17a and 17b); and an Evaluation Planning workgroup.
- The OC solicited public comments on the MIDD Implementation Plan and the MIDD Evaluation Plan and each plan was posted for two weeks for stakeholder review. The MHCADSD received comments from 50 stakeholders on the Implementation Plan and 15 comments on the Evaluation Plan. Overall, the public comments were positive in nature and many pertained to the implementation of the MIDD. Comments were received on the following topics: system level outcomes and policy goals, housing, long-term care, medication, drug court, general support of the MIDD, specific evaluation matrix comments, and unions. All of the stakeholder comments were reviewed by MHCADSD staff and incorporated into the Implementation Plan where appropriate.
- Stable housing is recognized as a key component to recovery from mental illness and substance abuse. The MIDD OC discussed MIDD housing needs at multiple meetings during 2008. The OC recommended that unspent revenue from 2008 sales tax collection be allocated to housing, resulting in \$16 million being included in two competitive application processes. The large amount of unspent revenue in 2008 was due to the fact that the sales tax collection began on April 1, 2008, but no funds could be spent on programs until the King County Council approved the Oversight Implementation and Evaluation Plans in October 2008.
- In September 2008, two new strategies were added to the MIDD Implementation Plan. The OC posted the new strategies on the MIDD website in order to provide the same opportunity for public comment as had been provided for all of the initial MIDD Implementation Plan strategies. A two week public comment period was provided, and a summary on the comments were forwarded to the City of Seattle in order to incorporate into the strategies where possible.
- The MIDD OC created a workgroup to revise the MIDD Mental Health Court Expansion Plan (Strategy 11b). Judge Barbara Linde chaired the workgroup and MHCADSD

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provided staff support. The workgroup began meeting in late 2008 and met six times before finalizing the strategy.

- The MIDD OC created a workgroup of the OC which met four times to create a recommendation for a process to consider new strategies for inclusion in the MIDD. A new strategy process was developed, in addition to a new strategy recommendation form and new strategy recommendation rating form. The workgroup, chaired by Barbara Miner, began meeting in late 2008.

2009 Major Accomplishments

- 32 collaborative information sharing and problem-solving meetings, including workgroups and subcommittees, were conducted.
- The MIDD OC logged over 6,530 hours in meetings and workgroups.
- Strategy 11b, Mental Health Court Expansion Plan, was revised and finalized.
- The MIDD OC developed and recommended a process for handling new strategy requests.
- The committee reviewed and approved an interim loan program to allow some MIDD funds to acquire and hold properties for affordable housing development until all permanent financing is secured.
- The MIDD OC studied the concept of establishing a historical control group for evaluation purposes and recommended against creating this comparison group.
- A subcommittee was created and met regularly to develop a three-step process by which MIDD strategies would be prioritized.
- The MIDD OC prioritized and forwarded a list of all 37 MIDD strategies to the Executive and Council for consideration during budget deliberations.

2010 Major Accomplishments

During the ten OC meetings held in 2010, members monitored the implementation and evaluation of the MIDD through briefings and discussion on the following:

- Supplantation legislation by the Washington State Legislature allowed 30 percent of the 2010 MIDD revenues, or \$21.6 million, to supplant previously county-funded criminal justice, therapeutic courts, mental health and chemical dependency service programs.

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- The MIDD evaluation progressed, including data collection and management efforts, overcoming provider privacy concerns, and selecting appropriate symptom reduction outcome measures.
- The importance of youth suicide prevention programs throughout King County (MIDD Strategy 4d).
- Issues surrounding siting for the new Crisis Diversion Facility and rebidding the non-awarded components of the request for proposal for review and award during the first quarter of 2010 (MIDD Strategy 10b).
- Securing collaborative funding toward development of the Safe Housing and Treatment for Children in Prostitution Pilot Project spearheaded by the City of Seattle, United Way of King County, and many private donors (MIDD Strategy 17b).
- Harborview Medical Center's efforts to link Psychiatric Emergency Services high-utilizer clients with community resources through liaison and intensive case management.
- New plans for collaborative school-based mental health and substance abuse services that will ensure geographic equity in funding for prevention, early intervention, brief treatment, and referral to treatment for middle school aged youth (MIDD Strategy 4c).
- Contracting with the Washington State Criminal Justice Training Commission to implement the Crisis Intervention Training program for police and other first responders (MIDD Strategy 10a).
- Regional Mental Health Court expansion for clients from municipalities throughout King County (MIDD Strategy 11b).
- Efforts to implement the Peer Support and Parent Partner Family Assistance Program after the request for proposal was released in early November 2009 and produced no successful bidders; materials had to be updated, and reissued on March 11, 2010 (MIDD Strategy 1f).
- Progress made toward expanding the Juvenile Justice Assessment Team, a strategy providing assessments for juvenile justice involved youth (MIDD Strategy 5a).
- Discussion regarding options for obtaining hospital data for evaluating reductions in emergency room utilization in the MIDD strategies with this element identified as an outcome measure.

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- The announcement of five providers to deliver wraparound services for children and youth involved in multiple service delivery systems (MIDD Strategy 6a).
- Additionally, during this reporting period, the OC watched video presentations and participated in a panel discussion with the objective of breaking down the stigma of mental illness. To watch these videos and learn more, visit: <http://www.bringchange2mind.org/>.

Assessment of Structure, Membership and Responsibilities of the OC

In addition to soliciting feedback from OC members during two meetings and asking members to send comments to the committee chairs and staff, MIDD staff created a survey to assess the structure, membership and responsibilities of the OC for this report. The survey questions and responses were:

1. *What is your opinion about the current size of the board?*

Majority of respondents said "Just right", with others saying it is too large. However, many respondents said, in response to a question about the strengths of the OC, that the diversity and breadth of membership of the OC is a strength, so we recommend the group remain at the current size.

2. *What do you think the major accomplishments of the MIDD OC have been since it was created in 2008? Please check your top five choices, or add others for a total of five.*

- a. Gaining a good understanding of the MIDD programs and how they work together
- b. Educated stakeholders and the community about the MIDD
- c. Reviewed strategies and recommended improvements
- d. Ensured a transparent, accountable, and collaborative process
- e. Helped shape the annual report
- f. Worked on prioritization of strategies

3. *What are your priorities for the future of the MIDD?*

The top priorities for the future identified by survey respondents were:

- a. Use outcome measures to recommend modifications or elimination of strategies
- b. Maintain current strategies
- c. When funding available, add new strategies.

Additional priorities identified were to become better educated about the methodologies being used to measure outcomes, to examine strategies where there have been cost increases, and to review delayed and potential new strategies.

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4. *Please rate each item below on a five point scale where 1=strongly disagree and 5=strongly agree.*

- a. *The OC functions as a cohesive unit*
- b. *The OC is responsive to public concerns*
- c. *The OC makes good decisions*
- d. *The topics covered at OC meetings are relevant*
- e. *OC meeting agendas are timely and appropriate*
- f. *Serving as an OC member has met my expectations*

Regarding the structure and functioning of the MIDD OC, respondents generally agreed or strongly agreed that the OC is functioning well at the current time.

5. *What do you think are the key challenges facing the OC in the year ahead?*

Key challenges are the competition for limited funding, particularly related to supplantation, and how to protect the integrity of the MIDD programs as a system during a time of budget pressures.

6. *What do you see as the strengths and areas for improvement related to the current structure and function of the OC?*

Strengths most cited were: staff support, the rules of operation and consensus model of reaching decisions, the breadth of representation of the OC, and that members are ethical and look to the larger good and are collaborative.

Weaknesses cited were that meetings have too many presentations and too little discussion, and the need for more community input.

Recommendations

The MIDD OC is well-functioning and has served King County well in the three years it has been in existence. Although the OC is a very large group, the breadth of representation is seen as a strength by members, and the size of the committee has not adversely affected the functioning of the committee. The Executive recommends that the MIDD OC continue the current process that they have been using since 2008; it has proven to be transparent, accountable, and collaborative. The MIDD funded programs, strategies, and services have been implemented and evaluated at exceedingly high standards. The 30-member OC is diverse and meetings are well attended.

In addition to serving as an advisory body to the Executive and Council, the MIDD OC provides enhanced collaboration and communication across and between the mental health systems, substance use disorder systems, criminal justice systems, and medical systems. The MIDD OC

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offers opportunities for networking, leading to increased efficiency and effectiveness within the mental health, chemical dependency, therapeutic courts, and criminal justice systems. The relationships the OC members have developed among one another allows for open communication, rich dialogue, and transparency in all decision making.

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- Continue to have OC meetings open to the public, and continue to include time for public comment.
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