

2019 MIDD Annual Report

Integrated services, strong communities



MIDD

Supporting behavioral
health and recovery

FROM THE KING
COUNTY EXECUTIVE

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Sincerely,

A handwritten signature in black ink that reads "Dow Constantine". The signature is fluid and cursive.

Dow Constantine
King County Executive

CONTENTS

Letter from the Director..... 1

Overview 2

Across King County 4

MIDD Goals..... 6

MIDD Evaluation..... 9

Initiative summaries 10

Initiative procurement update..... 28

Data-informed implementation adjustments 28

2019 Performance measure results 29

Changes to initiative performance
measurement targets..... 37

2019 Financial report 38

2019 MIDD Advisory Committee 40

Partners 41

FOR MORE INFORMATION

www.kingcounty.gov/MIDD

ALTERNATE FORMATS

call 206-263-9100
or TTY Relay 711

PRIVACY

King County respects the dignity and choices of people who participate in MIDD-funded services. The MIDD service participants whose stories are told in this report have consented to have their stories shared. Names have been changed to maintain confidentiality. Images throughout this report are stock photos, used solely for illustrative purposes.

THANKS TO OUR PARTNERS

Many organizations in our region partner with King County’s Department of Community and Human Services to implement MIDD programs and services. These partners are recognized by name on page 41.

FROM THE KING COUNTY BEHAVIORAL HEALTH AND RECOVERY DIVISION DIRECTOR

It's my honor to present King County's 2019 report on the MIDD behavioral health sales tax fund.¹ This year's report reflects a year of progress and possibility in a rapidly changing region.

MIDD investments support the strength and resilience of communities across King County. In 2019, MIDD partners helped residents connect with recovery services instead of the criminal legal system; find physical and behavioral health care before reaching the point of crisis; and access much-needed support to live healthier, more independent and more fulfilling lives.

Over the past two years, MIDD has emerged as a critical partner in the transformation of the behavioral health care system in King County. King County is proud to be the only county in the state that plays a central coordinating role for a network of behavioral health providers — the King County Integrated Care Network (KCICN). With more than 36 participating provider agencies and contracts with all five of the region's Medicaid managed care organizations, this was a significant step in 2019 toward closing the gap in the behavioral and physical health care systems.

In 2019, MIDD's work was implemented for the first time in the context of Integrated Managed Care, including a new Medicaid payment model and the KCICN. In anticipation of this new environment, MIDD initiatives began adapting to fully leverage potential opportunities. MIDD also launched two new initiatives in 2019. Although the lack of affordable housing and insufficient number of licensed professionals in the behavioral health workforce continued to pose challenges, only a few new programs were deferred.

At the time this letter was written, the impact of the COVID-19 pandemic was still being felt across our county. There is no question that this pandemic will shape our work over the years to come. Integration across systems, and between MIDD and Best Starts for Kids and the Veterans, Seniors and Human Services Levy (VSHSL), will be more important than ever.

It is in these difficult times that we recognize MIDD's most important investment is in the overall health of our community. Through over 50 varied and complex initiatives, MIDD demonstrates our commitment to caring for our most disenfranchised residents — contributing to the resilience of our whole community.

Forward-thinking, future-facing, King County residents continue to invest in the dignity, connection and opportunities for wellness that every person in our community deserves. Thank you for your collaboration.

Sincerely,



Kelli Nomura
Director, King County Behavioral Health and Recovery Division



¹ The MIDD behavioral health sales tax fund is also referred to as the Mental Illness and Drug Dependency fund.

MIDD 2019

King County promotes the welfare of its residents through MIDD — a countywide 0.1 percent sales tax that has historically generated about \$136 million every two years — by investing in programs and services that support people living with or at risk of behavioral health conditions. MIDD programs and services are founded in equity and social justice to promote wellness, improve participants' quality of life and help them thrive in recovery.



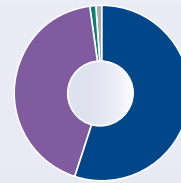
WHO WE SERVE

Across King County, MIDD programs and services respond to community needs, invest in community strengths and tap into community resources. Founded on a person-centered approach and seeking to provide culturally relevant support, MIDD's broad range of initiatives are designed to advance five overarching goals:

- Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms and hospitals.
- Reduce the number, length and frequency of behavioral health crisis events.
- Increase culturally appropriate, trauma-informed behavioral health services.
- Improve health and wellness of individuals living with behavioral health conditions.
- Explicit linkages with and further the work of King County and community initiatives.



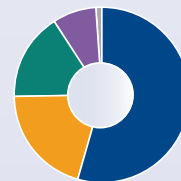
2019 DEMOGRAPHICS



GENDER IDENTITY

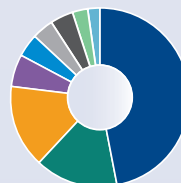
- Female: **43%**
- Male: **55%**
- Other: **1%**
- Unknown: **1%**

Individuals who selected "Other" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, questioning and/or gender-nonconforming.



AGE

- 0-17: **16%**
- 18-24: **8%**
- 25-54: **54%**
- 55+: **20%**
- Unknown: **1%**



RACE/ETHNICITY

- American Indian/Alaska Native: **3%**
- Asian: **4%**
- Black/African American: **15%**
- Hispanic/Latino: **15%**
- Native Hawaiian/Pacific Islander: **2%**
- White: **47%**
- Multiple races: **6%**
- Other: **4%**
- Unknown: **4%**

Race/ethnicity groups are mutually exclusive.

Data are provided only for individuals for whom demographic information is available. Individuals who are enrolled in more than one program may be duplicated in the demographic data. Demographic counts do not include housing capital funds, provider training programs, and MIDD-Best Starts for Kids partner programming. Totals may not add up to 100% due to rounding.

WHAT WE DO

King County is working to shift from a costly, crisis-oriented system for responding to health and social concerns to one that focuses on prevention, embraces recovery and eliminates disparities. As a key support to the King County Integrated Care Network (KCICN) and Behavioral Health Administrative Service Organization (BH-ASO), MIDD is a critical partner in this transition. MIDD's strategic alignment with other initiatives and expanded partnership with agencies and communities contribute to a broader, more effective network of support.

To best meet the behavioral health and recovery needs of our region — equitably — MIDD coordinates funding to help ensure that people who are not eligible for Medicaid have the same access to services and assistance as those who do. The effective braiding of funding streams has extended MIDD's capacity and filled service gaps in the public system to support a truly integrated behavioral health care continuum.

To deliver on its goals, MIDD strategically integrates initiative areas across the behavioral health continuum of care.

Prevention and Early Intervention (PRI)

PRI initiatives ensure that people get the support they need to stay healthy and keep concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage.

Crisis Diversion (CD)

CD initiatives focus on ensuring that people who are in crisis get the support 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.

Recovery and Reentry (RR)

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.

System Improvement (SI)

SI initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively. Programs are designed to build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects.

Therapeutic Courts (TX)

TX initiatives serve people experiencing behavioral health conditions who are involved with the criminal legal system, supporting them to achieve stability and avoid further legal system involvement.

2019 PROGRESS

20,385

people served

\$71.1M

invested

49

initiatives continued or launched

100+

community and implementation partners



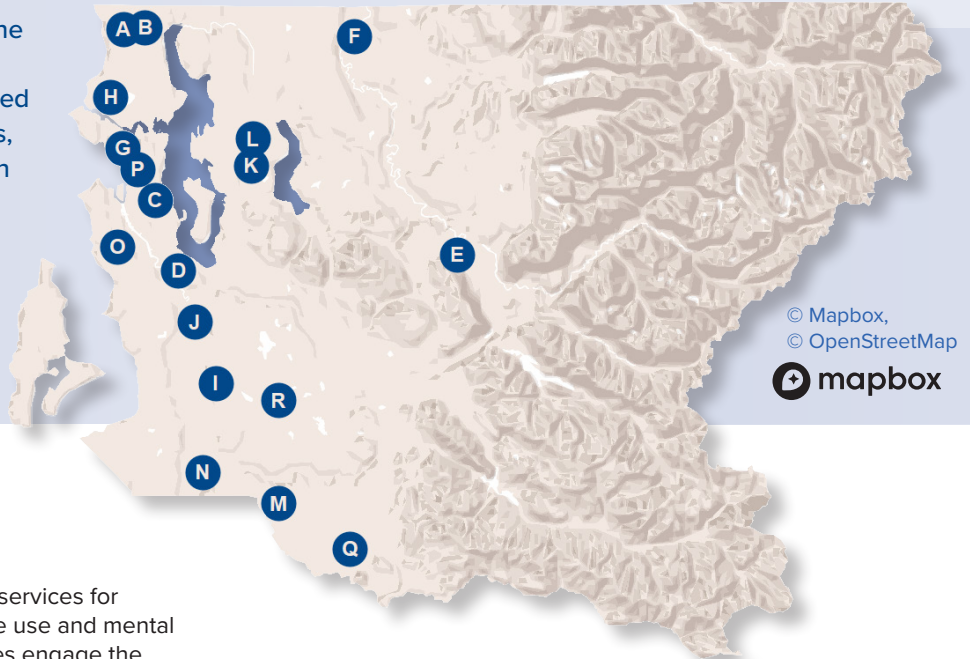
Launched integrated behavioral and physical health system



Partnering to deliver services across King County

This map shows a small snapshot of the range and variety of services offered through the new King County Integrated Care Network. These KCICN providers, along with many others, intersect with MIDD programs and populations. For more information, see page 15.

Most organizations have multiple locations and additional services beyond what is identified here.



DISTRICT 1

A Therapeutic Health Services (THS)

Providing behavioral health treatment and services for children, youth, and families with substance use and mental health disorders. THS treatment approaches engage the whole person, including the social and environmental factors that affect the people's lives.

B Center for Human Services (CHS)

Strengthening the community through counseling, education, and support to children, youth, adults, and families. CHS utilizes a strengths-based, family-centered, trauma-informed, culturally relevant approach, and an array of strategies to support their participants in achieving their goals.

DISTRICT 2

C Asian Counseling and Referral Service (ACRS)

Provides comprehensive behavioral health services to promote whole health. ACRS provides culturally responsive and linguistically accessible services that address the therapeutic and wellness needs of Asian American and Pacific Islander community members, whether immigrant, refugee or American-born.

D Pioneer Human Services (PHS)

Providing treatment services to individuals in their recovery from mental health and substance use disorder issues. PHS provides the tools, skills and support that individuals need to reach their potential.

DISTRICT 3

E Snoqualmie Tribe

Providing individual, child, adult, and family counseling services for emotional and mental health care needs through an outpatient behavioral health program. Snoqualmie Tribe serves Tribe members and Native Americans living in King County.

F Friends of Youth

Delivering a broad range of services to youth and their families to improve their emotional stability and self-sufficiency. Friends of Youth offers counseling and support services to youth and their families in Issaquah, Snoqualmie and Duvall.

DISTRICT 4

G Downtown Emergency Services Center (DESC)

Working to end the homelessness of vulnerable people, particularly those living with serious mental illnesses or substance use disorders. DESC provides behavioral health services using harm-reduction techniques and evidence-based practices.

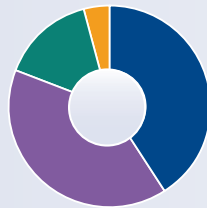
National Alliance on Mental Illness (NAMI) — Greater Seattle

H Working to fill the gaps in the local mental health system through peer-led education, referrals, peer and family support and outreach. NAMI offers peer-led presentations, classes and support groups to bridge the gap when medical models fail to meet the needs of people navigating their own mental health journey.

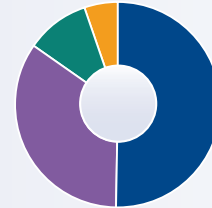
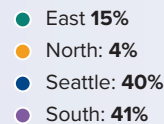
“MIDD funding strengthens the King County Integrated Care Network by making treatment services available for people who are not eligible for Medicaid — allowing Sea Mar to more fully serve the needs of our community.”

— Claudia D’Allegri, Chief Behavioral Health Officer, Sea Mar Community Health Centers

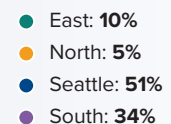
Population distribution across King County regions, by Federal Poverty Level (FPL) and participants served



HOUSEHOLD INCOME <100% FPL



MIDD SERVICE PARTICIPANTS



Additional geographic distribution of MIDD service participants by zip code will be available online in 2021. People living outside of King County and those with unknown residence are not included. Individuals served by more than one program are deduplicated where data are not anonymous. Totals may not add up to 100% due to rounding. Total number of people vary across regions.

DISTRICT 5

I SeaMar Behavioral Health

Providing mental health services to low-income, underserved and uninsured communities, specializing in services to the Latino population. SeaMar Behavioral Health offers services in multiple languages to serve King County’s diverse populations.

J Evergreen Treatment Services (ETS)

Delivering evidence-based substance use disorder and social services. ETS uses a comprehensive approach to treatment, combining medication-assisted treatment with wraparound services such as medical monitoring, counseling and case management.

DISTRICT 6

K Consejo Counseling and Referral Service

Providing behavioral health services to the Latino community, primarily immigrants from Latin America who speak Spanish. Consejo provides a continuum of mental health and substance abuse services, from prevention to treatment.

L Ryther

Providing an array of programs designed to address the individual needs of participants and their families. Ryther serves young people who are struggling emotionally and behaviorally through outpatient behavioral health evidence-based treatments.

DISTRICT 7

M Muckleshoot Indian Tribe

Providing comprehensive mental health and substance use disorder treatment and prevention services. Muckleshoot Indian Tribe offers services to Tribal community members, families and other Native Americans living on and near the Muckleshoot Indian Reservation.

N Sound

Providing comprehensive mental health and substance use disorder treatment services. Sound uses an evidence-based clinical care model that promotes high levels of participant engagement to improve outcomes and better measure recovery progress.

DISTRICT 8

O New Traditions

Offering gender-based outpatient and aftercare services for mothers with substance use disorders. New Traditions supports long-term sobriety with a focus on reconnecting mothers with themselves, their families and their communities.

P Harborview Medical Center, Mental Health and Addiction Services

Providing integrated mental health and substance use disorder services in an outpatient setting. Harborview offers crisis intervention, psychiatric evaluation, psychotherapy, group treatment, case management and geriatric psychiatry, and treatment for individuals with co-occurring substance use and mental health disorders or with coexisting medical issues.

DISTRICT 9

Q Valley Cities Behavioral Health Care

Offering mental health counseling and substance use disorder treatment to people of all ages. Valley Cities focuses on helping families and individuals by delivering a continuum of services designed to maximize their potential and success.

R MultiCare Behavioral Health

Providing a comprehensive range of services tailored to meet the needs of children and families, adults, adults living with chronic mental health conditions and older adults with conditions ranging from depression and anxiety to substance abuse or severe mental illness. MultiCare Behavioral Health helps people maximize their wellness and live successfully in their community.

MIDD Goals

To advance equitable opportunities for health, wellness and connection to community, MIDD programs and initiatives are guided by a strategic and integrated approach. MIDD-funded services provide a network of support across the behavioral health continuum of care that fills gaps and extends reach — meeting people where they are — while prioritizing equity and social justice. MIDD initiatives are designed to improve participants' quality of life and help them thrive in recovery through prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, alongside stable housing and income.

GOAL

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

Providing people in need with the best care and support possible — in the least restrictive and least expensive settings — is a foundational MIDD principle. With an emphasis on connections to community and building on community-based resources, MIDD initiatives foster participants' engagement and stability, reducing the need for costly emergency services.

System use significantly decreased among MIDD participants.

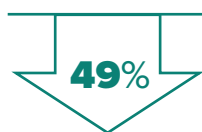
Psychiatric inpatient hospitalizations

MIDD program participants had a 27 percent decrease in inpatient admissions over the long term.



Adult jail bookings

Over the long term, results showed a 49 percent decrease in jail bookings.



Emergency department admissions²

Outcomes across initiatives demonstrate clear long-term impact in emergency department use, with a 41 percent reduction in emergency department admissions.



² Based on recorded admissions to Harborview Medical Center.

³ Referring to an interaction with publicly funded King County programs that provide crisis response services.

GOAL

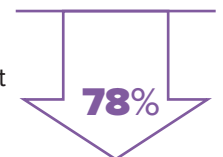
Reduce the number, length, and frequency of behavioral health crisis events.

Providing appropriate support — at the right time, at the right place — effectively ensures that a person experiencing a crisis event gets the help they need.³ MIDD initiatives under this goal aim to reduce the frequency and duration of crisis events by increasing access to responsive services.

MIDD participants experienced fewer and shorter crisis events.

Crisis event frequency

Among adults who engaged with MIDD-supported services, 78 percent had fewer recorded crisis events over the long term.



Crisis event duration

The average length of crisis events among adult MIDD participants decreased from 26 days to 8 days.

26 days
to
8 days

GOAL

Improve health and wellness of individuals living with behavioral health conditions.

This goal strives for whole-person outcomes by strengthening the effective integration of behavioral health, physical health and the social determinants of health, with a focus on recovery and using a strengths-based approach to improve health and wellness. Signs of improvement are based on reduced symptoms, as well as other positive outcomes, such as employment and enhanced family relationships.

Reduced substance use⁴

Among people who engaged with MIDD-supported services and completed more than one assessment, 59 percent had reduced or consistently lower substance use. 47 percent reported no substance use at all at their most recent measurement.

Housing stability

Among people experiencing homelessness who received behavioral health support through RR-08: Hospital Reentry Respite Beds, 96 percent of those with known housing status were housed on exit.

Reduced depression

74 percent of those who engaged with PRI-10: Domestic Violence and Behavioral Health Services and System Coordination and completed more than one assessment reported fewer depression symptoms over time.



⁴ Includes participants who enrolled in MIDD-funded services from 2016 through 2018.

GOAL

Increase culturally appropriate, trauma-informed behavioral health services.

This goal upholds King County's commitment to delivering more responsive services through culturally specific and trauma-informed care. MIDD programs promote assessment, intervention, care and staff training that acknowledges and integrates participants' and families' cultural values and lived experience. These manifest in different ways across MIDD investment strategies.

Supported communities

Seeing an increase in individuals seeking sexual assault services who identify as immigrants and refugees, PRI-09: Sexual Assault Behavioral Health Services added Spanish-speaking staff and developed new, culturally specific tools tailored for adult survivors of childhood sexual assault from those communities.

Trauma-informed training

Through SI-04: Workforce Development, MIDD funded 33 training opportunities to advance the competencies of the behavioral health workforce in King County. Almost half (16 trainings of these) specifically focused on culturally appropriate or trauma-informed care.

Appropriate services

To strengthen its ability to offer culturally appropriate treatment to families from different communities with different needs, TX-FTC: Family Treatment Court worked with Harborview Abuse and Trauma Center to offer tailored trauma assessment and with the King County Coalition to End Gender Based Violence for guidance in matching parents with culturally appropriate treatment.

Responsive providers

For CD-12: Parent Partners Family Assistance, Guided Pathways Support (GPS) heard from families of color about the importance of having more male mentors of color. GPS responded by further diversifying its team with the addition of an African American male parent partner. This brought new mentorship opportunities for youth of color and enhanced support for parents and caregivers.

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

This goal captures MIDD's strategic approach to supporting and advancing a wide variety of other major policy initiatives through its integrated programs and services. Working together, these initiatives bring King County communities together to achieve impact on a greater scale than they could alone. MIDD is a key contributor to regional efforts to address major community priorities and challenges.

Coordinated Regional Homelessness Response

Initiatives RR-01: Housing Supportive Services and RR-03: Housing Capital and Rental advance the goal to significantly decrease the incidence of homelessness throughout King County using equity and social justice principles. Multiple other MIDD initiatives (including CD-05: High Utilizer Care Teams and RR-08: Hospital Reentry Respite Beds) aim to reach unhoused people with behavioral health conditions. These initiatives work to support participants to achieve housing stability, as part of integrated services.

Physical and Behavioral Health Integration

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.

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, including programs that support prevention, treatment, and overdose response.

Best Starts for Kids

Initiative PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment aligns with Best Starts for Kids investments through a partnership with school districts to provide middle schools with behavioral health prevention services.

**Veterans, Seniors and Human Services Levy**

MIDD, through initiative PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50, and the Veterans, Seniors and Human Services Levy (VSHSL) both provide funding for screening for depression symptoms, anxiety symptoms and substance use disorders for different populations of people receiving primary medical care in the health safety net system. Funds also support enrollment in the Mental Health Integration Program (MHIP) for those who screen positive for behavioral health symptoms. For the MIDD-funded Regional Mental Health and Veterans Court (TX-RMHC), VSHSL funds the Veterans Court clinician, who assesses veterans involved in the criminal legal system for eligibility for the therapeutic veterans courts in King County; and a mentor coordinator, who oversees a volunteer veteran mentor program available to veterans court participants.

Zero Youth Detention

MIDD funds several initiatives that seek to reduce the use of juvenile detention. Initiatives PRI-02: Juvenile Justice Youth Behavioral Health Assessments, CD-02: Youth Detention Prevention Behavioral Health Engagement, CD-13: Family Intervention and Restorative Services and TX-JDC: Juvenile Drug Court are advancing the vision of Zero Youth Detention in King County.

MIDD Evaluation

The MIDD evaluation aligns with the five goals adopted by the King County Council, linking each MIDD initiative to one or more goals for the purposes of performance measurement and evaluation. The primary focus of MIDD's evaluation activities — set within a Results-Based Accountability (RBA) framework — is to determine the degree to which MIDD service participants show progress toward these goals. Parallel approaches to evaluation have been adopted for Best Starts for Kids and the Veterans, Seniors and Human Services Levy.

Evaluation using an RBA framework asks three simple questions:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

King County measures and evaluates each MIDD initiative through this lens. In addition, the county evaluates overall progress toward each of the five MIDD goals to identify systems-level improvements and impact.

New evaluation and data collection activities in 2019

In the second half of 2019, many MIDD-funded partners began preparing to shift client-level data reporting to a new online data submission system. In 2020, approximately one-half of the MIDD-funded partners began submitting data to the Department of Community and Human Services (DCHS) via the Client Outcomes Reporting Engine (CORE).

CORE is also used by partners funded by Best Starts for Kids and the Veterans, Seniors and Human Services Levy, allowing DCHS to more holistically understand participants' experiences. CORE promises to collect more accurate and complete data with built-in verification and gives partners immediate access to performance measurement dashboards and robust reporting and search tools. DCHS program and evaluation staff will use these data to partner more closely with MIDD-funded service providers in data-informed program quality improvement activities.

DCHS is also increasing the usefulness of data for quality improvement by collaboratively developing performance measurement and evaluation plans tailored to individual service providers' program models and aligned with evaluating with the larger initiative's goals. CORE and other technical advancements will allow DCHS and providers to quickly access customized data visualizations to assess progress and adjust based on identified areas for improvement.

Performance measurement tables and results dashboard

The tables that begin on page 29 show performance measures and results by initiative, as well as any changes to measures that occurred in 2019. The performance measurement tables and initiative narratives highlight what these data mean and provide context and next steps for initiatives where improvement is needed.

A companion results dashboard is now available at kingcounty.gov/midd. This dashboard describes evaluation methodologies, detailed evaluation results, and population-level indicators using the RBA framework.

UNDERSTANDING MIDD RESULTS

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

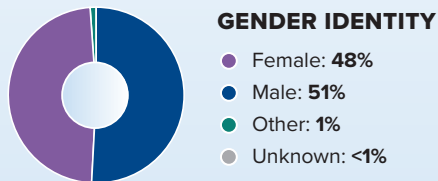
- **Short-term results** reflect analyses using data from at least two points in time for individuals served in 2019. These analyses may use data from previous years for comparison, depending on what is being evaluated.
- **Long-term outcome results** reflect a comparison in participant data between a baseline year and the third year after enrollment. These results are based only on participants for whom data are available from both points in time. Because enough time must be allowed to pass, the measurements are for individuals who started MIDD-funded services between 2014 and 2016.

2019 INITIATIVES

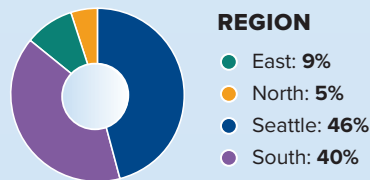
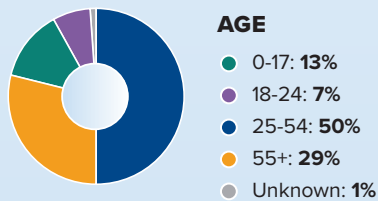
Prevention and Early Intervention

8,604 people served by
PRI initiatives in 2019

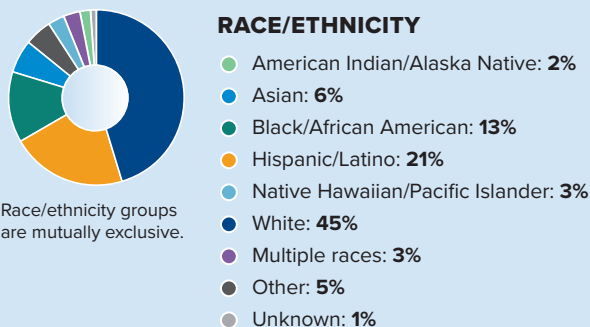
2019 PRI DEMOGRAPHICS



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Prevention and Early Intervention (PRI) initiatives ensure that people get the help they need to stay healthy and keep concerns from escalating. Programs include early assessment and brief therapies, as well as expanded access to outpatient care for those without Medicaid coverage.

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

PRI-01: Screening, Brief intervention and Referral to Treatment⁵

Through Screening, Brief Intervention and Referral to Treatment (SBIRT), MIDD-funded clinicians meet with individuals in hospital emergency departments to reduce risky substance use. These clinicians work alongside doctors and nurses to screen for need, intervene to address substance use, and guide individuals toward treatment options.

- 2,625 people were engaged in SBIRT services in 2019.
- Short-term results were available for 762 participants. Among those, 42 percent reported that their substance use decreased or was stable at a low level; 33 percent reported no substance use at all at their most recent measurement.
- Long-term outcome results were available for 1,735 participants. Among those, emergency department admissions decreased by 37 percent.

⁵ PRI-01: Screening, Brief Intervention and Referral to Treatment provides services in hospital emergency departments. See page 12 for information on PRI-05: School-Based Screening, Brief Intervention and Referral to Treatment services in middle schools.

Building mental health literacy, breaking down stigma

Each year, one in every five Americans experiences mental illness.⁶ The challenges they face are compounded by stigma arising from misconceptions and lack of awareness. Replacing stigma with knowledge, resources and support is a key step toward reducing the negative impact of mental illness in our community. MIDD is taking a proactive approach to strengthening support for people with mental illness through its investment in PRI-07: Mental Health First Aid (MHFA).

A family member, a colleague, a friend, a neighbor — each can be a powerful source of support to someone with mental illness, given the tools they need to help effectively. By increasing mental health literacy, MHFA training builds a community-wide mental health first aid response. Trainees draw from three key tenets — identify, understand and respond — and learn how to recognize mental health risk factors and warning signs and assist in an emergent mental health crisis.

Like CPR training, the goal of MHFA is to support individuals until they can access appropriate professional help. The eight-hour curriculum teaches participants how to assess risk, respectfully listen to and support the



individual in crisis, and identify appropriate professional resources. MHFA also offers “train the trainer” courses to build up — and build on — community strength.

With MHFA, King County residents are stepping up to support each other.

“ We have had the wonderful staff from Valley Cities coordinate delivery of the Mental Health First Aid training to our staff, our volunteers and the general public. The training is thorough, yet approachable for all audiences. ... The training and the instructors are top notch and brought a great deal of value to our workforce, volunteers and community members. We are grateful for our partnership with Valley Cities.”

— Mindi Mattson, Emergency Management Coordinator, City of Renton

⁶ National Alliance on Mental Illness. Mental Health By the Numbers. Available at: <https://www.nami.org/mhstats>.

PRI-02: Juvenile Justice Youth Behavioral Health Assessments

Juvenile Justice Youth Behavioral Health Assessments (JJYBHA) addresses the behavioral health needs of individuals who are involved with the juvenile legal system. The initiative relies on a team approach to screening, assessment and referral with the goal of diverting youth with behavioral health needs from initial or continued legal involvement. JJYBHA teams help

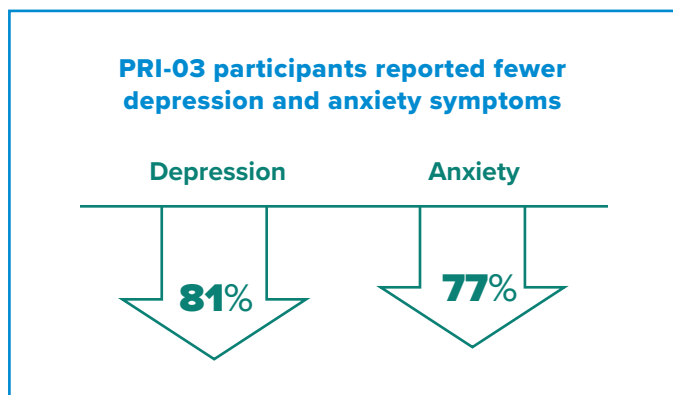
families connect to behavioral health and other support services, resulting in a “warm hand-off” between the legal and behavioral health systems.

- JJYBHA served 243 youth in 2019.
- Short-term results were available for 70 participants. Among those, 46 percent reported that their substance use decreased or was stable at a low level; 31 percent reported no substance use at all at their most recent measurement.

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

Prevention and Early Intervention Behavioral Health for Adults Over 50 ensures that behavioral health services are available in primary care settings for older adults. The goal is to enable providers to prevent acute illnesses, high-risk behaviors and substance use and to address mental and emotional disorders. MIDD funding is blended with funding from the Veterans, Seniors and Human Services Levy to expand the initiative's reach in specific target populations.

- 819 older adults received services through this initiative in 2019.
- Among those for whom short-term results were available, 81 percent (of 417 participants) reported experiencing fewer depression symptoms, and 77 percent (of 324 participants) reported experiencing fewer anxiety symptoms.
- Long-term outcome results were available for 337 participants. Among those, emergency department admissions decreased by 45 percent.



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

The Older Adult Crisis Intervention/Geriatric Regional Assessment Team initiative was delayed in early 2019 as a result of a lack of applications to the initial Request for Proposals (RFP). An RFP with revisions informed by community engagement was released and awarded in late 2019. Services are due to begin in mid-2020.

PRI-05: School-Based Screening, Brief Intervention, and Referral to Treatment⁷

Co-funded by Best Starts for Kids, School-Based SBIRT promotes social and emotional health and strives to prevent substance use among middle school students. Counselors offer assessments, screening, brief interventions, referrals, case management and behavioral health support groups. These enhanced behavioral health prevention services reach 41 middle schools

across 12 different school districts in King County. School-Based SBIRT uses a, secure and teen-friendly tool that is tailored to include cultural considerations, includes both student and parent perspectives, and is designed to provide instant, personalized feedback.

- From January to June 2019, school districts were developing and testing tools and methods for implementation. Full-scale roll-out of screening and intervention occurred in September 2019.
- From September to December 2019, 5,987 students were screened across 12 school districts with MIDD and Best Starts for Kids support. Of these, 2,470 were engaged in a brief intervention and 770 were referred to services or resources.
- Among students identified as needing behavioral health services, 70 percent were connected to appropriate resources.

PRI-06: Zero Suicide Initiative

The Zero Suicide Initiative pilot was not funded in the King County 2019–2020 Adopted Budget.

PRI-07: Mental Health First Aid

Mental Health First Aid (MHFA) prepares people and communities to assist individuals experiencing mental health issues or crises and reduces the stigma associated with behavioral health issues by training community-based organizations, professionals and the general public. MHFA addresses risk factors and warning signs for mental health and substance use issues and provides guidance on listening, offering support, and identifying appropriate professional help.

- In 2019, 2,187 people across King County participated in MHFA training. 95 percent said the training was relevant or useful.

PRI-08: Crisis Intervention Training for First Responders

Crisis Intervention Training (CIT) for First Responders trains police, fire and emergency medical services personnel, and other first responders across King County to safely de-escalate difficult situations, improving responses to individuals experiencing behavioral health crises. CIT prepares first responders to intervene effectively in crisis situations and to coordinate with behavioral health providers, connecting affected individuals with the services they need.

- In 2019, 494 first responders and partners participated in CIT. 100 percent said the training was relevant or useful.

⁷ PRI-05 Screening, Brief Intervention and Referral to Treatment provides services in middle schools. See page 10 for information on Screening, Brief Intervention and Referral to Treatment services in hospital emergency departments.

PRI-09: Sexual Assault Behavioral Health Services

Sexual Assault Behavioral Health Services provides brief, early, evidenced-based and trauma-informed interventions to people who have experienced sexual assault. By meeting the unique treatment and advocacy needs of this population, the initiative seeks to reduce the likelihood of longer-term mental health distress.

- In 2019, participants received an average of 10.1 hours each of individual, group, and/or case management services.
- Short-term results were available for 109 participants. Among those, 85 percent reported experiencing fewer trauma symptoms.
- Outreach efforts expanded to support needs of immigrant and refugee families, including services for individuals whose primary language is Spanish.

Most PRI-09 participants reported reduced symptoms of trauma

85%

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

Domestic Violence Behavioral Health Services and System Coordination supports co-location of mental health professionals who have expertise in domestic violence and substance use disorders within community-based domestic violence advocacy programs throughout King County. Through training, relationship building and consultation, the initiative supports domestic violence, sexual assault and behavioral health organizations in building and strengthening bridges between disciplines, so that survivors receive more holistic and responsive services.

- Among participants for whom short-term results were available, 74 percent (of 82 participants) reported experiencing fewer depression symptoms, and 72 percent (of 81 participants) reported experiencing fewer anxiety symptoms.
- 78 percent of participants who reported symptoms of depression during intake were linked to services.⁸

⁸ Includes participants who enrolled in MIDD services from 2016 to 2018.



PRI-11: Community Behavioral Health Treatment

Community Behavioral Health Treatment provides outpatient mental health and substance use disorder treatment services for people who have low income but are not eligible for Medicaid, including those who may not previously have needed insurance or who are undocumented, so that they can receive the same services available to Medicaid recipients. In addition, through Clubhouse services, an internationally certified psychiatric rehabilitation model, participants have access to community-based support for education, employment and housing, as well as support for socialization and community engagement.

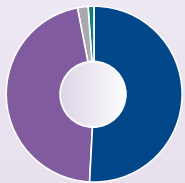
- In 2019, the program provided 4,037 people with outpatient mental health and substance use disorder treatment services.
- Long-term outcome results on emergency department admissions for individuals served by PRI-11: Mental Health Treatment were available for 654 participants. Among those, admissions decreased by 34 percent.
- Long-term outcome results on adult jail bookings were available for 341 participants receiving mental health treatment services. Among those, bookings decreased by 38 percent.
- Long-term outcome results on adult jail bookings were available for 796 participants receiving substance use treatment services. Among those, bookings decreased by 61 percent.

2019 INITIATIVES

Crisis Diversion

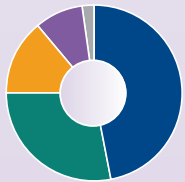
7,368 people served by
CD initiatives in 2019

2019 CD DEMOGRAPHICS

**GENDER IDENTITY**

- Female: **46%**
- Male: **51%**
- Other: **1%***
- Unknown: **2%**

Individuals who selected "Other" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, questioning and/or gender-nonconforming.

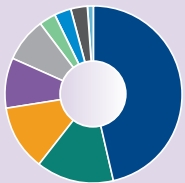
**AGE**

- 0-17: **28%**
- 18-24: **9%**
- 25-54: **47%**
- 55+: **14%**
- Unknown: **2%**

**REGION**

- East: **12%**
- North: **6%**
- Seattle: **50%**
- South: **32%**

People living outside of King County and those with unknown residence were not included in these percentages.

**RACE/ETHNICITY**

- American Indian/Alaska Native: **3%**
- Asian: **3%**
- Black/African American: **14%**
- Hispanic/Latino: **12%**
- Native Hawaiian/Pacific Islander: **1%**
- White: **46%**
- Multiple races: **9%**
- Other: **3%**
- Unknown: **8%**

Race/ethnicity groups are mutually exclusive.

Data are provided only for individuals for whom demographic information is available. Individuals who are enrolled in more than one program may be duplicated in the demographic data. Totals may not add up to 100% due to rounding.

Crisis Diversion (CD) initiatives focus on ensuring 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.

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

CD-01: Law Enforcement Assisted Diversion

Through Law Enforcement Assisted Diversion (LEAD), law enforcement officers divert people engaged in low-level drug involvement or sex work away from the criminal legal system and toward intensive, flexible, community-based services. A collaborative community safety effort, the program includes intensive case management that promotes well-being and independence and helps connect participants to stabilizing services such as housing and employment through a low-barrier, harm reduction approach.

- In 2019, LEAD served 633 people.
- Adult jail bookings showed an immediate drop after participants began services: among the 220 people for whom first-year results were available, 64 percent of participants had reduced jail bookings.
- Long-term outcome results were available for 102 participants. Among those, 57 percent had reduced jail bookings.
- LEAD expanded into Seattle's South Precinct, and the Burien location became fully operational. Planning for extension of the program into South and East King County jurisdictions continued.

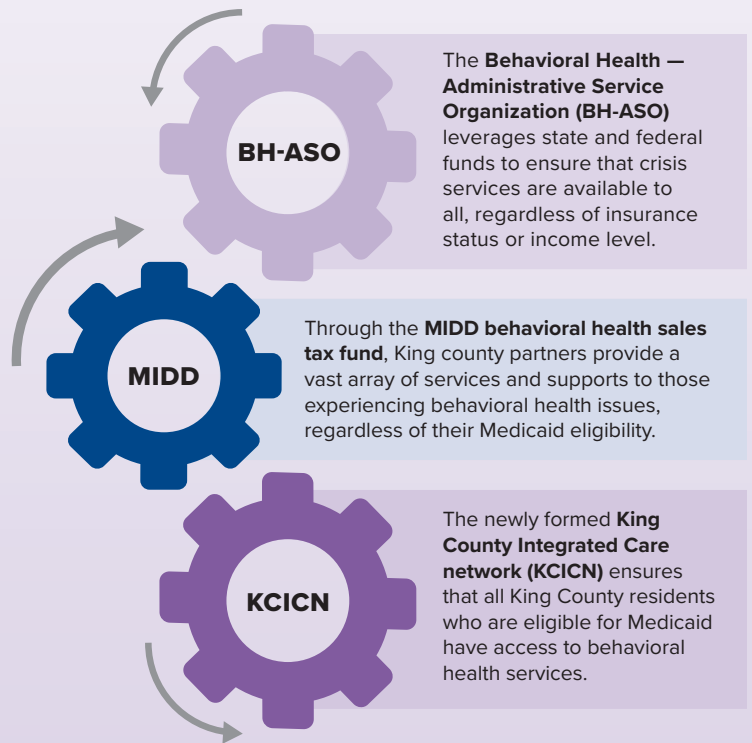
Solutions for systemic challenges

Integrated managed care, at the state level, requires an integrated system for physical health, mental health, and substance use disorder (SUD) services. The integration of behavioral and physical health care with social determinant of health services is the foundation for dramatic improvements in health and well-being. In January 2019, King County became the only county in Washington State to join with local behavioral health system partners to establish a behavioral health provider network, the King County Integrated Care Network (KCICN). The KCICN works in partnership with managed care plans and county-managed programs like those supported by MIDD to provide coordinated, holistic services for King County's most at-risk residents.

The newly formed King County Integrated Care Network (KCICN) ensures that all King County residents who are eligible for Medicaid have access to behavioral health services through their managed care plans. Leveraging a partnership between the King County Behavioral Health and Recovery Division and an extensive network of behavioral health care providers, KCICN contracts with the five managed care organizations active in the county to provide Medicaid outpatient behavioral health services, residential treatment for substance use disorder, and more.

The Behavioral Health — Administrative Service Organization (BH-ASO) ensures that crisis services are available to all, regardless of insurance status or income level. Leveraging state and federal funds, the BH-ASO keeps designated crisis responders available, maintains a 24-hour behavioral health crisis hotline, and provides detoxification, prevention and other critical services.

The MIDD behavioral health sales tax fund directs local funding to community-designed initiatives and community-identified needs. MIDD helps fill both service and system gaps for King County residents, regardless of their Medicaid eligibility. Through MIDD, King County partners provide a vast array of services and supports to those experiencing behavioral health issues, often while confronting systemic inequities related to race and income. From direct services to employment support to professional development for the behavioral health workforce, MIDD provides critical support.



CD-02: Youth Detention Prevention Behavioral Health Engagement

This initiative's Youth Connection Services program is paired with CD-16: Youth Respite Alternatives and is part of King County's coordinated and expanding approach to supporting youth who are involved or who are at risk of being involved with the juvenile legal system. Parent and Youth Peers provide short-term, community-based support to youth and their families.

- 42 youth accessed services in 2019.⁹

CD-03: Outreach and In Reach System of Care

Outreach and In Reach System of Care delivers community-based outreach and engagement services to

individuals with behavioral health conditions in downtown Seattle and south and east King County. The initiative works with contracted agencies to provide integrated physical and behavioral health care, in order to reduce participants' reliance on crisis services, emergency departments, crisis facilities and psychiatric hospitals and their engagement with the criminal legal system.

- 35 percent of participants were linked to publicly funded behavioral health treatment within a year of engaging with the program.
- Long-term outcome results on crisis events were available for 72 participants. Among those, crisis events decreased by 63 percent.
- Long-term outcome results on adult jail bookings were available for 284 participants. Among those, bookings decreased by 42 percent.

⁹ Outcome data were not available in 2019 due to program model refinement and program up

CD-04: South County Crisis Diversion Services/Center

South County Crisis Diversion Services/Center works with CD-06: Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team to expand access to and availability of in-community crisis responses for South King County first responders who engage with individuals experiencing a behavioral health crisis. The initiative supports one mobile crisis team.

- In 2019, the program helped 334 people connect with behavioral health services.
- The majority of participants had “positive exits” from the program — either they remained at or returned home or they were successfully referred to a local crisis center.

CD-05: High Utilizer Care Teams

The High Utilizer Care Teams initiative offers flexible and individualized services in emergency departments to individuals who have complex needs, including those who have physical disabilities, have mental health conditions, and/or are experiencing homelessness. Teams provide intensive support in times of crisis and follow up to connect individuals to appropriate and supportive community resources. The program prioritizes people who have frequent emergency department or psychiatric emergency visits.

- Long-term outcome results on crisis events were available for 58 participants. Among those, crisis events decreased by 44 percent.
- Long-term outcome results on emergency department admissions were available for 150 participants. Among those, admissions decreased by 75 percent.
- Long-term outcome results on psychiatric inpatient hospitalizations were available for 27 participants. Among those, hospitalizations decreased by 38 percent.

Emergency department admissions decreased among CD-05 participants

75%



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

The Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team provides King County’s first responders with alternatives to jail or hospitals when engaging with adults in behavioral health crises. Known as the Crisis Solutions Center, the initiative has three program components: the Mobile Crisis Team, the Crisis Diversion Facility, and Crisis Diversion Interim Services. The initiative stabilizes and supports people in the least restrictive settings possible while linking them to community-based services.

- In 2019, the initiative served 2,020 people.
- Long-term outcome results on crisis events were available for 1,575 participants. Among those, crisis events decreased by 69 percent.
- Long-term outcome results on emergency department admissions were available for 2,175 past or current participants. Among those, admissions decreased by 48 percent.
- Long-term outcome results on psychiatric inpatient hospitalizations were available for 564 participants. Among those, hospitalizations decreased by 12 percent.

CD-07: Multi-Pronged Opioid Strategies

Multi-Pronged Opioid Strategies works to implement recommendations made by a regional task force on opioid use, with a focus on primary prevention, treatment service expansion and enhancement, and user health and overdose prevention. Programs provide low-barrier buprenorphine and medication-assisted treatment (MAT) for opioid use disorders.

- In 2019, 840 people received low-barrier buprenorphine or MAT services.
- Long-term outcome results on emergency department admissions were available for 290 participants. Among those, admissions decreased by 29 percent.
- Long-term outcome results on adult jail bookings were available for 408 participants. Among those, bookings decreased by 29 percent.

CD-08: Children's Domestic Violence Response Team

Children's Domestic Violence Response Team (CDVRT) provides behavioral health treatment, linkages to resources, and advocacy for individuals and families (including children up to age 17 years and their supportive caregivers) who have experienced domestic violence. Through intensive cross-system collaboration, the program helps children and families navigate the complex challenge of connecting multiple systems, including legal, housing, and school.

- In 2019, CDVRT served 194 people in 102 families.
- Among participants for whom short-term results were available, 31 percent showed improvement in their overall needs, 35 percent experienced less environmental stress, 22 percent had reduced risk of harm, and 23 percent had improved behavioral functioning.

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

Behavioral Health Urgent Care — Walk in Clinic was not funded in the King County 2019–2020 Adopted Budget.

CD-10: Next-Day Crisis Appointments

Next-Day Crisis Appointments (NDAs) divert people experiencing behavioral health crises from psychiatric hospitalization or jail by providing crisis response within 24 hours. Services include crisis intervention and stabilization, psychiatric evaluation and medication management, benefits counseling and enrollment, and linkages for ongoing behavioral health care.

- Long-term outcome results on crisis events were available for 153 participants. Among those, events decreased by 79 percent.
- Long-term outcome results on emergency department admissions were available for 228 participants. Among those, admissions decreased by 59 percent.

CD-11: Children's Crisis Outreach Response System

Children's Crisis Outreach Response System (CCORS) provides countywide crisis response to children and youth, and their families, who are affected by interpersonal conflict or severe emotional or behavioral concerns and whose living situations may be 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.

- In 2019, CCORS served 996 children and youth.¹⁰

CD-12: Parent Partners Family Assistance

Parent Partners Family Assistance helps youth who are experiencing behavioral health challenges, and their caregivers and community members, obtain services, navigate complex health and service systems and meet basic needs required to maintain well-being and resilience. This initiative also supports social events, advocacy opportunities, skill building and individualized support to youth and caregivers.

- In 2019, expanded programs in middle and elementary schools reached 236 youth, parents, caregivers and community members.
- 51 percent of participants reported improved self-management skills, 58 percent reported improved advocacy skills, and 49 percent reported gaining comfort in navigating health and service systems.

CD-13: Family Intervention and Restorative Services

Family Intervention and Restorative Services (FIRS) offers a community-based, non-secure alternative to court involvement and secure detention for youth who have been violent toward a family member. Specialist juvenile probation counselors and social workers guide youth through a risk and needs assessment and help them develop a family safety plan. FIRS staff offer de-escalation counseling to safely reunite youth with their families. Families are offered in-home family counseling, mental health services, drug and alcohol services, and the Step-Up Program, which specifically addresses adolescent family violence.

- Of the youth who left the program in 2019, 58 percent completed it successfully.



¹⁰ Data on the frequency of crisis events were not available in 2019, because the number of participants with measurable results was too small.

CD-14: Involuntary Treatment Triage Pilot

The Involuntary Treatment Triage Pilot initiative provides initial assessments for individuals with severe and persistent mental health conditions who have been incarcerated for serious misdemeanor offenses, who have been found not competent to assist in their own defense, and who cannot be restored to competency to stand trial. Behavioral health professionals evaluate participants to determine whether they meet the criteria for involuntary civil commitment, and their behavioral health needs are addressed. This approach decreases the need for emergency departments and crisis responders to carry out assessments and significantly expedites the evaluations.

- In 2019, this initiative provided assessments for 193 people.
- Second-year results on psychiatric inpatient hospitalizations were available for 50 participants. Among those, hospitalizations decreased by 30 percent.
- Second-year results on emergency department admissions were available for 73 participants. Among those, admissions decreased by 45 percent.
- Second-year results on crisis events were available for 61 participants. Among those, events decreased by 39 percent.

CD-15: Wraparound Services for Youth

Wraparound Services for Youth engages children and youth and their families in a team process that builds on family and community strengths and cultures to support youth to succeed in their homes, schools and communities. Wraparound brings together MIDD funding with federal funding to provide non-Medicaid-covered activities and services to Medicaid-eligible children and youth. MIDD funding also allows Wraparound to be provided to children and families who are not eligible for Medicaid.

- In 2019, this initiative served 801 youth.
- On assessment, families showed a reduction in caregiver strain in 18 out of 21 assessment areas in 2019.
- 73 percent of the 94 youth for whom short-term data were available showed fewer recorded crisis events over time.
- 19 percent of the 302 youth for whom short-term data were available showed improved school attendance over time, and 52 percent showed stable, regular school attendance.
- 30 percent of the 293 youth for whom short-term data were available reported reduced harm to themselves and others.



CD-16: Youth Respite Alternatives

Youth Respite Alternatives is part of King County's coordinated approach to supporting youth who are at risk for involvement in the juvenile legal system for low-level offenses. This initiative provides law enforcement with an alternative to detention, allowing for more immediate access to comprehensive support services for youth and/or their families.

- In 2019, this initiative served 47 individuals.
- 50 percent of the 46 youth for whom data were available were housed when they exited the program; 37 percent were actively engaged in treatment and/or meeting treatment goals.

CD-17: Young Adult Crisis Stabilization

Young Adult Crisis Stabilization provides community-based behavioral health and housing services for young adults (ages 18 to 24 years) who have behavioral health needs, including those experiencing their first psychotic break. Mobile response teams serve young adults in transitional housing, rapid rehousing, permanent housing and shelters, working to meet their unique needs and to support shelter staff in responding to crisis events.

- In 2019, this program served 39 young adults.
- 43 percent of the 30 youth who left the program in 2019 were housed at the time they left.

CD-18: Response Awareness, De-escalation and Referral

The Response Awareness, De-escalation and Referral (RADAR) initiative, added by King County Council for 2019–2020, supports a co-responder model in which mental health professionals partner with law enforcement to connect at-risk individuals to the appropriate services. RADAR seeks to decrease use-of-force incidents between police and people with behavioral health concerns, while reducing inappropriate use of emergency services.

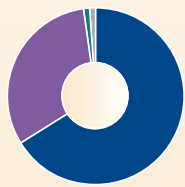
- In 2019, RADAR served 283 individuals using blended funding with The Washington Association of Sheriffs and Police Chiefs co-responder model grant.

2019 INITIATIVES

Recovery and Reentry

4,209 people served by
RR initiatives in 2019

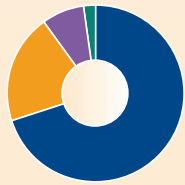
2019 RR DEMOGRAPHICS



GENDER IDENTITY

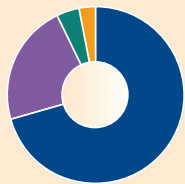
- Female: **32%**
- Male: **67%**
- Other: **1%**
- Unknown: **1%**

Individuals who selected "Other" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, questioning and/or gender-nonconforming.



AGE

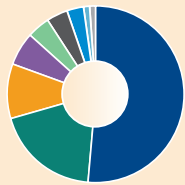
- 0-17: **2%**
- 18-24: **8%**
- 25-54: **70%**
- 55+: **20%**
- Unknown: **<1%**



REGION

- East: **4%**
- North: **3%**
- Seattle: **70%**
- South: **22%**

People living outside of King County and those with unknown residence were not included in these percentages.



RACE/ETHNICITY

- American Indian/Alaska Native: **4%**
- Asian: **3%**
- Black/African American: **19%**
- Hispanic/Latino: **10%**
- Native Hawaiian/Pacific Islander: **1%**
- White: **51%**
- Multiple races: **6%**
- Other: **4%**
- Unknown: **1%**

Race/ethnicity groups are mutually exclusive.

Data are provided only for individuals for whom demographic information is available. Individuals who are enrolled in more than one program may be duplicated in the demographic data. Totals may not add up to 100% due to rounding.

Recovery and Reentry (RR) initiatives help people become healthy and safely reintegrate into the community after crisis. Programs encompass housing capacity, services for people who are experiencing homelessness, employment, peer-based recovery supports and community reentry services after incarceration.

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

RR-01: Housing Supportive Services

Housing Supportive Services combines MIDD resources with other King County investments, City of Seattle Office of Housing funds, and funding through the King County Housing Authority and the Seattle Housing Authority to serve adults who are experiencing chronic homelessness and who have been unsuccessful in maintaining housing due to unstable behavior and/or difficulty with daily living skills.

- Long-term outcome results on emergency department admissions were available for 385 participants. Among those, admissions decreased by 70 percent.
- Long-term outcome results on crisis events were available for 85 participants. Among those, events decreased by 33 percent.
- Long-term outcome results on adult jail bookings were available for 250 participants. Among those, bookings decreased by 54 percent.
- Long-term outcome results on psychiatric inpatient hospitalizations were available for 96 participants. Among those, hospitalizations decreased by 63 percent.
- A newly launched pilot program began offering in-home personal care services.

Integrated services amplify community impact

As King County shifts to an integrated model for behavioral health and physical health care, community organizations are quickly leveraging the new infrastructure to benefit the people they serve.

One such organization is Asian Counseling and Referral Service (ACRS). ACRS provides culturally responsive, trauma-informed care to King County residents. The staff of more than 300 speaks, collectively, more than 40 languages. Along with the organization's 700 volunteers, they served more than 27,000 people in 2019.

Leading with equity, advocacy and social justice, ACRS truly responds to community need. Even a simple interaction can have an immense impact, says Victor Loo, ACRS's Director of Practice Innovation. Culturally responsive services remove barriers to observation and allow providers to focus on supporting the individual's body, mind and spirit.

ACRS has been providing integrated pretrial support to individuals involved with the criminal legal system for more than a decade. As a member of the King County Integrated Care Network, and with support through RR-02: Behavior Modification Classes at Community Center for Alternative Programs, ACRS is seeing new opportunities open up, including the chance to transform services at the downtown Seattle Community Center for Alternative Programs (CCAP).

CCAP connects people who have been charged with a crime to services that support their stability, from behavioral health treatment to services addressing social determinants of health, including health



navigation, assistance applying for publicly funded benefits, and employment support. Through ACRS' new model, CCAP participants receive mental health and substance use disorder treatment at a single location, which is incredibly important for those who are already experiencing instability and stress. ACRS also links CCAP participants to physical health services.

Medicaid covers behavioral health services at CCAP for those who are eligible. MIDD funding enables ACRS to provide mental health services to everyone at CCAP who needs it, regardless of health care coverage. And with additional funding from MIDD through RR-15: South County Pretrial Services, ACRS is expanding similar services to south of Seattle through a new location in Kent.

The new model for mental health services at CCAP demonstrates the power of the partnership between KCICN, the BH-ASO, and MIDD — and the power of the community that can build on the funding and support the partnership offers.

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

Community Center for Alternative Programs provides mental health services for non-Medicaid-enrolled participants with co-occurring mental health and substance use disorders and criminal legal system involvement.

- In 2019, the program expanded to serve 75 people, more than double the number served in 2018.
- Long-term outcome results on adult jail bookings were available for 164 participants. Among those, bookings decreased by 68 percent.

RR-03: Housing Capital and Rental

Housing Capital and Rental invests MIDD funds toward the construction and preservation of housing units for individuals with behavioral health conditions and very low incomes (income at or below 30 percent of the area median).

- Rental assistance vouchers helped house 25 people in 2019.
- Those who received vouchers had 58 percent fewer psychiatric inpatient hospitalizations and 24 percent fewer emergency department admissions over the long term when compared to the year before they started services.
- In 2019, capital funding was awarded for a future project, Hobson Place: Phase II, which will provide 92 new residential units serving people with behavioral health conditions.

RR-04: Rapid Rehousing Oxford House Model

The Rapid Rehousing Oxford House Model voucher program offers affordable clean-and-sober housing for people who are in early recovery and are either experiencing homelessness or at risk of becoming homeless. By pairing a proven housing program with rapid rehousing, this initiative aims to prevent and decrease homelessness through improved self-reliance.

- Short-term data were available for 26 participants. Among those, 69 percent reported that their substance use decreased or was stable at a low level, and 62 percent reported no substance use at all at their most recent measurement.
- 68 percent of the 139 participants who left the program in 2019 stayed sober and completed the program.

RR-05: Housing Vouchers for Adult Drug Court

Housing Vouchers for Adult Drug Court (ADC) work to disrupt the cycle of homelessness and substance use by supporting recovery-oriented transitional housing units and case management services. On-site case management focuses on long-term stability and helps participants establish a positive rental history, engage in treatment and obtain employment and next-step housing when they complete ADC.

- 55 people in ADC received support through RR-05 in 2019. Those receiving support were 86 percent more likely than those who did not, to be housed at exit, and graduation rates were improved by 36 percent.
- Short-term results were available for 44 participants. Among those, 68 percent reported that their substance use decreased or was stable at a low level, and 64 percent reported no substance use at all at their most recent measurement.
- Second year outcome results were available for 41 participants. Among those, adult jail bookings decreased by 63 percent.

RR-06: Jail Reentry System of Care

Through the Jail Reentry System of Care initiative, MIDD funds reentry case management services, linkages to behavioral health treatment and public benefits, and access to basic needs for adults while they transition out of municipal jails and back into the community.

- In 2019, 141 people had access to interim housing through this initiative.
- Long-term outcome results were available for 1,154 participants. Among those, adult jail bookings decreased by 66 percent.

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

Behavioral Health Risk Assessment Tool for Adult Detention addresses the behavioral health needs of incarcerated individuals. The tool is intended to decrease their likelihood of further legal system involvement through an evidence-based approach to reentry. A comprehensive assessment of the risks and needs of each participant is used to develop a comprehensive treatment plan. In 2019, 318 people were served by MIDD-funded release planners after being screened and assessed with the tool.

RR-08: Hospital Re-entry Respite Beds

Hospital Re-entry Respite Beds, part of a hospital-based medical respite program, offers recuperative physical and behavioral health care to adults who are currently experiencing homelessness and who need multiple additional services to support their stability when they are discharged from the hospital.

- In 2019, this initiative provided behavioral health services to 409 people, compared with 259 in 2018.
- 67 percent of the 241 people who exited the program had met their treatment goals.
- Long-term outcome results were available for 555 participants. Among those, emergency department admissions decreased by 50 percent.





RR-09: Recovery Café

Recovery Café is a community space where people can access support, resources and a community of care to help stabilize their physical and behavioral health; receive assistance with housing, relationship and/or employment support; and participate in opportunities for volunteer service.

- In 2019, MIDD supported a new partnership with Country Doctor to provide on-site medical services at the existing Recovery Café location.
- MIDD funding was expected to support expansion of Recovery Café to a second location in 2019; expansion to the new site was delayed by issues with stakeholder engagement, permitting and siting.

RR-10: Behavioral Health Employment Services and Supported Employment

Behavioral Health Employment Services and Supported Employment provides evidence-based and intensive supported employment services to people living with mental health conditions and connects people with substance use disorders to employment services for job placement and support.

- 37 percent of program participants were employed during 2019.
- Among 137 participants who found employment between January and October of 2019, 48 percent remained employed for at least 90 days.

RR-11a: Peer Bridger Programs

Peer Bridger Programs offer transition assistance to adults who are being discharged from King County psychiatric hospitals. Peer Bridgers utilize their lived experience and skills, collaborating with inpatient treatment teams to identify people who need support as they exit psychiatric inpatient care.

- 76 percent of participants were linked to publicly funded behavioral health treatment within a year after starting the program.
- Long-term outcome results on psychiatric inpatient hospitalizations were available for 72 participants. Among those, hospitalizations decreased by 91 percent.
- Long-term outcome results on emergency department admissions were available for 51 participants. Among those, admissions decreased by 74 percent.

Three-quarters of RR-11a participants were linked to treatment within one year



RR-11b: Substance Use Disorder Peer Support

Substance Use Disorder Peer Support connects people with substance use disorders to peer specialists whose lived experiences and skills support participants' ability to maintain recovery. Peers are deployed at stand-alone recovery organizations to help participants engage with ongoing treatment services and other support, strengthening efforts to divert them from the criminal legal entanglement and emergency medical settings.

- Short-term data were available for 244 participants. Among those, 59 percent reported that their substance use decreased or was stable at a low level; 47 percent reported no substance use at all at their most recent measurement.
- Long-term outcome results on emergency department admissions were available for 53 participants. Among those, admissions decreased by 78 percent.
- Long-term outcome results on adult jail bookings were available for 34 participants. Among those, admissions decreased by 67 percent.

RR-11c: Peer Respite

A one-time initiative, Peer Respite is designed to offer peer-delivered, non-clinical services that facilitate wellness and resiliency, increase self-efficacy and coping skills, and increase community inclusion and integration for adults experiencing behavioral health conditions who are able to voluntarily engage in services.

RR-12: Jail-based Substance Use Disorder Treatment

Jail-Based Substance Use Disorder Treatment provides substance use disorder treatment services to adult men at the Maleng Regional Justice Center. The initiative also provides comprehensive release planning and connections to appropriate community-based services for participants re-entering the community.

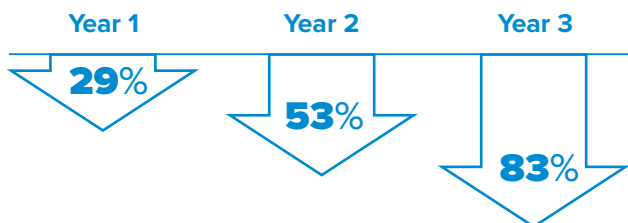
- The initiative engaged 63 participants in treatment.

RR-13: Deputy Prosecuting Attorney for Familiar Faces

Deputy Prosecuting Attorney for Familiar Faces funds prosecutorial resources to help resolve low-level drug offenses and misdemeanor property-related cases for individuals who have been making progress in services and treatment. With this support, participants are able to remain in the community and connect with therapeutic interventions and other resources, such as permanent supportive housing. This integrated, community-based approach to serving people at the intersection of behavioral health and the criminal legal system promotes recovery and public safety and reduces harm.

- 65 percent of people enrolled in Vital, a program funded by VSHSL, received case management services through this initiative in 2019.
- Year after year, adult jail bookings decrease for participants in this program — by 29 percent in the first year after starting services, by 53 percent in the second year and by 83 percent in the third year.

Participants in RR-13 are less likely to go to jail the longer they stay in the program



RR-14: Shelter Navigation Services

This one-time initiative was not funded in the King County 2019–2020 Adopted Budget.

RR-15: South County Pretrial Services

The King County Council added the South County Pretrial Services initiative for 2019–2020 to provide behavioral health services as part of a new south King County pretrial services program to be operated by the King County Department of Adult and Juvenile Detention. With a combination of MIDD and general funds, the program will provide community corrections and other services to pretrial individuals whose criminal cases are assigned to the Norm Maleng Regional Justice Center. Services are due to begin in mid-2020.



2019 INITIATIVES

System Improvement

System Improvement (SI) initiatives strengthen access to the behavioral health system and equip providers to deliver on outcomes more effectively. Programs are designed to build the behavioral health workforce, improve the quality and availability of core services, and support community-initiated behavioral health projects.

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

SI-01: Community-Driven Behavioral Health Grants

This initiative was delayed during 2019, with implementation anticipated in early 2020.

SI-02: Behavioral Health Services in Rural King County

Behavioral Health Services in Rural King County was launched in late 2019 when a request for proposal was released, targeting community agencies in rural, unincorporated King County.

SI-03: Quality Coordinated Outpatient Care

Quality Coordinated Outpatient Care promotes integration of behavioral and physical health services across King County, with the goal of improving access to treatment and recovery support. The initiative focuses on increasing timely access to outpatient care and medication-assisted treatment through an incentive program for behavioral health provider organizations; reducing utilization of emergency departments by making rapid response teams available in key regions; and



increasing access to behavioral health services among those experiencing housing instability through outreach to Seattle and King County Housing Authority residents.

- 160 participants enrolled in the Housing Outreach and Patient Engagement (HOPE)/Emergency Department Utilization Management program in 2019, and 48 percent were linked to services.

SI-04: Workforce Development

Workforce Development supports sustainable, systems-based approaches to behavioral health workforce development in King County and improves the county's ability to provide culturally appropriate, trauma-informed behavioral health services. Through this initiative, providers receive specialized training in clinical skills, peer support, evidence-based practices, trauma, working with people experiencing homelessness and youth and families. Opportunities for skills development contribute to both attracting and retaining staff — stabilizing and strengthening the behavioral health workforce.

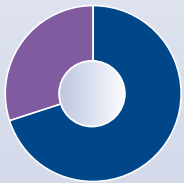
- In 2019, Workforce Development trained 1,071 participants. 92 percent of participants across the trainings held said they would recommend the training they attended to others.
- 91 percent of participants who enrolled in training on trauma-informed and culturally appropriate service provision said their skills increased as a result.

2019 INITIATIVES

Therapeutic Courts

1,783 people served by
TX initiatives in 2019

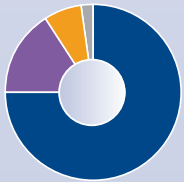
2019 TX DEMOGRAPHICS



GENDER IDENTITY

- Female: **30%**
- Male: **70%**
- Other: **<1%**
- Unknown: **<1%**

Individuals who selected "Other" indicated their gender identity was not listed in the response options. This includes but is not limited to persons identifying as transgender, non-binary, questioning and/or gender-nonconforming.



AGE

- 0-17: **0%**
- 18-24: **16%**
- 25-54: **75%**
- 55+: **7%**
- Unknown: **2%**



REGION

- East: **13%**
- North: **5%**
- Seattle: **53%**
- South: **30%**

People living outside of King County and those with unknown residence were not included in these percentages.



RACE/ETHNICITY

- American Indian/Alaska Native: **3%**
- Asian: **3%**
- Black/African American: **22%**
- Hispanic/Latino: **7%**
- Native Hawaiian/Pacific Islander: **2%**
- White: **53%**
- Multiple races: **3%**
- Other: **5%**
- Unknown: **2%**

Race/ethnicity groups are mutually exclusive.

Data are provided only for individuals for whom demographic information is available. Individuals who are enrolled in more than one program may be duplicated in the demographic data. Totals may not add up to 100% due to rounding.

Therapeutic Courts (TX) initiatives serve people experiencing behavioral health conditions who are involved with the criminal legal system, supporting them in achieving stability and avoiding further legal system involvement.

Initiative summaries define activities for 2019 and provide highlights of quantitative outcomes and program enhancements, adjustments and/or modifications.

TX-ADC: Adult Drug Court

Adult Drug Court (ADC) offers structured court supervision and access to services for eligible individuals charged with felony drug and property crimes. Services offered include comprehensive behavioral health treatment and housing services, employment and education support, and peer services. The program is designed to foster a stronger connection between drug court participants and the community and to support participants' increased ownership of their recovery.

- Short-term results were available for 335 participants. Among those, 71 percent reported that their substance use decreased or was stable at a low level; 61 percent reported no substance use at all at their most recent measurement.
- Long-term outcome results were available for 765 participants. Among those, adult jail bookings decreased by 62 percent.
- 72 percent of the 282 participants who left the program in 2019 were housed at the time they left.

**TX-ADC participants reported
reduced/stable low or no substance use**

Reduced/stable low

None

71%

61%

With a team on my side, I'm changing my life

In this very personal story, a veteran recounts his road to recovery with the support of the Regional Veterans Court, a component of TX-RMHC Regional Mental Health Court. This initiative builds on the integration of programs between MIDD, which funds Regional Veterans Court, and the Veterans, Seniors and Human Services Levy, which funds the clinician and mentor who supported this veteran.

I'm a veteran with an alcohol dependency problem. I got into legal trouble. I didn't know what to expect from the court system, and I was afraid I'd end up in jail. Fortunately, I took my attorney's advice to go through Regional Veterans Court. It was the best decision of my life.

From the very start, I felt like the Regional Veterans Court team's main concern was my well-being. When I first met with the judge, she suggested I enroll in outpatient substance use disorder treatment. I thought that treatment would be useless. But I held onto her words to a fellow veteran: "I want you to succeed in your recovery and be well, but you have to participate and invest in your recovery." That showed me we were in a program that wanted us to succeed — and that would help us do it.

At each step of the Regional Veterans Court program, I felt like people were on my team. The Veterans Court clinician, who helped me enroll in the Regional Veterans Court program, encouraged me to get rid of any alcohol in my possession and made sure I had bus tickets to get to appointments and a place to stay. I had many conversations about my recovery with my Veterans Court Mentor, and I knew he cared about me.



Where I was living when I entered the program, I was surrounded by people who were using drugs and alcohol. It's a tough place to be when you're in recovery. My probation counselor, my Veterans Court Mentor, and the Veterans Administration (VA) Veterans Justice Outreach specialist [a liaison between the courts and the VA hospital] talked to the landlord about the issue and intervened on my behalf.

With treatment, I'm changing my life — filling it up with many activities. I feel that I'm starting to get better and that I have something to look forward to. People tell me they see a big change and I look much healthier. Yes, there are still life issues I have to deal with, but this program has given me a team of support.

I started Veteran's Court in July of 2019. I haven't had a drink since. It has saved my life.



TX-CCPL: Community Court Planning and Pilot

The Community Court Planning and Pilot initiative supported the development of Community Courts in Redmond and Burien. Community Court offers an alternative approach for individuals who come into the criminal legal system with high needs but who are at low risk for violent offense. The Community Resource Centers, a component of the program, provide information and navigation assistance for housing, financial, education, employment and behavioral health services.

- After expanding its eligibility criteria and opening a new Community Court in Burien, this initiative almost doubled the number of people served — from 76 in 2018 to 150 in 2019.
- 89 percent of participants were referred to social services.

TX-FTC: Family Treatment Court

Family Treatment Court (FTC) is a recovery-based child welfare court intervention. FTC focuses on children's welfare and families' recovery from substance use through evidence-based practices to improve child well-being, family functioning and parenting skills. Strong agency partnerships enable FTC to maintain maximum capacity to serve children in north and south King County.

- FTC served 130 children and their families in 2019.
- 90 percent of participants were linked to publicly funded behavioral health treatment within a year of enrolling in the program.
- Short-term results were available for 63 participants. Among those, 62 percent reported that their substance use decreased or was stable at a low level, and 62 percent reported no substance use at all at their most recent measurement.
- Long-term outcome results were available for 54 participants. Among those, adult jail bookings decreased by 71 percent.

TX-FTC participants were less likely to go to jail

71%



TX-JDC: Juvenile Drug Court

Juvenile Drug Court provides an incentive-driven program to help youth struggling with substance use who have criminal offenses reduce the likelihood of continued legal system involvement. The initiative's holistic continuum of care model takes a culturally targeted approach and supports completion by accelerating progress through each phase and toward graduation.

- Short-term data were available for 24 participants. Among those, 58 percent reported that their substance use decreased or was stable at a low level, and 38 percent reported no substance use at all at their most recent measurement.

TX-RMHC: Regional Mental Health and Veterans Court

The Regional Mental Health and Veterans Court serves people with behavioral health conditions during their involvement with the criminal legal system. This initiative provides a therapeutic response that helps defendants recover, while addressing the underlying issues that can contribute to further criminal activity. The programs are based on a collaborative, team-based approach, supplemented by judicial monitoring.

- 78 percent of the 157 participants who left the program in 2019 were housed at the time they left.
- Long-term outcome results were available for 325 participants. Among those, adult jail bookings decreased by 61 percent.

TX-SMC: Seattle Municipal Mental Health Court

Seattle Municipal Mental Health Court (MHC) provides referrals to services (behavioral health, housing, and others) for individuals who are booked into jail on misdemeanor charges and who are found not competent to stand trial. By integrating staff into community-based diversion programs, the initiative enables close coordination between behavioral health and social services, increasing the number of people with behavioral health conditions who are routed to treatment and out of criminal legal entanglements.

- MHC served 266 individuals in 2019.
- 44 percent of participants were linked to publicly funded behavioral health treatment within a year of enrolling in the program.
- Short-term results were available for 43 participants. Among those, adult jail bookings decreased by 46 percent.

Initiative procurement update

Most MIDD-funded services are contracted to community-based organizations. To support and promote coordination across funding sources, as well as expanded access, sometimes such services are subject to a formal procurement process (a request for proposals [RFP], request for applications [RFA], or request for information). This is most common when services are new, restructured, or redesigned, although some initiatives feature routine RFP cycles. The King County Department of Community and Human Services (DCHS) conducted the following procurement processes for MIDD services in 2019.

Initiative	Procurement type	Date procurement released	Implementation start
PRI-03 Prevention and Early Intervention Behavioral Health for Adults Over 50	RFA	May 2019	August 2019
PRI-04 Geriatric Regional Assessment Team	RFP	October 2019	July 2020
CD-07 Multipronged Opioid Strategies	RFP	July 2019	December 2019
RR-01 Housing Support Services	RFP	August 2019	January 2020
RR-03 Housing Capital and Rental	RFP	August 2019	January 2020
RR-15 South County Pretrial Services	RFP	August 2019	June 2020
SI-02 Behavioral Health Services in Rural King County	RFP	December 2019	March 2020
SI-03 Quality, Coordinated Outpatient Care	RFP	July 2019	October 2019
SI-04 Workforce Development	RFP	March 2019	July 2019

Data-informed implementation adjustments

A continuous-improvement approach is applied to MIDD-funded services each year to ensure that data and other information are used in program and process adjustments.

Initiative	Data-informed modification
PRI-08 Crisis Intervention Training — First Responders	Two 40-hour training classes have been added for 2020.
CD-04 South County Crisis Diversion Services/ Center	The number of referrals and referring agencies continues to grow as a result of focused roll-call/ training and relationship-building intended to increase use of the services.
RR-02 Behavior Modification Classes at the Community Center for Alternative Programs	The program model was altered in response to low participant retention rates in the prior domestic violence-focused program and to address the increasing number of non-Medicaid participants with psychiatric issues by providing mental health treatment.
SI-03 Quality Coordinated Outpatient Care	A unique performance-based contract for the Housing Outreach Partners program conditioned a significant proportion of the provider's base payment on participant enrollment, care quality and clinical outcomes.
TX-SMC Seattle Municipal Mental Health Court	A better understanding of the competency population and most common charges faced by individuals coming through the legal system guided prosecutors to divert charges and focus on boundary-spanning and associated program enrollment.

2019 Performance measurement results

Most MIDD initiatives have established performance measures, as identified in the MIDD 2 Evaluation Plan. This table shows the progress toward each initiative's key target in 2019.

New in 2019, the table shows the status of each initiative's implementation. Initiatives shown here are categorized as "laying the groundwork," "building momentum" or "actively implementing." Some initiatives include several programs at different stages of implementation. When this occurs, the most mature stage of implementation is represented.

- **Laying the groundwork** Internal work required to award funding and deliver services is under way, including hiring staff, developing requests for proposals, running request for proposal processes, and finalizing contracts with awardees.
- **Building momentum** Awardees have contracts with King County and are beginning the work. The program may have started delivering services, but performance data are not yet available.
- **Actively implementing** Program is actively delivering services and there are at least two quarters of performance data to report.

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
PREVENTION AND EARLY INTERVENTION						
● PRI-01	Screening, Brief Intervention and Referral to Treatment (SBIRT)	2,625	2,500	105%	Emergency department admissions were reduced by 37% over the long term (N=1,735). Of those participants with repeated substance use measures (N=762), 42% reported reduced or stable low use over time, and 33% reported no use in their later measure(s).	Fully implemented and delivered programming as expected.
● PRI-02	Juvenile Justice Youth Behavioral Health Assessments	243	300	81%	Of participants with repeated substance use measures (N=70), 46% reported reduced or stable low use over time, and 31% reported no use in their later measure(s). 29% of participants (N=674) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. 30% of youth (N=243) had juvenile legal system referrals, and 24% had charges filed.	Fully implemented and delivered programming as expected, including service provision to all referrals despite significant staff turnover.
● PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	819	1,200	68%	Emergency department admissions were reduced by 45% over the long term (N=337). 81% of participants with repeated depression assessments (N=417) showed improvements in depression symptoms, and 77% of participants with repeated anxiety assessments (N=324) showed improvements in anxiety symptoms.	Fully implemented. Initiative experienced delays in filling vacancies and three agencies migrated to new electronic health records in 2019 which limited service capacity.
● PRI-04	Older Adult Crisis Intervention/ Geriatric Regional Assessment Team (GRAT)	N/A	N/A	N/A	Outcome data were not available in 2019 due to delayed implementation.	Implementation was delayed in 2019 due to no applications in response to the original request for proposals. The request for proposals was redesigned based on stakeholder feedback and awarded. Program is due to launch in 2020.

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
PREVENTION AND EARLY INTERVENTION						
● PRI-05	School-Based Screening, Brief Intervention and Referral to Treatment (SBIRT)	5,987 screened	N/A	N/A	5,987 students were screened across 12 school districts with MIDD and Best Starts for Kids support. Of these, 2,470 were engaged in a brief intervention and 770 were referred to services or resources. ²	Fully implemented and delivered programming as expected. Program continued transition to partnership with Best Starts for Kids, providing services by the school district. Initiative results include blended funding across MIDD and Best Starts for Kids.
● PRI-06	Zero Suicide Initiative Pilot	N/A	N/A	N/A	Outcome data were not available in 2019 due to deferred implementation.	This initiative was not funded in the King County 2019–2020 Adopted Budget.
● PRI-07	Mental Health First Aid	2,187 trained	2,000	109%	95% of participants who completed a post-training survey reported the MHFA training as relevant or useful.	Fully implemented and delivered programming as expected. Initiative certified 35 new instructors in 2019.
● PRI-08	Crisis Intervention Training — First Responders	494 trained	600	82%	100% of participants who completed a post-training survey (N=57) rated the training as relevant or useful, and 96% rated the class as excellent or good overall.	Fully implemented and delivered programming as expected.
● PRI-09	Sexual Assault Behavioral Health Services	243	222	109%	45% of participants served had two or more trauma assessments. Of these participants, 85% showed improvement.	Fully implemented and delivered programming as expected.
● PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	407	560	73%	Of participants with depression symptom measurement at two points in time (N=82), 74% showed improvement in their symptoms. Of participants with repeated anxiety symptom measurements (N=81), 72% showed symptom improvement. Although fewer participants were served in 2019, the agencies provided an average of 19 service hours per person, representing a 32% increase in service hours per person from the previous year.	Fully implemented. Service model has adapted to provide longer and more intensive services. Coordination and training were affected by staff turnover.
● PRI-11	Community Behavioral Health Treatment	4,037	3,500	115%	For participants in mental health treatment, emergency department admissions were reduced by 34% (N=654) and adult jail bookings by 38% (N=341). For participants in substance use disorder treatment, emergency department admissions were reduced by 37% (N=474), and adult jail bookings by 61% (N=796). Of participants with repeated substance use measurements (N=682), 73% reported reduced or stable low use over time, and 54% reported no use in their later measure(s).	Fully implemented and delivered programming as expected.
CRISIS DIVERSION						
● CD-01	Law Enforcement Assisted Diversion (LEAD)	633	350	181%	At least 49% of participants (N=308) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. In the long term, 57% of LEAD participants (N=102) had reduced jail bookings.	Implementation started and progressed as expected. The 2019–2020 budget appropriation expanded services to Burien and up to two additional municipalities. LEAD Burien is fully operational, and one other location is under development.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes
	Actual number served ¹	Target number served	% of target reached		
CRISIS DIVERSION					
● CD-02 Youth Detention Prevention Behavioral Health Engagement	42 youth	TBD	N/A	Outcome data were not available in 2019 due to program model refinement and ramp-up.	Implementation started and progressed as expected. One-time funds for 2019–2020 were added for Zero Youth Detention programming, and development of the program model was completed in 2019. Target will be set after further baseline data collection.
● CD-03 Outreach and In Reach System of Care	454	450	101%	Adult jail bookings were reduced by 42% over the long term (N=284). Crisis events were reduced by 63% over the long term (N=72). 35% of participants (N=1,067) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented and delivered programming as expected. The Seattle Indian Health Board ended their contract due to staffing challenges. Planning for reallocation of the funds for this program within the initiative was under way in early 2020.
● CD-04 South County Crisis Diversion Services/Center	334	TBD	N/A	The majority of participants served by this initiative had positive exit dispositions, with most participants either remaining at or returned to home, or successfully referred to the local crisis center.	Implementation started and progressed as expected. Consistent with budget direction, this initiative supported a mobile crisis team to provide crisis diversion services in South King County.
● CD-05 High Utilizer Care Teams	71	100	71%	Emergency department admissions were reduced by 75% over the long term (N=150). Crisis events were reduced by 44% over the long term (N=58). 54% of participants (N=172) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented. Initiative faced challenges with staff turnover.
● CD-06 Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	2,020	1,875	108%	Reductions in long-term system use included an 18% reduction in adult jail bookings (N=1,357), a 12% reduction in psychiatric inpatient hospitalizations (N=564), and a 48% reduction in emergency department admissions (N=2,175). Crisis events were reduced by 69% over the long term (N=1,575). 34% of participants (N=6,209) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented and delivered programming as expected despite challenges with staff turnover.
● CD-07 Multipronged Opioid Strategies	840	300	280%	Emergency department admissions were reduced by 29% over the long term (N=290). 46% of participants (N=1,368) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Implementation of multiple program components progressed as expected, including new medication-assisted treatment services in shelters and encampments in late 2019.
● CD-08 Children's Domestic Violence Response Team	102 families	85	120%	Of participants with repeated behavioral health measures (N=75), 31% showed overall improvements in behavioral health, 35% showed signs of lowered environmental stress, 22% showed reduced risk of harm, and 23% had improved functioning.	Fully implemented and delivered programming as expected.
CD-09 Behavioral Health Urgent Care Walk In Clinic Pilot	N/A	N/A	N/A	Outcome data were not available in 2019 due to deferred implementation.	This initiative was not funded in the King County 2019–2020 Adopted Budget.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
CRISIS DIVERSION						
● CD-10	Next Day Crisis Appointments	631	800	79%	Emergency department admissions were reduced by 59% over the long term (N=228). Crisis events were reduced by 79% over the long term (N=153). 27% of participants (N=1,552) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented. Initiative providers continue to work on strategies to increase utilization by individuals referred to Next Day Crisis Appointments slots.
● CD-11	Children's Crisis Outreach and Response System (CCORS)	996	1,000	100%	Of youth with repeated harm measures (N=94), 48% either showed improvements in self-harm or remained stable, and 97% either showed improvements in harm to others or remained stable.	Fully implemented and delivered programming as expected.
● CD-12	Parent Partners Family Assistance	236	300	79%	51% of participants reported improved self-management skills, 49% reported an understanding of pertinent systems and how to navigate them, and 58% reported gaining skills in advocacy.	Fully implemented. Initiative faced challenges with staff turnover.
● CD-13	Family Intervention Restorative Services (FIRS)	215	300	72%	Of participants who exited in 2019 (N=145), 58% successfully completed services. 25% of youth (N=152) had juvenile legal system referrals, and 11% of youth (N=151) had charges filed.	Fully implemented. Initiative faced challenges in preparation for transition into the Children and Family Justice Center.
● CD-14	Involuntary Treatment Triage Pilot	193	200	97%	43% of participants (N=233) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. 87% of these were linked to mental health treatment before the end of 2019. Reductions in system use included a 30% reduction in psychiatric inpatient hospitalizations (N=50), a 45% reduction in emergency department admissions (N=73), and a 39% reduction in crisis events (N=61).	Fully implemented and delivered programming as expected.
● CD-15	Wraparound Services for Youth	801	650	123%	Among youth with repeated crisis measurements (N=94), 73% showed fewer crisis events over time. Strain on caregivers was reduced in 2019 among eligible enrolled youth (N=254). Caregivers reported reduced strain in 18 of 21 assessment areas. 19% of eligible youth (N=302) had improved school attendance, and 52% sustained stable attendance over time. 30% of eligible youth (N=293) showed reductions in reported reduced harm to themselves and others.	Fully implemented and delivered programming as expected despite a reduction in the number of agencies providing services.
● CD-16	Youth Respite Alternatives	47	50	94%	Of eligible participants (N=46), 50% were housed at exit. 37% were engaged in treatment and/or meeting treatment goals. 13% of youth (N=39) had juvenile legal system referrals and 8% had charges filed.	Fully implemented. Initiative faced challenges due to significant staff turnover. Work is underway to further integrate law enforcement involvement.
● CD-17	Young Adult Crisis Stabilization	39	40	98%	43% of participants who exited (N=30) were housed at their time of exit.	Fully implemented and delivered programming as expected.
● CD-18	Response Awareness, De-escalation and Referral (RADAR)	283	TBD	N/A	Outcome data were not available in 2019, because the initiative is ramping up.	Implementation started. RADAR continued using The Washington Association of Sheriffs and Police Chiefs co-responder model grant throughout 2019. The initiative faced challenges in filling vacancies, which slowed implementation.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
RECOVERY AND REENTRY						
● RR-01	Housing Supportive Services	1,051	690	152%	Reductions in long-term system use included 54% reduction in adult jail bookings (N=250), 63% reduction in psychiatric inpatient hospitalizations (N=96), 33% reduction in crisis events (N=85), and 70% reduction in emergency department admissions (N=385). 48% of participants (N=456) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented and delivered programming as expected despite staff turnover.
● RR-02	Behavior Modification Classes at CCAP	75	40	188%	Adult jail bookings were reduced by 68% over the long term (N=164). 56% of participants had no use of King County adult jails in all three years after enrollment.	Fully implemented. Initiative faced challenges with domestic violence intervention which was sunsetted in April 2019 due to lack of retention. Initiative was modified to provide mental health services to non-Medicaid-enrolled CCAP participants.
● RR-03	Housing Capital and Rental	25	N/A	N/A	Over the long term, individuals who received rental assistance vouchers through this initiative had 58% reduction in psychiatric inpatient hospitalizations (N=32), and 24% reduction in emergency department admissions (N=34). This initiative does not have targets because it mostly funds housing capital projects (buildings). People housed in these capital projects typically receive support services and are tracked through RR-01.	Fully implemented and delivered programming as expected. In 2019, funding was awarded for a future project, Hobson Place: Phase II.
● RR-04	Rapid Rehousing — Oxford House Model	171	333	51%	68% of the participants who exited services in 2019 (N=139) successfully stayed sober and completed the program. Of participants with repeated substance use measures (N=26), 69% reported reduced or stable low use over time, and 62% reported no use in their later measure(s).	Fully implemented. Initiative faced challenges with delays in redistribution of MIDD funds within the larger organization. These delays led to a limited number of residents on MIDD funding accepted into housing.
● RR-05	Housing Vouchers for Adult Drug Court	55	30	183%	Housing vouchers of all types, including RR-05 vouchers, are associated with higher graduation rates and housing at exit, and reduced substance use. 62% of participants who finished services (N=21) successfully graduated. Of the 21 Adult Drug Court participants receiving a voucher under RR-05 who completed services, 95% were housed at exit. Of participants with repeat substance use measurements (N=44), 68% reported reduced or stable low use over time, and 64% reported no use in their later measure(s). Adult jail bookings were reduced by 63%, two years after enrollment (N=41).	Fully implemented and delivered programming as expected.
● RR-06	Jail Reentry System of Care	141	450	31%	Adult jail bookings were reduced by 66% over the long term (N=1,154). 50% of participants (N=1,211) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Implementation started and progressed as expected. Initiative was ramping up after redesign with new funds added in 2019 for creation of expanded reentry case management program and housing supports.
● RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	318	TBD	N/A	Outcome data were not available in 2019, because the initiative is ramping up.	Implementation started and progressed as expected. Initiative was in ramp-up phase throughout 2019, including implementing a new data system.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
RECOVERY AND REENTRY						
● RR-08	Hospital Reentry Respite Beds	409	350	117%	Emergency department admissions were reduced by 50% over the long term (N=555). Of the medical respite patients assessed for behavioral health concerns (N=1,193), 34% were engaged in behavioral health services within the program in 2019. Of the 265 participants exiting the program (N=241), 67% successfully met their treatment goals. Of participants whose housing status was known (N=27), 96% were housed at exit.	Fully implemented and delivered programming as expected despite a lack of supportive housing options for participants.
● RR-09	Recovery Café	N/A	N/A	N/A	Outcome data were not available in 2019 due to delayed implementation.	Implementation started. Construction on new South of Downtown (SODO) site is ongoing, and site opening was delayed due to permitting requirements. Site opened in early 2020.
● RR-10	Behavioral Health Employment Services and Supported Employment	707	800	88%	37% of served participants were employed at some point during 2019. 161 participants were hired for at least one new job during the year. Of those participants who were hired between January and October (N=137), 48% retained a job for at least 90 days. 2019 job retention was calculated using slightly different methodology than in previous years in an effort to continuously improve. Adult jail bookings were reduced by 68% over the long term (N=60), and 87% of long term participants had no use of adult jails in all three years after enrollment. Emergency department admissions were reduced by 30% over the long term (N=87).	Fully implemented and delivered programming as expected. Additional funding was allocated in 2019 to maintain service capacity levels.
● RR-11a	Peer Bridger Programs	286	300	95%	Psychiatric inpatient hospitalizations were reduced by 91% over the long term (N=72). 76% of participants (N=464) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. Emergency department admissions were reduced by 74% over the long term (N=51).	Fully implemented and delivered programming as expected despite a lack of supportive housing options for participants.
● RR-11b	Substance Use Disorder Peer Support	1,016	1,000	102%	Emergency department admissions were reduced by 78% over the long term (N=53). Of participants with repeated substance use measures (N=244), 59% reported reduced or stable low use over time, and 47% reported no use in their later measure(s). Adult jail bookings were reduced by 67% over the long term (N=34).	Fully implemented and delivered programming as expected. Expanded program model with local partnerships to increase participants' access to dental services.
● RR-11c	Peer Respite	N/A	N/A	N/A	Outcome data were not available in 2019 due to delayed implementation.	Implementation delayed in 2019 to align with a state rule-making process.
● RR-12	Jail-based Substance Use Disorder Treatment	63	200	32%	Outcomes for the first year after enrollment are not available due to program launch in 2019.	Implementation started. Initiative faced delays in service provision due to the need for a phased staffing approach.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative	How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes	
	Actual number served ¹	Target number served	% of target reached			
RECOVERY AND REENTRY						
● RR-13	Deputy Prosecuting Attorney for Familiar Faces	54	60	90%	Adult jail bookings were reduced by 83% in the long term (N=24). 65% of participants enrolled in services received case management services under MIDD RR-13.	Fully implemented and delivered programming as expected.
● RR-14	Shelter Navigation Services	N/A	N/A	N/A	Outcome data were not available in 2019, because the initiative was not funded.	This one-time initiative was not funded in the King County 2019–2020 Adopted Budget.
● RR-15	South County Pretrial Services	N/A	N/A	N/A	Outcome data were not available in 2019, because the initiative was ramping up.	Implementation started and progressed as expected.
SYSTEM IMPROVEMENTS						
● SI-01	Community Driven Behavioral Health Grants	N/A	TBD	N/A	Outcome data were not available in 2019 due to delayed implementation.	Staff hired and planning initiated in 2019, with launch planned for early 2020.
● SI-02	Behavioral Health Services In Rural King County	N/A	TBD	N/A	Outcome data were not available in 2019 due to delayed implementation.	Staff hired and request for proposal launched in 2019.
● SI-03	Quality Coordinated Outpatient Care	160 enrolled in HOPE/ EDUM	N/A	N/A	48% of participants enrolled in HOPE/EDUM were linked to services at exit.	Implementation started and progressed as expected. Outpatient treatment-on-demand incentives and HOPE/EDUM programs are fully implemented. Outcomes Monitoring and Housing Outreach Pilot programs are ramping up. Medication-assisted treatment treatment-on-demand incentives was added in spring 2019.
● SI-04	Workforce Development	1,071 trained 57 trainings conducted	TBD	N/A	33 unique trainings were offered. 92% of participants would recommend their training, and 93% were satisfied with their training experience. 91% of participants taking courses on skills in trauma-informed and culturally appropriate services reported increased skills. 85% of participants in other training courses reported skills gains. Training subjects included care coordination, clinical supervision, harm reduction, low barrier clinical interventions, and progress notes. 25 people received reimbursements for chemical dependency professional certification expenses.	Implementation started and progressed as expected. Work began with seven new training providers. Full implementation expected in 2020. Chemical dependency certification program closed out in December 2019.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Draft for Review

Initiative		How much did we do?			How well did we do it? Is anyone better off?	2019 implementation status notes
		Actual number served ¹	Target number served	% of target reached		
THERAPEUTIC COURTS						
● TX-ADC	Adult Drug Court	917	700	131%	Adult jail bookings were reduced by 62% over the long term for Adult Drug Court participants (N=765). Of participants with repeated substance use measures (N=335), 71% reported reduced or stable low use over time, and 61% reported no use in their later measure(s). 28% of participants who finished services successfully graduated. 72% of participants who exited (N=282) were housed at the time of exit.	Fully implemented and delivered programming as expected. Adult Drug Court has expanded the eligible charges for individuals to opt-in.
● TX-CCPL	Community Court Planning and Pilot	150	110	136%	32% of participants (N=76) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. 89% of participants served in 2019 were referred to social services.	Fully implemented and delivered programming as expected. Redmond and Burien Community Courts are fully implemented and Shoreline Community Court is under development with steering committee identified.
● TX-FTC	Family Treatment Court	130 youth	140	93%	Of participants with repeated substance use measures (N=63), 62% reported reduced or stable low use over time, and 62% reported no use in their later measure(s). 51% of participants who exited services (N=39) had a positive exit disposition as defined by the program (e.g., a graduation or dismissed dependency case). 90% of participants (N=115) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. Adult jail bookings were reduced by 71% over the long term for Family Treatment Court participants (N=54).	Fully implemented and delivered programming as expected.
● TX-JDC	Juvenile Drug Court	<10	50	N/A	Of participants with repeated substance use measures (N=24), 58% reported reduced or stable low use over time, and 38% reported no use in their later measure(s). 16% of youth (N=37) had juvenile legal system referrals, and 16% had charges filed.	Fully implemented and delivered programming as expected despite system changes for youth entering the system. Work is under way to provide access to Juvenile Drug Court at intake to reduce time spent by youth in the system.
● TX-RMHC	Regional Mental Health and Veterans Court	370	350	106%	50% of participants (N=463) were linked to publicly funded behavioral health treatment within a year of starting MIDD services. Adult jail bookings were reduced by 61% in the long term (N=325). 78% of those who exited services (N=157) were housed at the time of exit.	Fully implemented and delivered programming as expected.
● TX-SMC	Seattle Municipal Mental Health Court	266	130	205%	In the first year after enrollment, adult jail bookings were reduced by 46% (N=43). 44% of participants (N=111) were linked to publicly funded behavioral health treatment within a year of starting MIDD services.	Fully implemented and delivered programming as expected. New Memorandum of Agreement was established with Seattle City Attorney's Office to support prosecutorial diversion.

"Crisis events" for initiatives serving adults refers to individual-level interactions with publicly funded King County programs providing crisis response services, including involuntary treatment events, adult crisis stabilization, adult diversion bed, crisis triage diversion bed, mobile crisis team, and crisis diversion facility. This does not apply to CD-15: Wraparound Services for Youth, which serves youth and is measured by comparing the year-over-year number of service outreach episodes for each participant between 2018 and 2019.

Results presented for emergency department admissions are based on recorded admissions to Harborview Medical Center.

Results presented on juvenile charge/referral data are based on 2019 referrals and charges for clients enrolled in 2018.

EDUM, Emergency Department Utilization Management; HOPE, Hospital Outreach Patient Engagement.

¹ Actual numbers represent the number of unique individuals with at least one 2019 service, unless otherwise stated.

² From January to June 2019, school districts were developing and testing tools and methods for implementation. Full-scale rollout of screening and intervention did not occur until September 2019.

Implementation status: ● Laying the groundwork ● Building momentum ● Actively implementing

Changes to initiative performance measurement targets

Implementation and evaluation of MIDD-funded programs requires occasional modifications as more and/or better information becomes available. In 2019, MIDD stakeholders were oriented to a new approach, Results-Based Accountability and performance measurement alignment across MIDD, Best Starts for Kids, and the Veterans, Seniors and Human Services Levy. For some new initiatives, the “to be determined” (TBD) performance measures in the MIDD 2 Evaluation Plan were settled collaboratively.

Targets confirmed during 2019 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 on the MIDD Results Dashboard at kingcounty.gov/midd.

Initiative		Previous target	New target	Changes in 2019
CD-16	Youth Respite Alternatives	TBD	Serve 50	A target aligned with program practice and expected capacity was developed in partnership with the provider
CD-17	Young Adult Crisis Stabilization	TBD	Serve 40	A target aligned with program practice and expected capacity was developed in partnership with the provider
RR-13	Deputy Prosecuting Attorney for Familiar Faces	TBD	Serve 60	A target aligned with program practice and expected capacity was developed in partnership with the provider
TX-CCPL	Community Court Planning and Pilot	TBD	Serve 110	A target aligned with program practice and expected capacity was developed in partnership with the provider

2019 Financial report

Initiative		2019–2020 budget ¹	2019 expenditures ¹	Percentage of budget expended
PREVENTION AND EARLY INTERVENTION				
PRI-01	Screening, Brief Intervention and Referral To Treatment (SBIRT)	1,540,890	759,461	49%
PRI-02	Juvenile Justice Youth Behavioral Health Assessments ²	1,254,726	428,961	34%
PRI-03	Prevention and Early Intervention Behavioral Health for Adults Over 50	1,040,803	520,428	50%
PRI-04	Older Adult Crisis Intervention/Geriatric Regional Assessment Team (GRAT) ³	706,609	0	0%
PRI-05	School-Based Screening, Brief Intervention and Referral to Treatment (SBIRT)	3,364,863	1,531,405	46%
PRI-06	Zero Suicide Initiative Pilot ⁴	0	0	–
PRI-07	Mental Health First Aid ⁵	644,275	342,607	53%
PRI-08	Crisis Intervention Training — First Responders	1,801,602	777,767	43%
PRI-09	Sexual Assault Behavioral Health Services	1,093,923	539,969	49%
PRI-10	Domestic Violence and Behavioral Health Services & System Coordination	1,371,503	669,520	49%
PRI-11	Community Behavioral Health Treatment	26,058,040	13,946,539	54%
Subtotal Prevention and Intervention		38,877,234	19,516,657	50%
CRISIS DIVERSION				
CD-01	Law Enforcement Assisted Diversion (LEAD) ³	7,428,509	3,066,863	41%
CD-02	Youth Detention Prevention Behavioral Health Engagement ³	1,844,486	481,872	26%
CD-03	Outreach and In Reach System of Care ³	880,509	364,674	41%
CD-04	South County Crisis Diversion Services/Center	1,100,000	536,968	49%
CD-05	High Utilizer Care Teams	550,319	235,214	43%
CD-06	Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	12,902,369	6,226,986	48%
CD-07	Multipronged Opioid Strategies ³	6,621,372	1,780,431	27%
CD-08	Children's Domestic Violence Response Team	605,350	298,806	49%
CD-09	Behavioral Health Urgent Care — Walk In Clinic Pilot ⁴	0	0	–
CD-10	Next Day Crisis Appointments	660,381	317,710	48%
CD-11	Children's Crisis Outreach and Response System (CCORS)	1,210,700	597,629	49%
CD-12	Parent Partners Family Assistance	1,158,166	556,889	48%
CD-13	Family Intervention and Restorative Services (FIRS)	2,335,897	996,156	43%
CD-14	Involuntary Treatment Triage Pilot	322,137	159,009	49%
CD-15	Wraparound Services for Youth	6,603,815	2,939,695	45%
CD-16	Youth Respite Alternatives	1,046,580	523,290	50%
CD-17	Young Adult Crisis Stabilization	1,995,478	985,005	49%
CD-18	Response Awareness, De-escalation and Referral (RADAR) ³	780,000	48,559	6%
Subtotal Crisis Diversion		48,046,068	20,115,756	42%

Draft for Review

Initiative		2019–2020 budget ¹	2019 expenditures ¹	Percentage of budget expended
RECOVERY AND REENTRY				
RR-01	Housing Supportive Services ⁶	4,388,753	1,645,782	37%
RR-02	Behavior Modification Classes at CCAP	235,485	116,237	49%
RR-03	Housing Capital and Rental ⁶	5,140,416	1,927,656	38%
RR-04	Rapid Rehousing — Oxford House Model ³	1,073,791	362,500	34%
RR-05	Housing Vouchers for Adult Drug Court	604,283	302,142	50%
RR-06	Jail Reentry System of Care	1,867,351	858,245	46%
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention ³	1,000,034	309,767	31%
RR-08	Hospital Reentry Respite Beds	1,994,352	997,176	50%
RR-09	Recovery Café	748,897	369,661	49%
RR-10	Behavioral Health Employment Services and Supported Employment	2,249,452	1,159,647	52%
RR-11a	Peer Bridger Programs	1,298,751	567,678	44%
RR-11b	Substance Use Disorder Peer Support	352,203	169,045	48%
RR-11c	Peer Respite ³	2,000,000	0	0%
RR-12	Jail-based Substance Use Disorder Treatment	954,010	452,201	47%
RR-13	Deputy Prosecuting Attorney for Familiar Faces	309,023	154,512	50%
RR-14	Shelter Navigation Services ⁴	0	0	–
RR-15	South County Pretrial Services ³	446,000	100,000	22%
Subtotal Recovery and Reentry		24,662,801	9,492,249	38%
SYSTEM IMPROVEMENTS				
SI-01	Community Driven Behavioral Health Grants ³	435,377	0	0%
SI-02	Behavioral Health Services in Rural King County ³	710,000	4,955	1%
SI-03	Quality Coordinated Outpatient Care ³	12,068,100	3,415,220	28%
SI-04	Workforce Development ³	1,595,921	604,333	38%
Subtotal System Improvements		14,809,398	4,024,508	27%
THERAPEUTIC COURTS				
TX-ADC	Adult Drug Court	7,976,992	3,850,782	48%
TX-CCPL	Community Court Planning and Pilot	1,177,644	421,182	36%
TX-FTC	Family Treatment Court ⁷	4,070,965	1,528,871	38%
TX-JDC	Juvenile Drug Court ⁸	2,361,802	915,958	39%
TX-RMHC	Regional Mental Health and Veterans Court	8,850,371	4,509,179	51%
TX-SMC	Seattle Municipal Mental Health Court	200,047	96,220	48%
Subtotal Therapeutic Courts		24,637,821	11,322,192	46%
SPECIAL PROJECTS				
Special Allocations ⁹			1,062,207	
ADMINISTRATION AND EVALUATION				
ADM	Administration & Evaluation	8,822,678	4,250,277	48%
Prior Year Adjustments			1,344,225	
Totals by Strategy Area and Initiative		159,856,000	71,128,071	44.50%

¹ To better align the financial reporting with budget authority and with current King County reporting practices, this table has been modified to reflect approved adjustments to the current 2019–2020 Biennial Budget of the MIDD fund, rather than an annual spending plan. This reporting approach should allow for greater visibility of program spending.

² Underspending in 2019 reflects unfilled budgeted positions that have been filled in 2020.

³ The initiative had lower expenditures than budgeted, due to timing of startup, rollout of programming components, and/or procurement of services.

⁴ The initiative was not funded in the King County 2019–2020 Adopted Budget.

⁵ The initiative spending was front-loaded in 2019 to provide training to community members.

⁶ County interfund transfers were deferred to 2020 to better align recipient funds, revenue and expense.

⁷ This spending for this initiative was low due to delayed billing issues. It is expected these issues will be resolved in 2020.

⁸ 2019 expenses were lower than planned due to reduced number of participants. The initiative is being redesigned.

⁹ "Special Allocations" includes strategic braiding of MIDD funds to supplement the administration of non-Medicaid programs funded by Washington State or Medicaid, such as PATH, Peer Bridgers, and administration of mental health outpatient benefits. Other expenditures include one-time expenditures supporting community engagement, childcare services, workforce development, medication-assisted treatment services, youth support services, and emergency psychiatric care.

Draft for Review

Draft for Review

2019 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 the King County residents who are most in need.

Membership Roster as of December 31, 2019

Claudia D'Allegri, Vice President of Behavioral Health, SeaMar Community Health Centers (Co-Chair)
Representing: Community Health Council

Ketu Shah, Judge, King County Superior Court (Co-Chair)
Representing: King County Superior Court

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

Anthony Austin, Executive Director, Southeast Youth & Family Services
Representing: Provider of Youth Mental Health & Chemical Dependency Services

Karen Brady, Executive Director/Chief Executive Officer, Ryther Center for Children and Youth
Representing: Provider of Behavioral Health Services

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

Lea Ennis, Director, King County Juvenile Court Services
Representing: King County Uniting for Youth Representative

Kailey Fiedler-Gohlke, Chief Executive Officer, Hero House
Representing: Provider with expertise in helping individuals with behavioral health needs in King County get jobs and live independent lives

Leo Flor, Director, King County Department of Community and Human Services (DCHS)
Representing: King County DCHS

Brigitte Folz, Director of Behavioral Health Harborview Medical Center
Representing: Harborview Medical Center

Muguette Guenneguez, Executive Director, NAMI — Greater Seattle
Representing: National Alliance on Mental Illness

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

Darcy Jaffe, Senior Vice President for Safety and Quality, Washington State Hospital Association
Representing: Washington State Hospital Association/King County Hospitals

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

Anita Khandelwal, Director, King County Department of Public Defense
Representing: Public Defense

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

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

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

Laura Merchant, Assistant Director, Harborview Center for Sexual Assault and Traumatic Stress
Representing: Provider of Sexual Assault Victim Services

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

Fartun Mohamed, Mental Health Project Lead, Somali Health Board
Representing: Grassroots Organization Serving a Cultural Population

Jess Molberg, Director of Behavioral Health, Coordinated Care
Representing: Managed Care Organization

Lisa Paglisotti, Judge, King County District Court
Representing: King County District Court

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

Lynne Robinson, Deputy Mayor, City of Bellevue
Representing: City of Bellevue

Kellie Rogers, Director of Advocacy and Programs, Domestic Abuse Women's Network
Representing: Domestic Violence Prevention Services

Denise Rothleutner, Acting Director, All Home
Representing: All Home

Jeff Sakuma, Health Integration Strategist
Representing: City of Seattle

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

Katherine Switz, Chief Executive Officer, The Stability Network
Representing: Philanthropic Organization

Joshua Wallace, Executive Director, Peer Seattle
Representing: Recovery Services Organization

Partners

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

American Behavioral Health Systems	Ikron of Greater Seattle	Puget Sound Educational Service District
Asian Counseling and Referral Service	Institute for Family Development	Recovery Café
Atlantic Street Center	Integrative Counseling Services	Refugee Women's Alliance
Auburn School District	Intercept Associates	Renton Area Youth Services
Catholic Community Services of Western Washington	International Community Health Services	Ryther
Center for Human Services	Kelley-Ross Pharmacy	Seadrunar
Chestnut Health Systems	Kent School District	SeaMar Community Health Centers
City of Bothell	Kent Youth and Family Services	Seattle Children's
City of Kenmore	King County Department of Adult and Juvenile Detention	Seattle Counseling Services
City of Kirkland	King County Department of Public Defense	Seattle Indian Health Board
City of Lake Forest Park	King County District Court	Seattle School District
City of Shoreline	King County Department of Judicial Administration	The Seven Challenges
Coalition Ending Gender-Based Violence	King County Prosecuting Attorney's Office	Skykomish School District
Coleman Family Services	King County Sexual Assault Resource Center	Snoqualmie Tribe
Community Health Plan of Washington	King County Superior Court	Snoqualmie Valley School District
Community House	Lake Washington School District	Sound
Consejo Counseling and Referral Service	LifeWire	South Seattle College
Correctional Counseling	Lutheran Community Services Northwest	Southeast Youth and Family Services
Country Doctor Community Health Centers	Muckleshoot Indian Tribe	Spectrum Health Systems, Inc.
Cowlitz Tribal Treatment	MultiCare Behavioral Health	St. Francis Hospital
Crisis Connections	National Alliance on Mental Illness — Greater Seattle	Tahoma School District
Cultures Connecting	National Council for Behavioral Health	Therapeutic Health Services
Domestic Abuse Women's Network	Navos	TRAC Associates
Downtown Emergency Service Center (DESC)	Neighborcare Health	Transitional Resources
Evergreen Treatment Services	New Beginnings	Tukwila School District
EvergreenHealth	New Traditions	University of Washington
Family Therapy and Recovery	Nexus Youth and Families	Valley Cities Behavioral Health Care
Friends of Youth	Northshore School District	Vashon School District
Full Life Care Solstice Behavioral Health	Northshore Youth and Family Services	Vashon Youth and Family Services
GBS Northwest	Oxford House International	WAPI Community Services
Guided Pathways — Support for Youth and Families	Peer Seattle	Washington State Criminal Justice Training Commission
Harborview Medical Center	Pioneer Human Services	Washington State University
Hero House	Plymouth Housing Group	WCHS, Inc.
Hepatitis Education Project	Portland State University	You Grow Girl!
Highline Medical Center	Public Defender Association	Young Men's Christian Association (YMCA) of Greater Seattle
Highline School District	Public Health — Seattle & King County	Youth Eastside Services

Making King County
a welcoming community
where every person can thrive.

Best Starts for Kids

Best Starts for Kids strengthens families and communities so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults.

MIDD Behavioral Health Sales Tax Fund

MIDD supports equitable opportunities for health, wellness, connection to community, and recovery for King County residents living with or at risk of behavioral health conditions, through a continuum of care that includes prevention, early intervention, crisis diversion, recovery, and reentry.

Veterans, Seniors and Human Services Levy

The Veterans, Seniors and Human Services Levy connects veterans and servicemembers, residents age 55 or older, and vulnerable populations to affordable housing, employment, behavioral health treatment, and other programs and services that help them, their families, and their caregivers live healthy, productive, and meaningful lives.



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