



Req. #13256

RESOLUTION NO. 38483

BY REQUEST OF COUNCIL MEMBER WOODARDS

A RESOLUTION relating to human services; adopting the City's Mental Health and Chemical Dependency Program Implementation Plan, which will direct the use of tax revenues collected from the sales tax increase of one-tenth of one percent approved by Ordinance No. 28057 to fund the provision of mental health services.

WHEREAS, pursuant to RCW 82.14.460, the City Council passed Ordinance No. 28057 on March 20, 2012, imposing an additional retail sales tax of one-tenth of one percent, effective July 1, 2012, to address unmet community needs and fund programs and services in the City related to mental health, chemical dependency, and therapeutic courts, and

WHEREAS estimates indicate the City will receive approximately \$1.2 million in 2012 revenue and \$2.6 million in 2013 revenue from said tax, and

WHEREAS the Human Rights and Human Services Department, based on input from the City Council and the community, developed the Mental Health and Chemical Dependency Program Implementation Plan ("MHCDP Plan"), which will direct the tax revenues collected pursuant to Sections 6A.70.045 and 6A.70.046 of the Tacoma Municipal Code towards a variety of services aimed at identifying and addressing mental health and/or chemical dependency issues, including housing for those receiving treatment, and



WHEREAS the MHCDP Plan was presented at the Public Safety,
Human Services & Education Committee meeting on April 26, 2012, and
received a "do pass," and

WHEREAS the City Council has reviewed the MHCDP Plan; Now,
Therefore,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF TACOMA:

Section 1. That the Mental Health and Chemical Dependency Program
Implementation Plan directing the use of tax revenues collected pursuant to
Sections 6A.70.045 and 6A.70.046 of the Tacoma Municipal Code is hereby
adopted.

Adopted MAY - 8 2012

May Stahl
Mayor

Attest:

Doris Soum
City Clerk

Approved as to form:

Debra L. Case
Deputy City Attorney



CITY CLERK USE ONLY

REQUEST FOR
☐ ORDINANCE ☒ RESOLUTION

Request #:

13256

Ord./Res. #:

38483

MAY 1 2012

1. DATE: May 1, 2012

CITY CLERK'S OFFICE

2. SPONSORED BY: COUNCIL MEMBER(S) N/A

3a. REQUESTING DEPARTMENT/DIVISION/PROGRAM Human Rights & Human Services/ Human Services	4a. CONTACT (for questions): Linda Bremer	PHONE: 253.591.5059
3b. "DO PASS" FROM <input checked="" type="checkbox"/> Yes: PSHSE on 4/26/12 <input type="checkbox"/> No <input type="checkbox"/> To Committee as information only <input type="checkbox"/> Did not go before a Committee	4b. Person Presenting: Linda Bremer	PHONE: 253.591.5059
3c. DID THIS ITEM GO BEFORE THE PUBLIC UTILITY BOARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not required	4c. ATTORNEY: Debra Casparian	PHONE: 253.591.5887
Linda Villegas Bremer <i>Linda Villegas Bremer</i> Department Director/Utility Division	N/A Budget Officer/Finance Director	<i>[Signature]</i> City Manager/Director Utilities

5. REQUESTED COUNCIL DATE: May 8, 2012

6. SUMMARY AGENDA TITLE: (A concise sentence, as it will appear on the Council agenda.)

Adoption of the Mental Health and Chemical Dependency Program Implementation Plan.

7. BACKGROUND INFORMATION/GENERAL DISCUSSION: (Why is this request necessary? Are there legal requirements? What are the viable alternatives? Who has been involved in the process?)

On March 20, 2012, Council adopted Ordinance 28057 authorizing a 0.1% sales tax to support mental health treatment, chemical dependency treatment, therapeutic court(s), and housing for those receiving treatment. The tax will take effect on July 1, 2012. The City is estimated to receive \$1.2 million in 2012 and approximately \$2.6 million in 2013 to support a variety of services aimed at identifying and addressing mental health and/or chemical dependency issues (MHCD).

In order to effectively address the program goals, an implementation plan was developed by the Human Rights & Human Services Department in partnership with a Community Advisory Group. The MHCD Program Implementation Plan received a do pass from the Public Safety, Human Services & Education Council Committee on April 26, 2012.

8. LIST ALL MATERIAL AVAILABLE AS BACKUP INFORMATION FOR THE REQUEST AND INDICATE WHERE FILED:

Source Documents/Backup Material

Location of Document

Mental Health and Chemical Dependency
Implementation Plan

Human Rights & Human Services Dept.

9. WHICH OF THE CITY'S STRATEGIC GOALS DOES THIS ITEM SUPPORT? (CHECK THE GOAL THAT BEST APPLIES)

- A. ☒ A SAFE, CLEAN AND ATTRACTIVE COMMUNITY
B. ☐ A DIVERSE, PRODUCTIVE AND SUSTAINABLE ECONOMY
C. ☐ A HIGH-PERFORMING, OPEN AND ENGAGED GOVERNMENT

REQUEST (CONT)

CITY CLERK USE ONLY

Request #:

13256

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38483

10. IF THIS CONTRACT IS FOR AN AMOUNT OF \$200,000 OR LESS, EXPLAIN WHY IT NEEDS LEGISLATIVE APPROVAL:

N/A

11. FINANCIAL IMPACT: ☐ EXPENDITURE ☐ REVENUE

A. ☒ NO IMPACT (NO FISCAL NOTE)

B. ☐ YES, OVER \$100,000, Fiscal Note Attached

C. ☐ YES, UNDER \$100,000, (NO FISCAL NOTE)

Provide funding source information below:

FUNDING SOURCE: (Enter amount of funding from each source)

Fund Number & Name:	State \$	City \$	Other \$	Total Amount
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If an expenditure, is it budgeted? ☐ Yes ☐ No **Where? Cost Center:**

Acct #:

Mental Health and Chemical Dependency (MHCD) Funding Program Implementation Plan

1.0 INTRODUCTION

This plan describes the framework for implementing Ordinance 28057 which authorized a 0.1% sales tax to support mental health treatment, chemical dependency treatment, therapeutic court(s), and housing for those receiving treatment. Input from the Public Safety Human Services and Education (PSHSE) Council Committee assists in verifying Council's role, priority policy goals, criteria in process and strategies to guide the funding decisions of this process. The terms mental disorder, chemical dependency and therapeutic court as they will be used in the development of new and innovative programs are defined in Section 10.

The following material describes:

- Methodology,
- Goals,
- Criteria,
- Timeline,
- New or Expanded Services,
- Performance Measures,
- Funding Approach,
- Definitions, and
- Statewide and National Challenges

This framework will guide the needs assessment, gap analysis and funding recommendations for the City of Tacoma. The Council will receive a funding plan on new and expanded programs on a regular basis – currently scheduled as annually. These detailed funding plans will have specific performance measures and outcomes based on each program's service.

2.0 BACKGROUND

The Council passed Ordinance 28057 on March 20th, after hearing strong public comment and support and with input from Human Rights and Human Services staff (HRHS). Since that time HRHS staff have begun a rigorous process to finalize recommendation for a) use of supplanting funds and b) to develop RFP's or RFQ's to contract for expanded, new and innovative services dealing with mental health and chemical dependency (MHCD) issues. These services would be directed toward individuals with chemical dependency and/or mental health issues who currently have a disproportionate impact on the livability and business atmosphere for the City of Tacoma. This impact includes, but is not limited to:

- Increased risk for our youth who may be moving toward criminal justice involvement, chemical dependency, or psychiatric hospitalization, and
- Homelessness with concomitant issues of aggressive panhandling, outdoor waste, public intoxication, drug activity, and disproportionate burden on local businesses and their patrons, Tacoma Police, local emergency rooms, Municipal Court and the Jail.
- Services will be flexible, following clients through periods of destabilization.
- A focus on preparing those who are able, to maintain gainful and satisfying employment, education, or other activities of daily living which contribute to a more healthy and vital community.

3.0 METHODOLOGY

The City Council will approve all funding priorities. Funding recommendations will be brought to Council with the same analysis and in the same format as those that receive community service funding.

Recommendation development:

1. A needs assessment to determine our community's strengths and opportunities for new services (includes survey of existing services currently offered in the city of Tacoma).
2. A gap analysis in consultation with the Health Department to help determine the degree of unmet needs and to inform appropriate intercept points.
3. An advisory group of community experts in the fields of mental health, chemical dependency, health systems, law enforcement as well as citizen and business community representation, to create a practical approach to services (Community Advisory Group).
4. A process that involves request for proposals to fund new and expanded programs focused on areas with greatest significance for the City of Tacoma.

The evaluation framework involves:

1. Review of applications led by the Human Services Commission (HSC) and HRHS.
2. Rating of applications based on policy goals and criteria.
3. Ongoing monitoring for generation of specified results.
4. Recommendations to Council **by HSC/HRHS** for funding decisions based on effectiveness.

4.0 OVERARCHING POLICY GOALS

1. A reduction in the number of mentally ill and chemically dependent youths and adults using costly interventions, such as jail, emergency rooms and hospitals.
2. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youths and adults.
3. Linkage with other Council and Department-directed efforts including, the Gang Project, the Plan to End Family Homelessness, and the Youth and Young Adult Continuum Project.
4. A reduction in youths and adults experiencing homelessness in Tacoma.
5. A strong emphasis on having performance measures and achieving outcomes that encourage service integration (breaking down silos).

5.0 CRITERIA

1. Programs that address chemical dependency or mental health service gaps for youth and/or adults in any/all of the following areas, especially new and innovative programs.
2. Programs working with populations identified to have a high incidence of adults and youths experiencing mental health issues and/or chemical dependency including homelessness within these populations.
3. Programs reducing recidivism that serve youth and adults with criminal histories who have a high incidence of experiencing mental health and/or chemical dependency issues.
4. Critical preventative service programs working with populations currently, or at risk of, experiencing mental health issues and/or chemical dependency (i.e. children exposed to violence, experiencing homelessness, etc.) to increase protective factors.
5. Programs with opportunity to identify and address mental health and/or chemical dependency issues, which are critical early intervention/prevention services, e.g., juvenile justice diversion services and youth who are not meeting grade level requirements.

6.0 TIMELINE

Beginning April 2, 2012, HRHS staff began working with a mental health expert with over 30 years experience in program development, monitoring, and budgeting for Human Service programs in Pierce County. A Community Advisory Group of City Stakeholders was convened on April 24th and will assist in conducting an environmental scan of current services in Tacoma and their funding stability. The Health Department is consulting with us in conducting a needs assessment to identify gaps in our prevention and treatment services identified as aligning with policy goals set by Council. This effort will advise on gaps in services that will generate strategies which will be brought to Council for modifications or affirmation and subsequent adoption.

Phase	Completion
1. Identify specific programs for supplanting funds amounting to no more than 50% of revenues collected in 2012.	6/1/12
2. The Community Advisory Group will provide citizen and policy expert input to identify specific service system needs, and possible ways of addressing these needs. They will cover areas from underserved youth and adult populations impacted by chemical dependency and/or mental illness and those impacting the criminal justice system. Information from this group will assist us in developing separate action plans for youth, and adults. The environmental scan, survey of services, is a key work product which will be completed before July 1 st .	6/15/12
3. Work with the Tacoma Pierce County Health Department to perform a needs assessment to identify gaps in service, the degree of unmet need in the City in the areas supported by the tax. This information will inform and assist the City and the Community Advisory Group to develop recommendations for focus areas.	9/30/12
4. Implement the process for requesting proposals for services that meet the City of Tacoma's priorities for new and expanded programs that address issues of mental health and chemical dependency. This timing supports having greater information on the actual revenues as well as coordinating with biennial budget preparation.	
a. Issue notices of requests for proposals.	TBD
b. Begin to evaluate proposals.	TBD
c. Make recommendations on funding for new and expanded MHCD programs.	TBD
Note: <i>The Human Services Commission evaluates community service applications between July and December to include in the 2013-2014 budgets. The actual budget is determined for human services' external contracts as part of the budget preparation process.</i>	

The City has a process goal to synchronize all funding, including, CDBG and ESG funding. Specific dates for release of requests for proposals for new and expanded services will be reviewed by PSHSE in late 2012.

7.0 NEW OR ENHANCED SERVICES

Quality-of-life issues for Tacoma citizens are of prime importance. In addition, cost containment of law enforcement and other emergency responders is of increasing significance.

Funding for new services will embrace either new or innovative strategies, or have an evidence or research-based track record of success. Emphasis will be placed on integrated and coordinated care, cultural as well as ethnic competency, and the ability to provide services in home and community settings.

To be eligible for new funding the City will give great weight to the following factors, consistent with policy goals.

1. All programs will have a focus on preparing those who are able, to maintain gainful and satisfying employment, education, or other activities of daily living which contribute to a more healthy and vital community.
2. Wraparound services for youth and their families who are at risk of or experiencing issues with chemical dependency, mental illness, or criminal justice involvement. Youth and adult services will have the ability to address homelessness, or those at risk of experiencing homelessness (youth and adults).
3. Encourage coordination with existing service providers or programs such as the Gang Project, the Plan to End Family Homelessness, and the Youth and Young Adult Continuum Project, local mental health and chemical dependency providers, whenever appropriate in order to maximize efficiency of the tax dollars expended.
4. Demonstrate the ability to develop formal working agreements with local law enforcement, Municipal Court, the Jail, local hospitals, and allied service providers in order to provide timely effective service wherever the individual may be.
5. Relapse, incarceration for brief periods, episodes of inpatient care, or return to homelessness will not be grounds for termination of services. Rather such episodes will result in an increase of service intensity in order to rapidly return the individual or family to more stable functioning.
6. Emphasis on addressing existing gaps in mental health services.

8.0 PERFORMANCE MEASURES

Each program or service funded by the City will have specific performance measures and outcomes.

Overall performance measures include:

1. Decrease incarceration rates for juveniles and/or adults as demonstrated by comparing pre and post service incarceration histories.
2. Improved quality of life for community and businesses in the program area served as measured by surveys of Community and Business leaders, as well as law enforcement dispatch numbers, pre- and post-intervention.
3. Evidence that people remain engaged in services long enough to achieve sustainable housing and/or continued education and employment.

9.0 Funding Approach

Total revenues for **2012** are shown in the table below. Based on PSHSE input we are proposing that the plan address supplanting for the remainder of FY12 at the maximum allowed by statute. This data is displayed in the table below. The estimated revenue has been projected by the City Fiscal Department and is considered a conservative estimate assuring that the 50% dollar target can be met. Future supplanting recommendations will be developed through the normal budget cycle and be informed by actual sales tax revenue and budgetary needs for supplanting. The FY12 non-supplanting revenue will be held in reserve to assure there are adequate start-up funds for new programs. Future allocations for reserves will be developed based on our experience with actual revenue flow.

1. The Proposal is that the remainder of FY12 will be budgeted at supplanting of existing general fund programs at 50%.
2. The City Manager will allocate supplanting funds based on community needs and system requirements.
3. Percentages for distribution will be presented to PSHSE on an annual basis.
4. Reserves will be based on best practices for this type of initiative and informed by other government entities that have enacted their own local option sales tax.
5. Funds not used for supplanting or internal operating costs will be allocated for new or enhanced programs based on City contracting requirements and will include meaningful outcome measures.

Year	2012 Projected
Revenue	\$1,275,500
Supplanting %	50
Amount	\$637,750
Balance	\$637,750

OTHER:

The existing community service funding process is robust, proven and consistent. This award cycle will have equal rigor and be a part of the Human Service Commission's role. Staff is working on synchronizing funding cycles to coordinate their workload.

10.0 Working Definitions for New and Innovative Programs

Mental Disorder

1. Legal Definition (RCW 71.05)
2. *Any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive or volitional functions.*
3. Benefits and examples of this definition:
 - a. Reduces barriers to accessing services.
 - b. No argument about meeting DSM (Diagnostic and Statistical Manual of Mental Disorders) IV or V diagnostic criteria.
4. Would include youth and adults presenting significant behavioral control issues such as unprovoked aggressiveness, suicidal behavior, inability to provide for basic needs or maintain current or previous levels of work, academic or social functioning.

Chemical Dependency/Abuse

1. Legal Definition (RCW 70.96A)
2. A disease characterized by a dependency on alcohol or other psychoactive substance.
3. Loss of control over the amount and circumstances of use.
4. Symptoms of tolerance, physiological or psychological withdrawal, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.
5. Control over the amount and circumstances of use, symptoms of tolerance, physiological or psychological withdrawals, or both, if use is reduced or discontinued, and impairment of health or disruption of social or economic functioning.

Therapeutic Courts

1. Therapeutic courts approach the **intersection** of mental illness, chemical dependency as not just **a legal issue**, but **a public health issue**, allowing the court to better serve community needs by addressing public safety, reducing criminalization of persons with mental disorders or chemical dependency, and promoting system integration.
2. Tacoma will focus on pre-booking diversion for the target populations.
3. Services may also include post-booking diversion, sentencing alternatives, or a new or enhanced therapeutic drug or mental health court.

11.0 Statewide and National Challenges

Over time, the following system needs have been identified, statewide and nationally, in the areas of mental health and chemical dependency and will be considered by the workgroup and the City at key decision points:

1. A large number of adults and juveniles enter the **criminal justice system** due to mental illness and/or chemical abuse and dependency.
 - a. The criminalization of mental illness is recognized as a nationwide problem.
 - b. Nationally, an estimated 16 percent of adults and 24 percent of juveniles in county and city jails experience a mental illness.
 - c. About six percent of adults in jail have a serious mental illness.
 - d. The percentage of adults and juveniles in jails who have a chemical dependency problem is much higher, with estimates ranging from 60 to 80 percent.
 - e. Many individuals experience a co-occurring mental illness and chemical dependency disorders.
 - f. Studies have found that adults in the mental health system who abused drugs and alcohol were five times as likely to have been incarcerated as those who did not abuse drugs and alcohol.
2. Once in jail, adults who are mentally ill stay in jail longer than individuals who do not have a mental illness.
 - a. Studies of Adult and Juvenile Detention found that the average offender who remains in jail more than 72 hours has an average length of stay of 12 days for misdemeanor offenses and 24 days for felony offenses.
 - b. If the offender has a mental illness, the average length of stay can be up to 158 days.
 - c. In addition, the daily cost of care while in the jail is much higher for the mentally ill population than for the non-mentally ill population, due to the additional staff needed to observe and keep safe individuals who are at greater risk for suicide, and to the extra costs for psychiatric services and medications.
3. Individuals with mental illness and chemical dependency are frequent users of expensive hospital emergency room services. A July 2004 study conducted by the Washington State Department of Social and Health Services (DSHS) found that 94 percent of clients who visited hospital emergency rooms 21 times or more in fiscal year 2002 had a diagnosis of either a mental illness, or a chemical dependency, or both. The cost for emergency room services alone for these 125 individuals was over \$3.2 million in one year.
4. As many as 2,000 persons are homeless each night in Pierce County, the majority within the Tacoma City limits. Many of them have mental illness, chemical dependency, or both.
 - a. Studies have found that individuals enrolled in mental health services that were homeless were four times as likely to be incarcerated as those who had housing.
 - b. Less than 30 percent of persons experiencing homelessness served in the public mental health system are able to secure housing within one year of beginning services.
 - c. It is increasingly difficult for people on limited incomes to find affordable housing. For individuals whose sole source of income is public assistance related to a disability, affordable housing is virtually nonexistent unless they are fortunate enough to obtain subsidized public housing and find a landlord willing to accept them with this subsidy.

5. The most effective way to overcome these issues has proven to be secured housing with access to case management. A study of children's health in Washington conducted by DSHS found that eight percent of Washington's children needed mental health services, but only 43 percent of those children actually received them.
 - a. Only 20 percent of youth who need chemical dependency treatment are able to receive it.
 - b. The primary funding source for public mental health and chemical dependency treatment services is Medicaid, and access to services is severely limited for those who are not eligible for Medicaid.
 - c. The state recently increased funding for chemical dependency treatment to increase access to treatment, but most of this funding is available only for those who qualify for Medicaid.
 - d. Often the only services available to those who are not on Medicaid are the most expensive services: crisis intervention and hospitalization.
6. It is difficult for treatment providers to be able to pay livable wages to their staff and difficult to attract and keep high quality professionals.
 - a. Low state payment rates have also resulted in very large caseloads, which limit the ability of staff to provide the best possible care to their clients.
 - b. The state continues to reduce funding.

Resolution No. 38483

Adopted: MAY - 8 2012

Maker of Motion: Loneragan

Seconded: Woodards

Voice Vote:

MEMBERS	AYES	NAYS	ABSTAIN	ABSENT
Mr. Boe	✓			
Mr. Campbell	✓			
Mr. Fey	✓			
Mr. Ibsen	✓			
Mr. Loneragan	✓			
Mr. Mello	✓			
Ms. Walker	✓			
Ms. Woodards	✓			
Mayor Strickland	✓			

Roll Call Vote:

MEMBERS	AYES	NAYS	ABSTAIN	ABSENT
Mr. Boe				
Mr. Campbell				
Mr. Fey				
Mr. Ibsen				
Mr. Loneragan				
Mr. Mello				
Ms. Walker				
Ms. Woodards				
Mayor Strickland				