King County

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

KING COUNTY

Signature Report

May 10, 2010

Motion 13217

Proposed No. 2010-0257.2 **Sponsors** Ferguson

A MOTION accepting the mental illness and drug dependency annual report for 2009, transmitted March 31, 2010, 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;

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

The Mental Illness and Drug Dependency First Year Implementation and Evaluation Summary, October 1, 2008 - September 30, 2009, dated February 2010, Attachment A to this motion, is hereby accepted.

Motion 13217 was introduced on 4/12/2010 and passed by the Metropolitan King County Council on 5/10/2010, by the following vote:

Yes: 9 - Ms. Drago, Mr. Phillips, Mr. von Reichbauer, Mr. Gossett, Ms. Hague, Ms. Patterson, Ms. Lambert, Mr. Ferguson and Mr. Dunn
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Robert W. Ferguson, Chair

ATTEST:

Anne Noris, Clerk of the Council

Attachments: A. Mental Illness and Drug Dependency First Year Implementation and Evaluation Summary, October 1, 2008 – September 30, 2009, dated February 2010

2010-0257
13217

Mental Illness and Drug Dependency

First Year Implementation and Evaluation Summary
October 1, 2008—September 30, 2009

Second Annual Report

King County

Mental Illness and Drug Dependency Oversight Committee

February 2010

King County Department of Community and Human Services

401 Fifth Avenue, Suite 500
Seattle, WA 98104

Phone: 206-263-9100
Fax: 206-296-5260

Jackie MacLean - Director

Mental Health, Chemical Abuse and Dependency Services Division

Amnon Shoenfeld - Division Director

Jean Robertson - Assistant Division Director
Regional Support Network Administrator

Jim Vollendroff - Assistant Division Director
Substance Abuse Prevention and Treatment Coordinator

Andrea LaFazia-Geraghty - MIDD Project Manager

Laurie Sylla - Systems Performance Evaluation Coordinator

Lisa Kimmerly - MIDD Evaluator

Bryan Baird - MIDD Administrative Support

Second Annual Report:

Credited photography of consumers and models
by Jaymie Kimmerly and Scott Aldrich

Report design by Lisa Kimmerly

For further information on the current status of MIDD activities, please see the MIDD Web site at:

www. kingcounty.gov/healthservices/MHSA/MIDDPlan

Alternate formats available
Call 206-263-8663
or TTY Relay 711

Introduction

The First Year Implementation and Evaluation Summary covers the time period from October 1, 2008 to September 30, 2009. This report provides the second annual Mental Illness and Drug Dependency (MIDD) report, as required by Ordinances 15949 and Ordinance 16262 to address the following:

a) A summary of quarterly report data

b) Updated performance measure targets for the following year of the programs **[See Page 24]**

c) Recommendations on program and/or process changes to the funded programs based on the measurement and evaluation data **[Note: Complete data will not be available until after one year of full implementation, such information should be available in the 3rd annual report]**

d) Recommended revisions to the evaluation plan and processes **[Note: Detailed revisions to evaluation matrices will be provided in the MIDD Year Two progress report]**

e) Recommended 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 **[See Pages 8 and 9].**

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 MIDD Action Plan. The MIDD-funded programs are designed to stabilize people suffering from mental illness and chemical dependency by diverting them from jails, hospitals and emergency rooms and into treatment and therapeutic courts.

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 King County 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 were completed prior to MIDD 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 King County 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 MIDD Oversight Committee, staff from the Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD) and the Office of Management and Budget (OMB).

King County is moving forward to implement the MIDD strategies designed to prevent and reduce mental illness and chemical dependency through improved access to mental health, chemical dependency and therapeutic court services. This second annual report covers the first year of MIDD programming from October 2008 through September 2009 and provides updates on all strategies in their various stages of implementation and evaluation.

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.

* *Policy goals from Ordinance 15949*

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

Jim Adams, National Alliance on Mental Illness (NAMI) member
Representing: NAMI in King County

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

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

John Chelminiak, Councilmember, City of Bellevue
Representing: City of Bellevue

Nancy Dow-Witherbee, Member, 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

Zandrea Hardison, Program for Assertive Community Treatment Team Nurse, Downtown Emergency Service Center
Representing: Labor, representing a *bona fide* labor organization

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
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

VACANT, 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

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, Deputy Mayor
City of Lake Forest Park
Representing: Suburban Cities Association

VACANT, Director, King County Department of Adult and Juvenile Detention
Representing: Adult and Juvenile Detention

Rhonda Berry, Assistant County Executive
Representing: County Executive

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

Membership as of February 25, 2010

Dear Friend:

We are delighted to report on a year of great progress for the Mental Illness and Drug Dependency (MIDD) Plan.

During 2009, the MIDD provided assistance for approximately 19,000 men, women and children in King County. The MIDD funds were used to help thousands of individuals receive the mental health and substance abuse treatment, housing, and therapeutic court services they needed.

Many of the MIDD strategies are designed to enhance the existing mental health and substance abuse service delivery systems and services. One example of enhancing existing services involves Strategy 1a, intended to **improve access to treatment services** for low-income individuals who are not covered by Medicaid. As soon as MIDD funding was approved in October 2008, 16 outpatient mental health providers, two opiate substitution therapy providers and 29 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.

MIDD Housing and Supportive Services: Capital funds from the MIDD (Strategy 16a) completed the funding needed to build seven affordable housing projects totaling 335 permanent supportive housing units for high need homeless persons. The MIDD housing-based supportive services (Strategy 3a) supports the service needs for 110 permanent supportive housing units.

The MIDD funded programs are making a difference in the lives of people throughout King County. This report shows that 41 percent of the people served by MIDD programs live in Seattle, 24 percent are from east and north King County and 28 percent live in south King County. We are proud to be able to provide this level of support to people in need, and we are proud that under our guidance, sales tax funds have been managed prudently and strategically, leveraging additional funds to serve as many people as possible. We look forward to continuing our oversight role, seeing programs firsthand, and reviewing evaluation reports to ensure MIDD-funded activities achieve their intended results.

Because the MIDD fund is sales tax driven, it is particularly sensitive to economic cycles. The recession put considerable downward pressure on consumer spending, and forecasts for sales tax collections are projected to be dramatically reduced in the coming years. In addition, interest earnings have decreased as short-term interest rates remain low. With reduced MIDD revenues and state legislation allowing King County to use MIDD funds to replace lost county funds that formerly supported mental health, substance abuse, and therapeutic court services, the MIDD fund will face a number of financial challenges. This made it necessary to reduce and delay some of our strategies until the economy fully recovers. In spite of these challenges, we are very proud of the progress and meaningful service improvements we have achieved.

We hope you enjoy reading our 2009 Annual Report and learning about the 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.

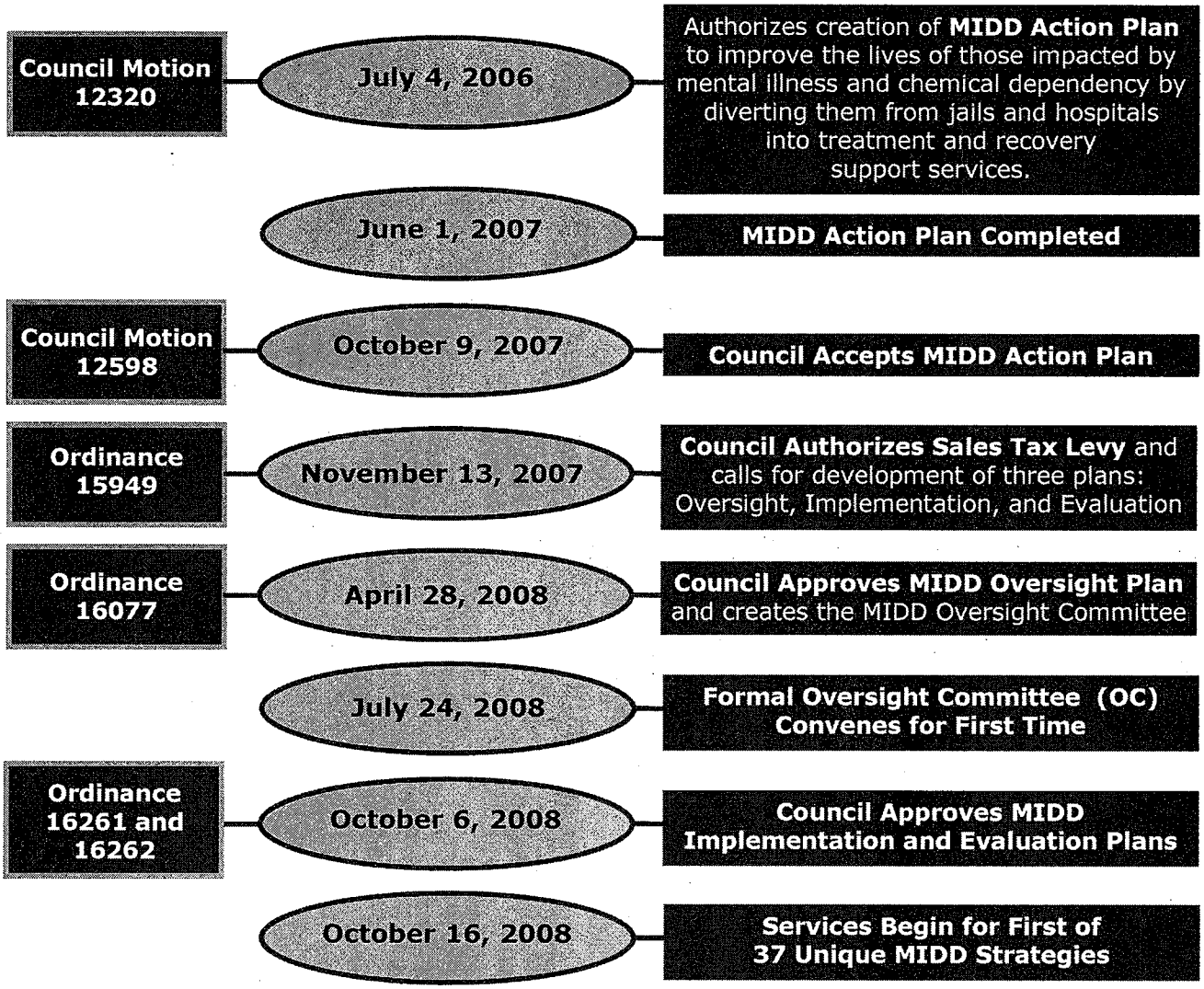
Sue Rahr
King County Sheriff
Co-Chair

Shirley Havenga
Chief Executive Officer, Community Psychiatric Clinic
Co-Chair

Acknowledgments

Thank you to the citizens of King County, the MIDD Oversight Committee and co-chairs, the many dedicated providers of MIDD services, and to all those who shared their experiences and photos. Additionally, thank you to the implementation and evaluation teams of King County's Department of Community and Human Services (Mental Health, Chemical Abuse and Dependency Services Division) for their hard work throughout the year.

Early MIDD Milestones



This First Year Implementation and Evaluation Summary provides information on:

* OC activities and Evaluation Team achievements
* Performance measurement against key targets
* Progress toward implementing the strategies
* People who are being helped by the MIDD
* Expenditures and budget information by strategy
* Recommendations for certain strategy revisions

Glossary of Acronyms

CD	Chemical Dependency	MH	Mental Health	OST	Opiate Substitution Treatment
CDP	Chemical Dependency Professional	MHP	Mental Health Professional	PTSD	Post Traumatic Stress Disorder
DMHP	Designated Mental Health Professional	MOA	Memorandum of Agreement	RFP	Request for Proposal
FTE	Full-Time Equivalent	OC	Oversight Committee	SA	Substance Abuse

MIDD Strategies by Policy Goals

Strategy Number	Strategy Description	Strategy "Nickname"	MIDD Policy Goals				
			#1	#2	#3	#4	#5
1a-1	Increase Access to Community Mental Health Treatment	MH Treatment	✧		✪		
1a-2	Increase Access to Community Substance Abuse Treatment	CD Treatment	✧		✪		
1b	Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities	Outreach & Engagement	✪				✧
1c	Emergency Room Substance Abuse Early Intervention Program	SA Emergency Room Intervention	✪				
1d	Mental Health Crisis Next Day Appointments and Stabilization Services	MH Crisis Next Day Appts	✪				
1e	Chemical Dependency Professional Education and Training	CD Professionals Training					✪
1f	Parent Partner and Youth Peer Support Assistance Program	Parent Partners Family Assistance	✧			✪	✧
1g	Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+	Older Adults Prevention MH & SA	✧		✪		
1h	Expand Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults	Older Adults Crisis & Service Linkage	✪				
2a	Workload Reduction for Mental Health	MH Workload Reduction					✪
2b	Employment Services for Individuals with Mental Illness and Chemical Dependency	Employment Services MH & CD					✪
3a	Supportive Services for Housing Projects	Supportive Housing	✪				✧
4a	Services for Parents in Substance Abuse Outpatient Treatment	Parents in Recovery SA Services			✪		
4b	Prevention Services to Children of Substance Abusers	Prevention - Children of SA			✪	✧	
4c	Collaborative School-Based Mental Health and Substance Abuse Services	School-Based MH & SA Services			✪	✧	
4d	School-Based Suicide Prevention	Suicide Prevention Training					✪
5a	Expand Assessments for Youth in the Juvenile Justice System	Juvenile Justice Youth Assessments		✪		✪	
6a	Wraparound Services for Emotionally Disturbed Youth	Wraparound	✪		✧	✪	
7a	Reception Centers for Youth in Crisis	Youth Reception Centers	✪			✪	
7b	Expansion of Children's Crisis Outreach Response Service System	Expand Youth Crisis Services	✪			✧	
8a	Expand Family Treatment Court Services and Support to Parents	Family Treatment Court Expansion		✪	✪		
9a	Expand Juvenile Drug Court Treatment	Juvenile Drug Court Expansion			✪	✪	
10a	Crisis Intervention Training for First Responders	Crisis Intervention Training					✪
10b	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	Adult Crisis Diversion	✪			✪	
11a	Increase Jail Liaison Capacity	Increase Jail Liaison Capacity		✪			
11b	Increase Services for New or Existing Mental Health Court Programs	MH Court Expansion			✧	✪	
12a	Jail Re-Entry Program Capacity Increase	Jail Re-Entry Capacity Increase		✪			
	Education Classes at Community Center for Alternative Programs	CCAP Education Classes					
12b	Hospital Re-Entry Respite Beds	Hospital Re-Entry Respite Beds	✪				
12c	Increase Harborview's Psychiatric Emergency Services Capacity to Link Individuals to Community Services upon ER Discharge	PES Link to Community Services	✪				
12d	Behavior Modification Classes for CCAP Clients	Behavior Modification for CCAP		✪	✧		
13a	Domestic Violence and Mental Health Services	Domestic Violence & MH Services			✪		✧
13b	Domestic Violence Prevention	Domestic Violence Prevention			✪		✧
14a	Sexual Assault, Mental Health, and Chemical Dependency Services	Sexual Assault, MH & CD Services			✪		✧
15a	Drug Court: Expansion of Recovery Support Services	Adult Drug Court Expansion			✧	✪	
16a	New Housing Units and Rental Subsidies	New Housing and Rental Subsidies	✪				✪
17a	Crisis Intervention Team/Mental Health Partnership Pilot	Crisis Intervention/MH Partnership	✧				✪
17b	Safe Housing and Treatment for Children in Prostitution Pilot	Safe Housing - Child Prostitution				✧	✪

Key: ✪ = **Primary Goal** ✧ = **Secondary Goal**

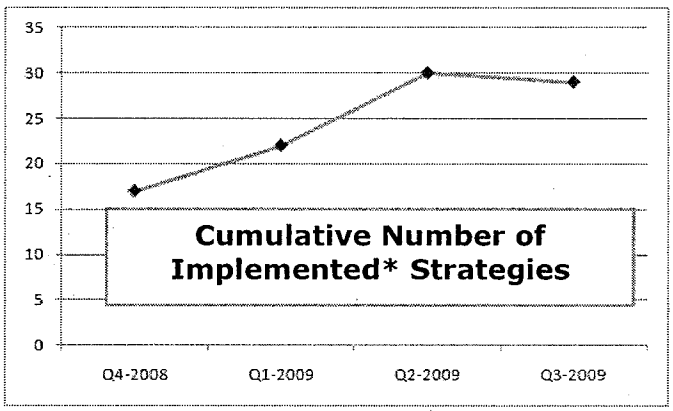
Goals:

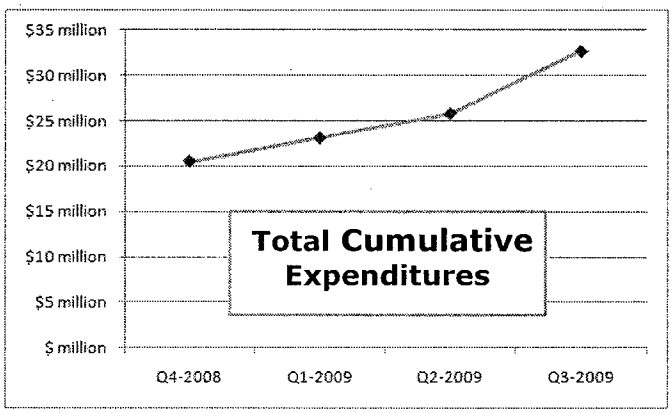
#1	Reduce jail, emergency room, and/or hospital use by mentally ill or drug dependent clients
#2	Reduce jail recycling for mentally ill or drug dependent clients
#3	Reduce incidence and severity of mental illness and/or drug dependency symptoms
#4	Divert mentally ill or drug dependent clients from initial or further justice system involvement
#5	Linkage with other council-directed initiatives such as the Plan to End Homelessness, the Veterans and Human Services Levy, and the King County Mental Health Recovery Plan

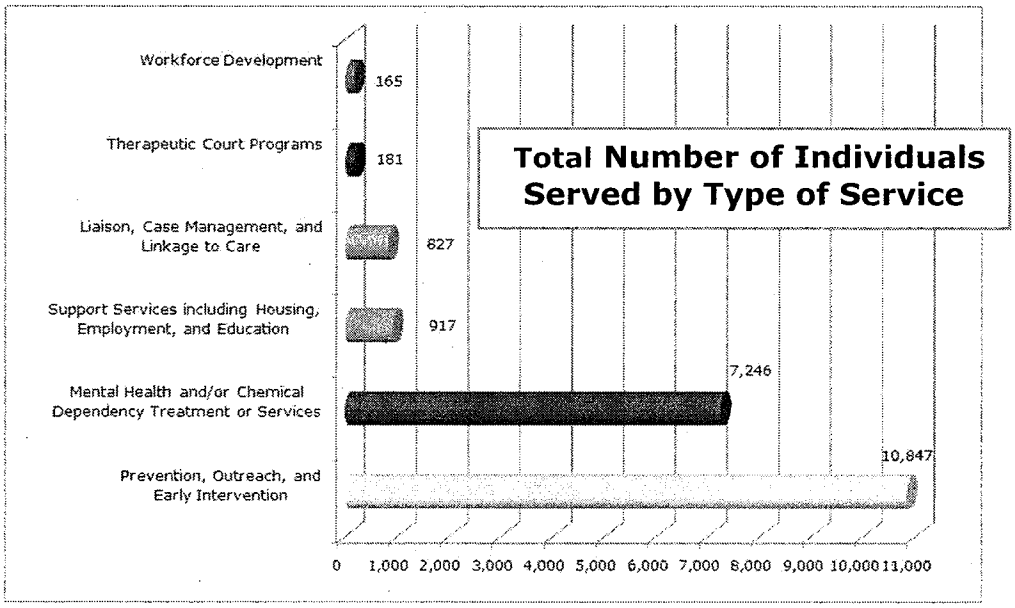
Executive Summary

- $21.32 million of the $49.70 million appropriated were spent implementing MIDD strategies during the 2009 calendar year.
- Thirty of 37 strategies were launched in the first year of MIDD implementation between October 2008 and September 2009.
- Seventeen of 30 strategies were in operation for more than six months.
- More than 19,000 unique individuals were touched by the MIDD, 505 by multiple strategies.
- MIDD clients were from greater Seattle (41%), south King County (28%), east (17%), and north (7%).
- King County contracted or partnered with 58 community and local government agencies to provide MIDD services (see Exhibit 1 on Page 27 for a detailed list).
- 10,847 King County residents were served through prevention, outreach, and early intervention strategies.
- 2,047 individuals received outpatient mental health treatment under Strategy 1a-1.
- 3,672 adults and youth received outpatient CD treatment and/or opiate substitution therapy.
- Capital funding went toward creating new MIDD housing units for 335 people.

Selected Year One Accomplishments







* Some strategies have only been partially implemented due to delayed implementation and/or budget cuts.

Key Oversight Committee Activities

The MIDD Oversight Committee (OC), comprised of 30 individuals representing health and human services and criminal justice communities, is an advisory body to the King County Executive and King County Council. The purpose of the OC is to ensure that the implementation and evaluation of the strategies and programs funded by the MIDD revenue are transparent, accountable, collaborative and effective. Key activities were as follows:

- Conducted 32 collaborative information sharing and problem-solving meetings from October 2008 to September 2009, including workgroups and subcommittees
- Logged over 6,530 hours in meetings and workgroups
- Revised and finalized Strategy 11b - Mental Health Court Expansion Plan
- Developed and recommended a process for handling new strategy requests
- Reviewed and approved an interim loan program to allow some MIDD funds to acquire and hold properties for affordable housing development until all permanent financing is secured
- Studied the concept of establishing a historical control group for evaluation purposes and recommended against creating this comparison group
- Created a subcommittee to develop a three-step process by which MIDD strategies would be prioritized
- Prioritized and forwarded a list of all 37 MIDD strategies to the County Executive and County Council for consideration during budget deliberations

Evaluation Progress

The MIDD Evaluation Team has accomplished the following:

- Adjusted program-specific evaluation plans with implementation of each strategy
- Adopted a standard set of demographic elements to gather across MIDD programs
- Negotiated with provider agencies and came to agreement on data to assess service impact
- Evaluated and selected standardized instruments to measure symptom reduction outcomes
- Incorporated evaluation data and reporting needs into provider contract language
- Offered technical assistance to providers regarding customized data collection
- Developed procedures for secure electronic transfer of sensitive client-level information
- Created a new database to house MIDD data and modified existing data infrastructures
- Worked with key stakeholder organizations, such as local jails and hospitals, to explore data-sharing opportunities
- Managed logistics of data acquisition, cleaning, analysis, and report generation
- Provided data for quarterly reports to council on MIDD implementation and evaluation progress
- Updated the evaluation timeline through fourth quarter of 2011 (See Exhibit 2 on Page 28)
- Worked with other groups, such as the Veterans and Human Services Levy, to harmonize data collection elements across service systems where possible

Performance Measurement Targets

As of September 30, 2009, 77 community providers had received contracts for the implementation of MIDD programs associated with 29 different MIDD strategies. The following table provides the program utilization and performance measurement targets for the MIDD strategies that have been implemented or are in the initial stages of implementation as of September 30, 2009.

Strategy Number	Strategy "Nickname"	Status	FTEs Hired (% of Goal if < 100%)	Months of Data in Year 1	Data Source	Key Performance Target(s)*	Year 1 Measures**	Annualized* % of Year 1 Target	Target Success Rating	Explanation (If Applicable)
1a-1	MH Treatment	On Time	—	11.5	1	2400 clients/yr	2047	89%	↑	
1a-2	CD Treatment	On Time	—	11.5	2	461 OST/yr 400 outpatients/yr	848 2824	192% 737%	↑	Funding shifts let more clients stay in treatment
1b	Outreach & Engagement	Began 1/1/2009	5 of 5.6 (89%)	3 to 3.5	5	675 clients/yr (A)	435	182%	↑	
1c	SA Emergency Room Intervention	Partial Delay	6 of 9 (A) (67%)	Varies by Provider 5 to 9	6	7680 clients/yr	2255	42%	↓	Services in South King County delayed, ramping up, and budget cutbacks
1d	MH Crisis Next Day Appts	On Time	—	11	1	Enhanced services for 750 clients/yr	1151	167%	↑	
1e	CD Professionals Training	On Time	1 (C)	11.5	4	125 trainees/yr	165	138%	↑	
1f	Parent Partners Family Assistance	Staff Only in Yr 1	1 (C)	—		4000 clients/yr (B)				
1g	Older Adults Prevention MH & SA	Began 1/1/2009	6.5 of 7.4 (A) (88%)	9	3	2500-4000 clients/yr	1805	96%	↑	Annualized % based on minimum in range
1h	Older Adults Crisis & Service Linkage	On Time	4.6	11	1	340 clients/yr (A)	327	105%	↑	
2a	MH Workload Reduction	On Time	—	N/A	4	16 plans approved (B)	—	—	—	
2b	Employment Services MH & CD	On Time (MH Only)	15.75 of 23 (68%)	11.5	1 4	920 clients/yr	734	83%		Services for CD clients delayed
3a	Supportive Housing	Began 4/1/2009	—	6	3	140 clients/yr (B)	114	163%	↑	Programs full with low turnover rate
4a	Parents in Recovery SA Services	DELAYED		—		400 parents/yr				
4b	Prevention - Children of SA	DELAYED		—		400 children/yr				
4c	School-Based MH & SA Services	RFP Release in 2010		—		TBD				
4d	Suicide Prevention Training	On Time	3	11.5		3250 youth/yr 200 adults/yr (B)	4764 youth 1486 adults	159% 808%	↑	
5a	Juvenile Justice Youth Assessments	Staff Only in Yr 1	1 of 4 (C) (25%)	—		280 CD assessments 200 MH assessments				
6a	Wraparound	Start Up Only in Yr 1	1 (C)	—		920 clients/yr				
7a	Youth Reception Centers	DELAYED		—		TBD				
7b	Expand Youth Crisis Services	DELAYED		—		TBD				

Strategy Number	Strategy "Nickname"	Status	FTEs Hired (% of Goal if < 100%)	Months of Data in Year 1	Data Source	Key Performance Target(s)*	Year 1 Measures**	Annualized* % of Year 1 Target	Target Success Rating	Explanation (If Applicable)
8a	Family Treatment Court Expansion	Began 1/1/2009	3.5 (2.5 C)	9	3	45 new children/yr	27 children	83%	➡	Referrals lower than expected
9a	Juvenile Drug Court Expansion	Began 1/1/2009 (A)	3.2 of 5.5 (C) (58%)	9	3	36 new youth/yr	29	107%	⬆	
10a	Crisis Intervention Training	Staff Only in Yr 1	1 of 2 (50%)	—		480 trainees/yr (40-hr) 1200 trainees/yr (1-day)				
10b	Adult Crisis Diversion	DELAYED		—		3600 adults/yr				
11a	Increase Jail Liaison Capacity	Began 1/1/2009	1	9	3	360 clients/yr	116	43%	⬇	Referrals lower than expected
11b	MH Court Expansion	DELAYED		—		TBD (B)				
12a-1	Jail Re-Entry Capacity Increase	On Time	2 of 3 (67%)	11	1 3	1440 new clients/yr	297 (A)	33%	⬇	Referrals lower than expected
12a-2	CCAP Education Classes	Began 1/1/2009	—	9	4		114			Logistical difficulties reporting class attendance
12b	Hospital Re-Entry Respite Beds	DELAYED		—		TBD (B)				
12c	PES Link to Community Services	On Time	3	11	1	75-100 clients/yr (A)	87	127%	⬆	Annualized % based on minimum in range
12d	Behavior Modification for CCAP	Began 7/1/2009	—	3	1	TBD (B)	42 (A)	—	—	
13a	Domestic Violence & MH Services	On Time	4	Varies by Provider 3 to 7	3	700-800 clients/yr	197	82%	➡	Ramping up Annualized % based on minimum in range
13b	Domestic Violence Prevention	On Time	3	11	3	85 families OR 150 children/yr	102 families	131%	⬆	
14a	Sexual Assault, MH & CD Services	Began 1/1/2009	5	Varies by Provider 5 to 9	4	400 clients/yr	179	69%	➡	Ramping up
15a	Adult Drug Court Expansion	On Time	1.5 (C)	3	3	450 clients/yr	125	111%	⬆	Changed population from possession to delivery
16a	New Housing and Rental Subsidies	Rental Subsidies Only in Yr 1	—	9	3 4	50 rental subsidies (B) 250 new units (B)	27 rental subsidies	72%	➡	Ramping up
17a	Crisis Intervention/MH Partnership	DELAYED		—		TBD				
17b	Safe Housing - Child Prostitution	DELAYED		—		TBD				

* Original performance targets were estimated based on information available during planning phases and are subject to revision over time

** Year 1 Measures are unduplicated individuals within the strategy where identifiers are available, unless otherwise indicated

\+ Annualized percentage of Year 1 Target calculated by dividing the number of clients seen (N) by months of data collection, multiplying the result by (12-N), adding that product to N, then dividing the result by the performance target

(A) Target set 9/29/2009 or error in previously reported has been corrected

(B) Original target modified on 5/20/2009

(C) Indicates county staff vs contract-funded full-time equivalents

Key to Data Sources	
1	King County mental health database
2	WA State chemical dependency database
3	MIDD database
4	Other

Key to Target Success Rating Symbols	
⬆	Annualized percentage of Year 1 Target is higher than 85%
➡	Annualized percentage of Year 1 Target is 65% to 85%
⬇	Annualized percentage of Year 1 Target is less than 65%

Community-Based Care Strategies

1a-1 Increase Access to Community Mental Health Treatment

In its inaugural year, MIDD funding opened the door to outpatient mental health treatment for more than 2,000 King County residents who were not eligible for Medicaid at the time their services began and would likely have been otherwise unable to receive treatment. Expenditures of roughly $3 million gave 2,047 clients access to mental health care. These services are provided through a network of 17 outpatient service providers who are licensed as community mental health centers.

Strategy 1a-1 Client Success Story: Viana

Born with developmental disabilities to Mexican parents, Viana was physically abused by both parents and abandoned at the age of 10. Throughout her childhood, she witnessed and suffered significant trauma and violence, including the time her mother hung the family dog to punish her father.
As a child, Viana acted out and cut herself, attempting to kill herself many times.

Viana arrived alone in Seattle as a teenager, with no one to care for her. She spent the next several years moving between group homes, foster care, and residential treatment centers. She needed frequent psychiatric hospitalization due to multiple suicide attempts.

In June of 1995, Viana reached a turning point in her life when she became a client of Valley Cities Counseling and Consultation and moved into a small group home run by a compassionate Hispanic woman who speaks Spanish. Through intensive mental health treatment, bonding, trust building, and consistency over time, clinicians at Valley Cities and her caregiver have helped Viana realize her value as a person. After 15 years, Viana says "I feel happy now and want people to think I'm a nice person."

With MIDD funding, Viana now has a staff person whose primary focus is supporting her in her mental health recovery and teaching her skills with the goal that she may live more independently. Her mental health counseling and case aid time total over 25 hours per week. Viana is shy and charming. She enjoys going to church, gardening, playing sports and helping others. Her story is one of survival, where the spirit of a lonely girl - now a woman - holds on fiercely to life no matter what it throws her way, with the help of a compassionate community and trained mental health professionals.

1a-2 Increase Access to Community Substance Abuse Treatment

Outpatient service units for substance abuse treatment include hours for assessments, individual therapy, group therapy, and case management. For youth, these service units include urinalysis testing as well. For opiate treatment, or opiate substitution therapy (OST), these service units are days when individuals received medications such as methadone. MIDD provided payment for a total of 113,408 units of substance abuse treatment and treatment support services for 2,824 adults and youth in outpatient counseling and 848 individuals in OST.

The number of outpatients served under Strategy 1a-2 was seven times higher than planned, as the original target had been set to serve 400 people. By leveraging other funding sources, individuals were served with MIDD funds for shorter time periods than anticipated, allowing the use of MIDD funds for more people. Payment data for 1a-2 services during the program year were as follows:

	Units Paid	Payment Amounts
Youth Outpatients	10,370	$412,118
Adult Outpatients	36,181	$1,083,216
Opiate Treatment	66,957	$932,396

1b Outreach and Engagement to Individuals Leaving Hospitals, Jails, or Crisis Facilities

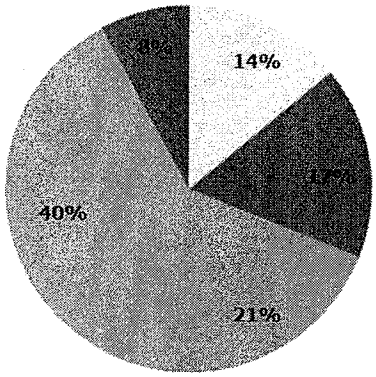
In partnership with Public Health's Healthcare for the Homeless Network and other agencies, Strategy 1b addresses the need for ongoing case management for homeless individuals and links them to vital chemical dependency (CD) and mental health (MH) services. From June through September 2009, 435 individuals in shelters and day programs received a total of 677 face-to-face contacts. Of these people, 319 (73%) were homeless at the time of their first encounter. CD/MH assessments of those reached through this strategy found: CD only (44%), MH only (11%), co-occurring (38%), and other (7%). Altogether, 586 referrals were made and 242 successful connections to referred services were confirmed. The top three referrals given were to: CD treatment (262), benefits or entitlements (112), and MH counseling (78).

1c Emergency Room Substance Abuse Early Intervention Program

The evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) program provided early substance abuse intervention for 2,255 patients. The program was expanded at Harborview Medical Center in Seattle and initiated at Highline Medical Center in Burien during year one. The SBIRT program is scheduled to begin in two other south county emergency departments in year two; plans to begin a fourth new program are on hold due to budget reductions.

Evaluation Highlights

The youngest person served under this strategy was 14 years old and the oldest was 84. Seventy percent of those served were male and 30 percent were female. The pie chart below characterizes service delivery for the 3,077 SBIRT contacts at Harborview over a nine-month period and the 210 SBIRT encounters at Highline over a five-month period. Note that clients may be seen more than once while participating in this program. For a brief therapy client success story, see Page 26.



- Declined participation, but referrals given to 27 of 460 patients
- Screened for drug and alcohol issues
- Screened, plus brief intervention
- Screened, brief intervention, and referrals given
- Brief therapy

For the 1,357 encounters that had referral activity, the top five referrals in descending order of frequency were to sobering support organizations such as Alcoholics Anonymous (448), detoxification (380), CD next day appointments (209), Alcohol and Drug Abuse Treatment and Support Act (ADATSA) services (200), and the Dutch Shisler Sobering Center (83). [Note: multiple referrals per encounter are possible.]

Among those who received at least one referral (N=1,066), during their initial visit about half indicated they were daily users of alcohol, 13 percent were daily opiate users, and 12 percent said they used cocaine on a daily basis during a "typical" week.

1d Mental Health Crisis Next Day Appointments and Stabilization Services

Next day appointments (NDA) are existing services that provide follow up to face-to-face crisis services with timely direct crisis intervention, resolution, referral, and aftercare services. This help is available for individuals who are in crisis but may not be eligible for or need ongoing services. The mental health NDA program was enhanced through MIDD funding by providing additional services to clients in crisis situations, such as psychiatric medication evaluations, and brief, intensive treatment appointments to engage individuals who need chemical dependency treatment.

Evaluation Highlights

Comparing two data samples pre and post MIDD, results showed an increase in the average number of medication evaluations (from .97 per person to 1.43) and other services such as peer support and group therapy (from 5.25 per person to 5.63). An in-depth analysis of CD treatment admissions following mental health NDA will be done in year two.

1e Chemical Dependency Professional (CDP) Education and Training

This professional development strategy assisted 165 people earning or renewing CDP certifications. Nearly $152,000 was spent to reimburse tuition and books for 155 courses, as well as 90 testing and recertification fees for professionals already employed by existing substance abuse treatment providers. Strategy 1e also works to increase community provider adoption of evidence -based treatment practices, or those which have been proven by research to be most effective.

Increasing the supply of CDPs and providing agencies with technical assistance and support for the implementation of new programs will ensure a sufficient and properly trained workforce in King County to increase the number of clients served.

1f Parent Partner and Youth Peer Support Assistance Program

Planning for Strategy 1f began in June 2009. Parent partners and youth peers are essential components of the public MH and substance abuse treatment systems. National research suggests that incorporating parent partners and youth peers into treatment services is a highly effective approach—both for families and for the system. Parents, family members and youth consumers of the public mental health, substance abuse and other service systems can benefit from the unique mentoring, guidance and expertise offered by someone with similar experiences. Navigating complex service systems can be a frustrating, confusing and challenging experience for families. Parent partners and youth peers help families and youth to identify their needs, focus on strengths, develop and implement services and supports, and successfully partner with system professionals.

Under the MIDD plan, a Parent Partner Specialist is developing and coordinating a network of parent partner/youth peer support organizations, with a Request for Proposal (RFP) scheduled for release in March 2010.

1h Expand Availability of Crisis Intervention and Linkage to On-Going Services for Older Adults

Thanks to funding from the MIDD, the Geriatric Regional Assessment Team (GRAT), a specialized geriatric outreach mental health and chemical dependency service run by the Evergreen Behavioral Health Department at Evergreen Hospital in the Totem Lake area of Kirkland, has been able to increase crisis team staffing and capacity for rapid response to older adults in need. The GRAT added a half-time nurse, two substance abuse clinicians, and an additional mental health clinician to their team. These team members travel throughout the entire county to reach out to those referred to them for services. With the additional staff, the team has been able to accept many more mental health referrals, start accepting substance abuse referrals, and now offers 24-hour turnaround for first responders, a significant improvement over the typical three business day turnaround prior to MIDD funding. The MIDD also doubled the GRAT assessment capacity in 2009.

Please see the success story and evaluation highlights on Page 13. The story about Mrs. W. illustrates the complexity of GRAT cases helped by the MIDD.

1g Prevention and Early Intervention Mental Health and Substance Abuse Services for Adults Age 50+

Through a Memorandum of Agreement with Public Health - Seattle & King County, Strategy 1g funded 6.5 MH staff in 21 community health clinics and public health centers, to assess and treat older adults for mental illness and/or drug dependency. Funding also provided psychiatric consultation time to primary care providers on appropriate treatments and medications for older adults.

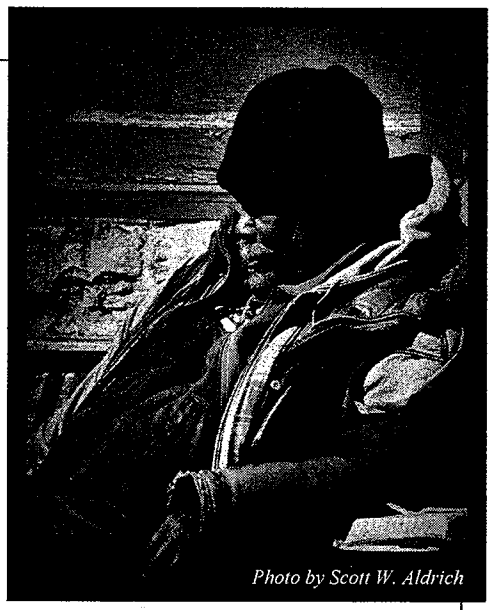


Photo by Scott W. Aldrich

Evaluation Highlights

More than 1,800 adults were screened in the first nine months of 2009. The average age of those assessed was 59 years (max=93 years); 60 percent were female and nearly half were racial/ethnic minorities. At least 26 different primary languages were spoken, including Spanish (N=95), Vietnamese (N=90), Cantonese (N=59), and Korean (19). Eleven percent of screening recipients were physically disabled (N=209).

Of those found to have MH or CD problems and who began treatment in their primary care setting (N=563), service information was available for the 260 participants who were discharged prior to October 1, 2009. A total of 980 service contacts were recorded for these individuals. Of the 106 who had both initial and later depression scale ratings, 59 percent showed a reduction in depressive symptoms. Altogether, 38 of the 260 clients leaving the program (15%) were referred to more intensive MH treatment, seven to CD treatment, and ten to housing resources.

Strategy 1h Client Success Story: Mrs. W.

Mrs. W. is a 72-year-old woman with a history of multiple involuntary psychiatric hospitalizations. She was brought to the emergency department (ED) by her husband for volatile behavior the very same day she was discharged from a gero-psychiatric inpatient unit. She did not meet criteria for involuntary hospitalization. Mrs. W. suffers from Bipolar Disorder, Borderline Personality Disorder, and dementia. She also struggles with multiple physical health challenges, including diabetes, Parkinson's disease, heart problems, kidney problems, and fibromyalgia. Her husband, Mrs. W.'s 24-hour caregiver, had recently undergone transplant surgery and was feeling overwhelmed. Although the Designated Mental Health Professionals who assessed her at the ED could not commit Mrs. W., they felt she was in urgent need of mental health services.

The GRAT team was able to assess Mrs. W. within twenty-four hours in her own home. Information was gathered by the GRAT clinician from the gero-psych unit, the DMHPs, and her husband. The GRAT clinician made an immediate referral to Caregiver Counseling for Mr. W. A same day referral was also made to In-Home Mental Health (IHMH) for on-going services for Mrs. W., as she had been unable to make it to her scheduled community mental health appointments. The next day, the clinician obtained a copy of the psychiatric unit's assessment, talked with Mrs. W.'s primary care doctor, and with her daughter who provided a 30-year history. Within a few days, the clinician led a team consultation, obtained records from other providers, and coordinated care with Mrs. W.'s neurologist in order to avoid potential medication interactions. GRAT continued to work with Mr. and Mrs. W. and other providers until the IHMH psychiatric nurse was able to begin providing services. A long-term plan was created to stabilize Mrs. W. on medications and then place her in a long-term facility.

Evaluation Highlights

Over the course of the evaluation period (11 months), GRAT received 425 referrals and served 327 unduplicated individuals. The age distribution was as follows: 60-69 years (N=62, 19%), 70-79 years (N=112, 34%), 80-89 years (N=126, 39%), and 90-98 years (N=27, 8%). The majority (N=271, 83%) were non-Hispanic Caucasians. The most common discharge dispositions were to: self/family/friend/guardian (N=181), medical (N=172), and Adult Protective Services (N=94). [Note: multiple discharge referrals are possible.]

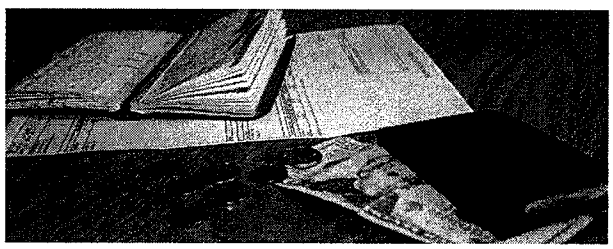
2a Workload Reduction for Mental Health

Implemented in November 2008, community-based MH providers created workload reduction plans and the MIDD provided funding to allow agencies to add staff and reduce caseload sizes for the benefit of those served, as well as for those providing the services. Decreased caseloads enable case managers to respond more quickly when clients are in crisis. Clients are seen sooner after being discharged from jails or hospitals and more time is spent with clients to meet their goals and provide the supports they need. A case study analysis using data from Valley Cities Counseling and Consultation showed that MIDD funds reduced staff-to-client ratios by 16 percent, despite an influx of new clientele, allowing them to better attend to the needs of each client.

2b Employment Services for Individuals with Mental Illness and Chemical Dependency

Employment has been proven to be an essential element in recovery-based systems of care and in moving individuals toward self-sufficiency. Strategy 2b is built on evidence-based approaches to help people with mental illnesses find and keep real jobs at competitive wages within their communities. Supported employment programs are staffed by employment specialists who have frequent meetings with treatment providers to integrate supported employment with MH services. The services must be individualized to best match the participant's strengths and interests with a job and to overcome barriers such as lack of experience and lower education levels.

In just under one full year, MIDD was able to fund supportive employment services for 734 MH treatment consumers. As a result of this funding, eight different agencies had a full-time equivalent of 15.75 staff providing the following types of services: pre-employment counseling, trial work experiences, job development, job placements, intensive training, and job retention support. The CD component of this strategy was put on hold due to budget reductions.



3a Supportive Services for Housing Projects

Two housing programs in Seattle with units designated for MIDD clients began offering supportive housing services in April 2009: Wintonia and Kenyon House. As units at Wintonia (N=92) opened up throughout the year, they were filled exclusively through referrals made by the Dutch Shisler Sobering Center. Meanwhile, 16 of the 18 units were filled at Kenyon House which offers a permanent home to HIV-positive people struggling with multiple diagnoses such as mental illness, chemical addictions, or histories of incarceration. With on-site supportive housing services, individuals receive the assistance they need to be successful in their housing environment and are less likely to return to homelessness. Strategy 3a provides case management, life skills assistance, and support groups at these housing programs, but does not cover the cost of the units themselves. Examples of supportive services include mediation with neighbors, help understanding landlord rules, and assistance getting to appointments.

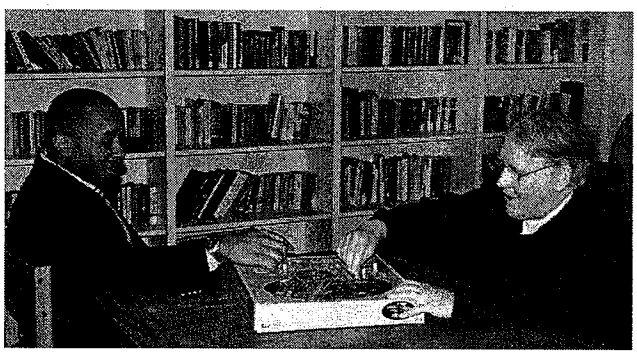
Evaluation Highlights

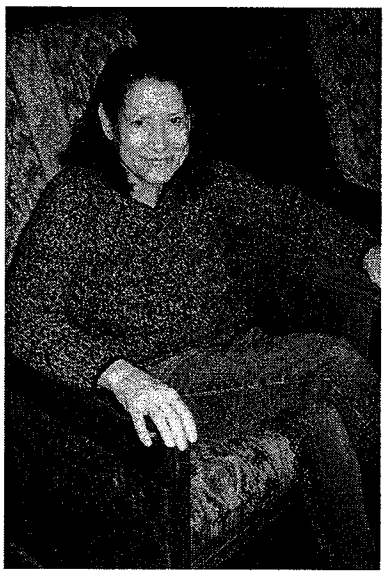
Eighty of the 98 tenants at Wintonia during year one lived there prior to the influx of MIDD revenue for supportive housing services, but nearly all utilized the MIDD-funded case management and/or group activities once those programs began. In the six-month period for which service data were available, the sum of all case management and group activities time was 1,106 hours. Nearly 40 percent of Wintonia's residents were from minority racial or ethnic groups. Ages ranged from 32 to 72 years; 75 percent were male. Three of 11 people who left the program "graduated" or needed less support.

At Kenyon House, supportive services were delivered to 15 males and one female, aged 28 to 58 years. Over the two-month period for which support hours data could be provided for evaluation purposes, the median was 4.92 monthly hours per client.

"There's good staff. Good program for alcoholics. This place has saved a lot of lives...gives them hope!"

Robert R.





"... In the end I became a blackout drunk. I awoke in the ER ... (after) I died for five minutes with a blood alcohol level of .55. My doctor was signing my death certificate when my eyes opened. This time it was nothing short of a miracle. I was luckily sent to Detox and not the morgue. Because I was classified as a chronic alcoholic, I qualified for housing here at the Wintonia. Here I receive what I need and more.

I've lived many years with depression, extreme anxiety, post traumatic stress, interrupted sleep and insomnia, failed marriages, etc. Here at the Wintonia, we are all individuals with our own individual stories. Living here is like one big dysfunctional family with the exception of staff (i.e., parents) who watch out for us, care for us, and in certain circumstances enforce consequences to provide structure for the good of the community. Also at the Wintonia, a service animal is allowed for tenants who qualify. The best relationships in my life have been with the pets in my life. I'm excited for this prospect in the not so distant future."

From *What Wintonia Means to Me* by Cary J.

All photos this page by Jaymie Kimmerly

Strategies to Help Youth

4a Services for Parents in Substance Abuse Outpatient Treatment

Due to the budget situation, funding to implement "Families Facing the Future", an evidence-based program to help parents in CD recovery become more effective and reduce the risk that their children will abuse drugs or alcohol, could not begin in year one. The strategy will serve an estimated 400 parents per year when funds become available.

4b Prevention Services to Children of Substance Abusers

Implementing evidence-based educational and support programming for children of substance abusers to increase protective factors and reduce their risk of future substance abuse was also placed on hold due to budget reductions. Four hundred children are slated to benefit annually once this strategy is funded.

4c Collaborative School-Based Mental Health and Substance Abuse Services

Planning for the collaborative school-based MH and substance abuse services strategy began in July 2008. A great deal of effort went into developing Strategy 4c throughout the year, including six internal stakeholder meetings and two external stakeholder focus groups attended by over 20 school and community representatives. The strategy will invest in MH and substance abuse screening, prevention, early intervention, and brief treatment services informed by evidence-based approaches delivered by qualified professionals in school-based settings throughout the county. Incorporating these services into schools is an effective way to reduce substance abuse and mental and emotional disorders in youth. An RFP for service providers will be issued in 2010.

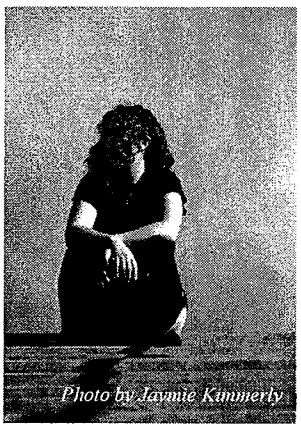


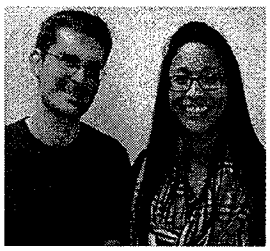
Photo by Jaymie Kimmerly

4d School-Based Suicide Prevention

This strategy trained 4,764 youth and 1,486 adults in all four regions of King County on the topic of suicide prevention. Retrospective pre/post self assessments given to a sample of 2,503 youth who attended suicide prevention presentations showed statistically significant increases in knowledge and/or awareness in the following content areas: Teen Link (a teen crisis help line), coping mechanisms, warning signs of suicidal people, and how to help if someone seems suicidal. For adults, 179 evaluations were analyzed showing similar increases for topics presented during their trainings: rates and incidence of youth suicide, signs of depression, suicide warning signs, and resources/ways to help.

Spotlight on Youth Suicide Prevention

Eric Wirkman and Ferrah Roberts, Outreach & Education Specialists for Crisis Clinic's Teen Link program, offer interactive youth suicide prevention presentations. Each day they witness the difference this training makes in the lives of young people.



Youth gain confidence in their ability to help

"Teen Link was very helpful! I had no idea how to help my friend. I was scared and still am but now I feel as if a ton of weight has lifted up from my shoulder, due to the smart and helpful ways/advice to help suicidal friends. Thank you!" *Tyee (ACE Complex) High School Student*

More youth reach out for help

Often there is an increase in calls to the Teen Link help line after a prevention discussion. For example, a young male called the help line saying he heard about Teen Link from a presentation and was concerned about his suicidal friend.

Youth face tough issues

Teens commonly bring up issues during trainings such as suicide, self-harm, peer pressure, violence, self-image, gender roles and parental expectations. More recently, students have been bringing up the effects of the recession.

"[We] teach youth how to help a friend. A lot of times they know the information and have a wealth of relatable experiences, but don't have the tools to help." *Ferrah R*

"I believe what you said and take it to heart. I will actually take your steps in helping my friend. I thank you deeply for helping me figure out how to handle certain problems with my friend." *Redmond High School Student*

5a Expand Assessments for Youth in the Juvenile Justice System

Under Strategy 5a, the King County Juvenile Justice System will increase the availability of screening and assessment to determine if juvenile justice and child welfare system involved youth have substance abuse and/or MH issues in order to provide appropriate linkages and treatment. To successfully reduce future involvement in the justice system, the behavioral health issues of youth entering the juvenile justice system need to be effectively and assertively assessed and treated.

In July 2009, the Juvenile Justice Assessment Team (JJAT) implemented a cross-systems team approach to triaging and identifying appropriate methods of assessing MH and CD needs of youth and has developed a menu of assessment services (including triage, consultation, substance abuse screening, MH status exams, MH assessments, psychological evaluations and psychiatric consultations). The team has also implemented procedures for referral to psychological testing/ evaluation and psychiatric consultation for youth, educated stakeholders on best practices for framing referral questions, and is designing a program to identify, screen and assess youth who have been affected by violence and trauma and to link them to services appropriately.

6a Wraparound Services for Emotionally Disturbed Youth

Families with children who have serious emotional and behavioral disturbances face numerous challenges. These children often experience profound difficulties with functioning in school, maintaining relationships, coping with their emotions, and controlling their behavior. Wraparound services for emotionally disturbed youth are a proven approach to developing and coordinating service plans that build on the strengths of the child/youth and family. Plans are individualized and are based on the family's goals. A team of supportive individuals 'wraps' around the family to help them achieve their goals. Wraparound teams are made up of 'natural' supports like relatives, neighbors, coaches, and clergy who continue to be involved for years. Through a competitive RFP, contracts were awarded for five wraparound delivery teams. After extensive training, services began throughout the county in August, 2009. Over 900 youth and families will benefit from Wraparound annually when funded at full capacity.

7a Reception Centers for Youth in Crisis

Creating a center to receive youth in crisis was delayed due to budget reductions.

7b Expansion of Children's Crisis Outreach Response Service System (CCORS)

The expansion of the CCORS program, which offers a continuum of crisis outreach, crisis stabilization, and intensive in-home services to children, youth, and families in King County was delayed due to budget reductions.

8a Expand Family Treatment Court Services and Support to Parents

Family Treatment Court (FTC) is designed to ensure that children live in safe and drug free homes. The FTC serves parents who have an abuse or neglect case against them with associated alcohol or substance abuse. Over half of the families entering FTC are homeless and in need of transitional and/or permanent housing. Eighty-five percent are unemployed and the majority of female parent participants have been victims of domestic violence. Through the MIDD, 20 parents received services over nine months to overcome substance use issues and work toward reuniting their families. From October 2008 through September 2009, 27 children benefited from having their parents in FTC.

9a Expand Juvenile Drug Court Treatment

Planning for the Juvenile Drug Court (JDC) expansion began in January 2009. These JDC programs are effective at reducing recidivism and keeping youth engaged in the treatment process. Under the leadership of a juvenile court judge, a team made up of the prosecutor, defense attorney, probation counselor, and community treatment staff works to help youth get treatment for substance abuse while imposing strict limits on their behavior. The JDC enrolled about three clients each month for a total of 29. The first year caseload was 76 percent boys. The majority of those in treatment (79%) were racial/ethnic minorities; 28 percent indicated a Hispanic origin. The county is now working to expand JDC to the Maleng Regional Justice Center.

Jail and Hospital Diversion Strategies

10a Crisis Intervention Training for First Responders

Crisis Intervention Training (CIT) equips police and other first responders with information to enable them to respond effectively to people in behavioral crisis and to help them access the most appropriate and least restrictive services while preserving public safety. In year one, the strategy was in the planning and development phase; several curriculum options for training law enforcement personnel were reviewed. In partnership with the King County Sheriff's Office, the Washington State Criminal Justice Training Commission will deliver the CIT program for King County Sheriff staff, municipal police, jail staff, and other first responders.

10b Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team

A crisis diversion facility, combined with mobile crisis teams and crisis diversion interim respite housing, will link people in crisis with needed community services that will help keep people from constantly recycling through expensive criminal justice and emergency medical services. Getting the Crisis Diversion Facility up and running in 2010 is essential to the MIDD policy goal of diverting people with mental illness and/or chemical dependency away from costly and often inappropriate jail and hospital stays. The RFP for Strategy 10b was finalized and released in August 2009.

11a Increase Jail Liaison Capacity

Under Strategy 11a, a jail liaison screened, motivated, engaged, referred and linked detained individuals in Work and Education Release (WER) custody to post-release treatment and support services.

Evaluation Highlights

After a slower start-up phase, cases managed in the six-month period ending September 30, 2009 averaged 16 per month. Of the 116 total served, 33 percent had both MH and CD problems, 22 percent had MH problems only, and 13 percent had CD problems only. More than 340 referrals were made, including 50 to housing and 40 to education or employment resources. Homelessness was an issue for 68 percent of those receiving liaison services. Page 26 features a client success story.

11b Increase Services for New or Existing Mental Health Court Programs

Ordinance 16261 directed the MIDD Oversight Committee to revise Strategy 11b. A sub-committee of the MIDD OC drafted a final recommendation that the council approved. The strategy will begin services in year two of the MIDD. Under the revised plan, any misdemeanor offender in King County who has a mental illness will have a Mental Health Court referral option, regardless of where the offense is committed within the county.

12a-1 Jail Re-Entry Program Capacity Increase

Two new liaisons helped MIDD clients connect with MH and CD services and housing upon leaving county jails, thereby increasing the likelihood of their successful treatment engagement and compliance.

Evaluation Highlights

For 235 individuals helped over an eight-month period, 75 percent had both MH and CD problems, 10 percent had MH problems only, and eight percent had CD issues only. The youngest clients were 20 years old and the oldest was 69; 78 percent were male and 45 percent were Caucasian. Three-quarters of participants were referred to housing resources and half received referrals for educational or vocational assistance. More specific data will be gathered for analysis in year two.

12a-2 Education Classes at Community Center for Alternative Programs (CCAP)

At the Community Center for Alternative Programs (CCAP), MIDD funding enhanced class offerings to prepare individuals for re-entry into the community after completing their court-ordered alternative sentencing. Job preparation and education are key components of 12a-2.

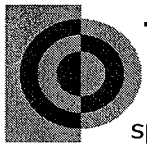
Evaluation Highlights

Data were available for 114 Community Corrections participants who took GED (54%), Life Skills to Work (44%) or both classes (2%) during a nine-month period. Of those, 12 earned GED diplomas; another 12 passed at least one of five GED subject area tests. The MIDD also provided Family Domestic Violence classes at CCAP, but attendance could not be tracked in year one.

12b Hospital Re-Entry Respite Beds (Recuperative Care)

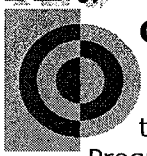
Strategy 12b, a partnership with Public Health and seven area hospitals, secured capital funds under a federal Recovery Act opportunity to modify one floor of Jefferson Terrace, a Seattle Housing Authority property, for the hospital respite program. Once renovations are complete, the respite facility will be fully staffed to accept homeless persons who no longer need hospital care, but do need short-term housing, supportive services, and recuperative care. Funding from the MIDD will support specialized MH and CD staffing for individuals in care, plus case management services starting in 2010.

12c Increase Harborview's Psychiatric Emergency Services (PES) Capacity to Link Individuals to Community-Based Services upon Discharge from ER



The emergency department at Harborview has over 6,500 psychiatric emergency visits per year and their specialized PES averages 450 visits per month. Under Strategy 12c, MIDD provides assertive outreach and engagement for the highest utilizers of the PES. During the first year, two case managers each carried a caseload of 10, with client turnover typically occurring every three months. Altogether, 87 people received intensified case coordination services focused on linking them to housing, MH and CD treatment, and primary care.

12d Behavior Modification Classes for CCAP Clients



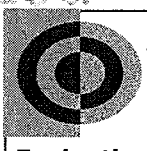
Originally designed to provide urinalysis services, this strategy was changed to deliver behavior modification classes at the Community Center for Alternative Programs (CCAP). On July 1, 2009, Strategy 12d began delivering therapeutic classes on topics which have proven effective with criminal justice populations. Classes are based on precepts from Rational Emotive Behavioral Therapy and Cognitive Behavioral Therapy.

Evaluation Highlights

Over a three-month period, 42 people attended the new behavior modification classes at CCAP. The youngest participant was 16 and the eldest was 64 years old. Ten women and four male teens took these classes. Of the 28 adult males, 14 were Caucasian (50%), 12 were African American (43%), and two were Hispanic (7%).

Specialty Strategies

13a Domestic Violence and Mental Health Services



Adding licensed mental health professionals to four domestic violence advocacy agencies was a key component of this MIDD strategy. Services such as mental health counseling began in November of 2008 for most agencies. Please see Page 24 for one client's success story.

Evaluation Highlights

By May 2009, all agencies were able to submit data for evaluation purposes. Across all agencies, the average number of clients screened per month was 17 (max=32). Of the 330 people identified with mental health or substance use problems, 277 were MH only (84%), 10 were CD only (3%), and 43 were both (13%). Not all who qualified chose to participate in treatment services.

Overall, 197 clients, nearly half minorities and/or immigrants, met with MH professionals in shelters, transitional housing, and community advocacy programs. The average time spent with clients in individual or group therapy and doing case management was 55 hours per month per agency (SD=46).

13b Domestic Violence Prevention

Under Strategy 13b, the Children's Domestic Violence Response Team provided children exposed to domestic violence and their supportive parents a number of important services, such as trauma-focused cognitive behavioral therapy, group therapy, and in-home support.

Evaluation Highlights

In year one, 63 mothers and 96 children (102 families) entered this program. For the 17 families receiving MH treatment in all 11 months of data collection, the average total hours per family was 20 (SD=7). The sum of all MH service hours for all clients was 818. Other services provided by this program were as follows:

	Total Hours	Counts
Family Team Meetings	81	66 meetings
Advocacy	24	13 individuals
Kids Club	96	17 children
In-Home	687	82 individuals

14a Sexual Assault and Mental Health Services

Survivors of sexual assault have benefited from the addition of five new mental health professionals at four agencies providing specialized services for this vulnerable population. Screening more survivors for MH and CD issues and incorporating evidence-based trauma-focused approaches in therapy are key components of this strategy.

Evaluation Highlights

In 2009, screening information was provided for 732 clients. Of the 419 survivors who screened positive for MH or CD problems, 377 had MH issues (90%) and 42 had both MH and CD issues (10%). Those under the age of 18 accounted for 65 percent of the 179 who received therapy services; one of every four was male. Thirty immigrants were among those served. Across all agencies, the average monthly individual MH service time per client in a seven-month sample was 2.50 hours (max= nine hours). For two agencies tracking case management time, the monthly average was 2.11 hours per client.

Photo by Jaymie Kimmerly

15a Adult Drug Court Expansion

Numerous enhanced services for King County's Adult Drug Court participants received MIDD funding, including access to "Life and Employability" classes through the Learning Disabilities Association (also known as CHOICES), wraparound services for 18 to 24 year olds, housing case management, and co-occurring disorders treatment. Nearly half of the 125 clients using these expanded services in July, August, and September had individualized housing case management hours and/or took classes. In a three-month period, 56 individuals attended a total of 894 CHOICES classes.

16a New Housing Units and Rental Subsidies

Supportive and affordable housing has been shown to be a cost-effective public investment for individuals who are most at risk for criminal justice involvement, lowering jail expenditures and freeing up funds for other pubic safety investments. Additionally, providing affordable, supportive housing to people leaving correctional facilities is an effective means of reducing future incarcerations. Strategy 16a funding will add housing as a component of CD and MH treatment services. New housing unit and rental subsidy funds were released by RFP during year one. A total of 27 individuals received rental assistance to prevent homelessness and seven projects were provided with capital dollars that will support the creation of 335 MIDD housing units.

17a Crisis Intervention Team/Mental Health Partnership (24 months)

As of September 30, 2009, this strategy remained on hold due to budget constraints. This pilot project calls for hiring dually-certified MH and CD professionals to assist Seattle Police responding to behavioral crises in the field.

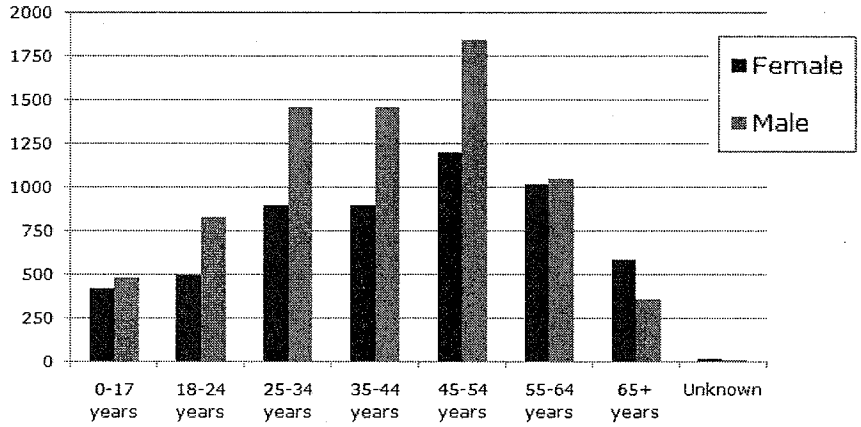
17b Safe Housing and Mental Health and Chemical Dependency Treatment for Children in Prostitution Pilot (24 months)

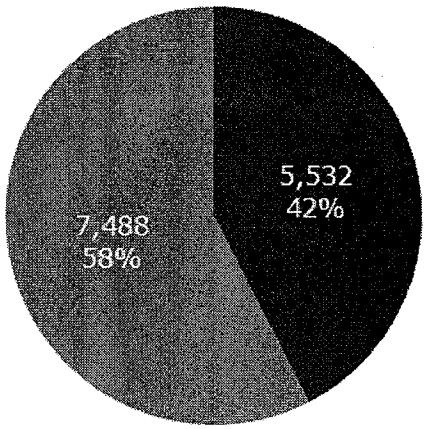
Also delayed by budget challenges, Strategy 17b is a pilot project geared toward providing a safe haven and MH and CD services for youth involved in, or at risk of becoming involved in prostitution.

Touched by the MIDD

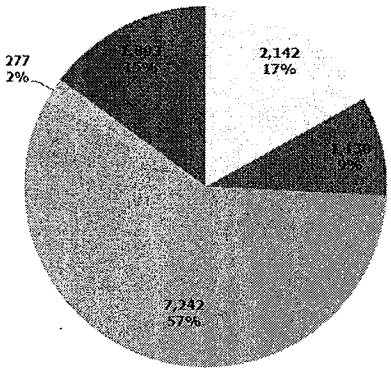
Partial demographic information was available for 13,021 unduplicated* individuals who received at least one MIDD-funded service in year one. For individuals receiving suicide prevention training (N=6,250), only geographic distribution information was available. Approximately 500 people (evenly distributed across all regions of the county) were counted more than once in the map figures due to receipt of services under multiple strategies.

Unduplicated Gender by Age Group and Overall Gender Distribution



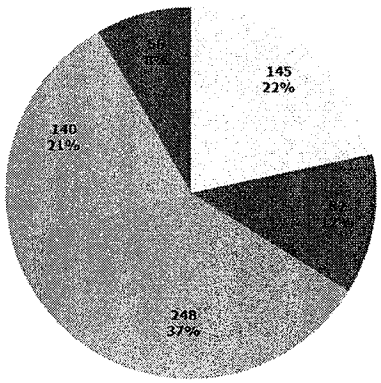


Racial or Ethnic Identification Where Only Primary Ethnicity Was Provided** (N=12,684)



% Hispanic Where Only Primary Ethnicity Provided		% Hispanic Where Multiple Ethnicities Provided
2%	African American	8%
2%	Asian/Pacific Islander	11%
4%	Caucasian	14%
6%	Native American	11%
69%	Other/Unknown	48%

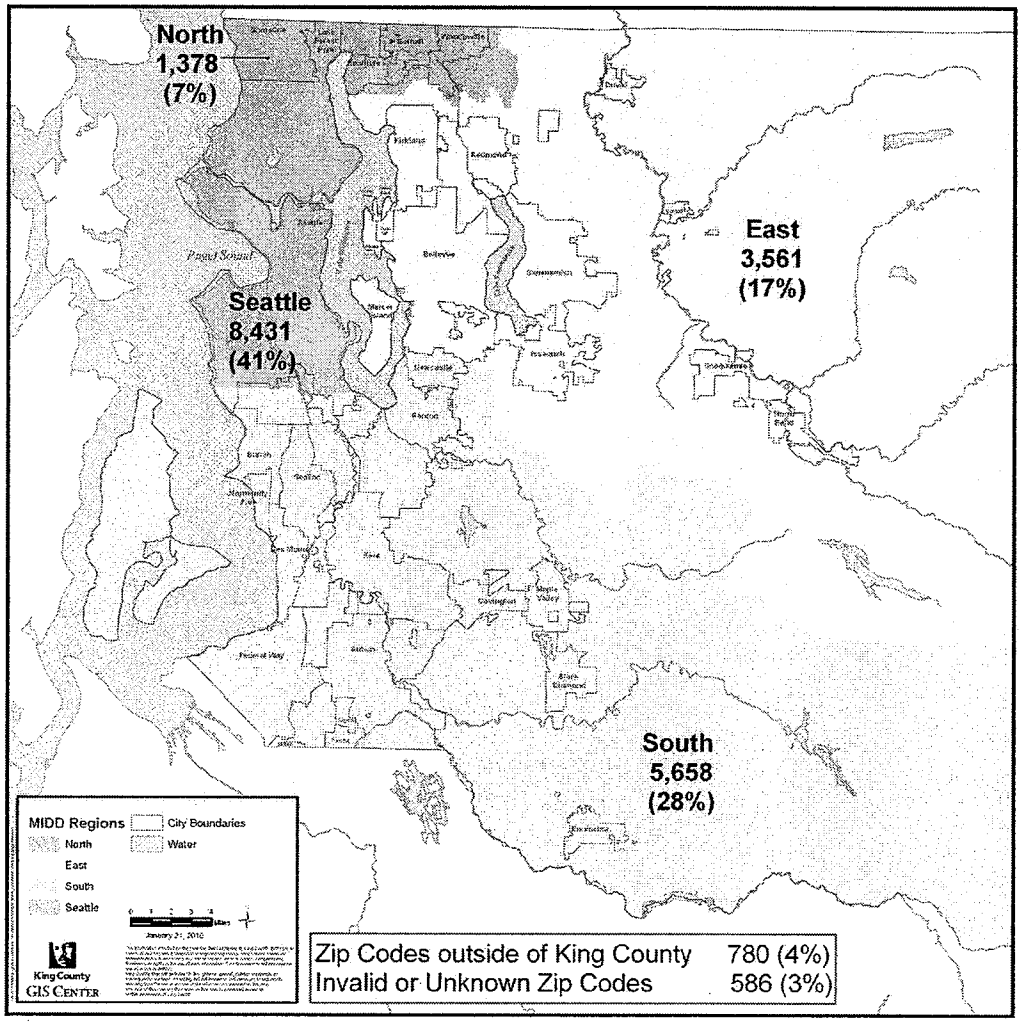
Racial or Ethnic Identification Where Multiple Ethnicities Were Provided (N=671)



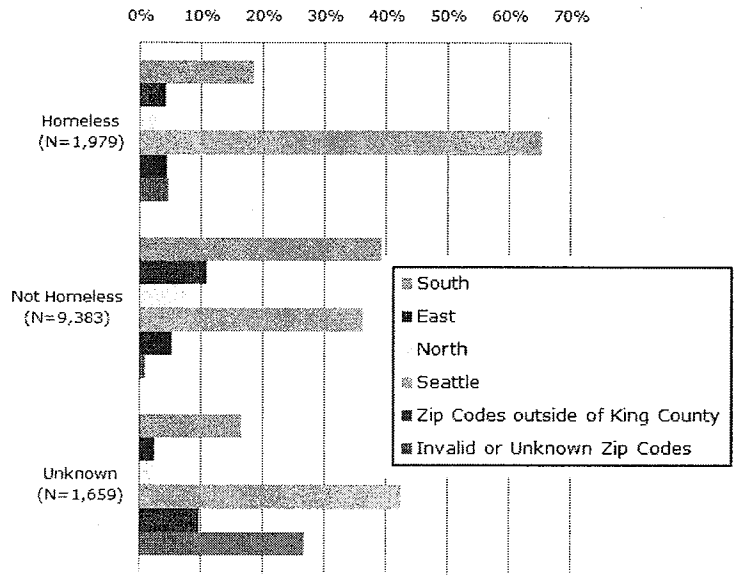
* Individuals with duplicate demographics over 21 different strategies and three data sources are counted only once here.

** Ethnicity can be provided as "primary" or in check-all-that-apply fashion and must be tallied separately. Hispanic information is gathered independent of ethnicity, so the percentage of each ethnic group that identifies as Hispanic is presented in table format.

Geographic Distribution of Individuals Receiving MIDD Services in First Year of Implementation



Homeless Status On Start Date by Region for Unduplicated Individuals



Number of Individuals Served by Multiple Strategies—A Sampling*

	1a-1	1a-2	1c	1d	11a	12a-1	12a-2
1a-1	18						
1a-2		120					
1b			39				
1c	1		15				
1d	40		2	45			
1g			12			2	
2b	80			24			
3a			9				
12a-1	1		14	4	17		
12a-2			4		12	11	
15a			2		9		14

Number of Individuals Seen by:
Multiple providers or at different times within the same strategy
Strategies with greatest overlap
Strategies with modest overlap

* The most frequent overlaps are presented here. For example, 80 people served in 1a-1 also received 2b services.

MIDD Financial Report

The financial status report is provided for the calendar year (January, 2009 – December, 2009). Unexpended MIDD funds are held in fund balance and will be used to fund supplantation in 2010 and 2011, which will preserve MIDD strategies from further reductions.

Mental Illness and Drug Dependency Fund
Financial Status Report
Fourth Quarter 2009 - Part I

Strategy	Budgeted 2009	Year-End Projection 2009
1a-1 Increase access to community mental health treatment	8,520,000	4,587,949
1a-2 Increase access to community substance abuse treatment	2,623,776	2,682,158
1b Outreach and engagement to individuals leaving hospitals, jails, or crisis facilities	550,000	264,610
1c Emergency room substance abuse early intervention program	796,500	433,743
1d Mental health crisis next day appointments and stabilization services	250,000	250,000
1e Chemical dependency professional education and training	615,625	377,616
1f Peer support and parent partner family assistance	450,000	3,781
1g Prevention and early intervention mental health and substance abuse services for older adults	500,000	450,000
1h Expand availability of crisis intervention and linkage to on-going services for older adults	350,000	350,000
2a Caseload reduction for mental health	3,500,000	3,065,487
2b Employment services for individuals with mental illness and chemical dependency	1,600,000	400,240
3a Supportive Services for Housing Projects	2,000,000	2,000,000
4a Services to parents participating in substance abuse outpatient treatment programs	375,000	-
4b Prevention Services - Children of substance abusers	400,000	-
4c School district based mental health and substance abuse services	525,000	150
4d School Based Suicide Prevention	200,000	200,000
5a Increase capacity for social and psychological assessments for juvenile justice youth	112,693	27,400
6a Wraparound family, professional and natural support services for emotionally disturbed youth	3,000,000	877,076
7a Reception Centers for Youth in Crisis	497,400	-
7b Expanded crisis outreach and stabilization services for children and youth	1,000,000	-
8a Expand Family Treatment Court & Support to parents	274,549	113,002
9a Expand Juvenile Drug Court Treatment	309,427	136,472
10a Crisis Intervention Training	1,280,000	-
10b Adult crisis diversion center, respite beds, and mobile behavioral health crisis team	4,500,000	-
11a Increase capacity for jail liaison program	80,000	75,090
11b Incrase services available for new or existing mental health court programs	950,000	-
12a Incrase jail re-entry program capacity	320,000	289,333
12b Hospital Re-Entry Respite Beds	290,000	68,916
12c Increase capacity for Harborview's Psychiatric Emergency Services to link individuals to community based services upon discharge from Emergency Room	120,000	163,815
12d Behavior Modification for Community Center for Alternative Program clients	75,000	54,701
13a Domestic Violence and mental health services	310,000	302,165
13b Domestic Violence prevention	200,000	280,000
14a Sexual assault and mental health and chemical dependency services	500,000	339,313
15a Drug Court Expansion of Recovery Support Services	188,915	168,689
16a New Housing units and rental subsidies	6,402,000	1,656,000
17a Seattle Policy CIT MHP pilot	500,000	-
17b Safe Housing, MH & CD treatment for youth prostitution pilot	960,000	-
18a Contingency funds	500,000	-
18b Data Systems	500,000	-
MIDD Administration	$ 2,544,866	
19 Personnel		647,606
19 Other Costs		442,280
Total MHCADS Funds	**$48,670,751**	**$ 20,707,593**
Percentage of Appropriation		**42.55%**

Mental Illness and Drug Dependency Fund
Financial Status Report
Fourth Quarter 2009 - Part II

	Separate Appropriation Units for County FTEs	Spending Plan 2009	Year-End Projection 2009
	Other MIDD Funds		
	DJA (0583)		
	Drug Court Expansion		
15a	Drug Court Expansion of Recovery Support Services	136,085	47,126
	PAO (0688)		
	Juvenile Drug Court		
9a	Expand Juvenile Drug Court Treatment	38,932	38,864
	Superior Court (0783)		
	Juvenile Justice Youth Assessments		
5a	Increase capacity for social and psychological assesments for juvenile justice youth	197,307	62,914
	Family Treatment Court		
8a	Expand family treatment court services and support to parents	193,858	158,994
	Juvenile Drug Court		
9a	Expand Juvenile Drug Court Treatment	239,641	224,347
	Sheriff (0883)		
	Pre-Booking Diversion		
10a	Pre-Booking Diversion	220,000	83,746
	Total Other Agency MIDD Funds	**$ 1,025,823**	**$ 615,990**
	Percentage of Appropriation		**60.05%**
	Total MIDD Funds	**$49,696,574**	**$ 21,323,583**
	Percentage of Appropriation		**42.91%**

Expenditure Status Update

The MIDD Fund spent approximately $21.3 million in 2009. The MIDD funds are expended on a reimbursement basis.

The MIDD sales tax is strongly influenced by changes in the economy. The recession reduced consumer spending, impacting sales tax collections in 2009. Actual sales tax revenues are expected to be almost $7 million lower than the 2009 adopted budget forecast of $55 million. The outlook for 2010 and beyond is still difficult to forecast. The King County Office of Economic and Financial Analysis will be updating the sales tax forecasts in March 2010.

In addition, it is expected that interest earnings will decline from 2009 to 2010, as short term interest rates remain low and fund balance is drawn down. For 2010, a 1.35 percent rate of return is assumed, the lowest return dating back to 1983. The rate of return in 2009 was approximately 1.6 percent.

The 2010 adopted budget includes approximately 30 percent of MIDD revenue ($13 million) to support qualifying King County general fund programs eligible for supplantation of MIDD revenues. The Washington State Legislature amended the sales tax legislation to allow counties to use a portion of the sales tax revenues to fund existing mental health and chemical dependency services and therapeutic courts. The crisis facing the King County general fund necessitated the use of this tool in order to preserve county core services upon which the MIDD plan was built.

Recommendations for Plan Revisions

Revised Performance Measurement Targets

Strategy Number	Strategy "Nickname"	Year 2 Revised Performance Target(s)	Explanation (If Applicable)
1a-2	CD Treatment	Change to units of service: 50,000 adult OP units 4,000 youth OP units 70,000 OST units	Service units more accurate measure than clients/yr Previous target was 400 outpatients and 461 OST/yr
2b	Employment Services MH & CD	Reduce FTE count from 23 to 17.5	Services for CD clients remain delayed
4d	Suicide Prevention Training	Increase adults/yr from 200 to 1500	Original figure was too low
9a	Juvenile Drug Court Expansion	Reduce FTE count from 5.5 to 5.2	Slight reduction in funding
11a	Increase Jail Liaison Capacity	Reduce clients/yr from 360 to 200	Lower referral rate than originally anticipated
12a-1	Jail Re-Entry Capacity Increase	Set target at 300 clients/yr	Previous target of 1440 was merged across two different programs
12a-2	CCAP Education Classes	Set target at 600 clients/yr	
12d	Behavior Modification for CCAP	Set target at 100 clients/yr	Previous target was TBD
13b	Domestic Violence Prevention	85 families/yr	Simplifying reporting by dropping "OR 150 children/yr" and adopting a single measure
15a	Adult Drug Court Expansion	Reduce clients/yr from 450 to 300	Referral population change and budget cuts

Evaluation Plan Revisions

Evaluation Plan matrices last published in the Evaluation Targets Addendum dated September 2, 2008 are being revised to include formatting and content changes that closely tie each evaluation matrix with the latest implementation information. These revisions will be made available in the MIDD Year Two progress report.

Strategy 13a Client Success Story: "Donna" by Seiko Yamashita

At Eastside Domestic Violence Program (EDVP) in Bellevue, the vision is to end domestic violence by changing individual, institutional and societal beliefs, attitudes and behaviors that perpetuate it. To this end they work within the community to provide services to survivors of physical, emotional, and/or sexual abuse.

Donna came to the emergency shelter at EDVP with her two children after escaping a violent 10-year marriage that included physical and verbal abuse. When she first came to therapy, Donna said, "I don't think whatever I do will work. I have lost who I was, and I don't know who I am anymore. I would never be able to get myself back. I am doomed to be a victim." She also expressed feelings of guilt and loss of self-esteem.

Donna frequently had recurrent thoughts and images of traumatic events, nightmares, the feeling of reliving the traumatic events, and being extremely emotional from triggers. When I first explained to her about PTSD and how therapy can help her deal with it, she did not believe that she would ever be able to overcome this problem. She decided to try, however, and began weekly therapy sessions with me. In the beginning, she struggled to talk about what was done to her by her husband, especially about him raping her. Each week Donna looked at her thoughts, emotions, behaviors, fears, strengths and hopes. I guided her toward this difficult work and she did it. In the last session she said, "You put my life in a different light. This is the first time I was able to see my life so clearly and from a different point of view."

Donna had 12 therapy sessions with me; she worked hard in all of them. After completing therapy, she was able to say – with a big smile: "I thought this would never happen, but I am myself – just a much better version. I feel good. I like me. I am happy." She now enjoys people and is not afraid. She has an apartment and supports her children as a single mother. She is also pursuing her career as a nurse which is what she always wanted to do. Donna's last thoughts on this are: "I want everyone to know how great it is to feel the way I am now. I think everybody should do this (therapy). I was not a believer but I am now. You too can change."

Seiko Yamashita MS-LMHC has been providing services to clients as a mental health therapist for 10 years.

Lessons Learned

Key Considerations for Successful MIDD Strategy Implementation

- Involvement of all potential stakeholders, including county and municipal government leaders, service-providing agencies, and consumer representatives is critical prior to finalizing strategy design, requests for proposals and implementation of new strategies.
- Service-providing agencies need sufficient startup time (typically a few months) to prepare to participate in new programs.

Key Considerations for Successful MIDD Program Evaluation

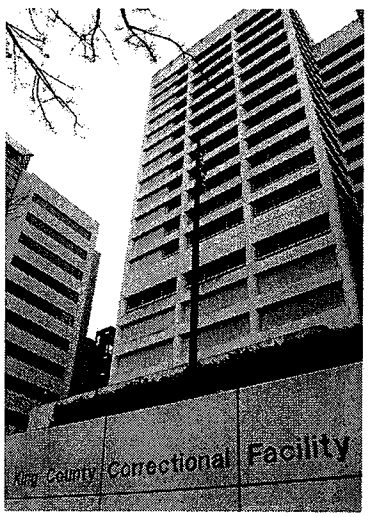
- Intensive discussion is necessary among county staff and with service-providing agencies at the outset of launching a strategy so all understand what evaluation data are needed, how data will be used, and how it needs to be collected and submitted.
- For service-providing agencies to feel comfortable sharing identifiable data, county staff need to discuss with them how data will be used, its potential future impact on their clients, and how the county will protect privacy.
- Data collection needs to be tailored to what is feasible for service-providing agencies based on their personnel and technical capacity.
- Cross-checking data from multiple data sources is complex and time intensive.
- Negotiating data sharing agreements can take up to a year.
- It can take up to six months to refine data collection processes so that complete and accurate data are captured and reported.
- Data quality improves over time when consistent technical assistance is provided.

Studying the Impact of Services

Beginning in the second full year of the MIDD, evaluation efforts will go beyond describing those served through MIDD-funded programming, characterizing service delivery, and comparing performance measures against their targets. The evaluation will begin to study the impact of the services being provided. This transition from process to outcome evaluation will be made possible as outcome measures for some strategies become available for the initial six-month data analysis cohorts in the first quarter of calendar year 2010.

Outcomes measurement, which will vary depending upon the primary and/or secondary policy goals associated with each strategy, in some cases will involve matching individually identifying information about MIDD service recipients against multiple outside data sources such as jail bookings, psychiatric hospitalizations, and emergency room utilization. In other situations, outcomes may be assessed by comparing measures of MH or CD symptoms at two different points in time. Analysis of exit reasons from program services will also facilitate understanding about whether the expected outcomes have been achieved.

While attributing direct causation of desirable outcomes to implementation of the MIDD plan is hampered by lack of a control group, the strength of associations between predictors and outcomes should be sufficient to demonstrate the plan's value to taxpayers and allow for detailed feedback to all agencies involved in the delivery of MIDD services.



Strategy 11a Work and Education Release Liaison Program Client Success Story: J.D.

J.D. is a 47-year-old African American male who was recently assisted by the MIDD-funded Work and Education Release liaison at the King County Jail*. He has a history of being physically and emotionally abused as a child and left his family home at the age of 16. Shortly after running away from home, J.D. found himself homeless and using drugs and alcohol on a daily basis. J.D. first began to notice signs of a mental illness in the early 80's but did not recognize them as something that could be treated. Over the years, J.D. has been arrested and incarcerated for actions related to mental health issues, chemical dependency, and homelessness. J.D. has a long history of treatment attempts for his various concerns but has previously been unsuccessful due to constant instability and turmoil in his life.

This time around, J.D. reported being highly motivated for treatment and finding some stability. He participated in the King County Criminal Justice Liaison Work and Education Release program. He worked closely with both a case manager and a release liaison. With their assistance, he was able to identify and secure services with a local agency that provided him with chemical dependency treatment, mental health treatment and case management upon release. Prior to his release, J.D. was also able to secure clean and sober housing. All of this has contributed to his successful release from jail to the community where he has experienced success in maintaining housing and has continued his treatment.

* Sound Mental Health has provided services to clients at King County Work and Education Release for one year.

Strategy 1c Substance Abuse Early Intervention Client Success Story: Colleen H.

My name is Colleen H. I am a 49-year-old Caucasian, college-degreed, late-stage female alcoholic. I have been in inpatient treatment twice. The longest I had been sober was 17.5 months before drinking again in September 2007. This followed a severe brain trauma in 2006 which was drinking related. Over the years, I have lost the use of my legs on five separate occasions while intoxicated.

This time sobriety is not because of the fact I was scared or that I had hit rock bottom, it is because of my participation in brief therapy at Harborview* which has given me guidelines to set up a new path in my life based on sobriety and appreciation of life.

When I was in the Intensive Care Unit at Harborview in June 2009, [someone] told me about funding that could provide me with some gratis brief therapy at Harborview. I called Holly** and asked her if she had time for another alcoholic in the greater Puget Sound area. Graciously, she said yes, and we set an appointment.

I have felt from day one that I can trust Holly. She has my best interest at heart. She sheds light on typical life scenarios that could lead to potential relapse. I not only receive an objective opinion and an outside view of matters, but she gives me insight and permission to set boundaries and reset them as need be. Holly helped me evaluate the relationships in my life, which has proved to be critical in my efforts. I am creating a support system that can keep me clean and sober and strengthen my long-term recovery as this brief counseling draws to an end.

I have especially benefitted from the advice of self care and positive "self talk". Also, learning to "place more value on myself" has paid off. These suggestions I had never before put in practice, in spite of the dozens of self-help books I have read over the decades. In short, I would say that because someone cares, I felt I had to report in and be accountable. I have benefitted from the use of positive affirmation cards, handouts, etc.

Without prompting, most of my family members and friends have made it a point to disclose to me that my attitude toward my program and sobriety differs in comparison to past attempts. Each person that mentions this says they are continually amazed at my "mind set," the time I now dedicate to my program, and they all are ever so grateful that staying sober is priority one to me!

*The Harborview Addictions Program (HAP) in Seattle is a state-certified treatment unit providing outpatient counseling for substance use disorders. The MIDD funds 5.0 FTE CDP positions at Harborview.

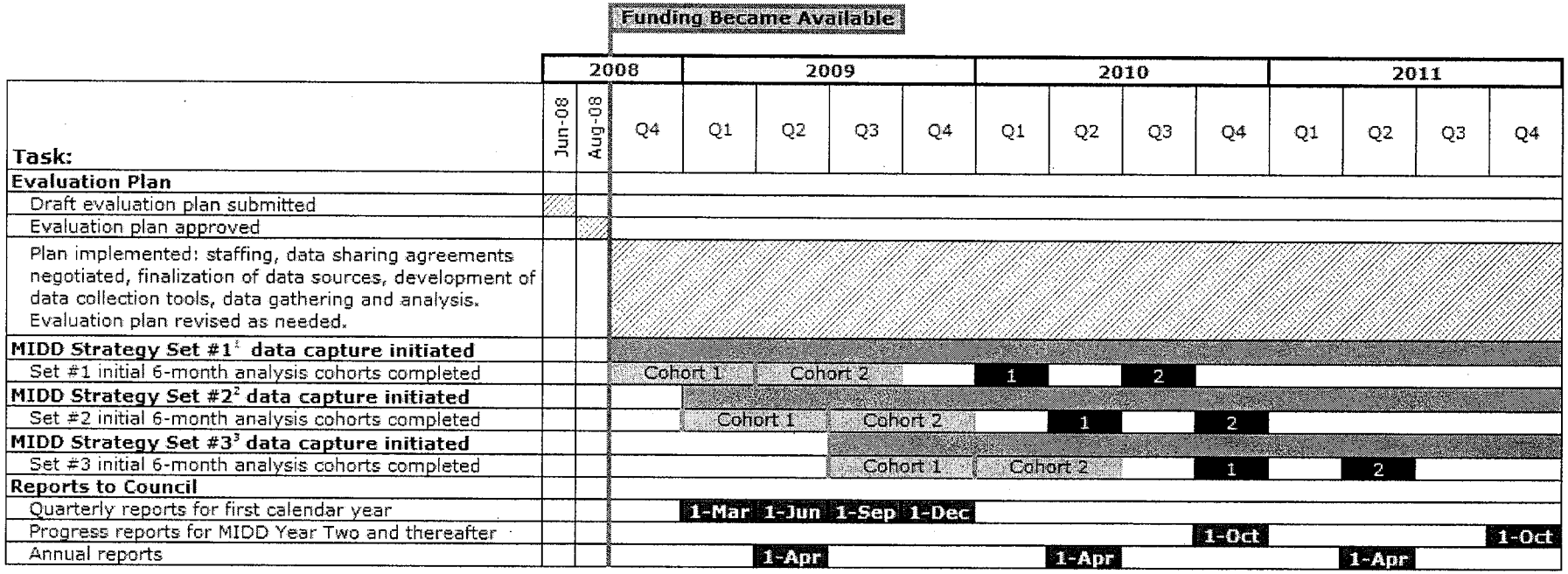
**Holly Delaney, MSW, CDP is an SBIRT Brief Therapist who has been providing services to clients with chemical dependency and mental health issues for 11 years, at treatment locations throughout King County.

Exhibit 1: MIDD Strategies by Community-Based Providers and Partners

Agency	Type	1a-1	1a-2	1b	1c	1d	1e	1f	1g	1h	2a	2b	3a	4a	4b	4c	4d	5a	6a	7a	7b	8a	9a	10a	10b	11a	11b	12a	12b	12c	12d	13a	13b	14a	15a	16a	17a	17b
Alpha Center	CD		X				X																															
Asian Counseling	MH	X									X	X																										
Asian CRS	CD		X				X																															
Auburn Regional Med Ctr	MIDD				X																																
Auburn Youth Resources	CD		X				X																														
Catholic Comm Svcs	MH & CD	X	X				X				X		X																							X		
Community House	MH	X									X																									X		
Comm Psych Clinic	MH & CD	X	X				X				X	X							X																			
Consejo	MH & CD	X	X				X				X																											
Crisis Clinic	MH																X																					
Center for Human Svcs	CD		X				X												X																			
DAWN	MIDD																															X						
Downtown ESC	MH & CD	X	X				X				X	X																								X		
Eastside DV Program	MIDD																															X						
Evergreen Comm Healthcare	MH & CD	X	X				X			X	X																											
Evergreen Treatment Svcs	CD		X				X																															
Friends of Youth	CD		X				X																															
Harborview	MH & CD	X	X		X	X	X				X	X																		X				X				
Highline Med Ctr	MIDD				X																																	
Integrative Couns Svcs	CD		X				X																															
Intercept Associates	CD		X				X																															
KC Coalition Against DV	MIDD																															X		X				
KC Dept Adult/Juv Detention*	Partner																											X		X								
KC Judicial Admin*	Partner				✓																														X			
KC Sexual Assault Res Ctr	MIDD																																	X				
KC Sheriff's Office	Partner																							X														
Kent Y & F Svcs	CD		X				X																															
Muckleshoot	CD		X				X																															
Navos	MH & CD	X	X			X	X				X	X																										
New Beginnings	MIDD																															X						
New Traditions	CD		X				X																															
Northshore Y & F	CD		X				X																															
Perinatal Treatment Svcs	CD		X				X																															
Pioneer Human Svcs	CD		X				X																															
Plymouth Housing Group	MIDD																																			X		
Public Health*	Partner			X					X																				X								
Recovery Centers of KC	CD		X				X																															
Renton Area Youth Svcs	CD		X				X																															
ReWA	MIDD																															X		X				
Ruth Dykeman Y & F	CD		X				X																															
Ryther Child Center	CD		X				X																															
Sea Mar	MH & CD	X	X				X				X																											
Seattle Children's Home	MH	X									X																											
Seattle Children's Hosp	MH	X									X																											
Seattle Counseling Svcs	MH & CD	X	X				X				X																											
Seattle Indian Health Board	CD		X	X			X																															
Snoqualmie Tribe	CD		X				X																															
Sound Mental Health*	MH & CD	X	X			X	X				X	X	X						X							X		X		X		X		X			X	
St. Francis Hospital	MIDD				X																																	
Superior Court, Juvenile Div	Partner																	X				X	X															
Therapeutic Health Svcs	MH & CD	X	X				X				X	X							X																			
Transitional Resources	MIDD																																			X		
Valley Cities CC	MH & CD	X	X			X	X				X	X							X																	X		
Valley Medical Ctr	MIDD				X																																	
WAPIFASA	CD		X				X																															
YMCA	MH	X									X																											
Youth Eastside Svcs	CD		X				X																															

* = Over 30 subcontractors or community clinics will benefit from MIDD funding through these Agencies.

Exhibit 2: Updated MIDD Evaluation Timeline



[1]Set #1 includes individual-level data for the following strategies: 1a-1, 1a-2, 1d, 1h, 2b (MH),12-c, 15a, 16a

[2]Set #2 includes individual-level data for the following strategies: 1c (Harborview), 1g, 3a, 8a, 9a, 11a, 12a-1

[3]Set #3 includes individual-level data for the following strategies: 1b, 1c (S. County), 1f, 4c, 5a, 6a, 12a-2, 12d

Strategies for training, infrastructure (capacity),or where individual-level client data are unattainable:
1e, 2a, 4d, 10a, 13a, 13b, 14a

Delayed strategies: 2b (CD), 4a, 4b, 7a, 7b, 10b, 11b, 12b, 17a, 17b

KEY:

Evaluation Plan implementation
Services in place
Demographic and service data collection period
Cohort outcome (e.g., jail, ER, hospital) data available
Reports to Council

**NOTE: MIDD evaluation will likely need to wait at least one year to complete an analysis cohort for strategies 1f, 5a, 8a, and 9a due to smaller numbers served.