



SCA Public Issues Committee

AGENDA

May 9, 2018 – 7:00 PM

Renton City Hall

1. **Welcome and Roll Call** – Ed Prince, Renton, Chair 2 minutes
2. **Public Comment** – Ed Prince, Renton, Chair 10 minutes
3. [Approval of Minutes – April 11, 2018 Meeting](#) 2 minutes
Page
4. **Chair’s Report** – Ed Prince, Renton, Chair 5 minutes
5. **Executive Director’s Report** – Deanna Dawson, SCA Executive Director 10 minutes
6. [Domestic Violence Initiative Appointment](#) 5 minutes
ACTION
Page
Leanne Guier, PIC Nominating Committee Chair
7. [Medic One/Emergency Medical Services Levy](#) 15 minutes
DISCUSSION
Page
Brian Parry, Senior Policy Analyst
8. [One Table](#) 20 minutes
DISCUSSION
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Ellie Wilson-Jones, Senior Policy Analyst
9. [Sewer Rate and Capacity Charge Proposal](#) 10 minutes
DISCUSSION
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Cynthia Foley, Policy Analyst
10. [Future Levies and Ballot Measures in King County](#) 5 minutes
UPDATE
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Brian Parry, Senior Policy Analyst

11. [Potential Upcoming SCA Issues](#)

UPDATE

5 minutes

Page

Deanna Dawson, SCA Executive Director

12. Informational Item

- a. [Medicaid Transformation Project](#)

13. Upcoming Events

- a. SCA Networking Dinner featuring Washington State Attorney General Bob Ferguson – Wednesday, May 30, 2018 – 5:30 PM – Inglewood Golf & Country Club – Kenmore
- b. SCA Public Issues Committee Meeting – Wednesday, June 13, 2018 – 7:00 PM (6:00 Pre-PIC Workshop) – Renton City Hall

14. For the Good of the Order

15. Adjourn

Did You Know?

SCA's May Pre-PIC Workshop will focus on the work of the King County Regional Affordable Housing Task Force. This Task Force—co-chaired by Kenmore Mayor David Baker and King County Councilmember Claudia Balducci—is working to develop recommendations to address the critical shortage of affordable housing in the region. During this workshop, members will receive an update on the Task Force's efforts and discuss tools and resources that can best help communities address this growing challenge. More information on the Task Force can be found [here](#).

Interested in learning more about actions your city can take to promote affordable housing? Several up-to-date affordable housing "toolkits" for local governments are available, including from the [Association of Washington Cities](#); the [Housing Development Consortium](#); and the [Puget Sound Regional Council](#). Recommendations from the Washington State Housing Advisory Board's Housing Affordability Response Team (HART) report can be found [here](#).

May 14-18, 2018 is Affordable Housing Week in King County. Events will be held throughout King County during Affordable Housing Week, including volunteer activities, tours, and learning opportunities. A full calendar of events is available [here](#).

Sound Cities Association

Mission

To provide leadership through advocacy, education, mutual support and networking to cities in King County as they act locally and partner regionally to create livable vital communities.

Vision

To be the most influential advocate for cities, effectively collaborating to create regional solutions.

Values

SCA aspires to create an environment that fosters mutual support, respect, trust, fairness and integrity for the greater good of the association and its membership.

SCA operates in a consistent, inclusive, and transparent manner that respects the diversity of our members and encourages open discussion and risk-taking.

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SCA Public Issues Committee

MINUTES

April 11, 2018 – 7:00 PM

Renton City Hall

1055 S Grady Way, Renton WA 98057

1. Welcome and Roll Call

PIC Chair Council President Ed Prince, Renton, called the meeting to order at 7:02 PM. 31 cities had representation ([Attachment A](#)). Guests present included Councilmember Janice Zahn, Bellevue (PIC Alternate); Mayor John Chelminiak, Bellevue; Deputy Mayor Davina Duerr, Bothell (PIC Alternate); Doug Levy, City of Renton lobbyist; Jenny Huston, King County Executive's Office Staff; Alex Herzog, City of Woodinville Staff; Mayor Kim Lisk, Carnation; Michael Huddleston, King County Council Staff; Councilmember Matt Mahoney, City of Des Moines.

2. Public Comment

Chair Prince asked if any member of the public would like to provide any public comment. Seeing none, Chair Prince closed the public comment portion of the meeting.

3. Approval of the March 14, 2018 Minutes

Chair Prince noted that two corrections to the minutes were provided by Deputy Mayor Austin Bell, Burien.

Councilmember Hank Margeson, Redmond moved, seconded by Council President Bill Boyce, Kent, to approve the March 14, 2018 PIC minutes.

4. Chair's Report

Chair Prince reported that Mayor Amy Ockerlander of Duvall had been serving as the 2018 Snoqualmie Valley Representative to the PIC Nominating Committee. Mayor Ockerlander stepped down from PIC, so there was a vacancy on the Nominating Committee. According to the SCA bylaws, the PIC Chair appoints to the nominating committee. He appointed Councilmember Ross Loudonback of North Bend to fill this vacancy, noting his past experience on the committee.

Chair Prince noted that the recently scheduled 'State of the County Address' was cancelled. However, several SCA members were able to meet with the County Executive where priorities discussed included a public health approach to juvenile justice services. He noted that SCA also representatives met with County Executive the next day, and the group discussed mobility planning efforts at King County Metro and One Table.

He also noted that 33 cities have signed on to support Sexual Assault Awareness Month. Interested cities can contact SCA Executive Director Deanna Dawson.

5. Executive Director's Report

SCA Executive Director Deanna Dawson informed PIC members about an upcoming Partner Forum for SCA members, Recycling Revisited: How China's new restrictions on imported recyclable materials impact our region, Friday, April 27, 2018, 10:00 – 11:30 AM, Mercer Island Community Center.

6. Regional Transit Committee Appointment

PIC Nominating Committee Chair Leanne Guier reported that the committee met on April 6, 2018, and recommended the appointment of Councilmember Dennis Higgins, Kent to fill a vacancy on the Regional Transit Committee.

Councilmember Hank Margeson, Redmond, moved, seconded by Council President Bill Boyce, Kent, to recommend to the SCA Board of Directors the appointment of Councilmember Dennis Higgins, Kent, to the Regional Transit Committee.

Dawson noted there was also an opening on the Interjurisdictional Staff Team, and there will be a call for nominations for a seat on the Domestic Violence Initiative Regional Task Force.

7. School Siting: Best Practices for Collaboration

SCA Senior Policy Analyst Brian Parry reported on Motion 18-1 under consideration at the King County Growth Management Planning Council (GMPC) encouraging jurisdictions to work with local school districts to ensure new schools can be located within the Urban Growth Area.

Parry said the GMPC recently heard presentations from cities and school districts on best practices to improve collaboration between local school districts, cities, and the county, and that Motion 18-1 looks to document these discussions. He said the motion does not change the Countywide Planning Policies or otherwise create a requirement for cities to take specific actions, but that they are intended to be guidelines that cities are encouraged to explore with districts serving their residents.

He said the recommendations include: working with school districts to identify suitable public or privately-owned properties for schools; considering more flexible development regulations to develop challenging sites; allowing schools in more zoning classifications; exploring permit processing improvements; partnering to address community impacts through Transportation Demand Management, encouraging more non-motorized transportation to schools, and improving pathway connections to schools.

Councilmember Ross Loudonback, North Bend, said it is difficult to find sites for schools, and noted that King County does not allow schools outside of the Urban Growth Area even when the site is immediately adjacent to a city.

Councilmember Linda Johnson, Maple Valley, noted how difficult it is for school districts to find large enough parcels to develop schools within the city.

Councilmember John Stokes, Bellevue, said that he supported the goals of Motion 18-1, and that building a good working relationship with school districts is important to resolving siting issues.

Councilmember Traci Buxton, Des Moines, noted that schools are being built with much higher capacity than in the past, and that the needs of the schools and the impacts on the surrounding community are different accordingly.

Councilmember Tola Marts, Issaquah, said that there are still options to move lands within the UGA through King County's four-to-one program for development, including schools. He also noted that the actions identified in Motion 18-1 were primarily for cities and the county, and that he would have liked to see more actions identified that school districts could take.

Councilmember Hank Margeson, Redmond, said that he was pleased to see PIC focused on school siting, and noted that the needs for school districts are changing, and that there should also be some evolution in how school facilities can be used by the public outside of the regular school day.

Mayor Nancy Backus, Auburn, noted that some cities and school districts work together to share school ball fields as local parks, and that having ball fields at schools provide important recreation spaces for the general public.

Councilmember Toby Nixon, Kirkland, agreed with Backus that it is important to explore creative ideas for school property use, and added that some jurisdictions are working on programs to include teacher housing as part of developing new schools.

8. Veterans, Seniors and Human Services Levy

Ellie Wilson-Jones, SCA Senior Policy Analyst, provided an overview of the Veterans, Seniors and Human Services Levy (VSHSL) approved by voters in November 2017 to replace the expiring Veterans and Human Services Levy and an update on implementation of the VSHSL. The new VSHSL adds seniors as a focus population and is also a substantial expansion, with \$53.3 million in collections anticipated for 2018 compared to \$18.6 million in 2017 under the former levy. Wilson-Jones highlighted Table 1 and Table 2, on pages [28](#) and [29](#), of the PIC Packet, which demonstrate how levy funds would be allocated in 2018 and in 2019 based on estimated levy collections and the requirements of the VSHSL ballot measure ordinance approved by voters.

The ballot measure continued programs funded under the former levy at their 2017 levels into 2018, and a Transition Plan, approved in December 2017, further specified 2018 investments, including additional funding for housing stability, senior centers, and technical assistance and capacity building. Ongoing VSHSL planning work includes finalization of a Governance Plan to guide oversight of the levy and review of an Implementation Plan to guide levy investments for 2019 through the end of the levy in 2023. Both plans are under consideration by the Regional Policy Committee (RPC), on which SCA is represented.

The Governance Plan, discussed in more detail beginning on [page 30 of the PIC Packet](#), has been through several versions beginning with a proposal for a three-board structure from the

Executive; then amendment by the RPC to create a fourth board focused on housing stability, intended to ensure coordination of housing investments; and now a version passed by the King County Council's Health, Housing and Human Services Committee that consolidates oversight into a single board to oversee the full levy. This version, which also incorporates feedback provided by SCA RPC members, is scheduled to be taken up by the RPC on April 18. Under the single-board format, SCA would have three advisory board seats, to be filled by non-elected officials. Under the oversight structure for the former levy, SCA was not represented.

The RPC will also be taking up the Implementation Plan for the levy over the next two to three months. Under the Executive's proposed Implementation Plan, the VSHSL would utilize a results based accountability framework focused on five results areas: housing stability, financial stability, social engagement, healthy living, and system access and improvement. For each result area, there are four to eight strategies proposed that would each serve some or all of the three focus populations. Collectively, there are 67 strategies and sub-programs proposed, as summarized in [Attachment A on page 33 of the PIC Packet](#).

Wilson-Jones encouraged members and their staff to review the draft Implementation Plan and to follow up with any questions as well as with feedback, which will be carried forward to SCA members serving on the RPC.

Mayor Nancy Backus, Auburn, requested a corrected link to the draft Governance Plan. (*Note: The draft Governance Plan can be downloaded [here](#). Alternatively, as of April 12, the plan could also be found as "A. Veterans, Seniors and Human Services Levy Governance Plan..." (item two) in the list of attachments [here](#).)*

Councilmember Ross Loudonback, North Bend, noted that levy staff recently presented on the Veterans, Seniors and Human Services Levy in North Bend. The presenters said that the Implementation Plan was still under development and that recommended changes should be shared with King County Councilmembers for their consideration during the legislative process. Loudonback added that regional equity was discussed and that the current methodology of tracking service utilization, across areas spanning multiple zip codes, does not provide sufficient detail to ensure regional equity.

Mayor Bernie Talmas, Woodinville, serves on the Regional Policy Committee and thanked SCA staff for working to ensure SCA member feedback was incorporated into the latest version of the Governance Plan.

Councilmember John Stokes, Bellevue, serves on the Regional Policy Committee and spoke to the impact SCA members had on shaping oversight for the levy. He noted that several iterations of the Governance Plan have been considered and that the current draft strikes a good balance to ensure coordination and accountability for levy investments.

9. Regional Centers

SCA Senior Policy Analyst Brian Parry provided an update on the Regional Centers policies adopted at the Puget Sound Regional Council (PSRC) Executive Board. He said the policies

adopted by the Executive Board followed the recommendations of the PSRC Growth Management Policy Board as discussed at the Public Issues Committee in March.

He said that all of the currently designated regional centers are still designated as centers, but are required to plan under the new standards as part of the next round of comprehensive plan updates. In addition, counties are now encouraged to designate smaller, “countywide centers,” consistently across the region when they next updated their Countywide Planning Policies. New policies were also adopted to encourage protecting additional manufacturing lands in emerging job centers that would not have met the minimum job total threshold under existing policies. Regional Centers will also be required to meet new planning requirements related to access to transit; affordable housing and displacement of affordable housing; walkability; and the mix of housing and jobs in each center. Other changes are highlighted in the [March 2018 PIC Packet](#).

Councilmember Catherine Stanford, Lake Forest Park, noted it is difficult to bring together the interests of all of the counties and cities in the region and thanked staff for their efforts.

Councilmember Hank Margeson, Redmond, agreed with Stanford and said that it is important to build bridges around the region to make important changes. He said he was at the Executive Board meeting and noted that some of the discussions were very contentious and that having relationships with other county and city leaders in the region would be help work through challenging issues.

10. Future Levies and Ballot Measures in King County

SCA Senior Policy Analyst Brian Parry reported on levies and ballot measures in King County. He said the next election would take place on April 24, and noted that the City of Kent will be considering a ballot measure to raise utility taxes to fund law enforcement operations. Council President Bill Boyce, Kent, asked for additional information about the affordable housing and related services sales tax listed in the staff report as a potential ballot measure in 2019. Parry clarified that the item referred to the .1% sales tax authorized under state law and that there was not currently a proposal that has been put forward by King County.

Councilmember Sue Ann Hohimer, Normandy Park, asked for additional information about the Seattle Families and Education Levy. Parry said that the levy is set to expire at the end of 2018, and that a [levy planning committee](#) recently began meeting to consider options for renewal.

Councilmember John Stokes, Bellevue, said that King County Executive Dow Constantine recently held a meeting with members of the Land Conservation Advisory Committee and that a decision has been made to postpone any proposal to increase the Conservation Futures Levy to add funding to the Land Conservation Initiative.

11. Potential Upcoming SCA Issues

SCA Executive Director Deanna Dawson invited feedback on future topics for PIC meetings and pre-PIC Workshops.

The May and June pre-PIC workshops have been scheduled, leaving four additional workshops for 2019. Members expressed interest in a mix of workshops on substantive topics, and

trainings. Based on feedback from members, staff will focus on scheduling two trainings (one on social media plus one additional topic dependent on availability of presenters and topics at the AWC conference in June), and two workshops on substantive topics. Members expressed strongest interest on VISION 2050 and Emergency Management as topics, with the caveat that additional topics may come up as the year progresses.

Councilmember Nixon said that he would be interested in a discussion of the Medic One/EMS levy and that it is important for elected officials to participate in the levy planning process. Parry noted that an information item about the Medic One/Emergency Medical Services Levy can also be found in the [March 2018 PIC Packet](#), and that staff may bring back this topic later in the year.

Councilmember Nixon added that PIC may want to consider discussing the Puget Sound Emergency Radio Network (PSERN).

12. Informational Item

PIC Chair noted the informational item on the West Point Treatment Plant.

13. Upcoming Events

Chair Prince reported that there will be an SCA Partner Forum on Recycling Revisited on April 27, 2018 at the Mercer Island Community Center. He also noted that the next SCA Public Issues Committee meeting is on Wednesday, May 9, 2018 at Renton City Hall. The next SCA Networking Dinner will be held on Wednesday, May 30, 2018 featuring Washington State Attorney General Bob Ferguson at the Inglewood Golf & Country Club.

14. For the Good of the Order

Chair Prince asked if PIC members have anything to report for Good of the Order.

Councilmember Margeson asked if Mayor Baker, Kenmore, would share stories from his recent trip to Indiana. Mayor Baker shared that he recently met siblings for the very first time in Indiana, which was also profiled in a [King 5 news story](#).

Dawson asked that members please be sure to RSVP for PIC meetings. She also reminded members to request a printed copy of meeting materials in advance if they would like to have a hard copy.

Councilmember James McNeal, Bothell, reported that the King County Inquest Process Review Committee Report is [available online](#). He noted that the committee met over three months to consider changes to inquest process to review police shootings. He recommended reading the report.

Chair Prince noted that on Wednesday we remembered Dr. Martin Luther King Jr., and encouraged PIC members to continue efforts in support of inclusivity.

Dawson added that equity and inclusion are a priority for 2018 SCA President Amy Walen, and that SCA would welcome feedback on how the organization can be more inclusive.

Councilmember Kate Kruller, Tukwila, reported that inaugural match of the Seattle Seawolves Major League Rugby franchise will take place on April 22 at Starfire Stadium in Tukwila.

15. Adjourn

The meeting was adjourned at 8:27 PM.

**Public Issues Committee Meeting
April 11, 2018**

City	Representative	Alternate
Algona	Dave Hill	Bill Thomas
Auburn	Nancy Backus	John Holman
Beaux Arts Village	Tom Stowe	Aletha Howes
Bellevue	John Stokes	Janice Zahn
Black Diamond	Janie Edelman	Tamie Deady
Bothell	James McNeal	Davina Duerr
Burien	Austin Bell	Nancy Tosta
Carnation	Dustin Green	Kim Lisk
Clyde Hill	Barre Seibert	George Martin
Covington	Fran Hollums	Joseph Cimaomo, Jr.
Des Moines	Traci Buxton	Matt Mahoney
Duvall	Michelle Hogg	Jennifer Knaplund
Enumclaw	Anthony Wright	Mike Sando
Federal Way	Lydia Assefa-Dawson	Martin Moore
Hunts Point	Joseph Sabey	
Issaquah	Tola Marts	Chris Reh
Kenmore	David Baker	Nigel Herbig
Kent	Bill Boyce	Toni Troutner
Kirkland	Toby Nixon	Jay Arnold
Lake Forest Park	Catherine Stanford	Tom French
Maple Valley	Sean Kelly	Linda Johnson
Medina	Sheree Wen	Alex Morcos
Mercer Island	Benson Wong	Tom Acker
Milton	Shanna Styron Sherrell	Mary Tompkins
Newcastle	Allen Dauterman	Carol Simpson
Normandy Park	Sue-Ann Hohimer	Jonathan Chicquette
North Bend	Ross Loudenback	Jonathan Rosen
Pacific	Leanne Guier	David Storaasli
Redmond	Hank Margeson	Angela Birney
Renton	Ed Prince	Armondo Pavone
Sammamish	Christie Malchow	Pam Stuart
SeaTac	Erin Sitterley	Pam Fernald
Shoreline	Chris Roberts	Keith Scully
Skykomish	Henry Sladek	
Snoqualmie	Katherine Ross	Matt Larson
Tukwila	Kate Kruller	Zac Idan
Woodinville	Bernie Talmas	Susan Boundy-Sanders
Yarrow Point	Dicker Cahill	
SCA	Deanna Dawson Cynthia Foley	Brian Parry Ellie Wilson-Jones

Voting members are highlighted in gray. Cities represented are **bolded**.

Item 06:
Domestic Violence Initiative Appointment
ACTION ITEM

Staff Contact

Cynthia Foley, Policy Analyst, cynthia@soundcities.org, (206) 495-3020

SCA PIC Nominating Committee Members

Mayor Leanne Guier, Pacific (Chair); Council President Ed Prince, Renton; Councilmember Chris Roberts, Shoreline; Councilmember Ross Loudonback, North Bend

Potential Action

The PIC Nominating Committee will meet in advance of the May 9, 2018 PIC meeting to make a recommendation on an appointment to fill a vacancy on the Domestic Violence Initiative Task Force.

Domestic Violence Initiative

The goals of the Domestic Violence Initiative (DVI) are to deliver practical improvements to our region's legal response to domestic violence and to develop practical steps to improve operations, streamline communication, raise standards, and minimize barriers that interfere with victim safety and offender accountability.

The DVI Regional Task Force is comprised of leaders of organizations involved in our region's legal response to domestic violence, including public health, community based organizations, and civil and criminal justice agencies. SCA appoints to four member seats and four alternate seats. Committee work is done by consensus.

The current appointment process is for one unexpired term that will expire on December 31, 2018. The current vacancy is due to the resignation of Kent Councilmember Tina Budell.

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May 9, 2018
SCA PIC Meeting

Item 7:

Medic One/Emergency Medical Services Levy

DISCUSSION ITEM

SCA Staff Contact

Brian Parry, SCA Senior Policy Analyst, brian@soundcities.org, 206-499-4159

SCA Emergency Medical Service (EMS) Advisory Task Force Members (representing cities with populations below 50,000)

Deputy Mayor Pam Fernald, SeaTac; Councilmember Vic Kave, Pacific; Councilmember Tom Agnew, Bothell

EMS Advisory Task Force Members from SCA Cities with Own Seats

Councilmember Bob Baggett, Auburn; Councilmember Jennifer Robertson, Bellevue; Deputy Mayor Nancy Tosta, Burien; Councilmember Penny Sweet, Kirkland; Mayor John Marchione, Redmond; Mayor Denis Law, Renton; Councilmember Tom Hornish, Sammamish; Councilmember Keith Scully, Shoreline

Discussion

The Medic One/Emergency Medical Services (EMS) Advisory Task Force was convened in January 2018 to begin the planning process to reauthorize the Medic One/EMS levy for 2020-2025. The objective of the EMS Advisory Task Force is to review and propose Medic One/EMS program recommendations and the proposed levy rate to be put before the voters of King County in 2019. Four subcommittees of the Task Force have met since February to develop preliminary recommendations that will be initially presented to the full Task Force at its next meeting on May 30.

At the May PIC meeting, SCA members will discuss the levy planning process and issues identified to date by the Task Force subcommittees. PIC members are encouraged to discuss the levy planning process with their community's EMS provider in preparation for the May PIC meeting. Additional information will be brought to future meetings of the PIC for discussion as Task Force recommendations, including estimated costs, are refined further.

King County Medic One/EMS System Overview

The King County Medic One/Emergency Medical Services (EMS) system of King County is a regional, cross-jurisdictional system that provides essential life-saving services to King County residents and visitors. Medic One/EMS services rely on coordination between fire departments, paramedic agencies, EMS dispatch centers, and hospitals. The system is managed by the EMS division of Public Health – Seattle and King County, and funded through a property tax known as the Medic One/EMS levy.

The Medic One/EMS system relies on a tiered approach to deliver necessary medical intervention in the most efficient manner possible. The Basic Life Support (BLS) tier responds to all service requests and is provided by first responders to an incident, generally firefighters who have trained as Emergency Medical Technicians (EMTs). The Medic One/EMS levy contributes some BLS funding to local fire agencies to help offset costs of providing EMS services; however, most BLS funding is raised and managed locally. The Advanced Life Support (ALS) tier is activated when the response requires out-of-hospital emergency medical care for critical or life-threatening injuries and illnesses. ALS is provided by 26 highly trained “medic units” located throughout King County and is funded entirely by the Medic One/EMS levy.

Fire departments and fire agencies provide BLS at the jurisdictional level. Five ALS providers operate and manage 26 medic units in King County:

- Shoreline Fire Department;
- Bellevue Fire Department;
- Redmond Fire Department;
- Seattle Fire Department; and,
- King County Medic One/South King County.

The current Medic One/EMS levy will expire on December 31, 2019, and the EMS Advisory Task Force has been formed to undertake an extensive planning process to develop a strategic plan and financing plan to reauthorize the levy for 2020-2025. A reauthorization levy will be placed on the ballot at a to be determined election in 2019.

Placing the Medic One/EMS levy on the ballot for renewal will require approval by the legislative authority of at least 75% of cities in King County with populations exceeding 50,000¹ (or 9 of the 11 such cities in King County) and the King County Council. Approval of the levy requires an affirmative vote from a simple majority of voters. The current levy was approved beginning in 2014 at a rate of \$0.335 per \$1,000 of assessed value and has lowered to a rate of \$0.229 in 2019 due to increases in assessed values.

Per an interlocal agreement with King County, Seattle receives all Medic One/EMS levy funds raised within its boundaries. Funds raised outside of Seattle, approximately \$75 million annually under the current levy, are placed in the King County EMS fund and managed regionally by the King County EMS Division.

EMS Task Force

The EMS Advisory Task Force was convened on January 18, 2018, to begin the planning process for the Medic One/EMS levy for 2020-2025. The objective of the EMS Advisory Task Force is to

¹ There are currently 11 cities in King County with populations greater than 50,000: Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Sammamish, Seattle, and Shoreline.

review and propose Medic One/EMS program recommendations and the proposed levy rate to be put before the voters of King County. Responsibilities include reviewing and proposing recommendations concerning: current and projected EMS system needs; the Financial Plan based on those needs; and, the levy rate, levy length, and timing of the levy ballot measure.

The levy planning process utilizes four subcommittees to analyze system program and cost needs to develop the strategic plan and levy. The subcommittees are broken into four basic program areas:

Advanced Life Support (paramedic service) – Topics under discussion include identifying service needs and the number of medic units required to serve those needs over the life of the levy; establishing the cost of each unit and allocation methodology; developing the financial plan and refining costs; and incorporating strategies to deliver cost efficiencies and system effectiveness. The Advanced Life Support subcommittee is chaired by Councilmember Keith Scully, Shoreline.

Basic Life Support (EMTs and first responders) – Topics under discussion include total BLS funding and how it's allocated among BLS agencies; improving system effectiveness with strategies to manage EMS patients' varying and complex needs; and identifying cost efficiencies. The Basic Life Support subcommittee is chaired by Mayor Denis Law, Renton.

Regional Services/Strategic Initiatives – Topics under discussion include assessing the types of regional programs and strategies needed to meet current and future needs; reviewing pilot projects from the current levy span; and identifying future strategic initiatives, cost efficiencies and system effectiveness opportunities. The Regional Services/Strategic Initiatives subcommittee is chaired by Councilmember Tom Agnew, Bothell.

Finance – The Finance Subcommittee will assess the programmatic recommendations developed by the other subcommittees and provide financial advice, viewing the proposals as a whole package, rather than independent program areas. In addition, the Subcommittee will review economic forecasts, determine indices for inflating costs, and develop financial policies. The Finance subcommittee is chaired by Mayor John Marchione, Redmond.

Subcommittee Discussion Highlights

The Advanced Life Support, Basic Life Support, and Regional Services/Strategic Initiatives subcommittees are currently developing service and cost options that will be presented to the Finance Subcommittee on May 17. The full Task Force will meet on May 30, at which time it is anticipated they will review an initial set of issues identified by the subcommittees that could impact the cost and distribution of the levy, as well as high-end and low-end cost estimates associated with those issues.

Key discussion points raised at Task Force subcommittee meetings to date include:

- *Projected demand for Advanced Life Support (ALS) services.* ALS is provided by 26 highly trained “medic units” located throughout King County and is fully funded by the Medic

One/EMS levy. Under the current levy, approximately 61% of funds go toward the provision of ALS services. In 2017, the cost per ALS unit was \$2.4 million, and any change in the expected need for ALS units would therefore have a notable impact on the total levy amount. King County's population is expected to continue to grow at a rapid pace, as is the share of the population over the age of 50 (the primary population served by ALS). The ALS subcommittee will make recommendations related to the total units that should be planned for during the upcoming levy period and estimated cost; however, decisions about the geographic distribution of units are made separately from the levy development process. It is anticipated the subcommittee will recommend planning for at least one additional ALS unit to be added during the 2020-2025 levy period.

- *Allocation for Basic Life Support (BLS) services.* Under the current levy, approximately 15% of funds are allocated to local fire agencies to cover a portion of the EMS services they provide. Allocation is determined by a formula based on call volume and assessed value within the service area. The BLS subcommittee is reviewing the current methodology, the total amount of funding, and eligible expenses. There is strong support among fire agencies for ensuring the allocated BLS funding remains steady and accounts for inflation as well as expected increases in call volume due to the region's growing population.
- *Funding for Mobile Integrated Healthcare (MIH) programs.* During the current levy period, several fire agencies have initiated pilot programs dedicated to MIH. MIH programs vary in scope, but are generally designed to provide agencies with tools to address patient needs that go beyond the immediate response to a call for service or delivery of a patient to the emergency room. This may include resources such as a point of contact EMT's can engage to coordinate with social service and medical providers to address the underlying causes leading to frequent calls for emergency service. The goal is to provide better overall care and reduce the number of service requests for non-life-threatening injury or illness. Local fire agencies operating MIH units have expressed support for expanding access and further coordinating MIH services on a regional basis as part of the levy renewal. Agencies identified several benefits of MIH programs, including: improved patient care, diversion of non-emergency calls from the emergency response system, and better utilization EMT resources. The Basic Life Support subcommittee is exploring the additional funding that would be needed to expand MIH services countywide, and in what manner funding should be allocated.

The table below reflects the proposed timeline for accomplishing the work of the full Medic One/EMS Advisory Task Force. The [full meeting schedule](#) of the Task Force and its subcommittees is also available on the project website.

Medic One/EMS Advisory Task Force Meeting Schedule

Meeting 1 1/18/2018	Meeting 2 5/30/2018	Meeting 3 7/31/2018	Meeting 4 10/16/2018
EMS Orientation	Preliminary Review	Full Draft Review	Final Review
Meeting Objectives: 1. Review Task Force expectations and timeline 2. EMS system review 3. Identify subcommittee chairs	Meeting Objectives: 1. EMS levy review (length, rate, timing) 2. Preliminary subcommittee programmatic and financial recommendations	Meeting Objectives: 1. Subcommittees to report on full draft programmatic and financial recommendations 2. Discuss EMS levy options (length, rate, timing)	Meeting Objectives: 1. Approve programmatic recommendations and Financial Plan 2. Finalize EMS levy options (length, rate, timing)

Next Steps

The EMS Task Force and its four subcommittees are scheduled to continue meeting throughout 2018 to develop the strategic plan and levy for renewal proposal. More detailed information about potential service changes and cost estimates are being prepared by each subcommittee in preparation for the full Task Force meeting on May 30. Future discussion at PIC is anticipated as the preliminary recommendations from each subcommittee are further developed for consideration by the full Task Force at its July 31 meeting. Additional information about the Medic One/EMS system, the levy, and meeting materials can be found on the [project website](#). SCA members are also encouraged to contact SCA Senior Policy Analyst Brian Parry at brian@soundcities.org or 206-499-4159 for any additional information.

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Item 8:

One Table

DISCUSSION

SCA Staff Contact

Ellie Wilson-Jones, Senior Policy Analyst, ellie@soundcities.org, (206) 495-5238

SCA One Table Members

Mayor Nancy Backus (Co-Chair); Mayor John Chelminiak, Bellevue; Council President Ed Prince, Renton; Mayor Dana Ralph, Kent; Mayor Amy Walen, Kirkland

Discussion

One Table is a recently launched regional initiative focused on homelessness prevention. Following up on the March and April SCA Pre-PIC Workshops on One Table, PIC members will be asked to provide input during the May 9 PIC meeting regarding six draft recommended actions ([Attachment A](#)) and to offer ideas their cities have for implementing those actions. Members are asked to review a draft list of potential ideas generated by the broad membership of One Table ([Attachment B](#)) and to provide feedback on ways, through those ideas or others, their cities could provide leadership toward the prevention of homelessness.

While One Table is focused upstream on the prevention of homelessness, work is also underway to address how our region coordinates investment in services for those who do become homeless. The PIC will be updated on a recent King County performance audit that addresses our regional homeless response system and a new Memorandum of Understanding between King County and the City of Seattle regarding coordination of homelessness investments.

Background

[One Table](#) is a regional initiative launched in January by King County Executive Dow Constantine, Auburn Mayor Nancy Backus, and Seattle Mayor Jenny Durkan to develop strategies to prevent homelessness. The initiative is focusing upstream, on root causes of homelessness, because even as the region's crisis response system has succeeded in permanently housing more and more formerly homeless people each year, the number of people experiencing homelessness has continued to grow.

In total, [75 community leaders](#) make up the One Table membership, including people with lived experience, service providers, business leaders, philanthropy, and local government representatives. In addition to Co-Chair Backus, SCA member cities are represented by Bellevue Mayor John Chelminiak, Kent Mayor Dana Ralph, Kirkland Mayor Amy Walen, and Renton Council President Ed Prince.

Members or their designees are participating in workgroups (called Community Action Workgroups) formed around five core contributors to homelessness: affordable housing, behavioral health, child welfare, criminal justice, and employment. The [ways in which those five areas were contributing to homelessness](#) was the focus of the initial kick-off meeting for all One Table members held January 22. The kickoff was followed by three Community Action Workgroup meetings in February and March. On April 4, all One Table members again came together to consider a slate of draft recommendations for addressing the five core contributors to homelessness. Background on the One Table process and the draft recommendations were also the subject of the March and April SCA Pre-PIC Workshops.

Development of One Table Recommendations

The One Table process had originally been scheduled to culminate on May 3 with the finalization of recommendations. Given the complexity of the draft recommendations and the need to continue to engage community partners in implementation planning, the One Table timeline has been extended and work is ongoing. Throughout the process, Co-Chair Backus has stressed the need to get the recommendations and next steps right, rather than to meet an artificial deadline.

Six draft recommended actions have been developed through the One Table process. These draft recommended actions, slightly revised since they were presented during the April Pre-PIC Workshop, are included as [Attachment A](#) and are also excerpted as follows:

1. Having a current county-wide gap of approximately 90,000 housing units that are affordable to very low income households is a major risk factor for these households becoming homeless. The community should increase financial resources for housing solutions, preserve existing low income housing, utilize public land whenever possible, adopt innovative solutions to utilize existing housing supply, implement effective policy tools and incentives to better utilize the private market, reduce displacement, and intentionally serve individuals exiting jail, foster care, and behavioral health treatment facilities with a race and equity lens.
2. Create a housing stabilization fund to achieve 0 exits into homelessness (including 0 inappropriate evictions), with a focus on those with the most acute need.
3. Provide on-demand behavioral health services that are racially, ethnically and culturally appropriate, flexible, person-centered, mobile, peer-focused, and trauma-informed.
4. Offer a comprehensive service package for all foster youth aging out of care to increase stability throughout their transition.
5. Strive to achieve 0 bookings for charges that are a direct result of homelessness and behavioral health crises, through diversion and compliance requirement reform done through a racial justice lens. Study cost offsets from reduced jail use and redistribute savings to fund diversion programs.

6. Ensuring access to employment opportunities that can cover market rate housing costs in King County reduces the risk for homelessness. The community should scale employment programs across the county over two years to train and employ people who are disproportionately at-risk of homelessness and secure private and public sector commitments to hire program graduates. Employment programs to be scaled will include government, community-based, and social enterprise programs and will be designed to accommodate the needs of all individuals at risk of homelessness and provide them with employment and wages that support them and their families.

The SCA One Table members are seeking feedback from cities on how they could help to implement the draft recommended actions. In preparation for the May 9 PIC meeting, PIC members are asked to review the six draft recommended actions (listed above and also included as [Attachment A](#)), seek feedback from their Councils and city staff if time allows, and consider which actions their cities could contribute to and how. PIC members are also asked to review [Attachment B](#) to consider whether and how their cities could provide leadership on any of the more specific ideas listed. PIC members should note, however, that [Attachment B](#) is a rough list generated by the Community Action Workgroups, rather than a vetted list of next steps. PIC members are also encouraged to offer any additional ideas they may have for how their cities could engage in the work of preventing homelessness and contributing toward the six draft recommended actions.

Other Homelessness System Developments

While the work of One Table has been focused largely on homelessness prevention, rather than the system of crisis response services in place for those who do become homeless, there has been simultaneous dialogue regionally about the way in which our region coordinates homelessness services. Two recent developments to take note of are the release of a King County performance audit addressing our regional homeless response system, and a new Memorandum of Understanding between King County and the City of Seattle regarding their coordination on homelessness investments.

The King County Auditor's Office issued a performance audit May 1, 2018 titled, "[Homeless Crisis Demands Unified, Accountable, Dynamic Regional Response](#)," which included 12 recommendations related to coordination of funding decisions, contracting, and performance standards; making improvements to the local coordinated entry system; and better tracking outcomes for people being served by rapid rehousing in order to improve the performance of those investments.

Additionally, on May 3, King County Executive Dow Constantine and Seattle Mayor Jenny Durkan [announced](#) a new [Memorandum of Understanding](#) that outlines immediate actions their jurisdictions will take to coordinate their homelessness investments—including coordination on RFPs and use of joint contract language and program monitoring. The Memorandum of Understanding also identifies steps to be taken over the next seven months, together with other cities and regional partners, to review the current system governing

homeless service and housing investments, study alternative models, and make recommendations for potential system revisions.

Attachments

- A. [Draft Recommended Actions](#)
- B. [Compilation of Community Action Workgroup Strategy Ideas](#)

One Table: Addressing the Root Causes of Homelessness

Draft Recommended Action Statements For Discussion Purposes

PRIORITY ACTIONS

1. Having a current county-wide gap of approximately 90,000 housing units that are affordable to very low income households is a major risk factor for these households becoming homeless. The community should increase financial resources for housing solutions, preserve existing low income housing, utilize public land whenever possible, adopt innovative solutions to utilize existing housing supply, implement effective policy tools and incentives to better utilize the private market, reduce displacement, and intentionally serve individuals exiting jail, foster care, and behavioral health treatment facilities with a race and equity lens.
2. Create a **housing stabilization fund to achieve 0 exits into homelessness** (including 0 inappropriate evictions), with a focus on those with the most acute need.
3. Provide **on-demand behavioral health services** that are racially, ethnically and culturally appropriate, flexible, person-centered, mobile, peer-focused, and trauma-informed.
4. Offer a **comprehensive service package for all foster youth aging out of care** to increase stability throughout their transition.
5. Strive to achieve **0 bookings for charges that are a direct result of homelessness and behavioral health crises**, through diversion and compliance requirement reform done through a racial justice lens. Study cost offsets from reduced jail use and redistribute savings to fund diversion programs.
6. Ensuring access to employment opportunities that can cover market rate housing costs in King County reduces the risk for homelessness. The community should scale employment programs across the county over 2 years to train and employ people who are disproportionately at-risk of homelessness and secure private and public sector commitments to hire program graduates. Employment programs to be scaled will include government, community-based, and social enterprise programs and will be designed to accommodate the needs of all individuals at risk of homelessness and provide them with employment and wages that support them and their families.

One Table: Addressing the Root Causes of Homelessness

ALL CAW Strategies Compiled

These are a compilation of the strategies each Community Action Workgroup generated from their discussions on 2/22/2018 and 3/9/2018. They are representative of contributions from all members of these groups, and are still in draft form.

One Table – Affordable Housing

Downward Factors on Affordable Housing

1. Rising Rent

Strategies:

- Rent Control
- Regulate Short Term Rentals (Air BnB Example)
- Low Interest Loan for Rehab in Return for Regulated Affordable Housing
- Targeted Rent Assistance to P.O.C.
- County or State Funded Housing Voucher Program Targeted to P.O.C.
- Extend MFTE Beyond 12 Years
- Create Preservation Tax Exemption for Older Buildings
- Prevention, including short term subsidies, to stop people from becoming homeless

2. Housing Production Cost

Strategies:

- Increase Access to Underutilized Public Land (Discounted Rate Targeted to Affordable Housing)
- Bridge Loan for Land Acquisition
- Use Public Land for Public/Private Partnership

3. Land Use and Zoning

Strategies:

- Equitable Zoning (Target Upzone to Account For Existing Cultural Communities)
- Require Affordable Housing At High Capacity Transit Locations
- Use Zoning to Incentivize Creation of Larger Units
- Use Zoning Incentives to Create ADU/DADU
- Expand MHA Policies for Alternative Housing Types and/or Populations
- Establish Mandatory Housing Affordability county-wide linked to Growth Management Act

4. Permitting Time

Strategies:

- State Authority over Permitting
- Dedicated Affordable Housing Permit Staff (Streamlining)
- Technical Assistance on permitting process for Non-Experienced Entities (particularly for POCs)
- Design review reform with prioritization for affordable housing

Upward Factors Affecting Affordable Housing

1. Expansion of Housing Type

Strategies:

- Condominium Act Reform to Increase Production
- Prioritize Production of Larger Units (3-4 bedrooms)
- Create/Promote Shared Housing
- Create Program to Fund / Construct ADU/DADU
- Create Opportunities for Co Housing and Co-Op Housing (Support Tenant Ownership)
- Allow In Home Businesses in Housing to Increase Income (e.g., child care)
- PSH in Suburban King County
- Creative and flexible Housing Types including SROs, Modular with toilet and shower and Trauma aware housing addressing white supremacy via shared and recovery housing, including 3-4 bedroom units for families
- Support the Block Project (DADU + Community)
- Short-term strategies to get people off street
- Services paired to need
- Increase market development of affordable units

2. Equitable Access to Affordable Units

Strategies:

- Increase Tenant Protections
 - Just Cause Eviction
 - Source of Income Description
 - Third Party Rental Housing Inspection to address substandard housing and ensure/maintain housing quality and safety (Not Involve Tenant)
 - Increase Access to Mediation for Landlord/Tenant Disputes
- Endorsement and Enforcement of Existing and New Tenant Protections
- Remove Screening Barriers
- First In Time Leasing (Fair Access)
- Improve Resources for Renters to Identify Units and Programs (Housing Resource Center, Landlord Liaison Project)
- Longer Term Rent Support to Assist POC and Address Structural and Institutional Racism
- Provide technical assistance to and contract with POC led organizations to develop affordable housing
- Develop mobile home park strategy to address when sold

3. Increasing Financial Resources to Support Affordable Housing

Strategies:

- Create Program to Incentivize Overhoused to Move Out (reverse mortgage, etc.)
- Strong Advocacy by Elected Officials for Federal Resources
- Increase State, Regional and Local Funding for Affordable Housing
- Non-Traditional Mechanisms to Support Affordable Homeownership (Not Down Payment Assistance)
- State Voucher Program
- Master Leasing Supported by Housing Resource Center
- Increase resources for services in housing
- Ensure resources are of scale and scope to address need for affordable housing

Multi-Factor Strategies:

- Build political will with general-public and law makers to address affordable housing need
- Establish and independent committee to monitor progress and ensure accountability
- Target all strategies to POC
- Focus on those who are experiencing homelessness and lowest income
- Equitable development strategies for POC orgs

One Table – Behavioral Health

About one in four adults experience a diagnosable mental disorder in a given year, yet most do not experience homelessness. Similarly, far more people have a substance use disorder than the number of people who have a substance use disorder who experience homelessness. The CAW determined that lack of a person-centered behavioral health system was a factor that resulted in some people who have a behavioral health condition becoming homeless and is a factor in the racial disproportionality in homelessness.

The following strategies would lead to a person-centered approach.

Downward Factors on Adequate Behavioral Health
1. Lack of Treatment on Demand/Access Strategies

- **Create an incentive pool to bring behavioral health treatment to people. Because Medicaid behavioral health payments are so low and caseloads are so high, behavioral health providers primarily provide services only in their offices. People in permanent supportive housing or other housing may still need behavioral health services but may not go to a service provider's facility for many different reasons.**
 - **Same Day Access** for In Patient treatment (mental health, substance use and detox) must be made available. (Currently, King County has launched a pay for success model for same day access to outpatient treatment in partnership with the Ballmer Group).
 - **Bring treatment to people.** Incentive pool needed so that behavioral health providers provide treatment in permanent supportive housing, shelters, encampments and other places where people experiencing homelessness congregate.
 - **Incentive pool** needed for same day access to inpatient mental health, substance use disorder and detox.
 - Expand the **crisis clinic line** and services so that people don't call 911 if a crisis is occurring because that usually makes the crisis worse
 - **Additional Mobile Crisis Teams** are needed throughout the county to respond to people in crisis without police or EMS involvement.

2. Lack of Person-Centered Care Strategies

- The Washington State Medicaid plan needs to be amended so that the **definition of peer bridge** (Certified Peer Support Specialist) includes people who work with people with substance use disorder as well as mental health challenges. (Peer Bridgers are people with lived experience, who share their experience openly and

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build a relationship with the person in treatment to help their peer reduce internal stigma, understand recovery, have an advocate, and provide trusted support both in and out of treatment).

- **Expand Peer Bridger Programs (people with lived experience providing support for people with behavioral health challenges) and create peer crisis respite houses in all communities throughout King County.**
 - **Peer Bridgers** should also be located in **agencies outside of treatment facilities** and should be **expanded in treatment facilities** that do not currently have peer bridgers so that they are independent of the clinicians providing treatment and can truly advocate for the patient
 - Develop **peer respite** centers so that one has a safe place to go before a crisis occurs
 - Develop “the **Club House Model**” in all neighborhoods across King County so that people with a mental health condition have a safe place to go to develop community and peer support and obtain services that are not crisis services. (A cost effective solution could be to open Club Houses in Churches across the county). <https://clubhouse-intl.org/what-we-do/what-clubhouses-do/>
 - Create **crisis respite centers** so that someone who is beginning to experience a crisis and is disruptive in their housing can have a time-out from their housing and not be evicted.
- **Develop and expand Flexible Person-Centered behavioral health approaches that use motivational interviewing and harm reduction and focus on what the client requests and do not dictate a specific course of treatment, e.g. abstinence or in-patient treatment**
 - Most behavioral health treatment is mandated at or limited to a certain amount of time, e.g. 15 day stay for inpatient treatment. However, one size does not fit all. Treatment should be **outcome based and flexible** to meet the needs of each individual. Policy changes need to occur at federal and state level to change these requirements.
 - Develop more substance use treatment programs that treat addictions to multiple substances at the same time.
 - Develop more **treatment for people with co-occurring disorders** (both mental health and addictions) so that treatment can be at the same facility.
 - Develop more substance use disorder programs that **do not have abstinence based** requirements (What substances people are addicted to varies by race and ethnicity. While opioid addiction is described as a public health crisis, addiction to alcohol or crack are not. This has racially disproportionate impacts)
 - Create **additional tier case rates** that so that agencies are paid based on the needs of the individual. Having two tier levels A and B is not sufficient.
- **Create a Housing stabilization fund to pay rent and utilities while people are in in-patient or fulltime treatment and temporarily not able to pay rent (developed in refinement process)**
- Create a funding source to **pay people’s rent or help support their families** when they enter treatment, since people avoid treatment if they will lose their housing or family won’t be able to survive

3. **Lack of Workforce to Meet Demand and Type of Care Strategies**

- At state level, **student loan forgiveness** needs to be expanded to all behavioral health providers.
- **Training**
 - Race, equity and inclusion
 - Trauma Informed care
 - Clinical training that is not based or biased toward abstinence
 - Stigma reduction
 - Whole person care and not just a focus on aspect of a person, e.g. their mental illness
- **Create a behavioral health workforce for people with lived experience, particularly people of color, that removes barriers and pays well.**
- **Workforce should reflect the people being served by race and ethnicity**
- **Hiring and Retention Strategies** including increased wages, pipelines for people with lived experience to become credentialed, etc.

4. **Lack of Care Coordination Between Systems** (behavioral health, physical health, homelessness system) **Strategies**

- **Create Financial Incentive Program for in-patient treatment programs to find stable long-term housing for people who are exiting treatment.**
- People should **not be discharged** from in patient behavioral health treatment **into homelessness**
- People should **not lose their housing or jobs when they go into treatment**
- Work with the federal government so that people do **not lose their public benefits** if they go into in-patient treatment
- **Care Coordination** between different types of treatment and levels of treatment
- People should **not be evicted for a behavioral health crisis**
- **Housing that is low barrier, but not focused on abstinence needs** to be available. People should not lose their housing if they are not able to stay sober because recovery is not a straight line.
- Patients and tenants need to have a greater ability to **reduce rules that are barriers** to treatment or being successful in housing
- People who need **permanent supportive housing** need a way to access it that is not solely through the homeless system
- A facility needs to be created to house people with high physical health and high behavioral health needs, e.g. **adult family home**.
- **Housing** needs to be created so that people can be directly **discharged from inpatient** treatment to safe, stable and appropriate housing and not be discharged into homelessness

One Table – Child Welfare

Factor: Implicit Bias Inherent in Decision Making (i.e. intake screening, placement, service planning, etc.)

Strategies:

- **Increased investments in reunification and addressing concerns before children ever come into care**



- Focusing on families who receive an initial intake that resulted in no findings. Provide services to those families to prevent them from returning to the CW system.
- **Recruit, incentivize and support people with lived experience and/or people of color to become social workers**
- Increase placement options for youth in care
- Increase placement options for youth exiting care.
- Use an algorithm at intake to reduce bias

Factor: Institutionalized Racism that Creates and Upholds Barriers (especially with AI/AN populations)

Strategies:

- **Increase availability of foster placements for youth of color through a campaign to target families of color as foster families by paying more to families of color and offering other incentives and supports**
- **On-going training for mandated reporters, community service providers, foster parents, DCYF staff, judges, attorneys and legislators that address bias, institutional racism and disproportionality.**
- Expand the “One Table” approach statewide to address the systemic barriers (including institutional racism) contributing to youth entering the system and exiting to the streets.
- Decrease the # of youth coming into the foster care system overall, especially youth of color.
- Study the increase in CPS Calls.

Factor: Key Transition Points Compromise Stability (i.e. moves, reunification, aging out, permanency placement)

Strategies:

- **Broaden the extended foster care program to include youth up to age 25 with comprehensive, person-centered services including guaranteed housing, education and employment**
- **Focus on the strengths of families (including foster families and kinship care), building the family unit support through counseling, training, mental health, behavioral health services**
- All kids who age out of foster care are guaranteed housing until the age of 21
- Ongoing CM support for youth who have aged out of foster care to help them maintain stable housing.
- Make the 1st placement for youth ages 14-17 more stable.
- Digitize resources for young people so they can access them
- How do we link the 100-200k vacant rooms across the county with youth aging out?
- Targeted awareness of the need for foster care placements specifically for teenagers

One Table – Criminal Justice

Factors and related strategies

1. **Budgeting and Priorities**—too much spent on criminal justice/corrections and too little spent on services.

Strategies:

- **Conduct a fiscal, cost and power analysis of criminal justice investments, and redirect half all of all criminal justice (corrections) spending to early**

intervention and diversion services, major funding investments in mental health/wellbeing/counseling.

- Conduct a fiscal, cost and power analysis of criminal justice investments. Some may be things that the county is doing to create solutions to homelessness, but others may be better redirected to other investments.
- Redirect half all of all criminal justice (corrections) spending to early intervention and diversion services.

2. **Early intervention**—not stopping before even starting. Timing of intervention is critical.

Strategies:

- **Conduct a fiscal, cost and power analysis of criminal justice investments, and redirect half all of all criminal justice (corrections) spending to early intervention and diversion services, major funding investments in mental health/wellbeing/counseling.**
- Develop and implement early interventions in the public school system—early warning indicators like truancy, expulsion, suspensions, behavioral issues. Consider whether housing instability is a root-cause of these factors and work to stabilize housing instead of punishing.
- Communities of color mentorship, counseling and other opportunities such as outdoor education, art, STEM classes etc.

3. **Diversion**—programs are successful but don't hit enough people, may increase racial disproportionality.

Strategies:

- **Conduct a fiscal, cost and power analysis of criminal justice investments, and redirect half all of all criminal justice (corrections) spending to early intervention and diversion services, major funding investments in mental health/wellbeing/counseling.**
- **Divert all homeless related bookings to services rather than jail. "Divert first, book as a last resort."**
 - Divert all homeless related bookings to services rather than jail.
- Require training for all police officers in de-escalation and motivational interviewing.
- **Create a network of Reception/Transition Hubs with culturally relevant services. Community sited centers (residential/non-residential/drop in) as transition hubs staffed with psychologists, psychiatrists, and mental health staff including staff of color; short-term housing and services for people experiencing homelessness to go upon release from jail.**
 - Create the technology and process for data sharing, including criminal justice data systems and the Homeless Management Information System to reduce silo'ing.
 - Major Funding Investments need to be made in Mental Health/wellbeing/counseling.

- Staffing community sited centers (residential/non-residential/drop in) as transition hubs staffed with psychologists, psychiatrists, mental health staff including staff of color.
 - **Educate criminal justice system to be homeless and housing informed (judges, prosecutors, jail staff, Law Enforcement etc.) including training on institutional racism.**
 - Educate criminal justice system to be homeless and housing informed (judges, prosecutors, jail staff, etc.).
4. **Reentry**—system set up for failure rather than success.
- Strategies:**
- **Create a network of Reception/Transition Hubs with culturally relevant services. Community sited centers (residential/non-residential/drop in) as transition hubs staffed with psychologists, psychiatrists, and mental health staff including staff of color; short-term housing and services for people experiencing homelessness to go upon release from jail. (combination of several strategies).**
 - Develop a center with short-term housing and services for people experiencing homelessness to go upon release—place of transition and triage while figuring out longer-term housing exit.
 - Create a checklist to evaluate how a judge considers housing needs and leads with race (currently this is done to assess how much time a judge spends with each person—could be modeled after that). Activity is an evaluation and the result is accountability.
 - Human-centered and racial explicit review and redesign of all compliance requirements.
 - Offer the choice of College/Trade School/Apprenticeship vs. jail time.
 - Keep those involved with mid-to low level crimes connected to their families, communities, jobs, schools while they work through meeting compliance requirements and record quashing processes.
 - Provide people coming out of CJ system, especially youth/young-adults, support on core pathways (e.g. stable housing or vouchers plus enrollment and mentoring support to achieve GED, vocational/trade, apprenticeship or college).
5. **Housing** – no variety of housing responses for people with CJ involvement.
- Strategies:**
- **County and every municipality pass fair housing laws, Fair Chance Housing, including juvenile records.**
 - Stop using the HUD definition of homelessness—expand to be more inclusive, ensuring we do not use the HUD definition when we are not using HUD dollars for a housing resource.
 - Create more PSH housing inventory (with full services including educational/ job training, gardens for healthy food etc.) for those leaving the criminal justice system.

One Table – Employment

Top Three Factors

1. System failure to ensure people are ready for the jobs that are available with a focus on the education system but including other systems that provide supportive services necessary for people to thrive in education.

Strategies:

- **Scale King County Jobs Initiative and other dedicated funds for training pathways in high wage jobs for groups most at risk of homelessness— justice-involved individuals, single men with no support system, youth without a high-school education, youth aging out of foster care.**
 - Create understandable/scalable training pathways in high-wage sectors (e.g. tech/health care) that work for groups most at risk of homelessness (e.g. justice-involved individuals, high school dropouts), that include supportive services to help sustain them training period
 - Elevate training & employment plans as core offering alongside housing 1st policies in the diversion system
 - **Change in policy to allow for more flexible funding to address needs of individuals and prevent homelessness**
 - Change in policies for local government to allow more flexible funding so that case managers can address customer needs (e.g. scaling of policies effective in BSK homelessness initiative)
2. Implicit bias inherent in employer's hiring practices (examine filters, skill level requirements, social networks, hiring managers who hire culturally similar to them, etc.)

Strategies:

- **Create a system that encourages employers to adopt initiatives from a menu of actionable options that address racial inequities in hiring, such as:**
 - Training on hiring practices to reduce racial bias
 - Holding certain number of slots to hire those at risk of homelessness (with reimbursement from public-private fund for some costs)
 - Paid internships
 - Investing in education programming for at-risk youth (e.g. summer academies above)
 - Call to action for employers to make changes to address racial equity in hiring— menu of options such as paid internships, changing hiring screens, investments in education pipeline, locating in economically disadvantaged areas. Could combine with incentives/tax breaks.
 - Design a program or training around hiring practices that address racial equity
3. Social capital and networks – segregation, redline, gentrification (note that most of these also address Job-Readiness/Education)

Strategies:

- **Create Summer Academies for at-risk youth in middle school**
- **More personalized attention and support to youth in need/at risk in most high-poverty middle schools—includes combination of more high-quality teachers, counselors, community-based mentors.**



- Invest in organizations and case management programs led by community to give more mentoring/counseling to young people of color, setting aspirations for future and promoting racial equity
- Provide career awareness and mentoring opportunities to middle-school youth at risk of dropping out of high school. Train middle-school counselors and other service providers on career pathways to make sure students are getting information about education required for living-wage jobs.

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Item 9:
Sewer Rate and Capacity Charge Proposal

DISCUSSION

SCA Staff Contact

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SCA Regional Water Quality Committee (RWQC) Members

Councilmember John Wright, Lake Forest Park (Caucus Chair); Mayor Leanne Guier, Pacific (Caucus Vice Chair); Councilmember Penny Sweet, Kirkland; Councilmember Benson Wong, Mercer Island; Councilmember Conrad Lee, Bellevue (alternate); Councilmember Yolanda Trout-Manuel, Auburn (alternate)

Discussion

King County's sewer rates for the following year are set by June 30 of each year, pursuant to contract with participating utilities. The Executive has transmitted [Proposed Ordinance 2018-0231](#) setting the sewer rate and capacity charge for 2019. The Proposed Ordinance would:

- Set the 2019 monthly sewer rate at \$45.33 per residential customer equivalent (RCE)¹ per month, which is a 2.5 percent increase over the 2017-2018 rate.
- Set the monthly capacity charge for new connections to the regional system occurring in 2019 at \$64.50, which is a 3.0 percent increase over the 2018 rate of \$62.60.

The legislation will be reviewed by the County Council's Budget and Fiscal Management Committee, and subsequently by the full Council. The Regional Water Quality Committee (RWQC) was briefed on the proposal on May 2, 2018.

Background

King County provides wastewater treatment services for 17 municipalities and 17 sewer districts in King County, southern Snohomish County, and the northern tip of Pierce County. The county provides sewer interceptor lines that receive wastewater collected from residences and businesses by the cities and sewer districts. The sewer rate supports the operating and capital expenses of the King County Wastewater Treatment Division (WTD) and is charged to customers through their city or sewer district. The capacity charge covers the cost of new wastewater connections, and is billed to customers directly to the customer by King County.

The Executive has transmitted [Proposed Ordinance 2018-0231](#) setting the sewer rate and capacity charge for 2019. The Proposed Ordinance would:

¹ A single family residence is one RCE. Commercial and industrial customers are charged based on the amount of wastewater they generate, calculated using the quantity of water consumed. For commercial and multi-family residences, the calculation is then converted into RCEs.

- Set the 2019 monthly sewer rate at \$45.33 per residential customer equivalent (RCE) per month, which is a 2.5 percent increase over the 2017-2018 rate.
- Set the monthly capacity charge for new connections to the regional system occurring in 2019 at \$64.50, which is a 3.0 percent increase over the 2018 rate of \$62.60.

Analysis: Sewer Rate Recommendation

The monthly sewer rate collected by the county goes to support all WTD expenses, including operating costs, debt service, and capital expenses. The rate recommendation was transmitted with [an issue paper](#) addressing cost drivers and financial management at WTD. Past and projected rates are shown below.

Table 1. Sewer Rates (2009-2018 Actual; 2019-2024 Projected)

Year	Rate (\$/RCE/ Month)	% Increase
2009 - 2010	31.90	14.1%
2011 - 2012	36.10	13.2%
2013-2014	39.79	10.4%
2015-2016	42.03	5.6%
2017	44.22	5.2%
2018	44.22	0%
2019	45.33	2.51%
2020	45.33	0%
2021	47.37	4.5%
2022	47.37	0%
2023	48.45	2.28%
2024	49.56	2.29%

For 2019-2020, operating expenses are projected at \$165 million and \$170 million. Planned capital spending is \$219.7 million in 2019 and \$263.5 million in 2020.

The 2019 expense level represents a 7.9 percent increase over the 2018 adopted budget. Major drivers include staffing to support new construction and facilities, capacity improvements, system planning, upgrading asset management capabilities, and earthquake resiliency. A chart summarizing uses of 2019 sewer rate revenues is shown in [Attachment A](#). Capital program highlights are shown in [Attachment B](#).

Three factors beyond capital and operating costs have played a significant role in the rate recommendation: West Point system failure; the Brightwater Settlement; and debt management practices.

West Point System Failure

West Point recovery expenditures can be considered in two categories: 1) costs incurred primarily in 2017 and early 2018 to return the plant to full operating status, functioning largely though not entirely as it had prior to the system failure event, and 2) costs that will be incurred to prevent another failure at West Point. A report on the progress of repairs and improvements at the West Point Treatment Plant was provided on page 51 in the [Public Issues Committee \(PIC\) materials for April of 2018](#).

The agency reports that most recent cost estimates for the work to restore operations is \$27.2 million. Through March 2018, WTD has spent \$22.5 million, and has been reimbursed by insurance carriers for a total of \$12.5 million. The agency is seeking recovery of restoration costs through insurance coverage.

The second category of costs is recommended facility changes to avoid system failure in the future. In its six-year capital planning, WTD is including an estimate of \$250 million for the implementation of recommendations designed to avoid recurrence of the February 9, 2017 event at the West Point Treatment Plant.

Brightwater Settlement

In 2017, King County’s lawsuit against a contractor for default on the Brightwater Wastewater Treatment Plant project was concluded in the County’s favor. The Washington State Supreme Court had earlier affirmed a jury award \$129.6 million to King County and, subsequently, awarded the County \$15.3 million in attorneys’ fees for total of \$144.9 million. The proposed 2019 sewer rate provides for use of the \$144.9 million to pay for capital projects in 2018, 2019 and 2020.

Debt Management

The Wastewater Division has taken on significant debt associated with major capital projects both past and current. In the 2017 sewer rate, Council supported a debt reduction initiative, recommended by the Metropolitan Water Pollution Abatement Advisory Committee and the Executive, designed to reduce debt levels. One element is a strategy of funding an average 40 percent of the capital program from cash. Funding projects using cash reduces financing costs. It is anticipated that, with the use of Brightwater settlement funds, the 40 percent cash funding target will be exceeded in 2018 (51 percent) and over the six-year period beginning in 2019 (50 percent).

Analysis: Capacity Charge Recommendation

New connections to the regional wastewater system are assessed by a capacity charge, based on the policy of “growth pays for growth.” Payment is made by the property owner in a lump sum or paid over a 15-year period. Past and projected rates are shown below.

Table 2. Capacity Charge (2012-2018 Actual; 2019-2024 Projected)

Year	Rate/Month/RCE 15-yr. duration	% Increase
2012	51.95	3.0%
2013	53.50	3.0%
2014	55.35	3.5%
2015	57.00	3.0%
2016	58.72	3.0%
2017	60.80	3.6%
2018	62.60	3.0%
2019	64.50	3.0%
2020	66.41	3.0%
2021	68.40	3.0%
2022	70.46	3.0%
2023	72.57	3.0%
2024	74.68	3.0%

Consistent with the [Regional Wastewater Services Plan](#) policies, the capacity charge is based on the estimated costs of the 30-year Regional Wastewater Services Plan. The capacity charge is set at a level to recover the designated, growth-related costs that are not covered by the monthly rate payments of newly connecting customers. Over the planning period of the Regional Wastewater Services Plan (2003 – 2030), the capacity charge and monthly rate payments of newly connecting customers will cover 95 percent of growth-related costs.

While the amount of the charge per RCE has been updated continually, the way it is allocated to different building types has not been comprehensively evaluated since 1990. Since that time there have been significant changes in the types of new buildings and equipment and how much water they use. Beginning in 2017 and continuing through 2018, WTD is conducting a study on how the capacity charge is allocated to different customer groups.

WTD also has initiated a project to characterize the affordability challenges of its capacity charge customers and to investigate potential approaches to mitigate these problems. The study includes analysis of socioeconomic, demographic, and billing data, as well as engagement of stakeholders in the research and evaluation process. The result of the project will be a set of potential approaches and the likely impacts of those options with respect to a set of criteria important to decision-makers and stakeholders. This first phase of the project is scheduled to be completed in June 2018.

Next Steps

The King County Council is authorized to set the county sewer rate and the capacity charge. Legislation setting the rate and capacity charge will be reviewed by the County Council's Budget and Fiscal Management Committee before final adoption by the full Council.

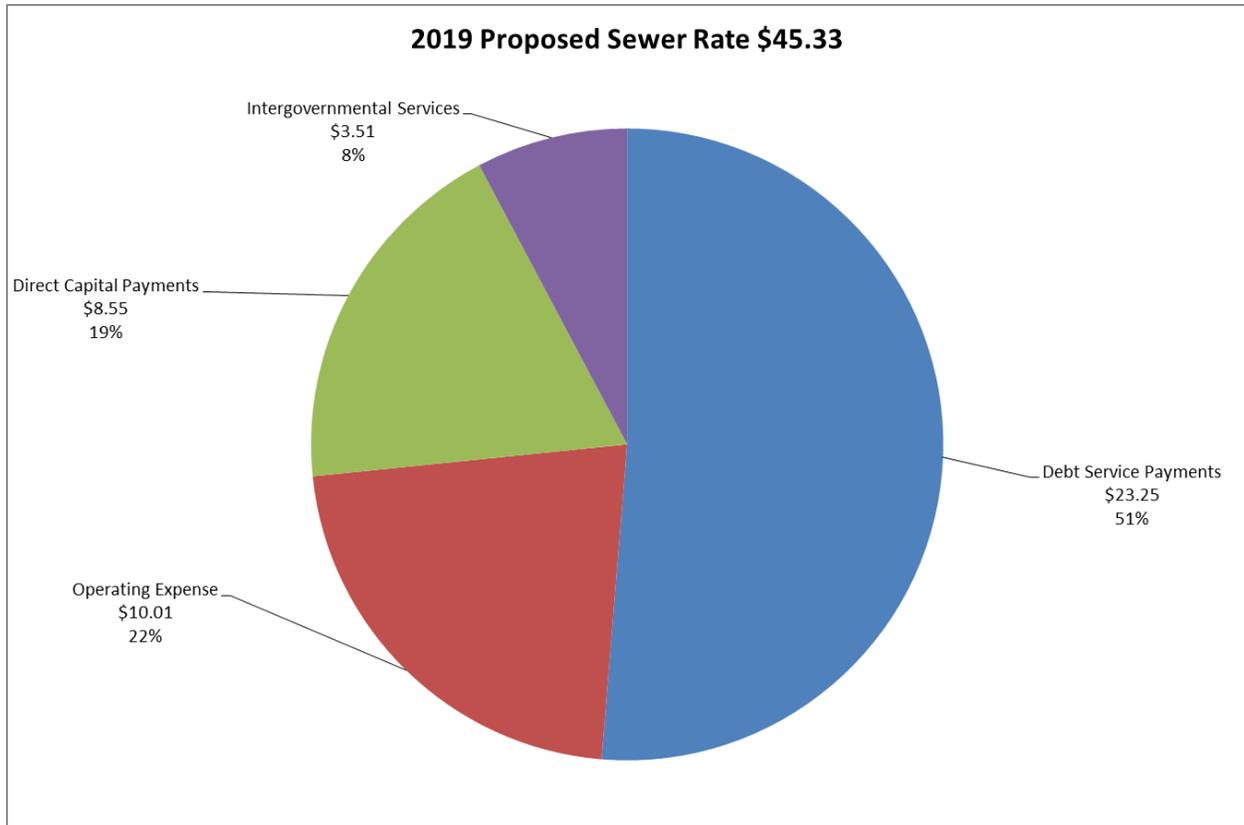
Comments or questions can be shared with SCA policy analyst Cynthia Foley at Cynthia@soundcities.org.

Attachments

- A. [Components of the 2019 Proposed Sewer Rate](#)
- B. [Highlights from the 6-Year Capital Improvement Program](#)

Attachment A

Components of the Proposed 2019 Sewer Rate



Intergovernmental services includes services received from other County agencies and \$.05 of contribution to liquidity reserve.

Attachment B

Highlights from the 6-Year Capital Improvement Program

Georgetown Wet Weather Treatment Station (\$242 million)

- Building a Wet Weather Treatment Station, conveyance pipelines, and outfall structure to treat Combined Sewer Overflows
- Secured low interest loan through the WIFIA program

North Mercer Island and Enatai Interceptors Upgrade (\$116 million)

- Increasing reliability and capacity of North Mercer Island and Enatai Interceptors
- Improving service areas in North Mercer Island, the southwest portion of Bellevue, and the Town of Beaux Arts Village

West Point Redundancy Projects (over \$200 million)

- Replacing West Point raw sewage pumps
- Computer maintenance management system and control system upgrades
- Replacing effluent pump variable frequency drives
- Seismic upgrades

West Duwamish CSO Control (\$57.3 million)

- Designing and constructing facilities to control the West Michigan CSO that overflows on average 5.2 times per year and the Terminal-115 CSO that overflows and average of 2.6 times per year
- Construction is currently scheduled for January 2025

South Plant Biogas and Heat System Improvements (\$56 million)

- Replaces South Plant heating and gas scrubbing system that has reached the end of its useful life and become increasingly costly to maintain and operate
- Results in an energy efficient system and complies with higher quality standard for scrubbed biogas set by Puget Sound Energy
- Complies with the higher quality standard allowing the scrubbed gas to be sold to an expanded market. The project is scheduled to reach substantial completion in February 2021



Item 10:
Future Levies and Ballot Measures in King County
UPDATE

SCA Staff Contact

Brian Parry, SCA Senior Policy Analyst, brian@soundcities.org, (206) 499-4159

Discussion

This is a monthly item on the PIC agenda to share information on upcoming local levies and ballot measures in King County. The most recent election occurred on April 24 and final results will be certified on May 4. The deadline to place a measure on the August 7, 2018 primary election ballot is May 11.

April 2018 Levy and Ballot Measure Results as of May 1, 2018		
Jurisdiction	Measure	Results
City of Kent	Proposition A – 2% utility tax increase for criminal justice services. Increases tax from 6% to 8%, on the total gross revenues of companies providing electricity, natural gas, telephone, and cable television services in the city; raising approximately \$4.8 million per year.	Approved: 42.75% Rejected: 57.25%
Puget Sound Regional Fire Authority No. 1	Proposition 1 – Restoration of regular property tax levy to a rate of \$1.00 per \$1,000 of assessed value from its current rate of \$0.77	Approved: 42.80% Rejected: 57.20%
King County Fire Protection District No. 45 (Duvall Fire)	Proposition 1 – Bonds to construct and renovate fire stations totaling no more than \$7.5 million at an estimated rate of \$0.17 per \$1,000 of assessed value	Approved: 59.51% Rejected: 40.49%
Tahoma School District	Proposition 1 – Replacement of expiring educational programs and operations levy at a rate of \$1.50 per \$1,000 of assessed value	Approved: 63.81% Rejected: 36.19%

Future Ballot Measures – Schools and Special Purpose Districts			
Year	Month	Jurisdiction	Measure
2019	February	Seattle School District	Operations Levy
2019	February	Seattle School District	Capital Levy

Potential Future Ballot Measures – SCA Cities			
Year	Month	Jurisdiction	Measure
2018		Renton	Parks Levy
2018		Kent	Public Safety Utility Tax

Potential Future Ballot Measures – Other Cities			
Year	Month	Jurisdiction	Measure
2018		Seattle	Families and Education Levy (renewal)
2019		Seattle	Library Levy (renewal)
2020		Seattle	Transportation Benefit District (renewal)

Potential Future Ballot Measures – Countywide			
Year	Month	Jurisdiction	Measure
2018	August	King County	AFIS Levy (renewal)
2019		King County	Medic One/EMS Levy (renewal)
2019		King County	Regional Parks Levy (renewal)
2021		King County	Best Starts for Kids (renewal)
		King County	Affordable Housing and Related Services Sales Tax

Next Steps

Please share this information with your city and provide information on upcoming elections in your city to SCA Senior Policy Analyst Brian Parry at brian@soundcities.org or 206-499-4159.



May 9, 2018
SCA PIC Meeting

Item 11:
Potential Upcoming SCA Issues
UPDATE

SCA Staff Contact

Deanna Dawson, Executive Director, deanna@soundcities.org, (206) 495-3265,

Update

This is an ongoing, monthly PIC item noting issues that SCA members have asked to be brought to the PIC.

Potential Issues

Throughout the year, issues brought forward by SCA members are tracked in this ongoing, monthly agenda item and may be taken up by the PIC through workshops, briefings and discussion items, and as action items.

Per direction of the PIC at the April 2018 meeting, staff are putting together workshops and trainings on the following topics for the remainder of 2018:

- Regional Affordable Housing Task Force (May)
- Jurassic Parliament/Ann Macfarlane (June)
- PSRC VISION 2050 (July)
- Open Public Meetings Act with trainer Kinnon Williams, Inslee Best (September)
- Emergency Management (October)
- Social Media (November)

If you or your city has additional items to be added to the list of potential upcoming SCA issues, or items to suggest for future trainings or workshops, please contact Deanna Dawson, deanna@soundcities.org.

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Item 12a:

Medicaid Transformation Project

INFORMATIONAL ITEM

SCA Staff Contact

Ellie Wilson-Jones, Senior Policy Analyst, ellie@soundcities.org, 206-495-5238

SCA HealthierHere Governing Board Members

Deputy Mayor Erin Sitterley, SeaTac (Member); Councilmember Semra Riddle, Lake Forest Park (Alternate)

Informational Item

Up to \$1.5 billion in Medicaid funding will be available statewide over five years to carry out work intended to transform Washington’s Medicaid system. Those investments—made possible through a contract between the state and the federal government known as a Section 1115 Waiver and dubbed the “Medicaid Transformation Project”—will include up to \$1.1 billion in funding that will be invested in community-driven projects statewide through Accountable Communities of Health. The Accountable Community of Health for King County—called HealthierHere—is in the planning stages for four local projects (physical and behavioral health integration, transitional care, opioid use disorder prevention and treatment, and chronic disease prevention and control) selected to be carried out as part of the Medicaid Transformation Project.

Background

In Washington State, about 27 percent of the population (1.9 million people) is covered by Medicaid, called Apple Health in this state. In King County, there are roughly 400,000 Medicaid enrollees, with higher proportions residing in South King County and south Seattle.

In January 2017, Washington State and the Centers for Medicare and Medicaid Services finalized a contract known as a Section 1115 Waiver, which waives certain federal Medicaid requirements, allowing the state to use federal funds for innovative projects and services not otherwise eligible for Medicaid reimbursement. The waiver—known in Washington as the Medicaid Transformation Project—is not a grant, however, and the state must show that the investments are effectively averting other Medicaid expenses, achieving cost neutrality.

Up to \$1.5 billion in Medicaid funding will be available statewide for Medicaid Transformation, which will [seek to achieve four goals over five years](#):

- Integrate physical and behavioral health (mental health and substance use disorder)
- Convert 90 percent of Medicaid provider payments to reward quality of care
- Improve health equity so all can benefit

- Increase and improve services that support our aging population

Three interdependent initiatives will make up Medicaid Transformation and seek to deliver on the aforementioned goals:

Under [Initiative 1](#), communities will be resourced to improve the Medicaid health system at the local level. To implement this, [nine bodies called Accountable Communities of Health have been formed across the state](#). They are being tasked with identifying projects to be funded, and with meeting process milestones and prescribed goals in order to earn funds for their region. Up to \$1.1 billion is available statewide for Initiative 1. The Accountable Community of Health formed to serve King County is called HealthierHere. Initiative 1, the Accountable Communities of Health, and HealthierHere's work are the focus of this report and additional information follows below after brief descriptions of the other two Medicaid Transformation initiatives.

[Initiative 2](#) expands options for people receiving [long-term services and supports \(LTSS\)](#) with the aim of helping people stay at home and delaying or avoiding the need for more intensive care. New benefits include supports for unpaid caregivers of individuals who are eligible for Medicaid but not currently using Medicaid-funded LTSS. Additionally, a new benefit package has been created for people at risk of future need for Medicaid LTSS use that do not meet Medicaid financial eligibility criteria. Roughly \$173 million is available for Initiative 2 through Medicaid Transformation.

[Initiative 3](#), called the Foundational Community Supports program, creates a new supportive housing benefit and a new supported employment benefit. The supportive housing benefit is aimed at helping individuals to keep housing through supports that include assessment of housing needs, identification of resources, and development of independent living skills necessary to remain stably housed. The benefit does not, however, pay for rent or other room and board related costs. The supported employment benefit helps those with barriers to getting and keeping a job but does not pay for wages or wage enhancements. Roughly \$202 million is available for Initiative 3 through Medicaid Transformation.

Medicaid Transformation Initiative 1 – Accountable Communities of Health and HealthierHere

As noted above, up to \$1.1 billion will be available statewide for community-level work to improve the Medicaid health system. The work is taking place through nine ACHs statewide, most of which consist of several counties. However, HealthierHere, the ACH for King County, will serve solely King County.

HealthierHere History and Governance

Until recently, HealthierHere was called the King County ACH and was formerly overseen by an Interim Leadership Council and staffed by Public Health—Seattle and King County. The Interim Leadership Council dissolved itself in April 2017 and established the King County ACH as a separate Limited Liability Corporation with its own Executive Director and staff and overseen by a permanent Governing Board. The now one-year-old Governing Board selected the name “HealthierHere” to refer to our region’s ACH, in recognition of its role outside of King County

government. SCA is represented on the multi-sectored [Governing Board](#) by SeaTac Deputy Mayor Erin Sitterley (Member) and Lake Forest Park Councilmember Semra Riddle (Alternate). Other board members include representatives for tribes, King County and City of Seattle, healthcare providers, community-based organizations, and consumers.

HealthierHere Project Portfolio

HealthierHere, like other ACHs statewide, has been in a planning phase since its formation. Work in 2017 consisted of establishing a governance structure and deciding from a state-developed menu of potential project areas—called the [project toolkit](#). The HealthierHere Governing Board selected four projects to pursue (two of which were required) based on factors such as project feasibility; ability to leverage other local initiatives; and opportunity to maximize health improvements for Medicaid enrollees here and to maximize investment in the region under the state’s funding methodology. The HealthierHere [project portfolio](#) consists of the following four projects, for which descriptions are partially excerpted and condensed below:

- **Physical and behavioral health integration** (required project) – As required by state law, mental health and substance use disorder services were recently integrated into a unified behavioral health system. Work is now underway to integrate the payment model for physical and behavioral health services in King County and throughout the state. This project seeks to complement that work and to accomplish the following objectives:
 - Improve access to behavioral health through enhanced screening, identification, and treatment of behavioral health disorders in primary care settings.
 - Improve access to physical health services for individuals with chronic behavioral health conditions through increased screening, identification, and treatment of physical health disorders in behavioral health care settings.
 - Improve active coordination of care among medical and behavioral health providers as well as addressing barriers to care.
 - Align integration work with existing community efforts, including work to address the social determinants of health.

- **Transitional Care** – This project will use evidence-based strategies to improve transitional care services, reduce avoidable hospital utilization, and ensure beneficiaries are getting the right care in the right place for three focus populations:
 - Medicaid beneficiaries returning to the community from jail.
 - Medicaid beneficiaries with serious mental illness or substance use disorder who have been discharged from inpatient care.
 - High-risk Medicaid beneficiaries transitioning from hospitals, including older adults and people with disabilities.

- **Opioid use disorder prevention and treatment** (required project) – This project proposes a multipronged approach encompassing four essential components—prevention, treatment, overdose prevention, and recovery—to address a rising epidemic of opioid use, misuse, and abuse in King County. This project will utilize work done by

the [Heroin and Prescription Opiate Addiction Task Force](#), building upon and accelerating strategies recommended by the Task Force, toward the following objectives:

- Support providers to prescribe opioids appropriately and increase the number of providers trained on Washington State Agency Medical Directors Group (AMDG) Interagency Guideline of Prescribing Opioids for Pain, thereby resulting in a decrease in the number of Medicaid beneficiaries on high-dose chronic opioid therapy and patients with concurrent sedative prescriptions.
 - Increase access to Medication Assisted Treatment (MAT) and overall substance use disorder treatment, resulting in an increase in treatment penetration, and supporting individuals to receive treatment and recover from addiction. This includes low-barrier access to buprenorphine that provides for treatment on demand and work with managed care organization partners to identify value-based payment models that support easier access to MAT.
 - Support community partners and other stakeholders through training and distribution of naloxone kits, resulting in a decrease in opioid-related deaths.
 - Provide ongoing recovery support for Medicaid beneficiaries with opioid use disorder and linkage to a primary health home, resulting in long-term stabilization to help individuals achieve their full potential.
- **Chronic disease prevention and control** – This project will seek to integrate health system and community approaches to improve chronic disease management and control. Focusing on populations experiencing the greatest burden of chronic disease in King County, the target populations are child and adult Medicaid beneficiaries with or at risk for two high-prevalence and high-cost complexes:
 - Chronic respiratory disease (including asthma)
 - Cardiovascular disease (including diabetes)

HealthierHere's [project portfolio](#), which also included required work to address health system capacity, was submitted to the state for review in November 2017 and was approved in February 2018. The plan met or exceeded the state's criteria, receiving all possible points, and all available funding for the first year of incentive payments, a total of \$26.8 million. While this year's funding was based on project planning work, future year's allocations are to be determined based on project performance as well and have yet to be determined. The current estimated five-year funding total for HealthierHere is \$117 million, but subject to change.

Next Steps

The culminating step in the planning stage for the Medicaid Transformation Project will be the development of an Implementation Plan for the projects selected. That Implementation Plan, due to the state in October 2018, will include fuller information about the timeline for project implementation, and more detail about the specific approaches that will be used and the roles and responsibilities for those implementing each project (such as healthcare providers and social services organizations).