King County

KING COUNTY

Signature Report

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

July 20, 2009

Motion 13028

Proposed No. 2009-0239.2 **Sponsors** Ferguson

A MOTION accepting the mental illness and drug dependency annual report for 2008 in compliance with Ordinances 15949, 16261 and 16262.

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

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

WHEREAS, the ordinance defined the following five policy goals for programs supported through sales tax funds:

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

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

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

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

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

WHEREAS, the ordinance established a policy framework for measuring the public's investment, requiring the King County executive to submit oversight, implementation and evaluation plans for the programs funded with tax revenue, and

WHEREAS, each of those plans was developed in collaboration with the mental illness and drug dependency oversight committee and each was approved by the council in 2008, and

WHEREAS, the mental illness and drug dependency plans established a comprehensive framework to ensure that the strategies and programs funded through the one-tenth of one percent sales tax are transparent, accountable, collaborative and effective, and

WHEREAS, Ordinance 15949 set forth the required elements of the mental illness and drug dependency annual report, and

WHEREAS, the mental illness and drug dependency annual report has been reviewed and approved by the mental illness and drug dependency oversight committee;

WHEREAS, Ordinance 16261 directed the mental illness and drug dependency oversight committee, with input from the council and the executive, to propose a process and a schedule for new strategies and programs to be considered for funding by the sales tax revenue to be submitted to the council along with the mental illness and drug dependency annual report due to the council on April 1, 2009, and

WHEREAS, Ordinance 16261 recognized the need to expand mental health court services to more residents of King County in more locations throughout the county without further fragmenting of the justice system for vulnerable, mentally ill clients, and

WHEREAS, Ordinance 16261 directed the mental illness and drug dependency oversight committee to review options for enhancing the delivery of mental health court services and recommend a proposed strategy to provide mental illness and drug dependency funds for mental health courts in King County to be submitted to the council along with and in the same manner as the mental illness and drug dependency annual report that is due on April 1, 2009, and

WHEREAS, the mental health court expansion and new strategy process proposals that are Attachments D and E to this motion are to be addressed in subsequent legislative action and are not included in the acceptance of the annual report;

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

The Mental Illness and Drug Dependency 2008 Annual Report, Attachments A, B, C, F and G to this motion, is hereby accepted. Adoption of this motion accepting the mental illness and drug dependency annual report does not constitute approval of

Attachment D to this motion, mental health court expansion proposal and Attachment E to this motion, new strategy process, which are attachments to the annual report that is attached to this motion. The council will consider approval of the mental health court expansion new strategy process proposals found in Attachments D and E to this motion through subsequent legislative action.

Motion 13028 was introduced on 4/6/2009 and passed by the Metropolitan King County Council on 7/20/2009, by the following vote:

Yes: 8 - Mr. Constantine, Mr. Ferguson, Ms. Hague, Ms. Lambert, Mr. Gossett, Mr. Phillips, Ms. Patterson and Mr. Dunn
No: 0
Excused: 1 - Mr. von Reichbauer

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Dow Constantine, Chair

ATTEST:

Anne Noris, Clerk of the Council

Attachments A. Mental Illness and Drug Dependency--2008 Annual Report, B. MIDD Program Utilization Statistics for 2008, C. Performance Measures for MIDD Strategies Implemented in 2008, D. Mental Health Court Strategy Recommendation, E. New Strategy Request Process Proposal, F. Mental Illness Drug Dependency (MIDD) Oversight Committee, G. 2008 Annual Report MIDD Financial Plan

13028

Mental Illness and Drug Dependency

2008 Annual Report

King County

Mental Illness and Drug Dependency Oversight Committee
As approved March, 2009

MIDD Oversight Committee Membership Roster

Shirley Havenga, Chief Executive Officer (Co-chair)
Community Psychiatric Clinic
Representing: Provider of mental health and chemical dependency services in King County

Susan Rahr, Sheriff (Co-chair)
King County Sheriff's Office
Representing: Sheriff's Office

Bill Block, Project Director, Committee to End Homelessness in King County
Representing: Committee to End Homelessness

Linda Brown, Board Member, King County Alcohol and Substance Abuse Administrative Board
Representing: King County Alcohol and Substance Abuse Administrative Board

Nancy Cole, Executive Director, National Alliance on Mental Illness (NAMI) - Greater Seattle
Representing: NAMI in King County

Merril Cousin, Executive Director, King County Coalition Against Domestic Violence
Representing: Domestic violence prevention services

Nancy Dow-Witherbee, Chair, King County Mental Health Advisory Board
Representing: Mental Health Advisory Board

Bob Ferguson, Councilmember
Metropolitan King County Council
Representing: King County Council

David Fleming, Director and Health Officer
Public Health–Seattle & King County
Representing: Public Health

Jaime Garcia, Executive Director, Health Work Force Institute, Washington State Hospital Association
Representing: Washington State Hospital Association/King County Hospitals

Helen Halpert, Assistant Presiding Judge, King County Superior Court
Representing: Superior Court

Mike Heinisch, Executive Director, Kent Youth and Family Services
Representing: Provider of youth mental health and chemical dependency services in King County

David Hocraffer, Director, King County Office of the Public Defender
Representing: Public Defense

Darcy Jaffe, Assistant Administrator, Ambulatory & Allied Care Services
Representing: Harborview Medical Center

Norman Johnson, Executive Director, Therapeutic Health Services
Representing: Provider of culturally specific chemical dependency services in King County

Bruce Knutson, Director, Juvenile Court, King County Superior Court
Representing: King County Systems Integration Initiative

Barbara Linde, Presiding Judge, King County District Court
Representing: District Court

Marilyn Littlejohn, Executive Manager, Human Services
Representing: City of Seattle, Office of the Mayor

Jackie MacLean, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS

Donald Madsen, Director, Associated Counsel for the Accused
Representing: Public defense agency in King County

Barbara Miner, Director, King County Department of Judicial Administration
Representing: Judicial Administration

Phil Noble, Councilmember, City of Bellevue
Representing: City of Bellevue

Kurt Ofsthus, Discharge Planner, NAVOS Inpatient Services
Representing: Labor, representing a *bona fide* labor organization

Mario Paredes, Executive Director, Consejo Counseling and Referral Service
Representing: Provider of culturally specific mental health services in King County

Dan Satterberg, King County Prosecuting Attorney
Representing: Prosecuting Attorney's Office

Mary Ellen Stone, Director, King County Sexual Assault Resource Center
Representing: Provider of sexual assault victim services in King County

Crystal Tetrick, Associate Director for Health Care Operations, Seattle Indian Health Board
Representing: Council of Community Clinics

Dwight Thompson, Mayor Pro Tem
City of Lake Forest Park
Representing: Suburban Cities Association

Kathy Van Olst, Director, King County Department of Adult and Juvenile Detention
Representing: Adult and Juvenile Detention

Sheryl Whitney, Assistant County Executive
Representing: County Executive

Oversight Committee Staff:
Andrea LaFazia, Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD)
Cindy West, Office of Management and Budget
Bryan Baird, MHCADSD

Letter from the co-chairs for the 2008 Annual Report
As co-chairs of the Mental Illness and Drug Dependency Oversight Committee (MIDD OC) we are pleased to share with you the Mental Illness and Drug Dependency 2008 Annual Report.

This report offers a summary of the activities and accomplishments of many individuals and stakeholders working to implement the one-tenth of one percent sales tax approved by the King County Council in 2007 to improve access to mental health, substance abuse and therapeutic courts services for people who are homeless or involved in the criminal justice system.

The Oversight Committee, convened in June 2008, was actively involved in the review of the MIDD Oversight, MIDD Implementation and MIDD Evaluation Plans. We are delighted to report on the substantial progress that has been made over the past year with the resources provided by the new sales tax.

MIDD Implementation and Evaluation Plans. A major activity since April 2008 has been the completion of the MIDD Implementation and Evaluation Plans. There are thirty-seven separate strategies within five implementation areas: community-based care, programs targeted to help youth, jail and hospital diversion programs, housing, and new strategies. The committee established a process for sharing these strategies with the public and soliciting public comments, including participating in a number of stakeholder meetings and focus groups, to ensure opportunities for community involvement.

Strategy Implementation. Many of the MIDD strategies are designed to enhance the existing mental health and substance abuse service delivery systems. One example of this service enhancement centers on the strategy to improve access to treatment services to individuals not enrolled in Medicaid. Once MIDD funding authorization was received in October 2008, sixteen outpatient mental health providers, two opiate substitution therapy providers and twenty-nine outpatient chemical dependency providers began offering mental health and substance abuse treatment services to non-Medicaid clients. The influx of funding into the mental health and substance abuse service delivery systems meant that people on waiting lists could access needed treatment services immediately.

We hope you enjoy reading our 2008 Annual Report and learning more about the important programs and services the sales tax revenue provides to improve and stabilize the lives of people with mental illness and chemical dependency in our communities. Thank you for your support of, and investment in, the MIDD.

Shirley Havenga
Chief Executive Officer
Community Psychiatric Clinic
Co-Chair

Sue Rahr
King County Sheriff
Co-Chair

The Mental Illness and Drug Dependency Plan in King County guides a community wide effort to improve the lives of those impacted by mental illness and chemical dependency by diverting them from jails and hospitals into proper mental health and substance abuse treatment.

Background

After hearing from hundreds of speakers over the course of more than a year, the Metropolitan King County Council voted on November 13, 2007 to enact a one-tenth of one percent sales tax to fund the strategies and programs outlined in King County's Mental Illness and Drug Dependency (MIDD) Action Plan. The tax funded programs are designed to stabilize people suffering from mental illness and chemical dependency, by diverting individuals from jails, hospitals and emergency rooms and into proper treatment.

An extensive exploration of the possibility of utilizing the sales tax option in King County began with the passage of Council Motion 12320, which yielded a three-part MIDD Action Plan completed in June 2007. The Council accepted the action plan via Motion 12598 in October 2007, and authorized the sales tax levy collection via Ordinance 15949 approved on November 13, 2007.

Ordinance 15949 called for the development of three separate plans – an Oversight Plan, Implementation Plan and Evaluation Plan – all of which we completed prior to funds being released. On April 28, 2008, the King County Council passed Ordinance 16077 approving an Oversight Plan and establishing the MIDD Oversight Committee. The Oversight Committee was convened in June 2008.

The MIDD Implementation and Evaluation Plans were approved by the Council via Ordinance 16261 and 16262 on October 6, 2008 and implementation of strategies began on October 16, 2008. The work to develop those plans and implement strategies was conducted by the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and the Office of Management and Budget (OMB).

Overarching policy goals for MIDD programs:

1. A reduction in the number of mentally ill and chemically dependent people using costly interventions, such as, jail, emergency rooms, and hospitals.
2. A reduction in the number of people who recycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.
3. A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults.
4. Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.
5. Explicit linkage with, and furthering the work of, other Council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

King County is moving forward with the implementation of 37 unique strategies designed to prevent and reduce mental illness and chemical dependency through improved access to mental health, chemical dependency and therapeutic court services. This first annual report provides updates on the strategies that are underway.

MIDD Sales Tax Annual Report Requirements

In calling for an annual report on sales tax implementation and progress, the King County Council included specific requirements, requiring the King County Executive to:

> *Prepare and submit, by April 1, an annual summary report for the programs supported with the sales tax revenue for council review and acceptance by motion.*
>
> *The annual report for the MIDD, shall include:*
> *a. a summary of quarterly report data;*
> *b. updated performance measure targets for the following year of the programs;*
> *c. recommendations on program and/or process changes to the funded programs based on the measurement and evaluation data;*
> *d. recommend revisions to the evaluation plan and processes; and*
> *e. recommend performance measures and performance measurement targets for each mental illness and drug dependency strategy, as well as any new strategies that are established. New or revised performance measures and performance measurement targets for the strategies shall be identified and included in the April 1, 2009 annual report and in each annual report thereafter.*

This first annual report provides updates on each of these areas, including a summary of 2008 progress for each identified overarching policy goal.

Executive Summary

- Of the $36 million MIDD revenues collected in 2008, **75% (or $27 million)** was committed to community based mental health and substance abuse service providers, therapeutic courts, other community based human service providers, and for new dedicated housing units.

- **Over 1,500 individuals and agencies** were directly impacted by MIDD revenues in 2008.

- After months of planning and stakeholder input the **MIDD Implementation and Evaluation Plans were approved** by Council.

- **65 unique entities received contracts** for MIDD programming in 2008.

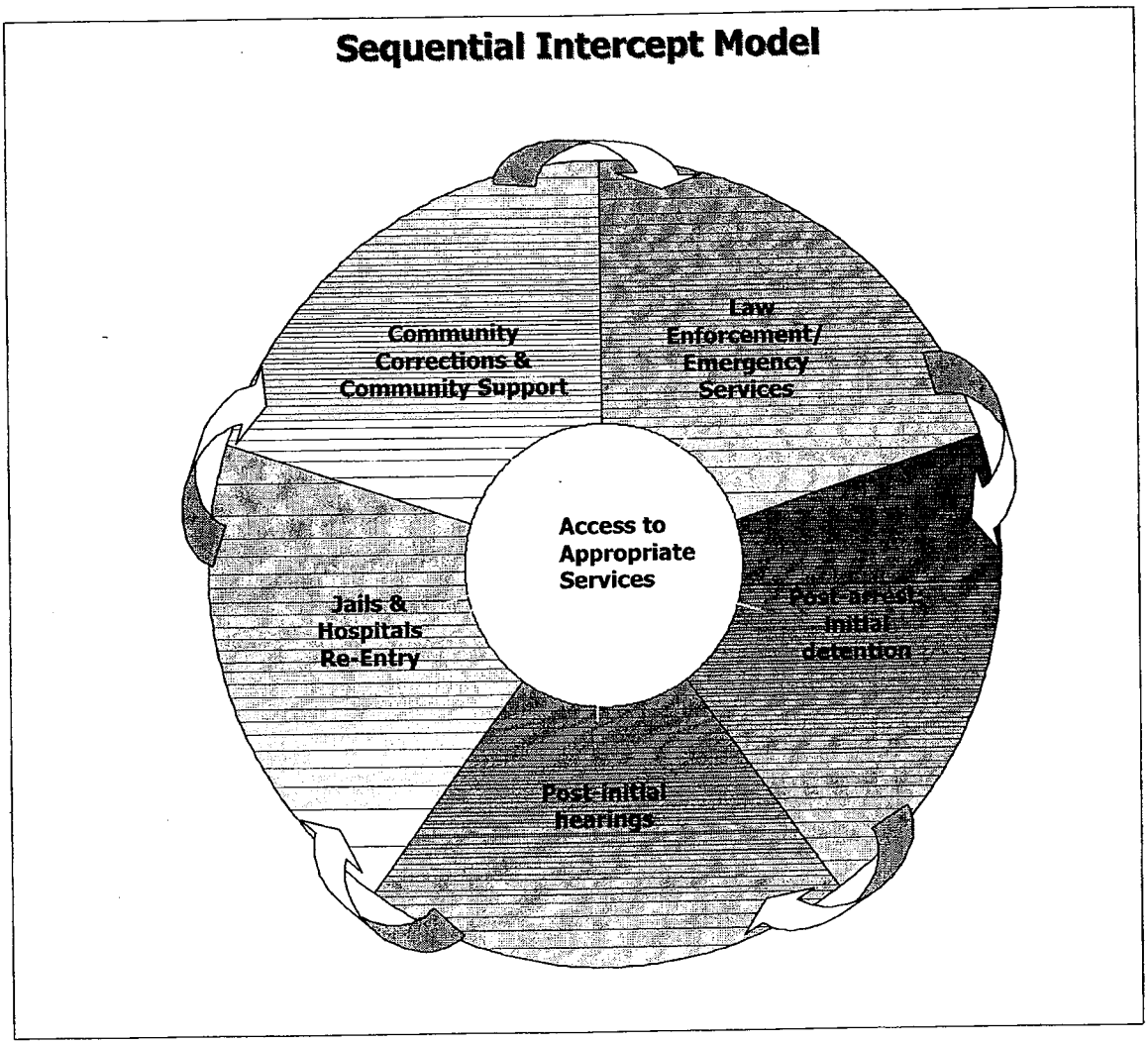
- MIDD Oversight Committee members **contributed over 1,000 individual hours** in 2008 to committee business, including leading and participated in many subcommittees and strategy planning workgroups.

- Crisis Diversion Facility Planning Workgroup members **visited five crisis diversion facilities** in Whatcom, Skagit, Pierce and Yakima counties. Two workgroup members were also able to visit the Bexar County program in San Antonio.

- The **MIDD Oversight Committee was created** and 30 individuals were seated.

- **Ten workgroups** were created for the MIDD planning and oversight, which included: Housing needs (MIDD Strategy 16a); Crisis Diversion Facility strategy planning workgroup (MIDD Strategy 10b); Mental Health Court Strategy (MIDD Strategy 11b); New Strategy Request workgroup; School Based Mental Health and Substance Abuse Services Strategy (MIDD Strategy 4c); Historical Control Group workgroup; Medical Respite advisory committee (MIDD Strategy 1b); Domestic Violence and Sexual Assault planning workgroup (MIDD Strategies 13a, 13b and 14a); City of Seattle new strategies development workgroups (MIDD Strategies 17a and 17b); and an Evaluation Planning workgroup.

The key components of the MIDD are based on the Sequential Intercept Model developed by the National GAINS Center for People with Co-occurring Disorders in the Justice System.



At the center of the sequential intercept model is access to appropriate services. These services include the best clinical practices that have been demonstrated to be most effective in preventing the criminalization of people with mental illness and chemical dependency. Services must be available to those who need them regardless of ability to pay or insurance coverage, and they must be provided by well-trained, experienced, and supportive staff. The MIDD is designed to provide services at interception points in order to prevent and reduce needless incarceration and hospitalization of those suffering from mental illness and chemical dependency.

The following section highlights each of the county policy goals and summarizes key progress on goal implementation for 2008.

MIDD Oversight Committee

2008 Achievements

The MIDD Oversight Committee met seven times during 2008.

In accordance with Ordinance 16077, members of the Oversight Committee met as an interim oversight group in April and May 2008 to collaborate with MHCADSD in the development of the Implementation and Evaluation Plans until the full Oversight Committee could be seated. Jackie MacLean, Director of the Department of Community and Human Services, chaired the interim group. The full Oversight Committee met for the first time on May 29, 2008 and on that date, the interim group expired. The Oversight Committee met in May and June 2008 to develop the committee's operating rules.

On June 19, 2008, the Oversight Committee adopted the operating rules and elected its co-chairs, King County Sheriff Sue Rahr, and Shirley Havenga, Chief Executive Officer of Community Psychiatric Clinic.

MIDD Oversight Committee members contributed over 1,000 individual hours in 2008 to committee business, including leading and participating in many subcommittees and strategy planning workgroups. Subcommittee and workgroup involvement included discussions and recommendations on the following issues: Housing needs (MIDD Strategy 16a); Crisis Diversion Facility strategy planning workgroup (MIDD Strategy 10b); Mental Health Court Strategy (MIDD Strategy 11b); New Strategy Request workgroup; School Based Mental Health and Substance Abuse Services Strategy (MIDD Strategy 4c); Historical Control Group workgroup; Medical Respite advisory committee (MIDD Strategy 1b); Domestic Violence and Sexual Assault planning workgroup (MIDD Strategies 13a, 13b and 14a); City of Seattle new strategies development workgroups (MIDD Strategies 17a and 17b); and an Evaluation Planning workgroup.

MIDD Crisis Diversion Facility planning update

- *Crisis Diversion Facility identified as one of the top priorities by community stakeholders during development of MIDD*
- *In depth planning began in April 2008 with all day meeting of community stakeholders with consultants from the national GAINS Center and the Bexar County Jail Diversion Program.*
- *Community stakeholder meetings with representation from law enforcement, courts, hospitals, advocates, consumers and treatment providers were held in May, August and October of 2008.*
- *Workgroups convened to develop recommendations in the areas of transportation and crisis teams, location and facility design, licensing, target population, and backdoor resources/respite.*
- *Workgroup members visited other crisis diversion facilities in Whatcom, Skagit, Pierce and Yakima counties. Two workgroup members were also able to visit the Bexar County program in San Antonio.*
- *The University of Washington, Master of Social Work intern working on this project researched the literature on crisis and jail diversion programs.*

The Oversight Committee solicited public comments on the MIDD Implementation Plan and the MIDD Evaluation Plan and each plan was posted for two weeks for stakeholder review. MHCADSD received comments from 50 stakeholders on the Implementation Plan and 15 comments on the Evaluation Plan. Overall, the public comments were positive in nature and many pertained to the implementation of the MIDD. Comments were received on the following topics: system level outcomes and policy goals, housing, long-term care, medication, drug court, general support of the MIDD, specific evaluation matrix comments, and unions. All of the stakeholder comments were reviewed by MHCADSD staff and incorporated into the Implementation Plan where appropriate.

Stable housing is recognized as a key component to recovery from mental illness and substance abuse. The MIDD Oversight Committee discussed MIDD housing needs at multiple meetings during 2008. The Oversight Committee recommended that unspent revenue from 2008 sales tax collection be allocated to housing, resulting in $16 million being included in two competitive application processes. The large amount of unspent revenue in 2008 was due to the fact that the sales tax began being collected on April 1, 2008, but no funds could be spent on programs until the King County Council approved the Oversight, Implementation and Oversight Plans in October, 2008.

In September 2008, two new strategies were added to the MIDD Implementation Plan. The Oversight Committee posted the new strategies on the MIDD Web site in order to provide the same opportunity for public comment as had been provided for all of the initial MIDD Implementation Plan strategies. A two-week public comment period was provided, and a summary on the comments were forwarded to the City of Seattle in order to incorporate into the strategies where possible.

The MIDD Oversight Committee created a workgroup to revise the MIDD Mental Health Court strategy (11b). Judge Barbara Linde chaired the workgroup and MHCADSD provided staff support. The workgroup began meeting in late 2008 and met six times before finalizing the strategy. A copy of the Mental Health Court MIDD Strategy 11b recommendation is included as Attachment D.

The MIDD Oversight Committee created a workgroup of the oversight committee which met four times to create a recommendation for a process to consider new strategies for inclusion in the MIDD. A new strategy process was developed in addition to a new strategy recommendation form and new strategy recommendation rating form. The workgroup, chaired by Barbara Miner, began meeting in late 2008 and the recommendation for a new strategy process is attached (Attachment E).

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

Reducing and preventing the number of people with mental illness and chemical dependency using costly interventions such as jail, emergency rooms, and hospitals is a critical step toward breaking the cycle of criminalization of mental illness and chemical dependency and focusing instead on treatment and recovery.

2008 Achievements

- **Over 950 individuals in King County** needing mental health and chemical dependency treatment services were served by the MIDD through strategy 1a, designed to increase access to outpatient mental health and substance abuse services for individuals not on Medicaid. Community-based mental health and chemical dependency service providers provided services to: 650 adults for mental illness, 214 adults for chemical dependency, and 100 youth for substance abuse.

- **Harborview Medical Center Psychiatric Emergency Services** began a project to link individuals to community-based services upon discharge from the emergency room. This strategy addresses the needs of individuals who are repeatedly admitted to Harborview Medical Center due to substance abuse and/or mental illness by providing early identification of mental health and substance abuse needs and facilitating linkages to community treatment and referral to housing and other support services.

- **Harborview Medical Center, Auburn Regional Medical Center, Highline Medical Center, St. Francis Hospital, and Valley Medical Center** developed plans for their Screening, Brief Intervention and Referral for Treatment (SBIRT) programs. Individuals who have abused alcohol and/or other drugs have an increased risk of being involved in automobile and other accidents, as well as a heightened risk for other health problems, which may lead to emergency room admissions. Admissions to hospital emergency services may provide an opportunity to engage individuals who have abused substances into accepting the need for intervention and brief treatment, and prevent future alcohol and drug-related hospitalizations. This strategy (1c) provides delivery of early intervention and treatment services to hospital emergency room patients who have substance use disorders or are at risk of developing these disorders.

Screening, Brief Intervention and Referral to Treatment

SBIRT is a comprehensive public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
Referral to treatment provides those identified as needing more extensive treatment with access to speciality care.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

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

Reducing and preventing the number of mentally ill and chemically dependent people recycling through jail with mental illness and chemical dependency is another important element to breaking the cycle of criminalization of mental illness and chemical dependency.

An epidemiological study conducted in 1998 by King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) found that adults in the mental health system who abused drugs and alcohol were five times as likely to have been incarcerated as those who did not abuse drugs and alcohol.

2008 Achievements

- **Increased Criminal Justice (CJ) liaison services.** CJ liaisons provide inmate-clients with mental health or co-occurring mental health and substance abuse problems with screening and assessments and linkages to community services, which includes referring inmate-clients for co-occurring disorder (COD) treatment and reentry case management programs.

A study recently conducted by the King County Department of Adult and Juvenile Detention found that the average offender who remains in jail stayed 18.5 days in custody in 2007. Inmates with mental illness requiring special housing stayed an average of 35 days in 2007, or about 16.5 days longer than average.

- **The Reentry Case Management Services** (RCMS) is a 90-day voluntary program offering intensive case management services. The RCMS program helps individuals transition from jail back into the community. Referrals and linkages to the following services are provided: mental health services, chemical dependency treatment, primary healthcare (including medication, dental, vision), housing acquisition and assistance with applying for permanent housing, pre-employment and employment services, and educational/vocational programs.

- **Re-entry from Jails, Prison and Hospitals.** This intercept point focuses on providing continuity of care when a person is released from institutional care or confinement. While King County already has devoted considerable resources to funding the Criminal Justice Continuum of Care Initiative, the MIDD helps fill the gaps in services. The Criminal Justice Continuum of Care Initiative was initiated in 2003, key elements include: improved mental health and chemical dependency screening and assessments in the jail; liaisons to engage people in the justice system and facilitate links to services; benefits application assistance; voucher programs for mental health, housing and methadone treatment; co-occurring treatment programs; cross systems training; and a strong evaluation component to gauge and track success and failure.

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

Reducing the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults by providing the best clinical practices have been demonstrated to be most effective in preventing the criminalization of people with mental illness and chemical dependency.

2008 Achievements

- **Expansion of Next Day Appointments (NDA) services** (MIDD strategy 1d) provides follow up to a face-to-face mental health crisis service with timely direct crisis intervention, resolution, referral, and follow-up services. The MIDD funds were utilized to enhance (add an array of services that were not a part of the existing NDA services) to persons who are not currently receiving publicly funded mental health treatment and are experiencing mental health crises.

Caseload size reduction benefits

Large caseload sizes negatively impact a mental health case manager's ability to maintain regular contact with consumers. Regular contact allows the case manager to assist consumers in developing their own illness management strategies; provide psycho-education; provide motivational interviewing for pursuing supported employment services; monitor fluctuations in symptoms so that medication adjustments can be recommended; and provide other treatment services that contribute to consumers' stability and recovery.

With large caseloads, case managers are limited in their ability to provide routine rehabilitation services and instead primarily respond to crises.

The added services included:

a. Benefits counseling to work with clients to gain entitlements that will enable clients to qualify for ongoing mental health and medical services;
b. Brief, intensive, short term treatment to resolve the crisis, including motivational interviewing to promote treatment engagement for individuals who are in need of substance use disorder treatment;
c. Psychiatric medication evaluations that includes access to medications;
d. Consultation with a client's primary care physician regarding recommended medications to promote ongoing access to needed psychiatric medications; and
e. Assurance of linkages to ongoing care.

- **The caseload reduction strategy enabled agencies to add additional staff and reduce caseload sizes** (MIDD Strategy 2a). This helps case managers to see consumers more regularly (including outreaching to consumers in their homes or other community settings), to assist them to achieve greater stability and recovery, and to be more responsive to consumers who are in crisis, particularly those who are in, and exiting from jails and hospitals. This strategy includes federal matching funds of $3 million.

Policy Goal 4: Diversion of mentally ill and chemically dependent youth and adults from initial or further justice system involvement.

Diverting mentally ill and chemically dependent youth and adults from initial or further justice system involvement is critical to ensuring that individuals with mental illness and chemical dependency are not criminalized for their illness, but rather provided treatment opportunities.

2008 Achievements

- The King County Adult Drug Diversion Court MIDD expansion and enhancement (strategy 15a) included employment training, housing and housing support services, access to evidence based treatment services, and expanded co-occurring treatment services for women. These services will increase the likelihood of long-term recovery for drug court participants, and decrease jail days, hospitalization and use of other crisis services.

The Drug Diversion Court (DDC) provides eligible defendants charged with felony drug and property crimes, the opportunity for drug treatment and access to other ancillary services. If defendants meet the requirements of DDC, their charges are dismissed. If defendants fail to make progress they are terminated from the program and sentenced on their original charge.

- The MIDD Oversight Committee created a workgroup at the end of 2008 to explore expanding mental health courts in King County. The final recommendation of the workgroup and Oversight Committee is included in Attachment D. The Mental Health Court strategy (11b) was revised to provide expanded services to the three mental health courts in King County (District Court, Seattle Municipal Court and Auburn Municipal Court). The City of Seattle and City of Auburn will receive funds to expand existing mental health court services through enhanced treatment and/or court liaison staffing. The King County District Court will implement "mental health court without borders", an expansion, which allows municipals to refer cases to the King County Prosecutor to be tried in District Court.

- MIDD provided for increased capacity for social and psychological assessment for juvenile justice youth, through the creation of an online assessment system that will allow juvenile court to consistently screen and access youth for social, psychological and substance abuse issues using an evidence-based tool (strategy 5a).

- MIDD funds provided over 150 individuals with mental illness with the opportunity for enhanced supportive employment services, including entitlement benefits counseling, long-term job retention support, job placement, job coaching, and short-term job retention services (strategy 2b).

The supportive employment work model assumes that all individuals, regardless of the nature or extent of their disabilities, should have the opportunity and support to work in the community. There are no pre-requisite skills needed for community job success. The task, therefore, is not to identify and place "work ready" individuals, but rather to locate and/or modify meaningful jobs in the community and provide training and supports at the job site. Supportive employment options provide individuals with opportunities and reduce the likelihood for criminal justice involvement.

Goal 5: Explicit linkage with, and furthering the work of, other Council directed efforts including, the Adult and Juvenile Justice Operational Master plans, the Plan to End Homelessness, the Veterans and Human Services Levy Service Improvement Plan and the King County Mental Health Recovery Plan.

Coordination of the MIDD with existing Council directed efforts are essential to ensuring that individual with mental illness and chemical dependency are receiving most effective services available. Linkage and coordination helps make certain that funds are spent in a cost effective manner, and helps ensure that individuals in need are the focus.

2008 Achievements

- Both the new housing units created with the help of MIDD funds, and the supportive services provided with MIDD funding, will make substantial contributions to the continuum of MIDD programs that will result in a decrease in homelessness and in the number of individuals cycling through expensive hospital emergency services and jails (linked to the Ten-Year Plan to End Homelessness).

- Consistent demographic data elements were identified for the MIDD evaluation plan, including gathering data on military status in order to link and track veterans and their families (linked to the Veterans and Human Services Levy Service Improvement Plan).

- MIDD funds were included in two competitive application processes (Requests for Proposal (RFP)) conducted in the fall of 2008. One RFP was for homeless housing supportive services, rental assistance, and operating support.
  Fund sources included the:
  - Veterans and Human Services Levy ($1 million)
  - The document recording fee surcharge authorized by the state to support county Ten-Year Plans to End Homelessness ($3 million)
  - United Way of King County ($2 million)
  - The Seattle and King County Housing Authorities (approximately $1.5 million in rental subsidies)
  - MIDD supportive services for housing projects (strategy 3a provided $2 million).

- The MIDD funds will pay for supportive services for five years at two projects serving a total of 110 individuals challenged by chemical dependency and mental illness. These projects are the Wintonia House, managed by the Archdiocesan Housing Authority (92 remodeled units for homeless individuals who are high utilizers of the Sobering Center) and Kenyon House, operated by Sound Mental Health (18 new units for homeless persons living with HIV/AIDS in addition to mental illness and/or chemical dependency).

MIDD Capital Development

MIDD capital development funds made possible 335 new permanent supportive housing units for high need homeless individuals challenged by mental illness and/or chemical dependency

- The second RFP was for capital development, including remodeling of existing housing, in addition to funding new developments. The MIDD was able to contribute over $16 million to this joint funding process in order to help jump-start projects that had gaps in funding and would otherwise have needed to wait one or more years to complete their funding needs.
- MIDD capital funds (strategy 16a) were used to support seven housing projects totaling 335 permanent supportive housing units for high need homeless individuals challenged by mental illness and/or chemical dependency.
- Funding was provided for projects:
  - Plymouth Housing Group (81 units)
  - Downtown Emergency Service Center (83 units)
  - Sound Mental Health (18 units)
  - Transitional Resources (16 units)
  - Archdiocesan Housing Authority (92 units)
  - Valley Cities Counseling and Consultation (24 units)
  - Community House Mental Health (23 units)

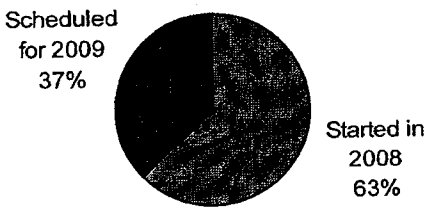
  All the units funded by MIDD and other funding sources will be part of the network of permanent supportive housing that will be dedicated to serving formerly homeless individuals with mental illness and chemical dependency, including individuals who are being served by other MIDD strategies.

Progress Report on MIDD Strategies Implementation

2008 Progress

On October 16, 2008, MHCADSD revised contracts within the mental health and chemical dependency provider networks for implementation of MIDD Strategy 1a - Increased access to community mental health and substance abuse treatment services. Sixteen outpatient mental health providers, two opiate substitution therapy providers and 29 outpatient chemical dependency providers began providing treatment services to non-Medicaid clients.

MIDD Strategy Implementation 2008



As of December 31, 2008, 65 community providers have received 137 unique contracts for the implementation of MIDD programs associated with 22 different MIDD strategies.

See Attachment B for Program Utilization Statistics for each of the 37 MIDD strategies for 2008.

MIDD strategies that started program implementation in 2008:

- 1a1 – Increased Access to Community Mental Health Treatment
- 1a2 – Increased Access to Community Substance Abuse Treatment (outpatient and opiate substitution therapy)
- 1c – Substance Abuse Emergency Room Early Intervention services
- 1d – Mental Health Crisis Next Day Appointments
- 1e – Chemical Dependency Professional Education and Training
- 1h – Expand the Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults
- 2a – Mental Health Caseload Reduction
- 2b – Employment Services for Individuals with Mental Illness and Chemical Dependency
- 3a – Supportive Services for Housing Projects
- 4d – School Based Suicide Prevention
- 5a – Increase Capacity for Social and Psychological Assessments for Juvenile Justice Youth
- 6a – Wraparound Support Services for Emotionally Disturbed Youth
- 10a – Crisis Intervention Training – First Responders
- 11a – Increase Jail Liaison Capacity
- 12a – Increase Jail Re-Entry Program Capacity
- 12b – Hospital Re-Entry Respite Beds
- 12c – Increase Capacity for Harborview's Psychiatric Emergency Services to Link Individuals to Community Based Services
- 13a – Domestic Violence and Mental Health Services and Systems Coordination
- 13b – Domestic Violence Early Intervention/Prevention
- 14a – Sexual Assault and Mental Health Services
- 15a – Drug Court Expansion and Enhancement of Recovery Support Services
- 16a – Housing Development

Evaluation and Performance Measures

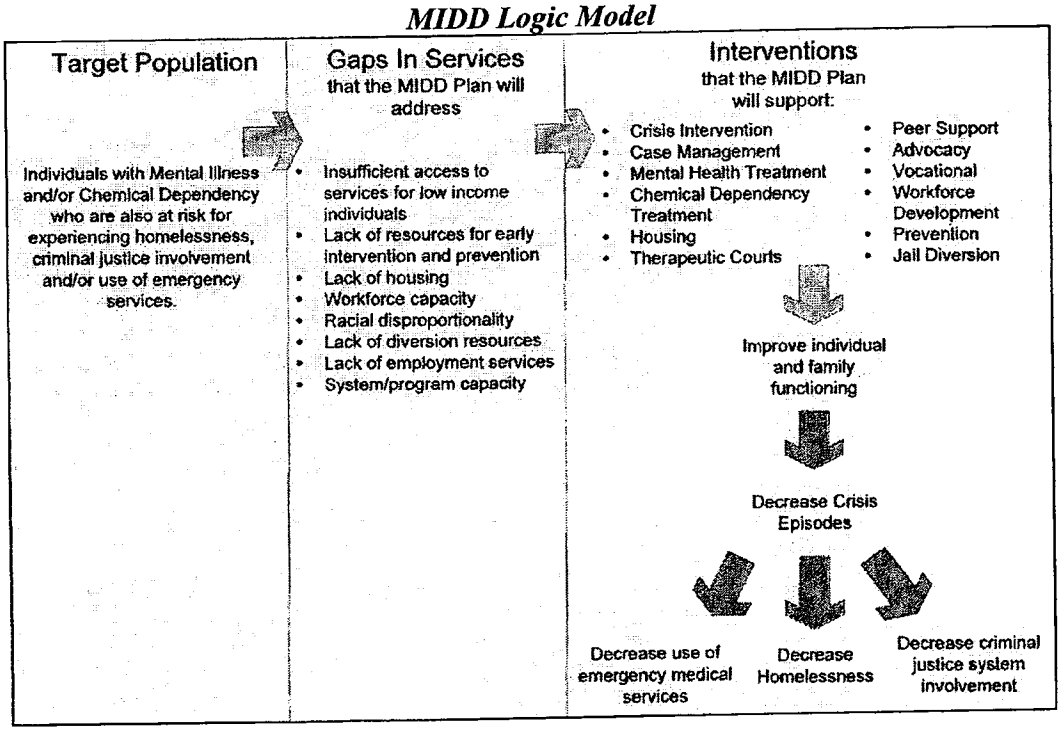
2008 Progress

The MIDD Evaluation Plan was finalized by the King County Council during the fourth quarter of 2008 and approved through County Ordinance 16262 on October 6, 2008.

The MIDD Evaluation Plan establishes a framework for evaluating each of the 17 core strategies and sub-strategies in the MIDD Implementation Plan, by measuring what is done (output), how it is done (process), and the effects of what is done (outcome). Measuring *what* is done entails determining if the service has occurred. Measuring *how* an intervention is done is more complex and may involve a combination of contract monitoring, as well as process and outcome evaluation to determine if a program is being implemented as intended. Measuring the *effects* of what is done is also complex, and will require the use of both basic quantitative and qualitative methods as appropriate

The evaluation framework ties the MIDD goals and strategies to the MIDD results. It lays out the links between what is funded, what is expected to happen as a result of those funds, and how those results will contribute to realizing the MIDD goals and objectives. The schematic diagram below shows the high level relationships between the components of the framework.

MIDD Logic Model



The MIDD Evaluation Team updated program-specific evaluations as the implementation strategies were updated. For those strategies that have been implemented since October 16, 2008, the MIDD Evaluation Team collaborated with the MHCADSD program and contract staff to assure that the evaluation data and reporting needs are reflected in contract language.

A standard set of demographic data and geographic data (including zip codes) has been defined to assure that similar information is available on all individuals served with MIDD funding, regardless of program. The mental health and substance abuse data systems now include new elements that clearly identify individuals served by MIDD funding. Work is underway on a standardized data sharing protocol, a necessary first step to gaining access to data from other entities (e.g., hospital emergency rooms).

As implementation of the MIDD strategies is still in its earliest stage, there are no performance results to report at this time.

Geographic distribution of sales tax expenditures
Data on the geographic distribution of the sales tax expenditures will not be available until the second quarter of 2009. Contracts for 2008 funds included language that requires providers to collect residential ZIP code data of those served.

Updated performance measure targets for the following year of the programs
A performance measure, for the purpose of the MIDD, is a measure that can be monitored on a periodic (e.g., monthly, quarterly) basis to document progress toward implementation of the strategy. Included in Attachment C are the recommended performance measures and performance measurement targets for the MIDD implementation strategies. Subsequent MIDD Annual Reports will include updated performance measure targets for the following year of the programs as warranted.

Recommendations on program and/or process changes to the funded programs based on the measurement and evaluation data
Strategies must be operational for a minimum of one year before outcome data can begin to be collected and analyzed, and an additional 4-6 months is needed for data collection and analysis. As implementation of the MIDD strategies did not begin until October 16, 2008 and 22 out of the 37 strategies began implementation in 2008, there can not be any recommendations based on measurement and evaluation data for any of the strategies until late in 2010.

Recommended revisions to the evaluation plan and processes
As implementation of the MIDD strategies did not begin until October 16, 2008, there will not be any recommended revisions to the evaluation plan and process until the 2009 Annual Report.

2008 Annual Report attachment summary

Per Ordinance, the MIDD Oversight Committee was charged with reviewing four priority issues and submitting recommendations on the following issues:

- Mental Health Court Strategy,
- New Strategy Process Recommendation,
- Housing Report per Budget Ordinance, and
- Historical Control Group Recommendation.

Mental Health Court Strategy Recommendation

Ordinance 16261 directed the MIDD Oversight Committee to revise the MIDD Mental Health Court strategy and submit a recommendation to council in the April 1, 2009 MIDD annual report.

Excerpt from MIDD Implementation Plan Ordinance 16261

SECTION 5. There is a need to expand mental health court services to more residents of King County, in more locations throughout the county, without further fragmenting of the justice system for vulnerable, mentally ill clients. The mental illness and drug dependency oversight committee shall review options for enhancing the delivery of mental health court services and recommend a proposed strategy to provide mental illness and drug dependency funds for mental health courts in King County. In particular, the oversight committee shall recommend an approach to allocating the funds set aside in the spending plan for the purpose of supporting mental health courts. The oversight committee's recommendation for mental health courts shall be submitted to the council along with and in the same manner as the mental illness and drug dependency annual report that is due April, 1, 2009.

The MIDD Oversight Committee proposes that the King County District Court expand their current Mental Health Court (MHC) and make it available to any misdemeanor offender in King County who is mentally ill, regardless of where the offense is committed. A misdemeanor case originating in a municipality in King County that does not have a MHC would be referred by the respective municipal prosecutor to the King County Prosecuting Attorney for a direct filing into the District Mental Health Court. The referral could take place before charges are filed, or later in the proceedings but prior to disposition, whenever it is determined that the individual's mental illness makes the Mental Health Court the best place for the individual to be served. This strategy, along with that of maintaining or increasing the MHC's capacity to serve the "felony drop down" population, would create a truly regional mental health court without borders. The strategy also includes expansion for the City of Seattle Mental Health Court and City of Auburn Mental Health Court to fund court liaison staffing or treatment service expansions.

The MIDD Oversight Committee reviewed the Mental Health Court Strategy (MIDD Strategy 11b) and the council directive for submission of a mental health court recommendation by April 1, 2009. The MIDD Oversight Committee formed a workgroup to draft the recommendation to bring before the full committee in February 2009 for action. Workgroup members included representatives from: City of Auburn, City of Auburn Municipal Court, King County Office of Budget and Management, Council staff, King County District Court, King County Superior

Court, City of Seattle, City of Seattle Municipal Court, King County Prosecuting Attorney Office, King County Office of Public Defense, Public Defense, and King County Department of Community and Human Services. Judge Barbara Linde chaired the workgroup and the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) provided staff support.

The Mental Health Court workgroup met six times. The workgroup came to a majority agreement for the revised Mental Health Court strategy and the revised strategy was approved by the MIDD Oversight Committee.

A copy of the Mental Health Court MIDD Strategy 11b recommendation is included as Attachment D.

New Strategy Process Recommendation

Ordinance 16261 directed the MIDD Oversight Committee to create a process by which interested parties could propose a new strategy idea for MIDD funding. The MIDD Oversight Committee created a workgroup of the oversight committee who met four times to create a new strategy process recommendation. A new strategy process was developed in addition to a new strategy recommendation form and new strategy recommendation rating form. Workgroup members included representatives from: Council staff, King County District Court, King County Superior Court, Committee to End Homelessness, Domestic Violence and Sexual Assault, Harborview Medical Center, Youth Human Services, and King County Department of Community and Human Services. Barbara Miner chaired the workgroup and MHCADSD provided staff support.

New Strategies are plans of action to achieve MIDD goals. Once new strategies are recommended by the MIDD Oversight Committee and adopted by the King County Council, established county policies on procurement will be followed. New Strategy Recommendations will be considered by the MIDD Oversight Committee at least twice each year. The annual submission due dates are October 31 and April 30. New Strategy Recommendation Forms received between May 1 and October 31 will be reviewed during the October 31 review period and New Strategy Recommendation Forms received between November 1 and April 30 will be reviewed during the April 30 review period.

The MIDD Oversight Committee recommendation for the New Strategy Process, Recommendation Form and Rating Form are included in Attachment E.

Interim Loan Report Recommendation

Per the 2009 Budget Proviso, an amount may be neither encumbered nor expended toward the interim loan program, as described in the executive's 2009 proposed budget under CIP Project number 322801, until the council approves by motion a report that specifies the components, requirements, processes, oversight and reporting of an interim loan program that would be administered by King County. The executive, in collaboration with the mental illness and drug dependency oversight committee, with assistance from council staff and the office of the prosecuting attorney, shall develop the report. Members of the Department of Community and Human Services (DCHS), the Prosecuting Attorney's Office, council staff and other MIDD

Oversight Committee members met to review and discuss the Interim Loan Report program. Cheryl Markham, Program Manager for DCHS Housing and Community Development provided a draft for the workgroup to discuss. The workgroup provided feedback and decided to move the draft forward to the MIDD Oversight Committee with a recommendation for approval.

The proposed King County Interim Loan program is modeled after a successful loan program run by the City of Seattle Office of Housing for non-profit housing developers; since 1998, this program has assisted 15 affordable housing projects with all loans paid back in approximately two years. Loan funds will only be available to acquire and hold property that will be developed or rehabilitated for affordable housing that will include units for homeless households until all permanent financing can be pursued and secured. MIDD Housing Services Funds (Plan 3A) will be available for the loan program to a lesser extent and only for a project that will serve MIDD-eligible tenants.

The MIDD Oversight Committee approved the recommendation for King County Interim Loan program.

Historical Control Group Recommendation

Ordinance 16262 directed the MIDD OC to review and study the concept of establishing a historical control group for evaluative purposes and make a recommendation on establishing a control group to measure recidivism in the King County jail in the April 1, 2009 annual report. Representatives from the Department of Adult and Juvenile Detention, DCHS, and council staff met in order to draft a recommendation to assist the MIDD OC with its analysis.

The MIDD Oversight Committee does not recommend creating a historical control or comparison group at this time, however, the MIDD Evaluation Team will continue to look at each strategy as it comes on-line to look for opportunities for concurrent (contemporaneous) "natural" comparison groups and include these results in the evaluation reports.

The MIDD Oversight Committee recommendation for the Historical Control Group is included in Attachment F.

Financial Overview

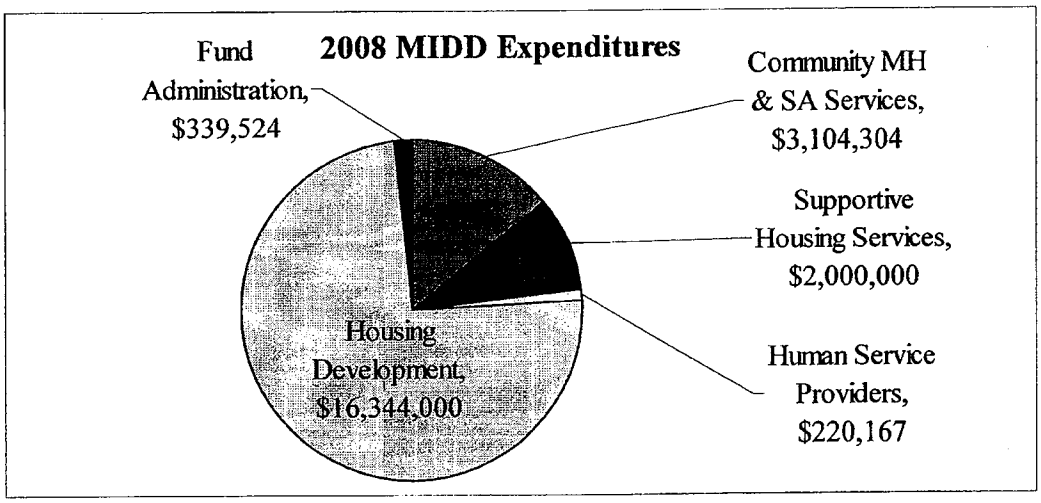
The MIDD sales tax approved by Council in November 2007 will generate more than $40 million per year for ten years to support a range of mental health, chemical dependency and therapeutic court services for adults and youth in need in King County. By the end of 2008, $36 million of sales tax funding was available. Of the $36 million, 75% (or $27 million) was committed to community based mental health and substance abuse service providers, therapeutic courts, other community based human service providers and to new dedicated housing units. The remaining funds supported administrative costs and built reserves for future new strategies and for revenue stabilization.

2008 Expenditure Status Updates

Actual expenditures varied from the allocation because the final plan was not approved until the fourth quarter of 2008. The first contracts for 2008 were executed for many strategies on October 16, 2008, when authorization for MIDD spending was received. In all, 65 unique entities received contracts for MIDD programming in 2008. Since these contracts were not executed until the fourth quarter of 2008, actual expenditures were less than the initial allocations.

Certain new strategies require a Request for Proposal (RFP) process for implementation. The timing of the ordinance and the winter holidays delayed the timeline for RFP development and release until the first quarter of 2009. One RFP, however, was released in 2008 for Supportive Services for Housing (MIDD #3a) and Housing Development (MIDD #16a). The majority of expenditures associated with these RFPs were captured in 2008.

As of December 31, 2008, the MIDD fund had expended $22 million to support the MIDD strategies. $3.1 million was expended on community based mental health and substance abuse providers, $2 million for supportive housing services, $220,000 on additional human service providers, $16.3 million for new housing developments, and $340,000 on fund administration.



The Financial Status Report in Attachment A provides detailed expenditures by strategy in 2008.

In addition to $22 million in expenditures, the MIDD fund set aside $1.6 million for additional housing development and rental subsidies, $1.5 million for the Revenue Stabilization Reserve and $2.5 million for the New Strategy Reserve.

Financial Outlook for 2009 and Beyond

As a sales tax fund, the MIDD is particularly sensitive to economic cycles. The current recession has put considerable downward pressure on consumer spending and forecasts for sales tax collections will dramatically reduce. In addition, interest earnings will likely decrease, as short-term interest rates remain low. In the near term, actual MIDD fund revenues will be $4-5 million lower per year than originally anticipated.

Lower revenues, combined with the anticipated ramp up of all strategies may force the MIDD fund to use designated or undesignated fund balance to support ongoing operations as early as 2010. The fund will be closely monitored to make certain that cash flow is available to fund anticipated program costs and that reserves are funded appropriately.

The updated Financial Plan in Attachment G provides updates on revenues and expenditures for 2009 through 2012.

Looking forward to 2009

The MIDD Oversight Committee, MHCADSD staff and the Office of Management and Budget (OMB) staff worked together in 2008 to develop and begin to carry out the MIDD Implementation Plan and to ensure that the sales tax revenue is spent in an efficient and effective manner. In 2009, a number of strategies that were partially implemented in 2008 will be brought to full service delivery scale, and other strategies that were not started in 2008 will be fully implemented by the end of the year. The MIDD Oversight Committee will continue meeting on a monthly basis in order to review and provide feedback on the implementation and effectiveness of MIDD-funded programs in meeting the goals established in Ordinance 15949.

With the lingering economic downturn, there are significant potential challenges facing the MIDD. These include a reduction in sales tax revenue and reductions in state and federal funding for housing, mental health and substance treatment services.

Potential State Changes to MIDD Fund

In addition, the MIDD fund may be impacted by potential supplantation issues as a result of state legislative action in the 2009 session. Current legislative proposals would allow all counties to partially supplant existing funds for mental health programs with money raised by the mental illness/drug dependency sales and use tax until January 1, 2015. If such flexibility is granted by the state, the Executive intends to propose that King County utilize this tool to help address the 2010 funding shortfall in core Mental Health Court and Drug Court functions as well as other mental illness and drug dependency related services.

King County and the MIDD OC are aware of these challenges and are responding proactively, through the creation of a workgroup to develop a prioritization process that could be used on all current and future MIDD strategies. Creating prioritization for the MIDD strategies will allow the county to respond to the reductions in funding and still remain on course with the vision and goals of improving the quality of life for those with mental illness and chemical dependency through prevention and enhanced services.

Attachment A

2008 Year End Financial Status Report

	Strategy	2008 Expenditures
	Community MH & SA Access	
1a	Non-Medicaid Outpatient Services MH & SA	757,703
1b	Outreach & Engagement - Hospitals, Jails, Crisis	-
1c	SA Emergency Room Early Intervention	-
1d	MH Crisis Next Day Appointments	28,511
1e	CD Professionals Training	16,949
1f	Parent Partners Family Assistance	-
1g	Older Adults Prevention & Intervention MH & SA	87,500
1h	Older Adults Crisis & Service Linkage	-
	Quality of Care	
2a	MH Caseload Reduction	2,102,421
2b	Employment Services MH & SA	111,220
	Housing Access	
3a	Supportive Services for Housing Projects	2,000,000
	Prevention & Early Intervention	
4a	Parents In Recovery SA Outpatient Services	-
4b	Prevention Services - Children of SA	-
4c	School District Based MH & SA Services	-
4d	School Based Suicide Prevention	75,000
	Juvenile Justice Youth Assessments	
5a	Juvenile Justice Youth Assessments	-
	Youth Wraparound Services	
6a	Wraparound Svc Emotionally Disturbed Youth	-
	Youth Crisis Services	
7a	Reception Centers for Youth in Crisis	-
7b	Expand Youth Crisis Services	-
	Family Treatment Court	
8a	Expand Family Treatment Court & Parent Support	-
	Juvenile Drug Court	
9a	Expand Juvenile Drug Court Treatment	-
	Pre-Booking Diversion	
10a	Crisis Intervention Training - First Responders	-
10b	Adult Crisis Diversion Ctr, Respite, Mobile Svc	-
	Jail & Diversion Svcs, Therapeutic Courts	
11a	Increase Jail Liaison Capacity	7,985
11b	MH Court Programs - Increase Services	-
	Re-Entry Programs	
12a	Jail Re-Entry Program Capacity Increase	18,167
12b	Hospital Re-Entry Respite Beds	11,517
12c	Harborview PES link to Community Based Svc	9,158
12d	Urinalysis Supervision for CCAP Clients	-
	Domestic Violence	
13a	Domestic Violence and mental health services	41,000
13b	Domestic Violence prevention	-
	Sexual Assault	
14a	Sexual Assault Survivors Services Expansion	37,750
	Drug Court Expansion	
15a	Drug Court Expansion of Recovery Support Services	19,590
	Housing	
16a	New Housing units and rental subsidies	16,344,000
	Contingency, Data Systems and Administration	
	Contingency funds	-
	Data Systems / Administration / Evaluation	-
	Personnel	229,112
	Other Costs	110,411
	Total Dollars	**$ 22,007,994**
	Percentage of Spending Plan	**76.91%**

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Attachment B

Attachment B

MIDD Program Utilization Statistics for 2008

(shaded rows = implementation began in 2008)

	Strategy Name	Implementation Update	# of contracts amended/providers receiving funds?
1a-1	Non-Medicaid Mental Health (MH)	Services initiated on 10/16/2008	16 Outpatient MH providers
1a-2	Non-Medicaid Chemical Dependency (OST)	Contracts amended. Services initiated on 10/16/2008	2 Opiate Substitution Therapy (OST) providers
1a-2	Non-Medicaid Chemical Dependency (non-OST)	Contracts amended. Services initiated on 10/16/2008	29 outpatient CD providers
1b	Outreach & Engagement - Hospitals, Jails, Crisis	Initial planning meetings during 4th quarter of 2008	N/A
1c	Substance Abuse (SA) Emergency Room Early Intervention	Start-up contract initiated 1/1/2009 with Harborview and South County hospitals	4 hospitals
1d	MH Crisis Next Day Appointments	Contracts amended. Services initiated on 10/16/2008	4 MH providers
1e	CD Professionals Training	Contracts amended. Services initiated on 10/16/2008	34 CD providers
1f	Parent Partners Family Assistance	FTE recruitment began for Parent Partner Specialist	N/A
1g	Older Adults Prevention & Intervention MH & SA	Memorandum of Agreement (MOA) negotiated, services to start 1/1/2009	N/A
1h	Older Adults Crisis & Service Linkage	Contracts amended. Services initiated on 11/1/2008. Ongoing services initiate 1/1/2009. MIDD Exhibit included in the Agency 2009 contract.	1 provider
2a	MH Caseload Reduction	Contracts amended. Services initiated on 11/1/2008	16 outpatient MH providers
2b	Employment Services MH	Services initiated on 10/16/2008	8 MH providers
	Employment Services CD	RFP to be released 1st quarter 2009	N/A
3a	Supportive Services for Housing Projects	RFP released in October 2008. Awards to be announced in January 2009.	2 projects

	Strategy Name	Implementation Update	# of contracts amended/providers receiving funds?
4a	Parents in Recovery SA Outpatient Services	RFP to be released 1st quarter 2009	N/A
4b	Prevention Services - Children of SA	RFP to be released 1st quarter 2009	N/A
4c	School District Based MH & SA Services	Five planning meetings hosted by MHCADSD and Public Health-Seattle & King County, RFP to be released in 3rd quarter 2009	N/A
4d	School Based Suicide Prevention	Contracts amended. Services initiated on 11/1/2008. Ongoing services initiate 1/1/2009. MIDD Exhibit included in the Agency 2009 contract.	1 provider with 1 subcontractor
5a	Juvenile Justice Youth Assessments	2008 Start-up funds allocated for assessment database. MOA negotiated, services to start 1/1/2009.	N/A
6a	Wraparound Svc. - Emotionally Disturbed Youth	Project Coordinator hired 10/1/2008. RFP to be released 1st quarter 2009.	N/A
7a	Reception Centers for Youth in Crisis	In planning	N/A
7b	Expand Youth Crisis Services	In planning	N/A
8a	Expand Family Treatment Court & Parent Support	MOA negotiated, services to start 1/1/2009	N/A
9a	Expand Juvenile Drug Court Treatment	MOA negotiated, services to start 1/1/2009	N/A
10a	Crisis Intervention Training - First Responders	FTE recruitment began for Sheriff's Office staff.	N/A
10b	Adult Crisis Diversion Center, Respite, Mobile Service	Community stakeholder meetings with representation from law enforcement, courts, hospitals, advocates, consumers and treatment providers and workgroups convened to develop recommendations in the areas of transportation and crisis teams, location and facility design, licensing, target population, and backdoor resources/respite in the 4th quarter of 2008.	N/A
11a	Increase Jail Liaison Capacity	Contracts amended. Services initiated on 11/1/2008.	1 provider

	Strategy Name	Implementation Update	# of contracts amended/providers receiving funds?
11b	MH Court Programs - Increase Services	MIDD OC created a Mental Health Court strategy workgroup to create recommendation to Council for revised strategy.	N/A
12a	Jail Re-Entry Program Capacity Increase	Contracts amended. Services initiated on 11/1/2008	1 provider
12b	Hospital Re-Entry Respite Beds	MOA negotiated; consultant planning services initiated on 10/16/2008	1 provider
12c	Harborview Psychiatric Emergency Services link to Community Based Svc	Contracts amended. Services initiated on 10/16/2008	1 provider
12d	Urinalysis Supervision for CCAP Clients	In planning	N/A
13a	Domestic Violence and Mental Health Services	Contracts amended. Start-up services initiated on 11/1/2008	5 providers
13b	Domestic Violence Prevention	Contracts amended. Start-up services initiated on 11/1/2008	1 provider with 2 subcontractor
14a	Sexual Assault and Mental Health and Chemical Dependency Services	Contracts amended. Start-up services initiated on 11/1/2008	3 providers
15a	Drug Court: Expansion of Recovery Support Services	MOA negotiated; services initiated on 10/16/2008	1 provider
16a	New Housing Units and Rental Subsidies	RFP released in October 2008. Awards to be announced in January 2009	7 Projects
17a	New Strategy: Crisis Intervention Team/Mental Health Partnership (24 months)	Scheduled to begin in 2009	N/A
17b	New Strategy: Safe Housing and Treatment for Children in Prostitution Pilot (24 months)	Planning stakeholder meeting hosted by the City of Seattle in December 2008. Project scheduled to begin in 2009	N/A

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Attachment C

Performance Measures for MIDD strategies implemented in 2008

MIDD Implementation Strategy	Strategy Status	Performance Measures (and milestones)	Performance Measurement Target(s)
1a(1) – Increase Access to Mental Health (MH) Outpatient Services for People not on Medicaid	Initiated services 10/16/08	Number of non-Medicaid eligible clients, or clients who would otherwise not be covered, receiving outpatient services per year (unduplicated)	2,400 non-Medicaid eligible clients, or clients who would otherwise not be covered, served per year
1a(2) – Increase Access to Substance Abuse (SA) Outpatient Services for People not on Medicaid	Initiated services 10/16/08	Number of non-Medicaid eligible clients, or clients who would otherwise not be covered, admitted to outpatient Opiate Substitution Treatment (OST)	461 individuals (adults) in Opiate Substitution Treatment (OST) per year
1a(2) (non-OST) – Increase Access to Substance Abuse (SA) Outpatient Services for People not on Medicaid	Initiated services 10/16/08	Number of non-Medicaid eligible clients, or clients who would otherwise not be covered, admitted to substance abuse treatment (SA)	400 individuals (adults and youth) in outpatient substance abuse disorder treatment per year
1b – Outreach and Engagement to Individuals leaving hospitals, jails, or crisis facilities	Planning underway.	Number of individuals linked to community treatment and housing Number of individuals in shelters placed in services Number of individuals in shelters placed in permanent housing	To be determined when strategy design is completed.
1c – Emergency room substance abuse early	Initiated start up services 1/1/09	Number of FTEs in five programs	1 FTE at Harborview 4 new FTEs at 4 new hospital

Attachment C

intervention program		Number of clients served per year in the existing and newly developed program	emergency rooms 7,680 clients served per year
1d – Mental health crisis next day appointments (NDAs)	Initiated services 10/16/08	Number of clients receiving expanded Next Day Appointment (NDA) services	750 clients receiving expanded NDAs
1e – Chemical Dependency Professional (CDP) Education and Workforce Development	Initiated services 10/16/08	Number of certified CD treatment professionals (CDPs) Number of CDPTs tested at each cycle	125 additional CD treatment professionals certified each year 45 CDPTs tested at each test cycle each year
1f – Peer support and parent partners family assistance	Planning initiated 2/2009	Parent Partner Specialist Parent or youth partners Youth and families served annually Parent partner/peer counseling service hours Parents and youth engaged in the Networks of Support and/or parent organization Education and training events held annually for parents and youth	1 FTE hired in MHCADSD 40 contracted FTE hired 4,000 individuals served per year To be determined in contract To be determined in contract To be determined in contract
1g - Prevention and early intervention mental health and substance abuse services for older adults	MOA being negotiated with Public Health-Seattle & King County for management and	Number of FTEs hired Number of clients receiving MH and SA screening Number of clients receiving early	10 FTEs hired (2009) Services provided to 2,500 to 4,000 clients each year To be finalized when

	implementation of strategy.	intervention services at primary care setting Number of clients receiving MH/SA services	implementation commences.
1h - Expand the availability of crisis intervention and linkage to on-going services for older adults	Services initiated 11/01/2008	Staff hired Number of clients receiving crisis intervention and linkages to services	Hire 1 FTE geriatric MH specialist, 1 FTE geriatric CD specialist, 1 geriatric CD trainee, and 1.6 FTE nurse (2009) 340 additional clients receiving crisis intervention and linkages to services each year
2a – Caseload reduction for Mental Health	Services initiated 11/01/2008	Develop and implement plan that addresses variation between agencies in size, case mix, and workload allocation among agency staff. Receive and approve individual agency's Workload Reduction Plan Number of direct services staff as specified in above plan Case Management/direct services staff workload as measured in plan Number of services provided as specified in plan	Plan developed and template available for providers by 12/1/2008 Workload Reduction Plans submitted by providers by 12/30/2008. Plan revisions due by 1/30/2009 Additional staff hired as specified for each agency in approved plan Decrease CM/direct services staff workload by amount specified in plan Increase services provided as specified in plan
2b – Employment services for	Services by mental	Number of clients receiving specialty	920 clients per year receive specialty

individual with Mental Illness and Chemical Dependency	health specialty providers initiated 10/16/2008 RFP for CD providers planned release Q1 2009	employment services RFP released	employment services Contractor selected
3a – Supportive services for housing projects	Contracts awarded 1/2009	Number of individuals receiving supportive housing services	140 additional individuals receive supportive housing services
4a – Services to parents participating in substance abuse outpatient treatment programs	Planning scheduled to begin in 2Q 2009	Number of parents serviced at outpatient SA treatment programs	To be determined when planning is complete.
4b – Prevention services to children of substance abusers	Planning scheduled to begin in 2Q 2009	Contract with service provider for evidence-based programs Number of children served Number of activities provided by King County region	Contract approved To be determined when planning complete. To be determined when planning complete.
4c – School district based mental health and substance abuse services	Planning is ongoing – RFP planned to go 3rd quarter 2009	Grants to King County school districts To be determined in final RFP	Up to 19 grants To be determined when planning is completed
4d – School based suicide prevention	Contract initiated 10/16/2008	Youth Outreach and Training Specialists Adult Outreach and Training Specialist (through subcontractor)	Hire 2 FTEs youth outreach and training specialists Subcontract to hire 1 FTE Adult outreach and training specialist

		Youth presentations per year Participants per year Training and outreach hours per year Contract coordination hours per year Adult presentations per year Participants per year Training and outreach hours per year Coordination hours per year Number of schools with current suicide prevention policies Number of schools with effective suicide prevention policies (as noted by the Crisis Response Plan Document Review) List of schools and total hours spent in consultation to help schools develop or modify their policies to be more effective	130 3,250 900 12 12 200 900 12 To be determined To be determined To be determined
5a – Increase capacity for social and psychological assessments for juvenile justice youth	MOA being negotiated with Superior Court Service start date 1/1/09	Chemical Dependency Professional (CDP) MH Liaison Psychologist Specialty consultation Superior Court Assessment	Hire 1 FTE Chemical Dependency Professional Hire 1 FTE Mental Health Liaison Subcontract for up to 1 FTE Hire 1 FTE Psychologist Subcontract for psychiatric specialty consultation (with UW) Hire 1 FTE

		Coordinator Number of GAIN assessments per year Number of MH assessments per year	 An additional 280 GAIN assessments An additional 200 MH Assessments
6a – Wraparound family, professional and natural support services	Wraparound Specialist hired 10/1/08 RFP scheduled to be released in March 2009	Wraparound Specialist Coordinator Wraparound Delivery Team contracts awarded (including full staffing of each Wraparound Delivery Team (1 coach, 6 facilitators, 2 parent partners) Children and youth served	Hire 1 FTE Wraparound Specialist Coordinator in MHCADSD 5 Total 920 children and youth per year
7a – Reception centers for youth in crisis	Planning scheduled to begin in 3Q 2009	To be determined	To be determined
7b – Expanded crisis outreach and stabilization for children, youth, and families	Planning scheduled to begin in 3Q 2009	To be determined	To be determined
8a – Expand family treatment Court	MOA being negotiated with Superior Court Wraparound Facilitator contracted Service start date 1/1/09	Treatment Liaison Recruitment Specialist Parent to Parent Coordinator Wraparound Coordinator Families served annually Family Treatment Court Families enrolled in wraparound	Hire 1 FTE Hire 1 FTE Hire a .5 FTE Hire 1 FTE (contracted) up to 45 additional families served up to 15 additional families served
9a – Expand Juvenile Drug Court	MOA being negotiated with	Treatment Liaison Juvenile Drug Court JPC case	Hire 1 FTE Hire 1 FTE

	Superior Court Service start date 1/1/09	managers Public Defense Prosecutor Mentor Program Youth enrolled in Juvenile Drug Court	 Hire a .25 FTE Hire a .25 FTE Hire 3 FTE through contract up to 36 additional youth enrolled
10a – Crisis intervention training	Currently in planning phased (led by KC Sheriff's office)	Administrative Assistant Program Coordinator People trained in 40-hour CIT curriculum People trained in 1-day CIT curriculum	Hire 1 FTE within KC Sheriff's Office Hire 1 FTE within KC Sheriff's Office 480 1,200
10b – Adult crisis diversion, respite, and mobile team	Currently in planning phase	To be determined	To be determined
11a – Increase capacity for jail liaison	Services initiated 11/1/08	Number of individuals served increases	360 additional individuals are served
11b – Increase services for new or existing Mental Health courts	On hold – strategy to be rewritten	To be determined	To be determined
12a – Increase jail re-entry program capacity	Contracts amended and services initiated 11/1/08	Number of FTEs increases	4 FTE hired to serve 1440 additional individuals per year
12b – Hospital respite beds	Currently in planning phase	To be determined	To be determined
12c – Increase Harborview Medical Center Psychiatric Emergency Services	Services initiated 10/16/08	Number of FTEs increases	Hire 2 FTEs

12d – Urinalysis supervision	Currently being negotiated with CCAP	To be determined	To be determined
13a – Domestic Violence/MH	Contracts executed and services initiated 11/1/2008	Licensed MHPs hired Licensed MHP with cultural specialty hired Systems Coordinator/Trainer hired Clients served by MHP per year Counselors and advocates trained per year Policies & procedures in place for consistent standardized screening for MH and CD Consultation with DV advocates by MHP	Hire 3 FTE Hire a .5 FTE Hire a .5FTE 175-200 clients served per year 200 individuals trained per year Contracted provider agencies have polices and procedures in place for standardized screening To be determined
13b – Early intervention for children experiencing DV	Contracts executed 11/1/08 and services commenced 1/1/2009	Lead Clinician DV advocates Families served Children served	Hire 1 FTE Hire 2 FTEs DV children's advocates (subcontracted) 85 families served 150 children served
14a – Sexual Assault Services	Contracts executed 11/1/08 and services commenced 1/1/2009	Licensed MHPs hired Licensed MHP with cultural specialty hired Systems Coordinator/Trainer Clients receiving treatment	Hire 4 FTEs Hire a .5 FTE Hire a .5 FTE 400 clients received MH services
15a – Adult drug court expansion	Services initiated 11/1/08	Number of FTEs hired Number of individuals participating	Hire 1.5 FTEs 450 additional participants/yr
16a – Housing Development	Contracts awarded 1/09	Number of residential units created	Create 250 new housing units dedicated for MIDD target population

		Number of rental subsidies disbursed	Provide 5-year rental subsidies serving 50 people
17a – CIT/MHP Pilot Project with the Seattle Police Department	Planning Stages	To be determined	To be determined
17b – Safe housing and treatment for children in prostitution Pilot Project	Planning Stages	To be determined	To be determined

Attachment D

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Attachment D

Mental Health Court Strategy recommendation

Strategy Title: Expand Access to Diversion Options and Therapeutic Courts and Improve Jail Services provided to Individuals with Mental Illness and Chemical Dependency

Strategy No: 11b – Increase Services Available for New or Existing Mental Health Court Programs

County Policy Goals Addressed:

- Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement.
- Explicit linkage with, and furthering of, other council directed efforts including the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan, and the Recovery Plan for Mental Health Services.
- A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency.

1. Program/Service Description

A. Problem or Need Addressed by the Strategy

The prevalence of people with mental illness in the criminal justice system is a nationwide problem. Estimates of the prevalence of people with mental illness in jails range from 5% to 16%, depending on the definition of mental illness that is used. On any given day in city jails throughout King County, an estimated 15% of inmates have serious mental illness. Once in jail, these individuals stay much longer than inmates with similar charges who are not mentally ill. Mental health court is an effective tool for engaging and keeping people with mental illness in community-based treatment. At the present time, access to mental health court is limited to just a few jurisdictions.

B. Reason for Inclusion of the Strategy

Mental health courts are an essential component of a jail diversion continuum of service and have been shown to be effective in engaging clients in treatment and reducing future jail bookings. Mental health court services for misdemeanor offenders are now limited to individuals who commit offenses in unincorporated King County, the City of Seattle and the City of Auburn, through King County District Court, Seattle Municipal Court, and Auburn Municipal Court. Increasing access to mental health court throughout King County could improve mental health outcomes for people in the criminal justice system and reduce the prevalence of people with mental illness in jails across King County.

C. Service Components/Design

This strategy will enhance services and capacities at existing mental health courts to increase access to these programs for eligible adult misdemeanants throughout King County. Service enhancements will include expanded mental health court treatment services programming within the City of Seattle Municipal Mental Health Court and the City of Auburn Municipal Mental Health Court or may include the placement of a new Mental Health Professional (called a "court monitor" or "court liaison"). In addition, King County District Court Mental Health Court will be made available to any misdemeanor offender in King County who is mentally ill, regardless of where the offense is committed.

D. Target Populations

1. King County District Court Mental Health Court target population: mentally ill misdemeanor offenders with an AXIS I diagnosis in any King County municipality that is referred to the King County Prosecuting Attorney's Office for filing into the King County District Court Mental Health Court.
2. City of Seattle, Seattle Municipal Court target population: mentally ill defendants that are found not competent for trial, approximately 200 individuals annually.
3. City of Auburn, Auburn Municipal Court target population: mentally ill misdemeanor offenders with an AXIS I diagnosis.

E. Program Goals

1. The King County District Court Mental Health Court program goals are to: 1) protect public safety; 2) reduce the level of recidivism (considering frequency, offense severity and length of time between episodes) of persons with mental illness with the criminal justice system; 3) reduce the use of institutionalization for persons with mental illness who can function successfully within the community with service supports; 4) improve the mental health and well-being of persons with mental illness who come in contact with Mental Health Court; 5) develop more expeditious case resolution than traditional courts; 6) develop more cost-effective / efficient use of resources than traditional courts; 7) develop more linkages between the criminal justice system and the mental health system; and 8) establish linkages with other community programs that target services to persons with mental illness.
2. City of Seattle, Seattle Municipal Court program goals: Connect incompetent SMC defendants with treatment, housing, and other services
3. City of Auburn, Auburn Municipal Court program goals: Reduction in jail, hospital, emergency services costs; reduced recidivism; and linkage to needed treatment, services and housing.

F. Outputs/Outcomes

1. King County District Court Mental Health Court outputs/outcomes: 1) Provide MHC services to 200 additional offenders referred from King County cities; 2)

decrease length of stay in jail; 3) decrease jail recidivism among participants; 4) identify and coordinate resolutions among two or more King County jurisdictions for 60 city offenders (= to 30%) who are referred to MHC; 5) establish and provide a minimum of 50 days of MHC services in South End and Eastside of King County

2. City of Seattle, Seattle Municipal Court outputs/outcomes: The outputs will be number of defendants contacted and number of service connections made. Outcomes will include reduced recidivism at SMC for those clients working with the new court liaison. SMC is prepared to assist with evaluation processes and can provide SMC recidivism data.

3. City of Auburn, Auburn Municipal Court outputs/outcomes: To be determined

2. Funding Resources Needed and Spending Plan

A total of $1,295,252 is available annually.

Dates	Activity	Funding
To be determined	King County District Court Mental Health Court expansion to all municipalities in King County	$1,193,252
To be determined	City of Seattle, Seattle Municipal Court expansion	$85,000
To be determined	City of Auburn, Auburn Municipal Court expansion	$17,000
	Total funding	$1,295,252

3. Provider Resources Needed (number and specialty/type)

A. Number and type of providers (and where possible FTE capacity added via this strategy):

1. King County District Court Mental Health Court (KC MHC): This strategy may provide funding for new judicial and court services staffing and overhead. In addition, KC MHC will develop and provide access to services related to housing, treatment and emergency needs within available resource parameters.
   King County District Court Probation Division: 2 FTE Mental Health Specialist Probation
   King County Prosecuting Attorney's Office: 1 FTE Senior attorney, 1 FTE Paralegal, 1 FTE Victim Advocate and administration overhead
   King County Office of Public Defense: 1 FTE Senior attorney, 1 FTE Social Worker

King County Department of Community and Human Services, Mental Health, Chemical Abuse and Dependency Services Division contracted positions: 1 FTE MHC court monitor, 1 FTE MHC Peer Counselor

2. City of Seattle, Seattle Municipal Court: This strategy will include expanded mental health court treatment services programming within the City of Seattle Municipal Mental Health Court or may include the placement of a new Mental Health Professional (called a "court monitor" or "court liaison").

3. City of Auburn, Auburn Municipal Court: This strategy will include expanded mental health court treatment services programming within the City of Auburn, Auburn Municipal Court or may include the placement of a new Mental Health Professional (called a "court monitor" or "court liaison").

B. Staff Resource Development Plan and Timeline (e.g. training needs, etc.)

1. King County District Court Mental Health Court

Dates:	Activity:
Within 90 days of Council approval	The process for cases to be referred to the KC Prosecutor could be implemented within 90 days of Council approval. Some cities will be more conversant with this process and thus able to utilize the MHC sooner. During the 90-days pre-implementation, activities would include hiring of personnel, providing training to cities, developing protocols and tracking/data systems for referrals, outcomes, problem solving, scheduling and conducting MHC in identified locations, etc. Contract negotiations with the county will include defining the eligible population to be served through MIDD MHC funds.
6-9 month phased-in start up	Based on the experience when the KCDC MHC began in 1999, it is hypothesized that a 6-9 month period will be necessary as a "ramp up", during which time MHC staff are involved in training and consultation with the city partners.

2. City of Seattle, Seattle Municipal Court (SMC)

Dates:	Activity:
June 2009	SMC would need to work with King County to expand the current contract and MOA with Sound Mental Health. King County staff successfully and quickly expanded other

	contracts with SMH for other MIDD strategies. SMC expects that similar turnaround time would be possible with an additional liaison, with services starting by June, 2009. Contract negotiations with the county will include defining the eligible population to be served through MIDD MHC funds.

3. City of Auburn, Auburn Municipal Court

Dates:	Activity:
To be determined	The City of Auburn currently holds a mental health court calendar. In addition, Auburn contracts with organizations to provide both in-patient and intensive care treatment. Auburn expects that that implementation would be quick and seamless. Contract negotiations with the county will include defining the implementation start date and eligible population to be served through MIDD MHC funds; currently the Auburn Municipal Court mental health calendar includes defendants without an AXIS I diagnosis and defendants with chemical dependency as the primary presenting issue.

C. Partnership/Linkages

1. King County District Court Mental Health Court: The King County District Court, Mental Health Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs. In addition, KCDC, MHC will establish partnership with any municipalities in King County wishing to refer MHC cases to the KC Prosecuting Attorney's Office.

2. City of Seattle, Seattle Municipal Court: The City of Seattle, Seattle Municipal Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs.

3. City of Auburn, Auburn Municipal Court: The City of Auburn, Auburn Municipal Court will continue to partner with the King County Mental Health, Chemical Abuse and Dependency Services Division, other criminal justice agencies, community mental health service providers and housing programs.

4. Implementation/Timelines

A. Project Planning and Overall Implementation Timeline

1. King County District Court Mental Health Court: To be determined

2. City of Seattle, Seattle Municipal Court: To be determined

3. City of Auburn, Auburn Municipal Court: To be determined

B. Procurement of Providers

1. King County District Court Mental Health Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

2. City of Seattle, Seattle Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

3. City of Auburn, Auburn Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009

C. Contracting of Services

1. King County District Court Mental Health Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

2. City of Seattle, Seattle Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

3. City of Auburn, Auburn Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

D. Services Start Date(s)

1. King County District Court Mental Health Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

2. City of Seattle, Seattle Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

3. City of Auburn, Auburn Municipal Court: To be determined by adoption of revised strategy after receipt of MIDD Oversight Committee report in April 2009.

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Attachment E

Attachment E

New Strategy Request Process Proposal

Ordinance 16261 directs that the Mental Illness and Drug Dependency (MIDD) Oversight Committee (OC) propose a process and schedule for new strategies and programs to be considered for funding by the sales tax revenue.

Strategies are activities, interventions, programs that achieve the goals of the MIDD plan. Once a strategy is adopted, existing County procurement policies guide the implementation of the work[1].

The ordinance directs that the process shall:

1. Be easily accessible and transparent to the potential proposers of new strategies and programs;
2. Provide clear and simple directions for the potential proposers of new strategies and programs;
3. Specify the key elements required in any proposal or request for funding;
4. Include a schedule and timeline for the proposal process; and
5. Provide at least two dates during the calendar year when new strategies and any necessary supplemental appropriation ordinances would be sent to the council for consideration. One of those dates shall be April 1, when the MIDD annual report is due.

Proposed Process

1. Interested parties shall obtain and complete a New Strategy Recommendation (NSR) form (available at http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan.aspx) that describes the scope of the strategy and submit the completed form to the MIDD OC co-chairs. The NSR form will be modeled after the strategy description forms.
2. The party will receive a letter that acknowledges receipt of the recommendation, describes the process timeline, and provides a contact name and number.
3. A subcommittee of the MIDD OC will be designated to review the NSRs. The New Strategy Subcommittee will meet at least twice a year to consider the recommendations submitted during the prior period.
4. Staff to the New Strategy Subcommittee will conduct a minimum qualifications review of each NSR and submit findings with each NSR to the subcommittee.
5. At the meetings, the New Strategy Subcommittee will discuss and score the NSRs against a set of criteria. The subcommittee may request further information from the recommending party and may invite the recommending party to a meeting of the subcommittee.
6. The New Strategy subcommittee will prepare a report to the MIDD OC that includes a description of all NSRs received during the period and the subcommittee's recommendations regarding which new strategies, if any, should be forwarded to the King County Executive for potential forwarding to the King County Council.
7. The MIDD OC will consider the report of the subcommittee and utilizing the existing operating rules of the MIDD OC, make a recommendation to King County Executive as

[1] An entity proposing a new strategy will not necessarily be selected as the service provider.

to which new strategy recommendations should be forwarded to the King County Council. The Executive shall forward new strategies recommendations to the Council at least twice annually.

8. A list of all NSRs received during the period shall be included in the reports transmitted at every level through this approval process.

Subcommittee Composition

The New Strategies Subcommittee shall be comprised of at least seven members including the following:

- Two provider representatives
- Two County government representatives
- One Other government representative
- Two at large members

One member will be selected by the group to chair the subcommittee.
Administrative support will be provided by staff to the MIDD OC.

New Strategy Recommendation Schedule

New strategy recommendations have two submittal deadlines: October 31 and April 30.

For NSRs submitted by October 31, the schedule is as follows:

- Staff review recommendations during November and provide analysis.
- The New Strategy Subcommittee meetings and recommendations occur in December and early January.
- The Subcommittee recommendation report is due to MIDD OC by February 1.
- The MIDD OC considers requests at February meeting and makes report on recommendations, if any, to the King County Executive by March 1.
- The Executive will consider the report and send recommendations to KC Council by April 1.

For NSRs submitted by April 30, the schedule is as follows:

- Staff review recommendations during May and provide analysis.
- New Strategy Subcommittee meetings and recommendations occur in June and early July.
- The Subcommittee report due to MIDD OC by August 1.
- The MIDD OC will consider requests at August meeting and make report on recommendations, if any, to King County Executive by September 1.
- The Executive will consider report and send recommendations to KC Council by October 1.

Criteria for Rating NSRs

The criteria to be used by the New Strategy Subcommittee to evaluate the NSRs shall include but is not limited to the following:

Pursuant to RCW 82.14.460, any program or service funded must be a new or expanded mental health program, chemical dependency program or therapeutic courts programs.

Other criteria may include:

- Identifies and documents need of the target population
- Enables the implementation of a full continuum of treatment, housing and case management services
    - Addresses the full continuum of treatment
    - Addresses housing needs
    - Addresses case management services
    - Focuses on the prevention and reduction of
        - chronic homelessness
        - over-use of jail by persons whose criminal conduct is a direct result of drug addiction or mental illness
        - unnecessary involvement in the emergency medical systems
    - Promotes recovery for persons with disabling mental illness and chemical dependency
    - Builds on or integrates with existing services
    - Achieves the goals of KC ordinance 15949
        - A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals
        - A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency
        - A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults
        - Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement
        - Explicit linkage with, and furthering the work of, other council directed efforts including, the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services

Attachment 1: New Strategy Recommendation Form

Attachment 2: New Strategy Recommendation Rating Form

Attachment 1

New Strategy Recommendation Form

In accordance with King County Ordinance 16261, the Mental Illness Drug Dependency Oversight Committee (MIDD OC) has developed a process for the submission and recommendation of New Strategies. New Strategies are plans of action to achieve MIDD goals. Once new strategies are recommended by the MIDD Oversight Committee and adopted by the King County Council, established county policies on procurement will be followed[2].

Parties interested in submitting a New Strategy proposal[3] are required to complete the attached New Strategy Recommendation Form and submit as outlined below.

Completed New Strategy Recommendation Forms should be sent to the MIDD Oversight Committee c/o Andrea LaFazia, MIDD Project Manager at 401 5th Avenue, Suite 400, Seattle, WA 98104. Please submit eight copies (double-sided and stapled in the upper left-hand corner) and an electronic copy to midd@kingcounty.gov.

New Strategy Recommendations will be considered by the MIDD OC at least twice each year. The submission due dates are October 31 and April 30 annually. New Strategy Recommendation Forms received between May 1–October 31 will be reviewed during the October 31 review period and New Strategy Recommendation Forms received between November 1–April 30 will be reviewed during the April 30 review period.

Timelines

October 31 New Strategy Recommendation Form timeline

November: Minimum qualification review of all New Strategy Recommendation Forms received

December and January: New Strategy Recommendation Forms rated

January and February: MIDD OC considers New Strategy Recommendation; MIDD OC takes action on New Strategy Recommendation.

March: New Strategy Recommendations recommended for inclusion in the MIDD are transmitted to the King County Executive (KCE).

April 1: KCE forwards New Strategy Recommendations to the King County Council (KCC) for consideration and possible action.

April 30 NSR Form timeline

May: Minimum qualification review of all New Strategy Recommendation Forms received

June and July: New Strategy Recommendation Forms rated July and August; MIDD OC considers New Strategy Recommendation.

September: New Strategy Recommendations recommended for inclusion in the MIDD are transmitted to the King County Executive (KCE).

October 1: KCE forwards New Strategy Recommendations to the King County Council (KCC) for consideration and possible action.

[2] Entities proposing a new strategy will not necessarily be selected as the service provider

[3] Current MIDD funded strategies are not eligible for the new strategy recommendation process

New Strategy Recommendation Form

Name Contact	
Agency/ Organization (if applicable)	
Address	
Email	
Phone Number	

Date New Strategy Recommendation Form submitted	
☐ October 31 pool (received May 1–October 31)	☐ April 30 pool (received November 1–April 30)

I. **Name of New Strategy:**

1. **Area *[Check the box (or boxes) of the new strategy topic area]*:**
   - ☐ *A. Mental Health*
   - ☐ *B. Chemical Dependency*
   - ☐ *C. Therapeutic Courts*

2. **Type of service(s)**
   - ☐ *A. New programming/service delivery*
   - ☐ *B. Expansion or enhancement programming/service delivery*
   - ☐ *C. Infrastructure Development*

II. **Content**

Complete the following content areas for the new strategy recommendation.

1. **New Strategy Program/Service Description Section (no more than 1,000 words)**
   - *A. Provide a brief description of the new strategy*
   - *B. Identify the problem or need to be addressed by the new strategy*
   - *C. Specify the reason(s) for the recommendation of the new strategy*

D. Identify the new strategy service components/design

E. Identify the target population to be served by the new strategy (include demographics and geography for the target population)

F. Identify the overall goal of the new strategy (ensure that the goal is measurable)

G. Specify the outputs/outcomes of the new strategy (ensure that the outputs/outcomes are measurable)

H. Identify and discuss potential barriers to implementation and success of the new strategy (e.g., housing, transportation, language, medication, etc.)

2. Partnerships and Collaboration Section

A. How does the new strategy integrate with or otherwise affect existing services? Please elaborate:

_____
_____
_____
_____

B. Does the new strategy include partnerships and linkages? That is, is it linked with existing county initiatives, current MIDD strategies, does it includes partnerships with entities already engaged in the work, etc?

Yes ☐ *No* ☐ *Don't Know* ☐

If yes, please identify partnerships/linkages:

C. Does the new strategy link with any of the existing MIDD strategies?

Yes ☐ *No* ☐ *Don't Know* ☐

If yes, please specify which strategies and how it is linked:

III. Consistency with the Goals of the MIDD Sales Tax Section

Are the goals of the new strategy consistent with one or more the goals of the MIDD Ordinance (http://www.kingcounty.gov/healthservices/MHSA/MIDDPlan/MIDDThreePlans.aspx). *(Check all that apply and provide a narrative explanation on new strategy consistency for each goal selected).*

☐ *A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals*

☐ *A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency*

☐ *A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults*

☐ *Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement*

☐ *Explicit linkage with, and furthering the work of, other county initiatives including, the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.*

IV. Optional

Budget information (not rated): If possible, please provide estimated cost range for this recommendation.

V. Other Comments:

Attachment 2

New Strategy Recommendation Rating Form

Name of interested party:_____

Date proposal received: _____

Proposal review pool date:
☐ October 31 proposal pool or ☐ April 30 proposal pool
(Received May 1–October 31) (Received November 1–April 30)

DATE:_____

REVIEWED BY:_____

TOTAL POINTS POSSIBLE:_____

POINTS AWARDED:_____

Please review the new strategy recommendation below and answer the questions.

Name of New Strategy:_____

Area ***(Check the box (or boxes)) next to the new strategy topic area)*****:**

- ☐ *A. Mental Health*
- ☐ *B. Chemical Dependency*
- ☐ *C. Therapeutic Courts*
- ☐ *D. None of the above*

I. Content

Is the content clear for each of the topics within the new strategy?
Check the box next to the topic if you think it is clear and provide a rating for each topic. List questions, comments and concerns below the topic heading.

1. New Strategy Program/Service Description

A. Identifies a new strategy program/service description consistent with MIDD goals

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

B. Identifies an important, prioritized or unmet problem or need to be addressed by new strategy

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

C. Provides compelling reasoning and justification for Recommending the New Strategy

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

D. Identifies the new strategy service components/design

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

E. Identifies and provides data supporting the target population

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

F. Articulates the overall goals and is consistent with MIDD goals

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

G. Provides measurable and appropriate outputs and outcomes

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

H. Identifies and explains potential barriers to implementation and success of the new strategy (e.g., housing, transportation, language, medication, etc.)

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

2. **Partnerships and Collaboration**

A. Does the new strategy build on or integrate with existing services?

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

B. The new strategy includes partnership and linkages. That is, is it (or could it be) linked with existing county initiatives, such as other MIDD strategies? Does it include partnerships with entities already engaged in the work, etc...

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

C. Any questions, comments, concerns? (Not rated)

II. Consistency with the Goals of the MIDD Sales Tax

Are the goals of the proposed new strategy consistent with one or more the goals of the MIDD as listed in King County Ordinance 15949? (Check all that apply).

☐ *A reduction of the number of people with mental illness and chemical dependency using costly interventions like jail, emergency rooms and hospitals*

☐ *A reduction of the number of people who cycle through the jail, returning repeatedly as a result of their mental illness or chemical dependency*

☐ *A reduction of the incidence and severity of chemical dependency and mental and emotional disorders in youth and adults*

☐ *Diversion of youth and adults with mental illness and chemical dependency from initial or further justice system involvement*

☐ *Explicit linkage with, and furthering the work of, other council directed efforts including, the Adult and Juvenile Justice Operational Master Plans, the Ten-Year Plan to End Homelessness in King County, the Veterans and Human Services Levy Service Improvement Plan and the Recovery Plan for Mental Health Services.*

☐ *None of the above.*

Rating scale:
☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

III. Other Comments:

IV. Overall Rating

Should this new strategy be recommended for MIDD funding?

Rating scale:

☐ Strongly Agree (4) ☐ Agree (3) ☐ Disagree (2) ☐ Strongly Disagree (1)

Comments:

Attachment F

King County

Mental Illness Drug Dependency (MIDD) Oversight Committee

Historical Control Group Recommendation

Per ordinance 16262, the Mental Illness Drug Dependency Oversight Committee (MIDD OC) reviewed and studied the concept of establishing a historical control group for evaluative purposes. Representatives from the Department of Adult and Juvenile Detention, the Department of Community and Human Services, and council staff assisted the MIDD OC with its analysis. The recommendation from the MIDD OC on establishing a control group to measure recidivism in the King County jail is submitted as part of the April 1, 2009 annual report to council.

A "historical comparison" group could technically be generated. That is – we could generate a group of people who have similar characteristics to the people being served by MIDD programs in order to compare outcomes, such as recidivism, for individuals served by the MIDD with outcomes for those who did not, in the past, receive MIDD services.

However, generating a historical comparison group regarding jail utilization for the MIDD would not be useful for many reasons:

a. The MIDD is not a single intervention – it is a very complex set of interventions serving a wide variety of individuals. As such, creating a single comparison group would be very difficult.
b. Historical comparison groups rely on environmental/contextual conditions to remain constant. State and local laws, rules, and law enforcement and prosecutorial practices have changed so much over the last few years that any historical comparison would be meaningless. For example, the jail population has radically changed, resulting in much fewer low-end offenders.
c. It would be very difficult to determine a group (or groups) of individuals that are truly comparable to those being served by the MIDD. This was attempted for the evaluation of the King County Mental Health, Chemical Abuse and Dependency Services Division's Criminal Justice Initiative on a much small scale and even then the groups were not comparable enough to draw conclusions about any differences in recidivism.
d. Generating a historical comparison group, and conducting the additional work necessary to analyze all the variables involved in comparing outcomes would be very costly for the Department of Adult and Juvenile Detention and Department of Community and Human Services, and it is not at all apparent that there would be any value added by this extra work and cost.

While a historical control or comparison group is not recommended, the MIDD Evaluation Team will continue to look at each strategy as it comes on-line to look for opportunities for concurrent (contemporaneous) "natural" comparison groups and include these results in the evaluation reports.

Attachment G

2008 Annual Report MIDD Financial Plan
Fund 000001135 / Appropriation units 0990, 0583, 0688, 0783, & 0883
Department of Community and Human Services / MHCADSD/ Mental Illness and Drug Dependency Fund (MIDD)

	2008 Actual [1]	2009 Adopted	2009 Estimated [1]	2010 Projected [8]	2011 Projected [8]	2012 Projected [8]
Beginning Fund Balance	0	17,892,395	13,744,669	13,909,296	11,466,016	8,999,163
Revenues [2]						
* CD/MH Sales Tax	35,564,903	48,410,000	44,564,000	45,731,000	47,429,000	48,995,000
* Interest Earnings [11]	187,759	392,000	236,000	185,000	170,000	184,000
Total Revenues	35,752,663	48,802,000	44,800,000	45,916,000	47,599,000	49,179,000
Expenditures						
* Operating Expenditures (MHCADSD)	(5,663,994)	(40,800,067)	(40,800,067)	(47,635,721)	(49,333,647)	(50,320,320)
* New Strategies [10]		(1,460,000)	(1,460,000)			
* Operating Expenditures (Superior Court)		(636,690)	(636,690)	(656,860)	(668,977)	(908,250)
* Operating Expenditures (Sheriff)		(221,136)	(221,136)	(224,000)	(228,888)	(233,466)
* Operating Expenditures (DJA)		(136,988)	(136,988)	(142,800)	(145,656)	(148,569)
* Operating Expenditures (PAO)		(39,142)	(39,142)	(40,800)	(41,616)	(42,448)
* 2008 Housing Allocation Expenditures [3]	(16,344,000)	(6,402,551)	(1,656,000)			
Total Expenditures	(22,007,994)	(49,696,574)	(44,950,023)	(48,700,181)	(50,418,784)	(51,653,053)
Estimated Underexpenditures [7]		347,876	314,650	340,901	352,931	361,571
Other Fund Transactions						
*						
Total Other Fund Transactions	0	0	0	0	0	0
Ending Fund Balance	13,744,669	17,345,697	13,909,296	11,466,016	8,999,163	6,886,682
Reserves & Designations						
* Housing & Capital Reserve [4]	(1,656,000)					
* Revenue Stabilization Reserve [5]	(1,500,000)	(2,000,000)	(2,000,000)	(3,000,000)	(4,000,000)	(4,899,500)
* New Strategy Reserve Beginning Balance	(2,500,000)	(2,500,000)	(2,500,000)	(3,740,000)	(5,000,000)	(4,494,975)
* New Strategy Expenditures	0	1,460,000	1,460,000	1,740,000	505,025	1,024,324
* New Strategy Reserve Replenishment	0	(2,700,000)	(2,700,000)	(3,000,000)	0	0
* New Strategy Reserve Ending Balance	(2,500,000)	(3,740,000)	(3,740,000)	(5,000,000)	(4,494,975)	(1,470,651)
Total Reserves & Designations	(5,656,000)	(5,740,000)	(5,740,000)	(8,000,000)	(8,494,975)	(6,370,151)
Ending Undesignated Fund Balance [9]	8,088,669	11,605,697	8,169,296	3,466,016	504,188	516,531
Target Fund Balance [6]		496,966	449,500	487,002	504,188	516,531

Financial Plan Notes:

[1] 2008 Actual is based on 14th month ARMS. 2009 Estimated is based on accrued revenue and updated expenditure projections.

[2] MIDD sales tax collection began April 1, 2008. GAAP standards require sales tax revenue to reflect sales that occurred in the year. All revenues are on an accrual basis. All sales tax projections are preliminary.

[3] Housing expenditures are limited by the 2008 adopted appropriation. Total housing expenditures of $18,000,000 include $16,344,000 in 2008 expenses and $1,656,000 in the Housing and Capital Reserve.

[4] 2008 Estimated Housing & Capital Reserve of $1,656,000 is unexpended balance of housing expenditures per the spending plan ($18,000,000 - $16,344,000). The approximate split of the $18,000,000 in housing expenditures is $16,344,000 for capital expenditures and $1,656,000 for rental subsidies.

[5] A Revenue Stabilization Reserve will be established at a level of 10 percent of Sales Tax Revenue. $1,500,000 was reserved in 2008, an additional $500,000 is budgeted for 2009, and an additional $1,000,000 will be added each subsequent year until this level is attained. The Reserve will then be maintained at 10 percent of Sales Tax Revenue.

[6] Target fund balance is set at 1% of expected expenditures. This is consistent with both the Mental Health and Substance Abuse funds.

[7] Underexpenditure is 2% of direct services (not under contract). Direct services account for approximately 65% of expenditures.

[8] 2010 expenditures assume that all strategies are fully operational. 2010, 2011 and 2012 have all been inflated by 2%.

[9] 2009 Undesignated Fund Balance will be used to stabilize the fund in the event of further decline in sales tax revenue, or for one-time housing expenditures as recommended in the 2009 Proposed Budget.

[10] New Strategies are funded for 2009 and 2010 out of New Strategies Reserve Fund. In 2011, ongoing funding of new strategies will be considered during budget process. 2011 expenditures include funding for continuation of new strategies as part of operating expenditures.

[11] Interest earnings are estimated based on investment pool yield forecast applied to average annual fund balance.