



KING COUNTY

1200 King County Courthouse
516 Third Avenue
Seattle, WA 98104

Signature Report

Motion 15311

Proposed No. 2018-0365.1

Sponsors Kohl-Welles and von Reichbauer

1 A MOTION accepting the 2017 annual mental illness and
2 drug dependency evaluation summary report, in
3 compliance with K.C.C. 4A.500.309.

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

8 WHEREAS, in 2007, Ordinance 15949 authorized the levy collection of and
9 legislative policies for the expenditure of revenues from an additional sales and use tax of
10 one-tenth of one percent for the delivery of mental health and chemical dependency
11 services and therapeutic courts, and

12 WHEREAS, in 2016, Ordinance 18333 extended the expiration date of this sales
13 and use tax to January 1, 2026, and

14 WHEREAS, the council called for and approved a service improvement plan, an
15 implementation plan, and an evaluation plan to guide the investment of renewed mental
16 illness and drug dependency sales tax revenue, and the council established five revised
17 policy goals for the programs supported by sales tax funds, and

18 WHEREAS, Ordinance 18407 amended Ordinance 15949, Section 3, to require
19 the executive to develop annual mental illness and drug dependency evaluation summary

20 reports addressing the initiatives, programs and services supported with the sales tax
21 revenue, and required such reports to be submitted to the council by August 1 of each
22 year beginning in 2018, for council review and approval by motion. Ordinance 18407
23 also codified Ordinance 15949, Section 3, as amended, as K.C.C. 4A.500.309, and

24 WHEREAS, the 2017 annual mental illness and drug dependency evaluation
25 summary report, which is Attachment A to this motion, has been developed in
26 coordination with the mental illness and drug dependency advisory committee and is
27 supported by the committee;

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

29 The 2017 annual mental illness and drug dependency evaluation summary report
30 is hereby approved.
31

Motion 15311 was introduced on 7/30/2018 and passed by the Metropolitan King
County Council on 2/13/2019, by the following vote:

Yes: 9 - Mr. von Reichbauer, Mr. Gossett, Ms. Lambert, Mr. Dunn,
Mr. McDermott, Mr. Dembowski, Mr. Upthegrove, Ms. Kohl-Welles
and Ms. Balducci
No: 0
Excused: 0

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON



Rod Dembowski, Chair

ATTEST:



Melani Pedroza, Clerk of the Council



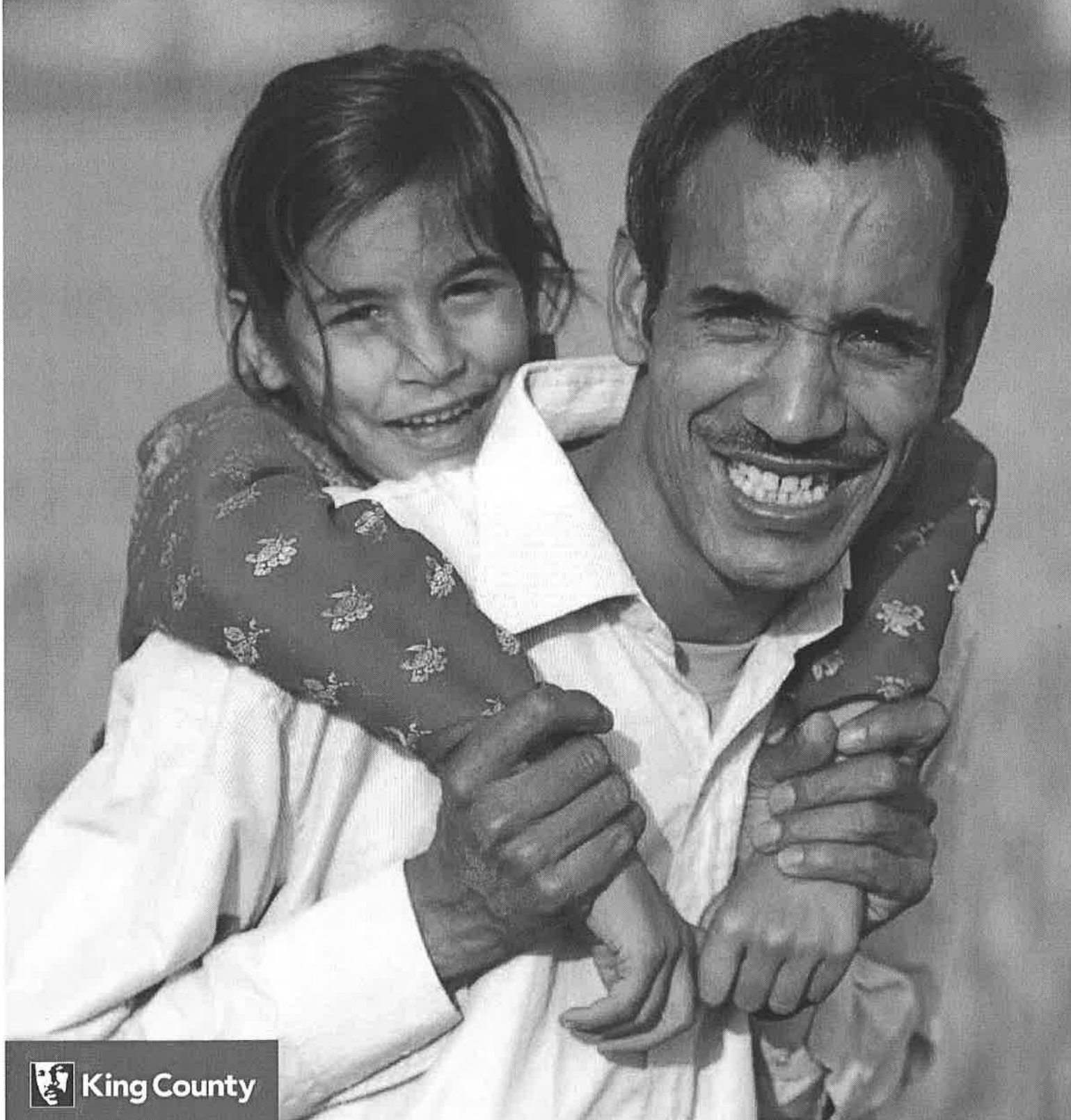
Attachments: A. Mental Illness and Drug Dependency 2017 Annual Report

Motion 15311

MIDD

MENTAL ILLNESS AND DRUG DEPENDENCY 2017 ANNUAL REPORT

Supporting equitable opportunities for health, wellness, connection to community, and recovery for King County residents living with or at risk of behavioral health conditions



King County



PHOTO CREDITS

King County respects the dignity and choices of people who participate in MIDD-funded services. While stories in this report represent the true experiences of actual MIDD service participants who have consented to have their stories shared, names and images may have been changed to respect their privacy. Images throughout this report are stock photos, unless otherwise stated in the photo credit below, and are used solely for illustrative purposes.

Page 27, Courtesy of King County Family Treatment Court

Alternate formats available

Call 206-263-8663

or TTY Relay 711

MIDD (Mental Illness and Drug Dependency) 2017 ANNUAL REPORT

Prepared by King County Department of
Community and Human Services

CONTENTS

- 1| Letter from the Director**
- 2| 2017 MIDD Advisory Committee**
- 3| What is MIDD?**
- 3| Outcomes Highlights**
- 4| Who Does MIDD Serve?**
- 5| Context for MIDD Implementation**
- 7| MIDD Evaluation**
- 8| MIDD Policy Goals**
- 12| MIDD Initiative Summaries**
- 30| MIDD Initiative Procurement Update**
- 31| Data-Informed Implementation Adjustments**
- 32| 2017 Performance Measurement Results**
- 37| Changes to Initiative Performance Measures**
- 38| MIDD Fund Financial Status Report**
- 41| MIDD Partners**

For more information, please visit
kingcounty.gov/midd.

King County Department of Community
and Human Services (DCHS)
Adrienne Quinn, Director

Behavioral Health and Recovery Division (BHRD)
Jim Vollendroff, Division Director

401 Fifth Avenue, Suite 400
Seattle, WA 98104
Phone: 206-263-9000

LETTER FROM THE **Director**

Dear Residents of King County:

I am pleased to share the MIDD 2017 Annual Report. This report summarizes implementation and emerging outcomes from the first full year after renewal of MIDD (Mental Illness and Drug Dependency), King County's dedicated 0.1% behavioral health sales tax. In 2017, MIDD built on its previous success by investing in a refreshed array of services that together work toward an overarching vision: People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.

MIDD is being implemented in the context of a changing health care landscape. King County, along with other communities throughout Washington, is in the midst of integrating much of behavioral health care with physical health care by 2019 in accordance with state law. King County embraces this opportunity to help transform behavioral health services to serve our community effectively. The County is working with its partners, including providers, managed care organizations, and state agencies, to align resources and ensure that this transition reflects King County values. MIDD is a key part of how our community ensures that we are responsive to the behavioral health needs of our residents.

Equity and social justice are integral to King County and foundational to the work of MIDD. The County's goal is to ensure that all people, regardless of who they are and where they live, have the opportunity to thrive, with full and equal access to opportunities, power, and resources. Toward this end, MIDD delivers programs that are person-centered and focused on supporting youth and adults at every point on the continuum of behavioral health care.

MIDD's unique strengths include helping people to achieve health and wellness in the community, thereby avoiding or reducing disruptive and costly stays in institutional settings. As described in this report, MIDD continues to demonstrate long-term reductions in psychiatric hospitalization, emergency department use, and jail use. Participants also experience recovery by a variety of other measures.

MIDD continues to demonstrate long-term reductions in psychiatric hospitalization, emergency department use, and jail use.

Participants also experience recovery by a variety of other measures.

By diverting people from costly interventions, and increasing the availability of treatment and supports, MIDD is also a critical contributor to King County's comprehensive approaches to major regional challenges, including a public health response to heroin and opioid addiction, and addressing behavioral health as a root cause of homelessness.

MIDD addresses a variety of county priorities, and is implemented in coordination with two related levies:

Best Starts for Kids and the Veterans, Seniors and Human Services Levy. This approach helps the County more effectively address a variety of priorities for our region. In 2017, coordination included

joint implementation of some initiatives, as well as moving toward intersecting evaluation approaches that all address three key questions: How many people were served? How well were they served? and Is anyone better off?

The following pages of this report review results from MIDD's 2017 long-term evaluation, summarize the focus and results of each MIDD initiative, and

provide data on the 28,780 people served by MIDD in 2017. Several stories are also included as a closer look at the people whose lives are touched by MIDD.

Amidst significant transformational change, MIDD is a key resource for behavioral health care in King County. It expands access for people who need it, invests in innovative services that address gaps, and supports real results for participants. Most of all, it promotes and supports our community's wellness.

Thank you for your partnership.



Adrienne Quinn

Director, King County Department of Community and Human Services

2017 MIDD ADVISORY COMMITTEE

The MIDD Advisory Committee advises the King County Executive and the King County Council regarding initiatives funded by MIDD to help ensure that program implementation and evaluation are transparent, accountable, collaborative, and effective. The Advisory Committee brings together a broad range of viewpoints including people in recovery from behavioral health

conditions; representatives from the health, human services, and criminal justice service systems; policymakers; and community members. This unique cross-system body seeks to ensure that behavioral health services are available to King County residents most in need.

Membership Roster as of December 31, 2017

Barbara Linde, Judge, King County Superior Court, (Co-Chair)
Representing: Superior Court

Merril Cousin, Executive Director, Coalition Ending Gender Based Violence (Co-Chair)
Representing: Domestic Violence Prevention Services

Dave Asher, Councilmember, City of Kirkland
Representing: Sound Cities Association

Jeanette Blankenship, Deputy Director, City Budget Office
Representing: City of Seattle

Kelli Carroll, Director of Special Projects
Representing: King County Executive

Doug Crandall, Chief Executive Officer, Community Psychiatric Clinic
Representing: Provider of Behavioral Health Services

Claudia D'Allegri, Vice President of Behavioral Health, SeaMar Community Health Centers
Representing: Community Health Council

Lea Ennis, Director, Juvenile Court, King County Superior Court
Representing: King County Systems Integration Initiative

Ashley Fontaine, Director, National Alliance on Mental Illness (NAMI)
Representing: NAMI In King County

Patty Hayes, Director, Public Health - Seattle & King County
Representing: Public Health Department

William Hayes, Director, King County Department of Adult and Juvenile Detention (DAJD)
Representing: King County DAJD

Mike Heinisch, Executive Director, Kent Youth and Family Services
Representing: Provider of Youth Behavioral Health Services

Darcy Jaffe, Chief Nurse Officer and Senior Associate Administrator, Harborview
Representing: Harborview Medical Center

Jeanne Kohl-Welles, Councilmember, Metropolitan King County Council
Representing: King County Council

Krystal Livingston, Community Outreach Coordinator, Washington State Community Connector
Representing: Behavioral Health Advisory Board

Ann McGettigan, Executive Director, Seattle Counseling Service
Representing: Provider of Culturally Specific Mental Health Services

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

Mario Paredes, Executive Director, Consejo Counseling and Referral Services
Representing: Culturally Specific Chemical Dependency Services Provider Representative

Mark Putnam, Director, All Home
Representing: All Home

Adrienne Quinn, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS

Lynne Robinson, Councilmember, City of Bellevue
Representing: City of Bellevue

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

Laura Smith, Executive Director, Snoqualmie Valley Community Network
Representing: Unincorporated King County

Mary Ellen Stone, Director, King County Sexual Assault Resource Center
Representing: Provider of Sexual Assault Survivor Services in King County

Katherine Switz, Executive Director, Many Minds Collaborative
Representing: Philanthropic Organization

Donna Tucker, Chief Presiding Judge, King County District Court
Representing: King County District Court

Mitzi Johanknecht Sheriff, King County Sheriff's Office
Representing: Sheriff's Office

Joshua Wallace, Executive Director, Seattle Area Support Groups
Representing: Recovery Services Organization

Chelene Whiteaker, Director, Advocacy and Policy, Washington State Hospital Association
Representing: Washington State Hospital Association/King County Hospitals

Lorinda Youngcourt, Director, King County Department of Public Defense
Representing: Public Defense

WHAT IS MIDD?

The programs and services of King County's MIDD (Mental Illness and Drug Dependency) sales tax aim to support people living with or at risk of behavioral health conditions to be healthy, have satisfying social relationships, and avoid criminal justice involvement.

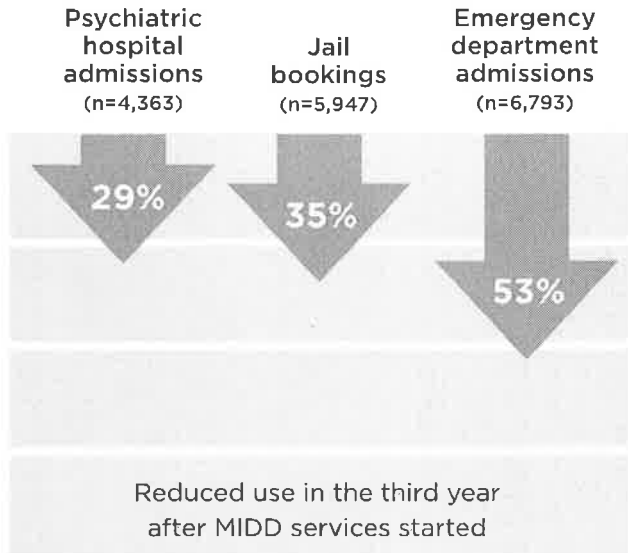
MIDD's culturally relevant prevention and early intervention, crisis diversion, community re-entry, treatment, and recovery services, alongside stable housing and income, can support wellness, improve participants' quality of life, and help them thrive in recovery. ■



OUTCOMES HIGHLIGHTS

LONG-TERM EMERGENCY SYSTEM USE REDUCTION

MIDD service participants reduced their use of costly and restrictive services over the long term.¹



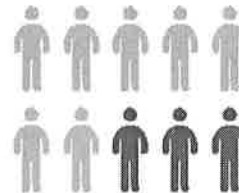
For more information, see page 8.

HELPING PEOPLE RECOVER THROUGH EMPLOYMENT

Of people engaged in MIDD's Behavioral Health Employment Services and Supported Employment Initiative, one in three attained a new job in 2017.² (n=671)



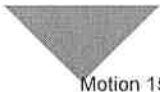
The Supported Employment program's 90-day job retention rate was 70 percent.² (n=224)



For more information, see pages 9 and 24.

¹Includes eligible individuals who began services in 2014. See technical supplement at kingcounty.gov/midd for more details.

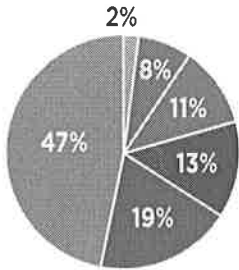
²Includes eligible individuals served with outcome measures. See technical supplement at kingcounty.gov/midd for more details.



WHO DOES MIDD SERVE?

28,780 people were served by MIDD³ in 2017.

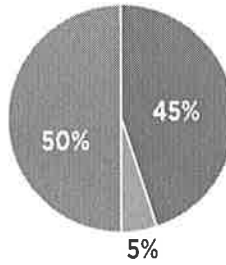
RACE of people served by MIDD



- Native American
- Asian/Pacific Islander
- African American/Black
- Caucasian/White
- Multiple races
- Other/unknown

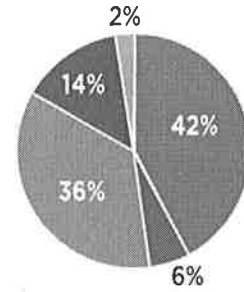
Hispanic/Latino ethnicity is collected separately from race to match U.S. Census Bureau data collection methods. 13% of all people served by MIDD in 2017 were known to identify as Hispanic/Latino.

GENDER of people served by MIDD



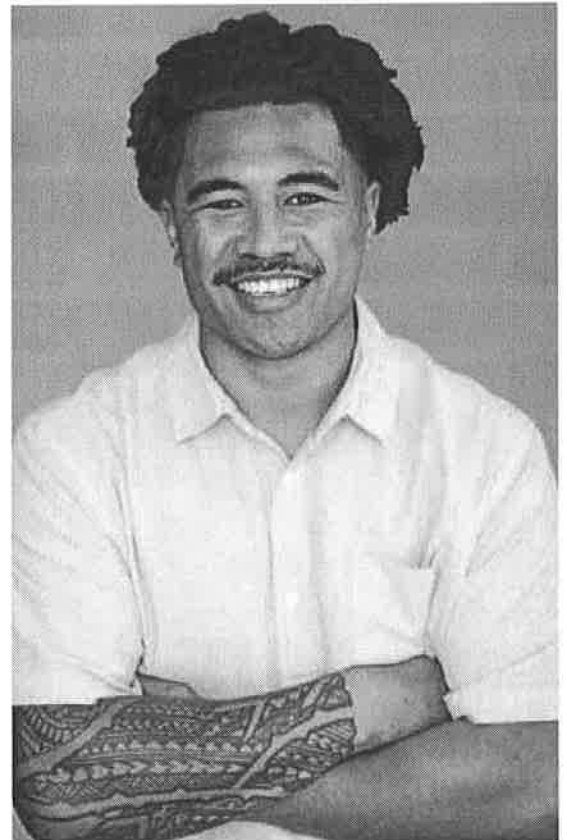
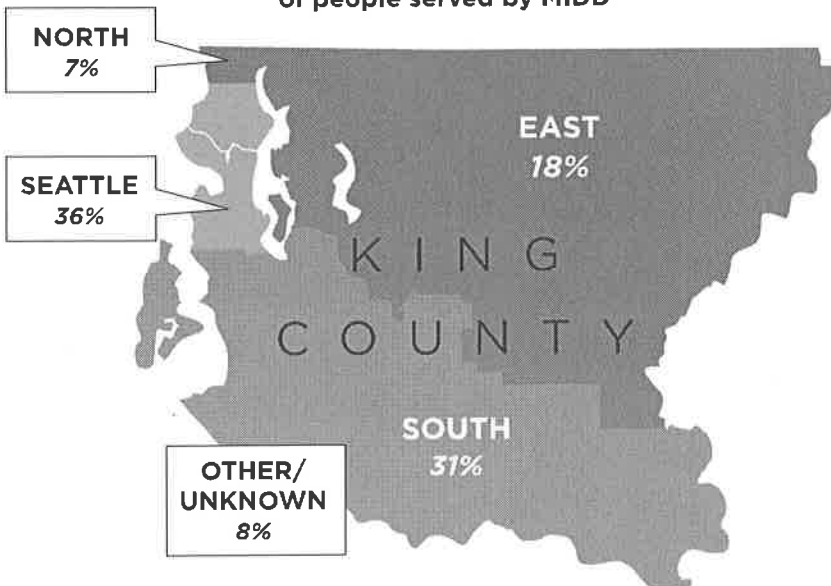
- Female
- Male
- Other/unknown

AGE of people served by MIDD



- Children and youth (0-17)
- Young adults (18-24)
- Adults (24-54)
- Older adults (55+)
- Unknown

LOCATION of people served by MIDD



³ 28,780 unduplicated individuals received at least one MIDD-funded service in 2017.

CONTEXT FOR MIDD IMPLEMENTATION

Overview

The purpose of this annual report is to provide accountability in demonstrating MIDD's outcomes and reporting progress toward MIDD's policy goals.

Since MIDD programming was renewed for its second generation starting in 2017 (referred to as MIDD 2), MIDD is now designed to support a broader range of initiatives arranged into five overarching strategy areas that reflect the behavioral health continuum of care⁴ as well as the County's therapeutic courts. Services and activities of the MIDD initiatives are provided by over 100 community-based organizations and community clinics, as well as departments and agencies within King County.

2017 was a year of transition for MIDD. As part of MIDD's newly expanded service array, a variety of new initiatives were launched, with program design and/or provider selection occurring for other new programs expected to launch in 2018. In addition, several existing initiatives were reorganized or redesigned in order to advance effective, integrated service delivery. All MIDD initiatives are summarized, within the context of MIDD's five strategy areas, beginning on page 12.

Environmental Challenges in 2017

In 2017, MIDD 2 implementation occurred within a dynamic and challenging external policy context that created significant uncertainty for community behavioral health care. Among 2017's challenges were:

- ▶ **Potential repeal and/or replacement of the Affordable Care Act and/or restructuring of Medicaid. Federal funding through expanded Medicaid supports access to core behavioral health care for thousands of King County residents.**
- ▶ **Reductions in core Medicaid rates from the state, and in anticipated MIDD revenue.**
- ▶ **Planning for major structural and funding changes related to the integration of physical and behavioral health care.**

Integrating Behavioral Health and Physical Health - the Changing Landscape

Over the next two years, publicly funded health care in Washington will transition from financially and clinically separate physical health and behavioral health systems, to a fully integrated managed care (FIMC)⁵ environment. In King County and many other regions, beginning in 2019 Medicaid revenue for behavioral health care will flow through managed care organizations (MCOs) rather than directly to regional behavioral health organizations (BHOs) such as King County as it has in the past.

King County's role in the FIMC landscape is being negotiated with the MCOs and the state Health Care Authority (HCA) in 2018. By January 2019, King County will implement FIMC ahead of the statewide 2020 deadline, allowing for a year to test and transition. Integration of behavioral health and physical health services will be fully completed by January 2020. This transition could drive shifts in the roles King County and MIDD play in behavioral health care in order to assure alignment of resources.

A Prudent Approach to New Initiatives

In light of these uncertainties, King County took a prudent approach during 2017 to launching some new MIDD initiatives. Five initiatives that had been presented in the MIDD 2 Implementation Plan were deferred in 2017, while a few other new initiatives experienced delays. New programs often involve factors that can slow implementation, including siting complexities, negotiations with other jurisdictions, community and/or stakeholder outreach processes, and/or securing funding from other sources. Deferred and delayed programs are referenced in the initiative summaries. Although some initiatives are not yet launched, these programs and services remain part of the vision of

⁴ Opportunities for addressing behavioral health conditions across a spectrum, including prevention, treatment, and recovery.

⁵ The Washington State Legislature passed Engrossed Substitute Senate Bill (ESSB) 6312 in 2014, calling for a two-step process in transitioning to integrated state purchasing of mental health, substance use disorder (SUD), and physical health services through managed care by January of 2020. Step one of the process was completed in 2016 with the Integration of mental health and substance use disorder services (behavioral health services).

MIDD 2. The County will continually assess needs and environmental factors and seek opportunities to implement them when appropriate.

Responding to the Behavioral Health Workforce Crisis

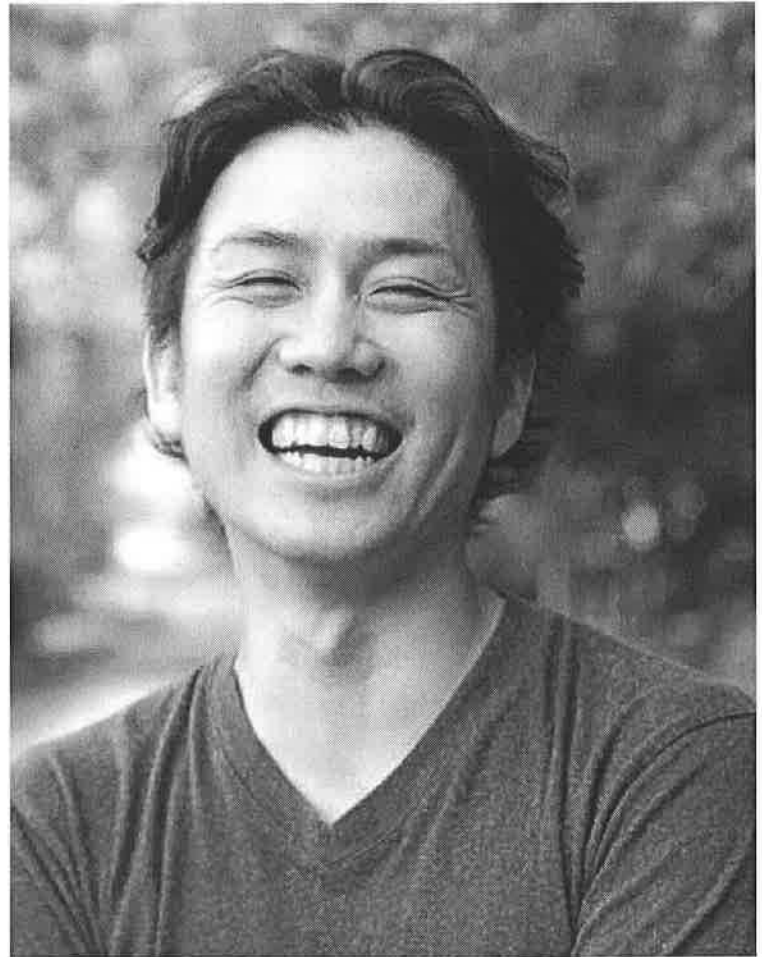
Across settings, the behavioral health workforce is struggling to recruit and retain trained, licensed, and qualified staff to provide services to those in need. In King County, and across Washington, providers report difficulty hiring and retaining sufficient staff to meet demand. Behavioral health integration highlights the need for continuing education. MIDD-funded training and services seek to decrease workforce turnover, thus creating a more stable, effective and experienced workforce to improve the quality and availability of core services.

Addressing Major Regional Challenges

- ▶ **Heroin and Opioid Crisis: the use of heroin and opioids is a public health crisis. Programs funded by MIDD are putting short- and long-term strategies in place, in support of the King County Heroin and Prescription Opiate Addiction Task Force's coordinated response.**
- ▶ **Homelessness: for some people experiencing homelessness, behavioral health conditions can be a compounding factor. MIDD helps support expanded housing resources and a variety of flexible outreach programs and supportive services that help people maintain their housing.**

Advancing Equity, Treating Trauma, and Reducing Harm

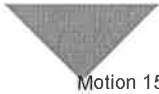
- ▶ Equity impacts and considerations are incorporated into planning, policies, and assessment of the effectiveness of MIDD services whenever possible. King County partners with community-based agencies providing culturally specific and culturally responsive behavioral health and support services.
- ▶ Addressing trauma as a result of interpersonal violence and childhood experiences, as well as historical and cultural trauma, is critical for serving people through publicly-funded behavioral health services.



- ▶ Whenever appropriate, MIDD initiatives employ a harm reduction model, compassionately and pragmatically meeting people where they are, enabling better access to care and improving quality of life. Services are nonjudgmental and non-coercive, and recognize the realities of social inequities that affect people's vulnerabilities, and their capacities for changing behaviors.

Coordination with Best Starts for Kids, and Veterans, Seniors and Human Services Levy

Together, MIDD along with two other county levies – Best Starts for Kids (BSK), the Veterans, Seniors and Human Services Levy (VSHSL) – comprise a substantial portion of King County's local investments in health and human services. To leverage investments, eliminate duplication and strengthen outcomes, planning and coordination of these three major levies continue. Initiatives PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50 and PRI-05 Collaborative School Based Behavioral Health Services are examples of how these funds are working together to implement joint programming. ■



MIDD EVALUATION

Policy Goal Focus

The MIDD evaluation focuses on the five policy goals adopted by the King County Council.

Each MIDD initiative is linked to one or more policy goals for the purpose of evaluation and reporting. The primary focus of evaluation within each initiative is to determine the degree to which MIDD service participants show progress toward these goals. Results from relevant initiatives are then aggregated to determine overarching results across all of MIDD for the various policy goals.

Key Questions

Evaluation of MIDD's initiatives clarifies the impact of MIDD investments on the lives of people across King County. **Evaluation focuses on key questions:**

- How many were served?*
- How well were they served?*
- Is anyone better off?*

King County is also using this evaluation approach with Best Starts for Kids and the Veterans, Seniors and Human Services Levy. The County is increasingly able to understand how MIDD investments are benefiting individuals and communities, and contributing to strengthened services and programs.

New Measurement for Revised Goals

In response to the adoption of updated policy goals for MIDD beginning in 2017, new evaluation strategies for policy goals that focus on crisis events, culturally- and trauma-informed services, and linkage to other initiatives are under development. Progress during 2017 toward establishment of measurement methods for these goal areas are discussed in this report.



Measuring Long-Term Outcomes

ANALYZING OUTCOMES

- ▶ **Outcome analyses were conducted for any individual who began relevant MIDD services in 2014 through 2016.**
- ▶ **At least one year must pass after a person starts MIDD services before initial changes in jail, emergency department, and psychiatric hospital use can be measured.**
- ▶ **Long-term outcomes refers to results for people for whom three years have passed since their initial MIDD service occurred. As much as possible, outcomes for individual service participants are measured to identify improvements over time.**

QUANTIFYING SERVICES

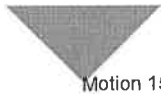
- ▶ **For new initiatives that began in 2017 at the advent of MIDD 2, this report addresses the quantity of services provided in 2017. System use and other outcomes for these initiatives will be discussed in future reports as results showing change over time become available.**

Population-Level Indicators

The evaluation plan for MIDD 2 was developed using a Results-based Accountability framework that connects MIDD's policy goals to the well-being of the entire population of King County. Population-level indicators of well-being thought to be connected to MIDD-funded services have been developed and will be tracked each year as new data becomes available. Indicators include rates of problematic substance use, incidence of behavioral-health related stress, and suicide attempts, among others. Information about population-level indicators will be reported on in future years as change over time can be measured.

Performance Measure Tables and Technical Report

At the end of this report, starting on page 32, are tables showing performance measures and results by initiative, as well as any changes to performance measures that occurred in 2017. In addition, a companion technical supplement, which describes evaluation methodologies and includes further discussion of detailed evaluation results and population-level indicators, is available at kingcounty.gov/midd. ■



MIDD POLICY GOALS

MIDD policy goals are the expression of the outcomes King County intends to achieve via MIDD funds. As policy goals were revised beginning in 2017, long-term quantitative results were available for some goals, while for others, evaluation approaches are being developed.

POLICY GOAL: Divert individuals with behavioral health needs from costly interventions such as jail, emergency departments, and hospitals.

This policy goal addresses a foundational principle of MIDD, which is to assure that people in need are provided the best care and supports possible, in the least restrictive and least expensive settings. MIDD service participants with identified jail, emergency department, or psychiatric hospital use history are achieving significant long-term reduction in their use of these costly emergency services.⁶

Significant Reduction in Adult Jail Utilization

Following initial MIDD service contact, adult jail bookings decreased by 23 percent in the second year (n=12,667) and by 35 percent in the third year (n=5,947), and total jail days dropped by 12 percent in the third year (n=5,947), after expected short-term increases in the first year.

Significant Reduction in Emergency Department Utilization

Over the long term, emergency department utilization decreased significantly. After a modest initial increase in emergency department admissions in the first year, emergency department admissions were reduced by 40 percent in the second year (n=14,041), and 53 percent in the third year (n=6,793).

Significant Reduction in Psychiatric Hospital Utilization

Over the long term, inpatient psychiatric hospital admissions decreased significantly. After an initial increase in psychiatric hospital use in the first year, the total number of admissions dropped 29 percent in the third year (n=4,363).



Many Participants Completely Avoided or Eliminated System Use

In addition to achieving reductions in aggregate system use, most MIDD participants with long-term outcomes were completely diverted⁷ from costly interventions across all three systems: jails, emergency departments, and hospitals. Among people with long-term outcomes served by relevant MIDD programs, 85 percent avoided or eliminated psychiatric hospitalizations (n=4,363); 58 percent never went to jail or stopped jail use (n=5,654); and 64 percent never used the Harborview Medical Center emergency department after starting MIDD services (n=6,793).

⁶ Includes eligible individuals who began services in 2014. See technical supplement at kingcounty.gov/midd for more details.

⁷ For the MIDD 2 evaluation, diversion refers to individuals who avoid all use of each costly system or stop using each system for three full years after services begin.

2017 HEALTH AND WELLNESS HIGHLIGHTS⁸

Reduced Depression and Anxiety

- ▶ In PRI-03 Prevention and Early Intervention Behavioral Health for Adults over 50, 67 percent of participants with outcome information in 2017 showed clinical improvement for depression (n=346), while 61 percent showed improvement for anxiety (n=280).
 - ▶ In PRI-10 Domestic Violence and Behavioral Health Services, 59 percent showed improvement for depression and 75 percent showed improvement for anxiety. Clinically significant improvements in both depression scores (18 percent lower) and anxiety scores (26 percent lower) were found (n=51).
-

Increased Employment

- ▶ One in three people engaged in RR-10 Behavioral Health Employment Services attained new jobs in 2017 (n=671), and the program's 90-day job retention rate was 70 percent (n=224).
-

Reduced Substance Use

- ▶ For people served under CD-07 Multipronged Opioid Strategies at the King County needle exchange who regularly used drugs by injection, follow-up measures after starting substance use disorder treatment found that 37 percent had reduced their substance use (n=161).
-

Self-Directed Goals Met

- ▶ For individuals served by PRI-09 Sexual Assault Behavioral Health Services, 82 percent achieved their self-directed outcomes or met their treatment goals (n=87).
-

Strengthened and Empowered Families

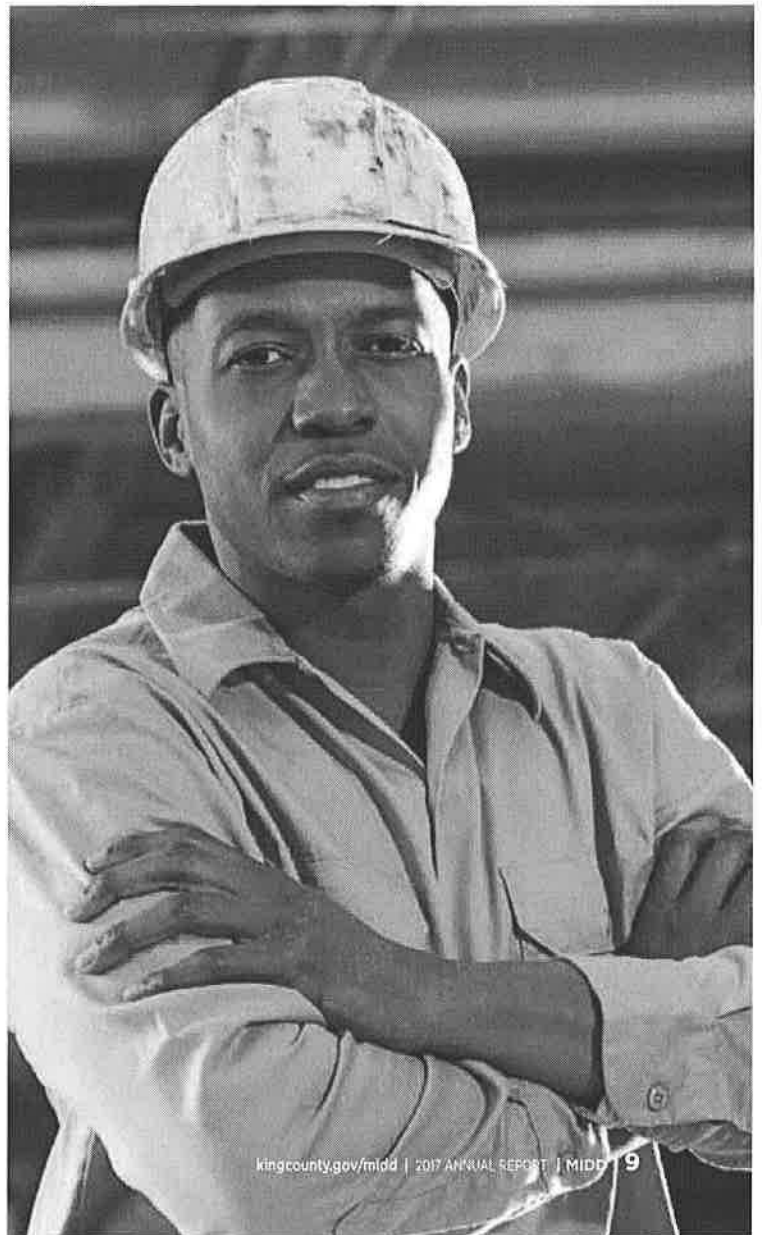
- ▶ 68 percent of families in CD-15 Wraparound Services with outcome information showed a decrease in caregiver strain (n=181).
 - ▶ Of the people who exited TX-FTC Family Treatment Court in 2017, 63 percent graduated or had their child welfare dependency cases dismissed (n=30).
 - ▶ Advocacy skills increased for 45 percent of the people served by CD-12 Parent Partner Family Assistance (n=271).
-

⁸ Includes eligible individuals served with outcome measures. See technical supplement at kingcounty.gov/midd for more details.

POLICY GOAL: Improve health and wellness of individuals living with behavioral health conditions.

This goal is new in 2017. It promotes a strength-based approach to improving health and wellness, supports current system change efforts to provide integrated care that addresses needs across the different domains of behavioral and physical health care, and reflects a focus on recovery.

Outcome measures for initiatives that addressed health and wellness improvements encompassed within this policy goal varied based on initiatives' purposes or populations served. Signs of improvement included not only reduced symptoms, but also a range of other measures of recovery such as employment and improved family outcomes.



POLICY GOAL: Reduce the number, length, and frequency of behavioral health crisis events.

Some MIDD initiatives aim to impact crisis events, alongside other primary goals such as diversion from emergency systems. This policy goal was new for MIDD 2, so evaluation strategies aligned with this policy goal are currently being developed. For programs that serve adults, data collected by King County's Crisis and Commitment Services⁹ and/or contracted Mobile Crisis Teams¹⁰ could be analyzed in much the same way as jail use reductions are measured now, looking at changes over time. Exploratory analyses in 2018 will confirm the evaluation methodology and establish baseline rates for future analysis.

Four MIDD initiatives are primarily aligned with this policy goal. Three of them either were too new to have data available for analysis, or were deferred during 2017. Initiative CD-11 Children's Crisis Outreach Response System did help reduce crisis events for participating youth in 2017. See page 20 for the initiative summary.

POLICY GOAL: Increase culturally appropriate, trauma-informed behavioral health services.

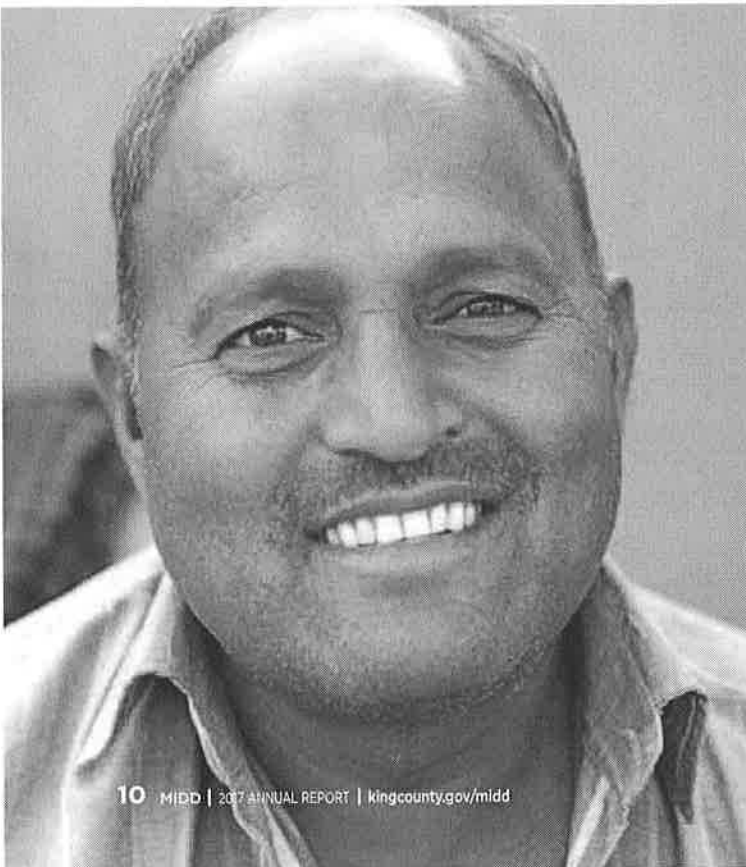
Although most MIDD policy goals show results based on individual participant outcomes, evaluation of increases



in culturally specific, trauma-informed behavioral health services constitutes a broader assessment of service access and quality. Therefore, a different evaluation methodology is needed for this policy goal, encompassing a multidimensional model that addresses workforce, programmatic, and organizational efforts to embed effective practices in the community behavioral health system. The overall approach to evaluating the range of culturally appropriate, trauma-informed services in MIDD initiatives is currently in development. It will be aligned with Best Starts for Kids and the Veterans, Seniors and Human Services Levy. Results in this area will be discussed in future reports.

⁹ Crisis and Commitment Services (CCS) evaluates people who are in behavioral health crisis for involuntary detention in psychiatric facilities according to the State of Washington law, and helps to arrange less restrictive alternative services when appropriate.

¹⁰ Mobile Crisis Teams provide initial crisis response to attempt to arrange voluntary services that help people avoid CCS and the involuntary treatment system.



Among currently operating MIDD initiatives, SI-04 Workforce Development is designed to impact this policy goal through trainings for the behavioral health workforce that have a cultural focus and a trauma-informed approach. Other MIDD initiatives particularly focus on culturally appropriate and trauma-informed services as part of their programming, including PRI-09 Sexual Assault Behavioral Health Services, PRI-10 Domestic Violence Behavioral Health Services and System Coordination, CD-08 Children's Domestic Violence Response Team, and CD-13 Family Intervention and Restorative Services.

POLICY GOAL: Explicit linkage with, and furthering the work of, King County and community initiatives.

This policy goal captures MIDD's commitment to integrate its programs and services with a wide variety of other major policy initiatives in King County.

Juvenile Justice Reform

- ▶ Initiatives CD-02 Youth and Young Adult Homelessness Services, CD-13 Family Intervention and Restorative Services, and CD-16 Youth Behavioral Health Alternatives to Secure Detention are furthering the work of juvenile justice reform in King County.

Best Starts for Kids

- ▶ Initiative PRI-05 Collaborative School Based Behavioral Health Services is aligning with BSK investments through a collaborative planning process with school districts.

Heroin and Prescription Opiate Addiction Task Force

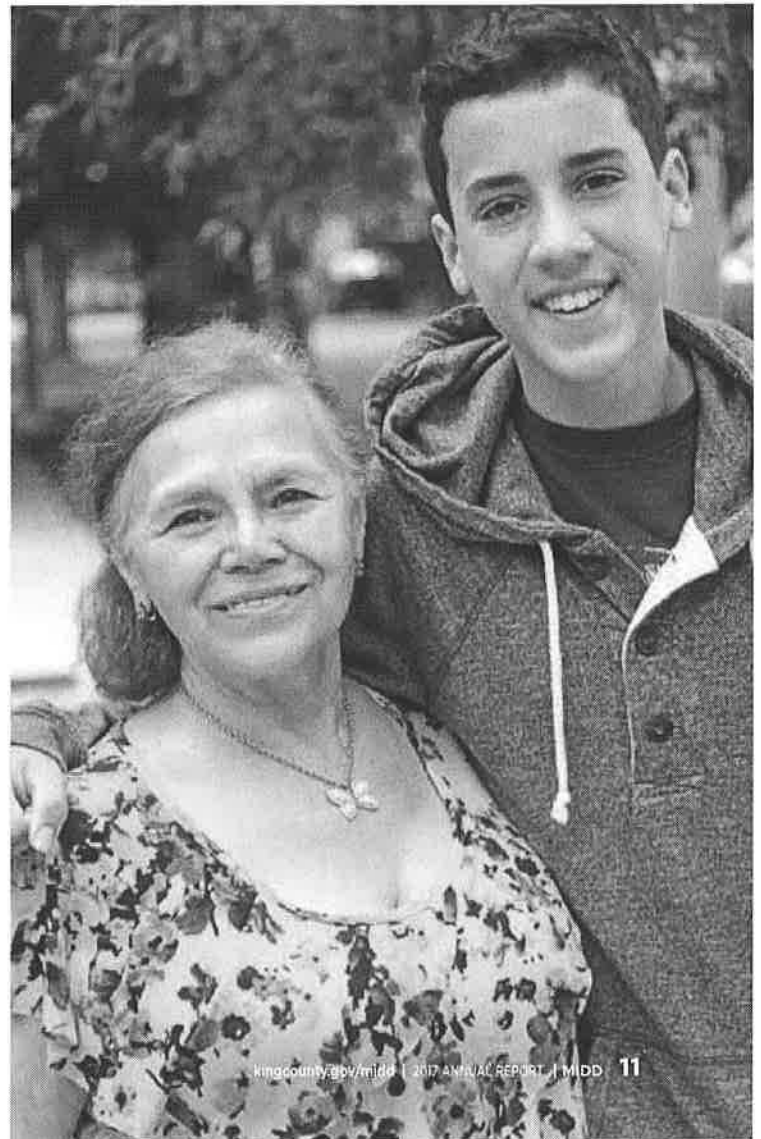
- ▶ Initiative CD-07 Multipronged Opioid Strategies is implementing recommendations from the multisystem Heroin and Prescription Opiate Addiction Task Force.

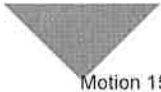
Homelessness

- ▶ Initiatives RR-01 Housing Supportive Services and RR-03 Housing Capital and Rental advance the goals of the All Home strategic plan to make homelessness rare, brief, and one-time.

System Transformation

- ▶ MIDD plays a pivotal role in our region's participation in statewide behavioral health system transformation, including the integration of physical and behavioral health care. Most notably, Initiative PRI-11 Community Behavioral Health Treatment provides outpatient services to people who are not eligible for Medicaid. Initiative SI-03 Quality Coordinated Outpatient Care is being redesigned to support practice transformation through incentives. ■





MIDD INITIATIVE SUMMARIES

In the pages that follow are brief summaries of each MIDD initiative, which work collectively toward the MIDD result: People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.

Initiative summaries are grouped by the strategy areas that are the overarching frames for their services. The summaries capture the focus of each initiative, the population it serves, and any other essential context.

MIDD's strategy areas encompass the behavioral health continuum of care, addressing Prevention and Early Intervention (PRI), Crisis Diversion (CD), and Recovery and Reentry (RR). The fourth strategy area focuses on System Improvements (SI), and the fifth is the work of the Therapeutic Courts (TX).

PREVENTION AND EARLY INTERVENTION (PRI) INITIATIVES

assure that people get the help they need to stay healthy and keep problems from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those who lack access to Medicaid. A total of 17,655 people were served by Prevention and Early Intervention initiatives.

PRI-01: Screening, Brief Intervention, and Referral to Treatment

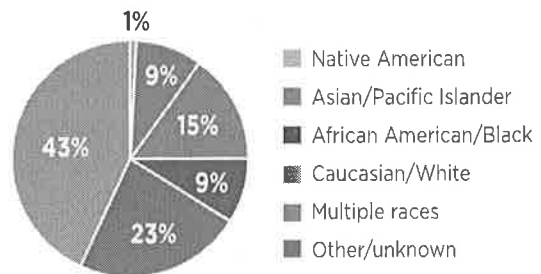
Through Screening, Brief Intervention and Referral to Treatment (SBIRT), MIDD-funded clinicians connected with 1,557 people with substance use risk factors in hospital emergency departments, working alongside doctors and nurses to screen for need, intervene to address substance use, and guide individuals toward treatment options. SBIRT is available at Harborview Medical Center in Seattle, Highline Medical Center in Burien, and St. Francis Hospital in Federal Way. MIDD's investment in SBIRT has helped expand treatment

approaches including the creation of an Addiction Medicine Consult Service at Harborview. As part of King County's response to the opioid crisis, SBIRT allows access to medication-assisted treatments (MAT) for substance use such as buprenorphine. SBIRT also assures expanded training for medical professionals regarding substance use and MAT options, including education about naloxone, which can treat narcotic overdose in an emergency. Among people served by SBIRT with long-term outcomes, emergency department admissions were reduced by 51 percent.

PRI-02: Juvenile Justice Youth Behavioral Health Assessments

Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) addressed the behavioral health needs of 295 youth involved in the justice system, through a team approach to assessments and referrals. By diverting youth with behavioral health needs from initial or continued justice system involvement, JJYBHA seeks to reduce the frequency and severity of behavioral health conditions. Efficient and standardized mental health assessments assure that the psychiatric and neuropsychological evaluations needed to access other services are scheduled in a fraction of the time than would be required without JJYBHA support. In 2017, JJYBHA implemented a format for mental health assessments that is now standard across all Superior Court-contracted behavioral health providers.

RACE
of people served by
Prevention and Early Intervention Initiatives



Hispanic/Latino ethnicity is collected separately from Race to match U.S. Census Bureau data collection methods. 16% of all clients served by MIDD's Prevention and Early Intervention initiatives in 2017 were known to identify as Hispanic/Latino.

PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50

Prevention and Early Intervention Behavioral Health for Adults Over 50 assures that behavioral health services are available in primary care settings for adults over 50 to prevent acute illnesses, high-risk behaviors, substance use, and mental and emotional disorders. In 2017, this initiative engaged 1,164 older adults receiving primary care at King County federally qualified health centers, and Harborview Medical Center, for depression and other behavioral health issues. In addition, 12,870 people received screening. Collectively, these agencies offer primary care at 35 sites. Of the individuals who screened positive, many were engaged in the Mental

Health Integration Program (MHIP), a short-term intervention delivered in primary care settings. MHIP uses a collaborative care model developed at the Advancing Integrated Mental Health Solutions Center at the University of Washington, to treat persistent mental health conditions requiring consistent follow-up. Primary care providers collaborate and consult with behavioral health professionals to provide evidence-based medications and psychosocial treatments. Adults with more severe or complex needs are referred to specialty behavioral health treatment. Among people served long enough to have multiple symptom measures, 67 percent showed reductions in depression symptoms and 61 percent showed reduction in anxiety symptoms.



From brief intervention to resilience and hope

JOHN'S CONNECTION WITH THE SBIRT PROGRAM (Screening, Brief Intervention and Referral to Treatment)

provided a lifeline. For years, John struggled with opioids and other substances. He'd attempted to stop using several times, but had not found a way to stay off drugs. John's physical and mental health had been poor for years, compounded by substance use and extended time living in his car.

John's health deteriorated due to injuries, heroin use, infections, and pressure wounds from long periods in his vehicle, and he was admitted to Harborview Medical Center. Rather than being just another stop on John's journey through substance use and homelessness, John's encounter with Karen – an SBIRT clinician at Harborview – offered a chance to look at his future differently.

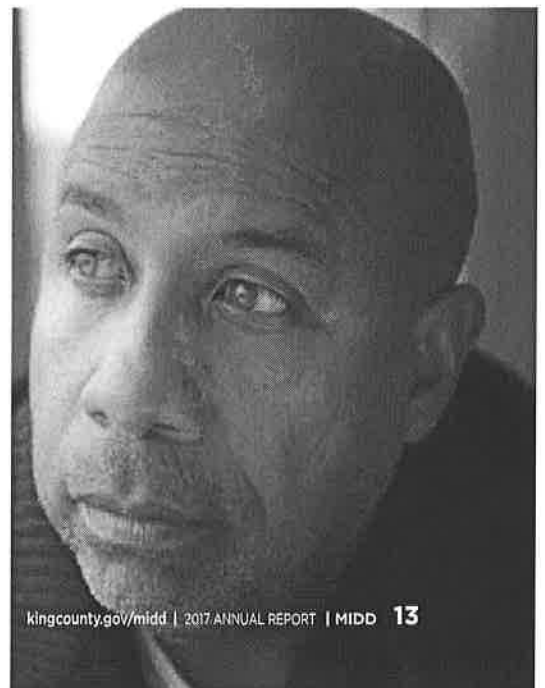
John met Karen while still in the hospital and Karen engaged him in a brief intervention that focused on John's goals and his motivation

for seeking treatment. John and Karen had a very different type of conversation from what John expected. He shared his vision for his future: a job that allowed him to provide for himself, a life under control, and perhaps even playing sports again.

Through the SBIRT intervention with Karen, John heard about medication-assisted treatment (MAT) which might provide results. While John was still an inpatient, Karen introduced him to a clinician in the outpatient behavioral health clinic at Harborview who provided information about buprenorphine as a treatment for opioid use disorder. With support from Karen, and in collaboration with treatment providers, John began buprenorphine treatment, which continued following his discharge from the hospital.

John's comprehensive recovery plan – developed as part of his SBIRT and MAT services – helped him think through strategies for securing stable housing,

employment, and peer supports, and other ways to avoid substance use and manage pain, including guided meditation, distraction, relaxation and music. Connecting with others who shared his experience was also a critical piece of John's recovery, improving the likelihood that John will thrive. When John looks in the mirror, he sees someone who is resilient, hopeful, and able to chart his own course. ■



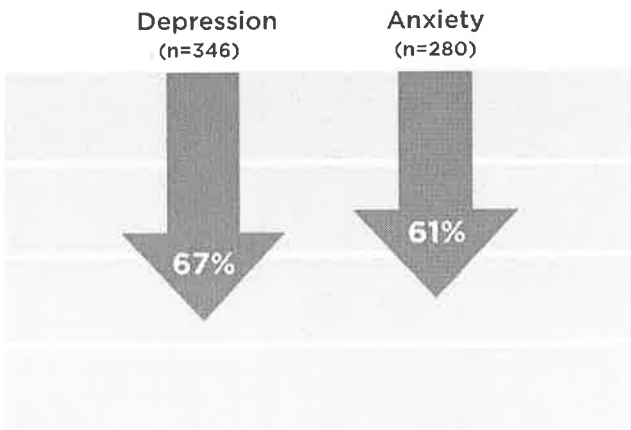
PRI-04: Older Adult Crisis Intervention/Geriatric Regional Assessment Team

The Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT) provided comprehensive assessment, crisis intervention, substance use screening, and referrals to community resources for 156 older adults in King County in the first half of 2017, commonly diverting them from skilled nursing facilities, inpatient psychiatric treatment, or eviction. GRAT focused on older adults who were not enrolled in King County behavioral health services, and who were experiencing mental health or substance use crises. GRAT also provided consultation, care planning, and education on older adult mental health issues to community providers. In mid-2017, GRAT services were suspended when the provider withdrew citing a need for additional resources to operate the program. By year's end, planning had begun for a coordinated redesign of GRAT in partnership with the Veterans, Seniors, and Human Services Levy.

PRI-05: Collaborative School Based Behavioral Health Services

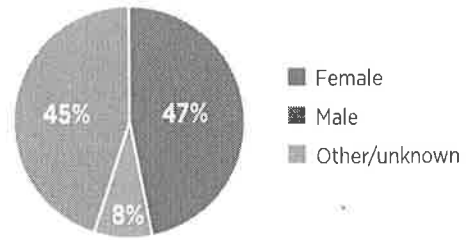
Collaborative School Based Behavioral Health Services were provided to 1,283 middle school students in 21 schools across King County in 2017 by prevention and early intervention counselors who help students address

REDUCTIONS IN SYMPTOMS for PRI-03 Prevention and Early Intervention Behavioral Health for Adults over 50¹¹



¹¹ Includes eligible individuals served with outcome measures. See technical supplement at kingcounty.gov/midd for more details.

GENDER of people served by Prevention and Early Intervention Initiatives



behavioral health and substance use issues. Counselors offer assessments, screening, brief interventions, referrals, case management, and behavioral health support groups. MIDD funding also supported suicide prevention training for 8,686 youth and adults. The students learn about stress management and suicide prevention, and staff are trained to identify signs of students' stress, depression, and suicide ideation, how to discuss these issues with youth and their families, and where to seek resources from youth-serving organizations. In 2017 MIDD partnered with Best Starts for Kids to develop school-based SBIRT services, and provided the first of three SBIRT planning sessions for 56 middle schools. School districts were eligible to apply for SBIRT implementation in the 2018-2019 school year, co-funded by MIDD and BSK.

PRI-06: Zero Suicide Initiative

This initiative was deferred during 2017 due to environmental factors impacting MIDD implementation. Please see page 5 for additional information.

PRI-07: Mental Health First Aid

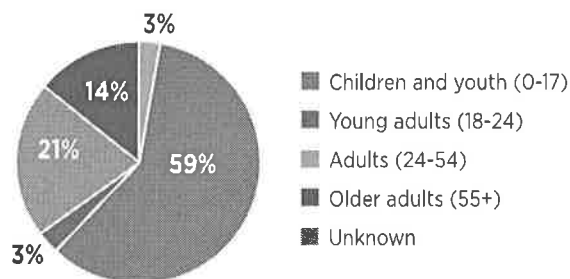
Mental Health First Aid (MHFA) prepares people to assist individuals experiencing mental health problems or facing mental health crises, by training community-based organizations, professionals, and the general public. MHFA training addresses risk factors and warning signs for mental health and substance use issues, and provides guidance for listening, offering support, and identifying appropriate professional help. MHFA seeks to reduce the stigma associated with mental health issues and increase access to behavioral health care before crises arise. In 2017, 35 MHFA instructors participated in the first annual statewide MHFA summit. The statewide group discussed the successes and challenges of MHFA, and strategies

for assuring that the curriculum be inclusive and equitable. Youth MHFA was also funded through this initiative. Sixteen professionals became certified Youth MHFA instructors in 2017, through collaboration with EvergreenHealth Medical Center. MHFA training was provided to 42 people in 2017.

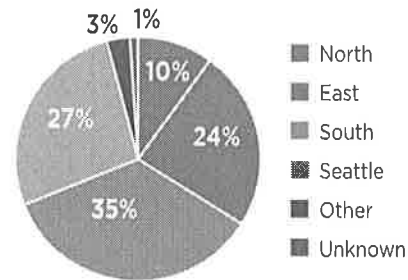
PRI-08: Crisis Intervention Training for First Responders

Crisis Intervention Training for First Responders provided training in the Crisis Intervention Team (CIT) model for 795 first responders and affiliated stakeholders to improve responses to individuals experiencing behavioral health crises. Training prepares law enforcement and emergency service providers with skills to slow down difficult encounters and de-escalate crises. The Washington State Criminal Justice Training Commission (WSCJTC) conducts the training to assure that police, fire, and medical personnel are prepared to intervene, and to coordinate with behavioral health providers. In 2017, WSCJTC provided 12 sessions of the 40-hour basic CIT training course and also implemented an eight-hour in-service course for corrections and fire/emergency medical services providers to address the unique roles of these partners in crisis response. The in-service courses were offered 16 times in 2017. Additional courses were also offered addressing Force Options, Dispatch Training, Youth CIT, Mental Health First Aid for Criminal Justice, and Justice-Based Policing, through 19 classes overall. A CIT Coordinators group was established in 2017 to convene law enforcement, emergency services, corrections, behavioral health providers, hospitals, and other partners to further relationships and problem-solving across jurisdictions and systems.

AGE
of people served by
Prevention and Early Intervention Initiatives



LOCATION
of people served by
Prevention and Early Intervention Initiatives



PRI-09: Sexual Assault Behavioral Health Services

Sexual Assault Behavioral Health Services provided brief, early, evidenced-based and trauma-informed interventions to 197 people who had experienced sexual assault, to reduce the likelihood of longer term mental health distress. Services are designed to meet the unique treatment and advocacy needs of individuals who have experienced sexual assault, through comprehensive approaches offered in single locations. Most participants experience relief from trauma symptoms and a return to healthier functioning after a relatively short course of treatment. For those with outcomes information, 82 percent met their self-determined goals. MIDD funding further assures specialized therapy and supports for those who may not have access to such services in community mental health centers due to financial or other barriers. Culturally specific services are available in Spanish for immigrants and refugees, and the initiative seeks to build trust within the Latino community among individuals who might not otherwise engage in services.

PRI-10: Domestic Violence and Behavioral Health Services and System Coordination

Domestic Violence Behavioral Health Services and System Coordination sought to enhance people's sense of safety and community through co-located programs and supports which address domestic violence, substance use, and mental health. In 2017, 446 people who had experienced domestic violence received evidence-based and trauma-informed treatment in community-based settings, including culturally specific

options, furthering their relief from the symptoms of trauma and assuring access to community resources. Among people with multiple symptom measures available, 59 percent reduced depression (18 percent reduction) and 75 percent reduced anxiety (26 percent reduction). Professionals work together across disciplines to strengthen the system of services and the capacity of organizations to coordinate care so that people who had experienced domestic violence received holistic and compassionate care. Through the focus on systems coordination, 432 people were trained in system coordination activities in 2017, and another 44 consultations occurred with 38 different organizations.

PRI-11: Community Behavioral Health Treatment

Community Behavioral Health Treatment provided outpatient mental health and substance use treatment, including medication-assisted treatment for opioid use disorders, for 3,975 people who were not eligible for Medicaid in 2017. This MIDD funding fills what would otherwise be a gap in services, by assuring that individuals not eligible for Medicaid, but with incomes below 220 percent of the federal poverty level, receive the same type and intensity of treatment services as those available to Medicaid recipients. Among those with long-term outcomes who received mental health treatment, 88 percent avoided or eliminated adult jail use. The long-term jail diversion rate for those who received outpatient treatment for substance use disorders was 66 percent. Community Behavioral Health Treatment also provides access to Clubhouse services – a psychiatric rehabilitation model that focuses on socialization and community engagement – which provide access to community-based supports for education, employment, and housing. ■

CRISIS DIVERSION (CD) INITIATIVES

focus on assuring that people who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration. Programs include expedited access to outpatient care, multidisciplinary community-based outreach teams, services provided through crisis facilities, and alternatives to incarceration. A total of 7,112 people were served by Crisis Diversion initiatives.

MIDD addresses a significant service gap by extending its comprehensive continuum of community-based behavioral healthcare to people in King County who do not qualify for Medicaid, including those who do not have needed insurance coverage or who are undocumented. MIDD funding also supports a variety of innovative and flexible outreach-oriented services that are ineligible for Medicaid.

CD-01: Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion (LEAD) diverted people who have engaged in low-level drug involvement and prostitution away from the criminal justice system and connected them with community-based services. A new MIDD initiative starting in 2017, LEAD is a collaboration among local law enforcement, the Public Defender Association, community partners, and social service providers contracted through King County using MIDD funding. The program includes intensive case management for people seeking behavioral health treatment, housing, employment, and other services that will support their efforts toward well-being and independence. In 2017, LEAD served 310 people and extended its reach in Seattle's East Precinct. LEAD is currently available in Seattle and on Metro buses and at bus stops, and is working toward expansion into Burien, Renton, Auburn, and Kent. Obtaining housing is the greatest programmatic challenge for LEAD participants who may face barriers to permanent housing including prior evictions, justice system involvement, and active substance use.

CD-02: Youth and Young Adult Homelessness Services

The Youth and Young Adult Homelessness Services initiative is part of King County's coordinated and expanding approach to supporting youth who are involved, or at risk of being involved, with the juvenile justice system. MIDD initiative CD-02 – paired with CD-16 Youth Behavioral Health Alternatives to Secure Detention – extends services to youth and their families through short-term, intensive community-based

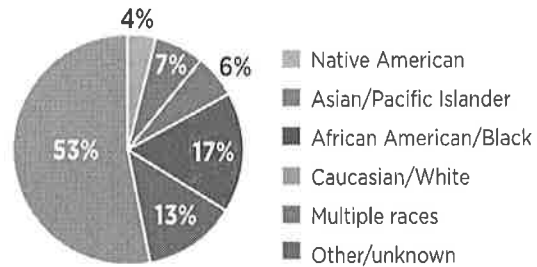
supports. This initiative was delayed in 2017, but initial program design continued in 2017 to ensure effective, relevant, and responsive services for youth and families. This initiative is intended to provide the option of timely access to support services in the community for youth engaged in suspicious or criminal activity, when circumstances for youth and their families indicate that such referrals are the best possible response.

See initiative CD-17 on page 22 for information about how MIDD helps prevent young adult homelessness.

CD-03: Outreach and In Reach System of Care

Outreach and In Reach System of Care delivered community-based outreach and engagement services to 680 people to reduce use of crisis services and address repeated cycling through emergency departments, jails, and psychiatric hospitals by connecting people to community-based treatment for mental health conditions or substance use disorders. Three contracted providers offer integrated physical

RACE
of people served by
Crisis Diversion Initiatives



Hispanic/Latino ethnicity is collected separately from Race to match U.S. Census Bureau data collection methods. 11% of all clients served by MIDD's Crisis Diversion initiatives in 2017 were known to identify as Hispanic/Latino.

and behavioral health care and work in partnership with community-based organizations providing housing and resources, to serve south and east King County and downtown Seattle. Program partners have built a trauma-informed network of care, which assures that

Reducing harm without judgment: on the road to stability

DWAYNE HAD A DECADE-LONG STRUGGLE with drug involvement that caused him to lose his job and his housing. He was living in encampments and abandoned motorhomes, suffering from trauma and mental health symptoms, and encountering police often on the streets. Then a police officer referred him to the **LEAD (Law Enforcement Assisted Diversion)** program as an alternative to an arrest.

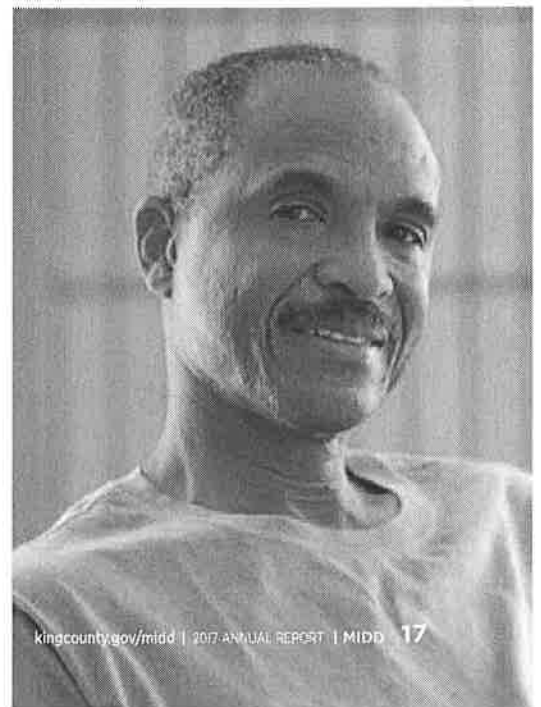
The relationship between Dwayne and his LEAD case manager, Brian, took time to develop. Dwayne wasn't particularly interested at first, despite Brian's consistent outreach. However, because Brian and the LEAD team never judged his behavior or his concerns, he was able to engage at his own pace, no matter what he was dealing with at the time. As he

came to trust the program, Dwayne decided he wanted to work toward sobriety and stable housing for himself. He then started to work steadily with Brian and has now made significant progress toward his goals.

LEAD linked Dwayne to clinics that helped him address his chronic physical health needs, and also connected him to medication-assisted treatment for his opioid use, where he stabilized on methadone. Dwayne has had no new drug charges since enrolling in LEAD, and eventually moved into permanent supportive housing through Downtown Emergency Service Center.

Though he has made tremendous strides in obtaining stability, Dwayne knows he still has a long road in front of him. He maintains

his connection to LEAD because of his solid relationships with Brian and with law enforcement, as well as the unconditional support and care he receives. ■



participants' personal histories and emotional, physical, and psychological needs, directly inform engagement and treatment approaches. The shortage of affordable housing continues to present a significant challenge to fully addressing needs. Among people with long-term outcomes, there was a 48 percent reduction in jail bookings, and a 33 percent reduction in jail days.

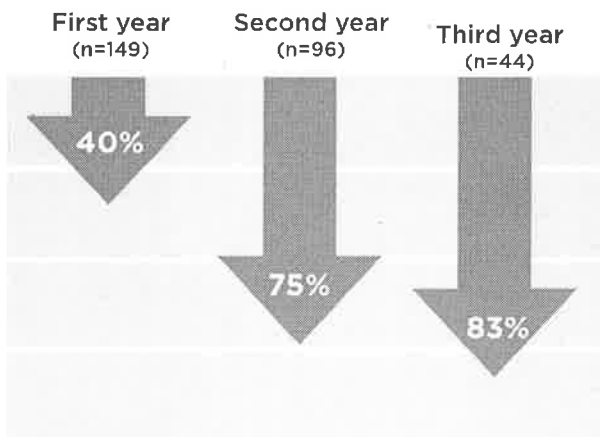
CD-04: South County Crisis Diversion Services/Center

This initiative was deferred during 2017 due to environmental factors impacting MIDD implementation. Please see page 5 for additional information.

CD-05: High Utilizer Care Teams

High Utilizer Care Teams assist people who struggle with complex needs including physical disabilities and behavioral health issues in times of crisis, through services that begin in emergency departments or hospital inpatient units. The initiative served 101 people in 2017, focusing on reducing their use of costly crisis services by linking them to accessible and appropriate resources in the community. Results over time show that emergency department admissions fell significantly in each year after services began: by 40 percent in the first year, 75 percent in the second year, and 83 percent in the third year. Securing housing and treatment for behavioral health disorders poses challenges given

REDUCTIONS IN EMERGENCY DEPARTMENT ADMISSIONS for CD-05 High Utilizer Care Teams¹²



¹² The statistics above include eligible individuals served in 2014 through 2016. See technical supplement at kingcounty.gov/midd for more details.

Medication-Assisted Treatment (MAT) is an effective, evidence-based practice for treating opioid use disorder through the use of certain medications. Methadone, buprenorphine, and naltrexone can keep people from experiencing withdrawal, enabling them to gain recovery and lead a self-directed life.

resource shortages and the severity of people's needs. The High Utilizer Care Teams are resourceful and creative in coordinating services across organizations to improve access to treatment, medical detoxification, and transitional housing.

CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team

Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team provide King County's first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crises. The Crisis Solutions Center served 2,723 people in 2017 between the three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The program sought to stabilize and support them in the least restrictive settings possible while linking them to community-based services. The three projects work together to assure a continuum of care that is trauma-informed, and person-centered. Long-term results show that after first year increases in Harborview emergency department use, admissions were reduced by 25 percent in the second year and 43 percent in the third year. (As people engage with this program and related follow-up care, there are often short-term increases in emergency department use because people start seeking emergency care when they need it.) Achievements in 2017 included Mobile Crisis Team expansion to South King County allowing new partnerships and resources; revised processes that improved emergency departments' referrals while maintaining availability for non-hospital partners; and program refinements to enhance collaboration and increase participants' satisfaction. As with many programs, behavioral health workforce challenges hindered the initiative's ability to sustain steady service levels.

CD-07: Multipronged Opioid Strategies

Multipronged Opioid Strategies help to implement the recommendations of the Heroin and Prescription Opioid Addiction Task Force (convened by the King County Executive and the mayors of Auburn, Renton, and Seattle) to address primary prevention, treatment,

service expansion and enhancement, and user health and overdose prevention. The recommendations promote equity in access to limited treatment resources, while also connecting individuals whose heroin use is impacting emergency services by providing less expensive treatment options. Through a range of programming, this initiative served 523 people in 2017, and supported distribution of 1,500 kits of the opioid

A communitywide strategy to address the opioid crisis through education and prevention

A KEY COMPONENT OF MIDD'S INVESTMENT to implement the recommendations of the King County Heroin and Prescription Opiate Task Force is upstream prevention and community education. In collaboration with its partners, King County implemented a range of activities across the region in 2017 to address the opioid crisis:

Education. A variety of educational strategies brought information into the community to promote knowledge and action to counter the opioid crisis:

- ▶ The King County Library System Opioid Education Series presented a range of topics in seven local libraries, including educational discussions about

accessing treatment, stories about the impact of opioid use disorder, facilitated feedback sessions, and ways communities can respond to the crisis.

- ▶ A flyer on Opioid Medication and Pain was created in 22 languages and distributed to community health clinics and pharmacies as a patient education tool in clinic waiting areas, in pain management conversations between doctors and their patients, and online. It includes the risks and benefits of opioids, alternative pain management strategies and treatments, responsible prescribing practices, safe storage and disposal, and strategies to help keep children and teens safe. The flyer was

distributed to community health clinics and pharmacies.

- ▶ A King County social media campaign "Community Voices on Overdose Prevention" promoted overdose awareness, prevention education, and the overdose reversal medication naloxone.

Secure Medicine Return. King County introduced the Secure Medicine return program requiring pharmacies to establish drop off boxes for the disposal of prescription medication, including opioids. Other organizations, including law enforcement and treatment providers were encouraged to provide secure drop box locations. King County promoted the National Prescription Drug Take-Back Days sponsored by the federal Drug Enforcement Agency. These events provide safe, convenient, and responsible means of disposing of prescription drugs at collection sites communitywide, while also educating people about the potential for medication abuse.

Expanding Universal Screening. Through a partnership with the University of Washington and Northwest Leaders in SBIRT, specialized curriculum and training is being developed for social work, nursing, pharmacy, and dentistry students in order to advance universal screening practices. ■



overdose medication naloxone. MIDD supported the delivery of coordinated medication-assisted treatment for opioid use disorders through five community-based organizations with services to begin in early 2018. For people who entered treatment, reductions in substance use were evident for 37 percent of those with measurement at two different times. Planning began for a Community Health Engagement Location as recommended by the task force, but implementation of this component was delayed during 2017. This initiative also promoted responsible opioid prescribing and a campaign to educate a broad audience about opioids, as described on page 19.

CD-08: Children's Domestic Violence Response Team

The Children's Domestic Violence Response Team (CDVRT) provided mental health treatment, linkages to resources, and advocacy for 143 families, including children ages 0-17 and their supportive parent. Through trauma-informed treatment, parent education, and family-oriented support groups, CDVRT strives to reduce the impact of trauma, ensure the ongoing physical safety of children and families, and provide a foundation for emotional support and healing. CDVRT advocates help children and families address complex challenges across multiple systems including legal, housing and schools. In 2017, CDVRT implemented a new meet and greet process in which CDVRT advocates facilitate a warm handoff to mental health providers to increase engagement and decrease barriers to treatment. Many children and families also participate

in Kids Club, a national model that offers information and support in group settings to increase children's feeling of safety, improve their problem-solving skills, and enhance their opportunities for positive social connections.

CD-09: Behavioral Health Urgent Care Walk-in Clinic

This initiative was deferred during 2017 due to environmental factors impacting MIDD implementation. Please see page 5 for additional information.

CD-10: Next-Day Crisis Appointments

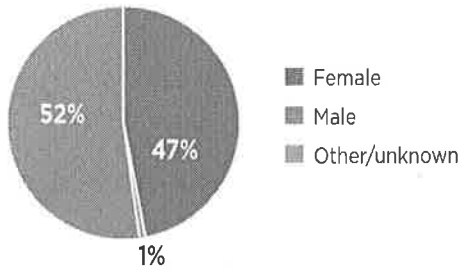
Next-Day Crisis Appointments (NDAs) diverted people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response appointments within 24 hours at clinics in Auburn, Bellevue, Burien, Renton, and Seattle. This initiative served 818 people in 2017. Among participants with long-term outcomes who received an NDA, reductions in emergency department admissions reached 55 percent. NDAs focus particularly on people who lack access to any ongoing mental health services. Referrals come from multiple sources including emergency departments, hospital inpatient units, outpatient clinics, and mobile crisis units. Each next day crisis appointment is designed to avoid psychiatric hospitalizations, and includes crisis intervention and stabilization, psychiatric evaluations, medication management services, benefits counseling and enrollment, and referrals for ongoing behavioral health care.

CD-11: Children's Crisis Outreach Response System

The Children's Crisis Outreach and Response System (CCORS) delivered a swift response and stabilization for 1,062 children and youth and their families who were impacted by interpersonal conflict or severe emotional or behavioral problems, and whose living situations may have been at imminent risk of disruption. CCORS teams offer immediate responses in homes, schools and community settings, and provide short-term intensive interventions to stabilize crises and coordinate services across systems. Among youth for whom outcome information was available, 62 percent had experienced a decrease in crisis events. CCORS also provides family-focused crisis intervention training for police officers to help them respond effectively to families in crisis. Parent partners available through CCORS assist families to



GENDER
of people served by
Crisis Diversion Initiatives



access treatment and services, and navigate interactions with schools, medical providers and law enforcement. In 2017, workforce shortages and insurance barriers impacted the team's ability to assure ongoing community-based services for families.

CD-12: Parent Partners Family Assistance

Parent Partners Family Assistance offered peer supports to help 271 youth, parents, caregivers, and community members obtain services, navigate complex health and service systems, and meet basic needs. Parent partners are credentialed in peer services and are themselves parents with ties to communities and shared experiences with the peers they seek to help. Parent partners connect families to health care, education, and public benefits, and provide community-based trainings. The initiative also offers social events, advocacy opportunities, skill building, and individualized support to help parents and youth experiencing behavioral health challenges to achieve and maintain well-being.

CD-13: Family Intervention and Restorative Services

Family Intervention and Restorative Services (FIRS) offered an alternative to court involvement and secure detention for 271 youth who had been violent toward a family member. FIRS is a community-based, non-secure facility, in which youth and families are guided through a risk and needs assessment and helped to develop a family safety plan. Youth in FIRS engage in Step-Up - a nationally recognized adolescent family violence intervention program - or other evidence-based therapy and may also complete community service or engage with other programs. FIRS was a new initiative for MIDD

beginning in 2017. Of youth with exit data, 83 percent had successfully completed the program.

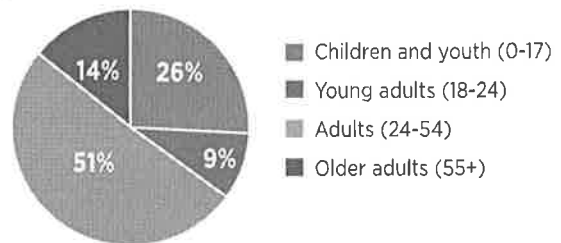
CD-14: Involuntary Treatment Triage

Involuntary Treatment Triage provided initial assessments for 104 people with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, and found not competent to assist in their own defense and unable to be restored to competency in order to stand trial. Their criminal cases are dismissed and these individuals are evaluated to determine whether they meet the criteria for 90-day involuntary civil commitment to have their behavioral health needs addressed. After a delayed start, demand for the program has been quite high, exceeding initial forecasts and requiring expanded staffing. Individuals who are not involuntarily detained - about half of those evaluated in 2017 - were provided with a release plan, developed by social workers.

CD-15: Wraparound

Wraparound offered a range of services to 492 children and youth and their families through a team approach that builds on family and community strengths, and supports youth to succeed in their homes, schools and communities. Wraparound is interwoven with other MIDD-funded supports such as Parent Partners Family Assistance within community organizations that offer comprehensive services to children, youth and families, in the context of family and community cultures. Wraparound services help families develop plans to address their needs and goals and link to resources within their communities. Families' plans are unique to their circumstances and range from addressing basic needs for housing and food, to identifying educational opportunities. Significant reductions in caregiver strain

AGE
of people served by
Crisis Diversion Initiatives



were evident through assessments, and family retention in Wraparound services increased in 2017 compared to prior years, despite workforce challenges.

CD-16: Youth Behavioral Health Alternatives to Secure Detention

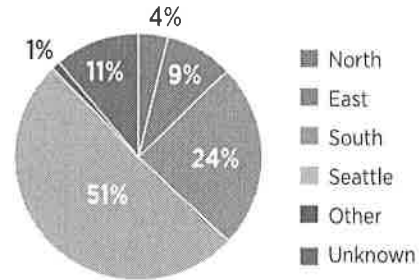
Youth Behavioral Health Alternatives to Secure Detention is part of King County’s coordinated approach to supporting youth who are at risk for involvement in the juvenile justice system. Funding supported the opening of a shelter facility for youth that provides 24-hour supervision and short-term respite beds. Site development and staff hiring occurred in 2017, so service implementation was delayed until early 2018. This initiative and Initiative CD-02 Youth and Young Adult Homelessness Services are aligned to support youth and their families to access behavioral health services, increasing the likelihood that youth at risk of juvenile justice involvement will receive the help they need and avoid further system involvement.

CD-17: Young Adult Crisis Facility

Young Adult Crisis Facility fills a gap in behavioral health and housing systems for young adults, ages 18-24, with serious behavioral health needs, including those experiencing their first psychotic break.

The initiative extends the Children’s Crisis Outreach Response System to serve young adults in transitional housing, rapid rehousing and permanent housing

LOCATION of people served by Crisis Diversion Initiatives



in south and east King County, and in Seattle. This initiative began in very late 2017 and provided mobile crisis responses to fewer than 10 young people living in transitional housing, as well as support to housing providers to ensure safety of staff and residents. The initiative is expanding to provide short-term, intensive community-based support and stabilization services.

RECOVERY AND REENTRY (RR)

INITIATIVES help people become healthy and safely reintegrate into the community after crisis. Programs encompass housing capacity, services for people experiencing homelessness, employment, peer-based recovery supports, and community reentry services after incarceration. A total of 4,131 people were served by Recovery and Reentry initiatives.

RR-01: Housing Supportive Services

MIDD’s Housing Supportive Services funds are combined with other King County investments, City of Seattle Office of Housing funds, and Housing Authority support to serve adults who are experiencing chronic homelessness and who have been unsuccessful in housing due to unstable behavior and/or difficulty with daily living skills. This initiative served 818 people in 2017. Among people served over the short term, jail bookings decreased by 49 percent and jail days decreased by 46 percent. In 2017, King County joined with other funders to award up to \$10.2 million in operating support, rental assistance, and supportive services to 11 contracted housing providers, as well as 58 new Section 8 voucher awards. MIDD funding helped



maintain 553 existing units, and helped create 296 new units with rental subsidies, operating support, and stabilization services. Alignment across funding sources streamlined applications and awards to expedite implementation of homeless housing projects in King County.

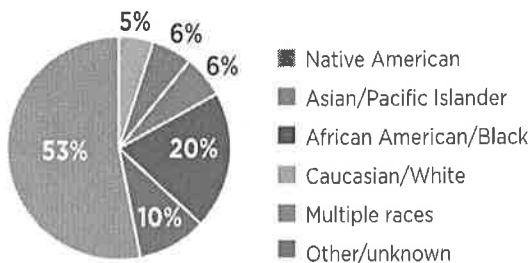
RR-02: Behavior Modification Classes at Community Center for Alternative Programs

Behavior Modification Classes at the Community Center for Alternative Programs (CCAP) provided Moral Reconciliation Therapy (MRT) groups for 74 adult men who were charged with domestic violence (DV) and had indicators of a substance use disorder. MRT is an evidence-based treatment strategy that seeks to decrease repeat offenses by increasing moral reasoning through a cognitive-behavioral approach delivered in facilitated groups and focused on accountability. Among those with long-term outcomes, adult jail bookings were reduced by 56 percent. In 2017, CCAP utilized an adapted MRT curriculum for domestic violence perpetrators, and partnered with the King County Prosecuting Attorney's Office (PAO) to receive referrals. Recruiting individuals with both DV charges and substance use issues proved challenging initially. Appropriate referrals from the PAO began to increase in late 2017 following the selection of a new provider for CCAP through a combined RFP with Initiative RR-12, Jail-Based Substance Use Disorder Treatment.

RR-03: Housing Capital and Rental

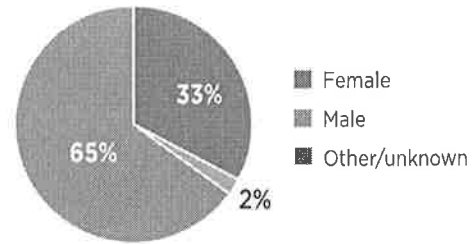
Housing Capital and Rental invests MIDD funds toward the construction and preservation of housing units for

RACE
of people served by
Recovery and Reentry Initiatives



Hispanic/Latino ethnicity is collected separately from Race to match U.S. Census Bureau data collection methods. 9% of all clients served by MIDD's Recovery and Reentry initiatives in 2017 were known to identify as Hispanic/Latino.

GENDER
of people served by
Recovery and Reentry Initiatives



people and families with behavioral health conditions with very low incomes, at or below 30 percent of the area median income. In 2017, funding was awarded to three projects through a competitive process which combined funding from King County with other local and federal capital funding. These included two large new facilities: a 52-unit building for adults living with chronic mental health conditions who are either formerly homeless or exiting institutional or hospital settings; and a 98-unit building for individuals with chronic mental health conditions and/or disabilities. In addition, nine two-bedroom units were funded to provide 18 beds in Auburn for people with behavioral health issues who are leaving hospitals or other institutions. Real estate market conditions in 2017 delayed the start of construction until 2018. In addition, a small portion of this initiative supported rental subsidies for 32 people in supportive housing settings in 2017.

RR-04: Rapid Rehousing, Oxford House Model

The implementation of the Rapid Rehousing Oxford House Model was delayed during 2017. Contract development with Oxford House, which offers affordable clean and sober housing for people in early recovery, took a few months longer than initially projected, delaying program initiation until early 2018.

RR-05: Adult Drug Court Housing Vouchers

Adult Drug Court Housing Vouchers supported recovery-oriented transitional housing units, and case management services, for 50 people participating in King County Drug Diversion Court (KCDDC) in 2017. On-site case management focused on long-term stability and assisted participants to establish a

positive rental history, engage in treatment, and obtain employment and next-step housing upon completion of KCDDC. Among those who exited in 2017, 82 percent were temporarily or permanently housed at exit and 41 percent had graduated from Adult Drug Court. In 2017, naloxone opioid reversal kits and peer guides were made accessible at every housing location. KCDDC continues to experience a high demand for housing, with more than half of participants reporting homelessness at intake.

■ **RR-06: Jail Reentry System of Care**

The Jail Reentry System of Care provided reentry case management services (RCMS) to 244 people, focusing primarily on South King County suburban jails. Services included arranging access to behavioral health treatment, basic needs, and public benefits for adults while they were in jail and as they transitioned into the community for longer term care. In 2017, this initiative also supported custody assessments, referrals, and supports for people incarcerated in jails across King County. This initiative served an additional 491 people who participated in educational opportunities through sentencing alternatives. Among those with long-term outcomes, jail bookings were reduced by 46 percent.

■ **RR-07: Behavioral Health Risk Assessment Tool for Adult Detention**

The Behavioral Health Risk Assessment Tool for Adult Detention established an evidence-based system for reentry and recidivism reduction across King County, through comprehensive assessment of the risks and needs of incarcerated individuals. A King County interdisciplinary team representing human services, jail health, prosecution, adult detention, and courts provided feedback on the assessment tool in 2017 that was created by Washington State University's Criminal Justice Institute, with input from experts in motivational interviewing and trauma-informed care. By reducing the use of subjective judgments in risk evaluations, the tool has the potential to increase the quality of decision-making, reduce recidivism, steer participants to appropriate services, and further equitable treatment. The tool will be implemented in 2018.

■ **RR-08: Hospital Re-Entry Respite Beds**

Hospital Re-Entry Respite Beds, part of a hospital-based medical respite program, offered recuperative physical and behavioral health care to 394 adults experiencing homelessness who were discharged from hospitals but needed multiple additional services to stabilize, through stays that lasted an average of three weeks. Half of all stays were successfully completed, and among individuals who completed treatment, 66 percent were housed upon exit. In 2017, staffing was increased to help address behavioral health needs including expanding prescriber access and identifying suitable housing options. An on-site needle exchange was developed. Challenges included insufficient housing options for individuals who were discharged with significant needs for ongoing support, and the need for a less acute medical respite option.

■ **RR-09: Recovery Café**

The implementation of this initiative was delayed during 2017. MIDD funding will support a new Recovery Café location. In 2017, Recovery Café investigated two locations that showed great promise, but the sites ultimately proved too costly for renovation. Recovery Café is continuing to explore options and potential partnerships with other community providers to site a new location.

■ **RR-10: Behavioral Health Employment Services and Supported Employment**

Behavioral Health Employment Services and Supported Employment provided evidence-based and intensive supported employment services to 971 people with behavioral health conditions - 832 in the Supported Employment program (SEP), and 139 more in substance use disorder treatment. One third of participants secured employment in 2017. Among those in SEP who acquired jobs prior to October 2017, 70 percent retained their jobs for at least 90 days. In addition, trainings were provided within the outpatient behavioral health system, among providers of substance use disorder services, and to facilitators who support employment support groups among peers, with a goal of embedding a focus on employment into peer-based services.

RR-11: Peer Bridger and Peer Support Pilot

The Peer Bridger component of this initiative offered transition assistance to 343 adults upon discharge from two local psychiatric hospitals and Western State Hospital. Peer Bridgers are paid staff who have lived experience with behavioral health issues and who collaborate with inpatient treatment teams to identify individuals needing support as they exit psychiatric

inpatient care. Peer Bridgers work with those individuals to develop transition plans and services continue for up to 90 days after discharge to establish outpatient care and help address the challenges posed by returning to community life. The Peer Support component of this initiative offered coaching and mentoring, recovery groups, connections with recovery resources, and community building activities for 863 people at two recovery community organizations. This initiative was new to MIDD in 2017.

Finding recovery through respectful, culturally responsive support

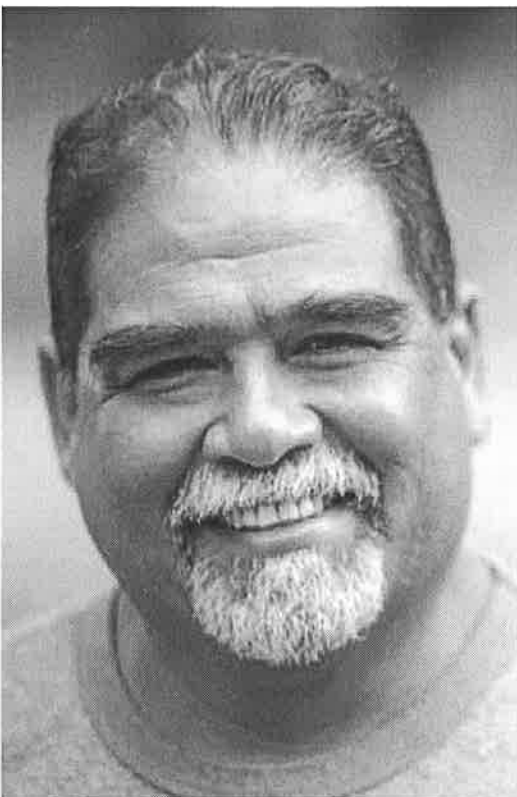
FROM AN EARLY AGE, LUIS WAS ENSNARED IN GANG LIFE. The chaos and violence he experienced led to substance use, mental health conditions, and a seemingly intractable cycle of juvenile detention, prison, and psychiatric hospitals. While medication has helped Luis, he has taken it inconsistently. When off medication, Luis hears taunting voices, and has a history of aggressive outbursts. The loss of a relationship and the death of a

friend exacerbated Luis' drug use, the voices returned, and the cycle of hospital to jail, and back to the hospital, seemed likely to be Luis' only path.

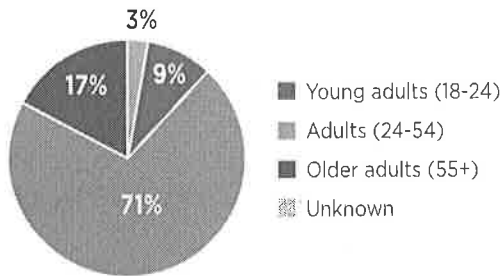
However, while in psychiatric intensive care, Luis was referred to the **Peer Bridger** program in hopes that additional support through a peer with shared experience could offer him hope and options. Luis, a 47-year-old Puerto Rican man, was paired with Rebecca, a 63-year-old white woman. While Rebecca had also struggled with behavioral health challenges, she acknowledged the challenges and inequities inherent in their pairing. Rebecca sought opportunities to connect with a culturally matched provider in helping Luis. Rebecca referred Luis to the HARPS (Housing and Recovery through Peer Supports) program and collaborated with one of HARPS' specialists, a person of color who has lived experience with substance use and homelessness, to help coordinate resources. Rebecca stayed in contact with Luis so she could maintain their relationship

after he was discharged from the hospital. Rebecca came to know Luis as someone who has done well when he has someone he trusts in his life. Luis responded positively to her outreach, especially after an incident when he threatened a service provider. Rebecca made clear that she would not abandon him. Trained in principles of trauma-Informed care, Rebecca built a relationship with Luis based on respect.

As they worked together to navigate among multiple systems and resources, Luis and Rebecca connected at the clinic where Luis sees his psychiatrist and obtains medications, participates in substance use disorder treatment, and participated in Peer Support activities where peers provide coaching, mentoring and recovery support groups. With the coordinated assistance of the Peer Bridger program and HARPS, Luis was able to move into Section 8 housing. He is now connected to outpatient behavioral health care and is working toward his GED. ■



AGE
of people served by
Recovery and Reentry Initiatives



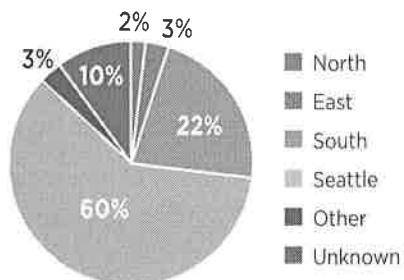
RR-12: Jail-based Substance Use Disorder Treatment

A Request for Proposals (RFP) for Jail-based Substance Use Disorder Treatment was released in September 2017, somewhat later than initially expected, to secure a provider for jail-based substance use disorder (SUD) treatment services at the Maleng Regional Justice Center in Kent. The RFP was combined with Initiative RR-02 Behavior Modification Classes at CCAP to purchase corrections-based SUD treatment services. Services were due to begin in the first half 2018.

RR-13: Deputy Prosecuting Attorney for Familiar Faces

The Familiar Faces Initiative seeks to shift responses to behavioral health crises out of the criminal justice system to the health and human services system. MIDD funds supported a full-time Deputy Prosecuting Attorney who worked to resolve low-level drug offenses and misdemeanor property related cases for individuals who were making progress in services and treatment.

LOCATION
of people served by
Recovery and Reentry Initiatives



This initiative began services in September 2017 and served 45 people.

RR-14: Shelter Navigation Services

Implementation of Shelter Navigation Services was delayed during 2017. Challenges with shelter siting and costs postponed an RFP process. By late 2017, projects were moving forward, with firm commitments expected in 2018.

SYSTEM IMPROVEMENT (SI) INITIATIVES

strengthen the behavioral health system to become more accessible and better equipped to deliver on outcomes. Programs are designed to build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects.

SI-01: Community Driven Behavioral Health Grants

This initiative was deferred during 2017 due to environmental factors impacting MIDD implementation. Please see page 5 for additional information.

SI-02: Behavioral Health Services in Rural King County

This initiative was deferred during 2017 due to environmental factors impacting MIDD implementation. Please see page 5 for additional information.

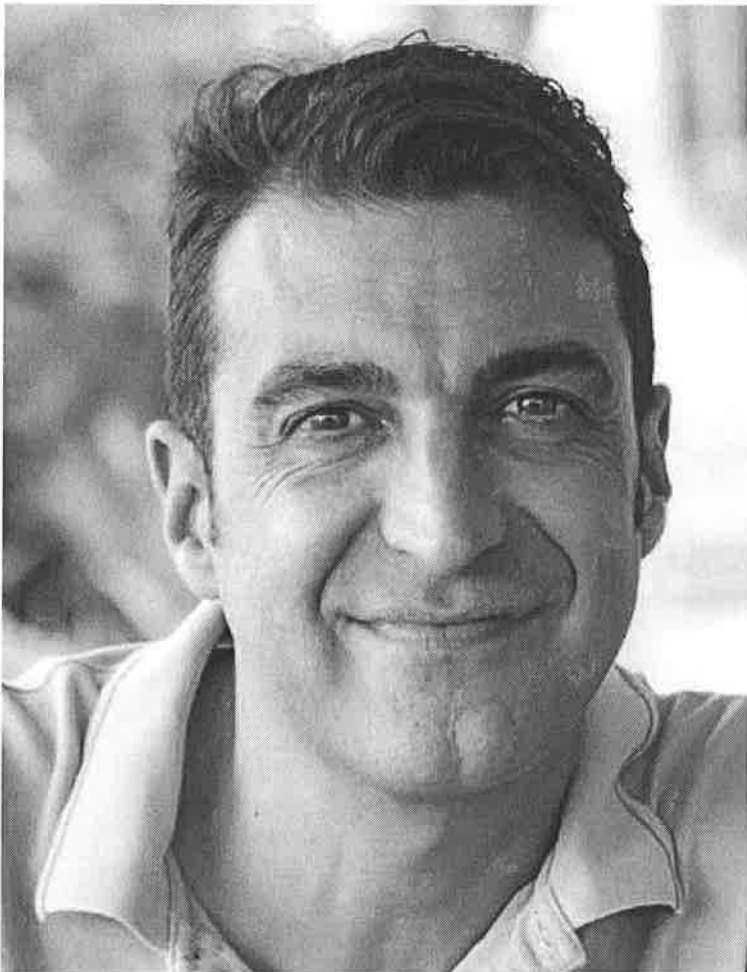
SI-03: Quality Coordinated Outpatient Care

In the first half of 2017, Quality Coordinated Outpatient Care combined MIDD funds with Medicaid matching funds to support additional staff positions within mental health outpatient provider agencies to reduce caseloads for clinicians. Often, the additional staff were employment or housing specialists, or had expertise in peer supports or access to benefits, which allowed clinicians to focus on clients' therapeutic needs. Sixteen agencies received funding. As a result of midyear reductions to Medicaid matching funds, funding to providers ramped down through the end of the year. In the second half of 2017, this initiative was redesigned to

reflect the integration of mental health and substance use disorder (SUD) services, and to support practice transformation and alignment with the statewide transition toward measurement-based, outcome-focused whole-person care.

■ SI-04: Workforce Development

The Workforce Development initiative assures sustainable, systems-based approaches to supporting the behavioral health workforce by providing training and tools that increase capacity to deliver quality services. In 2017, this initiative focused on improving culturally appropriate, trauma-informed behavioral health services by increasing and retaining staff, enhancing their skill sets, and increasing adoption of evidence-based practices. MIDD funding also supported a Medication-Assisted Treatment Clinical Collaboration project in partnership with Public Health - Seattle & King County and local opioid treatment providers, as well as chemical dependency professional education, licensing, and supervision for clinicians in the field. A total of 476 people were trained or reimbursed for licensing and clinical supervision. This initiative was redesigned in 2017 to more fully support integrated behavioral health care. A workforce development



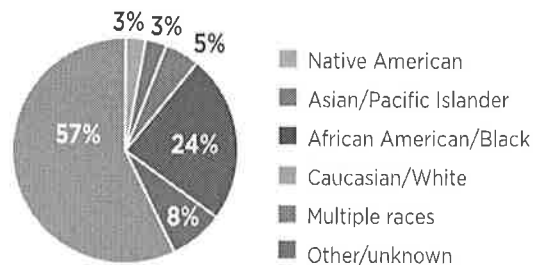
plan was created in collaboration with a stakeholder workgroup, to address mental health and substance use disorder-related training needs from an equity and social justice perspective. After a transition year in 2018, the plan is expected to be fully implemented in 2019. ■

THERAPEUTIC COURTS (TX) INITIATIVES serve people experiencing behavioral health conditions who are involved with the justice system, supporting them to achieve stability and avoid further justice system involvement. A total of 1,319 people were served by Therapeutic Court initiatives.

■ TX-ADC: Adult Drug Court

Adult Drug Court is part of King County's therapeutic courts system, offering structured court supervision and access to behavioral health treatment for 797 eligible defendants charged with felony drug and property crimes. Comprehensive treatment and housing services, along with employment and education support and newly added peer services, are provided through King County Drug Diversion Court (KCDDC). Among those with long-term outcomes, jail bookings were reduced by 49 percent. Access to housing is critical to participants' ability to obtain employment, maintain recovery and successfully complete drug court. KCDDC secures 42 transitional housing units each month, including eight young adult units. In 2017, KCDDC began distributing naloxone opioid reversal kits and at least one opioid overdose reversal was completed using a KCDDC-provided kit. Timely access to inpatient substance use

RACE
of people served by the
Therapeutic Courts Initiatives



Hispanic/Latino ethnicity is collected separately from Race to match U.S. Census Bureau data collection methods. 7% of all clients served by MIDD's Therapeutic Court initiatives in 2017 were known to identify as Hispanic/Latino.

disorder treatment remains a challenge, especially for those who require medication-assisted treatment.

■ TX-FTC: Family Treatment Court

Family Treatment Court (FTC) focuses on children's welfare and families' recovery from substance use disorders through evidence-based practices to improve child well-being, family functioning, and parenting skills, serving a total of 98 children and their families.

Of people who exited FTC in 2017, 63 percent either graduated or had their dependency cases dismissed. In 2017, FTC expanded to South King County. Service capacity was increased from 60 to 78 children at any one time or about 140 children per year, and services were enhanced to include peer mentors. Access to inpatient substance use disorder treatment beds and medication-assisted treatment options presented challenges in 2017. FTC was able to connect 51 percent of parents to MAT services (12 percent more than

Bringing a family back together in recovery

MULTIPLE MIDD-FUNDED PROGRAMS CAME TOGETHER

in 2017 to help Eleanor and her young son, Elijah. Eleanor connected with **Family Treatment Court (FTC)** in December 2016. She had just entered inpatient substance use disorder (SUD) treatment, at Evergreen Recovery Centers (ERC) as she sought to manage her use of methamphetamines, cannabis, and alcohol. Eleanor was without housing and overwhelmed by issues she'd struggled with for years including suicidal ideation, depression, attention deficit disorder, trauma, and bipolar disorder. At ERC, Eleanor participated in evidence-based, trauma-informed therapeutic interventions to manage her symptoms and emotions. As Eleanor worked toward behavioral health stability and a fresh start, Family Treatment Court offered the supports she would need to regain custody of Elijah.

Elijah had been placed with relatives while Eleanor was at ERC. She was determined to get the help she needed to reunite with Elijah, but she also needed the intervention and supports of Family Treatment Court. Within two months, Eleanor was making good progress in treatment, and Elijah was returned to her care. However, soon after,

Eleanor struggled with wanting to leave treatment. The specialists at FTC, and the treatment providers at ERC, came together to work with Eleanor and help her stay focused on her goals: freedom from substance use disorders for herself, and a safe and secure future for Elijah. Eleanor stuck with it and graduated from inpatient treatment three months later.

Eleanor and Elijah moved to a temporary shelter while waiting for a permanent housing opportunity. That opportunity came later that summer when FTC was able to provide her a housing voucher and help her move into her own apartment in Bellevue. In that transition, Eleanor needed

assistance once again to maintain the services that were supporting her recovery, and her parenting. Treatment specialists at FTC helped her find new supports in Bellevue by connecting her to behavioral health treatment at Ikron, and sober supports in her new community. Through her hard work and the support of FTC, Eleanor has over a year of sobriety and is employed and living independently. She has maintained custody of her son, managed her mental health symptoms, and is working on a parenting plan. She has a foundation of healthy and sober supports to help her sustain her recovery and strengthen her family. ■



the prior year). With 65 percent of FTC participants needing long-term treatment, but few options available in King County, FTC sent participants out of the county to receive services, which compounded barriers for children and lengthened waiting lists. The short supply of transitional housing is also an ongoing challenge.

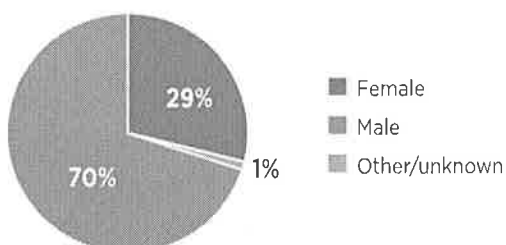
■ TX-JDC: Juvenile Drug Court

Juvenile Drug Court (JDC) supported 51 youth struggling with substance use who had been charged with criminal offenses by providing an incentive-driven program that has reduced the rate of recidivism. In 2017, the Office of Juvenile Justice Delinquency Prevention issued guidelines supporting a coordinated system of care for youth and their families impacted by behavioral health issues. This resource has strengthened the approach for court-involved youth who are impacted by substance use and mental health issues. Notably JDC and the coordinated care model have been effective for youth of color, and their families, who are disproportionately represented in the juvenile justice system.

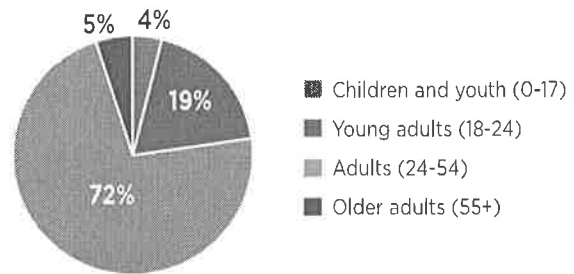
■ TX-RMHC: Regional Mental Health Court

Regional Mental Health Court (RMHC) along with the Regional Veterans Court (RVC) served 375 people with behavioral health disorders – 63 of whom were veterans – during their involvement in the criminal justice system. RMHC and RVC provide supports that further individuals' stability, reduce recidivism and justice system involvement, and enhance community safety. Among individuals served over the long term, jail bookings were reduced by 32 percent. In 2017, a mentor program in RVC paired veteran volunteers from across the community with court-involved veterans, to provide positive supports and to help them navigate difficult transitions, including readjustment to civilian life after military separation and readjustment to the community

GENDER
of people served by the
Therapeutic Courts Initiatives



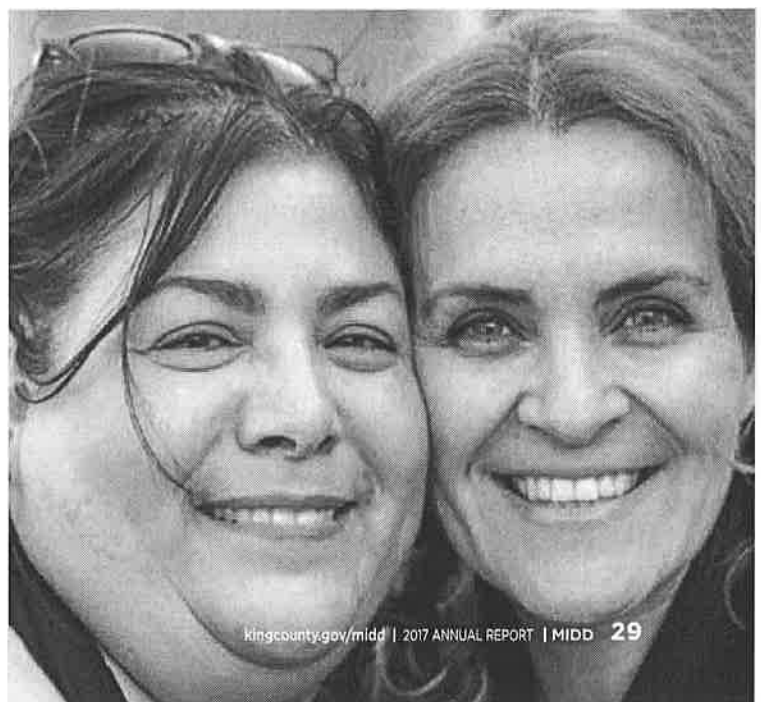
AGE
of people served by the
Therapeutic Courts Initiatives



upon leaving jail. RVC is piloting the first ever risk and needs assessment developed specifically for veterans. Securing housing as people transition from incarceration or homelessness poses a considerable challenge.

■ TX-SMC: Seattle Municipal Mental Health Court

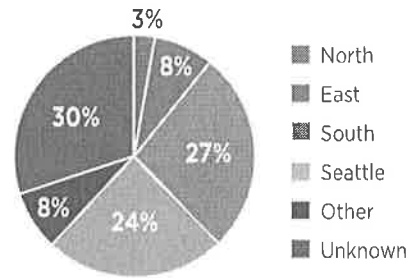
City of Seattle Municipal Mental Health Court provides referrals to services for individuals who are booked into jail on City of Seattle Municipal Court misdemeanor charges but are found not competent to stand trial. MIDD funding supports outreach, engagement, and hand-offs to programs within the community designed to serve participants through intensive levels of care. Due to staffing vacancies, fewer than 10 individuals were served in 2017. Elements of the program were redesigned to better meet the needs of this unique population, with implementation of the changes expected in 2018.



■ TX-CCPL: Community Court Planning

MIDD's Community Court Planning investment in 2017 supported development of a pilot Community Court to be implemented in Redmond in 2018. Community Courts provide services and supervision for individuals who come into the criminal justice system with high needs, but who are at low risk for violent offense. They address defendants' underlying issues that may contribute to further criminal activity via access to services, accountability, collaboration, streamlined court procedures, and community service. ■

LOCATION
of people served by the
Therapeutic Courts Initiatives



MIDD INITIATIVE PROCUREMENT UPDATE

Most MIDD services are contracted to community agencies. In order to support and promote coordination across funding sources as well as expanded access, sometimes such services are subject to a formal procurement process such as a Request for Qualifications (RFQ) or Request for Proposals (RFP). Most often this occurs when services are new,

restructured, or redesigned, although some initiatives feature routine RFP cycles. Other MIDD services are provided or managed by other county agencies.

The King County Department of Community and Human Services (DCHS) conducted the following competitive procurement processes for MIDD services in 2017:

MIDD Number	MIDD Initiative	Procurement Type	Date Procurement Released	Implementation Start
CD-07	Multipronged Opioid Strategies	Request for Qualifications	August 2017	January 2018
CD-15	Wraparound Services for Youth	Request for Qualifications	June 2017	January 2018
RR-01	Housing Supportive Services	Request for Proposal	August 2017	January 2018
RR-02	Behavior Modification Classes at CCAP	Request for Proposal	September 2017	March 2018
RR-03	Housing Capital and Rental	Request for Proposal	August 2017	January 2018
RR-12	Jail-based SUD Treatment	Request for Proposal	September 2017	May 2018

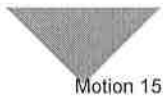
DATA-INFORMED IMPLEMENTATION ADJUSTMENTS

Significant recommended revisions to MIDD initiatives were included in the design work and implementation planning for MIDD 2, as described in the MIDD 2 Implementation Plan. In addition, a continuous improvement approach is applied to MIDD-funded

services to ensure that data and other information are used to inform needed program and process updates and changes. The table below provides an overview of data-informed initiative adjustments during 2017.

Initiative Number	Initiative Name	Data-Informed Modification
PRI-01	Screening, Brief Intervention and Referral To Treatment	<p>A quality improvement process was conducted with providers of SBIRT services to clarify and simplify the required data collection. This improvement process lessened the reporting burden on providers, clarified the changes in data to be collected in MIDD 2, and guided internal problem-solving conversations.</p> <p>Progress toward the benchmark number of screens per provider staff was shared with agencies as a way to monitor their performance. This kind of feedback was useful in making adjustments.</p>
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	Data analysis for this initiative identified demographic and detention use outcome trends. This information, along with ongoing Juvenile Justice reform efforts, led program staff to include in the Request for Proposal for this initiative a substantial equity and social justice focus. This included applicants' experience providing culturally relevant services to youth involved in the justice system, as well as specific strategies to engage multi-ethnic and LGBTQ* or gender non-conforming communities and to avoid contributing to ethnic and racial disproportionality.
PRI-09	Sexual Assault Behavioral Health Services	<p>Data was used to identify and propose appropriate performance targets based on historical performance in the context of funding changes.</p> <p>Technical assistance was provided to ensure consistent interpretation of data collection procedures and aligning program expectations for performance across providers.</p> <p>Coordination and consultation was provided to agencies about implementing more standardized, robust performance measures to more accurately capture participants' outcomes based on who was receiving services.</p>
PRI-10	Domestic Violence and Behavioral Health Services and System Coordination	<p>Analysis of data was used to effectively set performance targets and to determine if targets were appropriate.</p> <p>Individual provider data was used to identify barriers to performance and support programs to improve in areas where there were concerns.</p>
CD-08	Children's Domestic Violence Response Team	A review of data for this program resulted in improved data reporting procedures to more accurately capture services from the catchment area identified for MIDD funding. MIDD data analysis also helped to identify the appropriate timeframe for followup symptom measurement.

*Lesbian/Gay/Bisexual/Transgender/Queer or Questioning



2017 PERFORMANCE MEASUREMENT RESULTS

Most MIDD initiatives have established performance measures, as identified in the MIDD 2 Evaluation Plan, including the number of people to be served each year. This table shows progress toward each initiative's key target in 2017. Not Applicable (N/A) means that an initiative was deferred, delayed or redesigned in 2017,

and therefore did not have performance measurement results in 2017.







↑	More than 85% of target	→	65% to 85% of target	↓	Less than 65% of target
---	-------------------------------	---	----------------------------	---	-------------------------------

Prevention and Early Intervention		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
PRI-01	Screening, Brief Intervention and Referral To Treatment (SBIRT)	2,500	1,557	↓ 62%	For 767 people with long-term outcomes, Harborview emergency department admissions were reduced by 51%. Program changes led to lower numbers served than planned. Future increases are expected.
PRI-02	Juvenile Justice Youth Behavioral Health Assessments	300	295	↑ 98%	Juvenile detention outcomes data were not available for analysis.
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	1,200	1,164	↑ 97%	For people with clinical assessments, 346 had depression scores and 280 had anxiety scores. For depression, 67% showed improvement. For anxiety, 61% showed improvement.
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT)	340	156	↓ 46%	A provider withdrew from providing this service in mid-2017, impacting the number of people served. Redesign of this initiative is under way.
PRI-05	Collaborative School Based Behavioral Health Services: Middle and High School Students	1,000	1,283	↑ 128%	Redesign of this initiative with Best Starts for Kids SBIRT (Screening, Brief Intervention, and Referral to Treatment) is in development.
PRI-06	Zero Suicide Initiative Pilot	TBD	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 5 for additional information.
PRI-07	Mental Health First Aid (MHFA)	2,000	42 trained	N/A	The implementation of this initiative was delayed during 2017. Please see page 14 for additional information.
PRI-08	Crisis Intervention Training - First Responders	600	795 trained	↑ 133%	Use-of-force statistics serve as a proxy for increased use of de-escalation techniques by law enforcement. Cases with any use of force by Seattle Police averaged 132 per month in 2017, down 22% from 169 per month in the prior year.
PRI-09	Sexual Assault Behavioral Health Services	222	197	↑ 89%	Among 87 unduplicated youth and adult participants, 82% achieved individualized outcomes or met treatment goals.
PRI-10	Domestic Violence and Behavioral Health Services and System Coordination	560	446 served	→ 80%	Among 51 people with more than one screening score, 59% showed improved depression and 75% showed improved anxiety. Statistically significant reductions in both depression scores (18% lower) and anxiety scores (28% lower) were found.
		160	432 trained	↑ 270%	

CONTINUED

CONTINUED

Prevention and Early Intervention		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
PRI-11	Community Behavioral Health Treatment	3,500	3,975	 113%	For 627 people with long-term outcomes who began MIDD-funded mental health treatment, 61% had no jail, ED or psychiatric inpatient hospital use. Of the 79 people with any adult jail use, the number of bookings was reduced by 35%. Long-term reductions in jail bookings were even greater (at 48%) for the 395 people in substance use treatment who had been incarcerated at some point.

Crisis Diversion		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
CD-01	Law Enforcement Assisted Diversion (LEAD)	350	310	 89%	At least one year must pass after starting MIDD services for outcomes to be measured for service participants. Outcome results are not available yet because this initiative began in 2017.
CD-02	Youth and Young Adult Homelessness Services	TBD	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 16 for additional information.
CD-03	Outreach and In Reach System of Care	450	680	 151%	Significant long-term reductions in both the number of adult jail bookings (50%) and days (33%) were found.
CD-04	South County Crisis Diversion Services/ Center	TBD	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 5 for additional information.
CD-05	High Utilizer Care Teams	100	101	 101%	Harborview emergency department admissions were reduced significantly in each year after services began: first year (40%), second year (75%) and third year (83%).
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	1,875	2,723	 145%	After first year increases in Harborview emergency department admissions, significant reductions were achieved in the second (25%) and third years (43%).
CD-07	Multipronged Opioid Strategies	700	523	 75%	For 161 people who entered treatment, reductions in substance use were evident for 37% of those with measurement at two different times. A total of 35 people (22%) indicated they had reduced their substance use to zero over all periods measured.
CD-08	Children's Domestic Violence Response Team	85	143 families	 168%	In 2017, 45 singular Pediatric Symptom Checklist scores were submitted. Of these, 21 (47%) were below the clinical threshold of concern.
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot	TBD	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 5 for additional information.

CONTINUED

Crisis Diversion		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
CD-10	Next Day Crisis Appointments (NDAs)	800	818	↑ 102%	For 79 people with long-term outcomes, Harborview emergency department admissions were reduced by 55%.
CD-11	Children's Crisis Outreach and Response System (CCORS)	1,000	1,062	↑ 106%	Among the 133 youth with 2017 services who had also been served in prior years, 62% experienced a decrease in crisis events as measured by total CCORS service counts.
CD-12	Parent Partners Family Assistance	300	271	↑ 90%	Advocacy skills increased for 45% of the people served individually by this initiative.
CD-13	Family Intervention and Restorative Services (FIRS)	300	271	↑ 90%	Of 131 youth with exit data, 109 (83%) had successful completions. At least one year must pass after starting MIDD services for outcomes to be measured for a service participant.
CD-14	Involuntary Treatment Triage Pilot	200	104	↓ 52%	At least one year must pass after starting MIDD services for outcomes to be measured for a service participant. Outcome results are not available yet because this initiative began in 2017.
CD-15	Wraparound Services for Youth	650	492	→ 76%	Statistically significant improvements in caregiver strain scores were evident when comparing average total scores at baseline (N=524) with subsequent assessments (N=255). For those with scores at both baseline and a later period, 57% showed decreased strain.
CD-16	Youth Behavioral Health Alternatives to Secure Detention	TBD	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 22 for additional information.
CD-17	Young Adult Crisis Facility	TBD	<10*	N/A	The implementation of this initiative was delayed during 2017. Please see page 22 for additional information.

Recovery and Reentry		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
RR-01	Housing Supportive Services	690	818	↑ 119%	In the first year after people entered MIDD housing, their adult jail bookings decreased by 49% and associated days decreased by 46%.
RR-02	Behavior Modification Classes at CCAP (DV-MRT)	40	74	↑ 185%	Over the long term, people enrolled in DV-MRT reduced their adult jail bookings by 56%.

CONTINUED

CONTINUED

Recovery and Reentry		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
RR-03	Housing Capital and Rental	TBD	32	N/A	Short-term Harborview emergency department reductions of 61% were found for people recently served.
RR-04	Rapid Rehousing-Oxford House Model	333	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 23 for additional information.
RR-05	Housing Vouchers for Adult Drug Court (ADC)	30	50	↑ 166%	Of 17 people who exited in 2017, 14 (82%) were temporarily or permanently housed at exit.
RR-06	Jail Reentry System of Care	350	244	→ 70%	For individuals served in both reentry case management and other educational opportunities, long-term reductions in jail bookings reached 46%.
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	2,460	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 24 for additional information.
RR-08	Hospital Re-Entry Respite Beds	350	394	↑ 113%	On average, respite stays lasted three weeks and half of all stays were successfully completed. For cases with completed treatment, 66% were housed upon exit.
RR-09	Recovery Café	300	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 24 for additional information.
RR-10	BH Employment Services and Supported Employment	800	971	↑ 121%	One in three actively engaged people attained new jobs in 2017. Among the 224 SEP enrollees who acquired jobs prior to October 2017, 157 (70%) retained those jobs for at least 90 days.
RR-11	(a) Peer Bridgers	200	343	↑ 172%	At least one year must pass after starting MIDD services for outcomes to be measured for a service participant. Outcome results are not available yet because this initiative began in 2017.
	(b) Peer Support	1,000	863	↑ 86%	At least one year must pass after starting MIDD services for outcomes to be measured for a service participant. Outcome results are not available yet because this initiative began in 2017.
RR-12	Jail-based SUD Treatment	200	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 26 for additional information.
RR-13	Deputy Prosecuting Attorney for Familiar Faces	TBD	45	N/A	MIDD funding for this initiative began in September 2017. Please see page 26 for additional information.
RR-14	Shelter Navigation Services	TBD	N/A	N/A	The implementation of this initiative was delayed during 2017. Please see page 26 for additional information.

CONTINUED

CONTINUED

System Improvements		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
SI-01	Community Driven Behavioral Health Grants	TBD	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 5 for additional information.
SI-02	Behavioral Health Services In Rural King County	TBD	N/A	N/A	The implementation of this initiative was deferred during 2017. Please see page 5 for additional information.
SI-03	Quality Coordinated Outpatient Care	TBD	N/A	N/A	The implementation of this initiative's redesign was delayed during 2017. Please see page 26 for additional information.
SI-04	Workforce Development	TBD	476	N/A	The implementation of this initiative's redesign was delayed during 2017. Please see page 27 for additional information.

Therapeutic Courts		Target Number Served	Actual Number Served*	% of Target Reached	How well was it done? Is anyone better off?
TX-ADC	Adult Drug Court	700	797	↑ 114%	Adult jail bookings were reduced by 49% over the long term for ADC participants.
TX-FTC	Family Treatment Court	140	98 children	→ 70%	Of the 30 people who exited in 2017, 19 (63%) either graduated or had their child welfare dependency cases dismissed.
TX-JDC	Juvenile Drug Court	50	51	↑ 102%	Juvenile detention data were not available for analysis.
TX-RMHC	Regional Mental Health Court	130	375	↑ 288%	Reductions in adult jail bookings reached 32% over the long term.
TX-SMC	Seattle Municipal Mental Health Court	130	<10*	↓ <8%	At least one year must pass after starting MIDD services for outcomes to be measured for a service participant. Outcome results are not available yet because this initiative was redesigned in 2017.
TX-CCPL	Community Court Planning	TBD	N/A	N/A	This initiative was funded for planning only.

*In an effort to protect confidential and potentially identifying information, all numbers smaller than 10 are suppressed.

+Actual numbers represent the number of unique individuals with at least one 2017 service, unless otherwise stated.

Capacity for many initiatives is extended via blended funding from other sources.

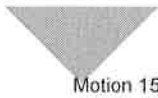
CHANGES TO INITIATIVE PERFORMANCE MEASURES

Implementation and evaluation of MIDD-funded programs requires occasional modifications as more and/or better information becomes available over time. Enhancing and improving the MIDD evaluation and reporting continued in 2017. Stakeholders were oriented to the MIDD evaluation and reporting Results-Based Accountability approach, the MIDD 2 Framework and performance measurement alignment across DCHS levies (MIDD, BSK and VSHSL). Preliminary performance measures standardized in the MIDD 2 Evaluation Plan

were examined and settled collaboratively for some new and/or restructured initiatives.

The table below shows updates to initiative performance measurements, along with explanations for any changes made. Targets confirmed during 2017 reflect the unique number of individuals receiving at least one relevant program service, unless otherwise specified. (Complete performance measure information for all initiatives is available in a technical supplement, available at kingcounty.gov/midd.)

Initiative	Original Target	New Target	Changes in 2017
PRI-02: Juvenile Justice Youth Behavioral Health Assessments	To be determined	Serve 300	MIDD 1 had multiple service type targets (for example - number of SUD assessments). A target of unique youth served was developed with stakeholders.
PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50	4,000 screened	Engage 1,200	In meetings with stakeholders, the decision was made to track individuals engaged in services as a more appropriate measure rather than screenings, which will be tracked at the aggregate level.
PRI-09: Sexual Assault Behavioral Health Services	To be determined	Serve 222	A target of unduplicated people was developed with providers based on capacity changes starting in 2017.
CD-01: Law Enforcement Assisted Diversion	500	Serve 350	The target was changed to reflect a delay in geographic expansion of the program. Language was clarified on another measure.
CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	3,000	Serve 1,875	The original target included duplicate counts. A target for an unduplicated count of individuals served was identified.
CD-10: Next Day Crisis Appointments	1,800	Serve 800 with blended funds	The original target was based on agency capacity to provide Next Day Crisis Appointments rather than expected utilization of services.
CD-12: Parent Partners Family Assistance	400	Serve 300	A target aligned with expected program capacity and utilization was developed with the provider.
RR-11: b) SUD Peer Support Pilot	To be determined	Serve 1,000	A target aligned with expected program capacity and utilization was developed with providers.



MIDD FUND FINANCIAL STATUS REPORT

This table shows actual spending by initiative during calendar year 2017 compared to planned spending by initiative for the entire 2017-18 budget period. During 2017, 44% of MIDD's biennial budgeted amount was

expended. A variety of factors contributed to this spending pattern, as described in the notes at the end of the chart on page 40.

Financial Status Report as of December 31, 2017

STRATEGY AREA and Initiative Number	Initiative Title	2017-2018 Biennial Budget ¹	2017-2018 Actuals Through December 2017 ¹	Percentage of Budget Expended to Date
PREVENTION AND INTERVENTION				
PRI-01	Screening, Brief Intervention and Referral To Treatment (SBIRT)	\$1,453,655	\$644,392	44%
PRI-02	Juvenile Justice Youth Behavioral Health Assessments ²	1,183,691	374,801	32%
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	981,880	490,940	50%
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT) ²	666,605	164,513	25%
PRI-05	Collaborative School Based Behavioral Health Services: Middle and High School Students ³	3,187,204	1,218,721	38%
PRI-06	Zero Suicide Initiative Pilot ⁵	410,400	0	0%
PRI-07	Mental Health First Aid ⁴	607,800	32,245	5%
PRI-08	Crisis Intervention Training - First Responders	1,661,320	823,419	50%
PRI-09	Sexual Assault Behavioral Health Services	1,031,991	509,373	49%
PRI-10	Domestic Violence and Behavioral Health Services and System Coordination	1,293,858	618,627	48%
PRI-11	Community Behavioral Health Treatment	24,089,140	10,864,690	45%
Subtotal Prevention and Intervention		36,567,544	15,741,721	43%
CRISIS DIVERSION				
CD-01	Law Enforcement Assisted Diversion (LEAD)	3,589,500	1,715,009	48%
CD-02	Youth and Young Adult Homelessness Services ²	607,800	151,734	25%
CD-03	Outreach and In reach System of Care	830,660	414,356	50%
CD-04	South County Crisis Diversion Services/Center ⁵	0	0	0%
CD-05	High Utilizer Care Teams	519,163	253,874	49%
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	11,233,569	5,097,361	45%
CD-07	Multipronged Opioid Strategies ²	2,289,000	331,785	14%

CONTINUED

CONTINUED

STRATEGY AREA and Initiative Number	Initiative Title	2017-2018 Biennial Budget ¹	2017-2018 Actuals Through December 2017 ¹	Percentage of Budget Expended to Date
CRISIS DIVERSION				
CD-08	Children's Domestic Violence Response Team	\$571,079	\$281,875	49%
CD-09	Behavioral Health Urgent Care Walk-in Clinic Pilot ⁵	0	0	0%
CD-10	Next Day Crisis Appointments	622,995	302,375	49%
CD-11	Children's Crisis Outreach and Response System (CCORS)	1,142,158	563,750	49%
CD-12	Parent Partners Family Assistance	1,036,427	520,544	50%
CD-13	Family Intervention and Restorative Services (FIRS)	2,203,655	1,101,828	50%
CD-14	Involuntary Treatment Triage Pilot	303,900	150,000	49%
CD-15	Wraparound Services for Youth	6,229,950	3,118,668	50%
CD-16	Youth Behavioral Health Alternatives to Secure Detention ²	1,276,000	133,672	10%
CD-17	Young Adult Crisis Facility ²	1,430,000	476,667	33%
Subtotal Crisis Diversion		33,885,855	14,613,496	43%
RECOVERY AND REENTRY				
RR-01	Housing Supportive Services	4,146,712	2,018,339	49%
RR-02	Behavior Modification Classes at CCAP	190,402	77,900	41%
RR-03	Housing Capital and Rental	4,849,400	2,424,700	50%
RR-04	Rapid Rehousing-Oxford House Model ⁴	638,000	0	0%
RR-05	Housing Vouchers for Adult Drug Court	\$468,282	\$234,141	50%
RR-06	Jail Reentry System of Care	849,999	394,283	46%
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	954,043	476,977	50%
RR-08	Hospital Re-Entry Respite Beds	1,881,445	940,723	50%
RR-09	Recovery Café ⁴	706,500	30,500	4%
RR-10	BH Employment Services and Supported Employment	1,972,818	1,104,154	56%
RR-11	Peer Bridgers and Peer Support Pilot	1,557,488	720,510	46%
RR-12	Jail-based SUD Treatment ⁴	677,887	114	0%
RR-13	Deputy Prosecuting Attorney for Familiar Faces	194,023	97,012	50%
RR-14	Shelter Navigation Services	1,000,000	500,000	50%
Subtotal Recovery and Reentry		20,086,999	9,019,351	45%

CONTINUED

CONTINUED

STRATEGY AREA and Initiative Number	Initiative Title	2017-2018 Biennial Budget ¹	2017-2018 Actuals Through December 2017 ¹	Percentage of Budget Expended to Date
SYSTEM IMPROVEMENTS				
SI-01	Community Driven Behavioral Health Grants ⁴	\$359,100	\$0	0%
SI-02	Behavioral Health Services In Rural King County ⁴	359,100	0	0%
SI-03	Quality Coordinated Outpatient Care ⁶	8,306,600	6,006,876	72%
SI-04	Workforce Development	1,505,571	616,277	41%
Subtotal System Improvements		10,530,371	6,623,153	63%
THERAPEUTIC COURTS				
TX-ADC	Adult Drug Court	8,456,351	4,048,281	48%
TX-FTC	Family Treatment Court	3,089,818	1,410,629	46%
TX-JDC	Juvenile Drug Court	2,227,880	834,398	37%
TX-RMHC	Regional Mental Health Court	7,940,017	3,582,134	46%
TX-SMC	Seattle Municipal Mental Health Court	188,722	57,802	31%
TX-CCPL	Community Court Planning	202,000	55,958	28%
Subtotal Therapeutic Courts		22,104,789	9,989,202	45%
SPECIAL PROJECTS				
Special Allocations ⁷		2,780,000	1,990,264	72%
Behavioral Health Incentives ²		4,242,613	45,244	1%
ADMINISTRATION & EVALUATION				
ADM	Administration and Evaluation	6,641,593	2,432,974	37%
Prior Year Adjustments			164,576	
Totals by Strategy Area and Initiative		136,839,763	60,619,981	44%

FINANCIAL STATUS REPORT NOTES

- In order to better align the financial reporting with budget authority and with current King County reporting practices the following table has been adjusted to reflect the current 2017-2018 Biennial Budget of the MIDD fund as adjusted, rather than an annual spending plan. This reporting change should allow for greater visibility of program spending compared to budget for the current biennial budget period.
- The initiative was planned to have limited expenditures in 2017 due to timing of startup costs and program rollout. Increased spending is anticipated in 2018.
- Late in 2017 additional state funds became available to support the work of initiative PRI-05, this resulted in increased initiative spending in 2018.
- The rollout of the initiative was delayed and spending began later than planned. The initiative is currently expected to spend the remaining budget in 2018.
- This initiative has not launched and has been deferred. The funds have been set aside to create a reserve to maintain core services.
- Spending on initiative SI-03 exceeded planning estimates. Additional funds were used to draw Medicaid matching dollars from the state.
- "Special Allocations" includes one-time funding for Consejo (SP-01), Evaluation and Treatment Capacity, Peer Bridgers, Youth Detoxification and Stabilization, Opiate Epidemic Response, Residential SUD Capital, SUD Trauma Informed Care, Supported Employment, Housing Vouchers, and Safe Place, and was planned to have the majority of the funds expended in 2017. The balance of the funding available is committed to capital projects and will be fully expended by December 31, 2018.

MIDD PARTNERS

MIDD services are carried out in partnership with these contractors and provider agencies.

Asian Counseling and Referral Service
Atlantic Street Center
Catholic Community Services
Center for Human Services
Chestnut Health System
Coalition Ending Gender-Based Violence
Community House
Community Psychiatric Clinic
Consejo Counseling and Referral Service
Cowlitz Tribal Treatment
Crisis Clinic (+)
DESC
Domestic Abuse Women's Network
Evergreen Treatment Services
EvergreenHealth
Friends of Youth
Guided Pathways - Support for Youth and Families
Harborview (+)
Hero House
Highline Medical Center
Ikron of Greater Seattle
Integrative Counseling Services
Intercept Associates

King County Department of Adult and Juvenile Detention
King County District Court
King County Judicial Administration
King County Prosecuting Attorney's Office
King County Sexual Assault Resource Center
King County Superior Court
Kent Youth and Family Services
LifeWire
Muckleshoot Indian Tribe
Multicare Behavioral Health
Navos (+)
Neighborcare Health
New Beginnings
New Traditions
Nexus Youth and Families
Northshore Youth & Family Services
Oxford House International
Pioneer Human Services
Plymouth Housing Group
Public Defender Association
Public Health - Seattle & King County (+)
Puget Sound Educational Service District

Recovery Café
Refugee Women's Alliance
Renton Area Youth Services
Ryther
Seadrunar
SeaMar Community Health Centers
Seattle Area Support Groups
Seattle Children's
Seattle Counseling Services
Seattle Indian Health Board
Snoqualmie Tribe
Sound (+)
Spectrum Health Systems, INC
St. Francis Hospital
Therapeutic Health Services
TRAC Associates
Transitional Resources
Valley Cities Counseling and Consultation
WAPI Community Services
Washington State Criminal Justice Training Commission
WCHS, INC
YMCA
Youth Eastside Services

+ Over 30 subcontractors or community clinics receive MIDD funding through these partners.



King County

401 Fifth Avenue, Suite 400
Seattle, WA 98104

Phone: 206-263-9000

kingcounty.gov/midd