Attachment A

King County

Mental Illness and Drug Dependency 2 Evaluation Plan

As Required by Ordinance 18407

June 2017

Contents

1. Executive Summary 3
2. Overview 5
3. Components of the Evaluation Plan 10
4. Reporting 19
5. Conclusion 20
6. Appendices 21
   - A: Preliminary Initiative Performance Measures
   - B: MIDD Evaluation Planning Team Staff
   - C: MIDD Evaluation Assessment Recommendations
   - D: MIDD Advisory Committee Evaluation Work Group
   - E: Background Information on Results Based Accountability
   - F: Glossary of Terms
   - G: MIDD 2 Framework
   - H: MIDD Headline Indicators
   - I: MIDD 2 Logic Model
   - J: MIDD Initiative Implementation Schedule Table

1. Executive Summary

The MIDD 2 Evaluation Plan is provided in response to Ordinance 18407 calling for an evaluation plan for King County's Mental Illness and Drug Dependency (MIDD) sales tax-funded services and programs. This plan reflects the primary purpose of the MIDD evaluation: to determine the progress of MIDD-supported programs toward meeting the five policy goals. It revises and builds on the Evaluation Framework for MIDD 1 services and programs.

King County renewed its support of local funding for behavioral health through the August 2016 extension of the one-tenth of one percent MIDD sales tax through 2025. The MIDD is guided by five adopted policy goals that provide the essential framing for all elements of the MIDD, including the implementation and evaluation plans.

Alignment with Best Starts for Kids: MIDD 2 is intentionally aligned with other King County initiatives, particularly the Best Starts for Kids (BSK) Levy and the Veterans and Human Services Levy (VHSL) whenever possible, including evaluation planning. MIDD uses the concepts of Results Based Accountability (RBA) as do BSK's Implementation Plan and Evaluation and Performance Measurement Plan. The MIDD Evaluation Plan also uses RBA performance measures and headline indicators in the design of the evaluation framework.

Components of the Evaluation Plan: To organize the complex work of MIDD, a framework was developed. MIDD 2 is organized by the MIDD 2 Framework into five strategy areas that reflect a continuum from prevention to crisis services to reentry to system improvements, linked to outcomes included in the MIDD evaluation. MIDD evaluation information will be used to support quality improvements and revisions to MIDD initiatives.

Performance Accountability: Performance Measures: Performance accountability remains a key element in the MIDD 2 evaluation. MIDD 2 uses the RBA performance measurement categories: how much (quantity), how well (quality), and is anyone better off (impact).

Population Accountability: Headline Indicators: A new component to the MIDD 2 evaluation is the addition of headline indicators. These population indicators reflect the contribution of MIDD to achieving overall health and well-being of King County residents through positive changes in the population. It is important to note that MIDD is but one of many contributing forces that impact the overall health of King County's population.

Distinguishing between Performance Measurement and Evaluation: As discussed in this plan, performance measurement refers to the ongoing monitoring and reporting of initiative accomplishments, particularly progress toward the adopted MIDD policy goals. Thus, the MIDD evaluation includes limited analyses of systematic collections of information about a program that provide more in-depth assessment of program impact and performance. While all MIDD initiatives are required to participate in performance measurement activities, only a subset of MIDD initiatives feature more rigorous evaluation activities, as resources and capacity allow.

What's Different in MIDD 2 Evaluation: MIDD 2 is informed by RBA. It reflects changes outlined in the King County Office of Performance, Strategy, and Budget (PSB) MIDD Evaluation Assessment Report[1], including a revised logic model.

Performance Measurement Data: An initial MIDD initiative and performance measures crosswalk is included as Appendix A. It outlines the performance measurement data to be used for each initiative.

Data Collection: MIDD's current system of data reporting from providers primarily uses the King County Behavioral Health and Recovery Division (BHRD) Behavioral Health Organization (BHO) database or individually submitted spreadsheets. The need for improvement to the MIDD's system of data collection was identified in the MIDD Evaluation Assessment Report. At the writing of this plan, improved systems for data reporting are in development by the Department of Community and Human Services (DCHS). King County Information Technology (KCIT) is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL and other human services programming.

Assuring Quality through Contracting: As a key complement to the MIDD evaluation, quality, appropriateness, availability and cost-effectiveness of services are assured via contracting processes that set and review performance and offer continuous feedback to providers.

Evaluation Management: As with MIDD 1, DCHS has overall responsibility for the management and implementation of MIDD 2, including managing the budget; behavioral health systems programmatic development; oversight of the Request for Proposals (RFPs), memorandum of agreement (MOA), and contracting processes; and evaluation of MIDD.

Reporting and Conclusion: The overarching approach to MIDD 2 evaluation envisions increased collaboration, transparency and accountability. Enhancing and improving the MIDD evaluation and reporting will include continuing work such as updating performance measures in partnership with providers. An annual MIDD evaluation summary report will be submitted to the Council each August for review and approval. The first annual report will be due in August 2018.

---

[1] Included as Appendix A of the MIDD Comprehensive Retrospective Report approved by King County Council in September 2016.

2. Overview

This evaluation plan reflects the primary purpose of the MIDD evaluation to determine progress of MIDD-supported programs toward meeting the five policy goals. This evaluation plan revises and builds on the Evaluation Framework for MIDD 1 services and programs. It is a companion to the adopted MIDD Service Improvement Plan (SIP) and links to the concurrently transmitted MIDD Implementation Plan. Together these three documents address key aspects of MIDD, from funding, to services, to evaluation.

The subsequent sections of this report contain the required elements of the MIDD Evaluation Plan as called for in Ordinance 18407.

Renewed Local Support for Behavioral Health

King County first adopted a one-tenth of one percent sales tax allowed by State law in 2007.[2] Set to expire at the end of 2016, the County extended the tax through 2025 in August 2016. As required by the Revised Code of Washington (RCW), King County's MIDD supports chemical dependency or mental health treatment programs and services, case management, and housing that are components of a coordinated chemical dependency or mental health treatment program or service.[3]

King County demonstrated the impact and value of MIDD services in the 2016 Comprehensive Retrospective Report. The report, an extensive examination and assessment of MIDD 1, included recommendations on improvements to MIDD performance measures, evaluation data gathering and a review of MIDD evaluation processes.[4]

After reauthorization of the sales tax, the MIDD SIP was adopted by King County Council in November 2016 via Ordinance 18406. The SIP is the blueprint for MIDD 2, outlining the overarching elements of MIDD 2 and responding to a number of policy questions posed by the King County Council related to MIDD and its operation and its goals. Through adoption of the SIP, the Council called for implementation and evaluation plans for MIDD 2.

The 2017-2018 adopted budget for the MIDD fund is $135 million. MIDD revenues support 53 unique programs (known as "initiatives") arranged into five overarching strategy areas reflecting the behavioral health continuum of care,[5] including the County's therapeutic courts. These strategy areas are summarized in the MIDD 2 Framework which is outlined in Section 3 of this report. Services and activities of the MIDD initiatives are largely provided by over 40 community-based agencies and eight departments and agencies within King County.

---

[2] Referenced as "MIDD 1" in this document.
[3] RCW 82.14.460
[4] Approved by King County Council Motion 14712.
[5] Opportunities for addressing behavioral health conditions across a spectrum, including prevention, treatment and recovery.

MIDD Advisory Committee
The MIDD Advisory Committee provides essential advice and input to King County policymakers on matters involving MIDD. Each of the 37 members brings their individual and systems wide experience and knowledge to the MIDD Advisory Committee table to inform discussions and develop recommendations for policymakers. The Advisory Committee reviewed this report and provided feedback on it at its June 2017 Advisory Committee meeting.

MIDD Advisory Committee Collaboration: This document reflects feedback from the MIDD Advisory Steering Committee and the MIDD Advisory Committee regarding the evaluation plan and processes. The plan was discussed by both committees at their respective June meetings with no concerns or issues identified. Narrative describing the change process of the MIDD Framework population indicators was discussed and enhanced with feedback provided, along with revisions to the performance measures for culturally appropriate services based on member input. Specific operational suggestions included:

- Sharing MIDD successes more frequently and broadly
- Distributing RFP announcements to MIDD Advisory Committee members
- Utilizing a mapping system that could show where providers are and where people can obtain services.

Committee members expressed support for the revisions to the MIDD Evaluation Plan including the alignment within the department across multiple county initiatives and welcoming the use of the RBA structure as a more meaningful performance measure approach for service providers.

Adopted Policy Goals
As was the case for MIDD 1, MIDD 2 has established policy goals adopted by the County. These policy goals are the foundational expression of what policymakers expect the MIDD to achieve, or work toward achieving. The policy goals provide the essential framing for all elements of the MIDD, including the implementation and evaluation plans. Each MIDD 2 initiative expressly links to a primary MIDD policy goal. As noted, the primary focus of the MIDD 2 evaluation is to determine progress of MIDD-supported programs toward meeting the five policy goals.

MIDD 2 Adopted Policy Goals (Ordinance 18407)
1. Divert individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals.
2. Reduce the number, length, and frequency of behavioral health crisis events.
3. Increase culturally appropriate, trauma-informed behavioral health services.
4. Improve health and wellness of individuals living with behavioral health conditions.
5. Explicit linkage with, and furthering the work of, King County and community initiatives.

As acknowledged in the SIP, MIDD programs and services alone cannot achieve the policy goals. For example, simple changes to policing practices or prosecution policies can greatly impact the number of

people who enter the criminal justice system. After such a shift, data could suggest that MIDD services were either more or less successful in reducing the number of people who returned to jail, irrespective of the individuals' behavioral health conditions, when the larger driver of changed results may actually have been the criminal justice policy changes.

Likewise, shifts in federal or state funding or policies for behavioral health services impact the amount, availability, and/or quality of behavioral health services, which in turn influences the incidence and severity of behavioral health conditions. Many MIDD services provide enhancements to underlying services provided via federal or state funding, or are designed to address gaps between such services. When core state or federal services are reduced, or more rarely expanded, this can affect the apparent effectiveness and/or relevance of the MIDD-funded service.

Finally, macroeconomic factors including access to employment and affordable housing – both of which are well beyond MIDD's capacity to impact in a substantive way – have a major effect on meeting policy goals.

Approach and Methodology for MIDD 2 Evaluation Plan

The MIDD 2 Evaluation Plan development was led by DCHS program and evaluation staff (see Appendix B) with extensive collective experience in program evaluation, performance measurement, research, and quality improvement.

In 2016, the King County Office of Performance, Strategy, and Budget (PSB) conducted an assessment of the MIDD 1 evaluation approach as part of the MIDD Comprehensive Retrospective Report to fulfill the requirements of Ordinance 17998. The PSB MIDD Evaluation Assessment Report included a comprehensive analysis of the MIDD 1 evaluation approach, which included meta-analysis of best practices and interviews with 30 individual stakeholders. The report examined opportunities to strengthen the MIDD 2 evaluation. Ten principal recommendations from the report informed the revision of the MIDD evaluation. The PSB recommendations, along with actions taken and planned for the MIDD 2 evaluation, are described in Appendix C.

The MIDD Advisory Committee, through its Evaluation Work Group (see Appendix D for a list of participants), provided guidance to county staff on the approach, composition and priorities for the MIDD 2 evaluation improvements. The Evaluation Work Group participants reviewed content and provided valuable input that shaped the designs and ideas contained in this plan.

Results Based Accountability

Results Based Accountability (RBA) is a simple, common sense accountability framework that starts with results that are desired, and works backward toward the means for achieving the result. An RBA-informed approach distinguishes between **population accountability** through population indicators (known as "headline indicators") which assess well-bring of individuals throughout King County overall, and **performance accountability** through performance measures which assess well-being of the individuals and families directly served by MIDD-funded programs. Please see Appendix E for more details about RBA.

MIDD 2 was developed using the RBA-informed approach, articulating the result desired from MIDD's investments (as shown in the MIDD Framework): *People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.*

Changes to the MIDD 1 performance measures for continuing MIDD 1 initiatives have been incorporated into the MIDD 2 Evaluation Plan based on experience from the MIDD 1 evaluation including successes and challenges, along with regular provider and stakeholder feedback. Measures, that are reflected in the MIDD 2 evaluation and implementation plans, including performance targets, reflect current estimates built upon past results (as applicable), program plans, and MIDD 2 funding levels. However, future adjustments to these measures, including performance targets, should be expected as a result of ongoing consultation and collaboration between providers, evaluators and lead County staff for each initiative.

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

Together, Best Starts for Kids (BSK),[6] Veterans and Human Services Levy (VHSL)[7], and MIDD comprise a substantial portion of King County's local investments in health and human services. In order to leverage investment, eliminate duplication and strengthen outcomes, DCHS staff leading these initiatives continue to plan and coordinate these three major levies actively. Across the shared domains of populations, services, and outcomes, BSK, VHSL, and MIDD are working together to:

- Analyze cross-system intersections in strategies and initiatives
- Identify collaboration and alignment opportunities
- Conduct joint RFP processes
- Use common language and definitions
- Develop shared data, reporting and dashboards.

Notably, BSK, VHSL and MIDD will utilize an outcomes-based framework approach, discussed in Appendix E. Framework alignment with BSK and VHSL as much as possible will allow for common results and indicators between the three initiatives, increasing the County's ability to measure the combined effectiveness of these three local revenue sources for human services funding and to conduct combined continuous improvement processes more effectively when possible. Toward this end, development of a shared data dashboard is also underway. MIDD 2's intentional collaboration with initiatives like BSK and VHSL will also allow services and funding to be braided to achieve maximum impact.

One area where MIDD and BSK are collaborating is school-based behavioral health services. MIDD continues it's funding of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for youth in middle schools. MIDD funds community-based organizations to provide behavioral health (mental health and substance abuse prevention) services in 25 middle schools in King County in 12 out of the 19 school districts. MIDD funding will be blended with BSK funding starting in 2018 to serve all 19 school

---

[6] A 2016 King County voter-approved property tax levy supporting promotion, prevention, and early intervention activities for children, youth, families and communities.

[7] A King County voter-approved property tax levy supporting health and human services for veterans and other vulnerable residents to combat homelessness, improve health and increase self-sufficiency. It expires at the end of 2017 unless renewed by voters.

districts in King County. BSK and MIDD staff collaborated on developing the scope of work, community outreach and evaluation components of the initiative. A shared evaluation approach and a single data submission process was developed to meet the needs of both the MIDD and BSK evaluations while minimizing reporting and avoiding duplicative analysis.

Overarching Principles

The initiatives, performance measurement and evaluation activities that comprise MIDD 2 are governed by five overarching principles that are fundamental to the evaluation plan and guide the evaluation approach. These are based on the MIDD Advisory Committee's Guiding Principles that informed MIDD renewal activities and development of the SIP, and also reflect guidance from Ordinance 18407:

- *Informed by community and Advisory Committee input.* Community and Advisory Committee members are engaged and have opportunities to contribute through surveys, groups, meetings and other activities.
- *Grounded in the County's Equity and Social Justice work.* Equity impacts and considerations are incorporated into planning, policies and assessment of the effectiveness of services whenever available.
- *Driven by outcomes.* Measuring progress towards reductions in jail, emergency room or hospital use and other impacts for individuals remains a strong focus of the MIDD evaluation.
- *Guided by the behavioral health continuum of care.* A comprehensive continuum of community-based behavioral healthcare is created, maintained and assessed for effectiveness along the continuum.
- *Aligned with other County policy initiatives.* Coordination of approaches to evaluation, contracting, reporting and data collection with BSK and VHSL occurs whenever possible.[8]

Glossary of Terms

A glossary of key terms used in this Evaluation Plan can be found in Appendix F.

[8] Ordinance 18407, line 223.

3. Components of the Evaluation Plan

As specified in Ordinance 18407, the purpose of the evaluation of MIDD is to demonstrate whether the expected outcomes – the adopted MIDD policy goals – are being achieved. This will help to show whether value is returned on the public's investment into MIDD. The subsequent sections of this report contain the following required elements of the evaluation plan, as called for in Ordinance 18407.

MIDD Evaluation Plan Requirements (Ordinance 18407)
The evaluation plan shall describe: 1. *Process and outcome evaluation components* 2. *A proposed schedule for evaluations;* 3. *Performance measurements and performance measurement targets;* • *Performance measures shall include, but not be limited to:* ♦ *The amount of funding contracted to date,* ♦ *The number and status of RFPs to date,* ♦ *Individual program status and statistics such as individuals served, data on utilization of the justice and emergency medical systems and resources needed to support the evaluation requirements identified* 4. *Data elements that will be used for reporting and evaluations;* 5. *Overarching principles; and* 6. *Evaluation framing questions and approaches that will guide MIDD evaluation and performance measurement for 2017 through 2025.*

The MIDD 2 uses a comprehensive approach to create improvements across the behavioral health continuum of services that result in better outcomes for individuals. Multiple and often interrelated MIDD interventions[9] are designed to achieve the adopted policy goals. For example, expanding capacity for services, adding new services, and broader improvements to the behavioral health system are expected collectively to reduce jail use and use of emergency services and to improve health outcomes for those served by MIDD. Many of the outcomes expected from MIDD interventions – as articulated in the policy goals and framework – are highly correlated to each other, meaning an improvement in one area can lead to improvement in other areas. For example, improved health and wellness can lead to a decrease in crisis episodes, which can lead to a decrease in incarcerations or hospitalizations, which can lead to an increase in housing stability, which can lead to a further increase in health and wellness.

[9] An intervention is any activity that can change an individual's behavior, thinking or emotion as part of a service or program.

Evaluating the impact of the MIDD 2 initiatives on progress toward meeting the adopted policy goals is a multifaceted endeavor. MIDD serves multiple populations and thousands of people, through dozens of community-based providers and county agencies and departments in multiple locations across the county. Each of the 53 MIDD initiatives aligns with one primary policy goal and includes its own array of components that together work to achieve outcomes.

One Framework, Five Strategy Areas, 53 Initiatives

To organize the complex work of MIDD, a framework was developed. The MIDD 2 Framework is an accountability structure driven by the results policymakers and stakeholders want to see in the community as the result of investment of MIDD funds; the indicators that the County will use to signal that it is headed down the right path to get there; and the actions the County and its partners will take to create the change stakeholders want to see. The framework is included as Appendix G.

MIDD 2 is organized by the MIDD 2 Framework into five strategy areas, linked to outcomes. Three of the strategy areas reflect a continuum of behavioral health care that outlines the platforms of client care; a fourth strategy area includes vital behavioral health system support, while a newly added fifth strategy area includes the County's investments in therapeutic courts.

MIDD 2 Strategy Area Name	Purpose
1. Prevention and Early Intervention	*People get the help they need to stay healthy and keep problems from escalating*
2. Crisis Diversion	*People who are in crisis get the help they need to avoid unnecessary hospitalization or incarceration*
3. Recovery and Reentry	*People become healthy and safely reintegrate to community after crisis*
4. System Improvements	*Strengthen the behavioral health system to become more accessible and deliver on outcomes*
5. Therapeutic Courts	*People experiencing behavioral health conditions who are involved in the justice system are supported to achieve stability and avoid further justice system involvement*

Since adoption of the MIDD SIP, the MIDD Framework has been updated based on a number of factors, ranging from the adoption of MIDD 2 policy goals to changes that reflect the revised MIDD evaluation plan and align with the BSK evaluation approach. Revisions include:

- Updating adopted policy goals
- Revising "outcomes" to "headline indicators"
- Amending headline indicators
- Adding therapeutic treatment courts as a fifth strategy area.

The MIDD Evaluation Work Group reviewed the MIDD Framework revisions through its work shaping and advising BHRD on the development of the revised evaluation plan.

The Headline Indicators section of the MIDD Framework, formerly Outcomes, contains the following updates:

Revised MIDD Framework (May 2017)	SIP Version Framework (August 2016)
• Improved emotional health – rated by level of mental distress • Increase in daily functioning – rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Reduced suicide attempts and death • Reduced drug and opioid overdose deaths • Reduced incarceration rate	• Emotional health – rated by level of mental distress • Daily functioning – rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Health rated as 'very good' or 'excellent' • Housing stability • Representation of people with behavioral health conditions within jail, hospitals and emergency departments

Under RBA, three criteria are recommended when selecting the headline indicators: 1) data power, 2) proxy power and 3) communication power. Data power refers to whether quality data is available on a timely basis. Proxy power refers to the extent which the indicator represents central importance about the result. Communication power refers to whether the indicator can appeal to a broad range of audiences. These criteria were used for the MIDD evaluation planning along with alignment of the headline indicator and the MIDD-funded initiatives.

The indicators were reviewed by the DCHS Performance Measurement and Evaluation staff and the MIDD Evaluation Workgroup based on these criteria. As a result of this analysis, two of the previously considered headline indicators were removed: health rating and housing stability. Health rating was removed as it didn't appear to be the best indicator for the population MIDD initiatives serve. For most of the initiatives, increase in daily functioning for clients with behavioral conditions was considered as a better indicator than overall health. As for the housing indicator, the MIDD result is not focused on improving housing status in the community. The MIDD uses housing as a strategy for achieving individual client stabilization, functioning and quality of life and reducing system use and is better measured at a client level. The revised MIDD headline indicators reflect the outcomes that MIDD is expected to directly contribute towards.

The MIDD 2 Framework is a living document that is updated over the life of MIDD 2 to reflect specific programmatic and services or other drivers. The framework will continue to be updated over the life of MIDD 2 as new information or approaches are identified. Updates to the framework will be communicated via the MIDD annual report.

Performance Accountability: Performance Measures

MIDD 1 used performance measures identified as outputs and outcomes. As required by Ordinance 16262, the evaluation for MIDD 1 included performance measurement targets for outputs. Performance targets were developed by county staff and others including stakeholders, providers, and subject matter experts, and created based on the MIDD 1 strategy implementation plan for each MIDD strategy.[10] Performance targets for MIDD 1 were revised as implementation plans were altered, budgets changed, and/or certain data elements were determined not to be feasible or relevant for the programming.

Performance accountability remains a key element in the MIDD 2 evaluation. MIDD 2 uses the RBA categories of performance measurement shown below.

MIDD 1 Performance Measurement Terms	MIDD 2 Performance Measurement Terms	
Outputs	How much?	(quantity)
Process	How well?	(quality)
Outcomes	Is anyone better off?	(impact)

Performance measurement targets for the RBA "How much?" category continue in MIDD 2. Targets have been or will be updated for the MIDD evaluation in collaboration with stakeholders and providers, in response to feedback contained in the PSB Evaluation Assessment to enhance communication and collaboration with providers.[11] Updated performance measures and performance measure targets for the MIDD evaluation are included in Appendix A. This reflects MIDD's plans to respond to feedback contained in the PSB Evaluation Assessment to enhance communication and collaboration with providers.

Subsequent sections starting on page 14 provide additional detail regarding performance measures.

Population Accountability: Headline Indicators

A new component to the MIDD 2 evaluation is the addition of headline indicators. These population indicators reflect the contribution of MIDD to achieving overall health and well-being of King County residents through positive changes in the population. It is important to note that MIDD is but one of many contributing forces that impact the overall health of King County's population. Many additional factors beyond MIDD influence population-level indicators.

As noted earlier, aligning MIDD 2, BSK and VHSL is a significant focus for DCHS. This includes alignment whenever possible around evaluation approaches and data collection. Like MIDD, BSK's Evaluation and Performance Measurement Plan use RBA concepts.

---

[10] MIDD 2 uses the term "initiative" to replace "strategy" in reference to MIDD 2 individual programs and services.

[11] As noted earlier in this report, targets shown in these documents and in Implementation Plan initiative descriptions reflect current estimates built upon past results (as applicable), program plans, and MIDD 2 funding levels. However, future adjustments to these measures, including performance targets, should be expected as a result of ongoing consultation and collaboration between providers, evaluators and lead County staff for each initiative.

The MIDD SIP and MIDD Framework assumes that King County's combined investments in health and human services via a variety of revenue sources such as MIDD, BSK, VHSL and the General Fund will contribute to changes in population-level indicators for King County in the long term. This approach is reflected in the MIDD evaluation as well. Through the RBA framework, headline indicators that MIDD is expected to help improve have been defined. These headline indicators will be measured and reported as available from external data sources, expected annually, as part of the annual report. They will be disaggregated by demographic characteristics[12] wherever possible. Technical definitions and data sources for headline indicators are provided in Appendix H.

Distinguishing Between Performance Measurement and Evaluation

The PSB Evaluation Assessment identified that stakeholders may have different expectations for the MIDD evaluation that are beyond the scope of the activities described in the MIDD Evaluation Plan. As noted earlier in this document, the central focus of the MIDD evaluation is measuring progress towards meeting the MIDD policy goals using performance measures such as jail use, emergency room use and hospital use.

Performance measurement as discussed in this plan refers to the ongoing monitoring and reporting of initiative accomplishments, most notably progress toward the adopted MIDD policy goals. Performance measures are collected routinely and are used to summarize how a program is being implemented, such as a process evaluation that can provide a general assessment of how implementation is progressing. Performance measures may change to be responsive and adaptive as the program evolves. Tracking performance measures allow the County to measure what the MIDD-funded programs accomplished and how the MIDD-funded programs impact the individuals and families that are directly served. See Appendix A for detailed performance measures.

The MIDD evaluation reflects analyses of systematic collections of information about a program that provide more in-depth assessment of program impact and performance. While all MIDD initiatives are required to participate in performance measurement activities, only a subset of MIDD initiatives have more rigorous evaluation activities as resources and capacity allow. Most MIDD initiative programs are not fully funded by the MIDD. The broader programs often utilize blended or combined funding and sometimes have multiple funding sources such as city, state and/or grant funds. Comprehensive evaluations of some MIDD initiative programming are fundamentally beyond the scope of the MIDD evaluation, due to the central requirement on the MIDD evaluation to determine the impact of MIDD-funded services.

The following criteria will help determine when deeper evaluations of certain initiatives may occur:

- Whether it is a new initiative
- Community, stakeholder or provider interest
- Need to assess equity
- Effectiveness of services for new or specific populations.

[12] Age, race/ethnicity, place, socioeconomic status, gender, sexual orientation, ability, immigration status

An evaluation methodology that requires a control group to demonstrate that a program is the cause of any effects is not included in the MIDD evaluation approach at this time, due to ethical and cost considerations. In particular, establishing a control or comparison group would require that some individuals not receive services so that they can be compared with those who receive services. Denying individuals MIDD-funded behavioral health services for evaluative purposes is not considered for the MIDD evaluation. [13]

What's Different in MIDD 2 Evaluation?

The MIDD 1 Evaluation Plan utilized a basic approach to evaluation: measure what is done (output), how it is done (process) and the effects of what is done (outcome). Informed by RBA and using the MIDD Framework the MIDD 2 evaluation updates these basic elements, as shown in the table on page 13.

Using an RBA performance measurement lens, the MIDD evaluation will seek to answer five overarching evaluation questions based on the adopted MIDD policy goals:

1. *To what extent and in what ways has the MIDD diverted individuals with behavioral health needs from costly interventions, such as jail, emergency rooms, and hospitals in King County?*
2. *To what extent and in what ways has the MIDD reduced the number, length, and frequency of behavioral health crisis events in King County?*
3. *To what extent and in what ways has the MIDD increased culturally appropriate, trauma informed behavioral health services in King County?*
4. *To what extent and in what ways has the MIDD improved the health and wellness of individuals living with behavioral health conditions in King County?*
5. *To what extent and in what ways has the MIDD made explicit linkage with, and furthered the work of, King County and community initiatives?*

Revised MIDD Logic Model

The PSB Evaluation Assessment identified the need to enhance the MIDD 1 Logic Model. The report recommended that the logic model describe in more detail how MIDD strategies are expected to influence outcomes. A revised logic model was created, building from RBA and the MIDD 2 Framework.

The MIDD 2 Logic Model (Appendix I) shows the high-level relationships between the components of the MIDD 2 Framework including the strategy areas, performance measures, MIDD policy goals and headline indicators. The MIDD investments will produce individual and system-level outcomes that will contribute to the overarching MIDD result of "People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement."[14]

---

[13] Opportunities may arise that would allow for a more in-depth evaluation of some new MIDD initiatives. If an evaluation approach is proposed that includes a control group ethical and cost considerations would be carefully assessed. Ensuring access to resources for individuals would be the first priority and would be carefully considered before moving forward.

[14] See MIDD 2 Framework.

The logic model categories were revised as listed below:

MIDD 1 Logic Model	Revised MIDD 2 Logic Model (May 2017)
• Target population • Gaps in services that the MIDD Plan will address • Interventions that the MIDD Plan will support • Improve individual and family functioning • Decrease use of emergency medical services, homelessness, and criminal justice system involvement	• In what strategy areas will MIDD invest to improve the lives of people who are living with or who are at risk of behavioral health conditions? • How will the MIDD evaluation measure what is done at the program level? • MIDD 2 Policy Goals • How will the MIDD contribution be measured?

Performance Measurement Data

Organizing an evaluation as complex as the MIDD evaluation requires a systematic approach to all elements – particularly data collection, management, preparation and analysis. An initial MIDD initiative and performance measures crosswalk is included as Appendix A. It outlines the needed information for performance measurement for each initiative. It is anticipated that this crosswalk will be revised with updated information based on collaboration with providers and through the contracting process. Changes to particular initiatives that occur as implementation progresses may signal needed modifications to the performance measures. Adjustments to this document will be provided in MIDD's annual report.

To provide information related to racial disproportionality and cultural competency, data about race, ethnicity, and language will be collected. Data collection processes are already in place and data is already available via existing sources such as the King County BHO database and the Homeless Management Information System (HMIS). Accessing new data sources may require an investment of resources and time (such as developing data sharing agreements to obtain information regarding emergency room use in outlying hospitals).

As some new MIDD 2 initiatives are launching at different times, and some new initiatives were operating early in 2017, such as Law Enforcement Assisted Diversion (LEAD) and Family Intervention Restorative Services (FIRS), data elements and data collection processes have been identified collaboratively with stakeholders and providers for these active new initiatives. See Appendix J MIDD Implementation Schedule Table for more information. Data may be readily available or may require system upgrades and/or data sharing agreements before the information is accessible. As new individual initiatives are finalized, implementation and evaluation dates may be adjusted in collaboration with providers. Results for some performance measures may not be available for several months or even longer, depending upon the initiative or its specific activities.

Data Collection

MIDD's current system of data reporting from providers is primarily through the BHRD BHO database or individually submitted spreadsheets. The spreadsheet data submission method is cumbersome and

inefficient for providers and King County staff. The need for improvement to the MIDD's system of data collection was identified in the MIDD Evaluation Assessment. Stakeholders expressed a strong preference for more web-based systems of data reporting that enables more efficient, accurate and timely data reporting in formats that can efficiently feed into the County's systems. This system improvement was a frequent request from community providers, who have identified a trend of funders requiring increased data to monitor performance and outcomes without providing any additional funding for data production and reporting.

As of the writing of this report, improved systems for data reporting are in development by DCHS. KCIT is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL and other human services programming. The goal of this project is streamline the data collection elements and methods across the department for identified programming to the fullest extent possible. Every effort will be made to utilize and improve existing data collection systems to avoid unnecessary reporting burden for community and other providers.

Assuring Quality through Contracting

The MIDD evaluation focuses on assessing whether services were effective in making progress towards the MIDD policy goals. However, the quality, appropriateness, availability and cost-effectiveness of services are also essential to assure. This is accomplished via contracting processes that set expectations for performance, include periodic review of performance, and offer continuous feedback to providers regarding successes and needed improvements. Both monitoring and MIDD evaluation information will be used to support quality improvements and revisions to MIDD initiatives.

Transition Toward Performance-Based Contracting

In alignment with broader transitions toward value-based contracting at the federal and state levels that will be driving corresponding contracting approaches in DCHS and the Behavioral Health and Recovery Division, MIDD-funded contracts will begin to include performance-based elements during MIDD 2. DCHS staff will work with provider partners on the details of this evolving MIDD contract methodology.

The broad range of types of MIDD initiatives will require corresponding variation in the accountability structures that are appropriate for different programs and providers. Therefore, the County will factor in such differences and work with providers in identifying specific performance-based contract elements. Items such as population served, organization size and capacity, funding amount, type and duration of services will be among the factors considered as part of this process.

The County recognizes that organizations are in different states of readiness to transition to this type of contracting approach. It is envisioned that the County will work with providers to leverage existing measures that the funded organizations are already collecting, and to align measures with other countywide initiatives for similar services when appropriate, in order to make data collection less burdensome to providers. DCHS intends to be flexible and adaptive as processes evolve, working collaboratively with provider partners.

Evaluation Management

As with MIDD 1, DCHS has overall responsibility for the management and implementation of MIDD 2, including managing the budget; behavioral health systems programmatic development; oversight of the RFP, MOA, contracting processes; and evaluation of MIDD. BHRD provides contract and program staff detailed to supporting MIDD functions, including support of the MIDD Advisory Committee. The budget for managing and administering MIDD funds, including evaluation and IT support of MIDD, is just under six percent of the total biennial budget.

4. Reporting

In accordance with Ordinance 18407, the Executive will transmit an annual report on the MIDD each year in August, beginning in 2018. As approved via adoption of the SIP, this reflects the adjusted reporting period of MIDD 2 to a calendar year rather than the October to September reporting period used in MIDD 1.

The annual report will contain an evaluation summary which includes the status and progress of the initiatives supported with MIDD funds. At a minimum, each report will include:

- Performance measure statistics
- Program utilization statistics
- Request for proposal and expenditure status updates
- Progress reports on evaluation implementation
- Geographic distribution of the sales tax expenditures across the County, including collection of residential ZIP code data for individuals served by the programs and strategies
- Updated performance measure targets for the following year when applicable
- Recommendations on either program changes or process changes or both, to the funded programs based on the measurement and evaluation data
- Summary of cumulative calendar year data.[15]

The behavioral health system is constantly evolving in response to changing funding and policy, emerging needs, service innovations and other environmental influences. In turn, MIDD initiatives are expected to evolve over time in response to these changing conditions. MIDD annual reports will include a summary of these influences and how MIDD initiatives and MIDD administration are responding. In addition, annual reports will include updates to implementation of MIDD initiatives and changes to initiatives, following the initiative update process outlined in the SIP.

As under MIDD 1, the MIDD Advisory Committee will review each annual report. An expected enhancement for MIDD 2 is that the Advisory Committee will spend more time reviewing and discussing the annual reports. The Advisory Committee will also establish a standing Evaluation Subcommittee in order to develop a deeper understanding of ongoing MIDD evaluation activities in order to provide greater input. These actions are planned in response to findings from the PSB assessment of MIDD's evaluation approach for MIDD 1 as well as feedback from Advisory Committee members during the renewal process.

[15] Ordinance 18407 annual report requirements.

5. Conclusion

MIDD 2’s evaluation approach is envisioned to feature increased collaboration, transparency and accountability. DCHS will continue to provide leadership and staffing to assure that the evaluation reporting proceed in a timely and transparent manner. The ongoing evaluation of MIDD 2 will involve coordination with the MIDD Advisory Committee, the new MIDD Advisory Committee Evaluation Subcommittee, community members, stakeholders, providers, and other agencies or initiatives responsible for evaluating the effectiveness of related or overlapping programs (such as BSK, VHSL, All Home, Public Health – Seattle & King County, City of Seattle and/or the University of Washington).

The MIDD 2 Evaluation Plan and the performance measures for each individual initiative were developed along with the initiative implementation descriptions in the MIDD 2 Implementation Plan. Some initiatives are still in the process of being developed; therefore, performance measures for those strategies may need to be revised as plans are finalized. Each MIDD 2 initiative description included in the MIDD Implementation Plan contains performance measurement information. These performance measurement elements will be updated throughout 2017 and 2018 through direct engagement with service provider organizations and other stakeholders.

Increasing culturally specific, trauma informed behavioral health services is a MIDD policy goal that is challenging to measure at the individual level. Measuring impacts for individuals receiving MIDD-funded services has largely been the focus of the MIDD evaluation leading to the need for a different evaluation methodology for this policy goal. Developing cultural competence requires a multidimensional model to be successful. Staff, programmatic and organizational approaches are needed to embed effective culturally-appropriate, trauma-informed practices throughout behavioral health services. Further development on how the MIDD evaluation will measure the impact of MIDD initiatives towards this MIDD policy goal is planned.

Enhancing and improving the MIDD evaluation and reporting will include continuing work such as updating performance measures in partnership with providers. King County staff will offer providers and other stakeholders an orientation to RBA to broaden their understanding of the evaluation framework and each initiative’s role in the MIDD evaluation. This will allow for more active inclusion of their perspectives and expertise to more effectively demonstrate progress towards meeting the MIDD policy goals. Additional review and development of performance measures with contractors, agencies, and stakeholders is ongoing and will be captured in updates to the MIDD Evaluation Plan over time.

This report fulfills the requirements of Ordinance 18406 calling for the MIDD Evaluation Plan. It has been reviewed by the MIDD Advisory Committee. Further updates to the evaluation plan will be made in annual reports and/or to via formal revisions to the plan itself as needed. These updates and changes to performance measurement elements will be communicated to policymakers, stakeholders and the public through the MIDD annual reporting process and via the MIDD Advisory Committee meetings.

6. Appendices

A: Preliminary Initiative Performance Measures

B: MIDD Evaluation Planning Team Staff

C: MIDD Evaluation Assessment Recommendations

D: MIDD Advisory Committee Evaluation Work Group

E: Background Information on Results Based Accountability

F: Glossary of Terms

G: MIDD 2 Framework

H: MIDD Headline Indicators

I: MIDD 2 Logic Model

J: MIDD Initiative Implementation Schedule Table

Preliminary Initiative Performance Measures

MIDD 2 Measures and Measurement

How much? Service Capacity Measures

Individuals served annually
# of referrals staffed
# of clients screened
referred for follow-up
engaged in services (by service type)
of unique families served
# of children in families served

Trainings delivered and attendees
# of trainings or coordination activities
# of attendees or coordination contacts

Participating providers
# of participating agencies/programs

How well? Service Quality Measures

Increased use of prevention (outpatient) services
% linked to needed treatment or services within program
% linked to publicly-funded behavioral health treatment
% completing or successful in ongoing treatment

Increased housing stability
% housed at exit
Housing retentions

Improved access to social services safety net
% linked to needed social services

Education achievement
% with improved markers (suspensions, grades) over time

Diversion of referrals
% of referrals with provider documented diversions

Increased job placements and retentions
% employed and retaining jobs

Increased positive child placements at parent exit
% with positive child placements at exit

Increased perception of health and behavioral health issues and disorders
% rating courses relevant and useful
% of agency-staff who are trained across disciplines

Expanded use of evidence-based interventions
% administered risk, need, responsivity tool

Increased resiliency and reduced negative beliefs
% of survey respondents indicating improvement

Improved wellness self-management
% with increased self-management skills

Equitable graduation rates (homeless vs. not)
% who graduate by housing status at entry

Graduation rates and positive exits from services
% graduating and with positive exit dispositions

Is anyone better off? Individual Outcome Measures

Reduced behavioral risk factors
% with clinically-improved depression and anxiety
% positively engaged in treatment or met treatment goals
% with improved markers (harm to self/others) over time
% with knowledge of systems and how to access resources
Agency-level markers indicating improved behavioral health

Increased stability in treatment, employment, or other quality of life measures
% positively engaged in treatment or met treatment goals

Increased enrollment in Medicaid or other insurance
% enrolled in health insurance programs

Reduced substance use
% with reduced substance use

Reduced crisis events
% with reduced crisis events

Improved wellness and social relationships
Protective/risk factors (local/county/state)
% positively engaged in treatment or met treatment goals
% with positive exit dispositions
% with family empowerment and advocacy skills
% with reduced caregiver strain

Reduced unnecessary incarceration, emergency department or hospital (psychiatric inpatient) use
% diverted from relevant costly system(s)
% with reduced use (of those with any use)

Increased skills related to crisis de-escalation and intervention
Use-of-force and crisis response statistics

Improved perception of health and behavioral health issues and disorders
Emotional health and daily functioning (county vs. state)
Narrative reports demonstrating value of system coordination

The MIDD 2 Implementation Plan lists high-level measures for service capacity, service quality, and individual outcomes in the performance measures section of each initiative description (Appendix D of the Implementation Plan). The previous page articulates how each standardized measure will be operationalized in each initiative. In the tables below and on the following pages, anticipated specific performance measurements (typically numbers and percentages) are listed for each MIDD 2 initiative. Using the Results Based Accountability (RBA) framework, these anticipated measurements are linked to the relevant standardized measures shown in the Implementation Plan initiative description, and include a target for each initiative (associated with the number of people to be served).

Notes:

- The acronym ED in the following tables refers to available emergency department data.[1]
- The acronym PI refers to psychiatric inpatient data gathered from community inpatient psychiatric hospitals located within King County, plus Western State Hospital.
- The annual targets for people to be served by each initiative appear in bold under "How much was done?" This number represents unduplicated individuals per year, unless otherwise specified.

Prevention and Early Intervention			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
PRI-01: Screening, Brief Intervention and Referral to Treatment	# of clients screened # referred for follow-up # engaged in services **Target: 2,500 screened**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from ED % with reduced ED use
PRI-02: Juvenile Justice Youth Behavioral Health Assessments	# of clients screened # referred for follow-up # engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from detention % with reduced detentions
PRI-03: Prevention and Early Intervention Behavioral Health for Adults Over 50	# of clients screened # referred for follow-up # engaged in services **Target: 4,000 screened**	% linked to needed treatment or services within program	% with clinically-improved depression and anxiety % diverted from ED % with reduced ED use
PRI-04: Older Adults Crisis Intervention / Geriatric Regional Assessment Team	# of referrals staffed within one day and documented diversions (by provider) # of clients served **Target: 340 served**	% of referrals with provider documented diversions	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
PRI-05: Collaborative School Based Behavioral Health Services: Middle and High School Students[2]	# of youth screened # referred for follow-up # engaged in services **Target: 1,000 screened** # of suicide prevention trainings and attendees	% linked to needed treatment or services within program % linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety Protective/risk factors in participating schools compared to whole county and statewide

[1] Although efforts are ongoing to explore other potential ED data sources for the MIDD evaluation, data is currently available primarily from Harborview Medical Center in Seattle.

[2] The Best Starts for Kids (BSK) evaluation will be considering system-level measures for this blended initiative.

Prevention and Early Intervention (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
PRI-06: Zero Suicide Initiative	# of trainings # of attendees **Target: To be determined**	% rating courses relevant and useful	Agency-level markers indicating suicide risk reduction
PRI-07: Mental Health First Aid	# of trainings # of attendees **Target: 2,000 trained**	% rating courses relevant and useful	Emotional health and daily functioning comparing King County to WA state
PRI-08: Crisis Intervention Training - First Responders	# of trainings # of attendees **Target: 600 trained**	% rating courses relevant and useful	Use-of-force and crisis response statistics
PRI-09: Sexual Assault Behavioral Health Services	# of clients screened # referred for follow-up # engaged in services **Target: To be determined**	% linked to needed treatment or services within program	% positively engaged in treatment or met treatment goals
PRI-10: Domestic Violence Behavioral Health Services and System Coordination	# of clients screened # referred for follow-up # engaged in services **Target: 560 served** # of coordination activities # of coordination contacts **Target: 160 contacted**	% linked to needed treatment or services within program % of agency staff who are trained across disciplines	% with clinically-improved depression or anxiety % positively engaged in treatment or met treatment goals Narrative reports demonstrating value of system coordination
PRI-11: Community Behavioral Health Treatment	# of clients engaged in services **Target: 3,500 served**	% completing or successful in ongoing treatment	% with reduced substance use % with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use

Crisis Diversion			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
CD-01: Law Enforcement Assisted Diversion	# of clients engaged in services **Target: 500 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
CD-02: Youth and Young Adult Homelessness Services	# of clients engaged in services **Target: To be determined**	% linked to needed treatment or services within program % housed at exit	% with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-03: Outreach and Inreach System of Care	# of clients engaged in services **Target: 450 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills % housed at exit	% diverted from jail % with reduced jail use % with reduced crisis events
CD-04: South County Crisis Diversion Services/Center	# of clients engaged in services **Target: 1,500 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-05: High Utilizer Care Teams	# of clients engaged in services **Target: 100 served**	% linked to publicly-funded behavioral health treatment	% with clinically-improved depression and anxiety % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-06: Adult Crisis Diversion Center, Respite Beds and Mobile Behavioral Health Crisis Team	# of clients engaged in services **Target: 3,000 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-07: Multipronged Opioid Strategies	# of clients engaged in services **Target: 700 served + more to be determined**	% linked to publicly-funded behavioral health treatment % with increased self-management skills	% positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
CD-08: Children's Domestic Violence Response Team	# of clients engaged in services # of unique families served **Target: 85 families**	% of survey respondents indicating improvement	% positively engaged in treatment or met treatment goals
CD-09: Behavioral Health Urgent Care - Walk-in Clinic Pilot	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-10: Next Day Crisis Appointments	# of clients engaged in services **Target: 1,800 served with blended funds**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-11: Children's Crisis Outreach and Response System	# of referrals staffed # of clients engaged in services **Target: 1,000 served with blended funds**	% linked to needed treatment or services within program % of referrals with provider documented diversions	% with improved markers (harm to self/others) over time % with positive exit dispositions % with reduced crisis events

Crisis Diversion (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
CD-12: Parent Partners Family Assistance	# of clients engaged in services **Target: 400 served**	% linked to needed treatment or services within program % with increased self-management skills	% with knowledge of systems and how to access resources % with family empowerment and advocacy skills % positively engage in treatment or met goals
CD-13: Family Intervention Restorative Services	# of referrals staffed # of clients engaged in services **Target: 300 served**	% linked to needed treatment or services within program	% with reduced substance use % positively engaged in treatment or met treatment goals % with positive exit dispositions % diverted from detention % with reduced detentions
CD-14: Involuntary Treatment Triage	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment	% diverted from ED/PI % with reduced ED/PI use % with reduced crisis events
CD-15: Wraparound Services for Youth	# of clients engaged in services **Target: 650 served**	% linked to needed treatment or services within program % with improved education markers (suspensions, grades) over time	% with improved markers (harm to self/others) over time % with reduced caregiver strain % with reduced crisis events
CD-16: Youth Behavioral Health Alternatives to Secure Detention	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from detention/ED/PI % with reduced detentions/ED/PI use % with reduced crisis events
CD-17: Young Adult Crisis Facility	# of clients engaged in services **Target: To be determined**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from ED/PI % with reduced ED/PI use % with reduced crisis events

Recovery and Reentry			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
RR-01: Housing Supportive Services	# of clients engaged in services **Target: 690 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills Housing retentions	% diverted from jail/ED/PI % with reduced jail/ED/PI use % with reduced crisis events
RR-02: Behavior Modification Classes at CCAP	# of clients engaged in services **Target: 40 served**	% completing or successful in ongoing treatment	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-03: Housing Capital and Rental	# of clients engaged in services **Target: To be determined**	% with increased self-management skills Housing retentions	% diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-04: Rapid Rehousing - Oxford House Model	# of clients engaged in services **Target: 333 served**	Housing retentions	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-05: Housing Vouchers for Adult Drug Court	# of clients engaged in services **Target: 30 served**	% housed at exit % who graduate ADC by housing status at entry	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-06: Jail Reentry System of Care	# of clients engaged in services **Target: 350 served**	% linked to publicly-funded behavioral health treatment % linked to needed social services % housed at exit	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-07: Behavioral Health Risk Assessment Tool for Adult Detention	# of clients screened # referred for follow-up # of clients engaged in services **Target: 2,460 screened**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % with clinically-improved depression and anxiety % diverted from jail % with reduced jail use
RR-08: Hospital Reentry Respite Beds (Medical Respite)	# of clients engaged in services **Target: 350 served**	% linked to needed treatment or services within program % housed at exit	% positively engaged in treatment or met treatment goals % diverted from ED % with reduced ED use
RR-09: Recovery Café	# of clients engaged in services **Target: 300 served**	% linked to publicly-funded behavioral health treatment % with increased self-management skills	% positively engaged in treatment or met treatment goals % with reduced crisis events
RR-10: Behavioral Health Employment Services and Supported Employment	# of clients engaged in services **Target: 800 served**	% employed and retaining jobs	% positively engaged in treatment or met treatment goals % diverted from jail/PI % with reduced jail/PI use
RR-11: a) Peer Bridgers	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment	% diverted from jail/ED/PI % with reduced jail/ED/PI use % enrolled in health insurance programs

Recovery and Reentry (Continued)			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
RR-11: b) SUD Peer Support Pilot	# of clients engaged in services **Target: To be determined**	% with increased self-management skills	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail/ED % with reduced jail/ED use
RR-12: Jail-Based Substance Abuse Treatment	# of clients engaged in services **Target: 200 served**	% linked to publicly-funded behavioral health treatment % administered risk, need, responsivity tool	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
RR-13: Deputy Prosecuting Attorney for Familiar Faces	# of clients engaged in services **Target: To be determined**	% housed at exit	% diverted from jail/ED/PI % with reduced jail/ED/PI use
RR-14: Shelter	# of clients engaged in services **Target: 200 homeless households**	% linked to publicly-funded behavioral health treatment % housed at exit	% positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use

System Improvement			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
SI-01: Community Driven Behavioral Health Grants	# of participating agencies/programs # of clients engaged in services **Target: To be determined**	% rating activities or programs relevant and useful	Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state)
SI-02: Behavioral Health Services in Rural King County	# of participating agencies/programs # of clients engaged in services **Target: To be determined**	% rating activities or programs relevant and useful	Agency-level markers indicating improved behavioral health Protective/risk factors (local vs. county vs. state)
SI-03: Workload Reduction	To be determined **Target: To be determined**	To be determined	To be determined
SI-04: Workforce Development	To be determined **Target: To be determined**	To be determined	To be determined

Therapeutic Courts			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
TX-ADC: Adult Drug Court	# of clients engaged in services **Target: 700 served**	% graduating and with positive exits % housed at exit	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-FTC: Family Treatment Court	# of children in families served **Target: 140 children**	% linked to publicly-funded behavioral health treatment % graduating and with positive exits % with positive child placements at exit	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-JDC: Juvenile Drug Court	# of clients engaged in services **Target: 50 new served**	% linked to publicly-funded behavioral health treatment	% with reduced substance use % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-RMHC: Regional Mental Health and Veterans' Court	# of clients engaged in services **Target: 130 served**	% linked to publicly-funded behavioral health treatment % housed at exit	% with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-SMHC: Seattle Municipal Mental Health Court	# of clients engaged in services **Target: 130 served**	% linked to publicly-funded behavioral health treatment	% with clinically-improved depression and anxiety % positively engaged in treatment or met treatment goals % diverted from jail % with reduced jail use
TX-CPPL: Community Court Planning	Not Applicable	Not Applicable	Not Applicable

Special Allocation			
Initiative	**How much was done?**	**How well was it done?**	**Is anyone better off?**
SP-01: Special Allocation: Consejo	Not Applicable	Not Applicable	Not Applicable

MIDD Evaluation Planning Team Staff

The MIDD Team and Evaluation Team staff consists of the following team members:

Kelli Carroll, MPA
Department of Community and Human Services

Kimberly Cisson, MPA
Department of Community and Human Services

Chris Verschuyl, MSW
Department of Community and Human Services

Lisa Kimmerly, MSW
Department of Community and Human Services

June Lee, ScD
Department of Community and Human Services

Laurie Sylla, MHSA, BSW
Department of Community and Human Services

Titus Chembukha, MPA
Department of Community and Human Services

Nancy Creighton, MA
Department of Community and Human Services

MIDD Evaluation Assessment Recommendations

RECOMMENDATION	ACTION TAKEN/PLANNED
EVALUATION PLAN AND FRAMEWORK	
1. Clarify the purpose of the evaluation and logic of the evaluation framework.	The MIDD 2 Framework and the MIDD 2 Logic Model clarified the purpose and logic of evaluation for MIDD 2. A Results Based Accountability (RBA) format was used to incorporate different levels of performance measurement and population (headline) indicators.
2. Involve stakeholders in developing the evaluation framework.	The MIDD Advisory Committee and the MIDD Advisory Committee Evaluation Work Group provided feedback on the MIDD 2 evaluation approach. Provider and community input from MIDD's renewal process in 2016 also impacted the MIDD 2 Framework.
OUTPUT AND OUTCOME MEASURES	
3. Establish relevant output and outcome measures.	Meaningful and appropriate performance measures, including outputs and outcomes, have been developed with stakeholders including service providers when appropriate, using an RBA approach. Further collaboration with providers and stakeholders will occur in 2017 and 2018. As one example, performance measures are being developed with the King County Behavioral Health Organization (BHO) providers in an Outcomes Measurement Group.
4. When available, select valid, reliable, and sensitive proximal outcome measures in collaboration with service providers.	
5. Focus on clinically and practically meaningful changes in outcomes.	
EVALUATION PROCESS	
6. Invest in data collection infrastructure.	Improved systems for data reporting are in development by the Department of Community and Human Services (DCHS). King County Information Technology is conducting a data collection and reporting improvement project with DCHS that includes MIDD, Best Starts for Kids (BSK), Veterans and Human Services Levy (VHSL), and other human services programming.

MIDD Evaluation Assessment Recommendations

RECOMMENDATION	ACTION TAKEN/PLANNED
OUTCOME EVALUATION	
7. Modify evaluation design if the next MIDD evaluation is to show causality.	The MIDD evaluation in general will not attempt to show causality. For certain new programs a control or comparison group may be used based on established criteria (described in the evaluation plan). If an evaluation methodology that requires a control group is used, it will be carefully assessed for ethical and cost considerations.
EVALUATION REPORTING	
8. Increase frequency of performance evaluation availability.	Data infrastructure is the initial step to increasing the frequency of performance evaluation availability. King County Information Technology is conducting a data collection and reporting improvement project with DCHS that includes MIDD, BSK, VHSL, and other human services programming. Development of a shared, in conjunction with BSK and VHSL when feasible, data dashboard is also underway.
9. Establish guidelines for report creators and editors on the scope of their decision making.	As under MIDD 1, the MIDD Advisory Committee will review each annual report. An expected enhancement for MIDD 2 is that the Advisory Committee will spend more time reviewing and discussing the annual reports. The Advisory Committee will also establish a standing Evaluation Subcommittee in order to develop a deeper understanding of ongoing MIDD evaluation activities in order to provide greater input. Fact checking guidelines are being developed.
10. Avoid presenting non-causal results in ways that imply causality.	The MIDD evaluation in general will not attempt to show causality. Results will be reported in ways that do not imply causality.

MIDD Advisory Committee Evaluation Work Group

The MIDD Advisory Committee Evaluation Work Group was a working group focused on development of the MIDD Evaluation Plan. The work group was staffed by the MIDD Team and MIDD Evaluation Team.

Scarlet Aldebot-Green
King County Council Policy Staff

Dave Asher
City of Kirkland

Doug Crandall
Community Psychiatric Clinic

Brigitte Folz
Harborview Medical Center

Alicia Glenwell
Coalition Ending Gender-Based Violence

Emmy McConnell
King County Office of Performance, Strategy, and Budget

Ann McGettigan
Seattle Counseling Services

Alex O'Reilly
City of Bellevue

Lynne Robinson
City of Bellevue

Mary Taylor
King County Department of Judicial Administration

Background Information on Results Based Accountability

The development of the MIDD Evaluation Plan was significantly informed by the principles of the Results-Based Accountability[1] (RBA) framework. RBA is a national model and provides a disciplined, data-driven, decision-making process to help communities and organizations take action to solve problems. It is a simple, common sense framework that starts with ends – the difference to made, and works backward, towards means – strategies for getting there.

RBA makes a distinction between *population accountability* through population indicators which assess wellbeing of a whole population and *performance accountability* through performance measures which assess well-being of the clients directly served by programs. MIDD will *contribute* to improving population-level change, along with other sectors, funders, and partners in the community.

MIDD is *accountable* for performance of MIDD initiatives. The impact of MIDD initiatives on individuals and families directly served by programs will be measured using performance measures. In order to ensure that MIDD-funded activities are connected to contribute to population-level change, strategy areas are aligned with headline indicators.

RBA also sets a framework for community involvement and partnership, identifying the current state and determining what strategies will be used to make the changes being sought.

MIDD Result

The result MIDD aims to achieve is: *People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.*

MIDD Headline Indicators

Headline indicators are aspirational, long-term measures that quantify MIDD's overarching results:

- Improved emotional health – rated by level of mental distress
- Increase in daily functioning – rated by limitations to due to physical, mental or emotional problems
- Reduced or eliminated alcohol and substance use
- Reduced suicide attempts and death
- Reduced drug and opioid overdose deaths
- Reduced incarceration rate

MIDD Performance Measures

Performance measures will be specific to each program and finalized during the contract development process in partnership with funded providers. See Appendix A for detailed information. Performance measures will answer the questions:

- How much was done?
- How well was it done?
- Is anyone better off?

[1] https://clearimpact.com/results-based-accountability/

Glossary of Terms

Accountability – The responsibility to provide evidence to stakeholders about whether MIDD initiatives are effective and conform to expectations and requirements.[1]

Cultural competency – Acknowledging and responding to the complexity of cultural identity; recognizing the dynamics of power, avoiding reinforcing cultural stereotypes and prejudice in the work; being thoughtful and deliberate in the use of language and other social relations to reduce bias when conducting evaluations; using culturally appropriate theories and methods; recognizing the many ways data can be collected, analyzed, interpreted and disseminated in order to produce work that is honest, accurate, respectful and valid.

Data – Information that will be used to evaluate MIDD, including numbers and stories.

Disproportionality – Over- or under-representation of a demographic group (e.g. racial or ethnic group) compared to that group's representation in the general population.

Early Intervention – Taking action early to prevent future problems. Evidence shows that the earlier investments are made, the greater the return for the individual and society.

Equity and Social Justice – Full and equal access to opportunities, power, and resources so that all people may achieve their full potential.[2]

Evaluation – Systematic collection of information about the activities, characteristics, and outcomes of a program, set of programs, or initiative to improve effectiveness and/or inform decisions.[3]

Headline Indicator – Aspirational, long-term population-level indicators that quantify the MIDD result.

Impact – Effects of a program that occur in the medium or long term with an emphasis on ones that can be directly attributed to program efforts.[4]

Indicator – Population-level measure that will be used to assess the health or well-being of individuals and families in King County.

Investments – The strategies, programs and projects that the MIDD will fund.

King County Council – The legislative branch of the King County government that sets policies, enacts laws and adopts budgets that guide an array of services for the King County region.[5]

---

[1] Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: https://www.cdc.gov/eval/guide/glossary/

[2] King County Equity and Social Justice Strategic Plan 2016-2022. http://your.kingcounty.gov/dnrp/library/dnrp-directors-office/equity-social-justice/201609-ESJ-SP-FULL.pdf

[3] Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf

[4] Centers for Disease Control and Prevention (CDC). Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations, November 2012. Accessed 5/4/2017 from: https://www.cdc.gov/eval/materials/finalcdcevaluationrecommendations_formatted_120412.pdf

Logic Model – Visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.[6]

Outcomes – Program-level changes in well-being, knowledge, attitudes, beliefs or behavior.[7]

Performance Measurement – Ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.

Performance Measures – Measures of MIDD initiative-level performance. Following the RBA approach, these measures will fall into the following three categories:

- How much was done?
- How well was it done?
- Is anyone better off?

Population – The King County population, or a subgroup within the King County population.

Prevention – Working upstream to prevent problems before they happen.

Providers – Organizations that King County will fund to implement MIDD initiatives.

Quality Improvements – Ongoing review of program performance measurement data to see what improvements could be made.

Requests for Proposals (RFPs) – Requests that King County issues asking for applications for MIDD funding.

Results – As defined by the RBA approach, the result is the overarching goal of the MIDD.

Results Based Accountability (RBA) – A simple, common sense framework that starts with ends – the difference to made, and works backward, towards means – strategies for getting there. RBA makes a distinction between ***population accountability*** through population indicators which assess well-being of individuals and families throughout King County overall, and ***performance accountability*** through performance measures which assess wellbeing of the individuals and families directly served by MIDD-funded programs.

Stakeholders – People or organizations that are invested in or interested in MIDD initiatives and evaluation results.

---

[5] King County. What the King County Council does for you. Accessed 5/4/2017 from: http://www.kingcounty.gov/council/about.aspx
[6] Centers for Disease Control (CDC) and Prevention, Program Performance and Evaluation Office (PPEO). Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide. Accessed 5/4/2017 from: https://www.cdc.gov/eval/guide/glossary/
[7] Centers for Disease Control (CDC) and Prevention. Types of Evaluation. Accessed 5/4/2017 from: https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf

MIDD 2 FRAMEWORK Revised *05.04.17*

MIDD RESULT

People living with, or at risk of behavioral health conditions, are healthy, have satisfying social relationships, and avoid criminal justice involvement.

Adopted MIDD 2 Policy Goals

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

MIDD THEORY OF CHANGE

When people who are living with or who are at risk of behavioral health conditions utilize culturally relevant prevention and early intervention, crisis diversion, community reentry, treatment, and recovery services, and have stable housing and income, they will experience wellness and recovery, improve their quality of life, and reduce involvement with crisis, criminal justice and hospital systems.

HEADLINE INDICATORS

MIDD and other King County and community initiatives contribute to the overall health and well-being of King County residents that is demonstrated by positive changes in population	• Improved Emotional health – rated by level of mental distress • Increase in Daily functioning – rated by limitations to due to physical, mental or emotional problems • Reduced or eliminated alcohol and substance use • Reduced Suicide Attempts and Death • Reduced Drug and Opioid Overdose Deaths • Reduced Incarceration Rate

MIDD 2 Strategy Areas	SAMPLE MIDD 2 Performance Measures (to be refined after specific programs/services are selected)
Prevention and Early Intervention *People get the help they need to stay healthy and keep problems from escalating*	**<u>How much?</u> Service capacity measures (Quantity)** • Increased number of people receiving substance abuse and suicide prevention services • Increased number of people receiving screening for health and behavioral health conditions within behavioral health and primary care settings **<u>How well?</u> Service quality measures (Quality)** • Increased treatment and trainings in non-traditional settings (day cares, schools, primary care) • Increased primary care providers serving individuals enrolled in Medicaid **<u>Is anyone better off?</u> Individual outcome measures (Impact)** • Increased use of preventive (outpatient) services • Reduced use of drugs and alcohol in youth & adults • Increased employment and/or attainment of high school diploma and post-secondary credential • Reduced risk factors for behavioral health problems (e.g., social isolation, stress, etc.)
Crisis Diversion *People who are in crisis get the help they need to avoid unnecessary hospitalization OR incarceration*	**<u>How much?</u> Service capacity measures (Quantity)** • Increased capacity of community alternatives to hospitalization and incarceration (e.g., crisis triage, respite, LEAD, etc.) **<u>How well?</u> Service quality measures (Quality)** • Increased use of community alternatives to hospitalization and incarceration by first responders **<u>Is anyone better off?</u> Individual outcome measures (Impact)** • Reduced unnecessary hospitalization, emergency department use and incarceration • Decreased length and frequency of crisis events
Recovery and Reentry *People become healthy and safely reintegrate to community after crisis*	**<u>How much?</u> Service capacity measures (Quantity)** • Increased in affordable, supported, and safe housing • Increased availability of community reentry services from jail and hospitals • Increased capacity of peer supports **<u>How well?</u> Service quality measures (Quality)** • Increased linkage to employment, vocational, and educational services • Increased linkage of individuals to community reentry services from jail or hospital

<table>
<tr><td></td><td>
Increased housing stability
<u>Is anyone better off?</u> Individual outcome measures (Impact)

Increased employment and attainment of high school diploma and post-secondary credential
Improved wellness self-management
Improved social relationships
Improved perception of health and behavioral health issues and disorders
Decreased use of hospitals and jails

</td></tr>
<tr><td>System Improvements

Strengthen the behavioral health system to become more accessible and deliver on outcomes</td><td>
<u>How much?</u> Service capacity measures (Quantity)

Expanded workforce including increased provider retention
Decreased provider caseloads
Increased culturally diverse workforce
Increased capacity for outreach and engagement
Increased workforce cross-trained in both mental health and substance abuse treatment methods

<u>How well?</u> Service quality measures (Quality)

Increased accessibility of behavioral health treatment on demand
Increased accessibility of services via: hours, geographic locations, transportation, mobile services
Increased application of recovery, resiliency, and trauma-informed principles in services and outreach
Right sized treatment for the individual
Increased use of culturally appropriate evidence-based or promising behavioral health practices
Improved care coordination
MIDD is funder of last resort

<u>Is anyone better off?</u> Individual outcome measures (Impact)

Improved client experience of care

</td></tr>
<tr><td>Therapeutic Courts

People experiencing behavioral health conditions who are involved the justice system are supported to achieve stability and avoid further justice system involvement</td><td>
<u>How much?</u> Service capacity measures (Quantity)

Increased access to therapeutic courts

<u>How well?</u> Service quality measures (Quality)

Increased therapeutic court graduation rate
Increased use of preventive (outpatient) services

<u>Is anyone better off?</u> Individual outcome measures (Impact)

Reduced incarceration
Reduced substance use
improved wellness and social relationships

</td></tr>
</table>

Please note that this is a living document; the contents of this document are subject to change and modification.

Mental Illness and Drug Dependency Headline Indicators

Population-based Indicators are proxy measures to help quantify the result-a condition MIDD wants to change to improve health and well-being of residents in King County. MIDD will **contribute** to turning the curves of population-level indicators, as defined through Results-Based Accountability. The population-based indicators are about a population and tracks how various King County efforts and initiatives are collectively making an impact on the people in King County. All headline indicators were rated on three Results-Based Accountability criteria: data power, proxy power and communication power.

Listed below are the technical definitions and data sources for the proposed headline indicators.

HEADLINE INDICATORS	Data Source
Improved emotional health Adults: number of days with stress, depression, and problems with emotions in the past 30 days Youth: Percent of students in grades 8, 10, and 12 who report feeling depressed or having suicidal thoughts	Adults: Behavioral Risk Factor Surveillance System (BRFSS)[1] Youth: Healthy Youth Survey (HYS)[2]
Increase in daily functioning Adults: number of days with limitations due to physical or mental health in the past 30 days	Adults: Behavioral Risk Factor Surveillance System
Reduced or eliminated alcohol and substance use Adults: Percent of adults who report alcohol and marijuana use in the past 30 days Youth: Percent of students in grades 8, 10, and 12 who report alcohol, marijuana, painkiller or any illicit drug use in the past 30 days	Adults: Behavioral Risk Factor Surveillance System Youth: Healthy Youth Survey
Reduced suicide attempts and deaths Average rate per 100,000 people with nonfatal self-inflicted injury and suicide fatality by age and year	Washington State Department of Health[3]
Reduced Opioid, alcohol, and other drug-related deaths Number of times Drug Identified Deaths occurred	King County Medical Examiner Data[4]
Reduced incarceration rate Jail population numbers, number of people admitted and released by year	Washington Association of Sheriffs and Police Chiefs, Department of Corrections

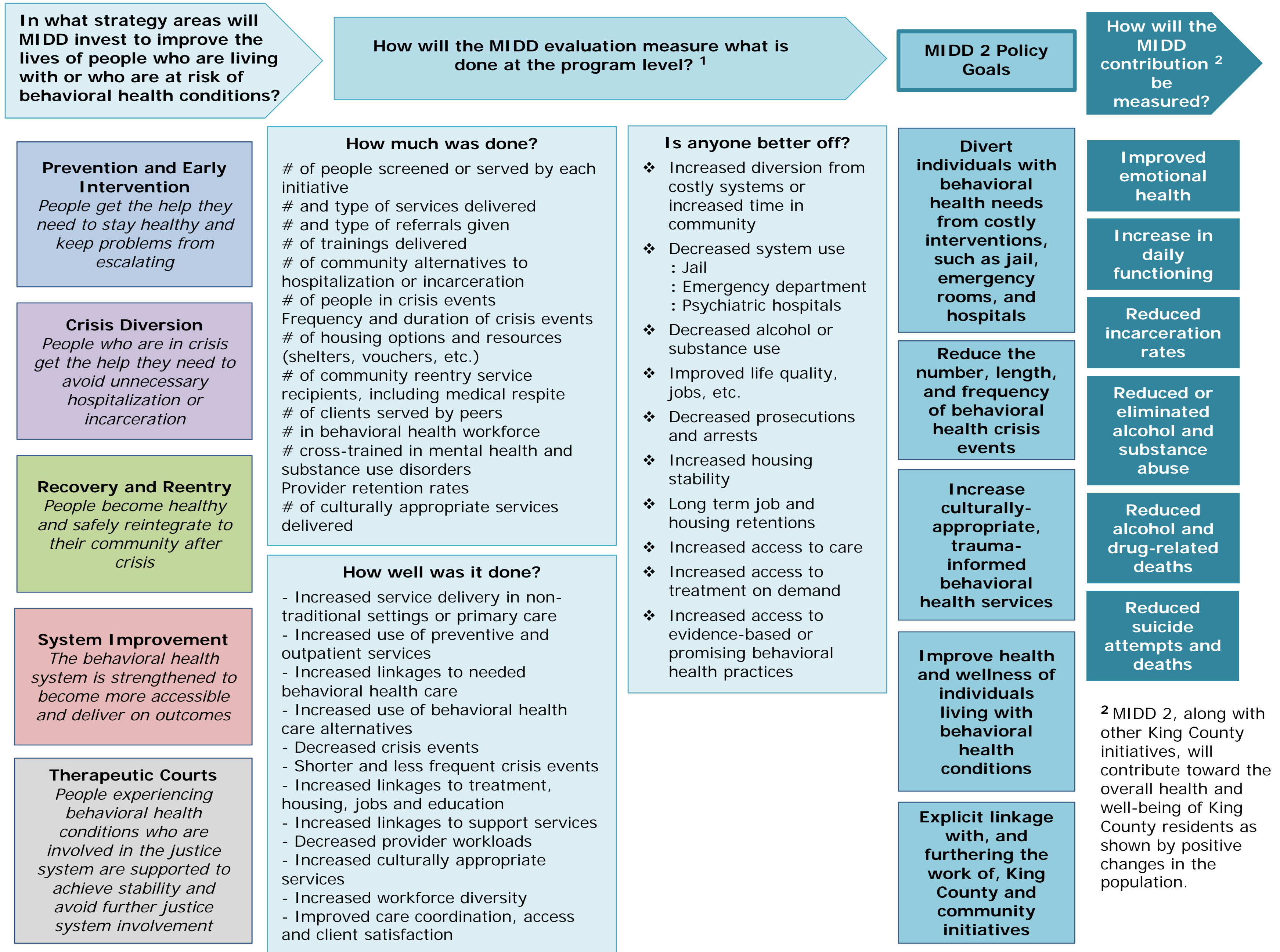
[1] The Behavioral Risk Factor Surveillance System (BRFSS) is a set of national telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services.

[2] The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Behavioral Health and Recovery, the Liquor and Cannabis Board, and the Department of Commerce. It provides important survey results about the health of adolescents in 6th, 8th, 10th and 12th grades in Washington.

[3] The Washington State Department of Health Center for Health Statistics collects and publishes critical information needed to help people in Washington live healthier lives. As the office of the State Registrar, the Center is responsible for the registration, preservation, amendment, and release of official state records of all births, deaths, fetal deaths, marriages and divorces that occur in Washington. They also maintain data on Injury. More than 200 injury data tables are available on the website in PDF and Excel formats. The tables cover injury deaths and nonfatal injury.

[4] The King County Medical Examiner Office collects data on deaths from sudden, violent, unexpected and suspicious circumstances in King County. The office publishes annual reports that show the manner of death and causes of deaths including Deaths due to drugs and poisons. Data can be accessed and queried through either Washington State Department of Health Community Health Assessment and Tool (CHAT) or CDC WONDER.

MIDD 2 Logic Model



[1] Sample performance measures are shown

Implementation Schedule Table

The following tables provide the schedules for the implementation of MIDD initiatives, programs, and services outlined in the SIP as approved by the Council under Ordinance 18076 and as required by Ordinance 18407.

MIDD 2 New Initiatives Schedule Summary				
MIDD 2 #	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[1]**
PRI-06	Zero Suicide Initiative Pilot	Systems-based project to advance suicide prevention, involving strategies, tools, and training to transform behavioral health and health care systems to more effectively address safety and close gaps in depression and suicide care.	2 Reduce Crisis	Request for Information (RFI) released Q2; contract in place Q3 2017
PRI-07	Mental Health First Aid	Teaching community members the skills to help someone who is developing a mental health problem or experiencing a mental health crisis.	3 Health and Wellness	National Council collaboration under way; stakeholder engagement and planning; contracting Q3 2017
CD-01	Law Enforcement Assisted Diversion (LEAD)	Diverts individuals engaged in low-level drug crime, prostitution and other collateral crime due to drug involvement, from the justice system. Bypasses prosecution and jail time, directly connecting individuals to case managers who provide immediate assessment, crisis response and long-term wrap-around services to address individuals with behavioral issues from cycling through the criminal justice system.	1 Diversion	Contract completed; services under way

[1] The status summary column of this chart updates the MIDD 2 Service Improvement Plan's Estimated Implementation Schedule (SIP appendix N).

MIDD 2 New Initiatives Schedule Summary				
MIDD 2 #	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[1]**
CD-02	Youth and Young Adult Homelessness Services	Provides mobile crisis outreach team(s) to youth under the age of 18 who are potentially homeless and are on the streets without a responsible adult available including responding directly to law enforcement as an alternative to taking youth to detention. Links to CD-16 and CD-17.	5 Linkage	Expand existing provider contract; services launched early Q3 2017
CD-04	South County Crisis Diversion Services/ Center	Will provide a crisis diversion multi-service center or services in South King County to serve individuals in behavioral health crisis who are coming into contact with first responders, as well as those individuals in South King County who may need a location for preventative and pre-crisis support and/or outreach.	1 Diversion	Staged implementation; start date to be determined (affected by multiple factors)
CD-07	Multipronged Opioid Strategies	A continuum of health services and supports for opioid users in King County: based in part on Opioid Task Force recommendations and may include targeted educational campaigns, Medication Assisted Treatment expansion, increase access to Naloxone, enhanced and expanded community needle exchanges and other options to be identified.	1 Diversion	Varies by component; see initiative description for status of each component
CD-09	Behavioral Health Urgent Care-Walk In Clinic Pilot	Partners with an existing clinic to provide Urgent Care Walk-in Clinic for adult residents of King County who are experiencing a behavioral health crisis and are in need of immediate assistance.	2 Reduce Crisis	Crisis system planning Q3 2017; RFP Q4 2017; Contract in place Q1 2018

MIDD 2 New Initiatives Schedule Summary				
MIDD 2 #	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[1]**
CD-13	Family Intervention Restorative Services (FIRS)	Provides an alternative to court involvement for King County youth who are violent towards a family member. Components include a non-detention reception center and evidence-based interventions.	1 Diversion	Contract(s) completed; services underway
CD-14	Involuntary Treatment Triage Pilot	Provides local evaluations for individuals with severe and persistent mental illness who have been charged with a serious misdemeanor offense and are found not competent to stand trial.	1 Diversion	Contract(s) completed; services underway
CD-16	Youth Behavioral Health Alternatives to Secure Detention	Provides community-based stabilization beds as an alternative to secure detention and ensures a comprehensive assessment and linkage to community services and supports to prevent future crises. Links to CD-02 and CD-17.	1 Diversion	Expand existing provider contract; services launched early Q3 2017
CD-17	Young Adult Crisis Facility	Provides community-based crisis response to YYA homeless providers serving homeless YYA; includes mobile crisis outreach, stabilization, and access to short-term crisis stabilization services and linkage to treatment. Links to CD-02 and CD-16.	2 Reduce Crisis	Expand existing provider contract; services launched early Q3 2017
RR-04	Rapid Rehousing-Oxford House Model	Provides vouchers for clean and sober housing for individuals in recovery, using a rapid rehousing approach to ensure timely placement and reduce the risk of people exiting treatment facilities and institutions into homelessness	5 Linkage	RFQ, contracting, and services launch Q3 2017

MIDD 2 New Initiatives Schedule Summary				
MIDD 2 #	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[1]**
RR-07	Behavioral Health Risk Assessment Tool for Adult Detention	Implements a risk/need assessment tool to identify adults in King County jail facilities who are likely to have behavioral health conditions, to assess risk of re-offense, and to inform planning community reentry.	1 Diversion	Services underway; staff hiring through Q4 2017
RR-09	Recovery Café	Seeds the launch of a second site for Recovery Café, an alternative therapeutic supportive community for women and men traumatized by homelessness, addiction and/other behavioral health challenges.	3 Health and Wellness	Site selection ongoing; contract in place Q3 2017; services launch in 2018
RR-11	Peer Bridgers and Peer Support Pilot	Peer bridger component provides transition supports for adults who have been hospitalized in inpatient psychiatric units. In SUD Peer Support component, peers are deployed to certain SUD service settings to help people engage with ongoing treatment and other supports.	1 Diversion	Contract(s) completed; services underway
RR-12	Jail-based SUD Treatment	Expands SUD treatment at the Maleng Regional Justice Center; includes implementation of a modified therapeutic community.	1 Diversion	RFP Q3; contracting Q4; services launch Q1 2018
RR-13	Deputy Prosecuting Attorney for Familiar Faces	A dedicated deputy prosecuting attorney will coordinate closely with Familiar Faces care management and transition teams, providing needed prosecutorial authority and discretion regarding criminal charges and case status.	1 Diversion	MIDD-funded services begin Q3 2017

MIDD 2 New Initiatives Schedule Summary				
MIDD 2 #	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[1]**
RR-14	Shelter Navigation Services	Provides navigation services including supportive services and case management for people utilizing 24/7 enhanced shelters.	1 Diversion	RFP 2017; funds expended 2017-2018; revised title
SI-01	Community Driven Behavioral Health Grants	Provides small grants to support targeted community-initiated behavioral health-related services or programs designed by cultural or ethnic communities to address issues of common concern.	4 Culturally Appropri-ate and Trauma-Informed	RFP Q4 2017/Q1 2018; services early 2018
SI-02	Behavioral Health Services In Rural King County	Provides small grants to support targeted community-initiated behavioral health-related services or programs designed by rural communities to address issues of common concern.	3 Health and Wellness	RFP Q4 2017/Q1 2018; services early 2018
TX-CCPL	Community Court Planning	Funds study and preliminary planning of a potential new therapeutic community court, envisioned to serve individuals with low-level misdemeanor offenses who have frequent criminal justice system contact.	1 Diversion	RFP for consultant Q3 2017
SP-01	Special Allocation: Consejo	Funds capital needs at one or both of Consejo's two low-income transitional housing facilities for survivors of domestic violence.	3 Health and Wellness	Contracted Q2 2017; one time funds

MIDD 2 Existing Initiatives to be Modified Schedule Summary					
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[2]**
PRI-01	**1c**	Screening, Brief Intervention and Referral To Treatment (SBIRT)	Provides screening, early intervention and referral for those who present at hospital emergency departments (ED) with mild to moderate substance use disorders (SUDs).	1 Diversion	Revision planning Q3 2017; RFQ/RFI Q4 2017; Contract in place Q1 2018
PRI-02	**5a**	Juvenile Justice Youth Behavioral Health Assessments	Provides behavioral health screening and assessment and psychological services for youth who enter the juvenile justice system.	1 Diversion	Possible program revision Q3 2017; possible re-RFP
PRI-03	**1g**	Prevention and Early Intervention Behavioral Health for Adults Over 50	Provides screening for depression, anxiety and SUDs for older adults receiving primary medical care in the health safety net system, and enrollment in the Mental Health Integration Program (MHIP) for those who screen positive.	3 Health and Wellness	Planning late 2017; possible re-RFA with VHSL Q2 2018; new contracts 2019
PRI-04	**1h**	Older Adult Crisis Intervention/ Geriatric Regional Assessment Team - GRAT	Provides specialized age-appropriate crisis outreach, mental health assessment and SUD screening, for King County residents ages 60 and older experiencing a behavioral health-related crisis.	1 Diversion	Crisis system planning Q3 2017; re-RFP Q4 2017; Contract in place Q1 2018

[2] The Status Summary column of this chart updates the MIDD 2 Service Improvement Plan's Estimated Implementation Schedule (SIP appendix N).

MIDD 2 Existing Initiatives to be Modified Schedule Summary

MIDD 2 Number	Existing MIDD 1 Number	MIDD 2 Initiative Title	Initiative Summary	Primary Policy Goal	Implementation Schedule as of June 15, 2017[2]
PRI-05	**4c 4d**	Collaborative School Based Behavioral Health Services: Middle and High School Students	Provides prevention/early intervention in middle schools including assessment, screening, brief intervention, referral, coordination, and groups. Also provides school-based suicide prevention trainings for students and schools. *Implemented in partnership with Best Starts for Kids.*	3 Health and Wellness	Existing contracts through 2018 school year; RFP Q1 2018
CD-10	**1d**	Next-Day Crisis Appointments	Provides an urgent crisis response follow-up (within 24 hours) for individuals who present in local hospital emergency departments with a mental health crisis, or as an alternative to detention after an evaluation by Designated Mental Health Professionals (DMHPs); links to CD-09.	1 Diversion	Crisis system planning Q3 2017; re-RFP Q4 2017; Contract in place Q1 2018
CD-15	**6a**	Wraparound Services for Youth	Provides a team- and strength-based coordinated approach for youth with complex needs who are involved in multiple systems, and their families. Supports youth in their community and within their family culture.	3 Health and Wellness	RFP Q2 2017; Contracts in place Q3 2017

MIDD 2 Existing Initiatives to be Modified Schedule Summary					
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**	**Implementation Schedule as of June 15, 2017[2]**
SI-03	**2a**	Quality Coordinated Outpatient Care	Supports outpatient community behavioral health continuum to provide for broader access, better treatment services, recovery support services, and proactive care that improves overall health and wellness.	3 Health and Wellness	Stakeholder involvement Q3 2017; revised approach and/or RFP Q1 2018
SI-04	**1e**	Workforce Development	Includes a sustained, systems-based approach to supporting and developing the behavioral health workforce including investments in training.	4 Culturally Appropriate and Trauma-Informed	Planning Q3; RFP Q4 2017; Services Q1 2018

MIDD 2 Existing Initiatives with No Programmatic Change				
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**
PRI-08	**10a**	Crisis Intervention Training - First Responders	Provides intensive training to law enforcement and other first responders to effectively assist and respond to individuals with behavioral health conditions, and equips them to help individuals access the most appropriate and least restrictive services while preserving public safety.	1 Diversion
PRI-09	**14a**	Sexual Assault Behavioral Health Services	Provides survivors of sexual assault with behavioral health screening, specialized evidence-based trauma-focused therapy, and referrals to ongoing community care when needed.	3 Health and Wellness

MIDD 2 Existing Initiatives with No Programmatic Change				
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**
PRI-10	**13a**	Domestic Violence and Behavioral Health Services and System Coordination	Co-locates mental health professionals at community-based domestic violence (DV) victim advocacy programs. Supports culturally appropriate clinical services for immigrant and refugee survivors. Provides systems coordinator/trainer to coordinate ongoing cross training, policy development, and consultation.	3 Health and Wellness
PRI-11	**1a**	Community Behavioral Health Treatment	Provide behavioral health services to those who are not receiving and/or eligible for Medicaid. Also supports essential parts of the treatment continuum that are not Medicaid funded such as sobering, outreach, clubhouses, and drug testing.	3 Health and Wellness
CD-03	**1b**	Outreach and Inreach System of Care	Outreach programs targeting individuals with recent history of cycling through hospitals, jails, crisis facilities, or SUD residential treatment; includes community-based engagement, advocacy, assessments, and linkage to counseling and other services.	1 Diversion
CD-05	**12c**	High Utilizer Care Teams	Assists individuals frequently seen in the Harborview emergency department (ED) or psychiatric emergency service (PES), delivering flexible, intensive, integrated case management beginning in the hospital and extending into the community, to reduce the use of crisis services and connect patients to ongoing care.	1 Diversion
CD-06	**10b**	Adult Crisis Diversion Center, Respite Beds, and Mobile Behavioral Health Crisis Team	Provides King County first responders with a therapeutic, community-based alternative to jails and hospitals for adults who are in behavioral health crisis. Stabilizes and supports individuals in the least restrictive setting, linking them to ongoing community-based services. Includes mobile crisis team, crisis diversion facility, and crisis diversion interim services.	1 Diversion

MIDD 2 Existing Initiatives with No Programmatic Change				
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**
CD-08	**13b**	Children's Domestic Violence Response Team	Provides mental health therapists teamed with domestic violence advocates to deliver early intervention for children who have been exposed to domestic violence, along with services for their non-violent parent.	4 Health and Wellness
CD-11	**7b**	Children's Crisis Outreach and Response System (CCORS)	A countywide crisis response system for King County youth up to age 18 who are currently a mental health crisis, where the functioning of the child and/or the family is severely impacted due to family conflict and/or severe emotional or behavioral problems, and where the current living situation is at imminent risk of disruption.	2 Reduce Crisis
CD-12	**1f**	Parent Partners Family Assistance	Provides parent training and education, individual parent partner and youth peer support, a community referral and education help line, social and wellness activities for families, and advocacy.	4 Health and Wellness
RR-01	**3a**	Housing Supportive Services	Provides supportive services to successfully maintain housing for individuals with behavioral health conditions who have been previously unsuccessful in housing due to lack of stability or daily living skills.	1 Diversion
RR-02	**12d**	Behavior Modification Classes at CCAP	Provides specialized Moral Reconation Therapy (MRT) groups to address criminogenic risk factors specifically associated with domestic violence (DV) for individuals at the Community Center for Alternative Programs (CCAP).	1 Diversion
RR-03	**16a**	Housing Capital and Rental	Provides capital to create housing units specifically for people with behavioral health conditions who are homeless or being discharged from hospitals, jails, prison, crisis facilities, or residential SUD treatment. Also supports some rental subsidies.	1 Diversion

MIDD 2 Existing Initiatives with No Programmatic Change				
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**
RR-05	**15a**	Housing Vouchers for Adult Drug Court	Provides recovery-oriented transitional housing vouchers and support services for Adult Drug Court participants, enabling better treatment outcomes and stability.	1 Diversion
RR-06	**11a 12a**	Jail Reentry System of Care	Provides reentry linkage case management services, which begin prior to release from jail and continue through transition to the community.	1 Diversion
RR-08	**12b**	Hospital Re-Entry Respite Beds	Provides comprehensive recuperative care after an acute hospital stay for people who are homeless, focusing particularly on those with disabling behavioral health conditions. Services include intensive case management.	1 Diversion
RR-10	**2b**	BH Employment Services and Supported Employment	Supports individuals with behavioral health conditions to gain and maintain competitive employment, applying the Supported Employment (SE) model for individuals with more intensive needs.	3 Health and Wellness
TX-ADC	**15a**	Adult Drug Court	Adult Drug Diversion Court is a pre-adjudication program that provides eligible defendants the opportunity to receive drug treatment in lieu of incarceration.	1 Diversion
TX-FTC	**8a**	Family Treatment Court	Family Treatment Court is a recovery-based child welfare intervention that provides parents involved with the dependency court system with help in obtaining and maintaining sobriety as well as family services to support a recovery-based lifestyle, including mental health treatment when applicable.	3 Health and Wellness

MIDD 2 Existing Initiatives with No Programmatic Change				
MIDD 2 Number	**Existing MIDD 1 Number**	**MIDD 2 Initiative Title**	**Initiative Summary**	**Primary Policy Goal**
TX-JDC	**9a**	Juvenile Drug Court	Juvenile Drug Court is an alternative to regular juvenile court designed to improve the safety and well-being of youth and families by providing offenders with SUD diagnoses access to behavioral health treatment, judicial monitoring of sobriety, and holistic family intervention services.	1 Diversion
TX-RMHC	**11b**	Regional Mental Health Court	Regional Mental Health Court facilitates the sustained stability of individuals with mental health disorders within the criminal justice system, while reducing recidivism and increasing community safety, via engagement, support, and a wraparound approach.	1 Diversion
TX-SMC	**11b**	Seattle Mental Health Municipal Court	Provides a care manager position at the Seattle Municipal Court to conduct assertive outreach and engagement for individuals who receive an evaluation for civil commitment, offering services, respite, and other assistance, to reduce criminal justice system involvement.	1 Diversion